



CITY OF ROCKFORD 2015 SPECIAL EVENTS APPLICATION

BLOCK PARTY APPLICATION

1. A block Party cannot be held for PRIVATE PURPOSES such as family events, birthdays, graduations, going away parties or other private parties.
2. **The application must be submitted at least 4 weeks prior to your event** and must include a map or drawing of the exact location you wish to block off for your event. Block party coordinator **MUST** obtain approval of all residents and businesses within the blocked area via the attached petition.
3. **Applicants must obtain their Alderman's approval** for the block party prior to submitting the application to the City of Rockford Public Works Department.
4. The application must state who is the responsible person in charge of the event. If there are issues with the event this will be the person who will be held accountable and may be subject to any tickets/fines due to rowdiness, excessive noise or illegal drinking.
5. All applications will be reviewed by the City of Rockford Public Works Department, Police and Fire Departments.
6. All neighbors must be invited.
7. No admission fee may be charged.
8. Alcoholic beverages may not be sold or consumed on the street, sidewalk or City parking lots.
11. Staked tents are not allowed in the roadway or in City parking lots.
12. A 15 -foot fire lane must be included on the map submitted with application.
13. The organizer(s) will be responsible for placing the barricades before the party and removing them at the end as well as keeping them in good condition. If the barricades are found in disrepair the responsible person in charge will be held accountable for the cost of replacement.
14. All events must end by 10:00 p.m. in accordance with the noise ordinance.

The City of Rockford reserves the right to deny any application for an event that is not for public or neighborhood purposes. If neighbors have not been included and notified or if non-compliance issues occurred in previous years a block party permit may be revoked and streets opened if there is an emergency or conditions are violated- including hours, alcohol consumption or excessive noise or crowd.

Barricades will be dropped off by 3:00 p.m. on the Friday prior to your party (unless held on a weekday) by City of Rockford Street Division employees. Pick up will usually be on the following Monday during daytime hours.

Each neighborhood group is allowed a maximum of 2 block parties per year.

Please return the Block Party Application, Petition and map to:

City of Rockford
Engineering Services, 6th floor
425 E. State St.
Rockford, IL 61104

For Office Use Only: _____



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Please submit this application **at least four weeks prior** to your planned date so that it may be processed in sufficient time. The organizer or responsible party in charge will be responsible for cleanup and may be held accountable for any and all complaints or damage to barricades.

Name of Block Party Organizer and Location	First time Block Party? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how long has this event been in existence:
Name of Neighborhood Association: (If applicable)	
Date(s) of Block Party:	Hours of Block Party:
You must provide the name and cell phone number of two contacts during the event:	
Organizer/Point of Contact Name & phone number & e-mail address	Contact #2 Name & phone number
Estimated Attendance:	Last Year's Attendance
Reason for Block Party: (BBQ; holiday; etc)	
Streets to be closed:	
Drop off address of metal legs/contact name & number	

Applicant Signature: _____

Date: _____

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Block Party Location: Please draw map of streets/area to be closed, including location of all special activities, (i.e. tents, barbecues, chairs, cross streets, etc.), and please don't forget to include the 15-foot fire lane. Staked tents are not allowed. Return along with completed petition to City of Rockford, Engineering Services Division, 425 E. State St., Rockford, IL 61104

PD Approval: Yes No

PW Approval: Yes No

FD approval Yes No

Comments: _____

For Office Use Only: _____



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RESIDENTS BLOCK PARTY PETITIONS

Name of Block Party Organizer/Point of Contact:

Name of Neighborhood Association: (If applicable)

Date(s) of Block Party:

Hours of Block Party:

Streets to be closed:

Type of Event:

The following is a list of residents who are affected by this party:

Do you support this block party?

Name:	Address:	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

For Office Use Only: _____

