

Street Closure for Special Event Form

INSTRUCTIONS:

1.) Complete this form, and attach all additional documents, including but not limited to maps, Certificate of Insurance, and return to Michigan City Clerk's Office, 100 E. Michigan Boulevard, Michigan City, Indiana. Read the Board of Public Works & Safety's Policy Regarding Special Events for Street Closures, copies of said policy are available in the Clerk's Office. The Policy prescribes the applicable insurance requirements.

2.) This form and any attachments must be submitted to Clerk at least sixty (60) days in advance of special event if you are seeking permission to close City street(s) for an event that has never been approved by Board of Public Works & Safety ("Board") or a modification to an event which has been previously approved by Board.

3.) Clerk will forward this information to City Departments for their review and recommendation. In addition, Clerk will place this Request on the Board's Agenda for their next public meeting. The Board's regular meetings are held on the first and third Monday of every month at 8:30 a.m. in Common Council Chambers (lower level City Hall). Requests must be received in the City Clerk's Office by 12:00 p.m. (C.S.T) on the Wednesday before the scheduled board meeting.

4.) You should appear at the Board's regular meeting to answer any questions or concerns the Board may have regarding your request.

Date: _____

Name of Person or Business Entity Requesting Closure: _____

Address: _____

City/State: _____

Phone Number: _____

Email: _____

Date(s) of Event: _____ Time(s) Requested for Event: _____

Description of Event: _____

Intersection(s) Seeking Closure for Event: _____

Number of Estimated Participants in Special Event: _____

Do you have maps, drawings, of area and set-up plan attached? Yes No

Will alcohol be served or sold? Yes No

If Yes,

Do you have a liquor license? Yes No

Will you be hiring off-duty security? Yes N

How many off-duty security officers will you be hiring? _____

Please list names of off-duty security officers: _____

Do you have a Certificate of Liability Insurance attached? Yes No

If Yes,

Is the City named as an Additional Insured? Yes No

Does it contain a clause that the policy may not be canceled or modify without 30 day advance notice to City? Yes No

Please list any additional information you believe is relevant to this request: _____

I have read the Board of Works & Safety Police regarding Special Events for Street Closures and agree to all the terms and conditions of said policy.

Dated this _____ day of _____ 20 _____.

Authorized Signature: _____

Printed Name: _____ Phone: _____

RETURN COMPLETED FORM AND ATTACHMENTS TO:

Michigan City Board of Public Works & Safety

c/o: City Clerk

100 E. Michigan Blvd.

Michigan City, IN 46360

(219) 873-1410