

**VILLAGE OF WILMETTE**

**PUBLIC DEMONSTRATION PERMIT APPLICATION**

<i>Applicant Information</i>			
Name of person or organization sponsoring the public demonstration			
Address		City	State Zip Code
Telephone No. – Daytime		Telephone No. – Evening	
<i>If an Organization, please supply the following information</i>			
Name of representative of organization completing application		Title or office in organization	
Address		City	State Zip Code
Telephone No. – Daytime		Telephone No. – Evening	
Name of head of organization if different than person completing application		Title or office in organization	
Address		City	State Zip Code
Telephone No. – Daytime		Telephone No. - Evening	
<i>Information regarding date and time of public demonstration</i>			
Date requested for public demonstration	Starting time	Ending time	
<i>Information regarding single-site public demonstration</i>			
Description of event/demonstration planned and estimated number of participants			
Site of event/demonstration			
<i>Information regarding parades, processions or similar public demonstration</i>			
Description of event/demonstration planned			
Starting location			
Ending location			
Marshalling/Assembly location			
Planned/intended route			
Total number of units	Total walking participants	Total vehicles/motorcycles	Total bicycles
Total animals/other	Interval/space between units	Total marshals/organizers	Estimated no. of spectators

<i>Describe type and manner of use of any sound/amplification equipment to be used</i>
<i>Describe type and manner of use of any artificial lighting equipment to be used</i>
<i>Other than lighting/sound, describe any other sorts of electrical equipment/conductors or open flame devices planned for event</i>
<i>Describe any public facilities/equipment/property requested to be utilized for or during the public demonstration</i>
<i>Describe any anticipated/requested fire protection/police/paramedic services needed for event</i>
<i>Describe any food/beverage services to be provided</i>
<i>Describe any other types or kinds of public assistance anticipated</i>

**I, the undersigned, swear/affirm that the foregoing information is truthful and accurate to the best of my knowledge.**

\_\_\_\_\_  
Signature of applicant/representative

\_\_\_\_\_  
Date of application

\_\_\_\_\_  
Print name

Received in Village Manager's Office:

On: \_\_\_\_\_ At: \_\_\_\_\_  
Date Time

By: \_\_\_\_\_  
Name