



# APPLICATION/PERMIT FOR USE OF PUBLIC RIGHTS OF WAY

Parades, Marches,  
Processions,  
Foot/Bicycle Races

No. \_\_\_\_\_

1. NAME OF APPLICANT: \_\_\_\_\_
2. NAME OF ORGANIZATION: \_\_\_\_\_
3. ADDRESS OF ORGANIZATION: \_\_\_\_\_
4. BUSINESS PHONE: \_\_\_\_\_ 5. FAX NUMBER: \_\_\_\_\_
6. EMAIL: \_\_\_\_\_
7. THE ORGANIZATION REQUESTING THE PERMIT IS ENGAGED IN A FUND RAISING ACTIVITY:  
 YES  NO
8. THE ORGANIZATION'S FUND RASING ACTIVITY BENEFITS THE NEW LENOX COMMUNITY OR ITS RESIDENTS:  YES  NO
7. NAME, ADDRESS AND PHONE NUMBER OF THE PERSON WHO WILL OVERSEE THE ACTIVITY FOR WHICH PERMIT IS REQUESTED:  
\_\_\_\_\_
8. EXACT USE FOR WHICH PERMIT IS REQUESTED: \_\_\_\_\_
9. DATE OF EVENT: \_\_\_\_\_ HOURS OF EVENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_
10. ROUTE OF EVENT: \_\_\_\_\_  
\_\_\_\_\_
11. ESTIMATED NUMBER OF PARTICIPANTS IN EVENT: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

- Attach certificate of insurance coverage in the amount of \$1,000,000 for any occurrence. Said coverage shall name the Village of New Lenox as an additional insured (not a certificate holder).**
- The Organization requesting the Use of Public Rights of Way permit shall be liable for any injuries to any persons participating in the event.**

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### FOR OFFICE USE ONLY

Approved

Denied

\_\_\_\_\_  
Date