



PO Box 1449  
21 N. Main Street  
Sumter, SC 29150

Tel: (803) 436-2581  
Fax: (803) 436-2615  
Email: mriley@sumter-sc.com

## APPLICATION FOR PROCESSION PERMIT

Today's Date: \_\_\_\_\_ **(PLEASE NOTE: Processing Requires A Minimum of 4 WEEKS Before Procession Date.)**

THE UNDERSIGNED HERBY REQUESTS THE SUMTER CITY COUNCIL FOR THE CITY OF SUMTER, SC TO GRANT A PERMIT FOR A PROCESSION IN ACCORDANCE WITH THE INFORMATION SUPPLIED BELOW:

1. Type Of Procession (check one): Parade/March?  Walk/Run  # \_\_\_\_\_
2. Procession Date: \_\_\_\_\_ Time Beginning: \_\_\_\_\_ Time Ending: \_\_\_\_\_
3. Detailed Route Of Procession (Include Map If Possible): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Approximate Numbers Of Persons: \_\_\_\_\_ (And/Or) Vehicles: \_\_\_\_\_
5. Will It Be Necessary To Block Vehicular Traffic On Public Streets: Yes?  No?   
If Yes, Give Time From: \_\_\_\_\_ To: \_\_\_\_\_
6. Will Procession Be On: Sidewalk?  Street?  Or Both?
7. How Will Procession Proceed? Single File?  Shoulder to Shoulder?  Other (Describe below)?  
Other Method: \_\_\_\_\_
8. Will Participants Be Carrying Signs Or Banners? Yes?  No?
9. Purpose Of Procession? \_\_\_\_\_  
\_\_\_\_\_
10. Sponsoring Organization(s) Or Group(s): \_\_\_\_\_

Requestor Signature: \_\_\_\_\_ Contact Information: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: (###) ###-###: \_\_\_\_\_

PLEASE Return Completed Form at the Address (Or Email) Above To **Melvenia C. Riley**

INTERNAL USE ONLY

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Permit Number: \_\_\_\_\_