BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit #	Date Submitted		
APPLICANT INFORMATION			
Contact Name			
Address			
City/State/Zip			
Home Phone		Cell Phone_	
E-mail			
EVENT INFORMATION			
Event Category			
Neighborhood Block Party	□ Other		
Location Requested			
□ Residential Street(s)	Street Names and Block #'s		
Date(s) of Event		Pain Data	
Annual Event? No Yes			
Estimated Attendance			(CERTIFICATE OF INSURANCE MAY BE REQUIRED)
Time of Event			
Set-Up		Event Starts	
Take-Down		Event Ends_	

_____ I/We waive the 21-day decision requirement.

_____ (PLEASE INITIAL)

Date_____

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_____

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	block of	, a street in the cit	y of Madison,		
request consent to the recreational use of	this street between the hours of	and	on		
(da	y/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 _____ (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

_____, 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_____

Ι,