

Event Name: _____

Primary Contact: _____

Phones: Day _____ Cell _____

The Primary Contact is the person who is to be contacted regarding the application or event.

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Event Type: _____ Entertainment _____ Games/Rides _____ Food _____ Alcohol

Event Dates And Times

Event Start Date: ____/____/____ Time: _____ am/pm (circle)

Set-Up Date: ____/____/____ Time: _____ am/pm (circle)

Event Ending Date: ____/____/____ Time: _____ am/pm (circle)

Tear-Down Date: ____/____/____ Time: _____ am/pm (circle)

Estimated Attendance: _____

Total Attendance: _____ Peak Attendance: _____

EVENT LOCATION List the street(s) where the block Party will be held

SPECIAL PARKING RESTRICTIONS List any Special Parking Requirements that might be needed for your event

You are responsible for providing barricades and signage. A petition to close the street must be signed by the affected property owners.

**A Parade/Street Closing Application is also required with this application.
A Noise Waiver is required if there will be any amplified sound.**

Will you have amplified sound? _____ Yes _____ No

Signature of Applicant

Date

