

APPLICATION MUST BE RECEIVED AT LEAST 7 CALENDAR DAYS  
PRIOR TO DATE FOR WHICH PERMIT IS REQUESTED.



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

Return Fax No: 252-399-2346

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

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.  
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**FOR OFFICE USE ONLY**

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

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

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

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

**William S. Biddle, Chief of Police**

By Fax  By Mail