

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:	
 FM Ambulance Street Department Dispatch Police Supervisor City Traffic Engineer Mat Bus 	
Contact Information	
Name:	
Business / Organization (If Applicable):	
Address:	
Daytime Phone Number:	Evening Phone Number:
Cell Phone Number:	Fax Number:
Email Address	

APPLICATIONS MUST BE SUBMITTED 45 DAYS PRIOR TO EVENT

attending. If the pranimals and/or oth	roposed event is	a parade	, you must	t indicate 1	he number	r of vehicles,
Date:					ic a aragrai	n or map.
Does your event re	aquire a street slo	osing? If	vas answ	er helow		
Street and specific blo	·					
If you are requesting discourage vehicular City of Fargo Street D	to block a street, tw traffic. The requestii	o barricad ng party is	les at each e responsible	end of the bl e for making	ock will be re arrangemer	equired to
Do you need barricad	es at your special ev	vent? Yes (() No ()		
<u>History</u>						
Have you ever been o	lenied any permit by	y The City	of Fargo du	ring the pas	t five (5) yea	rs?
Yes () No () If y	es, give a brief descr	ription of t	the circumst	tances:		
Insurance						
The City of Fargo requiparades and/or other expectation of a large deemed necessary by	mobile events utilize number of attende	zing The Ci	ity of Fargo	streets, eve	nts open to t	the public with the
Does your event requ	ire insurance? Yes	() No () If yes, fil	l out the be	low informat	ion.

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:	Proof of Insurance submitted? Yes () No ()				
<u>Waiver</u>					
By signing you are verifying you understand ar	nd agree to abide by the bulleted points listed below:				
procedure of The City of Fargo, and is and contained therein.	lowed at block parties. al Special Permit / Street Closing / Block Party Request familiar with the conditions and requirements set forth				
• 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 Eargo.
- 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	 Date			

Return completed applications to:

The City of Fargo Engineering Department

Mail: 200 3rd Street North, Fargo, ND 58102

Email: feng@FargoND.gov

Fax: 701.241.8101