



CITY OF BURLINGTON
525 HIGH STREET, BURLINGTON, NJ 08016

Application Fee
\$10.00
Payable to City of Burlington

BLOCK PARTY APPLICATION

60 Day Notice is required

1. NAME OF ACTIVITY OR EVENT: _____

2. TYPE OF PROGRAM PLANNED: _____

(Please submit a list of all activities with a timeline. Include the name/contact info of any additional entertainment or other groups associated with this event.)

3. SIZE OF AUDIENCE ANTICIPATED: _____

4. HUNDRED BLOCK(S) AND STREETS TO BE CLOSED: _____

5. SPONSERED BY: _____

PLEASE CIRCLE ONE: CLASS 1 USER CLASS II USER CLASS III USER

Class I- (1) All City and City-sponsored organizations (2) All appropriate election activities

Class II- (1) City of Burlington School Board (2) City of Burlington Public and Private Schools

Class III- (1) City of Burlington Residents (2) City of Burlington Religious Groups or Churches (3) City of Burlington Civic/Community Organization (4) Other Residents (5) All Others

6. PERSON MAKING ARRANGEMENTS: _____

PHONE: _____ ADDRESS: _____

EMAIL: _____

7. PERSON IN CHARGE, IF DIFFERENT FROM ABOVE: _____

PHONE: _____ ADDRESS: _____

EMAIL: _____

8. DATE OF ACTIVITY OR EVENT: _____ RAIN DATE: _____

9. START TIME : _____ (INCLUDE SET-UP TIME) END TIME: _____ (INCLUDED CLEAN UP/BREAK DOWN TIME)

10. FACILITIES REQUESTED: _____

***Please note that if you are requesting a facility in addition to street closures, you must complete a facility request packet and make sure that all fee and insurance requirements are met..**

11. SPECIFIC NEEDS: _____ **(Additional Fees may be required)**

12. DESCRIBE THE TYPE OF SECURITY THAT WILL BE PROVIDED FOR THIS EVENT:

13. PLEASE INDICATE IF YOU YOUR EVENT WILL INCLUDE IN OF THE FOLLOWING: **Please Initial**

	Y/N	Notes:	Initial
Bouncy House		If yes, your vendor must submit Certificate of Insurance, Worker Compensation Certificate and included the approve list NJ Permitted Rides.	
Food Vendors		If yes, vendors with open flames must apply for Fire Permit and ALL vendors muse have a mobile vending approved with the Burlington County Health Department.	
Will Admission be Charged?		If yes, your organization will be responsible to report amusement to the division of Internal Revenue.	

I/We have completed this application, and have included all necessary attachments to this application. I/We understand and agree to abide by the rules and regulations as so stated.

Signature of Applicant

Date

PERMISSION is hereby granted for use of the City facilities as outlined above, Subject to the rules and regulations.

Signature of City of Burlington Representative

Date