



City of Edina
4801 West 50th Street
Edina, MN 55424-1394

Phone: (952) 927-8861
Fax: (952) 826-0390

Office Use Only

_____ Date Received

Copies to:

_____ Fire Chief

_____ Police

_____ Public Works

_____ Applicant

BLOCK PARTY APPLICATION

Name of Applicant _____

Organization (if any) _____

Address _____ Zip _____ Phone _____

Date of Party _____ Time of Party: From _____ To _____

What street is to be barricaded? _____

What are the cross streets that define the barricaded area? _____

House address cones are to be left and picked up _____

Block parties will be conducted only on low-volume residential streets, dead-end streets, or cul-de-sacs. No thoroughfares or collector streets may be used.

It is hereby agreed that, by signing and presenting this application, signer (s) represents to the City of Edina that the following statements are true and correct, and agrees to and will abide by the following:

1. All residents living on the street or block for which the party is planned request the Block party, or have been contacted and do not object to the Block party.
2. To be responsible for placement of cones as directed by the city (see diagram attached) and to return such cones to the address where they are delivered by the city.
3. To leave AT LEAST A TEN (10) FOOT AISLE in the street to permit passage of emergency vehicles or vehicles of residents. Failure to maintain a ten foot aisle during the entire period of the party will necessitate denial of requests for subsequent block parties. Public Safety personnel will monitor the party for strict adherence to this rule.
4. To maintain adult supervision at all times during the party.
5. Applicant (s) shall be responsible for the pick-up of trash and garbage within 12 hours of the end of the party.
6. Streets may not be barricaded later than 10:00 P.M.
7. No residents of the area designated shall be prohibited from attending the party.

THE MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. We are requesting this data to determine your eligibility for a license from the City of Edina. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data, however, refusing to supply the data may cause your license to not be processed. Under MS 270.72, the City of Edina is required to provide the Minnesota Department of Revenue your MN Tax ID Number or Social Security Number. This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest. The Department of Revenue may supply information to the Internal Revenue Service. In addition, this data can be shared by Edina City Staff, the State of Minnesota Driver License Section, Hennepin County Auditor, Bureau of Criminal Apprehension, Hennepin County Warrant Office, and Ramsey County Warrant Office. Your signature on this application indicates you understand these rights. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternative address and telephone number. Please sign below to indicate that you have read this notice:

Signature X _____ I request that my residence address and telephone number be considered private data. My alternative address and telephone number are as follows:
 Address _____ Telephone Number _____

Date: _____ Signature of Applicant: _____

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