

CITY OF MINDEN

STREET CLOSURE REQUEST FORM

This form must be completed for any event, race, parade, festival, block party, or other activity requesting the temporary closure or restricted use of a City of Minden street or public right-of-way.

APPLICANT INFORMATION

Organization/Business: _____

Contact Person: _____

Phone: _____

Email: _____

Mailing Address: _____

EVENT INFORMATION

Event Name: _____

Event Date(s): _____

Event Start Time: _____

Event End Time: _____

Estimated Number of Attendees/Participants: _____

Is this a ticketed event? ☐ Yes ☐ No

If yes, Estimated Number of Tickets Available/Sold: _____

Type of Event: ☐ Festival/Event ☐ Parade ☐ Race/Run/Walk ☐ Block Party ☐ Fundraiser ☐ Other:

STREET CLOSURE INFORMATION

Requested Street Closure Date: _____

Requested Closure Time: _____

Street(s) Requested for Closure: _____

Beginning Location/Intersection: _____

Ending Location/Intersection: _____

Additional Intersections Affected: _____

Reason Street Closure Is Needed: _____

EVENT MAP — REQUIRED

A map must be attached showing the proposed event area and all requested street closures.

Map should identify: ☐ Streets requested for closure ☐ Intersections affected ☐ Event footprint/layout

☐ Start/finish locations ☐ Race/parade/walk route ☐ Barricade locations, if known ☐ Designated parking areas

RACE / RUN / WALK / PARADE INFORMATION

Complete this section if applicable.

Starting Location: _____

Finish/Ending Location: _____

Race/Route Start Time: _____

Approximate Time Last Participant Will Finish:

Total Route Distance: _____

Estimated Number of Participants: _____

Will the route require rolling/intermittent closures? ☐ Yes ☐ No

Will participants cross any major intersections? ☐ Yes ☐ No

If yes, list intersections: _____

LOGISTICS & PUBLIC SAFETY

Will barricades be needed? ☐ Yes ☐ No

Number of barricades requested/anticipated: _____

Will law enforcement assistance be requested? ☐ Yes ☐ No

Will Fire/EMS access need to be maintained within the closure? ☐ Yes ☐ No

Will the closure affect access to businesses or residences? ☐ Yes ☐ No

If yes, explain: _____

Will public parking spaces/lots be affected? ☐ Yes ☐ No

If yes, explain: _____

Will food trucks/vendors be present? ☐ Yes ☐ No

Will alcohol be served or sold? ☐ Yes ☐ No

APPLICANT ACKNOWLEDGMENT & DISCLOSURE

Submission of this form does not constitute approval of the requested street closure. All requests are subject to review by the City of Minden and applicable City departments. The City may modify the requested closure, route, times, barricade placement, or other event logistics as necessary to maintain public safety, emergency access, traffic flow, and City operations.

Insurance: Based on the size, location, type, attendance, and overall safety needs of the event, the City of Minden may require proof of event/general liability insurance and may establish minimum coverage requirements before final approval is granted.

Additional Personnel, Equipment & Fees: Additional fees may be assessed if the City determines that additional personnel, law enforcement, public safety services, barricades, equipment, vehicles, traffic-control measures, cleanup, or other City resources are necessary to safely accommodate the event or requested street closure.

Barricade Placement & Event Host Responsibility: The City of Minden Street Department may deliver and stage approved barricades in the vicinity of the requested street closure prior to the event date. The event host/organizer is responsible for placing the barricades in their approved closure locations at the appropriate time on the day of the event and managing them as necessary throughout the event.

City officials, law enforcement officers, and other City personnel are not responsible for setting out or positioning barricades to initiate the street closure on the day of the event, unless specifically required and approved in advance as part of the event's public safety plan. The event host/organizer is responsible for ensuring barricades are properly positioned according to the approved street closure plan and that streets are not closed earlier or remain closed later than the times authorized by the City of Minden.

Any insurance requirements, additional personnel, equipment, services, associated fees, or other conditions will be determined following review and communicated to the applicant prior to final approval. The event organizer is responsible for complying with all applicable City requirements, permits, ordinances, insurance requirements, fees, and conditions established as part of the approval.

Applicant Signature: _____

Printed Name: _____

Date: _____

FOR CITY OF MINDEN USE ONLY

Date Request Received: _____

Reviewed By: _____

DEPARTMENT REVIEW

Minden Police Department: ☐ Approved ☐ Approved with Conditions ☐ Denied

Comments: _____

Minden Fire Department: ☐ Approved ☐ Approved with Conditions ☐ Denied

Comments: _____

Street/Public Works Department: ☐ Approved ☐ Approved with Conditions ☐ Denied

Comments: _____

ADDITIONAL REQUIREMENTS

Event Insurance Required: ☐ Yes ☐ No

If yes, Coverage Required: _____

Additional City Personnel Required: ☐ Yes ☐ No

Department/Personnel: _____

Additional Equipment/Barricades Required: ☐ Yes ☐ No

Number of Barricades Approved: _____

Barricade Staging Location: _____

Additional Fee Required: ☐ Yes ☐ No

If yes, Amount: \$ _____

Other Requirements: _____

FINAL DETERMINATION

☐ APPROVED ☐ APPROVED WITH CONDITIONS ☐ DENIED

Approved Closure Date(s): _____

Approved Closure Time: _____

Special Conditions/Requirements: _____

Authorized City Representative: _____

Signature: _____

Date: _____