

UNIFORM RONAN CITY STREET CLOSURE & USE APPLICATION

To Any Applicant: The Ronan City Council is the body to which you must direct any request for street closure in connection with planned events. The Council has determined that prior to granting any such closure, the applicant must coordinate with the Ronan city staffers listed hereon regarding the closure before presenting this form to the Clerk to be added to the Agenda for the Council's approval.

Applicant Name (Please Print): _____

Telephone Number and Address: _____

What is the nature of the event for which the Applicant seeks street closure? _____

Which street(s) do you want closed? _____

For what date and times? _____

(You may submit a rough site sketch. Remember the streets and alleys must remain passable to emergency vehicles.)

Ronan Street Department can / cannot support the closure. If not, why not: _____

Ronan Street Department will provide closure barriers, you are responsible for picking the barriers up at the City shop and return them to the shop after the event is over. _____

Ronan Police Department can / cannot support the closure. If not, why not: _____

(If applicable) Ronan Parks Department has been consulted and can / cannot support the planned closure. If not, why not: _____

Ronan Fire Department can / cannot support the closure. If not, why not: _____

Is the Applicant seeking permission for any other activity? For example, open container for a specified period, a live band on the street or the like? Please write down any such special circumstances or requests in detail to include times and places. _____

In addition to any of the foregoing information, the Applicant must attach to this Application a Certificate of liability insurance for the event. The Certificate must state that the policy limits are at least \$750,000.00 for each claim and \$1.5 million for each occurrence. The City of Ronan must be recited thereon as an Additional Named Insured, and the insurance must specify that the City shall receive ten days notice of any cancellation of the policy. Applicant shall provide a copy of the said Certificate at least three weeks prior to the event. If the insurance policy is not provided with Application, please fill in the following:

I, _____, will provide proof of liability insurance, as stated above, to the City of Ronan on or before the _____ day of _____, which is at least three weeks prior to the event.

Signature: _____ Date: _____

The person filling out this Application warrants that he or she is empowered to bind the Applicant to any terms hereof; that each statement made herein by he Applicant is true and correct to the best of the person's knowledge and belief.

The person signing this Application agrees:

1. That the Applicant, nor any employee, officer, or agent of Applicant, is not employed by the City of Ronan and that Applicant understands that Applicant is required to conform with all Montana laws regarding employees.
2. That Applicant shall indemnify the City of Ronan and save and hold it harmless from any claims arising out of or in connection with the street closure or Applicant's event.

Dated this _____ day of _____, 20____.

Printed name (Authorized representative of Applicant)

Following motion and vote duly had, this Application is

Approved subject to requirements of Department Heads, above.

Disapproved. Reason _____

Additional Notes: _____

Mayor, with the advice and consent of the Council

Date