

NBP STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name KIMBERLY LUKE
Address 3618 TURNING LEAF DR.
City/State/Zip MADISON WI 53719
Home Phone _____ Cell Phone 608-320-1553
E-mail KIMLUKEMCCOY@ME.COM

EVENT INFORMATION

Event Category

Neighborhood Block Party Other _____

Location Requested

Residential Street(s) Street Names and Block #'s Turning Leaf Dr. 3600-~~3800~~

Date(s) of Event July 21, 2012 Rain Date July 22, 2012

Annual Event? No Yes

Estimated Attendance 30 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 10:00a Event Starts 11:30a
Take-Down 6:00p Event Ends 6:00p

I/We waive the 21-day decision requirement. KL (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 Kim Luke Date May 30, 2012



Address **3600 Turning Leaf Dr**
Madison, WI 53719

Neighborhood Block Party
Saturday, July 21, 10am-6pm (Rain Date: 7/22/12)
Kimberly Luke

