



**TOWN OF SARATOGA**

PO BOX 486

PHONE: 326-8335

**APPLICATION FOR STREET CLOSURE**

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DATE: \_\_\_\_\_

FEE: \_\_\_\_\_

A street closure permit issued by the Town of Saratoga authorizes any person holding the authority to temporarily close any area to vehicular traffic for any gatherings within the municipal boundaries of the Town of Saratoga, and under the Town of Saratoga Municipal Code 5.08.220

APPLICANT NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PHONE NO. \_\_\_\_\_

REASON FOR PERMIT REQUEST: \_\_\_\_\_

LOCATION OF OFF -PREMISES: \_\_\_\_\_

DATE(S) REQUESTED: \_\_\_\_\_ TIME: \_\_\_\_\_

ORIGINAL PERMIT REQUEST

TIME: \_\_\_\_\_ STREET: \_\_\_\_\_

ADDITIONAL REQUEST:

TIME: \_\_\_\_\_ STREET: \_\_\_\_\_

TIME: \_\_\_\_\_ STREET: \_\_\_\_\_

PARKING LOT CLOSURE: \_\_\_\_\_ TIME: \_\_\_\_\_

RE-ROUTE TRAFFIC: \_\_\_\_\_

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The applicant agrees to comply fully with the Saratoga Municipal Code governing the license requested, and further declares that the foregoing information contained in this application is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE of WYOMING )

SS

COUNTY of CARBON )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

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**THE FOLLOWING IS FOR OFFICIAL USE ONLY**

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APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

MAYOR SIGNATURE

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

CLERK SIGNATURE

PERMIT NUMBER: \_\_\_\_\_