



**City Of Hallsville**  
**202 Highway 124 East**  
**Hallsville, MO 65255**  
**573-696-3885**

**Parade – Special Events Permit**

**Applicant Information**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email \_\_\_\_\_

Name of Group/  
 Organization: \_\_\_\_\_

**Purpose**

Purpose of Parade  
 or Special Event: \_\_\_\_\_

Proposed Date:  
 Proposed Time  
 (Start to Finish): \_\_\_\_\_

Approximate  
 Number of  
 persons: \_\_\_\_\_

**Application Approval**

Approved:

Conditions: \_\_\_\_\_  
 \_\_\_\_\_

Not Approved:

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Please attach route map to application.