



THE CITY OF LANDER

240 LINCOLN ST, LANDER WY 82520-2848

TELEPHONE 307-332-2870

APPLICATION FOR TEMPORARY STREET CLOSURE PERMIT
\$100.00 Fee (must accompany application)

Event Name: _____ Current Date: _____

Type of Event: _____ Event Date: _____

Course Information: Total Closure; Partial Closure; Remain Open to Traffic

Will this request be in conjunction with an application for a special alcohol catering permit or open container permit? Yes No ***All alcohol permits and open container permit applications must be submitted to Lander City Hall, 240 Lincoln Street, Lander, Wyoming 82520.+ Glass containers are discouraged.**

Event Director or Organizer: _____ Telephone # _____

Mailing Address: _____ Email: _____

Club Affiliation or Sponsor: _____ Estimated # of Participants: _____

I (we) _____ hereby make application for a special event permit upon the right-of-way of streets: _____ and _____ on the ____ day of _____, 20__ between the times of _____ and _____.

I (we) agree to strictly conform to the exhibits attached hereto, subject to all terms, conditions, agreements, stipulations and provisions contained in the application and permit or in any other applicable regulations, laws, or ordinances. Permittee shall pay the City of Lander a street closure fee of \$100.00.

EVENT DESCRIPTION: _____

Prior to the event, I (we) agree to review the course to determine potential problems that could endanger participants or equipment and to notify the participants of them. IF I (we) determine the problems to be severe, I (we) agree to cancel the event.

Permittee must provide a certificate of insurance as evidence of an existing Comprehensive or Commercial General Liability Policy, including contractual liability coverage, with limits not less than \$500,000 combined single limit for all claims arising out of a single accident or occurrence and naming the City of Lander as additionally insured.

PERMITTEE SHALL DEFEND, HOLD HARMLESS AND INDEMNIFY THE CITY OF LANDER, AND ITS OFFIERS, AGENTS, EMPLOYEES AND MEMBERS FROM ALL SUITS OR ACTIONS, WHICH MAY RESULT FROM ANY ACTIVITY BY THE PERMITTEE, ITS OFFICERS, SUBCONTRACTORS, AGENTS OR EMPLOYEES.

Name

Address

Signature

City, State, Zip

Date (minimum 60 days prior to event)

Telephone

Email Address

Chief of Police Signature
 Approved Denied