



TOWN OF NORTH HEMPSTEAD
 OFFICE OF THE TOWN CLERK
 200 Plandome Road
 Manhasset, NY 11030
 Tel: (516) 869-7646
 Fax: (516) 627-1714

Email: blockparty@northhempsteadny.gov

APPLICATION FOR THE PURPOSE OF CONDUCTING A BLOCK PARTY

Print this form and complete it in writing. Answer all questions. Application must be filed 20 days prior to the date of event.

ORGANIZATION NAME (If applicable): _____ Phone # _____
 E-mail: _____

ORGANIZATION OFFICERS

| | |
|-------------------------------|------------------|
| Name: _____ | Title: _____ |
| Address: _____ | Telephone: _____ |
| Name: _____ | Title: _____ |
| Address: _____ | Telephone: _____ |
| Name: _____ | Title: _____ |
| Address: _____ | Telephone: _____ |
| Person in _____ Charge: _____ | Email: _____ |
| Address: _____ | Telephone: _____ |

Location of block party (street): _____ between _____
 and _____. Community _____

Day and Date: _____ Rain Day and Date: _____

Hours: From _____ To _____

Please Note: Chapter 38 of the town Code prohibits unreasonably loud noises after 10 PM

Name of your local Fire Department: _____

If barriers are required, arrangements must be made with the Highway Department Sign Shop, 285 Denton Avenue, New Hyde Park, call Telephone #739-6731. Barriers must be picked up before 2 p.m. on the Thursday or Friday before the event and returned the next working day after the event between 8 a.m. & 3 p.m., in good condition or there will be a charge.

AT NO TIME CAN ANY VEHICLE BLOCK ACCESS TO THE STREET. SAFETY-SCENE TAPE, CONSTRUCTION CONES OR REMOVABLE BARRICADES MAY ONLY BE USED TO BLOCK END OF THE STREETS. (SAFETY-SCENE TAPE IS AVAILABLE AT STAPLES OR HOME DEPOT) THE ROADWAY MUST HAVE A LANE FREE OF OBSTRUCTION, TO ALLOW EMERGENCY VEHICLES ACCESS TO THE ENTIRE BLOCK. THE PERSON IN CHARGE LISTED ON THIS APPLICATION IS RESPONSIBLE FOR INSURING THAT THE ABOVE CONDITIONS ARE MET.

Will you be erecting any type of tent? _____

If yes, you must contact the Nassau County Fire Marshall's Office and the Town of North Hempstead Building Department. (Enclose proof of approval)

Town Code Section 44-4 Consumption of alcohol in a public place permission requested? (Yes / No)

If "Yes," please contact the New York State Liquor Authority, 80 South Swan Street Albany, NY 12210 (518) 474-3114 to determine if you need a 24-hour SPECIAL EVENTS PERMIT. If so, please allow at least 15 days prior to the event for mailing of permit.

For Clerk use only

Date Application Received: _____ Application- _____ Approved / Disapproved
 Clerk: _____

RAGINI SRIVASTAVA, TOWN CLERK _____ DATE: _____
 PO Box 3000, 200 Plandome Road
 Manhasset, NY 11030
 516-869-7646

A FALSE STATEMENT WILL RESULT IN THE DENIAL OF THIS OR ANY FUTURE PERMIT APPLICATIONS



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Signatory consent of the majority of residents residing on street

Total # of homes on street: _____

Name/Street: _____

Name/Street: _____

Name/Street: _____

Name/Street: _____

Name/Street: _____

Name/Street: _____

Name/Street: _____

Name/Street: _____

Name/Street: _____

Name/Street: _____

Name/Street: _____

Name/Street: _____

Name/Street: _____

Name/Street: _____

Name/Street: _____

Name/Street: _____

Attach additional signature pages if necessary.

ADDITIONAL REQUIREMENT

Notify end-of-block residents who live on corner streets since their side yards face block-party street where they often park.

I HEREBY CERTIFY THAT THE ABOVE SIGNATURES ARE THOSE OF THE RESIDENTS ON THE STREET(S) TO BE CLOSED. ALL RESIDENTS MUST BE NOTIFIED OF BLOCK PARTY.

Applicant's Signature _____ Date Submitted _____