

RECEIVED

APR 26 2023

CITY OF COLUSA

City of Colusa

Application for

Temporary Street Closure, Parades, Special Events and Festivals

Office Use Only
Date Received 4/26/2023
Routing Date _____
Date approved _____
Notice Sent _____
Insurance Cert. Rec'd _____

NAME OF EVENT: World No Tobacco Day

DATE OF EVENT: 05/27/2023

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 Department of Health and Human Services Phone (day) (530) 938-0381
Contact Person Rafael Perez Phone (evening) _____
Address 251 E Webster St Fax _____
City Colusa E-mail Address Rafael.Perez@CountyofColusa.ca
Zip Code 95932
Alternate Contact _____
(It is highly recommended that an alternate name & telephone number be provided)

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
<u>Memorial Park</u>	<u>05/27/2023</u>	<u>10:00</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	<u>05/27/2023</u>	<u>2:00 pm</u> <input type="checkbox"/> am <input checked="" 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 checked="" type="checkbox"/>	Please Specify _____
Walkathon	<input type="checkbox"/>	Run	<input type="checkbox"/>	Other	<input type="checkbox"/>	

Attendance:

Number of Participants	<u>150</u>	Number of Floats	<u>0</u>
Number of Booths/Stalls	<u>20</u>		
Number of Vehicles	<u>5</u>		
Number of Bands	<u>0</u>		

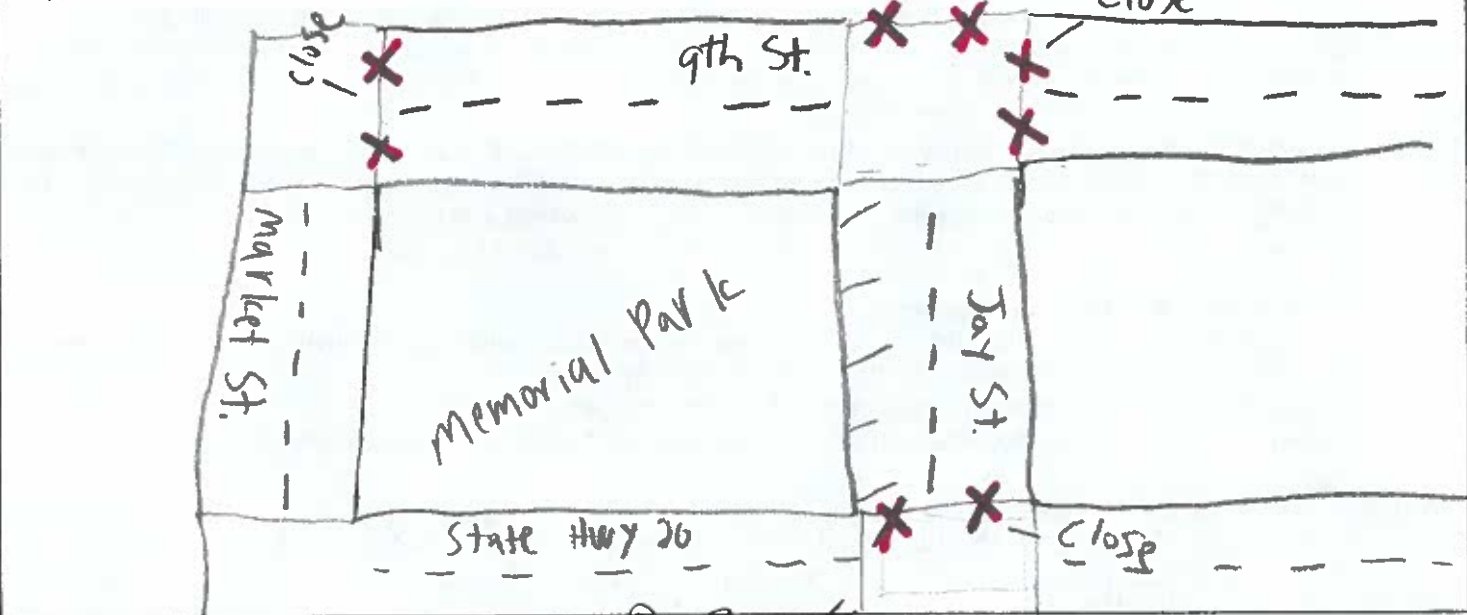
Please provide best estimates

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: When event is over public health staff will make sure garbage is picked up from the streets/park.

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



Signature of Person Submitting Application: S.D. [Signature]

Date: 4/24/23

	Office Use Only		
Public Works <u>[Signature]</u> Comments: _____	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: <u>4-28-23</u>
Recreation <u>[Signature]</u> Comments: _____	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: <u>4/26/2023</u>
Street/Parks <u>[Signature]</u> Comments: _____	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: _____
Fire Dept. <u>[Signature]</u> Comments: _____	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: <u>4-26-23</u>
Police Dept. <u>[Signature]</u> Comments: _____	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: <u>4-27-23</u>
City Manager Review <u>[Signature]</u> Comments: _____			Date: <u>4-28-23</u>