

City of Colusa

Application for

Temporary Street Closure, Parades, Special Events and Festivals

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

NAME OF EVENT: <u>Christmas Tyme in Colusa</u>
DATE OF EVENT: <u>December 6, 2024</u>

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 <u>Rotary, Lions, Chamber</u>	Phone (day) <u>979-574-5092</u>
Contact Person <u>Antonio Ortiz</u>	Phone (evening) _____
Address <u>PO Box 410</u>	Fax _____
City <u>Colusa</u>	E-mail Address <u>antonio@ortizclan.com</u>
Zip Code <u>95932</u>	
Alternate Contact <u>Mickey Lutz</u> <u>530-301-7232</u>	

(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>Main St 10th to 5th</u>	<u>Dec 06 2024</u>	<u>3:00</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	<u>12/06/24</u>	<u>12:00</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)) Boy Scouts hosting smores station

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>3000 to 5000</u>	Number of Floats	<u>0</u>
Number of Booths/Stalls	<u>50 to 80</u>	*Please provide best estimates*	
Number of Vehicles	_____		
Number of Bands	<u>2</u>		

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:

Christmas Tyme in Colusa 2024
 Holiday Themed Festival that is free to attendees and non-profit vendors to attract people to Colusa.

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

Map attached.
 Overflow parking in State Park.

Signature of Person Submitting Application: _____

Date: _____

Office Use Only

Public Works <u>[Signature]</u>	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: _____
Comments: _____			
Recreation _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: _____
Comments: _____			
Street/Parks <u>[Signature]</u>	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: _____
Comments: _____			
Fire Dept. _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: _____
Comments: _____			
Police Dept. <u>[Signature]</u>	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: <u>11-25-24</u>
Comments: _____			
City Manager Review <u>[Signature]</u>			Date: _____
Comments: _____			

