

**PARADE PERMIT APPLICATION  
FRANKLIN TOWNSHIP, SOMERSET COUNTY  
475 DeMOTT LANE  
SOMERSET, NEW JERSEY 08873**

**NOTE: APPLICATION MUST BE RECEIVED BY THE TOWNSHIP CLERK NOT LESS THAN SEVEN (7) NOR MORE THAN THIRTY (30) WORKING DAYS BEFORE THE SCHEDULED PARADE.**

**"PARADE"** as defined in Section 253-1 of the Code of Franklin Township, Somerset County any parade, exhibition, pageant or procession of any kind, or any similar display in or upon any street, park or other public place in the Township of Franklin.

**"PARADE PERMIT"** as required by Section 253-2 of the Code of Franklin Township, Somerset County (No person shall organize, aid, form or start any parade unless a parade permit shall have been obtained from the Township Clerk).

**"PERSON"** is any person, firm, partnership, association, corporation, company or organization of any kind.

NAME, ADDRESS AND TELEPHONE NUMBER OF THE HEADQUARTERS OF THE ORGANIZATION, PURPOSE FOR WHICH PARADE IS BEING CONDUCTED AND RESPONSIBLE HEADS OF ORGANIZATION:

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NAME, ADDRESS AND TELEPHONE NUMBER OF THE PERSON WHO WILL BE THE PARADE CHAIRPERSON AND WHO WILL BE RESPONSIBLE FOR ITS CONDUCT:

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DATE WHEN THE PARADE IS TO BE CONDUCTED: \_\_\_\_\_

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HOURS WHEN SUCH PARADE WILL START AND TERMINATE: \_\_\_\_\_

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TIME AT WHICH UNITS OF THE PARADE WILL BEGIN TO ASSEMBLE AT ANY ASSEMBLY AREA OR AREAS: \_\_\_\_\_

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ROUTE TO BE TRAVELED, THE STARTING POINT AND THE TERMINATION POINT:

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**THE FACTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
**APPLICANT SIGNATURE\***

**\*PLEASE HAVE SIGNATURE NOTARIZED**

**SWORN TO AND SUBSCRIBED BEFORE ME THIS  
\_\_\_\_ DAY OF \_\_\_\_\_, 2018.**

\_\_\_\_\_  
**NOTARY PUBLIC**

**(SEAL OF NOTARY)**

**\*\*FOR OFFICIAL USE BY TOWNSHIP\*\***

**DATE APPLICATION RECEIVED:** \_\_\_\_\_

APPLICATION REFERRED BY TOWNSHIP CLERK TO FTPD AND DIRECTOR OF FIRE PREVENTION FOR REVIEW OF STANDARDS FOR APPROVAL (SECTION 253-4 OF THE CODE) DATE: \_\_\_\_\_

STANDARDS FOR APPROVAL BY FTPD:

APPROVED       DENIED

BY: \_\_\_\_\_

(SIGNATURE OF POLICE OFFICER)

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

IF DENIED BY FTPD, STATEMENT OF ALTERNATE DATE, TIME OR ROUTE WHICH WOULD BE ACCEPTABLE: \_\_\_\_\_

DETOUR PLAN RECEIVED: \_\_\_\_\_

DETOUR PLAN REFERRED TO FTPD FOR REVIEW UNDER SECTION 173-3B (14) OF THE CODE: \_\_\_\_\_

DETOUR ROUTE REVIEWED AND APPROVED BY FTPD: \_\_\_\_\_

APPLICATION APPROVED & PERMIT ISSUED: \_\_\_\_\_

STANDARDS FOR APPROVAL BY FIRE PREVENTION:

APPROVED       DENIED

BY: \_\_\_\_\_

(SIGNATURE OF DIRECTOR)

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

IF DENIED BY FIRE PREVENTION, STATEMENT OF ALTERNATE DATE, TIME OR ROUTE WHICH WOULD BE ACCEPTABLE: \_\_\_\_\_

DETOUR PLAN RECEIVED: \_\_\_\_\_

DETOUR PLAN REFERRED TO FIRE PREVENTION FOR REVIEW UNDER SECTION 173-3B (14) OF THE CODE: \_\_\_\_\_

DETOUR ROUTE REVIEWED AND APPROVED BY FIRE: \_\_\_\_\_

APPLICATION APPROVED & PERMIT ISSUED: \_\_\_\_\_

COPY OF PERMIT FORWARDED TO: \_\_\_\_\_ DATE: \_\_\_\_\_

MAYOR & TOWNSHIP COUNCIL  
TOWNSHIP ATTORNEY  
TOWNSHIP MANAGER  
CHIEF OF POLICE  
DEPARTMENT OF PUBLIC WORKS  
TRANSPORTATION UTILITIES

# PARADE PERMIT APPLICATION Personal Information Sheet

(Organization Name/Address/Phone No.)

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

I CERTIFY THAT THE FOLLOWING PERSON IS AN APPLICANT FOR THE ABOVE NAMED ORGANIZATION:

**PLEASE PRINT**  
*INCOMPLETE FORMS WILL BE RETURNED*

NAME: \_\_\_\_\_ ALIAS/MAIDEN NAME: \_\_\_\_\_  
                    first                    middle                    last

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

MARKS/SCARS/AMPUTATIONS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER'S PHONE: \_\_\_\_\_

EMPLOYER/ADDRESS: \_\_\_\_\_

***I, being of full age, hereby certify that all of the above information is correct. I hereby authorize the Franklin Township Police Department to conduct a criminal background investigation to determine my eligibility to conduct a parade within the Township of Franklin. I understand that I will be notified in writing at the above referenced address of any criminal history records that are discovered during this investigation.***

Applicant Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

*Sworn and Subscribed before me this*  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
*Signature*  
*Notary Public of New Jersey*

*My commission expires:* \_\_\_\_\_