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|  | Antragsteller, Firma, Stempel | | | | | | | | | | | | | |  | | Antrag auf Erteilung **einer Erlaubnis** | | | | | | | | | |  |
|  | Anschrift der zuständigen Behörde | | | | | | | | | | | | | |  | |  | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | |  | |  | | | | | | | | | |  |
|  | **Landkreis Mecklenburgische Seenplatte**  **Der Landrat**  **Straßenverkehrsbehörde**  **Adolf-Pompe-Straße 12-15**  **17109 Demmin**  **Verkehrsbehoerde@lk-seenplatte.de** | | | | | | | | | | | | | |  | | **für die Durchführung einer Veranstaltung**  **auf öffentlichem Verkehrsgrund**  **gem. § 29 StVO** | | | | | | | | | |  |
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|  |  | | | | | | | | | | | | | |  | | **Anlagen:**   |  | | --- | |  |   1 Streckenskizze  (3-fach) | | | | | | |  | | --- | |  |   Nachweis über Veranstalter-  haftpflichtversicherung | | | |  |
|  | | Zur Durchführung von einer erlaubnispflichtigen Veranstaltung auf öffentlichem Verkehrsgrund beantragen wir | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Name des Veranstalters | | | | |  | | | | | | | | | | | | | | Telefon | | | | Fax | |  |
|  | | Vertreten durch | | | | |  | | | | | | | | | | | | | | E-Mail: | | | | | |  |
|  | | Wohnsitz des Veranstalters | | | | |  | | | | | | | | | | | | | | | | | | | |  |
|  | | **die Erlaubnis gemäß § 29 Abs. 2 StVO** | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Art und Anlass der Veranstaltung | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Zeitraum von: | | | |  | | | |  | | | | bis: | | |  | | | | |  | | | | |  |
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|  | | Voraussichtliche Zahl der Teilnehmer | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Fahrzeuge | | | Personen | | | Festwagen | | | | Musikkapellen | | | | Pferde | | | Pferdegespanne | | | | | Sonstiges | |  |  |
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|  | | Streckenverlauf (Streckenbezeichnung) / Flächen, auf der der öffentliche Verkehrsgrund in Anspruch genommen wird /  Lageplan mit Streckenplan beilegen | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  | wenn ja, bitte nähere Angaben: | | | | | |  | | | | | | | | | | | | | | | | | |  |
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