NBP S	STREET USE PERMIT APPLICATION
FOR OFFICE USE ONLY: Permit #	Date Submitted
APPLICANT INFORMATION	
Contact Name Tom JONES	
Address 17 LAKESHORE CT	6. 3
City/State/Zip MANSON W) 53	3715
Home Phone 608-255-608-	
E-mail ilostindian agr	nail. com
EVENT INFORMATION	
Event Category	
☐ Neighborhood Block Party	Other GREAT TASTE OF THE MILWEST
Location Requested	
☑ Residential Street(s)	Street Names and Block #'s LAKESHORE COURT, EAGEWATER COURT, SAVE
-1 -	OLIN-TURVILLE COURT, 300 E. LAKESIAE ST., 10 VAN ARUSEN ST.
Date(s) of Event 8/13/17	Rain Date_\(\lambda \lambda \lambda \)
Annual Event? ☐ No ☐ Yes	
Estimated Attendance 1900 (inclu	des ticketed attendance, plus (CERTIFICATE OF INSURANCE MAY BE REQUIRED and brewers)
Time of Event	rt Statt and brewers)
Set-Up 6:00 am	Event Starts 1:00 pm
Take-Down G:00 pm	Event Ends 6:00 pm
V	
I/We waive the 21-day decision	n requirement (PLEASE INITIAL
block party. Further, the person/group n	have read and understand the instructions and guidelines for a neighborhood amed in this application will be responsible for the conduct of the group and for ification of information on the application will result in for
In addition to the rules and regulations are subject to all applicable ordinances.	detailed in the permit application instructions and guidelines, Street Use Permits, statutes and laws.
Signature The form	Date_6-30-201
/	
	, and the second of the second

## **NBP PETITION FOR STREET USE PERMIT APPLICATION**

This signature petition must be signed by an adult resident/occupant of at least 75% of the residential and/or non-residential units on the street(s) for which closure is requested.			
We, the undersigned residents of the 10 block of LAKESHOEE COVET, a street in the city of Madison, request consent to the recreational use of this street between the hours of COVET, and COVET on SATURDAY, AUGUST 12 (day/date) and do hereby petition the Street Use Staff Commission to grant a Street Use Permit for us to use said street for said purpose and do hereby agree to abide by the conditions of the permit.			
We designate Tom Joves (contact person) as the responsible person or persons who shall sign an application for a Street Use Permit on our behalf.			
Please attach pages if additional signatures are required.			
SIGNATURE	ADDRESS	DATE	
Lon Jones	17 LAKESHORE CT	6-29-2017	
Jak de	15 Lakeshore Ct	6-28-2017	
Dan John	17 Cakeshow Ct	6-28-2017	
- Em Menn	13 Lekeshore Ct	10-78-2017	
Stu Blatte	11 loke shore of	4-28-2017	
Derd Men	11 loke chow of	6-28 20M	
Hor Min	Il larce share Ct	6-28-2017	
Tim & Man	366 to lakeside St	6/28/17	
Milhelle Thrus	361 E Lakecide St	6/28/17	
Steiln Box	15 Lakeside St	6/28/17	
annemoler Kol	370 Elakeside St	6/28/17	
Jay Shuffe	15 Lake Spore Ct	Co/28/17	
1901/5	354 E LHRESIOÉ	6/29/17	
moles a Te	346E LUNCESIDE	6/30/17	
	374 E Cate Sile ST	c/38/11	
	-		
4	•	ar a	
·			
1, Thomas P. Jones	, am personally acquainted with the	e persons who have signed	
the foregoing petition and know them to be residents of the street(s) proposed to be closed. I further certify that the foregoing petition is signed by an adult resident/occupant of at least 75% of the residential and/or non-residential units on the street(s) for which closure is requested.			
Signature of Circulator The P. J.		Date 6-30-2017	