



Public Works Department  
 PO Box 1968  
 Grand Island, NE 68802-1968  
 Phone – 308-385-5455

APPLICATION FOR PARADE OR PUBLIC EVENT STREET CLOSING PERMIT

\$75.00 Street Closure Fee – Date Paid \_\_\_\_\_ Credit Card / Check # \_\_\_\_\_ / Cash

**IS ANY PORTION OF THIS EVENT ON A STATE HIGHWAY? YES / NO**

Include a diagram describing the plans for the event including: streets to be closed, booths, tents, shade areas, structures, seating, stages and/or entertainment, food service locations, emergency services and fire hydrants, portable restroom facilities, trash containers and dumpsters.

The applicant agrees to the following conditions for issuance of a parade or public event permit:

- The permittee shall comply with all permit directions and conditions, as well as all applicable laws and ordinances;
- The permittee is required to provide proof of general liability insurance in the minimum amount of \$1,000,000, with the City of Grand Island listed as additional insured, for the event;
- The parade or public assembly chairperson or other person heading the event shall carry the parade or public assembly permit on his/her person during the event;
- Barricades are the responsibility of the event organizer and must comply with the Manual on Uniform Traffic Control Devices and meet the City of Grand Island Barricading Standards. In placing the barricades, one lane will be left open for police or fire emergency vehicles. **The barricade company will be responsible to coordinate barricade and signage placement with the Grand Island Street Division, and must have a valid point of contact prior to and during the event;**
- The permittee shall be responsible for coordinating any adjustment or repositioning of traffic control devices with the City of Grand Island Street Superintendent;
- The permittee shall contact all residents and/or businesses whose property abuts the street(s) to be closed. A copy of the occupants contacted along the street closing route shall be provided to the City of Grand Island, Public Works Department, at least five (5) days prior to start of the event;
- The permittee shall be responsible for cleanup of the parade or public assembly location after the event; and
- Any applicable fees shall be paid in advance of the permit being issued. Make checks payable to "City of Grand Island".

**Applicant Information**

Full Name: \_\_\_\_\_  
 Last First M.I.

Address: \_\_\_\_\_  
 Street Address Apartment/Unit #

City State ZIP Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Organization Address: \_\_\_\_\_  
 Street Address Apartment/Unit #

City State ZIP Code

Organization Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Barricade Company Information (if necessary)**

Barricade Company: \_\_\_\_\_  
Point of Contact: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Route / Location of Street Closing – map required**

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_  
Event Hours  
(including set up &  
clean up): **Beginning Time:** \_\_\_\_\_ **am / pm** **Ending Time:** \_\_\_\_\_ **am / pm**

**Activities to be Held:**

\_\_\_\_\_  
\_\_\_\_\_

Estimated No. of Spectators Attending Event: \_\_\_\_\_  
Estimated No. of Participants in Event: \_\_\_\_\_  
Estimated No. of Vehicles in Event: \_\_\_\_\_  
Estimated No. of Species / Animals in Event: \_\_\_\_\_

**Amenities (if applicable) – attach an additional sheet if necessary**

Describe any sound equipment to be used: \_\_\_\_\_  
\_\_\_\_\_

Describe any banners, signs,  
street/sidewalk/parking lot markings or devices  
to be used: \_\_\_\_\_  
\_\_\_\_\_

Describe any public facilities or equipment to be  
used or relocated: \_\_\_\_\_  
\_\_\_\_\_

Describe any tents, shade structures, etc. to be  
set up, as well as locations to be placed: \_\_\_\_\_  
\_\_\_\_\_

Liquor License to be Issued with Event: \_\_\_\_\_  
\*Minimum 2 month Notice Required **Yes** **No**

Location of Designated Liquor Area: \_\_\_\_\_

Sanitation Services to be provided by: \_\_\_\_\_

Sanitation Services Company Address: \_\_\_\_\_

Sanitation Services Company Contact: \_\_\_\_\_

Sanitation Services Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

No. of Portable Sanitary Units: \_\_\_\_\_ Location(s) of Portable Sanitary Units: \_\_\_\_\_

Other Health or Emergency Services Provided: \_\_\_\_\_

\*Attach additional sheet if necessary to explain details of event

Applicants  
Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**CITY USE ONLY**

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Pre-Event Meeting Required: **Yes** **No**

Date/Time Application Routed for Review: \_\_\_\_\_ Deadline for Comments: \_\_\_\_\_

**CITY REVIEW**

Public Works Department: \_\_\_\_\_

Utilities Department: \_\_\_\_\_

Fire Department: \_\_\_\_\_

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

Building Department: \_\_\_\_\_

Parks Department: \_\_\_\_\_

Planning Department: \_\_\_\_\_

Health Department: \_\_\_\_\_

City Clerk: \_\_\_\_\_

Legal Department: \_\_\_\_\_

Downtown BID Director: \_\_\_\_\_