## **BLOCK PARTY STREET USE PERMIT APPLICATION**

FOR OFFICE USE ONLY: Permit # Date Submitted			
APPLICANT INFORMATION	o o		
Contact Name THOMAS JONES			
Address 17 LAKESHORE COURT			
City/State/Zip_MANISON, WI 537	15		
Home Phone	Cell Phone_608-695-3095		
E-mail_ilostindian Qgmail, con_			
EVENT INFORMATION			
Event Category			
☐ Neighborhood Block Party	Other GREAT TASTE OF THE MIGWEST		
Location Requested			
☐ Residential Street(s)	Street Names and Block #'s LAKESHORE Co., EAGEWATER Cr., OUN-TURVILLE		
9	DOD/300 BLOCK E. LAKESIDE ST., SAVLE ST., 10 BLOCK WAN DEUSEN		
Date(s) of Event 8/4/2021	Rain Date Notis		
Annual Event? ☐ No    Yes	2° 4		
Estimated Attendance	SHSED ON CURRENT (CERTIFICATE OF INSURANCE MAY BE REQUIRED)		
Time of Event	10-14 GUIMACE		
Set-Up 8AM	Event Starts / Pr1		
Take-Down GPM	Event Ends 6 PM		
	*		
I/We waive the 21-day decision req	uirement. (PLEASE INITIAL)		
block party. Further, the person/group name	e read and understand the instructions and guidelines for a neighborhood d in this application will be responsible for the conduct of the group and for ion of information on the application will result in forfeiture of up to \$200 per		
In addition to the rules and regulations detai are subject to all applicable ordinances, stat	led in the permit application instructions and guidelines, Street Use Permits utes and laws.		
Signature The Power	Date 5-3-20 21		



## Street Use Event Application

## PETITION FOR NEIGHBORHOOD BLOCK PARTY APPLICATION

play MADISON PARKS

This signature petition must be signed by an adult resident/occupant of at least 75% of the residential and/or nonresidential units on the street(s) for which closure is requested.

We, the undersigned residents of the 200/200 block of Lakes ide Lakes low , a street in the city of Madison, request consent to the recreational use of this street between the hours of and 6pm on Saturday, 8/14/2021 (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 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 addit Signature	ional signatures are required. Address	Date	
J.Pl.	17 LAKKSHORK CT	4-28-2021	
Lord fores	_	4-28-2021	
Jones -	13 Lakesborg Ct		
7	13 Lakeshara Ob	7-28-2021	
flings 12	13 Laryshare or	4-41-4041	
Phylle Sat filipso	370 E, Lakeson of	4/29/2012/	
Hotel Languar	yer 370 E, Lukes	cae 8 4/124/2021	
Herd Da	The 11 latestire	C/ 4/29/17021	
does prices	11 lake sha	CT, 4/27/2021	
Trough A Drin	16 Laheshore (	t 4/29/21	
1 Day	16 / de a Phace (+	4/20 121	
Cesiah Tiran	274 Elabardo	14/20/21	
7. 7. 1	371 E Caleston	7/29/21	
Jim balke 1	374 E, Lake side		
Jacob Andelso		e (1. 4/19/1	
Ada Ros	382 = Lakeside	1/29/21	
Olin Lie	392 E Lakide	4/29/21	
20 1 A	354 F Calified	4/29/21	
	2 250 F. Lakes	role /4:29.21	
	350 51 108	rde S++ 4.29.21	
To la la	36/ 5/ 1/200	GF C.Z.21	
The Genete	300 - Gares 0	3+ 3.2.21	
VYMATUTE	166 - 441-6500	77	
- /			
T P I			
1, 10m 7. Vones	, am personally acquai	nted 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.			
The A	Signature	of Circulator	
Win 1. you	Signature	OF CITCUIALOF	
1. /			