



## SPECIAL EVENTS APPLICATION

Permit Number: _____	Date of Application: _____
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Name / Type of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

### APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

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

**THE APPLICANT MUST PROVIDE A LETTER FROM THE ORGANIZATION AUTHORIZING THE REPRESENTATIVE TO APPLY FOR THIS PERMIT ON HIS BEHALF.**

### EVENT ORGANIZER INFORMATION

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

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

**THE APPLICANT OR EVENT ORGANIZER MUST BE AVAILABLE TO ANSWER QUESTIONS REGARDING THE EVENT AND THE EVENT APPLICATION. THEY MUST ALSO BE AVAILABLE FOR ANY PLANNING MEETINGS SCHEDULED PRIOR TO THE EVENT.**

DESCRIPTION OF EVENT

Event Description:

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

Date / Time:

Setup Date: \_\_\_\_\_ Time: \_\_\_\_\_

Event Starts Date: \_\_\_\_\_ Time: \_\_\_\_\_

Event Ends Date: \_\_\_\_\_ Time: \_\_\_\_\_

Dismantle Date: \_\_\_\_\_ Time: \_\_\_\_\_

Event Type:

- Run / Walk
- Parade
- Festival / Celebration
- Concert / Performance
- Farmer / Outdoor Market
- Bicycle Race
- Circus / Carnival
- Car Show
- Block Party / Neighborhood Event
- Other \_\_\_\_\_

Anticipated Attendance:

Total: \_\_\_\_\_ Daily: \_\_\_\_\_

Yes  No Is this an annual event?

Yes  No Has this event ever been held at another location?  
If yes, please provide the appropriate references:

Date	Location	Contact Name	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT MUST COMPLETE ALL REQUIRED PAGES EXCEPT AS NOTED FOR  
BLOCK PARTY / NEIGHBORHOOD EVENT.

DESCRIPTION OF EVENT

If events include any of the following, a detailed site plan must be submitted (see site plan instructions).

Yes  No

**Right of Way Usage**

Will the event require any closures or restrictions of streets, sidewalks, or alleys? If yes, Attachment E and a traffic control plan must be completed and submitted with this application.

Yes  No

**Parade**

If yes, Attachment C and Attachment E must be completed and submitted with this application.

Yes  No

**Tents / Canopies**

If yes, Attachment A must be completed and submitted with this application. Note: Tents over 200 sq. ft. (i.e. 10 x 20) and canopies (open without sidewalls) over 400 sq. ft. require permits from the Bethel-Tate Fire Department. Please refer to Attachment A.

Yes  No

**Open Flames / Cooking**

If yes, Attachment A must be completed and submitted with this application.

Yes  No

**Temporary Fencing**

If yes, please complete the following information and all fencing must be shown on the Site Plan.

Fencing Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Contact Name \_\_\_\_\_

Yes  No

**Electrical Service / Generators**

If yes, Attachment A must be completed and submitted with this application.

Yes  No

**Fireworks**

If yes, Attachment B must be completed and submitted with this application.

Yes  No

**Carnival Rides**

Number of Rides \_\_\_\_\_

Amusement Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Contact Name \_\_\_\_\_

Proof of Insurance is required

Yes  No

**Inflatables / Air Balloons**

Entertainment Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Contact Name \_\_\_\_\_

Proof of Insurance is required. Permit from Fire Department is required.

Yes  No

**Entertainment**

Will there be live entertainment, performers, or use of a stage?

If yes, Attachment G must be completed and submitted with this application.

Yes  No

**Trash / Recycling Services**

Do you have a company handling trash and recycling services for your event?

Vendor / Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Contact Name \_\_\_\_\_

Yes  No

**Portable Restrooms**

Per the Clermont County Health District

You are required to provide portable restrooms at your event, unless you can substantiate the sufficient availability of both ADA accessible and non-accessible facilities in the immediate area of the event site, which will be available to the public during your event. It is recommended that hand-sanitizing services be provided.

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Contact Name \_\_\_\_\_

**ORGANIZATION STATUS / PROCEEDS / REPORTING**

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Yes  No      Is the host organization a commercial entity?

Yes  No      Is the host organization a bona fide tax exempt, nonprofit entity? If yes, please attach to this application a copy of your IRS 501(c)(3) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status.

Corporation / Organization Name: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Tax ID# \_\_\_\_\_

Yes  No      Are patron admission, vendor, entry or participant fees required?

Yes  No      Is this a fund raising event?

