

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name MILES MORGAN
 Address 1016 LINCOLN ST
 City/State/Zip MADISON WI 53711
 Home Phone 608 576-0626 Cell Phone _____
 E-mail miles.morgan@gmail.com

EVENT INFORMATION

Event Category

Neighborhood Block Party Other _____

Location Requested

Residential Street(s) Street Names and Block #'s ADAMS (2100 BLOCK)
BETWEEN ROGERS + LINCOLN

Date(s) of Event FRIDAY 6/10/2016 Rain Date —

Annual Event? No Yes

Estimated Attendance 30 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 5 PM Event Starts 6 PM

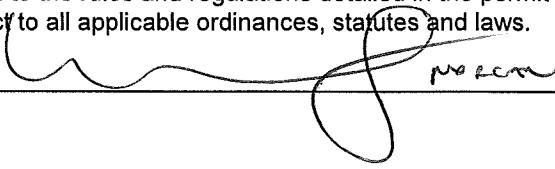
Take-Down 10 PM Event Ends 9 PM

X I/We waive the 21-day decision requirement.

MM (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  Date 5/6/16

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