



LEWES RACE & PARADE REQUEST FORM

Name of Race/Parade : _____

Race/Parade Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____ Approx. No. of Participants: _____

Date of Race/Parade: _____ Start Time: _____ Email: _____

Check List:

- Include Race/Parade Course Map.
- Include check, cash, or credit card for \$50 non-refundable permit fee made payable to the City of Lewes.
- Include Certificate of Liability Insurance for \$1,000,000 with City of Lewes listed as additional insured.
- Contact Sgt. Sherrie Harmon of Lewes PD at least 30 days prior to race/parade date to coordinate traffic control (302) 645-7777 x 225.
- If using state maintained roads, apply for DeIDOT special events permit. Contact is Michael Rivera Permit Application: <http://eventpermits.deldot.gov>
- Race/Parade organizer must have City of Lewes business license.
- Apply for amplification approval at least 60 days prior to race/parade if using sound system for announcements or outdoor music.
http://www.ci.lewes.de.us/pdfs/AMPLIFICATION_REQUEST_APPLICATION_V5.8.16.pdf
- Attach race/parade brochure or website _____

****Applicant Signature:** _____

You agree to the following rules:

- Amplification of sound must be pre-approved by Lewes Mayor & City Council. Please see the **Outdoor Amplification Request Form**.
- Alcoholic beverages and tobacco products are prohibited in Lewes parks/beaches.
- Any & all equipment must be hand-carried into the park or beach, no driving or parking in the parks or on the beach at any time.
- You must cleanup and remove trash. **Trash cannot be left outside any trash containers.**
- Utilization of Lewes Police requires a 3-hour minimum charge **(\$65.00 Per Hour)**

PAYMENT INFORMATION: *(Credit Card Payments can be faxed to: (302) 645-6406)*

<input type="checkbox"/> Cash	<input type="checkbox"/> Check	Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISCOVER
Receipt # _____		Credit Card #: _____
Check # _____		Expiration Date: _____ Verification Code: _____
		Name as appears on card: _____
		Billing Address: _____
		Signature: _____ Date: _____