

STREET CLOSURE SIGN OFF FORM

ALL RESIDENTS AND/OR PROPERTY OWNERS AFFECTED BY THE STREET CLOSING MUST BE NOTIFIED PRIOR TO THE EVENT. USE ADDITIONAL SHEETS AS NEEDED.

We the undersigned, as residents and/or property owners on _____, agree
(name of street)

to the proposed street closings for the Special Event known as _____

on _____ between the hours of _____ and _____.
(date of event) (time of event) (time of event)

A fire lane will be maintained for emergencies.

PROPOSED STREET CLOSINGS

_____ BETWEEN _____ AND _____

_____ BETWEEN _____ AND _____

_____ BETWEEN _____ AND _____

_____ BETWEEN _____ AND _____

_____ BETWEEN _____ AND _____

_____ BETWEEN _____ AND _____

Signature

Print Name

Address/Business Name

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMENTS _____

*****PHOTO COPIED SIGNATURES WILL NOT BE ACCEPTED. ALL SIGNATURES MUST BE ORIGINALS, IN INK AND DATED FOR THE SPECIFIC EVENT*****

CITY OF JAMESTOWN, NEW YORK
SPECIAL EVENT VENDOR APPLICATION
ALL APPLICATIONS ARE DUE (30) DAYS PRIOR TO THE START OF THE EVENT

NAME: _____

ADDRESS: _____ PHONE _____

PLEASE CHECK TYPE OF VENDOR:

____NON-PROFIT ORGANIZATION _____ DAYS @ \$30 PER DAY \$_____

____FOR-PROFIT ORGANIZATION _____ DAYS @ \$60 PER DAY \$_____

____CITY BASED VENDOR

DATES: _____ HOURS OF OPERATION: _____

TYPE OF GOODS SOLD: _____

TAX ID NUMBER/SOCIAL SECURITY NUMBER _____

NOTES:

1. Fire hydrants, cross streets/alleys and store fronts shall not be blocked by any vehicle or concession at any time.
2. Fuel Containers must be of an approved type and properly secured.
3. Deep fryers must be approved commercial type and require a Type K portable extinguisher. All food vendors must have Type ABC fire extinguisher. All fire extinguishers must be inspected within last year. A Safety Lane must be maintained at all times.
4. No grease or substance of any kind can be discharged upon the streets, sidewalks, or into the storm drains and sewers.
5. No signage may be placed on trees or utility poles.

NAME OF EVENT: _____

VENDOR SIGNATURE: _____

SPONSOR'S SIGNATURE: _____

RETURN APPLICATION AND FEES TO: _____

(name of sponsor)

permits will be returned to the sponsor for distribution

OFFICIAL USE ONLY

PERMIT NO: _____ DATE ISSUED: _____

NUMBER OF DAYS _____ AMOUNT RECEIVED: _____

ISSUED BY: _____