



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 (If yes, additional liquor license is required)	
Will there be music? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)	
Will there be food? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)	
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, 101 14th Street, Cloquet MN 55720 (ph: 218-879-3347)