



# BLOCK PARTY APPLICATION

Please complete this application and submit to Police Records **NO LESS THAN 10 WORK DAYS** prior to the event for approval.

Person(s) Holding the Event: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date(s) of the Event: \_\_\_\_\_

Time of Event: Beginning at \_\_\_\_\_ Ending at \_\_\_\_\_

- What are the plans for social distancing at this event? \_\_\_\_\_  
\_\_\_\_\_
- Will all participants be required to wear masks designed to cover the mouth and nose to help prevent the spread of COVID? \_\_\_\_\_  
\_\_\_\_\_
- How many people will be attending the event? \_\_\_\_\_  
\_\_\_\_\_
- If food is being served how are you preparing to serve the food safely? \_\_\_\_\_  
\_\_\_\_\_
- If candy is being handed out what are the plans for safely handing out candy? \_\_\_\_\_  
\_\_\_\_\_

Location To Be Blocked Off: \_\_\_\_\_

Description Area: \_\_\_\_\_ Through Street \_\_\_\_\_ Dead End \_\_\_\_\_ Cul De Sac

DIAGRAM: Draw and Name all Involved Streets and Show Locations Barricades are Requested.

*As the person responsible for giving this block party, I hereby make application to the Murphy Police Department for approval and I understand that all affected neighbors must approve. I am responsible for (1) seeing that all participants maintain proper order (2) maintain acceptable noise level according to City Ordinance (3) seeing that all participants obey all applicable laws and (4) making sure all participants cooperate fully with police officers and should that need arise, agree in advance to terminate the party at any time if requested by a Police Officer. My signature below indicates my intentions of complying with all rules and regulations and I understand that the Police Department will not participate if Alcoholic Beverages are to be served at the event.*

Print Applicant Name:

Applicant Signature:

Date:

Approved ___	Denied ___	Signature _____	Date _____
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