



**FESTIVAL
OR
SPECIAL EVENT
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 DOLLARS (\$50.00) PER BLOCK PER DAY IS TO BE ENCLOSED WITH THIS APPLICATION
CHECK OR MONEY ORDER ONLY (NO CASH)

IMPORTANT NOTICE

A MINIMUM OF SEVENTY-FIVE (75) DAYS NOTICE IN ADVANCE OF THE EVENT IS REQUIRED TO OBTAIN A PERMIT.

~~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.~~

**COMPLETE ALL ITEMS MARKED WITH THIS SYMBOL ⊕
(PLEASE TYPE OR PRINT)**

⊕ APPLICANT'S NAME:	⊕ PHONE:	⊕ FAX:
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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 WILL BE CLOSED? (INCLUDE THE HUNDRED BLOCKS. i.e.: 200 E- 300W Oxford Street)

⊕ BETWEEN WHICH INTERSECTING STREETS?
AND

⊕ DATE OF EVENT:	⊕ RAIN DATE:	⊕ START TIME:	⊕ END TIME:
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⊕ BRIEFLY DESCRIBE THE PROPOSED EVENT:	⊕ ESTIMATED NUMBER OF PEOPLE ATTENDING:
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⊕ DOES THE STREET HAVE: 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	⊕ WILL THERE BE: 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
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⊕ I HEREBY 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 law or ordinance.

Signature Of Applicant

Date

OFFICIAL USE ONLY - DO NOT WRITE BELOW

APPLICATION DATE:	APPLICATION NUMBER:
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POLICE DISTRICT:	
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<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
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MANAGING DIRECTOR
DATE:

SPECIAL EVENTS
DATE:

POLICE DEPARTMENT
DATE:

STREETS DEPARTMENT
DATE: