

Block Party Permit Application

1303 Lynn Avenue, Altoona, WI 54720 | 715-839-6092 | cityhall@ci.altoona.wi.us | www.ci.altoona.wi.us

Applicant Information				
Name				
Address				
Primary Phone #		Email Address		
Event Information				
Date of Block Party	Party Start Time	Party End Time	Estimated Party Attendance	Will alcohol be served at the Block Party?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide a full and complete description of the Block Party.				
Did you complete the "List of Neighbors Impacted" form on page 2 and submit with this application?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Will there be food vendor(s) at the Block Party?				Yes <input type="checkbox"/> No <input type="checkbox"/>
List Vendor Name(s)			Location of Food Vendor(s) at this event	
Will your Block Party include the use of any public spaces such as street(s), sidewalks, parks, buildings, etc.?				
Please provide an accurate description of the public spaces affected by your event. If this is not applicable, please write "N/A".				
Are you requesting street closure during your event? If your answer is "yes," please complete the sections below.				Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you need barricades for the street closure? If yes, how many barricades will you need?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Street Closure	Time Street Will be Closed	Time Street Will be Opened		
		Per Altoona Municipal Code 5.52.070 street or alley shall be reopened by 10:00 p.m.		
Street to be CLOSED Name of Street	FROM Name of Street	TO Name of Street		

By applying for this block party permit, the organization or entity obtaining such permit (Applicant) agrees to defend, indemnify and hold harmless the City, its officers, officials, employees and volunteers from all claims, injuries, damages, losses or suits including attorney fees, arising out of or in connection with the activities or operations performed by the Applicant or on the Applicant's behalf out of issuance of this permit, except for injuries and damages caused by the sole negligence of the City.

Signature of Applicant

Date

LIST OF NEIGHBORS IMPACTED

Please submit this list with your application.

Neighbor's Name	Street Address	Phone # or Email	Approve	Disapprove

Please submit this list with your application.

Applicant, please do not write in the space below. Thank you.

Applicant's Name	Location of Event	Date of Event	Start Time	End Time

REVIEW	
Date routed to review team	Date to return review to City Clerk

Routed to	Approve record your initials	Deny record your initials
City Administrator		
Police Chief		

Conditions	
1.	No alcohol.
2.	Food trucks must be parked parallel with the curb – no parking in the center of the road.
3.	The street must be reopened by 10:00 pm. Please move barricades from the street to the right of way between the sidewalk and the curb for Public Works to pick up.
4.	Noise must end at 11:00 pm.
5.	Please pick up garbage after the event.
6.	
7.	
8.	
9.	
10.	

Approved by

Signature of City Official

Date

Printed Name of City Official