

CITY OF WEST CHICAGO  
BLOCK PARTY REQUEST

To apply for a Block Party Permit, please fill out this request form. Return the Block Party Request Form at least 10 Days prior to the party date to allow notification to all appropriate City Departments. You may return the request form in person or mail to:

West Chicago Police Department  
Attn: Community Relations Officer  
325 Spencer St.  
West Chicago, Il. 60185

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL: \_\_\_\_\_

LOCATION OF BLOCK PARTY: \_\_\_\_\_

DATE OF PARTY: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

ADDRESS OF BARRICADE DROP-OFF: \_\_\_\_\_

HAVE ALL RESIDENTS BEEN ADVISED OF PARTY: YES:  NO:

A Block Party is a neighborhood event open to all residents of the streets involved. All residents of the street must be aware of the event.

Applicant must contact the West Chicago Street Department at 630-293-2250 between 7:30 a.m. and 3:30 p.m. regarding barricading the street. Barricades will be dropped off in the parkway at each end of the street to be closed on the day of the party. Applicant accepts responsibility for placement and removal of barricades and agrees to protect them from damage and vandalism.

Applicant accepts responsibility for the activities to be conducted throughout the term of this permit and agrees to clear the area of any refuse or debris which may result from the activities.

**NO ALCOHOLIC BEVERAGES ARE ALLOWED ON PUBLIC PROPERTY.**

Street must be accessible to permit passage of Emergency Vehicles.

The applicant is responsible for (1) Notification of Concealed Carry and (2) posting of "No Firearms" signage in compliance with the State of Illinois Firearm Concealed Carry Act. Parties can be held between 10 a.m. and 10 p.m. Sunday - Thursday and 10 a.m. to 11 p.m. Friday and Saturday. All amplified music must cease one hour prior to closing.

I, the undersigned, agree to abide by the above and will so inform all persons attending said block party.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Police Department Reviewer \_\_\_\_\_ Approve  Disapprove

City Hall Reviewer \_\_\_\_\_ Approve  Disapprove