

THE CITY OF LINCOLN

Date Received \_\_\_\_\_

REQUEST TO PERMIT: EVENT WITH STREET CLOSURE

**Must Have Council Approval**

**A copy of this form must be available at the Event!**

Date(s) of Event: \_\_\_\_\_

Please describe below your request for use of City Property.

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

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Location of Event Property: (Address Utilized Space) \_\_\_\_\_

Items occupying street space utilized: \_\_\_\_\_

Are licenses needed, if yes, please attach or email \_\_\_\_\_

**Street Closures and Parking**

**(Please attach or email map or sketch of all closures)**

If closed, which streets and blocks?

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Times of street closure: from \_\_\_\_\_ until \_\_\_\_\_

If different times on different days, please specify: \_\_\_\_\_

Does this street normally have access to a permitted parking lot? Specify: \_\_\_\_\_

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Picnic tables needed, if yes, how many: \_\_\_\_\_

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

Business/Organization/Sponsor Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: Business: \_\_\_\_\_ Cell: \_\_\_\_\_

**APPROVED: (signatures)**

Police Department: \_\_\_\_\_ Mayor: \_\_\_\_\_

Fire Department: \_\_\_\_\_ Vote: **Council Approval** \_\_\_\_ Yeas \_\_\_\_ Nays

Street Department: \_\_\_\_\_ Date: \_\_\_\_\_

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

**All required documents may be attached to this application or emailed to [pbateman@lincolnil.gov](mailto:pbateman@lincolnil.gov)**

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

11/1/2025