BLOCK PARTY APPLICATION FORM

Applicant (s)		
Contact information:		
Mailing address:		
Primary phone:		
Organization information (if applicable):		
Name:		
Mailing address:		·
Primary phone:		
Email Address:		
EXACT proposed use:		
DATE REQUESTED: DESCRIPTION and number of barricades (Must adh		то
The applicant, in consideration of the permit being gemployees from all claims, demands, suits, actions, payments caused by an accident arising out of the private use of the strangees to reimburse the City of Bennet for all damage to or loapplicant agrees to clean the permitted area of all paper procapproved for the block party. The applicant also agrees to response	s, liability, and judgments because of b reet. The applicant, in further considera oss of City property in his/her possessio ducts, glass, plastic, trash and debris w	odily injury or property damage ation of the permit being granted, on or control under this permit. The within one hour after the 'end time'
Applicant Signature:	Date :	
NOTE: Application must be received 3 days prior to		
Date received by the City Clerk:	Meeting Date:	
City Council approval and comments:		