



CITY of  
**GENESEO**

Where the *future* grows.

115 S Oakwood Ave, Geneseo, IL 61254  
Tel: 309-944-6419 Fax: 309-944-8254

**FORM FOR A PERMIT TO CLOSE A ROAD, TO HOLD A BLOCK PARTY, OR SPECIAL EVENT**

**Road Closure forms must be submitted 30 days in advanced or will be denied. The road closure form will be processed within 5 business days.**

Date of Application: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Please note: A block party or special event permit cannot be used to close any State Highway, to close any street prior to 8:00 A.M. or past 10:00 P.M., or to close any street for commercial purposes.

**Applicant Information:**

Applicant Name/Group Name: \_\_\_\_\_

Main Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Contacts During Event**

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**Please answer the following questions:**

Event Location (i.e., State Street from 1100 N. to 1199 N.) – request can only be one (1) block long (street intersection to intersection.)

Street: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**(Applicant is responsible for placing and removing barricades)**

Purpose of Closure: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Times to Set up: \_\_\_\_\_ Clean up: \_\_\_\_\_

Rain Date/Time: \_\_\_\_\_

(flip over)

What type of equipment will be used/placed on City property during the event?

☐ Sound System

☐ Electric Equipment

☐ Platform/Stage

☐ Table & chairs

☐ Cooking Apparatuses

☐ Tents (Dimensions \_\_\_\_\_)

Yes No

Barricades Needed?

☐☐

Request for Police Presence?

☐☐

If yes please explain the request for the Police Department: \_\_\_\_\_

If approved, all neighbors and businesses must be notified of road closure.

Is this event being held at the Central Bank Pavilion? ☐ Yes ☐ No

If this is a Run or Walk a map of the entire route must be submitted.

Application is not approved until applicant is notified.

Please contact me by ☐ Phone ☐ Email

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**BELOW FOR OFFICE USE ONLY**

\_\_\_\_\_  
Signature of Director of Public Works

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Electrical Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Police Chief

\_\_\_\_\_  
Date

Copy to City Administrator on \_\_\_\_\_

Permit to Applicant on \_\_\_\_\_