



St. Bernard Parish Government

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Guy McInnis
Parish President

APPLICATION TO CONDUCT A PARADE IN ST. BERNARD PARISH

Application to be submitted TO THE OFFICE OF ALCOHOL, BEVERAGE & BINGO DEPARTMENT OF ST. BERNARD PARISH by November 1.

NAME OF ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

TELEPHONE NUMBER: _____

CAPTAIN OF ORGANIZATION: _____

ADDRESS OF CAPTAIN: _____

TELEPHONE NUMBER: _____

PARADE CHAIRMAN: _____

ADDRESS OF PARADE CHAIRMAN: _____

TELEPHONE NUMBER: _____

PARADE DATE: _____ STARTING TIME: _____

APPROXIMATE TERMINATING TIME: _____ NUMBER OF FLOATS: _____

HEIGHT OF FLOATS: _____

PARADE ROUTE/DESCRIPTION

(Below provide a written description of your parade route and illustrate on the attached map)

NUMBER OF PAUSES ANTICIPATED AT REVIEWING STAND: _____

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REASONS FOR PAUSES: TOASTING _____ BANDS _____

NUMBER OF TICKETS NEEDED FOR REVIEWING STANDS: _____

NUMBER OF BANDS AND DRUM AND BUGLE CORPS: _____

NUMBER OF OTHER MARCHING UNITS: _____

DATE OF BALL: _____ PROCLAMATIONS FOR BALL: Yes _____ No _____

IF YOUR ORGANIZATION REQUIRES PROCLAMATIONS FOR THE BALL,

PLEASE LIST NAMES AND TITLES BELOW:

1. _____
2. _____
3. _____
4. _____

NAME OF PERSON WHO WILL PRESENT THE PROCLAMATIONS _____

THE ORGANIZATION MUST PROVIDE A CERTIFICATE OF INSURANCE WITH ST. BERNARD PARISH GOVERNMENT LISTED AS ADDITIONAL INSURED ALONG WITH THIS APPLICATION.