City of Colusa

Office Use Only						
Date Received 8/6/25						
Routing Date 8 / 6 / 25						
Date approved 8/12/25						
Notice Sent						
Insurance Cert. Rec'd						

Application for

Temporary Street Closure, Parades, Special Events and Festivals

NAME OF EVENT:	Free Str.	ee t	Dance
DATE OF EVENT:	August	23,	2025

Please read carefully:

Organization

Contact Person Je.552

- 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

Contact Information: (Please print)

CITY

- There are no fees for street closure services
- Complete in the space provided a narrative explaining the specific purpose of the event including garbage cleanup 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.

Phone (day)

Phone (evening)

- 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

	Patrick Ki	FaxE-mail Address ### 530 - 682 - ate name & telephone number be	6602	© city of colusa.go		
Location of Event Main Street	Start Date MM/DD/YY (Incl. set up) Aug 23	Start Time	Finish Date MM/DD/YY (Incl. tear down)	Finish Time //:00		
Electrical: Yes No D Selling Liquor: Yes D No X Sound Amplification: Yes No D Food & Beverage: Yes D No X Open Fire: Yes D No X (If yes, please explain (permit may be required)						

Type of Ev	ent:					16		
Parade		Cycling		Event/Festival	Ø	Please Specify		
Walkathon		Run		Other		riease specify		
Attendance	e:							
Number of Par	ticipants _	100+	•	Number of Flo	ats	0		
Number of Boo Number of Veh Number of Ban	nicles _	2	*Please provide best estimates*					
		V3.0	1.00 - 1.00 - 1.00					
Narrative a (Be specific and			detailed map,	route and/or site plan	. Attach extra	page if necessary)		
Narrative:				6th of 8th				
Map, route, an	d/or site plan:	(if insufficient s	pace, please at	tach on separate shee	et)			
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Signature of Pe	erson Submitti	ng Application:		44	Date:			
	1			e Use Only				
Public Works Comments:	w		Approve		_Denied	Date: 8-6-25		
Recreation Comments:	0		Approve	d	Denied	Date: \$/13/2 5		
Street/Parks	1/		Approve	d	Denied	Date: 8//2/25		
Comments Fire Dept.	12		Approve	d	Denied	Date 09-12-25		
Comments Police Dept	The state of the s		Approve		Denied	Date 8.6.25		
Comments:						Dutc 8		

City Manager Review Comments