



**CITY OF SANTA MARIA
BLOCK PARTY/STREET CLOSURE
APPLICATION**

*Date of event must be more than 30 days from date
completed application is received by Administrative
Services.*

Application date: _____

Name of Organization: _____

Responsible Person-Name: _____

Address: _____

Contact Phone: _____

Purpose of Street Closure: _____

Date of Street Closure: _____

Description of area involved (Please attach a diagram): _____

Time starting: _____

Time finished: _____

Total hours required for street closure. Please limit time to 6 hours or less: _____

For the purposes of completing this application, the word "unit" means a person, booth, vehicle or some other type of entry.

Total number of units: _____

Total number of units by type:

Booths: _____ Persons: _____

Vehicles: _____

Other: _____

Use space provided below to set forth any arrangements proposed for controlling or self-policing of units and rest of area involved.

_____ Responsible Person

Please attach a list of all vendors and charitable organizations approved by the applicant/organization and responsible person to sell goods or merchandise as part of the block party, if any, providing contact information including addresses and phone numbers.

AGREEMENT FOR SPECIAL EVENT/STREET CLOSURE PERMIT

The undersigned, herein known as the "Applicant", understands and agrees that applicant shall assume all risk for loss, damage, liability, injury, cost, or expense that may occur during, or as a result of

_____ Located at _____;
Activity Location

the Applicant further agrees that in consideration of permission to use the property above, Applicant will save, defend, and hold the City of Santa Maria and/or its employees free and harmless from any loss, claims, liability or damages, and/or injuries to persons and property that in any way may be caused by any acts or omissions of Applicant, its employees, or its agents.

The undersigned warrants that s/he has the legal authority and capacity to sign this Agreement on behalf of the organization listed below.

The undersigned has read, understands and will comply with the requirements of the City of Santa Maria.

Date

Signature of Applicant

By: _____
(Print Name)

Title: _____

Organization: _____