

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Lois BRAUN ODDO

Address 1201 Elizabeth St

City/State/Zip Madison WI 53703

Home Phone (608) 255-5588

Cell Phone (608) 772-6063

E-mail lbraunoddo@gmail.com

JUN 03 2016

RECEIVED

EVENT INFORMATION

Event Category

Neighborhood Block Party

Other _____

Location Requested

Residential Street(s)

Street Names and Block #'s 1201 - 1228 Elizabeth St.

Date(s) of Event 07/04/2016

Rain Date N/A

Annual Event? No Yes

Estimated Attendance 75 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 8:30 AM

Event Starts 10:00 AM

Take-Down 8:30 PM

Event Ends 9:00 PM

_____/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 6/1/16

