



Indianola Block Party Permit

NAME: _____

ADDRESS: _____

PHONE NUMBER OF CONTACT: _____

DATE OF BLOCK PARTY: _____

TIME: START: _____ END: _____

(MAY START NO EARLIER THAN 9:00AM AND GO NO LATER THAN 11:00PM)

STREET TO BE BLOCKED OFF: _____

INTERSECTIONS: _____ AND: _____

Rules and Regulations

1. This application deadline is thirty (30) days prior to the event.
2. The block party should not last longer than six (6) hours and may not start before 9:00 am and must end by 11:00 pm, this does include set-up and clean up.
3. It is required that alcohol be kept on private property.
4. All affected neighbors must be notified, and sign the application.
5. Party organizers would be responsible to place barricades in the street and return them to the right of way after event.
6. A deposit of \$150 will need to be paid, prior to the event.
7. If the barricade/s are damaged or lost, a portion or all of the deposit will be used to pay for replacement.

I further voluntarily assume all risk of loss, damage or injury that may be sustained by me or my guests while participating in, traveling from, or observing any of the events that are part of the block party, and I hereby release the City of Indianola and all its offices, elected officials, employees and other agents from any and all liability associated with this event.

By signing below, I agree to the rules and regulations, and understand the undertaking of risk, as described above.

APPLICANT SIGNATURE: _____

RETURN PERMIT APPLICATION TO:
City of Indianola
110 North First Street, PO Box 299
Phone: 1-515-961-9410 Fax: 1-515-961-9402
E-Mail: cityclerk@indianolaiowa.gov



By signing below, I understand the rules and regulations as mentioned on page one (1) and that I have been informed of the event that is being applied for.

NAME	ADDRESS	APPROVE / DISAPPROVE
		APPROVE / DISAPPROVE

RETURN PERMIT APPLICATION TO:
 City of Indianola
 110 North First Street, PO Box 299
 Phone: 1-515-961-9410 Fax: 1-515-961-9402
 E-Mail: cityclerk@indianolaiowa.gov

Deposit:

Cash: _____ Check: _____ Received By:

OFFICE USE ONLY

DATE RECEIVED:				
	Signature	Date	Approved	Denied
Police Department:				
Fire Department:				
Public Works:				
City Manager:				