



## PARKWAY USE PERMIT APPLICATION

### APPLICANT INFORMATION

Name of Event Organizer: \_\_\_\_\_

Organization / Production Company: \_\_\_\_\_ Federal Tax ID or 501(c) (3) #: \_\_\_\_\_  
(attached current verification of 501 (c) (3) status)

Address: \_\_\_\_\_ Apt/Unit/Suite \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Event Day On-Site Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
(if different than the organizer)

### PARKWAY USE

**Dumpster** (permitted in 7 day intervals) Drop off date \_\_\_\_\_ Removal date \_\_\_\_\_

Address of proposed dumpster location \_\_\_\_\_

Owner / Occupant Name \_\_\_\_\_ Owner / Occupant Phone Number \_\_\_\_\_

**Parkway Closure**

Area of proposed parkway closure (please include intersections) \_\_\_\_\_

Reason for proposed parkway closure (if for a proposed event, please attach Facilities Use Application or Special Event Application) \_\_\_\_\_

**Limousine**       **Bus**       **Carriage**       **Truck**

Number of vehicles \_\_\_\_\_ Date of proposed event \_\_\_\_\_ Number of Trips \_\_\_\_\_

**Valet**

**Anticipated Route**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PAYMENT

Credit Card (Please Circle) VISA    MASTERCARD    AMERICAN EXPRESS

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cash       Check      Amount: \_\_\_\_\_