

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Joe and Jenny Sweeney

Address 2024 E Mifflin St.

City/State/Zip Madison, WI 53704

Home Phone (608) 249-2757 Cell Phone (608) 206-5101 / 206-4114

E-mail JOESWEENEY@charter.net OR jennysweeney@charter.net

EVENT INFORMATION

Event Category

☒ Neighborhood Block Party ☐ Other _____

Location Requested

☒ Residential Street(s) _____ Street Names and Block #'s _____

Date(s) of Event October 2nd Rain Date October 9

Annual Event? ☒ No ☐ Yes

Estimated Attendance 30-40 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up NOON Event Starts NOON

Take-Down 7pm Event Ends 7pm

☒ I/We waive the 21-day decision requirement. JS (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 _____ Date 09/01/2016

