# City of Jefferson Assembly Permit

**Please return this form (completed in full) to Jefferson City Clerk (at Jefferson City Hall, 147 Athens St.) at least three (3) days prior to the proposed Assembly date.**

Please provide the name, address, and telephone numbers of the responsible person (as well as the affiliated organization) submitting the application.

1. _____ _____
   Name of Responsible Person — Name of Affiliated Organization

   _____
   Address of Responsible Person (Street, City, State, Zip Code)

   Telephone _____ Cell Phone _____

2. _____ _____
   Name of Co-Sponsoring Person(s) — Name of Co-Sponsoring Organization(s)

   _____
   Address of Co-Sponsoring Person(s) (Street, City, State, Zip Code)

   Telephone _____ Cell Phone _____

**If there are more than two co-sponsoring persons/organizations, please complete Page 2 of this form.**

Purpose of the Assembly _____

Date _____ Time _____ Assembly Begins; Date _____ Time _____ Assembly Ends;

The Proposed Route of the Assembly, including its beginning and terminating points, or the proposed fixed locations _____

_____

The number and type of vehicles, animals, marching units, bands, and floats to be utilized in the Assembly including a description of any sound amplification equipment to be used _____

_____

The estimated number of persons to participate in the Assembly _____.

The person responsible anticipates no unusual problems concerning either police protection or traffic congestion to be experienced as a consequence of the Assembly: ___Yes, ___No. If no, explain why not

_____

_____

_____ _____

**Signature of Responsible Person** **Date**

Please provide the name, address, and telephone numbers of any additional responsible person(s) [as well as the affiliated organization (s)] submitting the application.

3. _____ _____
Name of Co-Sponsoring Person(s) Name of Co-Sponsoring Organization(s)

_____
Address of Co-Sponsoring Person(s) (Street, City, State, Zip Code)

Telephone _____ Cell Phone _____

4. _____ _____
Name of Co-Sponsoring Person(s) Name of Co-Sponsoring Organization(s)

_____
Address of Co-Sponsoring Person(s) (Street, City, State, Zip Code)

Telephone _____ Cell Phone _____

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