

CITY OF ROLLING MEADOWS  
3600 KIRCHOFF ROAD  
ROLLING MEADOWS, IL 60008  
(847) 394-8500  
Fax: (847) 483-0364  
Email: clerk@cityrm.org

**APPLICATION – BLOCK PARTY PERMIT**

**\*\*APPLICATION MUST BE SUBMITTED NOT MORE THAN 60 DAYS OR NOT LESS THAN 7 DAYS  
PRIOR TO EVENT DATE\*\***

Applicant Name: \_\_\_\_\_  
*(Authorized Representative)*

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_  
*(Approved Permit will be emailed to this email address)*

Type of Event: **Block Party**

Date & Hours of Block Party: \_\_\_\_\_  
*(Note: Pursuant to City Code Section 106-5, hours must be between 7:00 a.m. and 10:00 p.m.)*

Assembly Area: \_\_\_\_\_

Will you need barricades? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If answered yes, barricades will be dropped off near assembly area).

Would you like Police representatives to attend (pending any calls)? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like Fire representatives to attend (pending any calls)? Yes \_\_\_\_\_ No \_\_\_\_\_  
With Engine (pending any calls)? Yes \_\_\_\_\_ No \_\_\_\_\_

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

**\*\*This is not a permit\*\***  
**\*\*Permit will be issued at least 3-5 days prior to event\*\***

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Office Use Only: Permit No. \_\_\_\_\_

FIRE DEPT: Approved/Denied \_\_\_\_\_ Date: \_\_\_\_\_

POLICE DEPT: Approved/Denied \_\_\_\_\_ Date: \_\_\_\_\_

PUBLIC Works: Approved/Denied \_\_\_\_\_ Date: \_\_\_\_\_