

# City of Colusa

Office Use Only	
Date Received	_____
Routing Date	_____
Date approved	_____
Notice Sent	_____
Insurance Cert. Rec'd	_____

## Application for Temporary Street Closure, Parades, Special Events and Festivals

<b>NAME OF EVENT:</b>  <b>DATE OF EVENT:</b>
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Please read carefully:

- Application must be filed with the city clerk at least 30 days prior to the event to allow time for review and council action.
- Applications will be returned if incomplete
- There are no fees for street closure services
- Complete in the space provided a narrative explaining the specific purpose of the event including garbage clean-up plans.
- Submit a map in the space provided outlining the event's location and all street and/or parking lot closings
- Submit copies of flyers, posters or other materials that will advertise the event. The organizer is responsible for ensuring that all flyers, posters, etc. advertising the event are removed from public facilities. Failure to comply may impact approvals for future applications.
- **Applicants must provide prior to the event a certificate of insurance meeting city insurance requirements—a minimum of \$1 million per occurrence naming the city as additional insured. Limit is subject to increase depending on event. The description must read: "The City of Colusa, its officials, employees and agents are named as Additional Insured with Waiver of Subrogation with respect to general liability."**
- All applications are subject to approval by the city council
- Applicants will be notified when the request has been approved or if additional information is required. Inquiries about the status of an application may be directed to the city manager's office.
- All street closures must maintain adequate clearance for emergency vehicle access.
- If event will take place on the state highway, attach a copy of the Caltrans encroachment permit

### Contact Information: (Please print)

Organization _____	Phone (day) _____
Contact Person _____	Phone (evening) _____
Address _____	Fax _____
City _____	E-mail Address _____
Zip Code _____	
Alternate Contact _____	
<i>(It is highly recommended that an alternate name &amp; telephone number be provided)</i>	

### Event Details:

Location of Event	Start Date MM/DD/YY (Incl. set up)	Start Time	Finish Date MM/DD/YY (Incl. tear down)	Finish Time
		_____ <input type="checkbox"/> am <input type="checkbox"/> pm		_____ <input type="checkbox"/> am <input type="checkbox"/> pm

Electrical: Yes  No    
 Selling Liquor: Yes  No    
 Sound Amplification: Yes  No    
 Food & Beverage: Yes  No    
 Open Fire: Yes  No    
 (If yes, please explain (permit may be required))

**Type of Event:**

Parade	<input type="checkbox"/>	Cycling	<input type="checkbox"/>	Event/Festival	<input type="checkbox"/>	Please Specify _____
Walkathon	<input type="checkbox"/>	Run	<input type="checkbox"/>	Other	<input type="checkbox"/>	

**Attendance:**

Number of Participants	_____	Number of Floats	_____
Number of Booths/Stalls	_____	*Please provide best estimates*	
Number of Vehicles	_____		
Number of Bands	_____		

**Narrative and Map of Event:**

(Be specific and include garbage clean-up plans, detailed map, route and/or site plan. Attach extra page if necessary)

Narrative:
Map, route, and/or site plan: (if insufficient space, please attach on separate sheet)

Signature of Person Submitting Application: \_\_\_\_\_ Date: \_\_\_\_\_

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<b>Public Works</b> _____	_____ Approved	_____ Denied	Date: _____
Comments: _____			
<b>Recreation</b> _____	_____ Approved	_____ Denied	Date: _____
Comments: _____			
<b>Street/Parks</b> _____	_____ Approved	_____ Denied	Date: _____
Comments: _____			
<b>Fire Dept.</b> _____	_____ Approved	_____ Denied	Date: _____
Comments: _____			
<b>Police Dept.</b> _____	_____ Approved	_____ Denied	Date: _____
Comments: _____			
<b>City Manager Review</b> _____			Date: _____
Comments: _____			