



STREET CLOSURE APPLICATION

(Application must be submitted at least 30 days prior to the date of street closing)

Applicant Information

Name:			
Address:			
Phone:			
email:			

Street Closure / Event Details

Street Name:			
Between:		and	

Attach a detailed map or drawing of route if event includes multiple street or intersection closures

Date of Event:			
Start time of closure:			End time of closure:
Event:			
Describe Event in Detail:			
Estimated Attendance:			

Second Contact Person

Name:			
Phone:		email:	

Other Information *(if applicable)*

Will alcohol be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, additional liquor license is required)</i>		
Will there be music?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please explain)</i>		
Will there be food ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please explain)</i>		
Who will clean up and remove trash?			
Other Information:			
Signature of Applicant:			Date:

Public Works	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature:			Date:

Copy Distribution:	<input type="checkbox"/> Applicant	<input type="checkbox"/> Police	<input type="checkbox"/> CAFD
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Return to: City Administrator's Office, 1307 Cloquet Avenue, Cloquet MN 55720 (ph: 218-879-3347)