

CITY OF ELKHORN
REQUEST FOR STREET CLOSURE FOR A COMMUNITY EVENT

Application must be submitted at least 45 days prior to event

Name of Organization: _____

Contact Person: _____ Email: _____

Address: _____ Phone: _____

1. Event for which closure is requested: _____

2. Street(s) to be closed (all attach a map of streets to be closed with the planned route identified): _____

3. Date of Event: _____ 4. Hours of Closure: _____

5. Electrical Service Required? _____ Yes _____ No If yes, please specify such requirements: _____

6. Support Service(s) Requested (i.e. barricades, traffic control, street sweeping, etc.). An additional fee for services will be provided prior to the event: _____

7. Applicant must provide a certificate of insurance and shall name the City as an insured party as its interest may appear. Submit to the City Clerk with this application a copy of certificate of insurance before the license is approved. Such coverage shall be primary and non-contributing with any insurance carried by the City.

The undersigned agrees to release, hold harmless, and defend the City of Elkhorn, its officers and agents against any and all claims for loss, damage, personal injury, or death occurring as a result of the event for which this permit is requested.

ATTACH THIS FORM TO THE SPECIAL EVENT PERMIT APPLICATION.

Date

Signature of Applicant

See SPECIAL EVENT PERMIT APPLICATION for applicable fees and Dept approvals/conditions associated with this street closure.

Office Use Only

Date Received: _____ Receipt Number: _____

Fee for Additional Services (invoice amount attached): _____

Date Additional Services Fee Paid: _____ Receipt Number: _____