



# National Night Out Block Party Application



**Robbinsdale Police Department**- 4101 Hubbard Avenue N, Robbinsdale, MN 55422

Phone (763) 531-1220 Fax (763) 536-1383

1. Provide name(s), address(es) and phone number(s) of people in charge of the block party:

Name #1	Address
Phone	Email
Name #2	Address
Phone	Email

2. Street(s) requested to be closed off: (i.e., Zenith Ave. from 41<sup>st</sup> Ave. to 42<sup>nd</sup> Ave.)

3. Inclement weather – Alternate party location: \_\_\_\_\_

4. Date: \_\_\_\_\_ Time: From \_\_\_\_\_ to \_\_\_\_\_

5. Would you like Police personnel to visit your party? Please check: **Yes** **No**

*(If 'Yes', every effort will be made to have an officer attend. However, there is no guarantee officers can attend each event).*

6. Will entertainment be provided? **Yes** **No** If yes, please explain:

7. Will beer or other alcoholic beverages be consumed? **Yes** **No**

If yes, please describe type and quantity: \_\_\_\_\_

8. Will persons under the age of 21 be attending? **Yes** **No**

If minors are present and beer or other beverages containing alcohol are served, who will be responsible for the minors: \_\_\_\_\_

9. Will the party be advertised in any way, i.e., newspapers, flyers, posters? **Yes** **No**

If yes, give details: \_\_\_\_\_

10. Will food or beverages be sold, or will guests be charged an admission fee? **Yes** **No**

If yes, give details: \_\_\_\_\_

*\*Please check the box below indicating you have read and agree to comply with the city rules and regulations for for hosting a Neighborhood/Block Party, guidelines are available on the City of Robbinsdale website.*

I/We, the undersigned, have answered all questions to the best of our ability and understand that if misstatements or misrepresentations are discovered in this application, any permissions or permits granted by the City Council will be automatically revoked.

Police Chief Comments/Approval: _____
City Engineer Comments/Approval: _____
Date of City Council Approval: _____ cc Fire Chief

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

Return form by email to Officer Landherr: Clandherr@ci.robbinsdale.mn.us