



CITY OF
MILACA *Minnesota*

255 First Street East, Milaca, MN 56353

(320)983-3141 | (320)983-3142 fax

www.cityofmilaca.org

PARADE AND/OR STREET CLOSURE PERMIT
Submit with Special Event Permit Application

Parade / Event Title _____

Date of Parade / Event _____ Assembly Time _____

Assembly Area _____

(Note: Applicant must obtain owner(s) written permission and attach to this application if assembly/dispersal is on private property).

Parade Start Time _____ Estimated Duration _____

Actual Starting Location _____

Proposed Parade Route
(Attach a separate sheet if necessary)

Parade End Location _____ Parade Dispersal Area _____

Approximate Number of Units in Parade _____

Approximate Number of Persons in Parade _____

Approximate Number of Animals in Parade _____

Type of Animals in Parade _____

Maximum Length of Parade in miles (or fractions thereof) _____

Contact Person _____ Telephone _____ Cell Phone _____

If your parade involves the closing of any county road (CSAH 33/10th Street NE, CSAH 36/Central Avenue, CSAH 37/1st Street E, CSAH 2/2nd Street SE, CSAH 32/2nd Street SW & 3rd Avenue SW) in the city limits, please submit your request to Mille Lacs County Public Works using the procedure found at <https://www.millelacs.mn.gov/2782/Street-Closing-Permit>.

To close MN Trunk Highway 23, submit your application to MN DOT using the procedure found at <https://www.dot.state.mn.us/utility/forms.html>.

**YOU MUST COMPLETE THIS SECTION FOR EACH CLOSING THROUGHOUT THE ENTIRE EVENT
STREET CLOSINGS**

1.

Location _____ <small>(Street to be Closed)</small>	Between _____	& _____ <small>(Cross Street) (Cross Street)</small>
Date _____	Time _____	- _____ <small>(Beginning) (End)</small>
Contact Person _____	Daytime Phone _____	Cell Phone _____
Special Requests _____ _____		

2.

Location _____ <small>(Street to be Closed)</small>	Between _____	& _____ <small>(Cross Street) (Cross Street)</small>
Date _____	Time _____	- _____ <small>(Beginning) (End)</small>
Contact Person _____	Daytime Phone _____	Cell Phone _____
Special Requests _____ _____		

3.

Location _____ <small>(Street to be Closed)</small>	Between _____	& _____ <small>(Cross Street) (Cross Street)</small>
Date _____	Time _____	- _____ <small>(Beginning) (End)</small>
Contact Person _____	Daytime Phone _____	Cell Phone _____
Special Requests _____ _____		

4.

Location _____ <small>(Street to be Closed)</small>	Between _____	& _____ <small>(Cross Street) (Cross Street)</small>
Date _____	Time _____	- _____ <small>(Beginning) (End)</small>
Contact Person _____	Daytime Phone _____	Cell Phone _____
Special Requests _____ _____		

5.

Location _____ <small>(Street to be Closed)</small>	Between _____	& _____ <small>(Cross Street) (Cross Street)</small>
Date _____	Time _____	- _____ <small>(Beginning) (End)</small>
Contact Person _____	Daytime Phone _____	Cell Phone _____
Special Requests _____ _____		

For additional street closings, attach a separate sheet of paper listing each closing individually.