



Date Received: _____

PARKING SPOT CLOSURE REQUEST MUST HAVE COUNCIL APPROVAL

Date(s) of Events: _____

Please describe below your request for use of City Property.

Description of Event (including participating merchants, vendors, exhibitors, and units, etc.)

Location of Event Property: (Address Utilized Space) _____

Items occupying parking spaces: _____

Date(s) and time(s) for usage of parking spot(s): _____

Number of parking spots that will be occupied: _____

Will a food truck be occupying these parking spots? ☐ YES ☐ NO

If yes, do you have a food permit from the City and the County? ☐ YES ☐ NO

Certificate of Insurance Liability for event must be attached to request before approval.

Business/Organization/Sponsor Name: _____

Contact Name: _____ **Email:** _____

Address: _____ **Phone:** _____

Signature: _____

APPROVED: (Signatures)

Police Department: _____ **Mayor:** _____

Fire Department: _____ **Vote: Council Approval** ___ **Yeas** ___ **Nays**

Street Department: _____ **Date:** _____

As soon as all the signatures are obtained, you will be contacted at the phone number you provided.

If your special event will be held more than once during this year with the same location and arrangements, you may use the same application with a change in dates.

11/01/2025