

**TOWN OF POUGHKEEPSIE APPLICATION
LICENSING OF PARADES**

**NAME OF CO-
ORDINATOR** _____

**ADDRESS AND NAME OF
ORGANIZATION:** _____

PHONE NO. _____ (____) _____

NAME & TYPE OF EVENT _____

DATE (S) OF EVENT _____

TIME OF EVENT _____

MAP OF ROUTE OF EVENT ATTACHED YES () NO ()

**TOWNS INVOLVED IN ROUTE OF
PARADE** _____

HAVE OTHER TOWNS BEEN NOTIFIED IF NECESSARY?
YES () NO ()

ENCLOSE INSURANCE CERTIFICATE FREEING TOWN OF LIABILITY:
YES () NO ()

**ENCLOSE COPY OF NOTIFICATION SENT TO ALL RESIDENTS THAT LIVE
ON ROADS WHICH WILL BE AFFECTED BY THE PARADE ROUTE.**
YES () NO ()

**ENCLOSE NAMES AND ADDRESSES OF ALL RESIDENTS WHO WERE
CONTACTED WHO LIVE ON ROADS WHICH WILL BE AFFECTED BY THE
PARADE ROUTE.**
YES () NO ()

**THESE ORGANIZATIONS MUST BE NOTIFIED ABOUT THE PARADE,
#EXCEPT CENTRAL HUDSON AND/OR TELEPHONE COMPANY:**

PLEASE CHECK (YES) OR (NO) IF CONTACTED;

(1) Contacted State, County or local Highway Dept. for approval:_____
YES () NO () Local Town Highway: (845) 485 – 3637

Name of contact:_____

(2) Contacted Town of Poughkeepsie Police Dept. (845) – 485 – 3680:
YES () NO ()

Name of contact:_____

(3) Contacted local Highway Dept. if barriers are needed: (845) 485 – 3637
YES () NO ()

Name of contact:_____

**(4) Contacted local Fire District to let them know which roads will be
closed at what times due to parade: YES () NO ()**

Name of contact:_____

**(5) Contacted local School District to let them know if parade will be in
their area and which roads will be closed at what times:**
YES () NO ()

Name of contact:_____

**#(6) Contacted Central Hudson and/or Telephone Company for
approval to put notices on poles (if necessary): YES () NO ()**

Name of contact:_____

**RETURN APPLICATION TO: FELICIA SALVATORE, TOWN CLERK
TOWN OF POUGHKEEPSIE
1 OVEROCKER ROAD
POUGHKEEPSIE, NEW YORK
12603**

PHONE: (845) 485 – 3620

OR FAX TO: (845) 485 - 8583

OR E-MAIL TO: fsalvatore@townofpoughkeepsie-ny.gov

**(AND THEN MAIL OR BRING IN
ORIGINAL TO FELICIA SALVATORE)**

SIGNATURE OF APPLICANT

DATE OF APPLICATION

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