**A LETTER MUST BE INCLUDED THAT INDICATES THE NAME AND ADDRESS OF THE ORGANIZATION OR INDIVIDUAL WHO IS FINANCIALLY RESPONSIBLE FOR ANY EVENT FEES AND COSTS.**

**SECURITY PLAN**

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As the event applicant or organizer, you are required to provide a safe and secure environment for the event. This is accomplished by anticipating potential problems and concerns related to the event and the surrounding environment. The event may require the services of the Village of Bethel Police Department and/or Public Works Department. Applicant / Organizer may also need the services of a Private Security Company for this event. Private Security Guards must be properly licensed and bonded in the State of Ohio.

Yes  No      Will your event be requesting off-duty Bethel police officers?  
Number of Officers to be contracted: \_\_\_\_\_

Yes  No      Have you hired a licensed professional security company to develop and manage your events security plan?

If yes, you are required to provide a copy of the security company's valid Private Patrol Operators License issued by the State of Ohio.

Name of Security Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

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

## ON SCENE CONTACTS

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Name of Security Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

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

THE **ON SCENE CONTACT** MUST BE AVAILABLE AT THE EVENT SITE AND IN POSSESSION OF THE APPROVED SPECIAL EVENT PERMIT. THE **ON SCENE CONTACT** SHOULD BE ABLE TO BE REACHED DURING THE EVENT BY THE PRIMARY PHONE NUMBER LISTED ABOVE.

## SITE PLAN

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Please complete a diagram of your event site. The location of all stages, bleachers, grandstands, scaffolding, canopies, tents, portable toilets, booths, cooking areas and other temporary structures should be indicated. Please also indicate and maintain a 20-foot wide emergency access lane throughout the event venue. Please indicate exit points for events that are fenced or that occur within tents or other structures.

## CHECKLIST

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Before submitting your application, please review the following checklist to ensure your application is complete.

Completed	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	Attachment A – Fire Safety
<input type="checkbox"/>	<input type="checkbox"/>	Attachment B – Fireworks
<input type="checkbox"/>	<input type="checkbox"/>	Attachment C – Parade Questionnaire
<input type="checkbox"/>	<input type="checkbox"/>	Attachment D – Sanitation
<input type="checkbox"/>	<input type="checkbox"/>	Attachment E – Streets / Traffic
<input type="checkbox"/>	<input type="checkbox"/>	Attachment F – Medical Plan
<input type="checkbox"/>	<input type="checkbox"/>	Attachment G – Entertainment

## AGREEMENT OF APPLICANT - REQUIRED

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- Yes  No      1. Applicant agrees, upon request, to provide a certificate of insurance providing Evidence of General Liability Insurance coverage in the minimum amount of \$1,000,000 combined single limit AND an additional Insured Endorsement naming the Village of Bethel, its officers, employees and agents as additional insured. The two documents must be submitted no later than ten (10) days prior to the event.
- Yes  No      2. Applicant agrees, upon request, to submit a security plan setting forth the proposed security measures to be taken to protect the health, safety and welfare of the participant, spectators, bystanders and passersby. This plan may be reviewed by the Police Department who may require alterations to the plan. Security measures may include, but are not limited to, the hiring of private security or Bethel Police Officers at the applicant's expense.
- Yes  No      3. Applicant agrees, upon request, to provide a copy of their "Determination Letter" as issued by the Internal Revenue Service of the United States, if the application is made on behalf of any organization representing itself as a "tax-exempt," "non-profit" and/or "charitable."
- Yes  No      4. Applicant agrees, upon request, to pay a refundable "Clean-Up Deposit," at least ten (10) days prior to the event as condition of the issuance of the Special Event Permit. Applicant also agrees to pay clean-up costs, in excess of the deposit, incurred by the Village as a result of the additional clean-up required to return the event location and surrounding area to its pre-event condition.
- Yes  No      5. Applicant agrees to notify all residents and businesses that will be affected by the street closure and/or amplified sound.
- Yes  No      6. Applicant agrees, upon request, to supply warning signs and barricades and to situate them in such position that the road closure may be maintained in a safe and orderly manner. Such devices may be supplied by the Village of Bethel Public Works Department, however additional devices may be rented from companies listed in the telephone directory under "Traffic Safety Devices."

Applicant agrees to submit, upon request of the Village of Bethel, any additional information required to evaluate this application and permit. Applicant certifies that all information contained herein and any other information submitted in support of this application and permit is true and correct to the best of their knowledge.

Applicant agrees that any false statement or material misrepresentation made in support of this application and permit is cause for denial of issuance of a Special Event Permit. Applicant also agrees that failure to adhere to the policies and procedures established by the Village of Bethel Codified Ordinances or any conditions or restrictions imposed upon the permit by the Bethel Police Department or any other Village Department is cause for revocation of the Special Event Permit. Applicant further agrees the permit may be revoked at any time by the Chief of Police or Village Administrator.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

INDEMNIFICATION AGREEMENT - REQUIRED

Yes  No

Have you attached a Certificate of Liability Insurance AND Additional Insured Endorsement to this application?

BLOCK PARTY / NEIGHBORHOOD EVENT APPLICANTS ONLY

In consideration of the granting of this Application and Permit for the following Special Event:

for \_\_\_\_\_  
*(insert name of event)*

on \_\_\_\_\_  
*(insert date of event)*

by the \_\_\_\_\_  
*(insert name of organization)*

shall protect, defend, indemnify and hold the Village of Bethel, its officers, employees and agents (collectively, "the Village") harmless from any and all losses, damages, claims for damages, liability, suits, judgments, expense or cost arising from any injury or death to any person or damage to any property including all reasonable costs for investigation and defense thereof (including, but not limited to, attorney fees, court costs and expert fees) of any nature whatsoever arising out of or attributed to issuance of the Special Event Permit herein identified or the authorization thereof regardless of where the injury, death, or damage may occur, unless such injury, death or damage is caused by the sole negligence or willful misconduct of the Village.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Authorizing Village Representative,

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

DEPARTMENTAL APPROVAL ROUTING FORM

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**Police Department:** Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Public Works:** Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fire Department:** Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Village Administrator:** \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## GENERAL REQUIREMENTS

1. A method of notifying the fire department in the event of an emergency shall be provided and approved prior to the start of any outdoor special event. On-site telephones or cell-phones will fulfill this requirement.
2. Fire apparatus access shall be provided throughout all areas of the event. Consideration shall be given to various event functions and fire department access to structures within the event area. Minimum fire lane dimensions are 20 feet wide, 14 feet high, and outside turn radius of 55 feet and an inside turn radius of 35 feet.
3. All temporary electrical wiring shall be in accordance with the National Electric Code. Wire feeds and drops shall be run above pedestrian walks, buried, or so located as to not create a trip hazard. Permits are required from the Clermont County Building Department for temporary electrical service. All trailer mounted generators must be grounded and have a 40BC fire extinguisher near each unit.
4. Fueling or defueling vehicles, generators, or equipment is prohibited during show hours unless approved prior to the event.

## TENTS

Yes  No

A floor plan shall be approved for interior setup of all tents. Location of chairs, tables, stages, aisles, exits, fire extinguishers, etc. shall be shown on the plan. Enclosed tents over 200 square feet and open canopies over 400 square feet need special Fire Department permits, and must comply with the following requirements. Smaller tents or canopies placed in close proximity to each other shall meet the same requirements.

1. A flame retardant certification shall be provided for each tent or canopy that meets above requirements.
2. A copy of the building permit for each tent shall be included with this application submission.
3. Location of tents and canopies shall be in accordance with the following table:

Minimum separation from any property line, building, other tent, canopy or other temporary membrane structure	Minimum fire access roadway width	Minimum distances for the parking of vehicles or other internal combustion engines
20 feet	20 feet	20 feet

For the purpose of required distances, support ropes and guywires are considered part of the tent, canopy or temporary membrane structure.

4. Exits shall be spaced at approximately equal intervals around the perimeter. The number and width shall be in accordance with the following table:

Capacity	Minimum # of Exits	Minimum Width Each Exit (feet)	
		Tent	Membrane Structure
10 - 199	2	6	3
200 - 499	3	6	6
500 - 999	4	8	6
1000 - 1999	5	10	8
2000 - 2999	6	10	8
Over 3000	7	10	8

The total width of exits in feet shall not be less than the total occupant load served divided by 50. Such width of exits shall be divided approximately equally among the separate exits.

5. Exit signs shall be installed at required exit doorways and where otherwise necessary to clearly indicate the direction of egress when the exit serves an occupant load of 50 or more.
6. Heating and cooking within tents within tents have specific requirements, which shall be addressed during plan review.
7. Smoking shall not be permitted in temporary membrane structures, tents or canopies or in adjacent areas where hay, straw, sawdust, or other combustible materials are stored or used. NO SMOKING signs shall be conspicuously posted.
8. Combustible interior finishes or decorations must be declared and approved prior to the event.

