



**OFFICE USE ONLY**  
**Event Name:** \_\_\_\_\_  
**Event Date:** \_\_\_\_\_

# BLOCK PARTY REQUEST

Notification is hereby given to the City of Belleville to request a Block Party as follows:

**PLEASE ALLOW FOUR (4) WEEKS FOR PROCESSING**  
**\*\*\* A MAP OF THE AREA WITH STREET CLOSURES NOTED REQUIRED \*\*\***

**Name(s) of requester(s):** \_\_\_\_\_

**Name of Event:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_ **Event Starting Time:** \_\_\_\_\_ **Event Ending Time:** \_\_\_\_\_

**Street Closure Time:** \_\_\_\_\_ **Street Re-Open Time:** \_\_\_\_\_

Name(s) of person(s) responsible for organizing and conducting event:

Name	Address	Phone	Email

**Collect one signature from each resident in the affected area even if they are not participating in the event.**  
 (Please use a separate piece of paper if additional space is needed.)

NAME	ADDRESS	SIGNATURE

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Streets to be closed for event:

Does this event require any of the following?

- Trash Containers  Yes  No **Number Requested:** \_\_\_\_\_
- Picnic Tables  Yes  No **Number Requested:** \_\_\_\_\_
- Sanitation Vehicle and Manpower  Yes  No
- Electric(if available) (note on map location(s))  Yes  No **Number Requested:** \_\_\_\_\_
- Music  Yes  No **Times:** \_\_\_\_\_
- Barricades  Yes  No **Number Requested:** \_\_\_\_\_

Comments or Additional Request(s): \_\_\_\_\_

**A CERTIFICATE OF INSURANCE NAMING THE CITY OF BELLEVILLE AS AN ADDITIONAL INSURED IS REQUIRED IN THE AMOUNT OF \$1 MILLION DOLLARS PER PERSON AND \$2,000,000 AGGREGATE. YOUR APPLICATION WILL NOT BE CONSIDERED OR APPROVED WITHOUT RECEIPT OF THIS DOCUMENT. (City of Belleville • 101 South Illinois Street • Belleville • IL •62220)**

**IF EITHER ROUTE 159 OR ANY OTHER STATE ROUTE WILL BE CLOSED, A CERTIFICATE OF INSURANCE NAMING ILLINOIS DEPARTMENT OF TRANSPORTATION AS AN ADDITIONAL INSURED IS REQUIRED IN THE AMOUNT OF \$1 MILLION DOLLARS. YOUR APPLICATION WILL NOT BE CONSIDERED OR APPROVED WITHOUT RECEIPT OF THIS DOCUMENT. (IL Department of Transportation • 1100 East Court Plaza Drive • Collinsville • IL • 62234)**

**Affixing my signature to this application, declares my acceptance and understanding of the guidelines and certain limitations which may apply to this event.**

\_\_\_\_\_  
Signature of Person Making Application

\_\_\_\_\_  
Printed Name of Person Making Application

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail

**DATE OF APPLICATION:** \_\_\_\_\_

**Return this form (via mail/email/in-person):**

City of Belleville - City Clerk's Office  
101 South Illinois Street  
Belleville, Illinois 62220  
E-mail: [jmeyer@belleville.net](mailto:jmeyer@belleville.net)  
(618) 233-6810

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<b>CHECKLIST</b> <b>(FOR USE BY CITY PERSONNEL ONLY)</b>	<b>EVENT INFORMATION</b> <b>(FOR USE BY CITY PERSONNEL ONLY)</b> Completed application/documentation to be sent to city staff prior to meeting. Meeting will then be scheduled with all city staff and a representative of the event.
<input type="checkbox"/> Application <input type="checkbox"/> Event Map <input type="checkbox"/> Insurance Certificate	Date Received by City Clerk's Office: _____ Scheduled Meeting Date: _____ Date Approved by Staff: _____ Date on Council Agenda: _____ Notification Sent to Event Representative of Council Meeting: _____
<input type="checkbox"/> Approved on: _____ <input type="checkbox"/> Denied on: _____  Notification Sent to Event Representative of Council Approval/Denial on: _____	

**STAFF REVIEW SECTION**

Police Department: \_\_\_\_\_

APPROVED       DENIED      DATE: \_\_\_\_\_      INITIALS: \_\_\_\_\_

Fire Department: \_\_\_\_\_

APPROVED       DENIED      DATE: \_\_\_\_\_      INITIALS: \_\_\_\_\_

Public Works: \_\_\_\_\_

APPROVED       DENIED      DATE: \_\_\_\_\_      INITIALS: \_\_\_\_\_

Maintenance Department: \_\_\_\_\_

APPROVED       DENIED      DATE: \_\_\_\_\_      INITIALS: \_\_\_\_\_