



City of Richland Center
450 S. Main Street
Richland Center, WI 53581
608-647-3466

PARADE PERMIT APPLICATION
Municipal Code Chapter 243

Parade Information

Parade Date 10/04/25 Start Time 7:00PM End Time 8:45PM Estimated number of units 65
Parade Name Canyon of Lights Parade Parade Sponsor City of Richland Center/Greater Richland Tourism
Will there be any animal units? ☒ Yes ☐ No (if yes, owners are responsible for removal and disposal of waste)
Location of Parade Assembly Richland Hospital & Clinics Employee Parking lot and 6th Street adjacent.
Location of Parade Disassembly North Park and 3rd Streets
Parade Route Start at 3rd & Church Streets, down 3rd to N Central Ave, follow N Central Ave to Court St, turn on Court St-proceed to Park St.
Proceed on Park St to 3rd street and dissassemble.
Special parking or street closures required Block N Park Street at 2nd St. Block 2nd Street at Church. Block 3rd Street at Church up to Cedar,
Block 4th Street at Church and Cedar and 4th Street.
Insurance Carrier City of Richland Center Carrier Policy Number _____
Surety Bond Amount \$ _____

Applicant Information

Principal Contact Marty Richards
Phone [REDACTED] Email [REDACTED]
Alternate Contact _____
Phone _____ Email _____

By applying for this parade permit, the above names organization, and its agents and officers, hereby agree to hold the City of Richland Center harmless, and indemnify the City of Richland Center, for any and all claims, damages, losses, or injuries, of any nature whatsoever, occurring during, before, or after the parade, and USER agrees to forever release and discharge the City of Richland Center, and its heirs, successors, and assigns, as well as its agents and employees, and all other person who are or might be liable, from any and all claims occurring as a result of the issuance of this parade permit.

Authorized Agent of the Organization: [Signature] Date: 07/30/25

Internal Use Only

Public Works Review Determination **DENIED** **APPROVED**
Director of Public Works [Signature] Date 8/1/2025
Police Department Review Determination **DENIED** **APPROVED**
Chief of Police [Signature] Date 8-14-25
If approved, date approval was ☐ emailed ☐ mailed _____
☐ Courtesy email to Fire Department ☐ Courtesy email to EMS
City Clerk/Treasurer/ Deputy Clerk _____