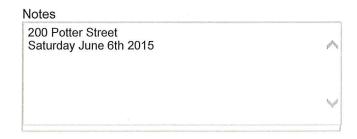
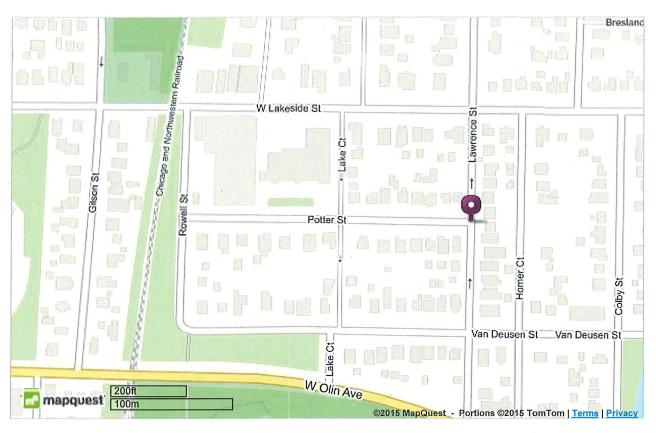
___ Date Submitted_ FOR OFFICE USE ONLY: Permit # APPLICANT INFORMATION Contact Name___ City/State/Zip Madison W1 53715 Home Phone 608-257-2712 Cell Phone 765-481-5642 sselmore @ sbcglobal.net **EVENT INFORMATION Event Category** X Neighborhood Block Party ☐ Other_ Location Requested Street Names and Block #'s 200 Block, Potter Street Residential Street(s) Date(s) of Event_____6/6/15 Annual Event? ☐ No 💆 Yes. Estimated Attendance _____ (CERTIFICATE OF INSURANCE MAY BE REQUIRED) Time of Event Take-Down 9 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. Date 5/17/15 Signature_

BLOCK PARTY STREET USE PERMIT APPLICATION



Map of: **200 Potter St**Madison, WI 53715-2051





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