

NBP STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Barb Lanser

Address 509 Bowman Ave.

City/State/Zip Madison, WI 53716

Home Phone 8 Cell Phone 608-279-2043

E-mail barblanser@gmail.com

EVENT INFORMATION

Event Category

Neighborhood Block Party Other _____

Location Requested

Residential Street(s) Street Names and Block #'s Bowman Ave
500 Block

Date(s) of Event SAT Aug. 20 Rain Date Sun. Aug. 21

Annual Event? No Yes

Estimated Attendance 20-40? (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up ~~11:00am~~ 11:30pm. Event Starts 3 pm.

Take-Down 9:00 pm Event Ends 9 or 10:00 pm

I/We waive the 21-day decision requirement. BC (PLEASE INITIAL)

Your signature below indicates that you have read and understand the instructions and guidelines for a neighborhood block party. Further, the person/group named in this application will be responsible for the conduct of the group and for the condition of the reserved area. Falsification of information on the application will result in forfeiture of up to \$200 per falsified item.

In addition to the rules and regulations detailed in the permit application instructions and guidelines, Street Use Permits are subject to all applicable ordinances, statutes and laws.

Signature Barbara A. Lanser Date 8/1/11



Address **500 Bowman Ave**
Madison, WI 53716

Notes Neighborhood Block Party
Sat, Aug 20, 1:30-10pm
Barb Lanser

