

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



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SECTION 4.			Date of Application:	01.27.21			
	Contact Information						
	olication for a:						
Demonstra	ation) Special Ev	ent Definitions on 10-941S, S					
Individual/Org			Telephone Number	Cell Phone	Fax	Number	
Sean Feucht Ministries				(b) (6)	(6)		
Email Addres	S		Website				
(b) (b)							
Street Address		City	State	Zip Code	Countr		
(0) (0)			(b) (6)	(0) (0)	(b) (6)	USA	
	arge of Event		Telephone Number Cell Phone Number			mber	
Whitney Wh				(b) (6))		
Email Addres	(b) (6)						
Street Addres			City	Ctoto	7:- 0-1-		
(b) (6)			(b) (6)	State	Zip Code	Country	
At least one r	nerson must be listed a	s in charge of the activity. If o	ifformat individuals are to b	a la abassa of co	C.A.		
different local	tions, please list their n	ames and contact information	mereni individuais are to p	e in charge of vai	rious activities	s at	
Name		ntact Information	Name	Contact	Information		
Moriah Qua	rles (b)	(6)	1 2000000				
Name Contac		ntact Information	Name		Contact Information		
	Lafayette Park and V	Vhite House Sidewalk				Contraction in contraction	
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Estimated maximum number of participants for EACH PARK AREA TO BE USED (Including organizers, volunteers, participants and spectators):							
30,000							
Purpose of even	t: Cathering churche	e across the region	on to wo	rship and pray for	America		
	Gathering Charche	s across the region	on to wo	isiip and pray ioi	America.		
	70						
Plan for propose parades, plans for	ed activity (include all speal or the orderly termination a	kers, a complete time sc and dispersal of activity v	hedule of I vhich migh	the activity, proposed rou it affect regular flow of city	tes for any marches or y traffic, etc.):		
parades, plans for the orderly termination and dispersal of activity which might affect regular flow of city traffic, etc.): 5-6:30 worship, 6:30-7 speakers, 7-8:30 worship, 8:30-9 baptisms/closing remarks							
	andheld Signs/ Placards	Chairs	ſ	Tables	Tents		
ွန္မွ ြဲ	uantity:	Quantity:	ļ	∠ Quantity: 5	Quantity: 2		
prop Fe	ortable Restrooms	Camera Tripod		Jumbotrons	Generators Quantity: 1		
the p o	tuantity: 24	Quantity:		Quantity: 2	Type:		
Please indicate any of these items that will be used during the proposed activity:	anner/Sign(s)	Press Riser		Stages	Turf Protective Cover(s)		
ed du Si	ize:	Size:	[D	Size: 1	Size:		
use cate	ength: /idth: 8ft	Length: Width:		Length: Width:	Length: Width:		
He in the	eight: 8ft	Height:		Height:	Height:		
ease at wi	odium	✓ Lighting Equipmer	nt r	Estimated # of Buse	roe:		
					3 .		
Tax years as as	ner equipment (include any	necessary medical/trail	ers):		Sec. 1997 2070 11 199		
1 medical ter		ment					
2 trucks for sound/lighting equipment Are you proposing to solicit donations: Are you proposing food or beverages service4:							
Are you proposii	Yes No		Ale you p	Yes	No		
Are you proposir	ng road closures or traffic r	management? If so list th	ne roads a	nd/or trails affected?	Yes No		
3							
			Do you propose to have commercial sponsors? Yes No If yes, how are sponsors recognized.				
☐ TV ☐ Print ☐ Flyers							
Radio Website Email/Listserv							
Social media (Twitter, Facebook, Tumblr, etc.) If boxes, crates, coffins, or similar items will be used, state whether they are to be carried opened or closed, their proposed size, the							
materials constructed from, and their proposed contents and use:							
			How will cleanup members be identified? neon vests				
We will have a team of volunteers for clean-up nec				ESIS			
oron and a	J. J						
I			I				

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.

SECTION 4: Activity Dis	ruption		
Do you have any reason to	believe or any information cation is submitted?	indicating that any individual, group or organization migh	t seek to disrupt the
		n and contact information for each:	
is the files duois duois indi	vidual, group or organizatio	n and contact information for each:	
OFFICE AND A 1 1 5			
SECTION 5: Marshals ⁵ a Will applicant furnish mars		Yes No	
	The state of the s		How Many
simultaneously on White H	louse Sidewalk and Lafayet		50-75
	hals and/or volunteers are e	expected to perform:	
production			
crowd management	answering questions	S	
VIP care			
How will the marshals and/	or volunteers be identified?		
badges or orange ve	ests		
Dereon(s) responsible for a	upperiolog of proselvate and		
		/or volunteers (for each location):	
Name(s)	Location(s)	Contact information during event (address	s/phone)
Whitney Whitt			
Moriah Quarles			
Savanna Craig			
James DuMont			The same of the
What communications equi	pment will be provided to the address systems, flashlig	ne marshals and/or volunteers? (Include the number of w	alkie-talkies, mobile
walkie-talkies for pro		nts, etc.)	
cell phones	auction team		
son priories			
State specifically the plans	for ingrees and egrees of th	e participants to and from all park areas including Lafaye	tte Deels Disease
include proposed sites for le	pading and unloading of but	ses, automobiles or other forms of transportation which the	ne participants are
expected to use (supply char	art or map if necessary).		
		t and carpooling. We will have a driver shu	ittling VIPs and
will block off 12 spots	s for our team.		

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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SECTION 6: Permit Applicant Information (information for pe	erson completing application	n)			
Name	Telephone Number	Cell Phone Number	Fax N	Fax Number	
Whitney Whitt		(b) (6)			
Position	Email Address				
Assistant	(b) (6)				
Street Address	City	State	Zip Code	Country	
(b) (6)	(b) (6)	(b) (6)	(b) (6)	USA	
Signature of Applicant		Date			
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17-12	01-29-2	01-29-21		
White Minney a	in Udl				

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