Block Party Permit Resolution 02-91  Applications due 10 days prior to event

Applicant Requirements:

- Block Party Permit Application
- Block Party Permit Application Fee $52.00 (non-refundable)
- Block Party Application Petition
- Diagram/Site of Location
- Right of Way/Encroachment Permit (Fee is part of Block Party Permit)

Required Approval(s):

- Planning Department
- Public Works
- Public Safety
BLOCK PARTY PERMIT

BLOCK PARTY – Please allow 10 working days prior to the block party to allow the City adequate time to obtain the required approval per Resolution 02-91

Today’s Date: ________________________________

Date of Event: ________________________________

Beginning and Ending Time of Event: ________________________________

Applicant/Responsible Party: ________________________________

Address: ________________________________

Phone: ________________________________ (Day) ________________________________ (Night)

Purpose of Event: ________________________________

Street to be closed (or route to be taken) ________________________________

Addresses to be affected by the Street Closure (from – to) ________________________________

Will the Event Encompass the Whole Width of the Street? ________________________________

Approximate Number of People Attending: ________________________________

Description and Location of Equipment to be used: ________________________________

Please acknowledge that these will be adhered to:

1. There will be no consumption of alcohol on public property. INITIAL: __________

2. The area closed must be re-opened by 10 p.m. INITIAL: __________

3. No fee may be collected to attend. INITIAL: __________

4. The applicant agrees to indemnify, defend and hold harmless the City, and any and all of its employees, officials and agents from and against any liability (including liability for claims, losses, expenses or costs of any kind, whether actual, alleged or threatened, including attorneys’ fees and costs, court costs, interest, defense costs, and expert witness fees), where the same arise out of, are a consequence of, or are in any way attributable to , in whole or in part, the performance of the Permit of by and individual or entity for which the person applying is legally liable, including but not limited of officers, agents, or employees of the person applying.

INITIAL: __________
5. There shall be no sale of food or merchandise in any area other than otherwise permitted by law.

6. The applicant shall reimburse the City for the City’s actual direct costs in connection with the Block Party.

7. The applicant shall clear all debris immediately following the event.

8. The applicant shall attach a copy of the insurance carried, if any.

Additional Information Required:

- $52.00 Application for Block Party Permit
- Street diagram (including a description of how the streets will be blocked off, i.e. how many barricades and where)
- Signature of approval of each head of household for each residential unit and business owner whose driveway directly fronts the area to be closed (Block Party Only – form provided)
- Completed Public Works Right of Way Encroachment Permit (no fee collected)

I HEREBY STATE THAT THE ABOVE STATEMENTS AND ANSWERS CONTAINED HEREIN ARE IN ALL RESPECTS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I FURTHER STATE THAT I HAVE READ AND I UNDERSTAND THE RULES AND REGULATIONS AND, IN THE EVENT THE PERMIT IS GRANTED, I WILL COMPLY IN ALL RESPECTS TO THE REGULATIONS THEREIN.

Signature of Applicant or other Authorized Representative

Do Not Write Below This Line

Received by (Date): INITIAL:

Received Street Diagram (Date): INITIAL:

Received Application Petition (Date): INITIAL:

Received $52 application fee (Date): INITIAL:

Public Safety Approval (Date): INITIAL:

Public Works Approval (Date): INITIAL:

Planning Department Approval (Date): INITIAL:

Recommendation for Denial (Date): INITIAL:

Reason for Denial: INITIAL:

Approval given to applicant by (Date): INITIAL:

Make 1 Copy: Original – File Copy, Copy 1 – Applicant
CITY OF BELLFLOWER
BLOCK PARTY SIGNATURE SHEET

Applicant/Responsible Party: ____________________________

Address: __________________________________________

Phone: ___________________________ (Day) ___________________________ (Night)

Street to be Closed (or route to be taken): ____________________________

Addresses to be affected by the Street Closure (from – to): ____________________________

AN ADULT MEMBER OF EACH HOUSEHOLD AFFECTED BY THE PROPOSED CLOSURE IS REQUIRED TO SIGN THIS SIGNATURE SHEET. A SIGNATURE WILL REPRESENT APPROVAL FOR THE PROPOSED BLOCK PARTY.

Print Name Legibly Address Phone Number Signature

1. ____________________________ ____________________________ ____________________________ ____________________________

2. ____________________________ ____________________________ ____________________________ ____________________________

3. ____________________________ ____________________________ ____________________________ ____________________________

4. ____________________________ ____________________________ ____________________________ ____________________________

5. ____________________________ ____________________________ ____________________________ ____________________________

6. ____________________________ ____________________________ ____________________________ ____________________________

7. ____________________________ ____________________________ ____________________________ ____________________________

8. ____________________________ ____________________________ ____________________________ ____________________________

9. ____________________________ ____________________________ ____________________________ ____________________________

10. ____________________________ ____________________________ ____________________________ ____________________________

11. ____________________________ ____________________________ ____________________________ ____________________________

12. ____________________________ ____________________________ ____________________________ ____________________________

13. ____________________________ ____________________________ ____________________________ ____________________________

14. ____________________________ ____________________________ ____________________________ ____________________________

15. ____________________________ ____________________________ ____________________________ ____________________________

Use reverse side for additional signatures

Applicant’s Signature: ____________________________ Date: ____________________________

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