



PO Box 64, Crestone, CO 81131 • (719) 256-4313 • crestonetownoffice@gmail.com

Event Street Closure Application

- Applicant must be eighteen (18) years of age or older
- Application must be completed in its entirety (see checklist on reverse side of this form) and submitted to the town clerk a minimum of forty-five (45) days prior to the requested closure date(s), and at least one (1) week prior to a regular monthly board meeting

Name: _____ Date: _____

Organization/Group Name: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____ Email: _____

Location of Requested Street Closure(s): _____

Closure Date Requested

Closure Time

Reopen Time

_____	_____	<i>to</i>	_____
_____	_____	<i>to</i>	_____
_____	_____	<i>to</i>	_____

Is this requested street closure part of a planned event? Yes No

If yes, please describe the event and when it is scheduled to be held: _____

Is organization a nonprofit or a commercial organization ? (N/A)

The following must be included with your application:

- 1. A clearly labeled map of the area to be closed, showing locations of structures, barricades, security personnel, location of activities (if applicable), location of fire/emergency lane (12 foot minimum), fencing, locations of signage, and ingress and egress locations.
- 2. A written plan for notifying the businesses and residences located on the street(s) to be closed. Acceptable written notification media include, but are not limited to: newspapers of general circulation, flyers distributed to affected residents and businesses, and paper notices posted at the post office bulletin boards. *Posting on social media will not be accepted as public postings.*
- 3. Proof of having obtained a business license in the Town of Crestone, if applicable.

By signing below, you agree to the following:

- The applicant is at least eighteen (18) years of age
- The applicant will be on-site and available to be contacted during the entire duration of the street closure(s)
- All town-owned street closure barricades and signage will be set up and removed by Public Works staff. Such barricades and signage may not be moved or removed by anyone other than Public Works staff
- Fires of any kind are strictly prohibited
- The applicant will obey and respect all federal, state, and local laws and ordinances
- Open containers of alcohol and consuming alcohol are strictly prohibited, unless the applicant has already lawfully secured a liquor license from the town
- Marijuana use or display of marijuana is strictly prohibited
- Smoking is strictly prohibited
- Any signage used by the applicant during the above-listed street closure time(s) and date(s) must be removed at the end of the scheduled street closure time(s) and date(s)
- The nonrefundable street closure fee of \$100.00 per street and the refundable cleanup deposit of \$250.00 are both due at the time of submitting this application
- Application must be completed and submitted to the Town Clerk at least forty-five (45) days prior to the requested street closure date(s), and at least one week prior to a regularly scheduled board meeting
- If the application is denied by the Board of Trustees, both the application fee and cleanup deposit will be returned to the applicant

I hereby agree to indemnify the Town of Crestone, its officers, agents and employees, and to hold them harmless as to any claim, liability or damages, including attorney fees and court costs arising out of, or directly or indirectly resulting from the conduct of the above event. I further understand that the above use conditions must be adhered to.

Signature: _____ Date: _____

Name (Printed): _____

ADMINISTRATIVE USE ONLY:

Request Received by: _____ Date: _____

Street Closure Fee Received: _____ Check Number: _____

Cleanup Deposit Received: _____ Check Number: _____

All application materials received?: Yes No

Application approved?: Yes No Date of Board Approval: _____

Clerk Signature: _____ Date: _____

PUBLIC WORKS USE ONLY:

First Walk-Through Inspection Date and Time: _____

First Inspection Performed by: _____ Signature: _____

Second Walk-Through Inspection Date and Time: _____

Second Inspection Performed by: _____ Signature: _____

Can the cleanup deposit be returned in full? (If "no," indicate in the notes below the reason(s), and indicate how much staff time was used to clean up the site.)

Yes No

Notes: _____

Public Works Staff Signature: _____ Date: _____