



**Hilliard Division of Police**

5171 Northwest Parkway, Hilliard, OH 43026  
Phone: 614.876.2429 Email: hilliardpolice@hilliardohio.gov

**EVENT PERMIT APPLICATION**

Name of Event:		Event Date:
Organization Hosting Event:		
Organization Website:		
Time of Road Closure:		to
<b>Event Coordinator</b>		
Name:		
Phone:		Email:
<b>On-Site Event Contacts</b>		
Primary Contact Person:		Cell:
Secondary Contact Person:		Cell:
<b>Event Route: Discuss and Finalize with Patrol Sergeant</b>		
Location Where Assembling:		
Route:		
Ending Location:		
<b>Details: Discuss and Finalize with Patrol Sergeant</b>		
Approximate # of Event Participants:		
Are Special Duty Officers Needed? <input type="checkbox"/> No <input type="checkbox"/> Yes # Needed:		
Details:		
Neighborhood / Business Notification Letter: Applicant must provide copy of letter with intended date of distribution.		
Mobile Signage: Must be in compliance with Ohio Manual of Uniform Traffic Control Devices		
Temporary Structure(s)		
<b>Note:</b> The noise level during the event must be maintained within the limits allowable by city ordinance. Event parking must be free of charge.		

Attach the Following to Application		
<input type="checkbox"/> Attached	<input type="checkbox"/> N/A	Route Map
<input type="checkbox"/> Attached	<input type="checkbox"/> N/A	Detailed Layout Map (including tent locations, temporary structures, vendor sites and logistical needs)
<input type="checkbox"/> Attached	<input type="checkbox"/> N/A	Neighborhood / Business Notification Letter (copy of letter with intended distribution date)
<input type="checkbox"/> Attached	<input type="checkbox"/> N/A	Mobile Signage
Road Barricades/Cones: Contact City Service Department		
Are road barricades and/or cones needed? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, I have contracted with the City Service Department.		
Certification		
<p>On behalf of my company/organization, I certify that the said event shall in all respects, conform to the ordinances of the City of Hilliard, all requirements set forth by the office of the Safety Director and all the laws of the State of Ohio, and may be revoked at any time upon violation of any provisions of said laws or requirements.</p> <p><b>Applicant Signature:</b> _____ <b>Date:</b> _____</p>		
Administrative Approval		
Sergeant:	Date:	
City Service Representative:	Date:	
Police Chief or Designee:	Date:	
Permit #:	Date Permit Emailed to Applicant:	Date Copies Given to Patrol & Records: