



# City of Cañon City

P.O. Box 1460 – 128 Main Street – Cañon City, CO 81215-1460  
(719) 269-9011 – Fax: (719) 269-9017

## REQUEST TO USE PUBLIC RIGHT-OF-WAY OR REQUEST FOR SPECIAL EVENT ON A PUBLIC STREET (This is a Street Closure permit – NOT a Park Use Permit Application)

Applicant/Organization (please print)

Name of Event

Contact Person

Signature of Applicant/Sponsor

Address

Daytime Phone/Fax

Address

Today's Date

Give street name to be closed and the intersections at which the closure should start and end.  
**All street closures require City Council approval. Allow 30 days minimum for Council approval.**

Street Name (to be closed): \_\_\_\_\_  
(If Skyline Drive, City to notify DOC of event)

Starting at what street: \_\_\_\_\_ Ending at what street \_\_\_\_\_

Time: From \_\_\_\_\_ o'clock To: \_\_\_\_\_ o'clock - Date(s) \_\_\_\_\_

**TYPE OF ORGANIZATION**-Please ( √ ) one "Type of Organization" and Yes or No on each item:

**NON-PROFIT** (registered 501-C-3 status with IRS-**provide number or copy.**)  
Non-profits do not need County Health Dept. Certificate.

**OTHER: Specify** \_\_\_\_\_

Are you going to sell products? Yes  No  Is your activity a fund-raiser? Yes  No

Are you going to solicit donations? Yes  No  Are you going to sell food? Yes  No

Will there be alcoholic beverages available? Yes  No  (If yes, call City Clerk at 269-9011 for information.)

**COMMERCIAL SALES** (You must provide liability insurance)

Do you plan to sell any products? Yes  No  (If yes, you must obtain a City Sales Tax License at 276-5252.)

Do you plan to sell unpackaged food? Yes  No   
(If yes, you must obtain a County Health Dept. Certificate at 276-7360.)

**TYPE OF ACTIVITY** (Explain activity including number expected to attend, equipment and vehicles used, vendors or contactors expected to service activities, etc. Attach a separate sheet if necessary. **NOTE:** Skyline Drive closures will be reviewed by DOC to determine potential security impacts to their operations. Please identify any events that will result in activities or participants leaving the roadway.)

**THE FOLLOWING IS TO BE COMPLETED BY THE CITY OF CAÑON CITY**

**You, the applicant or sponsor of this request are required to provide the following checked (√) items at your expense. This "Request" is not valid until all requirements are provided to the City and completed:**

- ↑ Provide a minimum \$600,000 liability insurance naming the City of Cañon City as a Certificate holder **and** additional insured and deliver same to City of Cañon City.
- ↑ Surety Bond in the amount of \$\_\_\_\_\_ and deliver to City of Cañon City.
- ↑ Sales Tax ID number \_\_\_\_\_ (Call Sales Tax Office at 276-5252.)
- ↑ Provide \_\_\_\_\_ each \_\_\_\_\_ yard trash dumpster(s) and you must provide trash and litter clean up and placement in dumpster(s) and have dumpster(s) removed at the end of the event.
- ↑ Provide \_\_\_\_\_ each portable toilets and have them removed at the end of the event.
- ↑ Install traffic control devices "TCD" as required by the City of Cañon City to close street(s) for your event. **Please provide a "traffic control" plan diagram on a separate attached sheet indicating placement of signs or barricades. The City does not typically provide TCD.**
- ↑ Alcoholic Beverages: Please call City Clerk at 269-9011 for more information.
- ↑ Provide signatures of adjacent property owners affirming consent to have a street closed for your event or activity.

The City of Cañon City shall provide the following:

**APPROVAL BY CITY OF CAÑON CITY**

Police: _____	Date: _____
Public Works: _____	Date: _____
City Engineer: _____	Date: _____
Sales Tax Dept. _____	Date: _____
City Administrator: _____	Date: _____
Distribute Copies to: Police _____ Parks _____	Date: _____