

Block Party Permit

Resident's name(s):		
Address(es):		
Phone:	Email:	
Date of the block party:	Start time:	End time:
Will there be Food Trucks?	Will there be m	nusic?
of-way, or other roadways. Only is prohibited. Barricades will be delivered and day before the event and retriev Obtain proof that you notified details. All residents must have access to There is to be no music after 8pr All block parties are subject to St All Food trucks must be inspected all forms must be received two was Applicant is required to complete each to the subject of the subje	retrieved at the address listed the first business day afted the first business day afted the neighbor effected by and from their homes for the address listed to and from their homes for the attest at the statutes and City ordinated and be Licensed to operative eks prior to the date of the task below: Eighbor by obtaining signatures the location you are requested the office of the Safety Second accepting all block party	the barricades regarding the event the duration of the party. ances that will be enforced. te. ne block party. ures of approval on page 2 of this esting to have blocked off. ervice Director. policies and tasks to be completed:
	Block Party Applica	nt's Signature
	Office Use Only	
Approved by:		
Data		

Municipal Government Annex-Administration Building
151 Lincoln Way East, Massillon, Ohio 44646 | 330.830.1700 | Fax 330.830.1764

www.massillonohio.gov

CC: Police Chief, Fire Chief, Street Department



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Last Name	First Name	Address	Phone #	Signature
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