



Special Event and Temporary Road Closure Application

Event Name: _____ Applicant/Organization: _____

Contact Person: _____ Phone: _____ Email: _____

Purpose of Event: _____

Event Date(s): _____ Times: _____

Requested Closure Streets: _____ Cross Streets: _____

Estimated Attendance: _____

Attach map showing closure, barricades, detours, emergency access, and event layout: Attached

Traffic control plan attached? Yes No Not Applicable

Emergency Access plan attached? Yes No Not Applicable

MDT Permit attached? Yes No Not Applicable

Will vendors be present? Yes No List/Attach: _____

Will solicitors/fundraising occur? Yes No Details: _____

Will food be served? Yes No

Will alcohol be served? Yes No

If yes, attach Alcohol Management Plan, Security Plan, licensing, and insurance.

Parade Information (Complete if Applicable)

Estimated Total Participants: _____ Special participation: _____

Will candy/promotional items be distributed? Yes No

NOTE: Throwing candy or any other items from moving vehicles or floats is prohibited.

Will the parade stop for performances? Yes No

Location(s): _____

Reason(s): _____

Approximate stop duration: _____

Other special accommodations requested: _____

Businesses/Residents Affected

Applicants must obtain acknowledgement from affected businesses.

Business/Resident	Contact	Signature	Date

The City of Sidney is an equal opportunity employer and provider.