



TOWNSHIP OF NEPTUNE

APPLICATION FOR BLOCK PARTY PERMIT

(APPLICATION MUST BE SUBMITTED AT LEAST TEN DAYS PRIOR TO THE EVENT)

Name of Applicant _____ Age: _____

Address of Applicant _____

Email address of Applicant _____

Date of Block Party _____ Rain Date _____

TIME: Start: _____ End: _____

Location (include cross streets)

Names and Addresses of at LEAST THREE (3) ADULTS Responsible for the Party (MUST RESIDE ON THE BLOCK):

General Age of Participants _____ Alcoholic Beverages: Yes () No ()

Are Barricades needed: Yes () No ()

DATE: _____

Signature of Applicant & Phone Number

DO NOT WRITE BELOW THIS LINE

INVESTIGATION REPORT - copy of police report attached

APPROVALS:

Signature of Officer: _____

Signature of Chief or Designee: _____