



**FESTIVAL  
STREET  
CLOSURE  
APPLICATION**

**CITY OF PHILADELPHIA  
DEPARTMENT OF STREETS  
940 MUNICIPAL SERVICES BUILDING  
PHILADELPHIA, PA. 19102-1658  
PHONE (215) 686-5501 FAX (215) 686-5064**

**A FEE OF FIFTY (\$50.00) PER BLOCK, PER DAY IS TO BE ENCLOSED WITH THIS APPLICATION  
CHECK OR MONEY ORDER ONLY ( NO CASH)**

**IMPORTANT NOTICE: PERMIT WILL NOT BE ISSUED WITHOUT PAYMENT**

For events which require City services, the application is due 90 days prior to the event.  
For events which do not require City services, the application is due 45 days prior to the event  
Applications that are not received within the noted times above will be assessed a \$25.00 Late fee

**A COMPLETED PETITION SIGNED BY 75% OF ALL OCCUPIED PROPERTIES (INCLUDING BUSINESSES) SHALL BE  
SUBMITTED FOR EACH BLOCK TO BE CLOSED. AT THE CITY'S DISCRETION, THIS REQUIREMENT MAY BE  
WAIVED WHEN THE APPLICANT IS A LOCAL BUSINESS IMPROVEMENT DISTRICT OR AN ESTABLISHED LOCAL  
COMMUNITY OR BUSINESS ORGANIZATION.**

WHEN APPROVED, THIS APPLICATION FOR A STREET ACTIVITY PERMIT SHALL AUTHORIZE THE APPLICANT TO  
CONDUCT A STREET ACTIVITY AS DESCRIBED BELOW. IT IS SUBJECT TO REVOCATION IF THE APPLICANT DOES NOT  
COMPLY WITH ALL PERTINENT LAWS, RULES AND REGULATIONS, INCLUDING ANY CONDITIONS OR RESTRICTIONS  
IMPOSED BY THE CITY OF PHILADELPHIA.

APPLICANT'S NAME:	PHONE: ( ) _____ FAX: ( ) _____	E-mail Address: _____
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ADDRESS:	CITY:	STATE:	ZIP:
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SPONSORING ORGANIZATION: (IF APPLICABLE)	PHONE:	FAX:
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ADDRESS:	CITY:	STATE:	ZIP:
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**WHICH STREET(S) WILL BE CLOSED?**

\_\_\_\_\_ Block (s) of \_\_\_\_\_ Between \_\_\_\_\_ and \_\_\_\_\_

DATE OF THE EVENT:	RAIN DATE:	Event Start Time _____ Closure To Start @ _____ Event End Time _____ Street Re-Opened @ _____
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BRIEFLY DESCRIBE THE PROPOSED EVENT:	ESTIMATED NUMBER OF PEOPLE ATTENDING:
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<b>DOES THE STREET HAVE:</b> SEPTA ROUTE: <input type="checkbox"/> YES <input type="checkbox"/> NO PARKING METERS : <input type="checkbox"/> YES <input type="checkbox"/> NO PUBLIC GARAGE/PARKING LOT: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL/NURSING HOME: <input type="checkbox"/> YES <input type="checkbox"/> NO BIKE LANE: <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>WILL THERE BE:</b> FOOD SOLD: <input type="checkbox"/> YES <input type="checkbox"/> NO MERCHANDISE SOLD: <input type="checkbox"/> YES <input type="checkbox"/> NO SOUND/MUSIC SYSTEM: <input type="checkbox"/> YES <input type="checkbox"/> NO TRASH PICK-UP REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO NO PARKING SIGNS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
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I HEREBY BY CERTIFY that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to such penalties as may be prescribed by the law or ordinance

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**OFFICIAL USE ONLY - DO NOT WRITE BELOW**

APPLICATION DATE:	APPLICATION NUMBER:
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<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED _____ MDO Special Events DATE:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED _____ POLICE DEPARTMENT DATE:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED _____ STREETS DEPARTMENT DATE:
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**SIGNATURES AND ADDRESSES OF ALL PETITIONERS**  
**ONE ADULT SIGNATURE PER HOUSEHOLD FROM 75%\* OF RESIDENTS LIVING ON THE BLOCK IS REQUIRED FOR APPROVAL**  
**USE ADDITIONAL SHEETS IF NECESSARY**

**PLEASE REVIEW DATES ON FRONT OF APPLICATION**  
**BEFORE**  
**SIGNING THE PETITION.**

**WE AGREE TO BE RESPONSIBLE FOR ALL INJURIES TO PERSONS OR DAMAGE TO PROPERTY**

NUMBER OF HOUSES ON BLOCK

NUMBER OF VACANT HOUSES ON BLOCK

NUMBER OF SIGNATURES

**PLEASE PRINT AND SIGN LEGIBLY WHEN COMPLETING INFORMATION BELOW**

FIRST NAME, LAST NAME	SIGNATURE	ADDRESS	FIRST NAME, LAST NAME	SIGNATURE	ADDRESS
1.			30.		
2.			31.		
3.			32.		
4.			33.		
5.			34.		
6.			35.		
7.			36.		
8.			37.		
9.			38.		
10.			39.		
11.			40.		
12.			41.		
13.			42.		
14.			43.		
15.			44.		
16.			45.		
17.			46.		
18.			47.		
19.			48.		
20.			49.		
21.			50.		
22.			51.		
23.			52.		
24.			53.		
25.			54.		
26.			55.		
27.			56.		
28.			57.		
29.			58.		