



APPLICATION FOR MOTORCADE PERMIT

Date of Application:

Name of Group/Organization:

Motorcade Chairman/Title:

Date of Birth:

Address:

City:

State:

Zip:

Phone:

Applicant Information (If different from Motorcade Chairman):

Name:

Date of Birth:

Address:

City:

State:

Zip:

Phone:

Purpose of Motorcade:

Date of Motorcade:

Start Time:

End Time:

Approx. Number of Persons in Motorcade:

Number of Units/Vehicles:

Assembly Location:

Assembly Time:

Disbanding Location:

Proposed Route:

Other Pertinent Information:

THIS PERMIT DOES NOT AUTHORIZE THE CLOSING OF ANY STREETS

**Requests to close streets must be approved by the City Manager's Office and/or City Council
105 E. Center Street • Sikeston, MO • (573) 471- 2512**

OFFICIAL USE ONLY

Application is:

APPROVED

NOT APPROVED

APPROVED WITH THE FOLLOWING CONDITIONS:

Signature of Approver

Date

CC: Chief
Police Captain
Fire Captain
City Manager