

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Friends of B.B Clarke Park c/o Ross Wuennenberg
Address 836 Spaight Street
City/State/Zip Madison WI 53703
Home Phone _____ Cell Phone 608-334-2577
E-mail ross.wuennenberg@gmail.com

EVENT INFORMATION

Event Category

Neighborhood Block Party Other _____

Location Requested

Residential Street(s) Street Names and Block #'s 800 Block of Spaight St.

Date(s) of Event June 25, 2016 Rain Date _____

Annual Event? No Yes

Estimated Attendance _____ (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 3:00 PM Event Starts 4:00 PM

Take-Down 10:00 PM Event Ends 10:00 PM

I We waive the 21-day decision requirement.

RTW (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 Ross Wuennenberg Date 6/1/16

800 Block Spaight Block Party Street Closure

