

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

For Office Use	
Received by:	Date:
Approved ( ) Denied ( ) By:	Date:
Requesting Party Notified: Yes ( ) No ( )	Date:
CC Approved Requests:	
<ul> <li>FM Ambulance</li> <li>Street Department</li> <li>Dispatch</li> <li>Police Supervisor</li> </ul>	
Contact Information	
Name:	
Business / Organization (If Applicable):	
Address:	
Daytime Phone Number:	
Cell Phone Number:	Fax Number:
Fmail Address:	

## **APLICATIONS MUST BE SUBMITTED 45 DAYS PRIOR TO EVENT**

attending. If the pro	sed event including date, times and estimated number of people posed event is a parade, you must indicate the number of vehicles, r special equipment. When applicable include a diagram or map.	
Date:	Time:	
		_
		_
Does your event red	uire a street closing? <i>If yes, answer below.</i>	
Street and specific bloc	k you would like to close:	
discourage vehicular tr	block a street, two barricades at each end of the block will be required to affic. The requesting party is responsible for making arrangement through the Conent for <u>FOUR barricades</u> by calling (701) 241.1453.	it
Do you need barricade	at your special event? Yes ( ) No ( )	
<u>History</u>		
Have you ever been de	nied any permit by the City of Fargo during the past five (5) years?	
Yes ( ) No ( ) If yes	, give a brief description of the circumstances:	
		_
<u>Insurance</u>		
parades and/or other r	es certain events to obtain insurance <i>prior to approval</i> . Those events include nobile events utilizing City of Fargo streets, events open to the public with the umber of attendees, events including exotic animals and any other events ne City of Fargo.	
Does your event requir	e insurance? Yes ( ) No ( ) If yes, fill out the below information.	

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 10 days prior to the event.

Insurance Company:	
Policy Holder:	
Insurance Company Address:	
Policy Number:	_ Proof of Insurance submitted? Yes ( ) No ( )

## Waiver

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

- Requests to close major thoroughfare 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 events or activities under the
permit.	
Signature	

## Return completed applications to:

City of Fargo Engineering Department

Mail: 200 3<sup>rd</sup> Street North, Fargo, ND 58102

Email: feng@fargond.gov

Fax: 701.241.8101