

NEIGHBORHOOD BLOCK PARTY PERMIT

APPLICANT NAME: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

----- BLOCK PARTY INFORMATION -----

PARTY DATE: _____ PARTY HOURS: _____

PARTY LOCATION (Address or Street Location): _____

NAME & PHONE NUMBER OF TWO PEOPLE WHO WILL BE ONSITE MANAGING THE PARTY:

PERSON 1: _____

PERSON 2: _____

NUMBER OF EXPECTED ATTENDEES: _____

WILL FOOD BE SERVED: YES NO [IF YES, CONTACT CLAY COUNTY HEALTH AT 816-595-4350]

WILL YOUR BLOCK PARTY INCLUDE: DJ/BAND/MUSIC STAGE OPEN FLAMES

STREET CLOSING

ARE YOU REQUESTING BARRICADES FROM THE CITY TO BLOCK OFF STREETS? YES NO

IF REQUESTING A STREET CLOSURE, HAVE YOU NOTIFIED THE PROPERTY OWNERS AFFECTED BY THE CLOSURE? YES NO

WILL THERE BE A TENT? YES NO IF YES, HOW MANY SQUARE FEET? _____

Eligible expenses will be reimbursed up to \$200 per block party. Eligible expenses include food, paper goods and entertainment/performers. Ineligible expenses include alcohol, tent and stage/riser rentals.

Neighborhoods may receive the block party reimbursement once per year. Receipts must be submitted to the City Clerk for reimbursement.

APPLICANTS SIGNATURE: _____ DATE: _____

----- CITY APPROVALS -----

APPLICATION RECEIVED BY _____ DATE: _____

ACTION BY CITY COUNCIL _____ DATE: _____

----- OTHER REQUIREMENTS -----

DIAGRAM OF EVENT: SUBMIT A DRAWING SHOWING LOCATION OF EVENT, TABLES, AND OTHER EQUIPMENT THAT WILL BE INVOLVED (STAGE, DJ, HEATERS, BARRIERS, ETC.).

SPECIAL EVENT APPLICATION DEADLINE: THIS APPLICATION SHOULD BE MADE A MINIMUM OF 21 DAYS IN ADVANCE OF YOUR EVENT TO SECURE APPROVAL BY CITY COUNCIL.

APPLICANT IS RESPONSIBLE FOR THE REMOVAL OF ALL MATERIAL, EQUIPMENT, AND DEBRIS WITHIN TWENTY-FOUR (24) HOURS OF EXPIRATION OF THIS PERMIT. ANY BARRICADES PROVIDED BY THE CITY SHALL BE PLACED CURBSIDE FOR PICKUP BY CITY STAFF.