

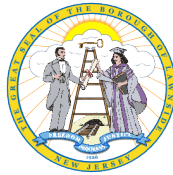
MARY ANN WARDLOW, *Mayor*

**Borough Council:**  
RONALD DEABREU  
ROBERT LEE  
STEVE POLLARD  
RHONDA WARDLOW-HURLEY  
ERIC J. WILCOX, SR.  
DAWN WRIGHT-MCLEOD

**EDWARD H. HILL, Esquire**  
Law Offices of Louis G. Guzzo  
89 N. Haddon Avenue  
Haddonfield, NJ 08033  
Tel: (856) 795-0020

**SEAN S. SMITH, Sr., Engineer**  
SmithCo.Engineering Group, Inc.  
808 Market Street, Suite 336  
Camden, NJ 08102  
Tel: (609) 682-0096

*Borough of Lawnside*  
LAWNSIDE, NEW JERSEY  
[www.lawnside.net](http://www.lawnside.net)



**Angelique B. Rankins, R.P.P.O.**  
*Business Administrator*

**Pamela Forman, RMC, CMR**  
*Municipal Clerk*

**John A. Bruno**  
*Chief Financial Officer*

**Kathleen Andress**  
*Tax Collector*

**Patrick Dymond**  
*Tax Assessor*

**MUNICIPAL BUILDING**  
4 DR. MARTIN LUTHER KING JR. ROAD  
LAWNSIDE, NJ 08045  
Telephone: (856) 573-6200  
Fax: (856) 546-3232

## APPLICATION FOR PARADES AND SPECIAL EVENTS

\*\*\*Must be submitted 5 days prior to the event\*\*\*

1. Name of Activity/Event: \_\_\_\_\_
2. Type and Purpose of Event: \_\_\_\_\_
3. Location of Event: \_\_\_\_\_
4. Organization: \_\_\_\_\_
5. Applicant: \_\_\_\_\_
6. Primary Contact Person: \_\_\_\_\_  
Primary Address: \_\_\_\_\_  
Primary Telephone: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_  
  
Alternate Contact Person: \_\_\_\_\_  
Alternate Address: \_\_\_\_\_  
Alternate Telephone: \_\_\_\_\_ Alternate Email Address: \_\_\_\_\_
7. Date(s) of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_
8. Approximate Number of Persons \_\_\_\_\_ Vehicles \_\_\_\_\_
9. If Applicable, Event Starting Point & Ending Point - indicate road names & intersections:  
\_\_\_\_\_  
\_\_\_\_\_
10. Will street closures be necessary? YES NO  
If yes, indicate the date and time for closing and reopening including set up and clean up.  
\_\_\_\_\_  
\_\_\_\_\_

By my signature below, I certify that I have actual authority to make this application, and to bind the organization, if any, sponsoring the event, and that I, or the organization, will be financially responsible for any costs or fees that may be imposed for the Event.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**A NON-REFUNDABLE \$15.00 APPLICATION FEE IS REQUIRED MADE PAYABLE TO THE BOROUGH OF LAWNSIDE via Cash, Check or Money Order**

**Clerk's Office:** DATE PAID \_\_\_\_\_ Receipt # \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

**Public Safety:** APPROVED/DENIED Signature: \_\_\_\_\_ Date: \_\_\_\_\_