



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	_____

<p>NAME OF EVENT: <u>_CLASSIC CAR SHOW_</u></p> <p>DATE OF EVENT MARCH 8TH 2024_</p>

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 30 days prior to the event a certificate of insurance meeting City of Colusa 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 City Hall.
- 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>RIVERSIDE LANES</u>	Phone (day) <u>530-370---0856</u>
Contact Person <u>LYNDA SILK</u>	Phone (evening) _____
Address <u>420 MAIN ST</u>	Fax _____
City <u>COLUSA</u>	E-mail Address <u>BOWLCOLUSA@GMAIL.COM</u>
Zip Code <u>95932</u>	
Alternate Contact _____	
<i>(It is highly recommended that an alternate name & telephone number be provided)</i>	

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
420 MAIN ST	03/08/24	_____ <input type="checkbox"/> am 5:00 <input type="checkbox"/> pm	3/8/24	_____ <input type="checkbox"/> am 10:00 <input type="checkbox"/> pm

Electrical: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X NoX <input type="checkbox"/>	Selling Liquor: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X Open Fire: Yes <input type="checkbox"/>	Sound Amplification: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X No <input type="checkbox"/> X (If yes, please explain)	Food & Beverage: Yes <input type="checkbox"/>
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Type of Event:

Parade	<input type="checkbox"/>	Cycling	<input type="checkbox"/>	Event/Festival	<input type="checkbox"/>	Please Specify _____ CARS ON DISPLAY _____
Walkathon	<input type="checkbox"/>	Run	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	

Attendance:

Number of Participants	_____	Number of Floats	_____
Number of Booths/Stalls	_____		
Number of Vehicles	<u>10-25</u>		
Number of Bands	_____		

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: We are hosting a classic car display in front of our building along with our Karaoke that night.

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

Signature of Person Submitting Application: *Lynnda G. M.* Date: 2/28/24

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:	_____			