

**CITY OF SYLVANIA**  
**6730 Monroe St.**  
**Sylvania, Ohio 43560**

**PARADE, FESTIVAL, EVENT or ASSEMBLY APPLICATION**  
[SMC: 311.02, 705.04, 1519.02]

Applicant name (group or organization): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Number of participants expected: \_\_\_\_\_

Event contact person: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Type of event: [ ] parade [ ] running-biking [ ] assembly [ ] other \_\_\_\_\_

Brief description of event: \_\_\_\_\_

Reason for event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Event date(s): \_\_\_\_\_ Start time: \_\_\_\_\_ am/pm End time: \_\_\_\_\_ am/pm

Rain date(s): \_\_\_\_\_ Start time: \_\_\_\_\_ am/pm End time: \_\_\_\_\_ am/pm

**Note:** If this event will use any city street or public property you *must* attach a clearly marked map or an 8½ x 11 piece of paper with a drawing of the route/streets/location you are requesting to use.

If this is an event, other than a parade, where participants will be running, walking, biking or otherwise using any city street you must attach a copy of your Participant Registration Form to this application. The Participant Registration Form must clearly state... "the course to be used for the event is not a closed course and traffic will be maintained". The signed Participant Registration Forms must be kept by the event coordinator for a period of two (2) years following the event and be available to the city.

**READ THE FOLLOWING BEFORE SIGNING**

You must attach to this application either an Insurance Policy or a Certificate of Insurance that includes the policy number, amount of coverage and the provision that the City of Sylvania is included as an Additional Insured. The insurance requirements depend on the risk level of the event.

The applicant hereby agrees to save and hold the City of Sylvania, Ohio harmless from any and all liability or damage growing out of the permitted event.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Parade, Festival, Event or Assembly Permit** – the below information and approval to be completed by the Safety Director  
Conditions required for your event: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_, non-refundable and must be received prior to the permit being approved.  
Make check payable to: City of Sylvania. Deliver to: Safety Director, 6730 Monroe St., Sylvania, OH 43560

Approved \_\_\_\_\_ Date \_\_\_\_\_  
Director of Public Safety

Permit Fee received: [ ] check [ ] cash-receipt issued Date \_\_\_\_\_

**CITY OF SYLVANIA**  
**6730 Monroe St.**  
**Sylvania, Ohio 43560**  
**PARADE, FESTIVAL, EVENT or ASSEMBLY APPLICATION**

**This page *must* be completed and submitted with your application.**

1. Applicant name (group or organization): \_\_\_\_\_
2. Contact person: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_
3. Do you request any streets to be closed to traffic for your event? [ ] yes [ ] no  
*-If "yes", please provide a drawing or map identifying the streets and closure locations.*
4. If the streets are not closed, can your event still take place? [ ] yes [ ] no
5. Do you require the streets to be closed in advance of the event for "set-up" purposes? [ ] yes [ ] no  
*-If "yes", Date: \_\_\_\_\_ and time: \_\_\_\_\_ am/pm requested for street(s) to be closed.*
6. If any street is to be closed, when can the street be reopened? Date \_\_\_\_\_ Time: \_\_\_\_\_ am/pm
7. If your event is a parade, types of groups that will be in your parade: \_\_\_\_\_  
\_\_\_\_\_
8. If your event is a parade, list the total number of groups in your parade to determine time and length: \_\_\_\_\_
9. Will your event require any equipment, resources or assistance from the city such as barricades, electrical, no parking on the event streets, traffic control, security, assistance with event parking, etc? [ ] yes [ ] no  
*-If "yes", please describe your requirements in detail:*  
\_\_\_\_\_  
\_\_\_\_\_
10. Will there be any type of alcoholic beverages at your event? [ ] yes [ ] no  
*-If "yes", do you have or have you applied for an F2 or other required liquor permit? [ ] yes [ ] no-explain:*  
\_\_\_\_\_  
\_\_\_\_\_
11. Will there be a band or other amplified music at your event? [ ] yes [ ] no  
*If "yes", please give details. There are city ordinances restricting the use of amplified music.*  
\_\_\_\_\_  
\_\_\_\_\_
12. Any other requests or special instructions for your event? Describe in detail: \_\_\_\_\_  
\_\_\_\_\_

**Attach to this page your Insurance Certificate and, if applicable, your map or drawing of your proposed event route or location. Your application cannot be considered without this required information. If your event requires a Permit Fee to be assessed you will be notified. You can bring or mail your Permit Fee, payable to the *City of Sylvania*, to: Director of Public Safety, 6730 Monroe St., Sylvania, Ohio 43560. If your event is assessed a Permit Fee your application cannot be approved until your Permit Fee is received. If you have any questions, please call the office of the Safety Director at 419-885-0482.**



# City of Sylvania

## DOWNTOWN ELECTRICAL USE PERMIT

EVENT: \_\_\_\_\_

DATE: \_\_\_\_\_

### ORGANIZATION INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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

The fee for using electricity for downtown Sylvania events will be **\$200.00**. Checks should be made payable to City of Sylvania and must be received prior to the permit for the event being issued.

The City of Sylvania Zoning Administrator will contact the person designated by the applying organization to coordinate the use of electric power on the day of the event.

**Parade, Festival, Event or Assembly Permit For Electricity Use** – the below information and approval to be completed by the Safety Director

Conditions required for your event: \_\_\_\_\_  
\_\_\_\_\_

Permit Fee \$ \_\_\_\_\_, non-refundable and must be received prior to the permit being approved.

Make check payable to: City of Sylvania. Deliver to: Safety Director, 6730 Monroe St., Sylvania, OH 43560

Approved \_\_\_\_\_ Date \_\_\_\_\_  
Director of Public Safety

Permit Fee received: [ ] check [ ] cash-receipt issued Date \_\_\_\_\_