



COMMERCIAL BLOCK PARTY PERMIT APPLICATION

Please fill out this application completely and return it to the Village Manager's Office at 6900 North Lincoln Avenue, Lincolnwood, Illinois 60712. All Block Party requests must be submitted one week in advance of party date. All Block Party requests must be approved by the Village Manager. If you have any questions, please call (847) 745-4717 or visit www.lincolnwoodil.org.

Applicant Information

Name of Authorized Representative: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Block Party Information

Block Party Date: _____

Block Party Address: _____

Start Time: _____ (AM/PM) End Time: _____ (AM/PM)

Purpose or Theme: _____

Activities: _____

Approximate Number of Attendees: _____

Will there be music? _____

Will food be served? _____

Describe all Equipment Being Used:
(Tents, Tables, Stage, Speakers, Chairs, etc.)

Attach a map or diagram of the proposed party identifying the location, layout, and any streets or alleys to be occupied

Will your or your organization be selling goods or services at this event? _____

If so, please describe what is for sale: _____

Note: A Solicitor's License will be required from the Finance Department. Call (847) 673-1540 to request a Solicitor's License.

Signatures Required

Include on a separate sheet signatures of persons on the block consenting to the Block Party. Required signatures are all adjoining property owners and their adjoining property owners.

Insurance Requirements

Please include a certificate of insurance with the following requirements:

- \$1,000,000 public liability
- \$1,000,000 property damage
- Village to be named as additional insured
- Insurance company issuing insurance must be licensed in the State of Illinois

Indemnification

Attach a statement that the applicant will indemnify and hold harmless the Village and its officers, agents, and employees from all losses damages, injuries, claims, demands, and expenses arising out of the block party the operation of the party or out of the condition, maintenance, and use of the public property involved with the party.

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in denial of my request for a parade or public assembly.

Print Name: _____
(Applicant or Authorized Representative)

Signature: _____

Date: _____

FOR OFFICE USE ONLY

I have approved this request: _____

Date: _____

Anne Marie Gaura
Village Manager