



P.O. Box 1027, Savannah, GA 31402
Phone: (912) 351-3837 Fax: (912) 525-1547

APPLICATION FOR PERMIT TO BLOCK STREET
SUPPLEMENTAL TO PUBLIC ASSEMBLY APPLICATION FORM

I HAVE BEEN NOTIFIED AND APPROVE OF THE TEMPORARY CLOSURE OF MY BLOCK FOR

AN EVENT ON _____ FROM _____ TO _____
(Date) (Start Time) (End Time)

WILL ALCOHOL BEVERAGES BE DISPENSED OR SOLD? _____ YES _____ NO
WILL SOUND AMPLIFICATION EQUIPMENT BE EMPLOYED? _____ YES _____ NO

| PRINT NAME | ADDRESS | PHONE | SIGNATURE |
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