

City of Colusa

Office Use Only	
Date Received	12/9/24
Routing Date	1/9/24
Date approved	
Notice Sent	
Insurance Cert. Rec'd	

Application for

Temporary Street Closure, Parades, Special Events and Festivals

NAME OF EVENT: "Building Bridges for a Diverse Community"
DATE OF EVENT: April 20th 2024

RECEIVED
JAN 08 2024

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>Indigenous Warrior Enterprise</u>	Phone (day) <u>530-566-3944</u>
Contact Person <u>Richard L Raqudo Jr</u>	Phone (evening) _____
Address <u>506 Market St. Colusa CA</u>	Fax _____
City <u>Colusa</u>	E-mail Address <u>mrrichrago@yahoo.com</u>
Zip Code <u>95932</u>	
Alternate Contact <u>Emma Snuggs 323-338-1803</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>5th St Between Market St & ALLEY WAY</u>	<u>04/20/2024</u>	<u>including set-up</u> <u>6</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	<u>04/20/2024</u>	<u>including tear down</u> <u>6</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"/>	

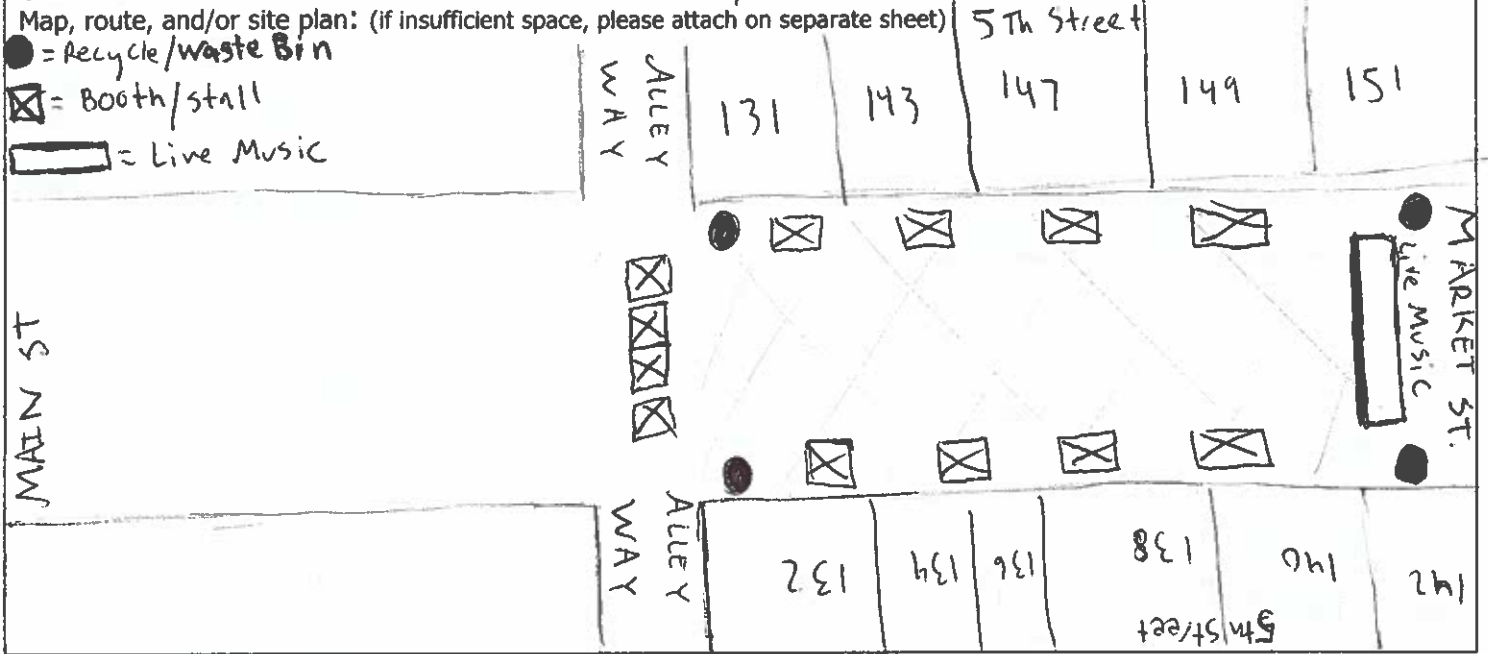
Attendance:

Number of Participants	<u>100-150</u>	Number of Floats	_____
Number of Booths/Stalls	<u>10-12</u>	*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: Requesting to close the public road on April 20th for a Community Event. We are requesting 5th Street between Market St and the Alley Way be closed. We are expecting between 100-150 people throughout the day from 10am-2pm. We are going to have 10-12 booths as well as Live Music. There will be (4) four recycle/waste bins strategically placed and a 4x8 trailer on site to manage garbage, Access to Restrooms Available at 506 Market St, 151 5th Street



Signature of Person Submitting Application: _____ Date: _____

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Public Works	<u>[Signature]</u>	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: <u>1-9-24</u>
Comments:				
Recreation	<u>[Signature]</u>	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: <u>1-9-24</u>
Comments:				
Street/Parks	<u>[Signature]</u>	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: <u>1-9-24</u>
Comments:				
Fire Dept.	<u>[Signature]</u>	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: <u>01-09-24</u>
Comments:				
Police Dept.	<u>[Signature]</u>	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: <u>1-9-24</u>
Comments:				
City Manager Review	<u>[Signature]</u>			Date: <u>1-9-24</u>
Comments:				