

Town of Georgetown
Office of the Town Administrator
404 6th Street, P.O. Box 426, Georgetown, CO 80444
303.726.4477 FAX: 303.569.2705

STREET CLOSURE/EVENT APPLICATION

Date Received _____

APPLICATION WITH ALL REQUIRED SUBMITTALS MUST BE SUBMITTED TO THE TOWN ADMINISTRATOR A MINIMUM OF 30 DAYS IN ADVANCE OF THE EVENT

Applicant/Organization: _____

Mailing Address: _____

Contact Person: _____ Daytime Phone: _____

Fax #: _____ E-Mail: _____

Name, date, duration and brief description of the event:

Submit the following as your application:

- ___ 1. Completed application form and fee.
- ___ 2. Map showing the proposed route of event and/or location of street closures.
- ___ 3. Timeline for event/closures.
- ___ 4. Plan for providing sanitation facilities for participants.
- ___ 5. Plan for informing property owners/residents along the route of the event/closures.

___6. Plan for traffic control and compliance with, or waiver of, traffic laws and regulations.

___7. Plan for clean-up along the route during and after a closure/event. Applicants will be required to pay the Town to clean-up after the event if the applicant does not provide adequate clean-up. A damage deposit may be required for any applicant who has not successfully complied with its' clean-up plan for a past event(s).

___8. Application for use of any Town parks to be reserved in association with the event.

___9. Application for amplified sounds permit if sound amplification is proposed.

___10. Application for a Special Events Business License if retail sales vendors are proposed.

___11. Application for an alcohol permit if alcohol service is proposed.

By execution of this release, the undersigned agree(s) not to sue a released party and agree(s) that they are releasing any right to make a claim or further to file a lawsuit against any released party. The undersigned further agrees to defend and indemnify each released party for any and all claims of the undersigned and/or a third arising in the whole or in any part from the participants; participation in the activity. The undersigned agrees to pay all costs and attorney's fees incurred by any released party in defending any claim or suit brought by or on behalf of the undersigned, his/ her heirs, successors and assigns.

APPLICANT:

Signature:_____ Title:_____

Print:_____ Date:_____

APPROVED:

Town Administrator

Date

Conditions of approval: