

**CITY OF MILAN  
FUNDRAISER, PARADE, SOLICITATION AND SPECIAL EVENT REQUEST FORM**

NAME: \_\_\_\_\_  
ORGANIZATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

**Note: Any increase in staffing required for this event will be billed to the organization listed on this form.**

TYPE OF REQUEST: \*FUNDRAISER  \*\*PARADE  \*\*\*SOLICITATION  \*\*\*\*SPECIAL EVENT

DESCRIPTION OF FUNDRAISER/PARADE ROUTE (include map) OR SPECIAL EVENT DETAILS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_

\* (The City of Milan requires that all door-to-door solicitation end by 8:00 p.m., unless otherwise specified)

\*\* (No candy can be thrown from moving vehicles during parades in the City of Milan)

\*\*\* (Solicitation without fundraising)

\*\*\*\* (Attach map, event schedule, special needs)

\*\*\*\*PARADE PERMIT A\*\*\* "NOTHING SHALL BE PROJECTED INTO THE CROWD INCLUDING BUT NOT LIMITED TO WATER, CANDY, SILLY STRING, FOAM, CONFETTI, ETC.

REQUEST TO PUT ON CABLE: YES  NO  IF YES, REQUESTED DATES TO RUN: \_\_\_\_\_  
(see attached policy - must fill out Acknowledgement of Operating Policy and Request Form)

SIGNATURE: \_\_\_\_\_

**OFFICE USE ONLY:**

**City Administrator Comments**

APPROVED  DENIED  DATE \_\_\_\_\_

**Police Chief Comments**

APPROVED  DENIED  DATE \_\_\_\_\_

**Other Comments**

APPROVED  DENIED  DATE \_\_\_\_\_

Date of Council Meeting: \_\_\_\_\_

APPROVED  DENIED  DATE \_\_\_\_\_