



For Night to Unite block parties, submit your completed form:

By email to: lbrazelton@coonrapidsmn.gov

OR  
By Fax to: 763-767-6435

OR

By mail to:  
11155 Robinson Drive  
Attn: Police Dept. - Night to Unite  
Coon Rapids, MN 55433

For block parties other times of the year, submit your completed form and \$25 check deposit (made out to The City of Coon Rapids) to:

Coon Rapids Public Works  
Attn: Block Party Applications  
1831 111th Ave NW  
Coon Rapids, MN 55433

PLEASE NOTE: The \$25 fee is waived for Night to Unite Block Party Events

## Application for Block Party

Personal Information					
First Name:					
Middle Name:					
Last Name:					
Date of Birth:					
Email Address:					
Address of Residence:	Street:				
	City:				
	State:				
	Zip:				
Day Telephone:					
Evening Telephone:					
Organization:					
Block Party Information					
Location of Block Party	Street:				
	Between		And		
Date/Time of Block Party:	Date:			Day:	
	Start Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM	End Time:	
				<input type="checkbox"/> AM <input type="checkbox"/> PM	

**NOTE: NOISE RESTRICTIONS GO INTO EFFECT AT 10:00 P.M.**

**NO PERMITS WILL BE ISSUED FOR BLOCK PARTIES LASTING AFTER 10:00 P.M.**

General provisions of the Block Party process are listed on the back. Block Party applicants must receive written consent from 60% of the adult residents of the affected block by having them sign the petition on the following page. Applicants must return this form with the \$25 deposit to Coon Rapids Public Works at least two weeks prior to the Block Party.

Office Use Only	
Street Department Approval	



**BLOCK PARTY PROVISIONS**

1. Applications shall be submitted to the City on forms provided, and shall contain the name and other pertinent information of the adult person(s) responsible for the party, together with the signatures of at least sixty percent (60%) of the adult residents of the affected block.
2. No permit shall be issued which does not contain the required number of signatures.
3. Block parties shall be restricted to the affected block and their invited guests.
4. The City will deliver barricades to be placed at the block ends designated, which should be removed from the street immediately following the event. Barricades should be placed in such a manner that emergency vehicles may drive around them.
5. The applicant shall be responsible for restoring the public area to a clean and orderly condition no later than 12:00 noon on the day following the event.
6. No electronic sound system shall be used which is audible beyond the block designated for the party after 10:00 p.m. Residents and guests shall fully comply with the City's noise ordinance (City Code Chapter 8-400).
7. All activities of the block party will be conducted on low volume residential streets, dead-end streets, or cul-de-sacs. No thoroughfare or collector streets will be utilized for such activities.
8. The applicant(s) agree(s) to indemnify and hold harmless the City of Coon Rapids, Minnesota, its agents and employees from any and all claims, demands, action or cause of action of whatsoever nature or character arising out of or by reason of, the conduct of the block party in any respect, including, but not limited to costs, attorney's fees, expenses, etc., incurred in connection with the defense or settlement of any claims for injuries or damage resulting from or connected with the block party.
9. A \$25.00 deposit, payable to the City of Coon Rapids, is required at the time of filing the application. The deposit will be returned when the barricades have been inspected and no damage is evident.
10. The Police Department is authorized and directed to terminate any block party which does not comply with all regulations involving public assembly, or which become a public nuisance or unlawful assembly.
11. No permits shall be issued to any applicant or in any block which has previously had a party terminated by Police action.

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**I understand the block party regulations and agree to abide by the provisions contained in this application.**

**Signature:** \_\_\_\_\_



Residents Applying or Consenting to Application  
60% of Adult Residents of Affected Block

Name	Address

*If more space is needed for resident signatures, please use the back of this page.*