

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Stacy Broach Mendota Elementary
Address 4002 School Rd Madison
City/State/Zip Madison WI 53704
Home Phone 608 285-9780 Cell Phone _____
E-mail SdBroach@madison.k12.wi.us

EVENT INFORMATION

Event Category

☒ Neighborhood Block Party ☐ Other _____

Location Requested

☐ Residential Street(s) Street Names and Block #'s Northport & School rd to blum st.

Date(s) of Event August 27th Rain Date N/A

Annual Event? ☒ No ☐ Yes

Estimated Attendance 700 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 9am Event Starts 1pm

Take-Down 5pm Event Ends 5pm

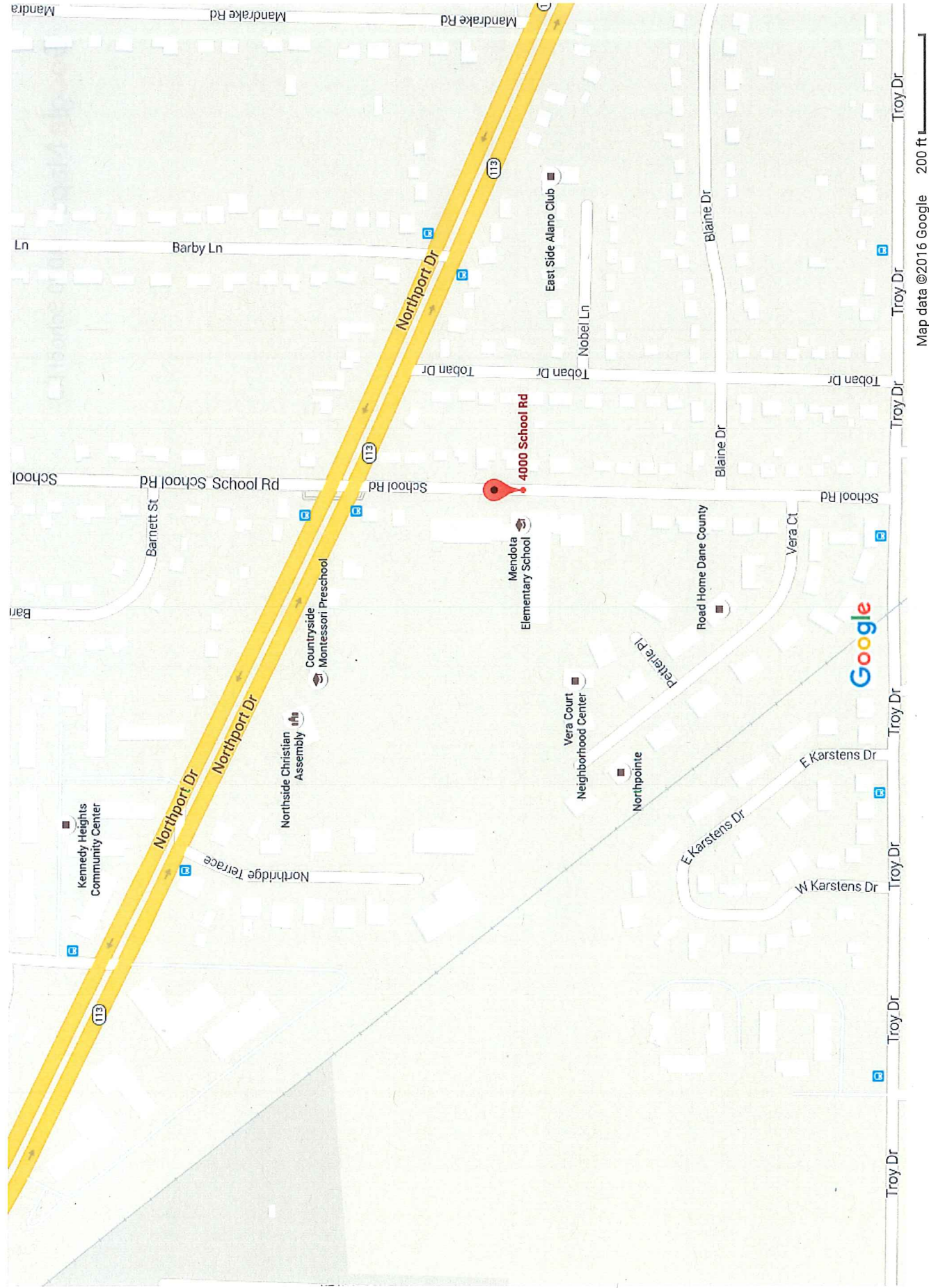
_____ I/We waive the 21-day decision requirement.

_____ (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 [Signature] Date 6/30



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200 ft