

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name THOMAS JONES
Address 17 LAKESHORE COURT
City/State/Zip MADISON, WI 53715
Home Phone _____ Cell Phone 608-695-3095
E-mail ilostindian@gmail.com

EVENT INFORMATION

Event Category

Neighborhood Block Party Other GREAT TASTE OF THE MIDWEST

Location Requested

Residential Street(s) Street Names and Block #'s LAKESHORE CT., EDGEWATER CT., OLIN-TURVILLE CT.,
200/300 BLOCK E. LAKESIDE ST., SAYLE ST., 10 BLOCK VAN NUSEN

Date(s) of Event 8/10/2019 Rain Date NONE

Annual Event? No Yes

Estimated Attendance 10,000 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 8am Event Starts 1pm

Take-Down 6pm Event Ends 6pm

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  Date 5-31-2019

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 800 block of Lakeside/Lake Shore Ct, a street in the city of Madison, request consent to the recreational use of this street between the hours of 8:00 a.m. and 6:00 p.m. on August 10, 2019 (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 Thomas P. Jones (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
<i>[Signature]</i>	17 LAKESHORE CT.	5-29-2019
<i>[Signature]</i>	17 LAKESHORE CT	5-29-2019
<i>[Signature]</i>	370 E Lakeside	5-29-2019
<i>[Signature]</i>	11 " "	5-29-2019
<i>[Signature]</i>	374 E. LAKESIDE ST.	5/29/19
<i>[Signature]</i>	" "	" "
<i>[Signature]</i>	" Lakeshore Ct.	5/29/19
<i>[Signature]</i>	" "	" "
<i>[Signature]</i>	13 Lake shore ct	5-29-19
<i>[Signature]</i>	15 Lake shore ct	5/29/19
<i>[Signature]</i>	13 Lake Shore Ct	5/29/19
<i>[Signature]</i>	16 Lakeshore Ct	5/29/19
<i>[Signature]</i>	16 LAKESHORE CT	5/29/19
<i>[Signature]</i>	382 E Lakeside St	5/30/19
<i>[Signature]</i>	382 E Lakeside St	5/30/19
<i>[Signature]</i>	15 Lakeshore Ct.	5/31/19
<i>[Signature]</i>	15 Lakeshore Ct	5/31/19
<i>[Signature]</i>	15 LAKESHORE Ct.	5/31/19

I, Tom Jones, am personally acquainted with the 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 *[Signature]* Date 5-31-2019

