

DONALD X. CLAVIN JR.
Supervisor



Office Use Only

Appl #: _____
Date: _____
Map Ref. # _____

OFFICE OF THE TOWN CLERK
KATE MURRAY
Town Clerk

One Washington Street Hempstead, NY 11550
Tel: (516) 812-3025 email: licensing@hempsteadny.gov

BLOCK PARTY APPLICATION

***It is the responsibility of the applicant to ensure all proper safety protocols are followed.**

Please Print Clearly - Answer all questions

Applicant's Name: _____ Phone # _____

Applicant's Address: _____ Town: _____

Applicant's Email address: _____

LOCATION WHERE EVENT WILL BE HELD: _____

**BETWEEN
STREETS**

4. Date of Event: _____ Rain Date: _____ 5. Time of Event: _____ AM _____ *PM

* Must end by 11pm

*** APPLICANT GUIDELINES ***

1. Notify and obtain signatures of ALL residents who live on the street, a majority of which must approve.
2. Obtain permission of local fire district AND permission of local police precinct.
3. Supply own street barricades, safety cones or caution tape. You may contact our Town of Hempstead's Department of Highway at **(516) 812-3465** for barricades.
4. **FIREWORKS OF ANY KIND ARE PROHIBITED.**
5. Bicycle riding is prohibited within the confines of the block party.
6. Application must be received in this office at least **TWENTY (20) DAYS PRIOR TO BLOCK PARTY.**
7. The roadway must have a lane free of obstruction, to allow **emergency vehicles** access to entire street.
8. Person signing this document is responsible for ensuring that the above conditions are fulfilled.

**PLEASE OBTAIN POLICE AND FIRE APPROVAL SIGNATURES
PRIOR TO SUBMITTING TO THE TOWN OF HEMPSTEAD**

_____ POLICE DEPT. APPROVAL	_____ BADGE #	_____ FIRE DEPT. APPROVAL
_____ / / DATE	_____ PRECINCT #	_____ / / DATE

APPLICANT'S SIGNATURE

Signature of every resident on the street to be closed
must be obtained whether in favor or opposed.

SIGNATURE

ADDRESS

1. Yes <input type="radio"/>	No <input type="radio"/>	_____	_____
2. Yes <input type="radio"/>	No <input type="radio"/>	_____	_____
3. Yes <input type="radio"/>	No <input type="radio"/>	_____	_____
4. Yes <input type="radio"/>	No <input type="radio"/>	_____	_____
5. Yes <input type="radio"/>	No <input type="radio"/>	_____	_____
6. Yes <input type="radio"/>	No <input type="radio"/>	_____	_____
7. Yes <input type="radio"/>	No <input type="radio"/>	_____	_____
8. Yes <input type="radio"/>	No <input type="radio"/>	_____	_____
9. Yes <input type="radio"/>	No <input type="radio"/>	_____	_____
10. Yes <input type="radio"/>	No <input type="radio"/>	_____	_____
11. Yes <input type="radio"/>	No <input type="radio"/>	_____	_____
12. Yes <input type="radio"/>	No <input type="radio"/>	_____	_____
13. Yes <input type="radio"/>	No <input type="radio"/>	_____	_____
14. Yes <input type="radio"/>	No <input type="radio"/>	_____	_____
15. Yes <input type="radio"/>	No <input type="radio"/>	_____	_____
16. Yes <input type="radio"/>	No <input type="radio"/>	_____	_____
17. Yes <input type="radio"/>	No <input type="radio"/>	_____	_____
18. Yes <input type="radio"/>	No <input type="radio"/>	_____	_____
19. Yes <input type="radio"/>	No <input type="radio"/>	_____	_____
20. Yes <input type="radio"/>	No <input type="radio"/>	_____	_____

Total number of homes on street to be closed: _____ **IN FAVOR** _____ **OPPOSED** _____ **OTHER** _____

Total number of businesses on street to be closed: _____ **IN FAVOR** _____ **OPPOSED** _____ **OTHER** _____

*I herby certify that the above signatures are those of every resident and business on the street (s) to be closed. If a resident is known to be out of town, please indicate on signature line above. **Attach additional signature pages if necessary.***

ALL RESIDENTS AND BUSINESSES MUST BE NOTIFIED OF THE BLOCK PARTY

APPLICANT'S SIGNATURE