



SHELBY COUNTY ROADWAY SOLICITATION PERMIT APPLICATION

Pursuant to the Shelby County Roadway Solicitation Ordinance

FOR OFFICE USE ONLY

Date Received: _____

Application No.: _____

Approved Denied

Permit No.: _____

Date Issued: _____

Issued By: _____

Applications must be submitted at least seven (7) business days prior to the requested date(s).
Incomplete applications may be delayed or denied.

1. APPLICANT INFORMATION

Applicant Name: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Are you applying as an: Individual Group Organization Other (please specify): _____

2. ORGANIZATION INFORMATION (IF APPLICABLE)

Organization Name: _____

Organization Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Type of Organization: Nonprofit For-Profit Other (please specify): _____

3. SOLICITATION DETAILS

Proposed Date(s) of Solicitation: _____

Proposed Time(s): From _____ To _____ Daylight Hours Only

Specific Location(s) of Roadway (List intersections/segments and nearest landmarks):

Estimated Number of Participants: _____

Brief Description of Purpose of Solicitation / Organization Mission:

4. REQUIRED DOCUMENTS CHECKLIST

Please attach the following items to your application:

- Proof of Liability Insurance * (if required)
- Agreement to Comply with Safety Requirements
- Any Additional Information Supporting This Application

* Insurance may be required at the discretion of the County based on the size, location, or nature of the proposed activity.

5. AGREEMENT & SIGNATURE

I hereby agree to comply with all provisions of the Shelby County Roadway Solicitation Ordinance. I understand that failure to comply may result in denial, revocation of a permit, and/or penalties.

Applicant Signature: _____

Printed Name: _____

Date: _____

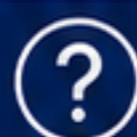


IMPORTANT:

This application does not guarantee a permit. The County will review all applications and issue a written approval or denial within five (5) business days of receipt of a complete application.



Submit applications to:
Shelby County Judge Executive 501 Main Street
Shelbyville, KY 40065 Email: cje.admin@shelbycoky.com



Questions?
Call: (502) 633-1220
Office Hours: Monday – Friday, 8:30 a.m. – 4:00 p.m.