

Street Use Permit Application

Application must be submitted 45 days prior to event.

Name/Organization: _____

Address: _____

Phone: _____ Email: _____

Date Proposed: _____ Time: _____

Street(s) to be blocked: _____

Describe in detail the plans for the day: _____

Barricades supplied by Streets Department one business day prior to event. Residents responsible for setting up barricades and taking them down for pickup the following business day.

- No Glass containers allowed on road
- Alcohol allowed inside barricades and within allotted timeframe
- Fixtures shall not be physically attached to the street
- Fixtures should not impede the flow of pedestrian traffic on street
- After event, street must be returned to its original conditions, free of debris

Additional fees may be charged for damage to grounds, buildings, and/or failure to pick up litter generated from the event.

I/We _____ agree to release, hold harmless, and defend the Village of Ridgeway, its officers and employees against any and all claims for loss, damage or personal injury occurring as a result of the event for which this permit is requested.

Signature

Date

Office Use Only:

Date Received: _____ Fee Received: _____

Date for Board Meeting Approval: _____

Date Marshal Notified: _____

Date Streets Department Notified: _____

Date notified applicant of approval/denial: _____

Application must be submitted 45 days prior to event.

Street Use Permit Application

For the period of July 1, 2024 – June 30, 2025

Name/Organization: _____

Address: _____

Telephone Number: _____

Date & Time of Proposed Street Use: _____

Proposed street to be closed and describe in detail what will be placed on the street:

- No glass containers allowed outside the establishment
- Alcohol allowed inside barricades and within times allotted only

~~I have read and understand the ordinance 22-301 through 22-309 which is attached to this application as well as the statements on this application.~~

~~**ONLY ONE STREET USE PERMIT ALLOWED PER LICENSING YEAR.**~~ e

Signature of person responsible for the event: _____

Date: _____

Application fee enclosed \$50.00 _____

Proof of insurance **enclosed** ("on file" not accepted) _____

Date turned in to Village clerk _____

Date on Village Board agenda _____

Approved by Village Board _____

Date notified applicant of approval or denial _____

CITY OF GREEN LAKE STREET CLOSING PERMIT

(Section 6-2-5)

Name of Applicant: _____

Address of Applicant: _____

Phone Number of Applicant: _____

Location/Address of Street to be closed:

Reason For Request: _____

Date(s) of Closure: _____

Signature of Applicant Date

Standards:

1. Fixtures shall not be physically attached to the street, any street/sidewalk fixture, or any adjacent building(s).
2. Fixtures shall not impede the flow of pedestrian traffic on the street.
3. After event, street must be returned to its original condition (clear of debris ~~and any blacktop replaced~~).

Fee: \$5.00 Date Received _____ Receipt # _____

Approved by: _____

Approved by: _____

Police Chief *Marshal*

Public Works Director

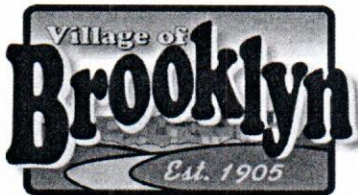
Approved by City Council on _____



Signature of City Official _____

Fire Dept. contacted?

*homeowners
All driveways
affected sign off?*



VILLAGE OF BROOKLYN
APPLICATION FOR SPECIAL EVENT PERMIT
(For events on Village property with over 100 participants)

Public/special events are governed by village ordinances and organizers are responsible for all necessary permits, trash and litter pickup, and for damage to any property, as well as possible billing for village services. The organization/organizer agrees to be responsible for the supervision of the event and conduct of persons present. A fee of \$25.00 and a deposit of \$250.00 will apply, except for local non-profit organizations. Additional fees may be charged for damage to grounds, buildings, and/or failure to pick up litter generated from the event.

NAME OF APPLICANT/ORGANIZATION:

Applicant/Organization Name:
Address:
Contact name:
Phone:
Email:

EVENT INFORMATION:

Name/Description of Event
Location of Event:
(MUST attach a detailed map or diagram of event, including specific layout)
Date(s) of Event: Time of Requested Use:
Rain Date: Estimated Attendance:

I / We do hereby hold harmless and indemnify the Village and its Officers, Agents, and Employees against any loss, cost, expense, injury, damage or liability incurred by reason of any personal injury or property damage sustained by any person, caused or resulting from the issuance of this permit.

Date: Applicant Signature:

CITY OF ELKHORN
REQUEST FOR STREET CLOSURE FOR A COMMUNITY EVENT

Application must be submitted at least 45 days prior to event

Name of Organization: _____

Contact Person: _____ Email: _____

Address: _____ Phone: _____

1. Event for which closure is requested: _____

2. Street(s) to be closed (all attach a map of streets to be closed with the planned route identified): _____

3. Date of Event: _____ 4. Hours of Closure: _____

5. Electrical Service Required? _____ Yes _____ No If yes, please specify such requirements: _____

6. Support Service(s) Requested (i.e. barricades, traffic control, street sweeping, etc.). An additional fee for services will be provided prior to the event: _____

7. Applicant must provide a certificate of insurance and shall name the City as an insured party as its interest may appear. Submit to the City Clerk with this application a copy of certificate of insurance before the license is approved. Such coverage shall be primary and non-contributing with any insurance carried by the City.

The undersigned agrees to release, hold harmless, and defend the City of Elkhorn, its officers and agents against any and all claims for loss, damage, personal injury, or death occurring as a result of the event for which this permit is requested.

ATTACH THIS FORM TO THE SPECIAL EVENT PERMIT APPLICATION.

Date

Signature of Applicant

See SPECIAL EVENT PERMIT APPLICATION for applicable fees and Dept approvals/conditions associated with this street closure.

Office Use Only

Date Received: _____ Receipt Number: _____

Fee for Additional Services (invoice amount attached): _____

Date Additional Services Fee Paid: _____ Receipt Number: _____