

CHARLES CITY STREET CLOSING REQUEST AND PERMISSION FORM

THE ORGANIZER AND OR APPLICANT WILL AGREE TO AND ACCEPT RESPONSIBILITY OF THIS EVENT.

DATE OF APPLICATION: **03.23.2023**

1. DATE OF CLOSING: **Wednesdays and Saturdays, May 3-Oct. 21, 2023**

TIMES: **Wednesdays from 2:30-6:30 p.m. and Saturdays from 8 a.m. to 12:30 p.m.**

2. DATE OF REOPENING: **Same Days** TIME: **Wed. by 6:30 p.m. and Sat. by 12:30 p.m.**

3. REASON FOR CLOSURE: **Charles City Downtown Farmers Market**

4. STREET(S) TO BE CLOSED: **Blunt from North Main to North Jackson Streets**

5. ALL AFFECTED PROPERTIES HAVE BEEN NOTIFIED? YES NO

6. PERSON OR ORGANIZATION SPONSORING EVENT: **Main Street Charles City**

ADDRESS: **401 North Main St., Charles City** PHONE# **(641) 228-2335/(641) 330-1874**

PERSON IN CHARGE (IF ORGANIZATION) **Mark Wicks, Community Development Director**

PHONE# **(641) 228-2335/(641) 330-1874**

SIGNATURE:



7. ANY SPECIAL INFORMATION:

INTERNAL USE:

8. AUTHORIZATION IS HEREBY: GRANTED _____ DENIED _____ TO THE ABOVE

NAMED PERSON OR ORGANIZATION FOR A STREET CLOSURE ON THE ABOVE DATES & TIME.

CHIEF OF POLICE

9. NOTIFICATION TO:

SUPERINTENDENT OF THE STREET DEPARTMENT _____

FIRE DEPARTMENT _____

AMBULANCE _____