



Public Works Department
PO Box 1968
Grand Island, NE 68802-1968
Phone – 308-385-5455

APPLICATION FOR PARADE OR PUBLIC EVENT STREET CLOSING PERMIT

\$50.00 Street Closure Fee – Date Paid _____ Credit Card / Check # _____ / Cash

IS ANY PORTION OF THIS EVENT ON A STATE HIGHWAY? YES / NO

Include a diagram describing the plans for the event including: streets to be closed, booths, tents, shade areas, structures, seating, stages and/or entertainment, food service locations, emergency services and fire hydrants, portable restroom facilities, trash containers and dumpsters.

The applicant agrees to the following conditions for issuance of a parade or public event permit:

- The permittee shall comply with all permit directions and conditions, as well as all applicable laws and ordinances;
- The permittee is required to provide proof of general liability insurance in the minimum amount of \$1,000,000, with the City of Grand Island listed as additional insured, for the event;
- The parade or public assembly chairperson or other person heading the event shall carry the parade or public assembly permit on his/her person during the event;
- Barricades are the responsibility of the event organizer and must comply with the Manual on Uniform Traffic Control Devices and meet the City of Grand Island Barricading Standards. In placing the barricades, one lane will be left open for police or fire emergency vehicles. **The barricade company will be responsible to coordinate barricade and signage placement with the Grand Island Street Division, and must have a valid point of contact prior to and during the event;**
- The permittee shall be responsible for coordinating any adjustment or repositioning of traffic control devices with the City of Grand Island Street Superintendent;
- The permittee shall contact all residents and/or businesses whose property abuts the street(s) to be closed. A copy of the occupants contacted along the street closing route shall be provided to the City of Grand Island, Public Works Department, at least five (5) days prior to start of the event;
- The permittee shall be responsible for cleanup of the parade or public assembly location after the event; and
- Any applicable fees shall be paid in advance of the permit being issued. Make checks payable to "City of Grand Island".

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Cell Phone: _____

Email: _____

Organization (if applicable) _____

Organization Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Organization Phone: _____ Alternate Phone: _____

Barricade Company Information (if necessary)

Barricade Company: _____

Point of Contact: _____

Company Address: _____

Office Phone: _____ Cell phone: _____

Route / Location of Street Closing – map required

Name of Event: _____ Date of Event: _____

Event Hours
(including set up &
clean up): **Beginning Time:** _____ **am / pm** **Ending Time:** _____ **am / pm**

Activities to be Held: _____

Estimated No. of Spectators Attending Event: _____

Estimated No. of Participants in Event: _____

Estimated No. of Vehicles in Event: _____

Estimated No. of Species / Animals in Event: _____

Amenities (if applicable) – attach an additional sheet if necessary

Describe any sound equipment to be used: _____

Describe any banners, signs,
street/sidewalk/parking lot markings or devices
to be used: _____

Describe any public facilities or equipment to be
used or relocated: _____

Describe any tents, shade structures, etc. to be
set up, as well as locations to be placed: _____

Liquor License to be Issued with Event:
*Minimum 2 month Notice Required **Yes** **No**

Location of Designated Liquor Area: _____

Sanitation Services to be provided by: _____

Sanitation Services Company Address: _____

Sanitation Services Company Contact: _____

Sanitation Services Office Phone: _____ Cell Phone: _____

No. of Portable Sanitary Units: _____ Location(s) of Portable Sanitary Units: _____

Other Health or Emergency Services Provided: _____

*Attach additional sheet if necessary to explain details of event

Applicants
Signature(s): _____ Date: _____

CITY USE ONLY

Application Received By: _____ Date: _____

Pre-Event Meeting Required: **Yes** **No**

Date/Time Application Routed for Review: _____ Deadline for Comments: _____

CITY REVIEW

Public Works Department: _____

Utilities Department: _____

Fire Department: _____

Police Department: _____

Building Department: _____

Parks Department: _____

Planning Department: _____

Health Department: _____

City Clerk: _____

Legal Department: _____