CITY OF YORK APPLICATION FOR ASSEMBLY, PARADE AND PROCESSION PERMIT

NAME OF APPLICANT:					
	Last		First	M.I.	
ADDRESS:					
Street		City		State	ZIP
TELEPHONE NUMBER: (_)				
Name of Organization Repr	esented by	Applicar	ıt:		
Address of Organization:					ZIP
Telephone Number: ()					
List Time and Date of Commer Requested: BEGIN:				·	ich Permit is
END:					
List Purpose, Location, and Rou					
PURPOSE:					
LOCATION:					
ROUTE:					

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List the Person, Group, Association or Body to be Authorized to Participate in Activity:

List the Number of Persons to Participate in Activity: _____

List the Age of any Minors Who May Participate in Activity and Person(s) Responsible for saidMinors:

Other:_____

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THE PERMIT WILL BE MAILED TO APPLICANT ON FRONT OF FORM THERE IS NO FEE FOR THIS PERMIT