

APPLICATION FOR PERMIT FOR TEMPORARY STREET CLOSING

FULL LEGAL NAME OF THE SPONSORING PERSON OR CORPORATION: _____

MAILING ADDRESS OF THE SPONSORING PERSON OR CORPORATION: _____

CONTACT PERSON -
NAME: _____
PHONE NUMBER: _____

IF APPLICANT IS A CORPORATION,
THE STATE OF INCORPORATION: _____
NAME AND ADDRESS OF REGISTERING AGENT: _____

LOCATION, STREET(S) OR PORTION(S) THEREOF REQUESTED FOR TEMPORARY CLOSING INCLUDING THE TWO CLOSEST INTERSECTING STREETS:
(FOR PARADES, PLEASE STATE THE EXACT PARADE ROUTE INCLUDING LOCATION(S) FROM WHICH THE PARADE SHALL COMMENCE AND END)

DATE(S) REQUESTED FOR CLOSING: _____
HOURS: FROM _____ TO _____

PURPOSE OF STREET CLOSING: _____

ANTICIPATED NUMBER OF PARTICIPANTS, INVITED GUESTS, OR MEMBERS OF THE GENERAL PUBLIC
(FOR PARADES - ANTICIPATED NUMBER OF PERSONS, ANIMALS, VEHICLES, FLOATS PARTICIPATING IN THE PARADE): _____

PLEASE STATE THE BASIS OF THE ABOVE ESTIMATE. (If no estimate is made, please state the reason why such estimate cannot be made.)

I acknowledge the City of Vineland's Street Closing Policy as established by Ordinance No. 97-86, as amended, and agree to comply with the conditions of the permit requested herein as established by the Ordinance. If this application is approved, I agree to reimburse the City of Vineland for all extraordinary costs incurred by the City in connection with this event. I understand that I will be provided with an estimate of said expenses, and that I have the opportunity of submitting for approval by the City a plan to defray said extraordinary costs.

Date

Signature of Applicant or Authorized Representative

NOTE: All applicants are requested to submit the completed application at least 10 days prior to the planned event. Non-compliance with this request will prohibit the City of Vineland from considering any plan to defray extraordinary costs associated with the event.