

NBP STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name LORA SCHMID-DOLAN
Address 186 OHIO AVE
City/State/Zip MADISON, WI 53704
Home Phone 608-244-7408 Cell Phone 608-575-2052
E-mail lucydarua@yahoo.com

EVENT INFORMATION

Event Category

Neighborhood Block Party Other _____

Location Requested

Residential Street(s) Street Names and Block #'s 100 OHIO AVE

Date(s) of Event 6-9-12 Rain Date NONE

Annual Event? No Yes

Estimated Attendance 100 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 3pm Event Starts 5 AM
Take-Down 11pm Event Ends 10pm

_____ I/We waive the 21-day decision requirement. _____ (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 [Signature] Date 5-23-12



Address 100 Ohio Ave
Madison, WI 53704

Sa, June 19, 2012, 3p-sunset

