



SPECIAL EVENT PERMIT APPLICATION

Submit application at least **30 days prior to the event**.
The approval process can take up to thirty (30) days. Please plan with this time in mind when making commitments, advertising, etc.
Please read PAGE 3 before completing this application.

EVENT INFORMATION

NAME OF EVENT: Cullman Warehouse Street Sale

DATE(S) OF EVENT: April 10-11

TIME(S) OF EVENT: 10-6 each day

EVENT TYPE:

☐ 5K/10K Run → **Must call City Hall at 256-775-7104 re: route.**

☐ Parade/Procession

☐ Race/Ride

☐ Festival/Concert

☐ Protest/Picket/Rally → **Must call CPD (256-734-1434) for rules.**

☒ Block Party

☐ Other _____

DESCRIPTION OF EVENT: Spring street sale of the Warehouse District stores

SIZE OF EVENT (Estimated Maximum Attendance)

- ☐ **Small Event** (<500 persons)
- ☒ **Medium Event** (500-5000 persons)
- ☐ **Large Event** (5000+ persons)



For large events, event safety and operational plans MUST be submitted with this application.

TYPE OF PROPERTY TO BE USED: (Check all that apply.)

- ☒ **Public Street and/or Sidewalk**
- ☐ **City Park/Recreational Facility**



Parks/Recreational Facilities MUST be reserved through CPRST BEFORE submitting this application (see page 6).

Name of Park or Facility: _____

Name of CPRST employee who authorized use: _____

- ☐ **Property Owned by Someone Else**



Property Owner/Manager MUST authorize use of property. Page 8 is provided for this purpose, if needed.

Name of Owner/Manager: _____

Is the Owner/Manager's written authorization attached?
____ YES ____ NO

- EVENT ORGANIZER -

Name: Leldon Maxcy

Title: store owner

Organization: Cullman Warehouse District

Address: 117 1st ave ne, Cullman, al 35055

Phone Number(s): 2563394413

Email Address(es): leldonmaxcy@gmail.com

- FOR ADMINISTRATIVE USE ONLY -

DATE SUBMITTED: 03.25.2025/pl

DEPARTMENTAL INITIAL REVIEWS

MAYOR'S OFFICE

☐ Approved ☒ Conditionally Approved ☐ Denied

Comments/Concerns: _____

DocuSigned by:

Neddy Jacobs

04/04/2025

Mayor

Date

POLICE DEPARTMENT

☐ Approved ☒ Conditionally Approved ☐ Denied

Comments/Concerns: _____

Signed by:

Joey Duncan

Police Chief or Designee

Date

FIRE DEPARTMENT

☐ Approved ☒ Conditionally Approved ☐ Denied

Comments/Concerns: _____

DocuSigned by:

Danny Cain

Fire Chief or Designee

Date

CPRST

☒ Approved ☐ Conditionally Approved ☐ Denied

Comments/Concerns: _____

Signed by:

Nathan Anderson

CPRST Director or Designee

Date

Event organizer is responsible for coordinating and paying costs associated with any assistance needed from city departments upon event approval.

City of Cullman | CullmanAL.gov | 256-775-7109 | cityhall@cullmanal.gov | 204 2nd Avenue NE | P.O. Box 278 | Cullman, AL 35056

WHAT IS A SPECIAL EVENT PERMIT AND WHAT IS CONSIDERED A SPECIAL EVENT?

Special Event Permits are issued to individuals or organizations planning to hold special events within the Cullman city limits. A special event is an event involving: The closing and/or use of public roads, sidewalks, parks & recreational facilities, or other public property within the Cullman city limits or that involve amplified speaking/music or other types of excessive noise within the Cullman city limits, whether on public or private property. Other events may also fall under the category of "special event." If you are unsure whether your event qualifies as a "special event," contact the City Clerk's Office (see page 6).

PROCEDURE FOR OBTAINING A SPECIAL EVENT PERMIT

1. Completed, signed applications should be submitted to the City Clerk's office at least thirty (30) days prior to the event.
2. Your application will be reviewed by the City Clerk's office to verify that the application is valid and complete.
3. Your application will then undergo initial review by the Police Department, Fire/Rescue Department, CPRST, and Mayor.
4. Your application will then be added to an upcoming City Council meeting agenda. (Contact the City Clerk's office for the date and time of the City Council meeting at which your application will be considered – see page 6 for contact info.)
5. Once your application is approved by the City Council, the Special Event Permit will be issued by the Mayor.

