



City of Sevierville T e n n e s s e e

Application Date

___/___/___

Special Event/Parade Permit Application

Filed By: _____ Phone Number: _____
Name

On Behalf Of: _____
Name of Organization Sponsoring Event

Street City State Zip

Email address

Contact Person Responsible on-site for Special Event:

_____ Cell Phone Number: _____
Name

Street City State Zip

Purpose of Event: _____

Estimated Number of Participants/Attendees: _____

Type(s) of Vehicles: (If none, so state) _____

Date of Event: ___/___/___ Time of Event: From _____am/pm to _____am/pm

Assembly Location: _____

Dispersal Location: _____

Time Event/Parade will start to assemble: _____am/pm

Route to be taken or road/lane to be closed (please attach map if necessary): _____

Approved _____ Date ___/___/___
 Denied _____ Chief of Police

Traffic Committee Item Number _____ Date ___/___/___