



City of Cañon City

P.O. Box 1460 – 128 Main Street – Cañon City, CO 81215-1460
(719) 269-9011 – Fax: (719) 269-9017

REQUEST TO USE PUBLIC RIGHT-OF-WAY OR REQUEST FOR SPECIAL EVENT ON A PUBLIC STREET (This is a Street Closure Permit – NOT a Park Use Permit Application)

Applicant/Organization (please print)

Name of Event

Contact Person

Signature of Applicant/Sponsor

Address

Daytime Phone/Fax

Address

Today's Date

Give street name to be closed and the intersections at which the closure should start and end.
All street closures require City Council approval. Allow 30 days minimum for Council approval.

Street Name (to be closed): _____
(If Skyline Drive, City to notify DOC of event)

Starting at what street: _____ Ending at what street: _____

Time: From: _____ o'clock To: _____ o'clock - Date(s) _____

For closure of Skyline Drive – The City will provide a sign that the Applicant will be required to post at the entry of Skyline Drive along with specific instructions for its posting.

TYPE OF ORGANIZATION-Please (✓) one "Type of Organization" and Yes or No on each item:

NON-PROFIT (registered 501-C-3 status with IRS-provide number or copy.)
Non-profits do not need County Health Dept. Certificate.

OTHER: Specify _____

Are you going to sell products? Yes No Is your activity a fund-raiser? Yes No

Are you going to solicit donations? Yes No Are you going to sell food? Yes No

Will there be alcoholic beverages available? Yes No (If yes, call City Clerk at 269-9011 for information.)

COMMERCIAL SALES (You must provide liability insurance)

Do you plan to sell any products? Yes No (If yes, you must obtain a City Sales Tax License at 276-5252.)

Do you plan to sell unpackaged food? Yes No
(If yes, you must obtain a County Health Dept. Certificate at 276-7360.)

TYPE OF ACTIVITY-(Explain activity including number expected to attend, equipment and vehicles to be used, vendors or contractors expected to service activities, etc. Attach a separate sheet if necessary. **NOTE:** Skyline Drive closures will be reviewed by DOC to determine potential security impacts to their operations. Please identify any events that will result in activities or participants leaving the roadway.)

You, the applicant or sponsor of this request are required to provide the following items at your expense. This "Request" is not valid until all requirements are provided to the City and completed:

Provide a minimum \$600,000 liability insurance naming the City of Cañon City as a certificate holder **and** an additional insured and deliver same to City of Cañon City.

Sales Tax ID number _____ (Call Sales Tax Office at 276-5252.)

Provide _____ each _____ yard trash dumpster(s) and you must provide trash and litter clean up and placement in dumpster(s) and have dumpster(s) removed at the end of the event.

Provide _____ each _____ portable toilets and have them removed at the end of the event.

Install Traffic Control Devices ("TCD") as required by the City of Cañon City to close street(s) for your event. **The City does not provide any TCD. Provide a Traffic Control Plan ("TCP") diagram on a separate attached sheet indicating placement of signs or barricades. Contact City Engineer for assistance.**

Alcoholic Beverages: Please call City Clerk at 269-9011 for more information.

Provide signatures (petition) of adjacent property owners affirming consent to have a street closed for your event or activity.

The City of Cañon City shall provide the following:

APPROVAL BY CITY OF CAÑON CITY

Police: _____

Date: _____

City Engineer: _____

Date: _____

Sales Tax Dept.: _____

Date: _____

City Clerk: _____

Date: _____

City Administrator: _____

Date: _____

Distribute Copies to: Police _____ Parks _____

Date: _____

PETITION FOR STREET CLOSURE PERMIT

I, the undersigned, do hereby support the application submitted by:

I further state that I am a property owner or tenant of subject location

Signature	Printed Name/Owner or Tenant	Address
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		