



**City of Mukilteo**  
**Block Party Application**  
*Special Use Permit*

- **Non-refundable Application fee: \$25.00**
- **Other fees may apply to approved permits**
- **Please allow 30 days for City review**

**Applicant Information**

1. Applicant Name			
2. Mailing Address			
	City:	State:	Zip:
3. Phone	Day:	Evening:	
	Cell:	FAX:	
4. E-mail			

**Event Information**

<b>5. Event Date:</b>	<b>6. Event Hours:</b>
<b>7. Event Set-Up Time:</b>	<b>8. Event Take-Down Time:</b>

**9. Estimated Total Attendance:**

**10. Location of event and road closures requested:** **\*\*Attach map showing event and road closure locations\*\***

**11. Please provide detailed information on the event including:**

- How will you close the streets? What will you use to block access?
- List all equipment and items that will be placed in the street. Remember one lane of traffic must be open for emergency vehicle access.
- Other details and information on the event:

**12. Is the Event**

Private OR  Public

**(Please select the checkbox after reading the description to the right)**

A **private** event is one in which you have a specific guest list and know who is going to attend. A **public** event is open to the general public through word-of-mouth, flyers, signs, or media advertising.

**Event Components**

**13. Please mark all items that apply to your event and provide details in Box 14.**

- |                                                               |                                                                   |
|---------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Concert or live music                | <input type="checkbox"/> Public Address system or amplified sound |
| <input type="checkbox"/> Cooking outdoors, grilling, barbecue | <input type="checkbox"/> Rally or protest                         |
| <input type="checkbox"/> Entertainers (clowns, etc.)          | <input type="checkbox"/> Tables and chairs                        |
| <input type="checkbox"/> Exhibits or displays                 | <input type="checkbox"/> Tents                                    |
| <input type="checkbox"/> Fencing or scaffolding               | <input type="checkbox"/> Other                                    |
| <input type="checkbox"/> Inflatable toys (bounce house, etc.) |                                                                   |

**14. Provide details for checked event components and describe any “other” items not on the list:**

**PLEASE NOTE: SUBMISSION OF THIS FORM DOES NOT GUARANTEE APPROVAL OF YOUR EVENT. Failure to complete all sections of this form or failure to meet all required submittals may result in delay, limitations, or cancellation of your event.**

**Signature of Applicant:**

**Date:** \_\_\_\_\_