

PARADE/MOTORCADE PERMIT APPLICATION

City of Klamath Falls Development Services 226 South 5th Street, Klamath Falls, OR 97601 Phone: 541 883-4950; Email: DevServices@klamathfalls.city

| City Use: Date Received: |
|--------------------------|
| \$75 Fee Paid: |
| Proof of Ins.: |

\$75 application fee, signed application, insurance certificate and any required attachments should be submitted 30 days prior to event; please review insurance requirements below

| Sponsoring organization name/address: | | |
|--|---|--|
| Phone: | Email: | |
| Applicant name/address: | | |
| Phone: | | |
| Parade/motorcade chairperson name/address: | | |
| Phone: | Email: | |
| Purpose of parade/motorcade: | | |
| Requested date and hours: | | |
| Location of assembly area: | | |
| Location of disbanding area: | | |
| Proposed route (attach detailed map): | | |
| Traffic Control Plan to be so Provide detailed plan including route, any de | ubmitted together with the permit applications | |
| Will flaggers be utilized? No Yes * if yes flaggers and locations: | | provide details for number of |
| *The City of Klamath Falls requires certified flagge public right-of-way. OSHA law requires a person | on to be certified to direct traffic on any p | ublic roadway in Oregon. |
| List who will provide street barricades: | | |
| Description and number of floats, animals, marching | units, vehicles, bands, etc.: | |
| If animals will be present, secure loading and unload | ing facilities must be provided. Please desc | cribe these facilities: |
| Describe any sound amplification equipment: | | |
| Number of monitors provided by applicant: | | |
| Person(s) or organization(s) responsible for cleaning | up debris, etc. after the parade: | |
| In addition to Klamath Falls City Code requirements shall apply: | outlined in Sections 6.200-6.235 the follo | owing additional requirements |
| 1) Application fee of \$75 to cover the City's cost of | | |
| 2) Proof of insurance naming the City as additional | | |
| provided prior to issuance of the permit. Certific 7.604 Insurance. The permit applicants shall be required to per occurrence and \$2,000,000 aggregate. The City shall be n Liability must be marked. The Description of Operations block agents and volunteers." The liability insurance shall apply to arising from or caused by the activities of the said entity. The at the sole discretion of the City, to protect against additionsurance. | o furnish satisfactory evidence of liability insurance plamed as an additional insured. The Occur block and a k needs to contain "Additional Insured: City of Klamat o and provide coverage for any and all claims for boo e permit applicants may also be required to provide a | providing for a minimum of \$1,000,000 Additional Insured block under General th Falls, its elected officials, employees, dily injury, death and property damage additional insurance, when determined |
| 3) The organizer must reimburse all costs incurred | | |
| a) Security and traffic control provided by or the | , , | |
| b) Use of Street Division personnel and/or barr | | |
| I understand I am obligated to provide such additions of perjury, I the undersigned do hereby certify that the | | |
| Authorized signature | Printed name | Date |