# Road Closure ApplicationUnder Town Police Clauses Act 1847

## **Please read guidance notes before completing this form**

## Applicant Details

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| Name: |
| Address: |
| Email address: |
| Telephone number: |

## The Event

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| Name of event: |
| Purpose and nature of event: |
| Date(s) of closure required: |
| Time of closure required: |
| Roads to be closed:**Please note, we cannot process your application without a clear map detailing the roads to be closed.** |
| Have you enclosed your signing schedule and list? **YES/NO** |
| Have you enclosed details of marshalling and first aid arrangements for the event? **YES/NO**  |
| Has this event been held previously? **YES/NO** If yes, please give details: |
| Have you consulted any other organisations regarding this event? **YES/NO**If yes, please give details: |
| Please give details of any other businesses, including bus services and residents which may be affected: |

## Declaration

I/we agree to keep clear access at all times for emergency vehicles during the closure and acknowledge that the closure will apply to all other traffic.

I/we agree to provide, erect, maintain and remove all safety measures, including all signs, lighting etc., required to protect the public and property at the site of the event and on the diversionary route for the duration of the closure and to defray all costs incurred in the event of failures to do so.

I/we agree to ensure that there are sufficient marshals to adequately cover the Road Closure Order and all marshals for the event are adequately trained for their duties to the reasonable satisfaction of the Council and the Police.

I/we agree to pay all costs of making good any damage to the highway for reason of making the Road Closure Order including damage to any alternative route for diverted traffic.

I/we hereby indemnify Cotswold District Council against all claims which may be made against them by reason of making the Road Closure Order and to defray all costs incurred as a result of such claims being made.

I/we understand that I am/we are advised to take out public liability insurance for the duration of the road closure.

I/we agree to consult all residents, businesses, bus and taxi companies which may be affected by the closure and confirm in writing to the Council that we have done so.

I/we agree to be available during, immediately before and after the event so that we can be contacted by the Council or the Police.

I/we understand the if I/we fail to comply with the above requirements I/we may be liable to Court action and that any such failure will be taken into account by the Council in considering future applications for Road Closure Orders by me/us.

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| **Signature:** |
| **Date:** |

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| Please return this form by post or email to:Licensing Team, Cotswold District Council, Trinity Road, Cirencester, Gloucestershire, GL7 1PXers.licensingandapplications@publicagroup.uk  |

This Council is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this Council for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.