



# PERMIT APPLICATION

Town of DeWitt Police Department  
5400 Butternut Drive  
East Syracuse, NY 13057  
Phone: 449-3640 Fax: 449-3644



**PERMIT TYPE**            (    ) PARADE PERMIT            (    ) PUBLIC ASSEMBLY

Date of Application: \_\_\_\_\_

Requesting Organization: \_\_\_\_\_

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

\_\_\_\_\_

Applicant name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## EVENT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

Expected Number of:    Participants \_\_\_\_\_    Vehicles \_\_\_\_\_

Will there be a sound system?: \_\_\_\_\_    Public Speakers? If so, who: \_\_\_\_\_

Formation Point: \_\_\_\_\_    Dispersal Point: \_\_\_\_\_

Police Action Required? If so, what: \_\_\_\_\_

**NOTE:** Our clerical staff will notify the applicant of the status of your request a minimum of 3 days prior to the event date. If approved, be advised that all local ordinances and New York State Laws must be adhered to for your requested event. If **your event** affects private property the duty is on you to gain **written** permission from the owner of said property. **\*See reverse side for rules and regulations.**

\_\_\_\_\_  
Chief of Police / Designee  
**APPROVAL**

- Notify: (    ) Applicant  
(    ) 911 Center  
(    ) Fire/Ambulance Service  
(    ) Supervisor's Office  
(    ) Other \_\_\_\_\_