



**CITY OF AUBURN**  
 ADMINISTRATIVE SERVICES  
 1225 LINCOLN WAY, AUBURN, CA 95603  
 TEL: 530-823-4211, FAX: 530-823-4209

**STREET CLOSURE/ASSEMBLY/PARADE APPLICATION & AUTHORIZATION**  
 Event Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name of Applicant	Address	Phone #
Street closure/assembly/parade on: _____ (Circle Applicable)                      Event Date                      (Street Closure Date and Time if Different)		
Route of travel or place of assembly: _____		
Type of Units (animals, vehicles, pedestrians, etc.): _____		
Number of Units: _____ Party Responsible for Clean Up: _____		
Special Requirements: _____		
Traffic Control Needed? _____ Police Officers Needed? _____ Barricades Needed? _____		
Party Responsible for obtaining barricades: _____		
For Dismantling: _____ Roadway Signs Needed: _____ Yes _____ No		
Encroachment Permit Needed? _____ Yes _____ No      If yes, party responsible for obtaining? _____		

**Sketch map on back showing position of barricade and signs:**

- NOTE: • Only organic materials may be used for race striping and must be washed away at the conclusion of the event by the applicant.
- Any event affecting state highways (including historic Lincoln Way) must have application submitted within 45 days of requested event date.
  - All other applications are to be filed 30 days in advance.
  - You may be required to pay for the hiring of any additional personnel for the safe operation of your event.
  - Applicant is responsible for replacement of any traffic control devices/barricades damaged or not returned after event.

Signature of Applicant \_\_\_\_\_

*The following to be completed by the Auburn Police Department*

\_\_\_\_\_ Denied due to \_\_\_\_\_

\_\_\_\_\_ Approved      \_\_\_\_\_ Approved, pending ratification of listed stipulations:

Additional Stipulations: \_\_\_\_\_

“No Parking” signs to be posted 24 hours in advance? \_\_\_\_\_ Yes      \_\_\_\_\_ No

Deposit Required: \$ \_\_\_\_\_ (Make check payable to: The City of Auburn)

Signature of Applicant (if additional stipulations listed): \_\_\_\_\_ Date: \_\_\_\_\_

Return this signed authorization along with the required deposit to: Auburn Police Department  
 1215 Lincoln Way, Auburn, Ca. 95603 (530)823-4237

\_\_\_\_\_  
 Ryan L. Kinnan, Chief of Police

- [ ] Provide Site Map Indicating Emergency Access/First Aide & Parking Areas
- [ ] Attach Non-Profit Papers
- [ ] Security Deposit (\$200.00) – Check Payable to the City of Auburn
- [ ] Certificate of Insurance Naming the City of Auburn, City Officers/Agents & Employees as Additional Insurance (Minimum \$500,000 Liability)
- [ ] Written Consent of Owners