RULES & REGULATIONS REGARDING SPECIAL EVENTS



Applicant shall provide to the City detailed plans as required per City Ordinance to allow the City to evaluate and assure that the proposed event will not pose an unreasonable danger to public health and safety and will not excessively burden municipal resources without adequate planning so as to create such a danger. A site map for the event illustrating the location of any tents, stages, viewing platforms, port-a-lets, parking, waste receptacles, etc., shall also be provided.

- Use of city parks & recreational facilities MUST be authorized by CPRST (see page 6) prior to submitting this application.
- Events involving the sale and/or consumption of alcohol beverages require additional permits and/or licenses. You MUST contact CPRST (256-734-9157) prior to submitting this application.
- If you use property belonging to a third party, written authorization from property owner/manager is required (see page 8).
- If streets are closed for the event, you MUST attach written consent from all affected property owners/managers (see page 7) and ensure that adequate ingress & egress paths for fire, medical, & police emergency response is maintained.
- If your event is a race, run, or walk, you MUST contact the City Clerk's Office for the preferred route (see page 6).
- Events involving the use of vendors require additional permits and/or licenses from the City Clerk's Office (see page 6).
- If food trucks are used, food truck vendors MUST have a current inspection on file with the Fire Marshal (see page 6).
- Events involving loud noise or amplified music MUST conclude at 10PM, unless another time is approved by the City Council.
- Events involving pyrotechnics must be submitted 30 days prior to the event and you MUST contact the Fire Marshal for additional city and state requirements (see page 6).
- If assistance is needed from a city department, you MUST contact the department to coordinate said assistance (see page 6).
- You must contact local public safety officials and follow all local and state rules, regulations, ordinances, and adopted codes.
- You are responsible for costs incurred for city assistance (police/fire/EMT services, barricades, etc.), unless otherwise noted.

RIGHTS RESERVED BY THE CITY OF CULLMAN

The City of Cullman reserves the right to:

- Approve any event subject to requirements and ordinances of the City of Cullman concerning public safety.
- Intervene if the application and/or planning of the event presents potential and significant traffic issues, public safety issues and/or excessive noise complaints, or any other issues/disturbances which have a high likelihood to occur based on the totality of the circumstances surrounding the event, or which do occur, and take appropriate measures to resolve these issues up to and including the revocation of any Special Event Permit issued.
- Revoke the Special Event Permit should the event organizer (or agents thereof) fail to abide by any of the special event rules, regulations, or agreements.
- Suspend or revoke any Special Event Permit should circumstances beyond either party's control change significantly enough to warrant said suspension or revocation.



SPECIAL EVENTS ARE NOT AUTHORIZED UNTIL: (1) THE CITY COUNCIL GRANTS APPROVAL; (2) THE EVENT ORGANIZER OBTAINS/SUBMITS ALL REQUIRED PERMITS/LICENSES/AUTHORIZATIONS; (3) EVENT ORGANIZER PAYS ALL REQUIRED FEES/COSTS; (4) THE SPECIAL EVENT PERMIT IS SIGNED BY THE EVENT ORGANIZER AND THE MAYOR.

Event organizer is responsible for coordinating and paying costs associated with any assistance needed from city departments upon event approval.

City of Cullman | CullmanAL.gov | 256-775-7109 | cityhall@cullmanal.gov | 204 2nd Avenue NE | P.O. Box 278 | Cullman, AL 35056

EVENT LOCATION & ADDRESS (attach map or diagram):

1st ave NE block with warehouse district stores (Clark St to 1st ST)

**1. IS THIS A 501(c)(3) CHARITY EVENT?**YES NO ☒ YES ☐ NO

If YES:

Entity Name

501(c)(3) Number

2. ARE YOU REQUESTING THE CLOSING OF PUBLIC STREETS OR SIDEWALKS?YES NO ☒ YES ☐ NOIf event involves closing streets or sidewalks, you **MUST** have written approval of all property owners/managers or residents affected by the closing. Page 7 is provided for this purpose, if needed.You **MUST** ensure that adequate ingress and egress paths for fire, medical, and police emergency response is maintained at all times; coordinate closely with local public safety officials; and follow all rules, regulations, ordinances, and adopted codes of the City of Cullman and the State of Alabama.

