

City of Germantown, Ohio
1 North Plum Street
Germantown, OH 45327
(937) 855-7255 telephone
(937) 855-3215 fax



REQUEST FOR DOWNTOWN ALLEY/STREET TEMPORARY CLOSURE

This request form must be submitted to the City of Germantown at least **14 days prior** to closing the alley/street.

Today's Date: _____

Applicant: _____

Name	Address	Phone #	Email
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Proposed Date of Closure: _____ Time(s) of closing From: _____ a.m./p.m. To: _____ a.m./p.m.

Location of Alley(s) / Street to be closed: _____

(Attach a copy of the map showing proposed closures, anticipated barriers/cones/signs needed and where to be erected.)

Purpose of the Closing/Event Name: _____

Description of Activities: _____

Anticipated # of attendees: _____ Anticipated # of participating businesses : _____

Names of participating businesses/organizations: _____

Is this a first time event? Y/N If No, when was this event last held? _____

Please describe any recorded equipment, sound amplification equipment, live or recorded music and hours of music to be used as part of the event: _____

Describe how trash and bathroom facilities will be handled. _____

Will the DORA be used in conjunction with this event? **Yes/No**

Are you planning to use food trucks? **Yes/No**

The responsible individual or organization shall maintain liability insurance for one million for the protection of the City of Germantown, OH indemnifying and saving harmless the City from any and all liability that may arise or accrue by reason of the use of the said alley/Street. The City of Germantown must be shown as the Certificate Holder on the insurance document.

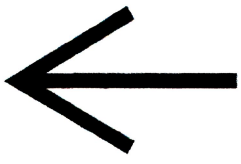
Barricades and signs will be provided by the City of Germantown Public Service Department. After approval of the closure, the applicant is responsible for coordinating barricades and signs with the Public Service Department at (937) 660-0579.

This permit is valid only for the date indicated.

By my signature below, I have contacted all residents/business who may be affected by the closure. Names and addresses are on Page 3, and reflect their approval of the proposed closure, any non-approving entities will be listed along with proposed solutions offered on the back of this form. The alleys will be kept accessible for emergency vehicles. The city will be reimbursed for any missing/damaged barricades. All pop up tents, or inflatables will be properly secured. Please be advised Inflatables may require additional insurance. The named alleyways/street shall be closed and opened at the designated times. Please make additional comments on reverse side.

Applicant Signature: _____ Date: _____

TEMPORARY ALLEY CLOSURE REFERENCE MAP



NORTH

