



**CITY OF  
TALLAHASSEE**

# Road Closure Application

Email to  
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## A. General Information

<b>Date of Request:</b>		
<b>Date of Event:</b>		
<b>Name of Event:</b>		
<b>Exact Location of Event:</b>		
<b>Event Start Time:</b>	<b>Event End Time:</b>	
<b>Set Up Time:</b>	<b>Tear Down Time:</b>	
<b>Name of Applying Organization:</b>		
<b>Contact Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Phone (Alt):</b>	
<b>Fax:</b>		
<b>Web Site:</b>		
<b>Email Address:</b>		
<b>Federal Employer ID # (FEIN):</b>		
<b>Tax Exemption Certificate #:</b>		

## B. Event Information

<b>Describe what roads need to be closed:</b>	
<b>Describe the type of event that will be taking place on closed roadways:</b>	
<b>Anticipated Attendance:</b>	<b>Open to Public:</b>
<b>Does event involve sale or distribution of alcohol?</b>	
<b>Does event involve live music?</b>	
<b>Does event involve a moving route (parade)? If yes, please attach a map of your proposed route with direction of travel, and provide a written narrative to explain.</b>	

## C. Processing

All applications must be submitted for review no less than 30 days prior to the date of the event to be held. Applications turned in with less than 30 days processing time will not be approved.