#### FOOD VENDORS

Yes  No

1. Cooking equipment, located within buildings or trailers, that produce grease-laden vapors, require permits, inspections and approvals by the Clermont County Building Department. Systems must be listed and have a current (within 6 months) inspection and test tag by a licensed contractor. A fixed fire extinguishing system shall not negate the requirement for portable fire extinguishers listed below.
2. A minimum 40B:C fire extinguisher shall be provided where deep-fat fryers are used. A 2A-10B:C rated extinguisher shall be provided with all other cooking operations.
3. Concession stands utilized for cooking shall have 10 feet clearance on two sides and shall be 10 feet from amusement rides, bleachers, and the roofline of any building.
4. Barbeques shall be at least 10 feet from buildings or other combustibles.

#### LP GAS (PROPANE)

Yes  No

1. Transfer operations shall not be conducted during show hours.
2. Transfer operations shall be in accordance with the Bethel-Tate Fire Department details.
3. Equipment used in conjunction with LP-gas shall be listed for its use.
4. Spare barbeque cylinders shall be stored in a secure area.
5. All hoses and LPG connections shall be leak tested prior to use and after cylinder changes.

#### SPECIAL REQUIREMENTS

Yes  No

1. Buildings used for 'haunted houses', 'fun houses', inflatables, or other amusements, used for entertainment or education, which are so arranged that the required exits are not apparent, shall comply with the Bethel-Tate Fire Prevention Code and the Ohio Building Code and shall provide a permit from the Clermont County Building Dept.

FIREWORKS

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Yes  No

If yes, provide the following:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

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

Fireworks require special permits from the Bethel-Tate Fire Department.

Fireworks and/or pyrotechnic special effects shall be permitted through the Fire Department at least 30 days prior to the event start date. An inspection must be scheduled with the Fire Department prior to pyrotechnics being brought on the site.

**EVENT SITE PLAN:**

PARADE QUESTIONNAIRE

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1. Date of Parade: \_\_\_\_\_

2. Start time of Parade: \_\_\_\_\_

3. Location of proposed assembly area: \_\_\_\_\_

Assembly start time: \_\_\_\_\_

4. Have arrangements been made for traffic control (barricading and/or police officers)

Yes  No      If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If no, will these arrangements be made?  Yes  No      Explain: \_\_\_\_\_

\_\_\_\_\_

5. Attach map of Parade route.

6. Indicate starting point, proposed travel route, and termination point.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. During the event, will you occupy all or a portion of the streets?  All  A Portion

8. Approximate number of persons, animals and vehicles that will constitute the event.

Number of People: \_\_\_\_\_

Number of Animals: \_\_\_\_\_

Type of Animals: \_\_\_\_\_

Number of Vehicles: \_\_\_\_\_

Type of Vehicles: \_\_\_\_\_

9. Have arrangements been made for emergency medical personnel?  Yes  No

10. Other pertinent information: \_\_\_\_\_

\_\_\_\_\_

Please attach required Certificate of Insurance and Hold Harmless agreement.

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Signature of Applicant

Date

SANITATION AND CLEANUP

What provisions have the applicant / organizer made for cleanup after the event?

Name of Person Responsible for Cleanup: \_\_\_\_\_

Company Responsible for Cleanup: \_\_\_\_\_

License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

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

Event location and adjacent areas must be returned to the “pre-event” condition.

STREETS / TRAFFIC QUESTIONNAIRE

Is your event going to restrict access to any of the following:

- Yes  No Streets
- Yes  No Sidewalks
- Yes  No Other facilities such as parks, schools, churches, or other vacant lots
- Yes  No Parking lots
- Yes  No Public Bicycle Routes

If yes to any of the above, applicant / organizer must notify residences and businesses affected by the event. Notice shall be given in a format approved by the Village Administrator.

What street(s) will be closed for your event? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At what intersections will the above streets be closed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Yes  No Will your event involve the use of traffic safety equipment, (i.e.) barricades, etc.
- Yes  No Is the applicant / organizer requesting the Village to provide the safety equipment?

