

# STREET CLOSURE APPLICATION TOWN OF WESTCLIFFE

305 Main Street, P.O. Box 406, Westcliffe, Colorado 81252

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Date Submitted: \_\_\_\_\_ Beginning Date of Requested Street Closure: \_\_\_\_\_

(Note: Applications received less than 45 days prior to the event will not be considered and presented to the Board of Trustees)

Applicant/Organization: \_\_\_\_\_

Name of the Event: \_\_\_\_\_

Responsible Person & Phone Number: \_\_\_\_\_

Responsible Person's Address: \_\_\_\_\_  
\_\_\_\_\_

Responsible Person's Email: \_\_\_\_\_

Description of the Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of Street Closure	Street(s) to be Closed	Times – From – Until
_____	_____	_____ until _____
_____	_____	_____ until _____
_____	_____	_____ until _____

Do you intend to sell FOOD OR BEVERAGES YES/NO

Do you intend to sell ALCOHOLIC BEVERAGES YES/NO

Submit the following with your application:

1. Map of the area to be closed, showing locations of structures, barricades, security personnel, location of activities, 12 foot emergency lane, fencing and ingress/egress (if applicable). Map should be large enough scale to show activities as requested.
2. A written plan for notifying the community of the street closure, including: newspaper, radio, flyers to affected businesses & residents, and special event notices provided by the Sheriff's Dept.
3. Trash and sanitation plan.
4. A check payable to the Town of Westcliffe in the amount of \$250 for damage /clean-up / performance deposit. Note: Please include a self-addressed stamped envelope with your deposit. If no envelope is provided, your check will be torn up after your event if the requirements of this Agreement are fulfilled as stated.
5. Certificate of insurance including the following:
  - A. The Town of Westcliffe named as an additional insured.
  - B. A minimum limit of \$1,000,000 per occurrence & \$2,000,000 annual aggregate general liability.
  - C. A minimum 30 days notice of cancellation.

- D. Host and general liquor liability coverage (if applicable).
- E. A minimum of \$1,000,000 personal and advertising injury coverage.
- F. A minimum of \$50,000 fire damage.
- G. A minimum of \$1,000,000 combined single limit comprehensive auto liability (if applicable).

Conditions for Use of Public Property

- Open containers of alcohol are not allowed unless a liquor license is obtained. All alcoholic beverages must be in approved cups. No bottles, cans or other non-approved containers are allowed.
- Event organizers are responsible for cleanup and trash removal from curb to curb. Event organizers must bring their own trash bags and cleaning supplies. User's deposit will be used if cleanup is not satisfactory.
- Motorized vehicles are not allowed on the grass or pathways and must park in designated areas.
- Applicant and all attendees shall comply with all Town of Westcliffe Rules, Regulations, and Ordinances
- Attaching signs, decorations, etc to trees is prohibited
- Tents or other temporary structures may not be placed without obtaining permission first.
- Vending shall comply with Town regulations
- User has inspected the premises and agrees to accept premises as is and assume the responsibility that the premises is fit for the User's purpose. Fires must be in approved devices designed for that purpose.
- Wood fires are prohibited
- Pets must be on leash and not left unattended
- Pet owners are responsible for cleaning up after their pets

I/WE agree to comply with requirements of Chapter 7 of the Town of Westcliffe's Municipal Code and any rules or requirements issued by the Board of Trustees. I agree to indemnify the Town of Westcliffe, its officers, employees, and agents and to hold them harmless as to any claim, liability or damages, including attorney's fees and court costs arising out of, or directly or indirectly resulting from the conduct of the above event.

Agree to:

By: \_\_\_\_\_

Title: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

Approved:

\_\_\_\_\_  
Park & Street Supervisor

\_\_\_\_\_  
Zoning Official

\_\_\_\_\_  
Sheriff's Department

\_\_\_\_\_  
Town Clerk

All required items received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Copy sent to: \_\_\_\_\_ Applicant \_\_\_\_\_ Sheriff Department \_\_\_\_\_ Public Works \_\_\_\_\_ File

Return Damage Deposit       Retain \_\_\_\_\_ of Damage Deposit

Reason for retainage \_\_\_\_\_

\_\_\_\_\_  
Parks Maintenance Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_