

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Terri Pope
Address 637 Pickford Street
City/State/Zip Madison, WI 53711
Home Phone 608-238-6887 Cell Phone _____
E-mail fourpopes@yahoo.com

EVENT INFORMATION

Event Category

Neighborhood Block Party Other _____

Location Requested

Residential Street(s) Street Names and Block #'s Pickford Street
600 Block

Date(s) of Event Saturday, August 23, 2014 Rain Date N/A

Annual Event? No Yes

Estimated Attendance 75 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 12 NOON Event Starts 12 NOON

Take-Down 12 MIDNIGHT Event Ends 12 MIDNIGHT

_____ 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.

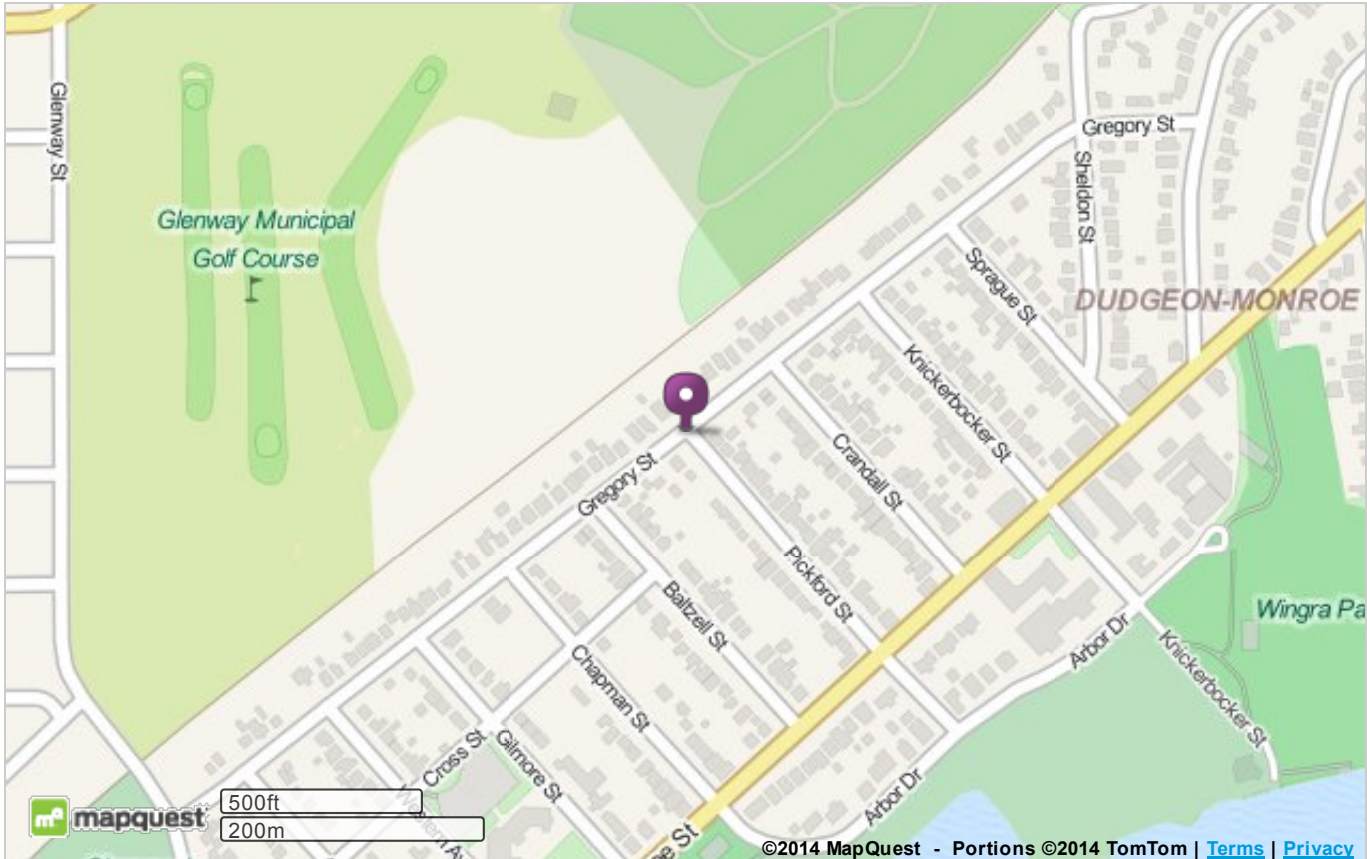
Signature *Terri Pope* Date 7/24/14



Map of:
600 Pickford St
Madison, WI 53711-1852

Notes

Neighborhood Block Party
Saturday, August 23, 12pm-12am
Terri Pope



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