

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Teresa Riley
Address 6205 Seven Pines Ave
City/State/Zip Madison WI 53718
Home Phone 608 213 0833 Cell Phone 608 213 0833
E-mail tmcattaneo@aol.com

EVENT INFORMATION

Event Category

Neighborhood Block Party Other _____

Location Requested

Residential Street(s) 6202 - 6214
Seven Pines Ave

Date(s) of Event 08/13/16 Rain Date 08/14/16

Annual Event? No Yes

Estimated Attendance 20-30 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 1pm Event Starts 2pm
Take-Down 9pm Event Ends 8pm

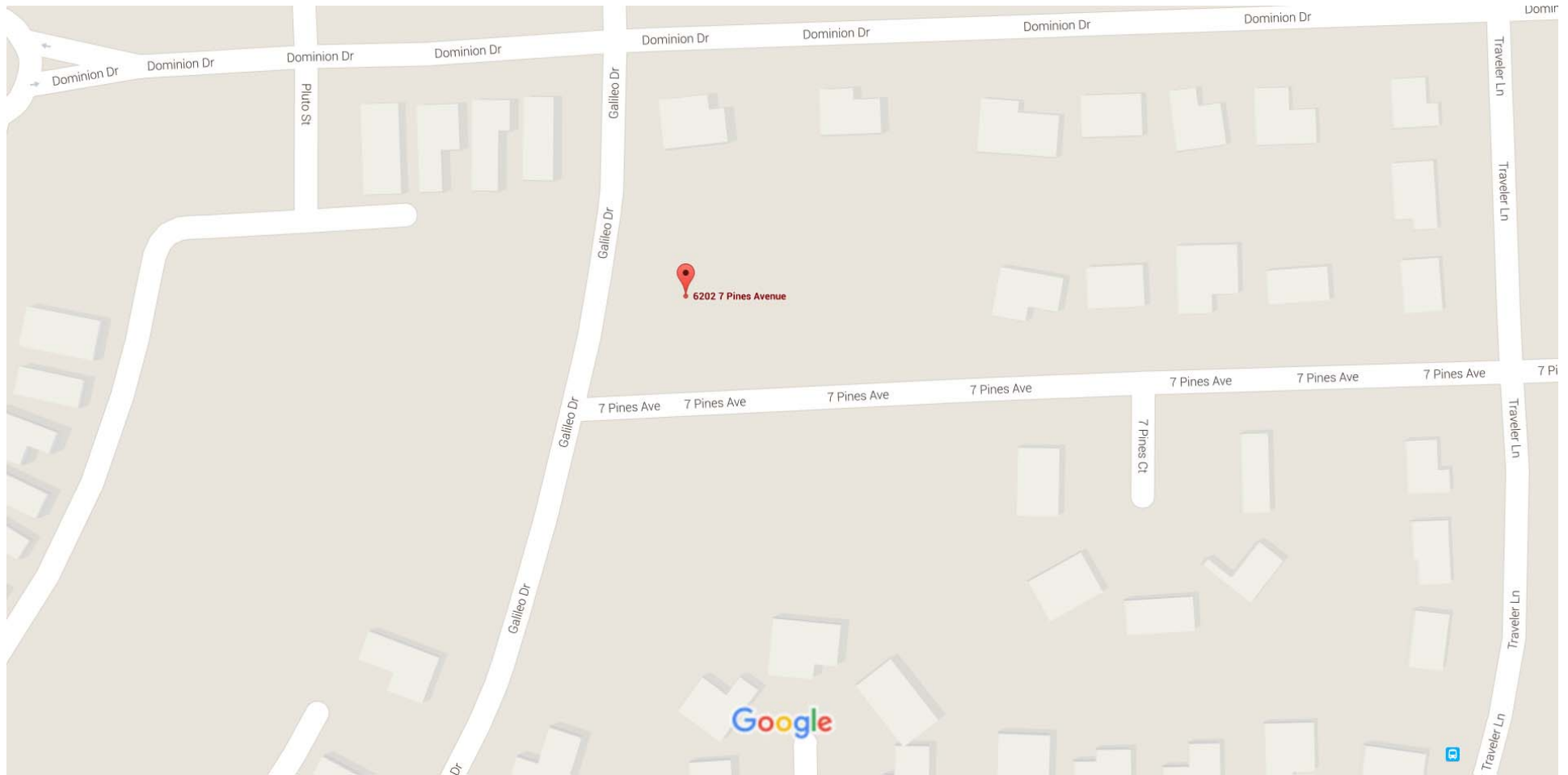
_____ I/We waive the 21-day decision requirement. _____ (PLEASE INITIAL)

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  Date 7/9/16

Google Maps 6202 7 Pines Ave



Map data ©2016 Google 50 ft