VILLAGE OF ITASCA

BLOCK PARTY PERMIT APPLICATION

This application is required for any neighborhood block party taking place within the Village that involves the temporary closure or restricted use of a public street or right-of-way.

APPLICANT INFORMATION

Applicant Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

PARTY INFORMATION

Location (i.e. 300 Block of Willow St): _____ **Event Date:** _____

Setup Date & Time: _____ **Take Down Date & Time:** _____

Event Hours: _____ **Attendance:** _____

ACCESS AND IMPACT

Depending on the nature of your block party, you may be required to complete additional forms.
Review the following checklist carefully and complete any supplement forms that apply. All below forms are included at the end of this packet for your convenience, or available at **itasca.com.**

		YES	NO
STRUCTURES	Will tents (larger than 10' x 10'), stages, or other structures be erected on-site? *If yes, fill out and submit a **Temporary Building Permit Application**.*	☐	☐
EXOTIC ANIMALS	Will the event feature exotic animals or wildlife displays? *If yes, please complete and submit the **Exotic Animal Permit Request.***	☐	☐
FOOD SERVICE	Will there be food sold at this event? *If yes, each vendor is required to have a DuPage County Health Department **"Temporary Food Service Permit"**; for more information, visit dupagehealth.org/204/Temporary-Food-Services*	☐	☐
AMPLIFIED NOISE	Will this event include speakers or amplified noise? *If yes, fill out and submit the **Amplified Noise Permit Request.***	☐	☐

☐ Yes ☐ No **Have you received permission from property owners or others who may be affected?** Please describe any approvals or outreach completed.

_____

_____

VILLAGE OF ITASCA

BLOCK PARTY PERMIT APPLICATION

BARRICADE REQUEST

If your block party requires street or sidewalk closures, please fill out below.

Requested Delivery Date: _____

★ Please include the address/intersection for barricade drop-off.

Delivery Address: _____

Who will be responsible for monitoring and moving the barriers as needed during the event? Please provide the name and contact information.

Name: _____ **Phone:** _____

ACKNOWLEDGEMENT/SIGNATURE

By signing this document, I certify that the information provided above is correct and I acknowledge having read and understood the information contained in this application. I agree to conduct my special event in compliance with all applicable codes, ordinances, laws and the conditions contained in the special event permit.

_____ _____

Signature of Organizer **Date**

OFFICE USE ONLY

Date Recieved: _____

☐ Approved ☐ Not Approved

_____

_____

_____ _____

Signature **Date**