



STREET CLOSURE EVENT APPLICATION

Application for all street closure requests for events and events on City of Idaho Falls public property **excluding** Parks. Due at least 45 days prior to event setup date: specialevents@idahofalls.gov. I hereby request a Street Closure for the purpose stated below, within the limits of the City of Idaho Falls

ORGANIZER INFORMATION

ORGANIZATION/INDIVIDUAL NAME: _____

PROFIT NON-PROFIT

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EVENT ORGANIZER NAME: _____

ON-SITE CONTACT NUMBER: _____

EMAIL: _____

GENERAL INFORMATION

EVENT NAME: _____

SETUP DATE: _____ ROAD CLOSE DATE: _____ EVENT DATE: _____

SETUP TIME: _____ ROAD CLOSE TIME: _____ START TIME: _____

DISMANTLE TIME: _____ ROAD OPEN TIME: _____ END TIME: _____

EVENT DESCRIPTION & PURPOSE: _____

EVENT LOCATION (Provide Map WITH detailed road closure information): _____

Closed section consists of approximately the following number of: ____

Attendees #: _____ Vehicles #: _____ Floats #: _____

Unlicensed Vehicles #: _____ Vendor Booths #: _____

Other: _____

EVENT DETAILS REQUIRING ADDITIONAL PERMITS

YES NO **VENDORS** (A vendor is an individual, sponsor, or group advertising, selling, or giving away services)

COMPLETE IF MARKED "YES" FOR VENDORS:
\$50 for the first ten (10) vendors and \$100 for more than 10 vendors

of Food Vendors: _____

If food beverage products are being served, sold, or given away during an event, the organizer is responsible for verifying proper permits, including a food handling license or exemption certificate, and a current year mobile vending permit (if operating out of a trailer/truck).

of Non-Food Vendors: _____

All vendors must follow policies set forth and stated on Special Event Use Policy, Park Rules, and City Codes. See Park Vendor Permit for details

FOR INTERNAL USE ONLY

POLICE	INITIALS: _____	DATE: _____
FIRE	INITIALS: _____	DATE: _____
PUBLIC WORKS	INITIALS: _____	DATE: _____
CITY CLERK	INITIALS: _____	DATE: _____
SPECIAL EVENT COORDINATOR	INITIALS: _____	DATE: _____

YES **NO** **BEER/WINE** (Additional signage and perimeter requirements for serving or selling beer and/or wine)

COMPLETE IF MARKED "YES" **BEER/WINE:**

SERVING beer and/or wine (Beer/Wine Permit required from City Clerk, will also require security and ID Checkers)

SELLING beer and/or wine (Beer/Wine Permit required from City Clerk, will also require security and ID Checkers)

Beer/Wine sales are permitted only as local and state laws and policies allow and with the approval of the City of Idaho Falls City Clerk, the Special Event Coordinator, and Special Event Committee.

NAME OF CATERING COMPANY: _____

ON-SITE CONTACT PERSON: _____ PHONE: _____

Note: This section must be completed by the event organizer, who will be responsible for the actions of the participants and who may be held liable for park damage, restoration, and/or cleanup costs. **The catering company is responsible for obtaining proper permit(s) from City Clerk's Office (208) 612-8415.**

YES **NO** **AMPLIFIED SOUND**

COMPLETE IF MARKED "YES" AMPLIFIED SOUND

Identify time and source of amplified sound (include sound check) START TIME: _____ END TIME: _____

PA System Live Music Other: _____

Note: Event organization/coordinator may be responsible for providing power to amplified sound source through a generator. Check facility for available/ample power before reserving.

