BLOCK PARTY PERMIT FORM

Date of Party: _____

Hours of Party: _____ AM/PM and _____ AM/PM.

Location of Party:

_____ Street between _____ Street and _____Street.

Number, Location, and Contact for Barricades/Cones:

Circle One: Barricades Cones Both ____#Cones #____Barricades

_____

Address for Cones/Barricades Name/Phone for Contact

Barricades/Cones will be dropped off the day before an event, unless the event is on Sunday or Monday, in which case they will be dropped off the previous Friday.

Amplified Sound/Alcohol Sales/Transient Merchants

Will your event require amplified sound ____Y/N

Will alcohol be sold at the event ____Y/N

Will transient merchant sell/offer goods or services at the event ____Y/N

Name(s), Signature(s), and Phone for Persons Requesting the Block Party

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Approved by:

Date: _____

Mayor:_____

Public Works:_____