



CITY OF WATERTOWN
LICENSING BOARD
Block Party / Street Closing

TIME STAMP

Applicant Information This application for events that will no have alcohol.		
Name :		Phone:
Address:		
Organization:		
Organization Address:		
Event Type:		
Description of Event:		
Event Location:		Watertown MA
Inside	Outside	Both
Event Date(s)		
Rain Date(s)		
Event Time - Start End	Expected Number of Attendees	Expected Age Group Attending

Are you looking to have Street(s) Closed? Yes No

If Yes, What Streets: _____

*Please include attached Street Closing Form with signatures and drawn map

Applicant Signature _____

Please return completed application with \$25.00 fee to the City Clerks Office.

CLOSING OF _____ STREET

We, the undersigned residents of the street named above,
support (or don't support) the street closing.

	Resident Name	Resident Street Address	Support	
			Yes	No
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

MAP SHOWING WHERE YOU WOULD LIKE CONES PLACED

CROSS STREETS: _____