

CITY OF



WASHINGTON

301 C Street, P.O. Box 296, Washington, KS 66968

STREET USE PERMIT

Applicant's Name _____

Address of Applicant _____

Telephone Number of Applicant _____

On Site Host (if different from applicant) _____

Address of On Site Host _____

Telephone Number of On Site Host _____

Type of Event or Activity _____

Date(s) of Event _____ Starting Time _____ Ending Time _____

Location of Event _____

Street(s) requested to be closed _____

of barricades requested _____

Approximate number of people expected to attend _____

**Name and Address of binding or liability insurance carrier _____

Applicant's Signature _____ Date _____

Additional Remarks _____

Approved Denied Date of Council Action: _____

City Council Approval: _____ Date _____

Ryan W. Kern, Mayor

Date Application Received: _____ Permit # _____

**Proof of homeowner's or liability insurance is required.