

APPROVAL:

DENIAL:

CITY OF BETHLEHEM

BLOCK PARTY, PROCESSION **APPLICATION** \$100.00

Attention: Public Works
10 E CHURCH STREET
BETHLEHEM PA 18018
610-997-7618

EventApp@bethlehem-pa.gov							
	ANS	WER THE FOLLOWI	ING QUESTIONS (P	PLEASE F	PRINT)		
APPLICANT'S NAME			TELEPHONE NUMBER		EMAIL ADDRESS		
APPLICANT'S ADDRESS					ZIP CODE		
SPONSORING ORGANIZATION (IF ANY) ANDADDRESS			DAYTIME TELEPHONE NUMBER	IE NUMBER EMAIL ADDRESS			
ON SITE CONTACT NAME			CLEAN UP PLAN				
ON SITE CONTACT NAME			CLEAN OF PLAN				
BLOCK PARTY							
TIME OF EVENT (START TIME)	DM	TIME OF EVENT (END TIME)	DM	DATE OF EVENT RAIN DATE(IF APPLICABLE)			
AM FROM (STREET)	PM TO (STREET)	AM BLOCK(S) AND STREET TO BE CL	PM	DOES A BUS	TRAVEL ON THE	ETREET TO BE OLOSED	
FROM (STREET)	IO (STREET)	BLOCK(S) AND STREET TO BE CL	OSED	DOES A BUS TRAVEL ON THE STREET TO BE CLOSED YES NO			
THIS APPLICATION ONE HUNDRED D APPLICANT MUST CLOSED AREA. 15 IF EVENT BLOCKS NO GRILLS, OPEN APPLICATIONS W ANY TENTS SHAL	OLLARS (\$100.00) T RESIDE ON BLOCK BEING CLOS 5' MINIMUM CLEARANCE (CLEAR 8 AN INTERSECTING "T" STREET, 11 BURNS IN THE PUBLIC RIGHT O 11 ILL BE RETURNED IF NOT COMPIL 12 COMPLY WITH THE UCC CODE,	APPLICATION: CHECK OR MONEY ORDER (NON SED. NO VEHICULAR ACCESS IN C SPACE) AT ALL TIMES. MUST PRO SUBMIT A SEPARATE APPLICATION F WAY (UNLESS YOU HAVE A SEF LETE OR IF RECEIVED LATER THA NO TENTS TO BE STAKED INTO ISK, CLEAN UP PLAN ATTACHED,	OR OUT OF THE CLOSED AREA. DVIDE A SKETCH PLAN TO BE AT ON AND PETITIONFOR EACH AF PARATE PERMIT FROM FIRE) SE AN THIRTY (30)DAYS BEFORE TH THE CITY STREET(S), NO ALCOH	VEHICLES MA' ITACHED TO T FECTED STREI E FIRE APPENI E EVENT HOL IS PERMIT	Y NOT BE PARKE HE APPLICATION ET. DEX. TED IN THE STRI	D INSIDE THE EET RIGHT OF WAY.	
REVOCATION IF THE AF			LAWS, RULES AND REGU				
PROCESSION/ASSEMBLAGE TIME OF EVENT (START TIME) DATE OF EVENT							
AM	PM	AM	PM				
POLICE ESCORT REQUESTED? YES No		SIDEWALKS ONLY YES	NO WILL ANY PART OF THE EVENT BE YES PLEASE DESCRIBE:	NUMBER REQU	JESTED?	D(S)?	
		INCIID	RANCE				
EVENT. THE CITY OF E MINIMUM AMOUNT OF \$1 EVID I hereby certify that the state	BETHLEHEM OFFICERS AN 1,000,000.00 IS REQUIRED. YOU ENCING THE REQUIRED CO CITY OF E PLEASE CONTACT Ements contained herein are	C WORKS DEPARTMENT NID EMPLOPYEES MUST BE DU MUST PROVIDE A CERTIFIVERAGE, TO THE CITY OF BE BETHLEHEM 10 EAST CHUITHE LAW BUREAU WITH AID BUT WITH BUT WITH BUT WITH AID BUT WITH BUT WITH BUT WITH BUT WITH BUT WIT	O LATER THAN THIRTY (3 E NAMED AS THE ADDITION FICATE OF INSURANCE FRO ETHLEHEM PUBLIC WORKS. RCH STREET BETHLEHEM NY QUESTIONS PERTAINI St of my knowledge and be	NÁL INSUREI M A LICENSE . <u>THE CERTI</u> I PA 18018 NG TO INSU	O. GENERAL LI ED INSURANCE FICATE HOLD IRANCE.	ABILITY INSURANCE IN THE EAGENT OR THE INSURER, DER IS:	
APPLICANTS SIGNATURE	DATE						
		FOR OFFIC	CE USE				

PERMIT NUMBER:_____

DATE: