



City of Farmington
Block Party Application

APPLICANT INFORMATION

Applicant Name: _____
(First) (Middle) (Last)

Address: _____

Home Phone: _____ Daytime Phone: _____ Cell: _____

Date of Activity: _____ Hours: _____

Type of Activity: _____

Location of Event: _____

Temporary Structures: _____
(Tents 200 sq. ft. or larger require a permit from the fire department)

Public Property Involved: _____

Restroom Facilities: _____

Traffic Control Provisions: _____

Crowd Control Provisions: _____

Food and/or Drink Displayed for Dispensing: _____
(No money can be exchanged for alcohol).

I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any misstatements or omissions of material facts may result in the disqualification or denial of the license. I authorize the city of Farmington to investigate the information and contact persons/organizations named on this application.

Applicant Signature: _____ Date: _____

THIS SECTION FOR OFFICE USE ONLY

Date Application Received: _____

Date Fee Paid: _____

APPROVED

DISAPPROVED

Police Signature: _____

Date: _____

City Administrator: _____

Date: _____

Comments: _____