INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. Submittal of an application does not constitute acceptance for processing until a Monument Square District representative has reviewed, signed and presents the Director of Administration of the City for final approval. Please attach maps (sketched or printed), insurance forms (if applicable), and/or additional requirements or requests not listed below.

**General Applicant Information**

|  |  |
| --- | --- |
| **Name of Applicant:** |  |
| **Address:** |  | **Phone:** |  |
|  **Email:** |  | **Business/Organization Sponsor:** |  |

**Event Information**

|  |  |
| --- | --- |
| **Date of Event:** |  |
| **Start Time:** |  | **End Time:** |  |
| **Event Location:** |  |

**Description of Event (attach extra sheets, if necessary)**

|  |
| --- |
|  |

**Detailed Needs**

Check All That Apply:

|  |  |
| --- | --- |
| [ ]  Banner (specify location) | [ ]  Block Party (include map/drawing) |
| [ ]  Street Closing (include detailed map/drawing) | [ ]  Cones (amount requesting) \_\_\_\_\_\_\_\_\_ |
| [ ]  Additional Signage (specify location) | [ ]  Electric Required/ locations |
| [ ]  Use of City Personnel (Police/Fire/Public Works) \*Fees may apply | [ ]  Parking closed to public (include detailed map/drawing, approval from all involved parties. |
| [ ]  Other (attach additional sheets if necessary) | [ ]   |

 **Signage Regulations**: No signage permitted on public right-of-way

|  |
| --- |
| **BANNERS**: Must be in good repair, no rips or missing eyelets, placement up to 14 days (weather permitting)  |
| Unauthorized signage will be removed; all signage must be retrieved after event is over; the City of Urbana or Monument Square District are not responsible for loss or damage.  |

**Applicant’s Affidavit **

The undersigned hereby certifies to Monument Square District that all information submitted is current and accurate; agree to comply with any conditions which may be prescribed; and confirm that all necessary actions to protect the general public and event participants will be provided. In addition the undersigned agrees to hold Monument Square District, The City of Urbana and all volunteers in association, harmless against any and all liability, loss, costs, damages, expenses, claims or actions that may result from the conduct of the event and the issuance of this request

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Applicant:** |  | **Date:** |  |

|  |
| --- |
| **Office Use Only** |
| **Date Filed:** |  |  |  |  | **This application is**  | [ ]  **Approved**  | [ ]  **Denied** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewed by:** |  | **Date:** |  |
| **Additional Conditions:**  |  |
|  | Monument Square District Representative: |
| **Approved by:** | City of Urbana Administrator: | **Date:** |  |
| **Denied by:** | City of Urbana Administrator: | **Date:** |  |
| **Reason:** |  |  |