

City of Cleveland Division of Recreation 216.664.2561 601 Lakeside Ave., Room 8 Cleveland, Ohio 44114

Application for Permit to Conduct a Recreational Activity Upon a Street

Instructions: Submit completed application including Councilperson's signature to the Division of Recreation with a \$20 money order (no checks/cash/credit cards) payable to the City of Cleveland. Application must be received 14 business days prior to event and may take up to 10 business days to process. If approved, permit will be faxed or it can be picked up at the above address. If not approved, you will be informed within 10 days.

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APPLICATION DATE	EVENT DATE	EVENT STA	RT AND END TIME	# PERSONS	TYPE/PURPOSE OF EVENT			
ORGANIZATION NAME		TYPE OF ORGANIZATION			Non-profit? YES NO			
ORGANIZATION STREET ADDRESS				CITY	CITY		ZIP	
PERSON RESPONSIBLE FOR EVENT		TITLE		PHONE NUMBER		FAX NUMBER		
MAIN STREET TO BE CLOSED		BOUNDARY STREET(S)						
NAMES OF TWO QUAL	IFIED PERSONS WH	D WILL SUPE	RVISE RECREATION	AL ACTIVITIES				
Safety: Applicar	nt must hire sp	ecial polic	e, Police Depa	rtment will r	not assign officers			
NAME OF FIRST POLICE	CE OFFICER	E	BADGE NUMBER	NAME OF SEC	COND POLICE OFFICER	В	SADGE NUMBER	
for the purpo organization of everyone	ose of conductir is responsible	ng a recreation for furnish te vicinity.	ational activity on the second ing all necessa	on the street ry barricade	a permit to close a s t. Applicant is award s to insure the safe at neither food nor m	e that the ty and p	e rotection	
APPLICANT NAME			APPLICANT SIGNATURE X			DATE SIGNED		
COUNCILPERSON NAM	ΛE	WARD	COUNCILPERSON	SIGNATURE (RE	EQUIRED)		DATE SIGNED	
DATE RECEIVED FROM			Only - do not	write in th	e area below			
DATE NEOLIVED I NON	A OIL I GOOINGIL	DATE SE	DATE OF ILITIAL IO					

DATE RECEIVED FROM CITY COUNCIL	DATE SENT TO TRAFFIC	
City of Cleveland Approvals		
COMMISSIONER OF RECREATION SIGNATURE X		DATE SIGNED
COMMISSIONER OF TRAFFIC SIGNATURE X		DATE SIGNED
DIRECTOR OF PUBLIC SERVICE SIGNATURE X		DATE SIGNED