If YES, list streets/sidewalks to be closed (attach map or diagram).

1st ave NE block with warehouse district stores (Clark St to 1st ST)

**3. WILL YOU REQUIRE THE USE OF CITY-OWNED BARRICADES OR BOLLARDS?**YES NO ☒ YES ☐ NO

Event organizer responsible for arranging use of city barricades or bollards and paying applicable costs (see page 6).

4. WILL YOUR EVENT INCLUDE AMPLIFIED MUSIC/SPEAKING OR OTHER EXCESSIVE NOISE?YES NO ☐ YES ☒ NOEvents involving amplified music, speaking, or other excessive noise as defined by the City's noise ordinance **shall conclude by 10PM**, unless otherwise noted. Complaints will be investigated by the Cullman Police Department.

If YES, describe:

5. WILL ALCOHOL BE SERVED DURING THIS EVENT?YES NO ☐ YES ☒ NOIf YES, you **MUST CONTACT CPRST (256-734-9157) BEFORE SUBMITTING THIS APPLICATION!** Also, any event involving alcohol require a **minimum of two (2) police officers** on site at the expense of the event organizer.Have you contacted CPRST concerning serving alcohol at your event? ☐ YES ☐ NO**6. WILL YOUR EVENT INCLUDE FOOD OR DRINK VENDORS?**YES NO ☐ YES ☒ NO

Event organizer shall be responsible for obtaining all necessary permits, licenses, and permissions. (See page 6.)

7. WILL ANY VENDORS BE USING FOOD TRUCKS AT THE EVENT?N/A YES NO ☒ N/A ☐ YES ☐ NO

Food truck vendors are required to have a current inspection on file with the Fire Marshal's office (See page 6.)

8. WILL YOUR EVENT INCLUDE VENDORS OF CRAFTS OR OTHER ITEMS?YES NO ☐ YES ☒ NO

Event organizer shall be responsible for obtaining all necessary permits, licenses, and permissions. (See page 6.)

9. WILL YOUR EVENT INVOLVE PYROTECHNICS (fireworks, etc.)?YES NO ☐ YES ☒ NO

Per City Ordinance, this application must be submitted to the City Council for approval 30 days prior to the date of the event and the event planner is required to contact the Fire Marshal's office regarding additional city and state requirements. (See page 6.)

10. ARE YOU REQUESTING POLICE SERVICES OR ARE POLICE SERVICES REQUIRED?YES NO ☐ YES ☒ NO

If YES, how many are you requesting? _____

Minimum of 2 officers required at events involving alcohol, at organizers expense. Chief has final discretion on services & number of officers. ***In the interest of health, safety & welfare of citizens & attendees, rates for large ticketed events with an estimated 20,000+ attendees per day per site = \$55 (non-alcohol) & \$60 (alcohol) during event only, accounting for reasonable time prior to & after event.****OFF DUTY POLICE RATES PER HOUR**

\$45.00*	NORMAL RATE
\$50.00*	RATE IF ALCOHOL SERVED
- MINIMUM 4 HOURS -	

11. ARE YOU REQUESTING FIRE, EMT AND/OR TELECOMMUNICATOR SERVICES?YES NO ☐ YES ☒ NO

If YES, how many are you requesting? _____

Fire/EMT/Telecommunicator personnel provided at organizer's expense. Chief has final discretion on what services & personnel are required. ***In the interest of the health, safety & welfare of citizens & attendees, rates for large ticketed events with an estimated 20,000+ attendees per day per site = \$55 (non-alcohol) & \$60 (alcohol) during event only, accounting for reasonable time prior to & after event.****OFF DUTY FIRE/EMT/TC RATES/HR**

\$45.00*	NORMAL RATE
\$50.00*	RATE IF ALCOHOL SERVED
- MINIMUM 4 HOURS -	

12. WILL YOUR EVENT INVOLVE THE USE OF PORTABLE TOILETS?YES NO ☐ YES ☒ NO

Event organizer shall be responsible for obtaining all necessary permits, licenses, and permissions. (See page 6.)

13. ANY ADDITIONAL COMMENTS, INFORMATION, OR REQUESTS?YES NO ☐ YES ☒ NO

Event organizer is responsible for coordinating and paying costs associated with any assistance needed from city departments upon event approval.

