



PARADE/STREET CLOSURE APPLICATION

Code Section 6.48

Parade/Street Closure Application Fee: \$ - 0 -

Please Print Clearly

Point of Contact: _____

Point of Contact Address: _____

Point of Contact Telephone Number: _____ Email: _____

Group Sponsoring/Organization (If applicable): _____

Name of Event: _____ Location: _____

Date of Parade/Closure: _____ Time of Parade: _____ to _____

Type of Parade/Closure: _____ Size of Parade: _____

Parade route detailed description with any street closures marked. (use below space to draw a map of the route):

(SITE PLAN)

If needed number of barricades requested: _____

If needed, number of trash cans requested: _____

The applicant agrees to indemnify the City of Ripon against all actions, claims and damages whatsoever that may result from the street closure, and is responsible for any damage to any public property that occurs because of the street closure.

- Additional information may be requested by City Staff if an application is incomplete.
- **Do Not Throw CANDY/TRINKETS in the Road.** See Code 6.48.070
- If candy/trinkets are given during the parade, they must be handed to individuals.

APPLICANT’S SIGNATURE

Applicant may mail or drop off the application and fee to the Ripon City Hall, 100 Jackson St., Ripon, WI 54971. Questions may be emailed to the City Clerk at nmiller@cityofripon.com or call 920-748-4915.

Date received and filed with Municipal Clerk:	Cash, Check or Credit Card <i>(Circle One)</i>	Receipt Number:
Date application reviewed by City Administrator:	City Administrator Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Denied	City Administrator Initial:
Copy of applicants Certificate of Insurance listing City of Ripon as additional insured with the application in the amount of no less than \$150,000 on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of Hold Harmless Agreement on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy Given to: <input type="checkbox"/> Police <input type="checkbox"/> EMS <input type="checkbox"/> Fire <input type="checkbox"/> Public Works
Permit Number:	Date Issued:	Initial of Clerk/Deputy Clerk: