

Copy to: *Applicant*  
*Sheriff's Dept*  
*Fire Dept.*  
*Street Dept.*  
*N.A.T.*  
*Ambulance*

City of Needles  
**Procession, Assemblage or Demonstration**  
**PERMIT**



Pursuant to Section 13-5 of the Needles City Code,  
Permission is hereby granted by the City Manager for:

\_\_\_\_\_  
Name of Organization or Group

To: \_\_\_\_\_

\_\_\_\_\_  
(Describe event in detail, including location, streets and purpose)

Estimated Number of Participants \_\_\_\_\_

Date: \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_

Special Arrangements (i.e. use of barricades, etc.) \_\_\_\_\_

Name & Title of Responsible Person: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Telephone #: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**\*\*\* PLEASE SEE BACK OF THIS PERMIT FOR REQUIRED  
INDEMNIFICATION ACKNOWLEDGEMENT SIGNATURE \*\*\***

**NOTICE: ANY OCCURRENCE WHICH CONSTITUES A DISTURBANCE CAN RESULT IN THE  
REVOCATION OF THIS PERMIT, BASED UPON DETERMINATION BY EITHER THE CITY  
MANAGER OR SHERIFF'S DEPARTMENT. CONTACT THE SHERIFF'S DEPARTMENT FOR  
ARRANGEMENTS FOR CROWD CONTROL, IF NEEDED. (760) 326-9201.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
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CITY USE ONLY:

**PERMIT:**     **APPROVED**     **DENIED**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
*(Sheriff)*

**PERMIT:**     **APPROVED**     **DENIED**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
*(City Manager)*

**\* \* \* INDEMNIFICATION \* \* \***

\_\_\_\_\_ shall indemnify and save harmless  
*(Name of Organization or Group)*  
the City of Needles, its officers, agents, and employees (hereafter collectively referred to as "City") against any and all damages to property or injuries to or death of any person or persons, including property and officers, agents and employees of the City, and shall defend, indemnify and save harmless the City from any and all claims, demands, suits, actions or proceedings of any kind or nature including workers' compensation claims, of or by anyone in any way resulting from or arising out of the operations of contractors and subcontractors and acts or omissions of employees or agents of applicant or his/her contractors and subcontractors.

Signature of Responsible Person \_\_\_\_\_

(Print Name) \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_