

**APPLICATION TO THE CITY OF AUSTIN
TO CONDUCT A BLOCK PARTY
CITY OF AUSTIN, MN**

List names of block party organizers:

Date: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Location of street or block closure: _____

Barricades needed? Yes _____ No _____

Please draw a diagram or map of the block party area on the back of this form.

1. Date of the block party: _____

2. What time period of day? From: _____ To: _____

3. Alcoholic drinks available? Yes _____ No _____

4. Live entertainment: Yes _____ No _____

5. Recorded entertainment: Yes _____ No _____

6. Describe the entertainment and expected volume of sound: _____

7. Clean up of any and all debris will be accomplished by: _____

(Date and Time)

Name person(s) who will be responsible for accomplishing the clean-up of the street area at the conclusion of the block party:

7. Is the block party being advertised to persons who reside out of the block party area along the street area to be closed? Yes _____ No _____

If yes, describe who is being invited (i.e., neighborhood, family, etc.): _____

8. Who is the designated adult who will be responsible for the conduct of the block party and who will be available to address any issues that may arise, including interaction with the Austin Police Department if necessary?

Name	Address	Phone
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I will, as the responsible adult organizer of the block party, adhere to the terms listed above in this application and any conditions imposed by the City of Austin in its approval of this application.

<i>Signature</i>	<i>Date</i>
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Approved _____ Denied _____ this _____ day of _____, _____
upon compliance with the following terms and conditions: _____

City Engineer

Chief of Police

Diagram or map of the block party area: