

BLOCK PARTY APPLICATION FORM

Name of Applicant: _____

Address: _____

Phone: _____ (home) _____ (work)

Date of Event: _____ Time of Event: _____

Number of Persons: _____

Location: _____

Please draw a diagram of area:

Will alcohol be served (alcohol cannot be served, consumed, or transported in open containers on any public property i.e., streets, sidewalks, alleys)? _____

What arrangements are made for cleanup? _____

Signature of Responsible Party: _____

Address: _____

Telephone: _____

Approval of Fire Department: By: _____ Date: _____

Approval of Police Department: By: _____ Date: _____

Approval by Common Council: Date of Meeting: _____