

CP-40

U.S. CAPITOL POLICE BOARD
119 D Street, N.E.
Washington, D.C. 20510

SEU#

**Application for Permit Under Article XIX Of The Traffic
And Motor Vehicle Regulations for United States Capitol Grounds**

1. Organization and/or Spokesperson:

2. Date of Application:

3. Address:

4. Telephone: Business

5. Mobile:

6. Email address

7. Date(s) of Event:

8. Day(s) of Week:

9. Start Time (including set-up):

10. End Time (including clean-up):

11. Total Duration:

12. Specific area of U.S. Capitol Grounds requested to be utilized: (i.e., West Front Grassy Area, Upper Senate Park, Taft Memorial Park, etc.)

13. Estimated number of participants:

14. Additional Point of Contact / Spokesperson:

Telephone:

Email address:

13a. Nature of Event (Check appropriate box best describing the nature of your activity):

Demonstration (Rally, Vigil, etc.)

Filming/Photography

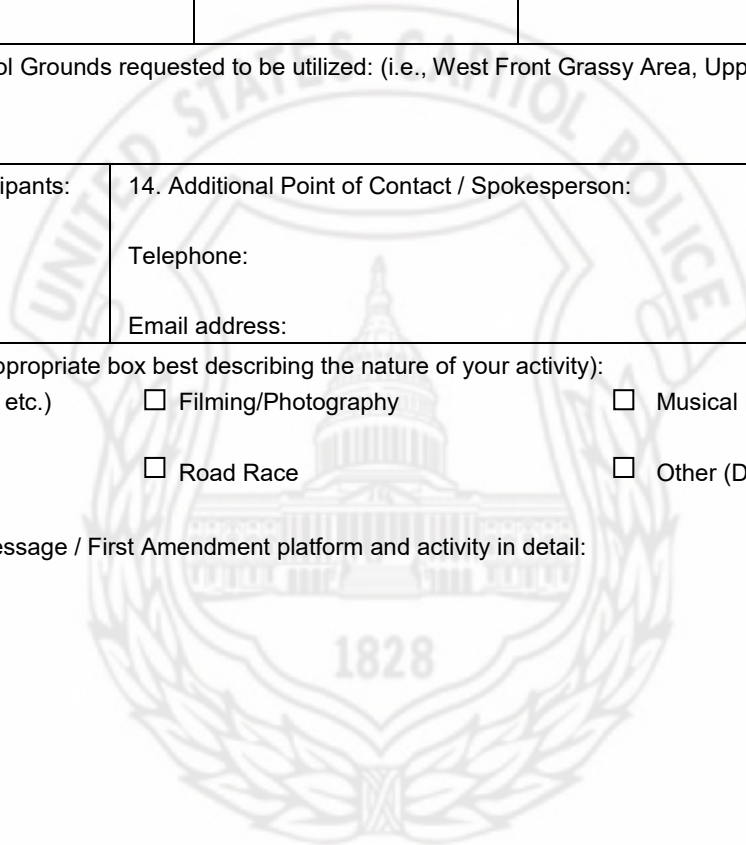
Musical Presentation

March (Provide Route)

Road Race

Other (Describe below)

b. Describe event purpose / message / First Amendment platform and activity in detail:



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[Empty box for SEU#]

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14. Props and Equipment — All props and equipment must be furnished by organization or spokesperson.

Please be specific; include quantities and dimensions of all items.

<input type="checkbox"/> Handheld Signs, Placards	<input type="checkbox"/> Banner(s) Size: L H	<input type="checkbox"/> Podium	<input type="checkbox"/> Distribution of Literature
<input type="checkbox"/> Stage(s) Size: L W H	<input type="checkbox"/> Press Riser Size: L W H	<input type="checkbox"/> Lighting Equipment	<input type="checkbox"/> Camera Tripod
<input type="checkbox"/> Tables Quantity:	<input type="checkbox"/> Portable Sound System (Describe)		
<input type="checkbox"/> Chairs Quantity:			

Other:

15. Will electrical power be required? (Available only at the West Front Grassy Area and the Upper Senate Park)

Yes No

17. Estimated # of buses: (No parking / staging on Capitol Grounds)

18. Will Marshals be utilized? Yes No

How many?
How will they be identified?

19. On-site contact:

Mobile #:

Email address:

20. Does information exist that a group(s) / person(s) may wish to disrupt your activity?

Yes No

If yes, please explain:

21. I, _____, have read and acknowledge the U.S. Capitol Police Board Demonstration Guidelines.

SPOKESPERSON'S NAME (Print)

SPOKESPERSON'S SIGNATURE

DATE

Not Valid Until Signed

FOR MORE EXPEDITIOUS PROCESSING, PLEASE RETURN APPLICATION VIA: FAX: (202) 228-2429

or

Mail / Hand deliver to: U.S. Capitol Police, Special Events Division, 119 D St., N.E., Room #102

Open 7:00 a.m. to 6:00 p.m., Monday through Friday,

Office: (202) 224-8891