

City of Colusa

Application for

Temporary Street Closure, Parades, Special Events and Festivals

Office Use Only
 Date Received 8/31/22
 Routing Date _____
 Date approved _____
 Notice Sent _____
 Insurance Cert. Rec'd _____

RECEIVED

AUG 31 2022

CITY OF COLUSA

NAME OF EVENT: Hoblit Motors Bass
Against Cancer
 DATE OF EVENT: 09/17/2022

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 Hoblit Ford Phone (day) 530 458 1350
 Contact Person Robert Cardenas Phone (evening) _____
 Address 465th ST Fax _____
 City Colusa E-mail Address rcardenas@hoblit.com
 Zip Code 95932
 Alternate Contact Brandon wall 530 458-2151
 (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>Hoblit Ford</u>	<u>09/17/2022</u>	<u>9:00</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	<u>09/17/22</u>	<u>11:00</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))

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>200</u>	Number of Floats	<u>0</u>
Number of Booths/Stalls	<u>5</u>	*Please provide best estimates*	
Number of Vehicles	<u>100</u>		
Number of Bands	<u>0</u>		

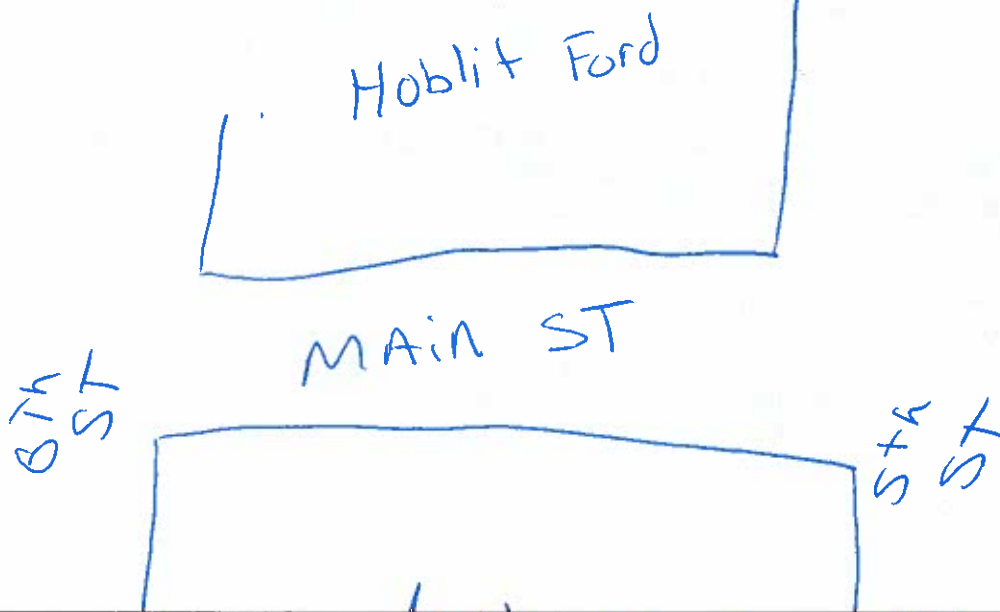
Narrative and Map of Event:

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

Narrative:

Cornhole tournament for childhood cancer
Main St 5th 6th St

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

Signature of Person Submitting Application: Heidi AyDate: 8/31/22**Office Use Only**

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