



Application # \_\_\_\_\_

## BRIDGEPORT BOROUGH POLICE DEPARTMENT

### Application for Public Assembly Permit

Application must be filled out completely or it will not be processed

APPLICANT INFORMATION - Must be a named individual with all contact information correct

1. Name: \_\_\_\_\_
2. Organization Name: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Phone numbers: (home)- (work)- (cellular)- \_\_\_\_\_
5. Email address: \_\_\_\_\_

EVENT CONTACT PERSON INFORMATION - with complete information

6. Name: \_\_\_\_\_
7. Address: \_\_\_\_\_
8. Phone numbers: (home)- (work)- (cellular)- \_\_\_\_\_

EVENT DETAILS - Type of event, location, dates, times, purpose, etc.

9. Type of Event Requested: \_\_\_\_\_
  10. Event Location: \_\_\_\_\_
- If a parade, list route details and number of units anticipated in section below
11. Event date/time: Rain Date: \_\_\_\_\_
  12. Purpose of event: \_\_\_\_\_
  13. Number of people participating/attending: \_\_\_\_\_
  14. Type of sound amplification, if applicable: \_\_\_\_\_
  15. Is alcohol permitted: YES NO Alcohol License #: \_\_\_\_\_

*Alcohol is NOT permitted on public property*

#### Parade details

16. Parade Route: \_\_\_\_\_  
\_\_\_\_\_
17. Number of Units participating in parade: \_\_\_\_\_

#### Miscellaneous

18. Street closures required: \_\_\_\_ YES \_\_\_\_ NO
19. Have notifications been sent to affected merchants: \_\_\_\_ YES \_\_\_\_ NO

20. Requested services of the Bridgeport Police Department (traffic control, security, etc.):

21. Certificate of Liability Insurance Required

Certificate of Liability Insurance Attached

☐ Yes ☐ No

☐ Yes ☐ No

*I acknowledge that all of the above information is correct.*

22. Signature of Applicant: \_\_\_\_\_ 22. Date: \_\_\_\_\_

OFFICIAL USE ONLY

DATE RECEIVED \_\_\_\_\_ DATE SUBMITTED TO COUNCIL \_\_\_\_\_

DATE \_\_\_\_\_ APPROVED ☐ DISAPPROVED ☐

SIGNATURE: \_\_\_\_\_

CHIEF OF POLICE

Comments or Restrictions