

APPLICATION FOR A PERMIT TO CONDUCT A DEMONSTRATION OR SPECIAL EVENT IN PARK AREAS

NATIONAL MALL AND MEMORIAL PARKS

Division of Permits Management 900 Ohio Drive, S.W. Washington, DC 20024 Telephone: (202) 245-4715

		18-1484	Date of Application:	July 27,	2019		439
78-7184		/	Date of Application.	July 21,	21, 2010		
This is an application for a:	2,000	<u> </u>	Market Company	Rolle Malaca			
■ Demonstration □ Specia	l Event De	finitions on 10.0419 Su	nniamontal instructions				
Individual/Organization	II EVERIL DE	innuons on 10-9413, out	Telephone Number	Coll	Phone	Eov.)	Number
Gene Stilp			717-829-5600			Taxi	AUTHOR
Email Address			Website				
genestilp@comcast.net	2		VVBDSILE				
Street Address	N.		City		State	Zip Code	Country
(b) (6)			(b) (6)	0	State	21p Code	USA
Person in Charge of Event			Telephone Alumber		Coll	Ohone Nur	
Gene Stilp			Telephone Number 717-829-5600		Cell Phone Number		
-			111-029-3000				
Email Address							
84 1 1 1 1 1			0.11		01.4	2: 0 1	n 1
Street Address			City.		State Zip Code Country		
							USA
At least one person must be lis different locations, please list th			ferent individuals are to b	e in charge	e of variou	s activities	at
Name	Contact In		Name	10	Contact Inf	omation	
Gene Stilp	717-829		Name		Contact mornation		
Name	Contact In		Name		Contact Information		
rectific	Contact III	omation	Name		Contact information		
STORY CONTRACTOR OF THE STORY O	7			13 20 80 59	Etha V	V	
Is this an application for the use	of the Whit	e House Sidewalk ³ or La	fayette Park?				
Please be aware that a waiver of include more than 750 participal							ewalk will
Is this an application for a walve	er of the nun	nerical limitations?					
☐ Yes ■ No							
	4551000	Contract State of St.		* 800		11 11 11 11 11 11	14 14 14
		Set-Up Dates	and Times			SOLANDAL ECH	escal numberation
Starting Date 8-12-2018 Ending Date 8-12-201		Ending Date 8-12-201	8 Starting Time 10:00		Ending Time 4:00		
		0-12-201	■ AM □ PM		☐ AM ■ PM		
		Event Dates		2-00	125.10		4.00
Starting 8-12-2018		Ending 8-12-2018 Starting Time 10:00 Break-down Dates and Times			Ending Time 4:00		
				VI	☐ AM ■ PM		
Starting 9 12 201	10		es and Times Starting Time 10	0:00	En	ding Time	4.00
Starting 8-12-2018 Ending 8-12-2018		Starting Time 10:00			PM		
Please list ALL proposed location	ns (include	assembly and dispersal a	areas):	Y8 6	ACCEIVE		1 1 141
Lafayette Park	,	and					
,				(35500%	572		
			Zy: IN	18 76	8i		

Estimated man spectators):	ximum number of participar	its for EACH PARK AR	EA TO BE	USED (Including organ	nizers, volunteers, participants and	
Purpose of eve	ent: The applicant, Ge even tin order to 0	ne Stilp, will do a Counter-Protest th	counter- nat event	protest to the fas	scist "Unite the Right"	
parades, plans	sed activity (include all spea for the orderly termination will burn a combined	and dispersal of activity	which mig	ht affect regular flow o		
	Handheld Signs/ Placards Quantity: 5 6x4 flags	Chairs Quantity:		Tables Quantity:	Tents Quantity:	
the prop	Portable Restrooms Quantity:	Camera Tripod Quantity:		Jumbotrons Quantity:	Generators Quantity: Type:	
any of during diduring	Banner/Sign(s) Size:	Press Riser Size:	ı	Stages Size:	Turf Protective Cover(s) Size:	
e indicate illi be use	Length: Width: Helght:	Length: Width: Height:		Length: Width: Height:	Length: Width: Height:	
Please list all other equipment (include any necessary medical/tra			System			
riease list all of	ther equipment (include any	necessary medicavia	1-3	gallon metal tra	sh can	
	ing to solicit donations:			proposing food or beve	■ No	
Are you proposi	ing road closures or traffic n	nanagement? If so list t	he roads a	nd/or trails affected?	☐ Yes ■ No	
How will the event be advertised or publicized:			Do you propose to have commercial sponsors? Yes No if yes, how are sponsors recognized.			
Radio Social media	■ Print□ Websitea (Twitter, Facebook, Tumb	■ Flyers ■ Email/Listserv Ir, etc.)				
	coffins, or similar items will ucted from, and their propo-		they are to	be carried opened or	closed, their proposed size, the	
	leanup and/or recycling plan will be completed by		How will o	leanup members be id	entified? Organizer will have a blue arm band.	

Please note there is an additional Temporary Food Establishment Permit Application that must be completed at least 70 days prior to proposed event. Food service is subject to more stringent standards including being preapproved by the National Park Service and meeting Public Health standards. Only ethnic foods that are determined to be integral to the theme of the proposed event are permitted.

	believe or any information in ation is submitted? Yes	dicating that any individual, group or organization might seek to disrupt the
네 시간 시간 시간 시간 사람이 되는 사람이 되었다.		and contact information for each:
	als and/or volunteers?	11
simultaneously on White Ho	use Sidewalk and Lafayette	limitations and for demonstration activities held Park.
Watch and video any	als and/or volunteers are exp disrupting activity.	pected to perform:
By blue arm band.	r volunteers be identified?	
Person(s) responsible for su	nervision of marshals and/or	volunteers (for each location):
Name(s)	Location(s)	Contact information during event (address/phone)
Gene Stilp		
		marshals and/or volunteers? (Include the number of walkie-talkies, mobile
phone tree, bullhoms, public N/A. Gene Stilp can be		one day of event 717-829-5600.
The composition	2 00.1.a.o.o.o.o.o.o.o.o.	
		participants to and from all park areas including Lafayette Park. Please automobiles or other forms of transportation which the participants are
expected to use (supply char	t or map if necessary).	
		ess depends on location for this demonstration as
provided by National P	ark Service.	
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Marshals do not act as police, they help maintain order among participants, provide information to participants and non-participants. Marshals should have knowledge of the overall event organization.



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Name Gene Stilp	Telephone Number 717-829-5600	717-829-5600		Fax Number				
Position Organizer	Email Address genestilp@comcast.net							
Street Address b) (6)	Address City (b) (6)		Zip Code (b) (6)	Country				
Signature of Applicant Authorities		7-30-20	18					

APPLICATION IS NOT VALID UNLESS SIGNED

Hand deliver or mail completed application to:

National Park Service National Capital Region Permits Management Division 900 Ohio Drive, S.W., Washington, DC 20024 Office Phone: (202) 245-4715

Open 8:00 am to 4:00 pm, Monday - Friday