

**BOROUGH OF BLOOMINGDALE**

**BLOCK PARTY PERMIT APPLICATION # \_\_\_\_\_**

Name of Block Party Coordinator: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Note:

Please submit your application to the Municipal Clerk’s Office at least 30 days prior to the Proposed Block Party

Date of Block Party: \_\_\_\_\_

Application submitted by: \_\_\_\_\_

Hours of Proposed Street Closure: \_\_\_\_\_

Street to be closed: \_\_\_\_\_

Intersections: \_\_\_\_\_

***UPON COMPLETION, PLEASE SUBMIT THIS APPLICATION TO THE  
OFFICE OF THE MUNICIPAL CLERK, 101 HAMBURG TURNPIKE,  
BLOOMINGDALE, NJ 07403***

EMAIL: [jmccarthy@bloomingdalenj.net](mailto:jmccarthy@bloomingdalenj.net) OR FAX: 973-838-5115

**FOR OFFICE USE ONLY**

Notification Made To:

\_\_\_ Police Department     \_\_\_ Road Department     \_\_\_ Fire Dept.     \_\_\_ Ambulance

\_\_\_\_\_ Date Approved                                     \_\_\_\_\_ Date Denied

