

APPLICATION FOR PERMIT OR LICENSE ISSUED BY THE CITY OF SPICER

Permit or License being applied for a TEMPORARY STREET CLOSURE REQUEST

PERSONAL INFORMATION

Applicant's Last Name _____

Applicant's First Name _____

Applicant's Address _____

City _____ State _____ Zip Code _____

Telephone # _____ Cell/Other Telephone # _____

Purpose of Temporary Street Closure Request: _____

Location of Event: _____

Requested Date(s) for Permit or License: _____

Requested Hours of Street Closure: _____

SIGNATURE OF APPLICANT: _____

Please return this application to the permit/license fee of \$25:

Spicer City Office · PO Box 656 · 217 Hillcrest Avenue · Spicer, MN 56288

Office Use Only:

Date Permit Received: _____ Date Permit Paid: _____ Permit Fee: \$25.00

Date Spicer City Council Approved Permit/License for Temporary Street Closure: _____

Jen Beckler
Interim City Administrator

Jesse Gislason
Spicer City Mayor