



CITY OF MARION

LOVE YOUR CITY
MAYOR BILL COLLINS

BLOCK PARTY PERMIT

* Note: Block Party Permit must be submitted no less than 2 weeks prior to date of event. *

CONTACT INFORMATION

Name: _____
Group (if applicable): _____
Address: _____
E-Mail Address: _____
Telephone: _____ Fax: _____

EVENT INFORMATION

Date of Party/Event: _____
Purpose: _____
Location: _____
Approximate Length of Time: (from) _____ (to) _____
Number of Barricades Needed: _____
Location where barricades should be dropped off: _____
Additional remarks: _____

PERMIT REQUIREMENTS

1. Should not pose a noise problem.
2. Only non-alcoholic beverages on City property.
3. **Party is to conclude by 11p.m.**

Issuance of this form is for registration purposes only and does not constitute an endorsement by the City of Marion for any solicitation made by the bearer hereof.

Permit forms are to be submitted as follows:

City of Marion
Director of Public Safety Office
233 W. Center St.
Marion, OH 43302

Signature: _____ Printed Name: _____ Date: _____

For Internal Use Only

Application Approved _____ Application Denied _____

City Signature: _____ Printed Name: _____ Date: _____
Safety Director, Service Director, or Mayor

Notes: _____

Forwarded to: Central Dispatch _____ Streets Dept _____
Fire Dept _____ Engineering Dept _____
Police Dept _____

