

CITY STREET CLOSURE APPLICATION & PERMIT

CITY OF WHITE SULPHUR SPRINGS

105 W. Hampton St., P.O. Box 442, White Sulphur Springs, MT 59645
Phone: (406) 547-3911 Fax: (406) 547-3945 Email: wss@itstriangle.com

Applicant/Organization Information:

Applicant/Organization Name: _____
Physical Address: _____ Mailing Address: _____
Email Address: _____ Phone: _____

Requested Street Closure:

Street(s) to be Closed: _____
Event Date: _____ Event Start Time & Length: _____

Application Information:

This application is to obtain a permit for street closure(s) in the City.

Attach to the application:

1. Detailed sketches of the street(s) to be closed and the proposed detours.
2. Detailed traffic control plan.

The applicant is responsible for coordinating with law enforcement and will provide law enforcement with contact information for the responsible party for the event.

Application Purpose:

Vendor Information:

(Select one.)

For closed events requiring a registration, the applicant/organization is responsible for maintaining a list of registered vendors and verifying that all registered vendors have the required City vendor licenses.

For closed events with approved vendors, the approved vendors must be listed on this application.

☐ This is an **OPEN** event and all vendors are welcome.

☐ This is a **CLOSED** event and only approved and/or registered vendors are welcome.

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Applicant Agreement:

(Please initial next to each statement.)

_____ The event is at the my/our sole and exclusive expense and risk.

_____ The City is not required to approve the permit for the event AND the City may withdraw or revoke the permit in the event of a violation of the terms and/or conditions of the permit.

_____ The City may modify or rescind the permit based on a change in circumstance or other reason which was initially relied upon to issue the permit. Notice will be provided to the individual/group/association listed at the address and phone number provided.

_____ I/We understand that we are responsible for setting up and tearing down any barricades and signage needed for the street closure.

_____ I/We understand that we must provide for the safe passage of pedestrians within the event area and will not allow any obstructions of a sidewalk or designated walkways.

_____ I/We understand that we are responsible for removing all rubbish and debris and that the roadway and roadside must be left in a neat and presentable condition.

_____ I/We agree to reimburse the City for any expenses to repair damage to the roadway or appurtenances that are a direct result of this event.

_____ Failing to comply with the application/permit conditions may result in a termination of the Permit.

_____ I/We agree to release, defend, indemnify, and hold harmless the City of White Sulphur Springs, its agents and assigns, from and against any and all actions, claims, demands or assertions of liability, costs and expenses including but not limited to reasonable attorney's fees involving or relating to any harm, injury or damage suffered or sustained which in any manner may arise or may be alleged to have arisen, or resulted or alleged to have resulted from the event and the activities associated with the road closure.

Applicant Signature/Date: _____

Approved Vendor Information:

Street Closure Review:

(Please initial & date)

Public Works Review: _____

Law Enforcement Review: _____

Street Closure Application

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Street Closure Approval:

Approval Date: _____

Mayor's Signature: _____