Street (Special Event) Closure Permit Application

Application Fee: \$75.00

Must be submitted at least 2 weeks before requested closure date.



Applicant Information

Name of Event		_ Date of Eve	nt	
Name of Contact/Event Organizer	(First)		(Last)	
Contact Telephone Number		Email Address		
Contact Address				
Street Closure Information				
Address/Route of Event				
Hours of the Event (to include setup and clean up)_		to	_	
Closure Timeframe to				
Approximate # of Participants & Vehicles				

Applicant's Statement

I hereby certify that the information in the foregoing statement is true and accurate to the best of my knowledge.

The person(s) or sponsor will be responsible for the conduct of the group and for the condition of the public area. The permit is subject to all municipal codes in addition to all rules governing street right-of-ways. The applicant agrees to indemnify and save the Village harmless from and against all liabilities, claims, demands, judgments, losses, and all suits of law or in equity, costs, and expenses, including reasonable attorney fees, for injury or death of any person, or damage to any property arising from the holding of such special event.

out the permit that it is their responsibility to man critical intersections as a control only for those participating in the event. General traffic control will not be allowed by those NON-Law enforcement personnel. Individual safety will be the responsibility of those involved in or taking part in the event so noted in this permit. Signature_____ Date_____ <u>Information</u> Road barricades will be dropped off by a member of the public works crew prior to the event start time. They will be left at the address of the street closure listed above. If the event concludes outside of business hours, the barricades will be picked up the following morning. The business hours for the Department of Public Works are from 7:00 a.m. to 3:00 p.m. Please remember that alcohol is not allowed within the road and road right-of-way. FOR OFFICE USE ONLY **Municipal Clerk Signature / Date** Check No._____ Amount paid_____ Date____ **DPW Signature / Date** Crew Lead Person notified date Police Chief Signature / Date

It is understood by the Permittee and anyone either as individuals or a representative of the organization taking

Permit granted: Yes / No

Administrator Signature / Date

Reason for Denial: