

TOWNSHIP OF NEPTUNE
APPLICATION FOR BLOCK PARTY PERMIT

Name of Applicant _____ Age: _____

Address of Applicant _____

Date of Block Party _____ Rain Date _____

TIME: Start: _____ End: _____

Location _____

Names and Addresses of Adults Responsible for Activity :

General Age of Participants _____ Alcoholic Beverages: Yes () No ()

Request for Township Assistance _____

DATE: _____

Signature of Applicant & Phone Number

DO NOT WRITE BELOW THIS LINE

INVESTIGATION REPORT - copy of police report attached

APPROVALS:

Signature of Officer: _____

Signature of Chief or Designee: _____