



BLOCK PARTY APPLICATION

BLOCK PARTY INFORMATION

Date & Day of Event: _____

Name of Event: _____

Location: _____

Street Number

Street/Avenue Name

Zip Code

Estimated Attendance:

Hours: From: _____ AM/PM
Please Circle

To: _____ AM/PM
Please Circle

ORGANIZER(S) INFORMATION

Name: _____

Address: _____

Phone Numbers (Please include area codes)

Home: (____) _____ Cell: (____) _____ Work: (____) _____

E-mail Address: _____

Name: _____

Address: _____

Phone Numbers (Please include area codes)

Home: () Cell: () Work: ()

E-mail Address: _____

DESCRIPTION OF THE EVENT (i.e., neighborhood party or birthday party, etc).

What activities are planned? Be as specific as possible.

REQUIRED APPROVALS

Hibbing Police & Fire Department: The Police/Fire Departments must approve any street closures. You can contact them at 218.263.3601 or 218.262.6161. Please allow 2 weeks for a sign off. They are located at 1810 12th Avenue East Hibbing, MN 55746 or 2320 Brooklyn Drive, Hibbing, MN 55746.

*** A site diagram must be provided depicting the street closures, location of the barricades and location of the activities.

PLACEMENT OF SAFETY EQUIPMENT

Safety equipment must be positioned at the specific location(s) and time(s) stated in the Block Party Application. The equipment must be removed as soon as possible following the block party. Commercial barricades must be used to close the roadway. After dark, the barricades must have flashing amber caution lights securely attached.

*** Arrange for appropriate traffic safety equipment is a requirement that must be satisfied before a Block Party Permit will be issued. If the necessary safety equipment is not in place during the event, your permit may be revoked.

If you have any questions regarding safety requirements, please contact the Hibbing Police Department at 218.263.3601.

ADDITIONAL REQUIREMENTS

It is the responsibility of the **Event Organizer** to insure proper cleaning of the area after the event. The applicant shall be liable for payment of the cost of any and all expenses necessary to clean or clear the area.

Violation of the provisions of this permit shall result in the summary revocation of the permit.

Under the penalty of criminal prosecution, I certify that the information contained in this application, signatures, addresses and phone numbers of each person who is listed on this form are correct.

Event Organizer: _____ **Date:** _____

RESIDENT PETITION

All businesses or residential property owners or lessees within the road closure shall give their acknowledgement in writing to the person or organization seeking the permit. The signature, address, phone number and approval/disapproval of each person who is either a property owner or lessee within the requested barricaded area must appear below.