

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name ANN FREIWALD
Address 1826 SHERIDAN ST
City/State/Zip MADISON, WI 53704
Home Phone 608-266-2130 Home/Cell Phone 608-213-9077
E-mail velocity1963@gmail.com

EVENT INFORMATION

Event Category

Neighborhood Block Party Other _____

Location Requested

Residential Street(s) Street Names and Block #'s SHERIDAN ST (1800)

Date(s) of Event SEPT 21 Rain Date NONE

Annual Event? No Yes

Estimated Attendance 50 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 12:00 Noon Event Starts 2 PM

Take-Down 8:00 PM Event Ends 6:30 PM

We waive the 21-day decision requirement.

AMF (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 7.28.14



Map of:
1800 Sheridan St
Madison, WI 53704-3443

Notes

Neighborhood Block Party
Sunday, September 21, 12pm-8pm
Ann Freiwald

