



## **CITY OF FRAZEE APPLICATION FOR TEMPORARY STREET CLOSURE POLICY**

The intent of this policy is to define guidelines and parameters under which local community and civic groups may request temporary or partial closures of a city street or alley for purposes other than road or utility repairs. The attached request form must be submitted to the City Office 30 days prior to the date of the requested closure.

The requesting organization or group shall propose a suitable route to bypass affected street. If the street affected involves another governmental entity, (County or State Hwy) then it shall be the responsibility of the requesting party to obtain authorization for the requested closure or partial closure. The authorization shall be in the form of written approval and submitted with this request form and submitted with closure application.

The Public Safety Committee shall be the final authority of what traffic control devices shall be required. If the Public Safety Committee deems it necessary, the requesting organization or group shall procure law enforcement surveillance or presence during the event. In such cases where law enforcement presence is required, then applicant shall provide evidence that law enforcement participation has been secured. This evidence will be in written form and submitted prior to the closure date.

The requesting organization or group may be required to post a deposit for the estimated costs or labor and equipment costs of the required traffic control devices seven (7) days prior to the requested closure. The requesting organization / group shall also agree to pay any additional costs incurred within 30 days of the event if additional traffic control devices are required to facilitate traffic due to changes in the event or as a result of law enforcement changes. There shall be no charge for the use of the traffic control devices if city owned, unless an item becomes damaged as a direct result of the event or its participants. There may be cost incurred if City Staff is required to work overtime to accommodate this event.

This policy shall be in effect by resolution and adoption by the Frazee City Council and may be amended from time to time as may be deemed necessary by said Council.

**CITY OF FRAZEE, PUBLIC SAFETY**

222 Main Ave W, P.O. Box 387, Frazee, MN 56544

Phone: (218) 334-4991 Fax (218) 334-4992

**Application for Temporary Road Closure Permit**

Complete the following form and submit by printing and mailing or fax to the address above or e-mail to the Frazee City Administrator, cityadmin@frazeecity.com

**Complete the following information**

Organization or Group: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Purpose of Closure: \_\_\_\_\_

STARTING TIME: \_\_\_\_\_ (a.m. / p.m.) ENDING TIME: \_\_\_\_\_ (a.m. /p.m.)

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

Will alcohol be served at this event? \_\_\_\_\_ (if yes, please complete applicable permit request)

Our organization/ group requests permission to close or use a section of City street \_\_\_\_\_ for the above named purpose. The event will require partial use of City Street \_\_\_\_\_ as described below: Location of Segment to be Closed: \_\_\_\_\_

Explain traffic control measures to be taken: \_\_\_\_\_

Have the adjacent businesses / home owners been contacted about proposed street closure? \_\_\_\_\_  
( If no, this step must be taken before application is presented to the public safety committee for consideration.

State or County(if applicable) have approved this closure (attach approval verification) \_\_\_\_\_

Detour (if applicable) (attach map): \_\_\_\_\_

I, we, the undersigned, herewith make application for a Temporary Street Closure Permit of above stated road, at \_\_\_\_\_ the above stated location, date and time duration. It is agreed that the traffic control devices required shall be in accordance with the request by the City of Frazee Public Safety Committee. It is further agreed that the traffic control devices are to be maintained and removed by the applicant promptly at the close of the event. It is still further agreed that should additional signage be required, at the discretion of Frazee Public Safety board or law enforcement officials, the additional costs shall be the responsibility of the applicant, as will damage to any of the traffic control devices.

The undersigned has contacted all adjacent businesses / homeowners with no dissention.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SERVING OF ALCOHOL**  
**if alcohol is being served as part street closure event**

The requesting organization or group shall submit the application for the temporary sale of liquor if they do not have an annual license. With that license they must also show proof of liability coverage for the duration of the sales.

All questions regarding the serving of alcohol must be answered within this questionnaire before permit is granted. Leaving any unaddressed questions is grounds for denial of permit.

**APPLICATION FOR THE SERVING OF ALCOHOL WITH THE ABOVE NAMED EVENT**

Organization or Group: \_\_\_\_\_

Is there a temporary / annual liquor license in place? \_\_\_\_\_

Insurance agency name and coverage amount for liability: \_\_\_\_\_  
(please attach 'Certificate of Insurance' to this form)

Contact Person taking responsibility for the serving of alcohol: \_\_\_\_\_

Have persons serving gone through their servers training within the last 3 years? \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Define the area in which alcohol will be served: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What measures will be taken with this space to prevent underage drinking? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will alcohol be served throughout the entire event? \_\_\_\_\_ If not complete the following:

STARTING TIME: \_\_\_\_\_ (a.m. / p.m.) ENDING TIME: \_\_\_\_\_ (a.m. /p.m.)

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

The undersigned has contacted all adjacent businesses / homeowners with no dissention for alcohol consumption with street closure.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CITY USE ONLY

## Public Safety notations

Law Enforcement Required: Yes No

Traffic Control Devices Deposit Required: Yes No

Traffic Control Devices From: City / other (if from the city, is there a plan in place to remove these devices: Yes No

Law Enforcement participation Notice Received: Yes No Date: \_\_\_\_\_

Estimated Cost of Traffic Control Devices: \$ \_\_\_\_\_

Amount of Deposit Received: \$ \_\_\_\_\_ Check No. \_\_\_\_\_

Will a permit need to be posted on the premises? \_\_\_\_\_

Have applicants contacted all neighboring businesses and homeowners to this street? \_\_\_\_\_

Have any of the neighbors contacted the city with concerns regarding this street closure and what are those concerns? \_\_\_\_\_  
\_\_\_\_\_

If applicable: All alcohol safety issues are addressed adequately. \_\_\_\_\_  
\_\_\_\_\_

Permission is hereby granted for the temporary road closure. \_\_\_\_\_

Permission is hereby granted for the serving of alcohol during the above event. \_\_\_\_\_

Date \_\_\_\_\_

### ***Authorized Signatures***

Police Department \_\_\_\_\_

Street Department \_\_\_\_\_

City Office \_\_\_\_\_