

BLOCKAPP0706

APPLICATION FOR BLOCK PARTY

For Clerk's Use

Application Fee: \$10.00 (Non-refundable)

App. ID#'s _____

Clean-up performance bond: \$50.00 (separate fee)

Checks/Cash/Mon.Order _____

(2 Fees to be submitted with application **45 DAYS** in advance of the party _____)

(**** Applicant MUST live on the block where the party is to take place****)

1. NAME OF APPLICANT: _____ / _____
First Last Telephone #

2. COMPLETE ADDRESS: _____

3. DATE OF PARTY: _____ RAIN DATE: _____
Street Hamlet TIME: _____
 (NO LATER THAN 11PM)

4. NAME OF STREET TO BE CLOSED: _____
 CROSS STREETS (SPECIFY WHETHER ROAD, AVENUE, LANE, COURT, ETC.) _____

5. TOTAL NUMBER OF HOUSES ON STREET (in area of closure): _____

6. NAMES AND ADDRESSES OF TWO-THIRDS (2/3) OF HOME OWNERS ON THE BLOCK GIVING THEIR APPROVAL FOR THE BLOCK PARTY. PLEASE PROVIDE NAME AND SIGNATURE. (ONLY ONE SIGNATURE PER ADDRESS WILL BE ACCEPTED.)

	NAME	SIGNATURE	ADDRESS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____
21.	_____	_____	_____
22.	_____	_____	_____
23.	_____	_____	_____
24.	_____	_____	_____
25.	_____	_____	_____
26.	_____	_____	_____
27.	_____	_____	_____
28.	_____	_____	_____
29.	_____	_____	_____
30.	_____	_____	_____
31.	_____	_____	_____
32.	_____	_____	_____
33.	_____	_____	_____
34.	_____	_____	_____
35.	_____	_____	_____
36.	_____	_____	_____
37.	_____	_____	_____
38.	_____	_____	_____
39.	_____	_____	_____
40.	_____	_____	_____

7. Certification that not more than one (1) block shall be closed and that there are no other block party applications pending within three (3) blocks therefrom.

8. NAMES OF PERSONS TO BE RESPONSIBLE FOR REMOVAL OF LITTER:

_____ Day Telephone # _____
_____ Day Telephone # _____

*****YOU MUST LEAVE ACCESS FOR EMERGENCY VEHICLES*****

I (we) agree that information as stated above is true and accurate and further that I (we) have read a copy of an will comply with the Town of Islip Noise and Block Party Ordinances as summarized below:

- **Barricades only are to be used for street closings**
- **No fees shall be charged for any item, including but not limited to admission, food or beverage**
- **NO DOUBLE PARKING on any surrounding streets**
- **Ingress and egress shall be at all times available to emergency vehicles**
- **ANY street obstructions prohibited**
- **ALL FORMS OF FIREWORKS AND/OR ALCOHOLIC BEVERAGES ARE PROHIBITED.**

PLEASE NOTE THAT VIOLATION OF ANY OF THE FOREGOING CONDITIONS MAY RESULT IN IMMEDIATE REVOCATION OF THIS PERMIT.

Dated: _____ 20 _____

Applicant's Signature (must be notarized)

Applicant's Signature (must be notarized)

Sworn to before me
this _____ day of _____, 20 _____.

Notary