

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Tom JONES

Address 17 LAKESHORE COURT

City/State/Zip MADISON, WI

Home Phone 608-255-6087 Cell Phone 608-695-3095

E-mail ilostindian@gmail.com

EVENT INFORMATION

Event Category

☐ Neighborhood Block Party ☒ Other GREAT TASTE OF THE MIDWEST

Location Requested

☒ Residential Street(s) Street Names and Block #'s CLOSURE: 300 BLOCKS E. LAKESIDE ST &

Date(s) of Event 8/13/2016 Rain Date _____
LAKESHORE CT. POST AND PARKING: OLIN-TURVILLE COURT, EDGEWATER CT,
SAYLE ST., 100 BLOCK VAN ARUSEN ST.

Annual Event? ☐ No ☒ Yes

Estimated Attendance 6,000 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 7am Event Starts 1pm

Take-Down 6pm Event Ends 6pm

X I/We waive the 21-day decision requirement.

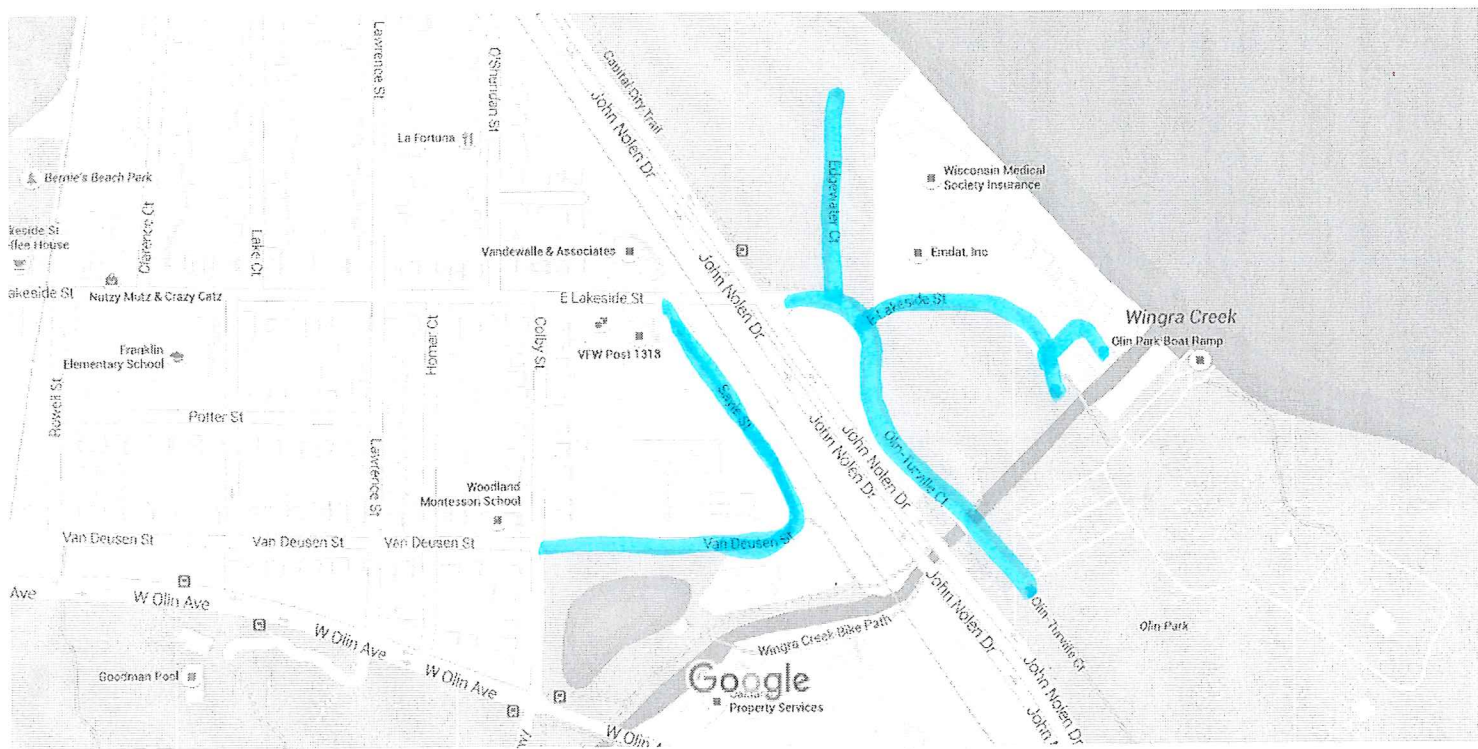
J.P. (PLEASE INITIAL)

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 John P. Jones Date 6-29-2016

Google Maps



Map data ©2016 Google 200 ft