

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Christine Ameigh / Let's Eat Out!

Address 410 Pawling St #2 Madison

City/State/Zip Madison, WI 53704

Home Phone 608-636-4824 Cell Phone Same

E-mail chrstine@letseatoutwi.org

EVENT INFORMATION

Event Category

☒ Neighborhood Block Party

☐ Other _____

Location Requested

☐ Residential Street(s)

Street Names and Block #'s 200 Blk Jackson St

Date(s) of Event 6/3 - 8/4 Thursdays Rain Date 8/10, 8/17, 8/24

Annual Event? ☐ No ☒ Yes

Estimated Attendance 100/night (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 5pm

Event Starts 530

Take-Down 8pm

Event Ends 730

_____/We waive the 21-day decision requirement.

ala (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 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, all applicants are subject to all city rules and regulations.

Signature

[Signature]

6/1/17