315 South Lowry Street
Smyrna, TN 37167
(615) 459-2553

Parade / Demonstration / Road Closure Application

Date: _____

Name: _____ Phone: _____

Address: _____

_____

Name of Sponsoring Organization: _____

Address: _____ Phone: _____

_____

Date of Event: _____ Time of Event: _____

Location of Event: _____ Estimate of Participants: _____
(use back of application for additional space)

Purpose of Event: _____

_____

I certify, I am the responsible individual for this event and will abide by all laws and regulations to insure a safe and orderly event.

Signed: _____ Date: _____

**Police Department use only*

Application Reviewed and IS recommended ☐ Application IS NOT recommended ☐

Chief of Police: _____ Date: _____

Permit issued subject to the following restrictions: _____

_____

Permit to conduct _____

On _____ / _____ at _____,
Date Time Location

By _____ .
Organization

RESTRICTIONS: _____

_____

_____
Town Clerk