

City of Spooner
City Clerk's Office
Municipal Operations Committee
515 N. Summit Street PO BOX 548
Spooner, WI 54801
715-635-8769



(Send application & remittance to above address)

Application for Temporary Street/Alley/Parking Lot closing permit Section 42-271 to 42-278
Application must be filed within 30 business days of the event.
Only original applications and petitions are accepted.
Fee: \$50.00

| Applicant Information | | | |
|---|-------------------------|--------------------------|-----------------|
| Name | | | |
| Street Address | | | |
| City | State | Zip Code | |
| Daytime Telephone | Evening/Cellular Number | Fax Number | E- mail Address |
| Company/Organization Name (if applicable) | | | |
| Company Address/City/Zip Code | | Company Telephone Number | |

- Applicant acknowledges that the street closing does not authorize the serving or consumption of alcohol.
- Applicant agrees to comply with all rules, regulation, codes and laws including, but not limited to public safety, law enforcement, public health, and noise ordinance requirements applicable to and associated with the permit. Applicant further agrees to be bound by special conditions, restrictions and regulations as may be lawfully imposed by the City of Spooner. **Applicant shall be present at applicable committee and council meetings.**
- Applicant agrees to hold harmless the City of Spooner, its officials, employees and agents from any liability, suits, actions, damages or claims to which the City of Spooner may be subjected to of any kind or nature whatsoever resulting from, caused by, arising out of, or as a consequence of such temporary street closure and the activities permitted in connection therewith. The City of Spooner requires, as a condition of issuance of a permit, that the applicant obtains insurance to serve this end, in such an amount and with such terms as the City of Spooner determines to be appropriate under the circumstances. This shall be a continuing release and shall remain in effect until revoked in writing. **The City shall be listed as an additional insured on the applicant's liability policy.**
- Applicant attests that the information contained in this application is true and correct. I understand that this is only an application and not a guarantee that a permit will be issued. If a permit is issued, I agree that: (1) if any of the information contained in the application is found to be false; or (2) should my conduct, or the conduct of the participants or guests, not be as described in the application; or (3) should any applicable City of Spooner or Federal rules, regulations, codes, laws or ordinances be violated, any permit(s) issued shall automatically become null and void and any activity associated with the permit(s) will immediately cease.

Special requirements made by Council for said street closing :
(FOR OFFICE USE ONLY)

Signature of Applicant

Printed Name

DATE

COPY TO: _____ STREET SUPERINTENDENT _____ SPOONER POLICE DEPARTMENT

Street/Alley/Parking Lot Closing Information

| | | | | |
|---|--|---|------------------|----------------|
| Street Closure Date / / to / / | Day of Week | Rain Date | Event Start Time | Event End Time |
| Closure Start Time <i>(include Set up)</i> | Closure end time <i>(include clean-up)</i> | Estimated Number of People | | |
| Street/Alley/Parking lot to be closed | | Between | | |
| Description of event | | | | |
| Will alcohol be served? Yes or No | | Will food be served? Yes or No | | |
| NOTE: The temporary street closing permit does not authorize any serving or consumption of alcohol. | | | | |
| Will there be amplified sound? Yes or No | | If yes, Describe | | |
| | | Diagram of Area Covered by permit Attach map if applicable | | |
| | | | | |

Tentative Municipal Operations Meeting Date: _____

Tentative Safety & Licensing Committee Meeting Date: _____
(If applicable)

Tentative City Council Meeting Date: _____

We the undersigned, being residents/owners/authorized business officials of properties within **200 feet** from the outer boundaries of the requested closure in the foregoing application, do hereby respond as follows: *(only original signatures are accepted.)* **Note to signers: this closing application will be heard at the applicable meeting(s). You will be allowed the opportunity to be heard or to provide written comments.**

| Business Name (Print) | Address | Phone # | Authorized Name or Private Resident (Print) | | I have been informed of the above mentioned Street Closing (Please sign) |
|-----------------------|---------|---------|---|---|---|
| | | | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> N/A | |
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