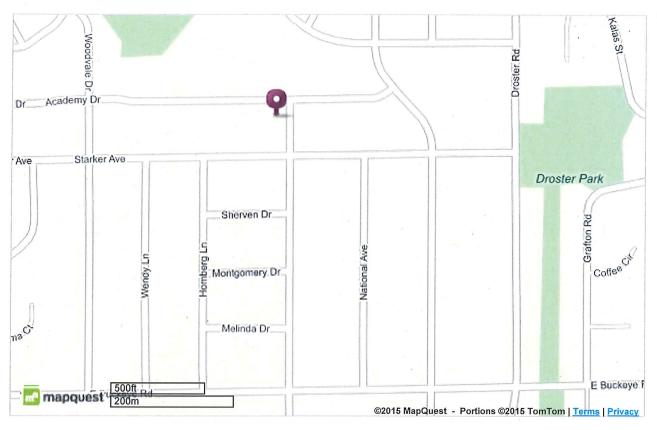
____ Date Submitted_ FOR OFFICE USE ONLY: Permit # APPLICANT INFORMATION Contact Name___ Address City/State/Zip_ Cell Phone ((p 6 g Home Phone **EVENT INFORMATION Event Category** Neighborhood Block Party ☐ Other Location Requested Residential Street(s) Street Names and Block #'s Rain Date Annual Event? ☐ No ☐ Yes _____ (CERTIFICATE OF INSURANCE MAY BE REQUIRED) Estimated Attendance Time of Event Set-Up___ Event Starts Take-Down Event Ends__ 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__

BLOCK PARTY STREET USE PERMIT APPLICATION



Map of: **1422 Vondron Rd** Madison, WI 53716-1938

Notes 1400 Vondron Rd. Saturday September 12th 10:30am-Sunset



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