If this event requires the closure of more than one street between two intersections, please include a detailed map of the event showing all intersections and roadway access points, the location of barricades and traffic control personnel. You will be required to obtain traffic safety equipment for the safe closure of the venue and to ensure proper detour and parking information is posted. Depending upon the type of event, you may need barricades, traffic cones, directional signage, etc. It is the responsibility of the applicant / organizer to obtain and to properly place this equipment prior to the beginning of the event. It is the responsibility of the applicant to have a plan in place to move any barricades in the event that emergency response is needed. The traffic control plan must be consistent with the Ohio Department of Transportation’s Manual on Uniform Traffic Control Devices. The Chief of Police and Public Works Supervisor will assist you with your traffic plan if needed. (Please call for appointment).

All traffic control devices on all streets and highways open to public travel in Ohio must conform to the Ohio Department of Transportation, Traffic Manual, subject to the provisions of the Ohio Vehicle Code.

## PARKING AND SHUTTLE PLAN

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It is important that you plan for the safe arrival and departure of event attendees, participants and vendors. As the event organizer, you should develop a parking and/or shuttle plan that is suitable for the environment in which your event will take place. Remember that parking, traffic congestion and environmental pollution are all areas of concern with events. You must include accessible parking and/or access in your event plans.

Yes  No      Will your event involve the use of a parking and/or shuttle plan?  
If yes, then attach a copy of the plan.

How many parking spaces do you anticipate providing: \_\_\_\_\_

Will there be signage directing guests to off-site lots? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

After review of the plan, the Village may require additional signage as it relates to parking concerns (i.e. no parking, directional signs, etc.). This additional signage is at the expense of the applicant.



ENTERTAINMENT

Yes  No Are there any musical entertainment features related to your event?  
If yes, complete the following:

Number of Stages: \_\_\_\_\_

Number of performers / bands: \_\_\_\_\_

Type of Music: \_\_\_\_\_

Please describe the sound equipment that will be used for your event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes  No Will sound checks be conducted prior to the event?  
Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

Yes  No Will Sound Amplification be used?  
Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

Yes  No Will there be a contracted sound company on site?  
If yes, who: \_\_\_\_\_

Yes  No Does your event include any casino games, bingo games, or drawing opportunities?  
If yes, describe: \_\_\_\_\_

CONCESSIONAIRES / VENDORS

Yes  No Will items or services be sold at your event?  
If yes, describe or attach a list of proposed vendors: \_\_\_\_\_

Yes  No Will food or beverages be provided or sold at the event?

Yes  No Will the event be professionally catered?

If your event is being catered please provide the catering company name and business license number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

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

Applicant / Organizer must contact the Clermont County Department of Health for a permit if any food or beverages will be sold or distributed.

**A copy of the health department permit must be included with the application.**

Yes  No

Will there be animals present, (i.e. petting zoo, circus, pony rides, dogs, other)?

**As an event applicant / organizer, you are required to comply with all Village, County, State and Federal Disability Access Requirements applicable to the event.**

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**BLOCK PARTY / NEIGHBORHOOD EVENT**

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**PETITION FOR TEMPORARY STREET CLOSURE**

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**INSTRUCTIONS**

Signatures are required from all affected residents both on, and adjacent to, the proposed street closure. Signatures and addresses will be cross-checked, along with the completed map, by the Police Department before final approval. If any affected residents have not signed this petition, indicate the address and reasons below (i.e. – on vacation, unable to contact, disapproves of street closure, etc.). Add additional sheets if necessary.

Name of person(s) responsible for initiating this petition:

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Name	Address	Telephone
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Street(s) involved: \_\_\_\_\_

Date of Closure: \_\_\_\_\_ Time from: \_\_\_\_\_ to: \_\_\_\_\_

By signature of this petition for the Temporary Street Closure, the undersigned hereby agrees to defend, indemnify and hold harmless the Village of Bethel, its officers, employees and agents from any and all losses, damages, claims for damages, liability, expense or cost arising from any accident or occurrence causing any injury or damage to any person or property arising out of or attributed to the closure of the above-noted street or the authorization therefore.

Name	Address	Telephone
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

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**NOTICE OF TEMPORARY STREET CLOSURE**

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(This document serves as proof of notice of the proposed street closure; it may be reproduced as needed)

Notice to Occupant:

The Village of Bethel requires that all affected residents / businesses both on and adjacent to a proposed street closure be notified of such a street closure. A temporary street closure has been requested for the listed streets on the following date(s) and time(s).

Date(s): \_\_\_\_\_

Time(s): \_\_\_\_\_

Street(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The purpose of the proposed street closure is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_

Event Committee / Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Acknowledgement:**

By signing below, the undersigned acknowledges receipt of the above Notice of Temporary Street Closure.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name (If Applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_