



# THE CITY OF LANDER

240 LINCOLN ST, LANDER WY 82520-2848

TELEPHONE 307-332-2870

## APPLICATION FOR TEMPORARY STREET CLOSURE PERMIT

\$100.00 Fee (must accompany application)

**Must receive 30 days in advance of event**

Event Name: \_\_\_\_\_ Current Date: \_\_\_\_\_

Type of Event: \_\_\_\_\_ Event Date: \_\_\_\_\_

Course Information:  Total Closure;  Partial Closure;  Remain Open to Traffic

Will this request be in conjunction with an application for a special alcohol catering permit or open container permit?  Yes  No **\*All alcohol permits and open container permit applications must be submitted to Lander City Hall, 240 Lincoln Street, Lander, Wyoming 82520.+ Glass containers are discouraged.**

Event Director or Organizer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Club Affiliation or Sponsor: \_\_\_\_\_ Estimated # of Participants: \_\_\_\_\_

I (we) \_\_\_\_\_ hereby make application for a special event permit upon the right-of-way of streets: \_\_\_\_\_ and \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ between the times of \_\_\_\_\_ and \_\_\_\_\_.

I (we) agree to strictly conform to the exhibits attached hereto, subject to all terms, conditions, agreements, stipulations and provisions contained in the application and permit or in any other applicable regulations, laws, or ordinances. Permittee shall pay the City of Lander a street closure fee of \$100.00.

EVENT DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior to the event, I (we) agree to review the course to determine potential problems that could endanger participants or equipment and to notify the participants of them. IF I (we) determine the problems to be severe, I (we) agree to cancel the event.

Permittee must provide a certificate of insurance as evidence of an existing Comprehensive or Commercial General Liability Policy, including contractual liability coverage, with limits not less than \$500,000 combined single limit for all claims arising out of a single accident or occurrence and naming the City of Lander as additionally insured.

PERMITTEE SHALL DEFEND, HOLD HARMLESS AND INDEMNIFY THE CITY OF LANDER, AND ITS OFFIERS, AGENTS, EMPLOYEES AND MEMBERS FROM ALL SUITS OR ACTIONS, WHICH MAY RESULT FROM ANY ACTIVITY BY THE PERMITTEE, ITS OFFICERS, SUBCONTRACTORS, AGENTS OR EMPLOYEES.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date (minimum 60 days prior to event)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address

_____ Chief of Police Signature	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied