City of Moorhead
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Moorhead, MN 56560-0779
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Application for
STREET CLOSING PERMIT

Moorhead City Code 2-8: Parade Permit
Council Resolution 2003-250-N: Street Closing

Applications MUST be submitted at least 30 DAYS prior to event.

Applicant / Contact Information

Name	
Title	
Organization	
Mailing Address	
City/State/Zip	
Phone (day)	
Phone (eve)	
Email	

Event Day Contacts

Please list individuals who will be on site during the event and a phone number accessible on the event date.

Primary Contact	
Mobile Phone	
Secondary Contact	
Mobile Phone	

Event Information

Event Name	
Type of Event	
Date of Event	
Estimated # of Participants	
Estimated # of Spectators	
Estimated # of Vehicles in Event	

Is this a charitable event? ◯ Yes ◯ No

If yes, describe how the event will benefit a community nonprofit organization or provide a community service:

Event description/activities:

Proposed Route/Area

Please attach a map inclusive of the following information:
1) **Proposed route/area**
2) **Starting point/ending point**
3) **Assembly area(s)**
4) **Station(s) designated for traffic control**

Is a map attached to this application with all required information? ◯ Yes ◯ No

Location event participants will assemble prior to the event and/ or after the event:

Set-Up	Start		End	
Event	Start		End	
Clean-Up	Start		End	

Please indicate any dates/times for necessary set-up or clean-up before and/or after the event date:

Traffic Control Plan

Describe intersections/streets in need of traffic control and whether they will occupy all or a portion of the street width:

Describe the type and # of traffic control devices to be used:

Business providing traffic control devices:

Describe how traffic control will be conducted (number and quality of paid or volunteer staff to manage the event):

Describe the method that will be used to provide notice to residents and businesses along the proposed closure:

Describe how the safety and security of event participants and spectators will be prioritized:

Describe how customer and residential access for businesses and homes along your proposed closure will be preserved:

Site Information

Will any portion of the event be held at a City park? ◯ Yes ◯ No

If yes, please describe:

Will there be amplified sound? ◯ Yes ◯ No

If yes, describe the noise source/equipment involved:

Will electrical usage be needed? ◯ Yes ◯ No

If yes, describe the equipment and source of power supply:

Will any animals be present at the event? ◯ Yes ◯ No

If yes, describe the number and type of animals:

Will restrooms be needed? ◯ Yes ◯ No

If yes, describe the company contracted for restrooms:

Will trash receptacles be needed? ◯ Yes ◯ No

If yes, describe the company contracted for trash disposal:

Liability Insurance

A "Certificate of Liability Insurance" must be submitted to the City within 10 days of the event.

Insurance Company	
Mailing Address	
City/State/Zip	
Phone	

If you would like to request an exception to the liability insurance requirement, please provide evidence that the event does not pose liability or property damage exposure to the City: