



## General Special Permit / Street Closing / Block Party Request

|   |             |
|---|-------------|
| <b><u>FOR OFFICE USE</u></b>                    |             |
| Received by: _____                              | Date: _____ |
| Approved (____) Denied (____) By: _____         | Date: _____ |
| Requesting party notified: Yes (____) No (____) | Date: _____ |
| CC: APPROVED REQUESTS:                          | • _____     |
| • Requesting party                              | • _____     |
| • Fire Chief                                    | • _____     |
| • FM Ambulance                                  | • _____     |
| • Street Department                             | • _____     |
| • Dispatch                                      | • _____     |
| • Police Supervisor                             | • _____     |
| • City Traffic Engineer                         | • _____     |
| • Mat Bus                                       | • _____     |

### Contact Information

Name: \_\_\_\_\_

Business / Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\*Information in this box will be released to the public, if requested, per North Dakota Open Records Law (NDCC 44-04-18.21)

Daytime phone #: \_\_\_\_\_ Evening phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email address: \_\_\_\_\_

**APPLICATIONS MUST BE SUBMITTED 45 DAYS PRIOR TO EVENT**

### Event Information

Description of proposed event (include **date, specific times and estimated number of people attending**). If the proposed event is a parade indicate the number of vehicles, animals and / or other special equipment. When applicable include a diagram or map:

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Street Closing**

**Does your event require a street closing? *If yes, answer below. If no, leave blank.***

Yes (\_\_\_\_) No (\_\_\_\_)

**LIST THE STREET AND SPECIFIC BLOCK YOU WOULD LIKE TO CLOSE:**

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If you are requesting to block a street, two barricades at each end of the block will be required to discourage vehicular traffic. **Four barricades will be required and the requesting party is responsible for making arrangements through the City of Fargo Street Department by calling 241-1453.**

**Do you need barricades at your special event?**

Yes (\_\_\_\_) No (\_\_\_\_)

**History**

**Have you been denied any permit by the City of Fargo during the past five years?**

Yes (\_\_\_\_) No (\_\_\_\_)

*If yes, give a brief description of the circumstances below. If no, leave blank:*

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## Insurance

**The City of Fargo requires certain events to obtain insurance prior to approval.** Those events include parades and/or other mobile events utilizing City of Fargo streets events open to the public with the expectation of a large number of attendees, events including exotic animals and any other events deemed necessary by the City of Fargo.

**Do you believe your event may require insurance? *If yes, fill out the 3<sup>rd</sup> page of this form. If no, leave blank.***

Yes (\_\_\_\_)    No (\_\_\_\_)

As a condition of the permit the applicant shall:

- Procure and maintain insurance, **which includes the City of Fargo as named insured or additional named insured**
- This insurance will need to provide the level of coverage that the City of Fargo determines to be necessary and adequate under the circumstances
- Proof of insurance shall be submitted to the City of Fargo at least ten days prior to the event

**Insurance Company:** \_\_\_\_\_

**Policy Holder:** \_\_\_\_\_

**Insurance Company Address:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Has proof of insurance been submitted?**

Yes (\_\_\_\_)    No (\_\_\_\_)



By signing you are verifying you understand and agree to abide by the bulleted points listed below.

- **Requests to close major thoroughfares may not be approved**
- **No bands or amplified music will be allowed at block parties**
- **The applicant has a copy of the *General Special Permit / Street Closing / Block Party Request* procedure of the City of Fargo, and is familiar with the conditions and requirements set forth and contained therein**
- **The applicant is familiar with the questions, answers and information as now appears in this completed application and that the answers and information are, to the applicant's knowledge, true, correct and complete**
- **The applicant, if granted a Special Event Permit, will obey and comply with the City of Fargo Special Event Permit requirements and any amendments which may be made**

I hereby agree to indemnify the City of Fargo from any claims arising from the events or activities under the permit including, but not limited to, compliance with the Americans with Disabilities Act, the Fargo Building Code and all other health and safety laws and regulation:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to:**

Fargo Police Department  
222 4<sup>th</sup> Street North  
Fargo, ND 58102  
Office: (701) 241-1437  
Fax: (701) 241-8272

\*\*\*Please do not include any documents larger than legal size (8.5 in. X 14) \*\*\*