City of Aurora Demonstration March Application

Section A. Event Coordinator Information

1. Name of the Individual Coordinating the Event: _____

2. Coordinator's Address: _____ City _____ State _____ Zip _____

4. Email: _____ Cell Phone: _____

Section B. Event Description

1. Name of Event: _____

2. Date: _____ Time From: _____ to _____ 3. Number of people expected to participate? _____

4. Describe Purpose of Event: _____

_____

_____

5. Please submit the following with this application: Route Map and Route Directions

Section C. City Services for Event Logistics

1. Will streets need to be closed? Yes _____ No _____
2. Will you need barricades? Yes _____ No _____
3. Will you need parking? Yes _____ No _____
4. Will you need cardboard trash bins? Yes _____ No _____
5. Will you need electrical service? Yes _____ No _____
6. Will there be live entertainment? Yes _____ No _____
7. Will food be prepared and served? Yes _____ No _____
8. Will tents be set up? Yes _____ No _____
9. Will fees be charged for people to participate in this event? Yes _____ No _____

Answering yes to any of the above questions may require you to fill out a different application and/or apply for additional permit(s) for approval to hold your event.

_____ _____

Signature of Individual Completing this Application Date