YES **NO** **INFLATABLE STRUCTURE(S)**

NAME OF INFLATABLE PROVIDER: _____

OF STRUCTURES AND SIZE: _____

ITEMS PROVIDED BY EVENT ORGANIZER

Event Organizer is responsible for obtaining any items necessary for the event

PORTABLE TOILET ORDER YES NO

#REGULAR: _____ #ADA: _____

TRASH/RECYCLE ORDER YES NO

#TRASH: _____ #RECYCLE: _____

BARRICADES YES NO

TYPE (bike rack, fencing, etc.): _____

GENERATORS YES NO

QTY: _____ SIZE: _____

TABLES YES NO

QTY: _____ SIZE: _____

STAGES YES NO

QTY: _____ SIZE(S): _____

SETUP DATE & TIME: _____

TEARDOWN DATE & TIME: _____

TENTS YES NO

QTY: _____ SIZE(S): _____

Larger than 400 sq ft? YES NO

SETUP DATE & TIME: _____

Larger than 400 sq. ft requires permit from IF Fire

TEARDOWN DATE & TIME: _____

STAFF WORKING YES NO

#OF STAFF: _____ #OF VOLUNTEERS: _____

SECURITY HIRED YES NO

NAME OF SECURITY COMPANY: _____ # OF STAFF: _____

ON-SITE CONTACT PERSON: _____ PHONE: _____

SECURITY ROAMING YES NO

SECURITY STATIONED YES NO

WHERE? _____

FIREWORKS YES NO

If yes, permit from City of Idaho Falls Fire Dept. required

INSURANCE

We hereby agree to replace the premises satisfactorily to the Bonneville County Highway District at our own expense and hold said District and County and City and State harmless from all damages or expenses caused by or in connection with the use of said property or of restoring the same to its original condition.

It is the responsibility of the event organizer(s) to maintain a commercial general liability insurance policy with coverage of not less than \$1,000,000.00 combined single limit per occurrence with the appropriate government entity as a named insured. Insurance requirements may be increased up on demand by the City of Idaho Falls

APPLICATION FEE

A \$20 Application processing fee is due at the time of submittal of the application. The \$20 fee is waived if event is held on City of Idaho Falls Park Property.

APPLICANT ASSURANCES

Emergency access into the area shall be maintained at all times. A street closure does not include sidewalk areas; sidewalks **MUST** remain open and accessible. The area must be returned to a clean condition immediately upon conclusion of your event. Should you fail to perform adequate clean up or damage occurs to property or facilities, you may be billed accordingly.

I have read and understand the requirements and responsibilities set forth by this application.

Applicant Name (print): _____

Date: _____

Applicant Signature: _____

This document serves as an affidavit of the application's accuracy and agreement to abide by the policies governing the proposed Special Event under the City of Idaho Falls Ordinance.

Please note: ANY of the following may result in event organizer receiving future denial of events/ applications:

- 1.) Falsifying event application information***
- 2.) Not following approved event plan***
- 3.) Not having the approved street closure signage in place***
- 4.) Failure to follow local, state and regional laws during setup/during event/post event clean up***
- 5.) Failure to pay fees for event/application***

**Contact the City of Idaho Falls Park and Recreation
Special Event and Volunteer Coordinator:**

208-612-8580

specialevents@idahofalls.gov

New for 2024

Please read through the following information as it is now a requirement for street closure requests.

The reason for the following paragraph and request, is because the city requires this in all situations from contractors and anyone who works within the City's Rights-of-way for legal and safety reasons. The Manual on Uniform Traffic Control Devices is the State and Federal document by which all work or activity in areas where there is vehicular or pedestrian traffic must abide by.

Temporary Traffic Control for Road Closures or Activities in the Right-of Way shall meet the requirements and guidelines of the Manual on Uniform Traffic Control Devices (MUTCD) and be installed in accordance with the American Traffic Safety Association (ATSSA). A traffic control plan prepared and submitted to the City of Idaho falls by someone trained and certified in traffic control and design by ATSSA. Traffic control to be installed and maintained by same. There are companies here in Idaho Falls that do traffic control and planning. You can also reach out to the Public Works office with any questions, or comments and they will be happy to help. Their number is 208-612-8257.