BLOCK PARTY STREET USE PERMIT APPLICATION Date Submitted FOR OFFICE USE ONLY: Permit #____ APPLICANT INFORMATION Kim (astela) Contact Name Address_ City/State/Zip_ Cell Phone 608 - 335 - 8/68 Home Phone___ **EVENT INFORMATION Event Category** Neighborhood Block Party □ Other___ Location Requested Street Names and Block #'s 6500 Gettys Surg Residential Street(s) Date(s) of Event July 4 2014 Rain Date____ Annual Event? ☐ No ÆYes Estimated Attendance ______ (CERTIFICATE OF INSURANCE MAY BE REQUIRED) Time of Event Take-Down 9:00 pm (PLEASE INITIAL) I/We waive the 21-day decision requirement. 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. Date_ 6-3-/4 Signature_

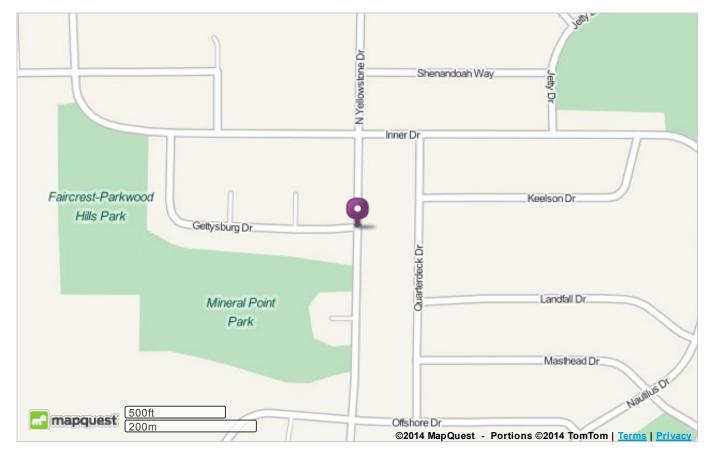


Map of:

6500 Gettysburg Dr Madison, WI 53705-4205

Notes

Neighborhood Block Party Friday, July 4, 4pm-9pm Kim Častelaz



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