



# Village of South Jacksonville

301 Dewey Drive, South Jacksonville, IL, 62650

Phone: 217-245-4803 Fax: 217-245-5641

Email: [codes@southjacksonville-il.org](mailto:codes@southjacksonville-il.org)

[www.southjacksonville-il.gov](http://www.southjacksonville-il.gov)

## Parade/Special Event Permit Request

### Organization Information

Organization name: \_\_\_\_\_ Organization Function: \_\_\_\_\_  
(Parade, Special Event, etc.)

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Contact Person(s): \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Telephone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Contact Person(s): \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Telephone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### Event Information

Event Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Event (circle one): \_\_\_\_\_ AM PM

Assembly Point: \_\_\_\_\_ Assembly Time (circle one): \_\_\_\_\_ AM PM

Approximate Number of Units Involved: \_\_\_\_ Will the entire street be utilized (Circle)? Yes No

How many people from your organization will help with the event/parade? \_\_\_\_\_

What is the route of your parade? (Please submit a map or detailed description) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**Other Information**

**Contact Person(s):** \_\_\_\_\_

(Last)                      (First)                      (Middle Initial)

Telephone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_      Email: \_\_\_\_\_

**Department Services Requested (Circle):**

Police                      Fire                      EMS                      Municipal (Street, Water, etc.)

Description of Services Needed (i.e., barricades, water, accessibility, traffic control, etc.): \_\_\_\_\_

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

**Space below to be used by Police Department Personnel Only**

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REQUEST:                      APPROVED                      DENIED

\_\_\_\_\_  
(Signature from SJPD)

\_\_\_\_\_  
(Date)

Police Department Contact: \_\_\_\_\_

**Return this request by mail, fax, e-mail, or in-person to the South Jacksonville Police Department 14 days before the event. The request will be processed and returned to you within five working days.**

South Jacksonville Police Department  
301 Dewey Drive  
South Jacksonville, IL, 62650  
Phone: 217-243-1241  
Fax: 217-243-7364  
E-mail: [sjpd@southjacksonville-il.gov](mailto:sjpd@southjacksonville-il.gov)

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