



Application Submittal Approved: _____

Date of Council consideration: _____

(NOTE: To be scheduled only after departmental approvals have been obtained)

**CITY OF POCATELLO APPLICATION FORM
REQUEST FOR TEMPORARY STREET CLOSURE**

(for non-construction related closures on streets classified as secondary or higher)

*If council approval is required, form must be received **45 days** prior to event.*

Street(s) and Block Number(s): _____

Petitioner's Name(s)	Address(es)	Phone Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name and phone number of responsible party/contact: _____

Dates and times of closure (include time needed for set-up and clean-up): _____

Purpose for street closure, including all activities planned on the street: _____

Anticipated attendance: _____

Will alcohol be served during the event? _____. If so, is a waiver of the prohibition against open containers on the street needed? _____.

Names of vendor's/products with vehicles to be parked on the street, if any: _____

Names/addresses of participating merchants or organizations, if applicable: _____

Name/address/phone of parties providing security for the event. _____

Name/address/phone of parties providing traffic control for the event (a traffic control plan may be required).

**ATTACH A SITE MAP SHOWING THE AREA
 ATTACH PROOF OF \$500,000.00 SPECIAL EVENTS LIABILITY INSURANCE COVERAGE**

All information is subject to verification prior to scheduling the application for City Council consideration. Applicant will be notified of the date of the meeting. The approval of this application does not permit the violation of any section of the Building Code or other City ordinances.

I hereby certify that I have read this application, that the information herein is correct, and I agree to the above terms and conditions. I am also aware that I must be present at the City Council meeting, or arrange for a representative to appear in my place, to answer any questions.

Signature of Petitioner(s):

_____ DATE

_____ DATE

Review by City Departments

Indicate below your department's approval or disapproval of the proposed closure.

Department	Approval Initial/Date	Approval w/ Conditions Initial/Date	Rejection Initial/Date
Police	_____	_____	_____
Fire	_____	_____	_____
Street Operations	_____	_____	_____

Please note any conditions for approval or reasons for rejection.
