



OFFICE USE ONLY

Event Name:

Event Date:

# PARADE REQUEST

Notification is hereby given to the City of Belleville to request a Parade Event as follows:

**PLEASE ALLOW (8) WEEKS FOR PROCESSING THE REQUEST.**

**PLEASE ALLOW THREE (3) MONTHS FOR PROCESSING IF EITHER ILLINOIS ROUTE 159 OR ANY OTHER STATE ROUTE THAT WILL BE CLOSED.**

Name(s) of sponsoring organization(s): \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Street Closure Time: \_\_\_\_\_ Street Re-Open Time: \_\_\_\_\_

Name(s) of person(s) responsible for organizing and conducting event:

Name	Address	Phone	Email

Number of people (\_\_\_\_\_) animals (\_\_\_\_\_) vehicles (\_\_\_\_\_) expected to participate.

Describe the event in detail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specify event route from starting point to termination point (***a map of the event route is required***):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Are you requesting streets to be closed? If so, list specifics below and note on map of event route:

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Will either Illinois Route 159 any other State Routes be blocked (if YES, it will require approval from the Illinois Department of transportation): Yes  No

Does this event require any of the following?

- Trash Containers Yes  No Number Requested: \_\_\_\_\_
- Picnic Tables Yes  No Number Requested: \_\_\_\_\_
- Sanitation Vehicle and Manpower Yes  No
- Electric (if available) (note on map location(s)) Yes  No Number Requested: \_\_\_\_\_
- Music Yes  No Times: \_\_\_\_\_
- Barricades Yes  No Number Requested: \_\_\_\_\_

Comments or Additional Request(s):

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**A CERTIFICATE OF INSURANCE NAMING THE CITY OF BELLEVILLE AS AN ADDITIONAL INSURED IS REQUIRED IN THE AMOUNT OF \$1 MILLION DOLLARS PER PERSON AND \$2,000,000 AGGREGATE. YOUR APPLICATION WILL NOT BE CONSIDERED OR APPROVED WITHOUT RECEIPT OF THIS DOCUMENT. (City of Belleville • 101 South Illinois Street • Belleville •IL •62220)**

**IF EITHER ROUTE 159 OR ANY OTHER STATE ROUTE WILL BE CLOSED, A CERTIFICATE OF INSURANCE NAMING ILLINOIS DEPARTMENT OF TRANSPORTATION AS AN ADDITIONAL INSURED IS REQUIRED IN THE AMOUNT OF \$1 MILLION DOLLARS PER PERSON AND \$2,000,000 AGGREGATE. YOUR APPLICATION WILL NOT BE CONSIDERED OR APPROVED WITHOUT RECEIPT OF THIS DOCUMENT. (IL Department of Transportation • 1100 East Court Plaza Drive •Collinsville •IL •62234)**

**Affixing my signature to this application, declares my acceptance and understanding of the guidelines and certain limitation which may apply to this event.**

\_\_\_\_\_  
Signature of Person Making Application

\_\_\_\_\_  
Printed Name of Person Making Application

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

**DATE OF APPLICATION:** \_\_\_\_\_

**Return this form (via mail/email/in-person):**

City of Belleville - City Clerk's Office  
101 South Illinois Street  
Belleville, Illinois 62220  
E-mail: [jmeyer@belleville.net](mailto:jmeyer@belleville.net)  
(618) 233-6810

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<p><b>CHECKLIST</b> <b>(FOR USE BY CITY PERSONNEL ONLY)</b></p>	<p><b>EVENT INFORMATION</b> <b>(FOR USE BY CITY PERSONNEL ONLY)</b> Completed application/documentation to be sent to city staff prior to meeting. <b>Meeting will be scheduled with all city staff and a representative of the event.</b></p>
<p><input type="checkbox"/> Application</p> <p><input type="checkbox"/> Event Map</p> <p><input type="checkbox"/> Insurance Certificate</p>	<p>Date Received by City Clerk's Office: _____</p> <p>Scheduled Meeting Date: _____</p> <p>Date Approved by Staff: _____</p> <p>Date on Council Agenda: _____</p> <p>Notification Sent to Event Representative of Council Meeting: _____</p>
<p><input type="checkbox"/> Approved on: _____ <input type="checkbox"/> Denied On: _____</p> <p>Notification Sent to Event Representative of Council Approval/Denial on: _____</p>	

**STAFF REVIEW SECTION**

Police Department: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED  DENIED DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

Fire Department: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED  DENIED DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

Public Works: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED  DENIED DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

Maintenance Department: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED  DENIED DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_