



**CITY OF FLORISSANT
BLOCK PARTY PERMIT**

Name of Applicant: _____

Address of Block Party: _____

Date: _____ **Time:** _____

Authorization to block off your street for a Block Party on the above date during the above stated time is contingent upon the following stipulations:

1. Although the street will be closed, provision must be made for **EMERGENCY VEHICLES**
2. Music will be allowed but it must be maintained at a reasonable volume so as not to disturb nearby neighbors.
3. No debris or litter is to remain following the Block Party.
4. Signatures of the residents of each house on the block where said Block Party will be held must be attached.

Barricades will be provided by the City's Street Department.

_____ is authorized by the City of Florissant to hold a Block Party as stated above.

Mayor, City of Florissant

Cc: Police Department
Public Works Department
Street Department

