

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name ANN SYDNOR
Address 2366 WEST LAWN AVE.
City/State/Zip MADISON, WI 53711
Home Phone 608-320-6776 Cell Phone SAME
E-mail amsydnor@gmail.com

EVENT INFORMATION

Event Category

☒ Neighborhood Block Party ☐ Other _____

Location Requested

☒ Residential Street(s) Street Names and Block #'s 2300 WEST LAWN AVE BLOCK

Date(s) of Event 7/23/2016 Rain Date N/A

Annual Event? ☐ No ☒ Yes

Estimated Attendance 80 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 11 AM Event Starts 12 PM
Take-Down 8-9 PM Event Ends 8 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 Ann Sydnor Date 6/28/2016

