

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name BROOKE KELVER
Address 609 SPRAGUE STREET
City/State/Zip MADISON, WI 53711
Home Phone 238-1807 Cell Phone 609-6267
E-mail brookeckeller@yahoo.com

EVENT INFORMATION

Event Category

Neighborhood Block Party Other _____

Location Requested

Residential Street(s) Street Names and Block #'s SPRAGUE STREET
(STREET IS JUST 1 BLOCK LONG)

Date(s) of Event 7/4/2014 Rain Date _____

Annual Event? No Yes

Estimated Attendance 30 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 9:00 am Event Starts 9:00 am

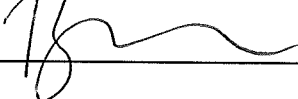
Take-Down 9:00 pm Event Ends 9:00 pm

_____/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.

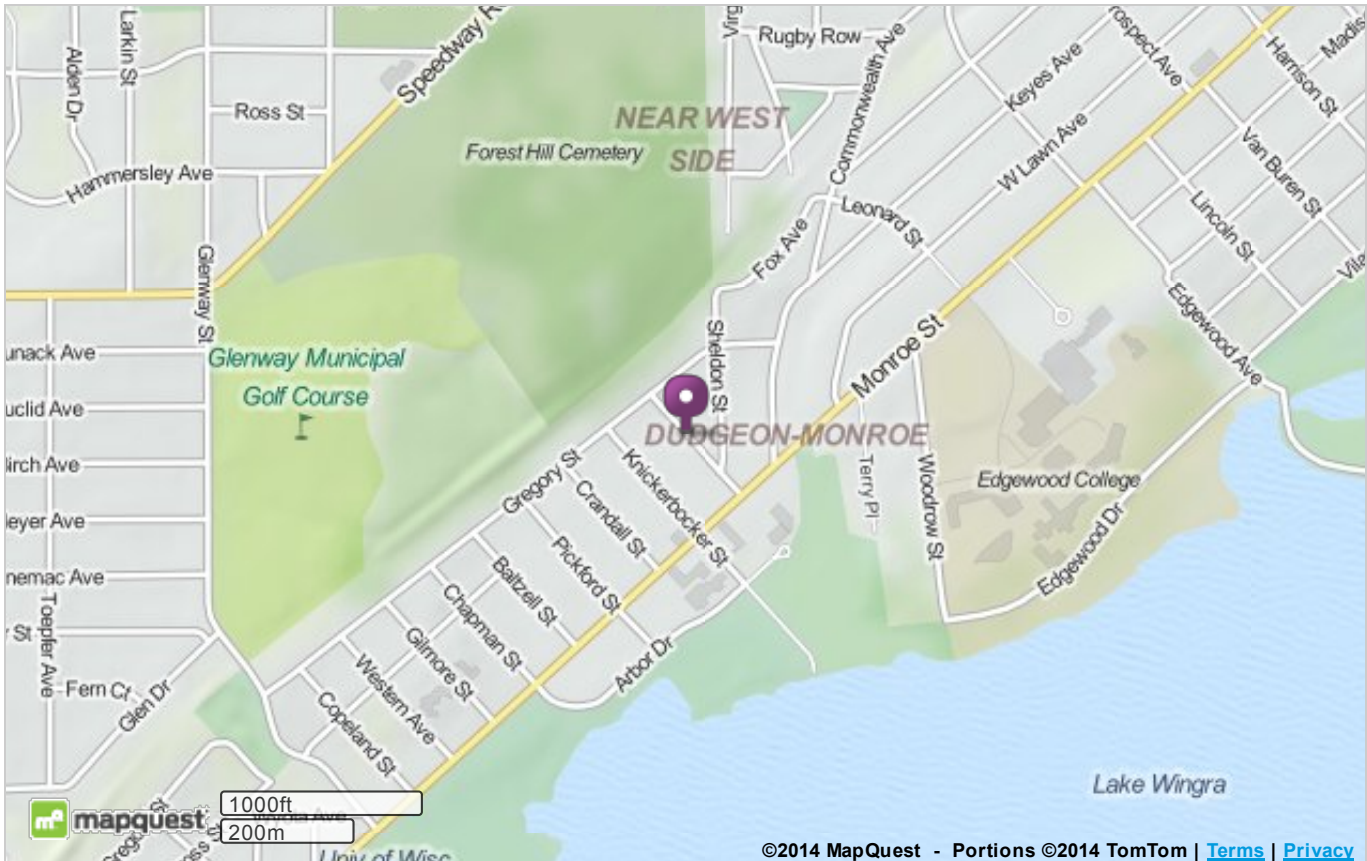
Signature  Date 6/2/14



Map of:
[600 - 660] Sprague St
Madison, WI 53711-1855

Notes

Neighborhood Block Party
Friday, July 4, 9am-9pm
Brooke Keller



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