City of West Fargo
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West Fargo, ND 58078
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Application for

# STREET CLOSING PERMIT

*City of West Fargo Ordinance 13-0803*

Applications **MUST** be submitted at least **30 DAYS** prior to event.

## Applicant / Contact information

| | | | |
|---|---|---|---|
| Name | | **Event Day Contacts** | |
| Title | | Please list individuals who will be on site during the event and a phone number accessible on the event date. | |
| Organization | | | |
| Mailing Address | | Primary Contact | |
| City/State/Zip | | Mobile Phone | |
| Phone (day) | | | |
| Phone (evening) | | Secondary Contact | |
| Email | | Mobile Phone | |

## Event Information

| | | | |
|---|---|---|---|
| Event Name | | **Proposed Route/Area** | |
| Type of Event | | Please attach a map inclusive of the following information:<br>1. Proposed route/area<br>2. Starting point/ending point<br>3. Assembly area (s)<br>4. Station(s) designated for traffic control | |
| Date of Event | | | |
| Estimated Number of Participants | | | |
| Estimated Number of Spectators | | | |
| Estimated Number of Vehicles in Event | | | |
| Event description/activities (please be as thorough as possible): | | Is a map attached to this application with all required information?<br>Yes No | |
| | | Location event participants will assemble prior to the event and/or after the event: | |
| | | **SET-UP:** | Start: |
| | | | End: |
| | | **EVENT:** | Start: |
| | | | End: |
| | | **CLEAN UP:** | Start: |
| Will private security be used?<br>Yes No<br><br>If Yes.<br>Private Security Company Name:<br>Point of Contact Name and Phone Number: | | | End: |
| | | Please indicate (above) any dates/times for necessary set-up or clean-up before and/or after the event date: | |

## Traffic Control Plan

Does your event require street closing?

Yes No

Does your event require barricades?

Yes No

Describe intersections/streets in need of traffic control and whether they will occupy all or a portion of the street width:

Describe the type and number of traffic control devices to be used:

Business providing traffic control devices:
(Services may be provided by City staff for an additional fee from Public Works.)

Describe how traffic control will be conducted (number paid or volunteer staff to manage the event for Police Department):

Describe staff's level of training.

Describe the method that will be used to provide notice to residents and businesses along the proposed closure:

Describe how the safety and security of event participants and spectators will be addressed:

Describe how customer and residential access for businesses and homes along your proposed closure will be preserved:

## Site Information

**Will any portion of the event be held at a City park?**
Yes No

*If yes, please describe:*

**Will there be amplified sound?**
Yes No

*If yes, describe the noise source/equipment involved:*

**Will electrical usage be needed?**
Yes No
*If yes, describe the equipment and source of power supply:*

**Will any animals be present at the Event?**
Yes No
*If yes, describe the number and type of animals:*

**Will restrooms be needed?**
Yes No
*If yes, describe the company contracted for restrooms:*

**Will trash receptacles be needed from the West Fargo Sanitation Department?**
Yes No

*If no, describe the company contracted for trash disposal:*

**Will alcohol be served/sold/consumed at event?**
Yes No

*If yes, permit is required for event:*

**Will food and/or merchandise be sold and/or consumed at event?** Yes No

*If yes, describe the company:*

## Liability Insurance Information

*A "Certificate of Liability Insurance" must be submitted to the City within ten (10) days of the event.*

**Insurance Company Name**:
Policy Holder:
Policy Number:

Mailing Address of Insurance Company:

City/State/Zip:

Phone Number of Insurance Company:

**Do you believe your event may require insurance?**
Yes No
If you would like to request an exception to the liability insurance requirement, please provide evidence that the event does not pose liability or property damage exposure to the City:

## Liability Insurance Requirements

- The City of West Fargo requires events to obtain a copy of insurance prior to approval. Those events include parades and/or other events utilizing City of West Fargo streets being open to the public with expectation of a large number of attendees.
- As a condition of any potentially forthcoming permit the applicant shall:
  - ☐ Procure and maintain insurance, which includes the City of West Fargo as named insured or additional named insured.
  - ☐ This insurance will need to provide the level of coverage that the City of West Fargo determines to be necessary and adequate under the circumstances.
  - ☐ Proof of insurance shall be submitted to the City of West Fargo at least ten (10) days prior to the event.

## Agreement

- By signing below you are verifying you understand and agree to the following:
  - ☐ No bands or amplified music will be allowed without prior request to the City.
  - ☐ The applicant is familiar with the questions, answers and information in this completed application and certifies that it is to their best knowledge, true and correct.
  - ☐ The applicant, if granted a permit, will obey and comply with the City of West Fargo requirements as stated in the issued permit.
  - ☐ Acknowledge that all rules of the road must be followed unless otherwise directed by the West Fargo Police Department.
  - ☐ Applicant is responsible for removal of all debris and equipment associated with the event.
  - ☐ Acknowledge that if City staff services are required, the cost will be $50 per hour per staff member of the City.
  - ☐ If traffic barricades are needed there may be a cost assessed for set up and removal.
  - ☐ All City Ordinances will be followed unless directed by the City of West Fargo.

Signature: Date:

**PLEASE SEND THE COMPLTED FORM WITH ANY SUPPORTING DOCUMENTATION TO:**
CITY OF WEST FARGO/CITY HALL
800 4 AVE E, SUITE 1
WEST FARGO, ND 58078

**OR FAX TO:**
701-433-5319

| Requirements | Notified | Department Reviewed |
|---|---|---|
| ☐ Roadways required to be blocked | ☐ Requesting Party | ☐ Public Works/Engineering |
| ☐ Traffic control devices | ☐ Fire Department | ☐ Police Department |
| ☐ Law Enforcement required | ☐ F-M Ambulance | ☐ City Hall |
| ☐ Public Works required | ☐ Mat Bus | ☐ Public Health |
| ☐ Insurance required | | ☐ Park Department |
| ☐ Public Health | | ☐ Fire Department |

**Event Approved?**
○ Yes ○ No

*Created: 9-18-2012*

Print Clear Form