

APPLICATION MUST BE RECEIVED AT LEAST 72 HOURS  
PRIOR TO DATE FOR WHICH PERMIT IS REQUESTED.



**CITY OF WILSON  
PROCESSION PERMIT/STREET CLOSURE APPLICATION**

Return Fax No: 399-2346

Date of Application \_\_\_\_\_

Mail: P.O. Box 10, Wilson, NC 27894

Applicant \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_ - 10:00 PM

Type of Event \_\_\_\_\_

Number of Participants Expected \_\_\_\_\_ Number of Vehicles Expected \_\_\_\_\_

Location Route (Attach map or sketch if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant

Title

If applicant is an organization, list the status of the person applying.

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Permit Granted \_\_\_\_\_

Time Received \_\_\_\_\_ Permit Denied \_\_\_\_\_

Reason for Denial \_\_\_\_\_

Date Confirmed with Applicant \_\_\_\_\_

Thomas Hopkins, Chief of Police

By Fax  By Mail  By Email