

## **Parade or Special Events Permit**

APPLICANT:			
EVENT:			
			EST. END TIME:
AFFECTED AREAS	S/PARADE ROUTE:		
HOW/WHEN WILL	AFFECTED RESIDENT	S AND BUSIN	NESSES BE NOTIFIED:
APPLICANT CONTA	ACT PERSON:		
ADDRESS:			
PHONE:	CELL:	E-M	AIL:
"also insured." Yo	ur insurance agent should	d be able to eas	should list the Borough of Duncaon as an illy provide you with such a certificate.
PERMIT [	☐ GRANTED ☐ DEN	IIED DATE:	
REASON (IF DENIED	)):		
CONDITIONS (IF AN	Y):		
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