

City of Fort Scott

Application for Temporary Park Closure

To: The Fort Scott City Commission

The undersigned hereby makes application for a temporary park closure to conduct an event in _____ PARK, and in support of such application make the following statements and representations.

Name of Event: _____

Start Date of Event: _____ **Start time of event:** _____ AM PM

End date of event: _____ **End time of event:** _____ AM PM

Person in Charge of Event:

Name: _____ Email: _____

Residence address: _____

Phone: _____ Alt. Phone: _____

Resident of Fort Scott: _____

Number of people expected to attend: _____ Number of vehicles expected: _____

Will vehicles be entering and exiting the Park throughout the event? _____

Who will be monitoring the event traffic? _____

Do you have a contract with a barricade company, or do you plan to provide the necessary cones and barricades?

Yes _____ No _____ Not Needed _____

Will event require temporary street closure? _____

Yes _____ No _____ Not Needed _____

If a Temporary Street Closure is necessary for the event, a separate Application for Temporary Street Closure must be submitted and approved by the City Commission.

Will a Fire Permit be required? _____ Number of Fire Permits required _____

If fire (anything other than covered BBQ grills, such as campfire, in designated areas of the park) will be used, a Fire Permit is required and a call to the Fire Department for inspection of the area is required before a fire is started.

Purpose or objective of the Temporary Closure:

Any additional information:

Signature of Person Making Application

Date

OFFICE USE ONLY:

Application received by: _____ Date: _____

Approved: _____ Date: _____

Disapproved: _____ Date: _____