City of Cullman | CullmanAL.gov | 256-775-7109 | cityhall@cullmanal.gov | 204 2nd Avenue NE | P.O. Box 278 | Cullman, AL 35056

If YES, please use this space: _____

[illegible]

EVENT ORGANIZER ACKNOWLEDGEMENT & SIGNATURE

BY SIGNING BELOW, I HEREBY ACKNOWLEDGE THAT:

1. I have read and completely understand the procedure for requesting a Special Event Permit, the rules and regulations regarding special events, and the rights reserved by the City of Cullman.
2. I understand and agree to abide by the afore-mentioned procedures, rules, and regulations as well as all other local, state, or federal rules, regulations, and laws that are applicable to my event.
3. I understand that it is my responsibility to contact the appropriate department(s) to coordinate any assistance that may be needed and that I shall be responsible for any costs that may be associated with any departmental assistance that is either requested by me or required by the City of Cullman.
4. I understand that it is my responsibility to contact the appropriate department(s) to ensure that any other applicable permits, licenses, or permissions are obtained; and that failure to do so will result in the revocation of any Special Event Permit issued.
5. I understand that submitting this application is not a guarantee that my special event will be approved; and I understand that my event is not fully approved until the City Council authorizes it, all requirements are met, all fees/costs are paid, and the Special Event Permit is signed and issued by the Mayor.
6. This application is complete and the information contained herein is true and correct to the best of my knowledge.

DocuSigned by:

Leldon Maxcy

Signature of Event Organizer

Leldon Maxcy

Printed Name

March 21, 2025 | 10:31 AM CDT

Date

co organizer

Title (if applicable)

Business or Organization Name (if applicable)

APPLICATION CHECKLIST

- | | | | |
|--|---|-----------------------------|---|
| ✓ I HAVE CONTACTED THE CITY CLERK'S OFFICE REGARDING RACE/RUN ROUTE. | ☐ YES | ☐ NO | ☒ N/A |
| ✓ I HAVE CONTACTED CPRST TO RESERVE A PARK OR FACILITY. | ☐ YES | ☐ NO | ☒ N/A |
| ✓ I HAVE CONTACTED CPRST REGARDING ALCOHOL AT THIS EVENT (Q. 5). | ☐ YES | ☐ NO | ☒ N/A |
| ✓ I HAVE ATTACHED A DETAILED SAFETY PLAN AND SITE MAP. | ☒ YES | ☐ NO | ☐ N/A |
| ✓ I HAVE INCLUDED A MAP OF STREET CLOSINGS AND/OR RACE ROUTES. | ☒ YES | ☐ NO | ☐ N/A |
| ✓ I HAVE INCLUDED SIGNATURES OF PROPERTY/BUSINESS OWNERS/MANAGERS APPROVING STREET/SIDEWALK CLOSURES. (Q. 2) | ☒ YES | ☐ NO | ☐ N/A |
| ✓ I HAVE CONTACTED THE FIRE MARSHAL ABOUT THE USE OF FOOD TRUCKS (Q.7). | ☐ YES | ☐ NO | ☒ N/A |
| ✓ I HAVE CONTACTED THE FIRE MARSHAL ABOUT THE USE OF PYROTECHNICS (Q.9). | ☐ YES | ☐ NO | ☒ N/A |
| ✓ I HAVE INCLUDED WRITTEN AUTHORIZATION BY THE PROPERTY OWNER/MANAGER TO USE PROPERTY NOT BELONGING TO ME FOR MY EVENT. | ☒ YES | ☐ NO | ☐ N/A |
| ✓ I HAVE CONTACTED THE CPD FOR RULES REGARDING PROTESTS, RALLIES, ETC. | ☐ YES | ☐ NO | ☒ N/A |
| ✓ I HAVE READ AND UNDERSTAND THE PROCEDURES, RULES, & REGULATIONS FOR APPLYING FOR AND CARRYING OUT A SPECIAL EVENT IN CULLMAN (PAGE 4). | ☒ YES | ☐ NO | ☐ N/A |
| ✓ I HAVE READ AND UNDERSTAND THE RIGHTS RESERVED BY THE CITY OF CULLMAN AS OUTLINED ON PAGE 4. | ☒ YES | ☐ NO | ☐ N/A |

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED, SO PLEASE MAKE SURE THAT ALL QUESTIONS ARE ANSWERED AND ALL REQUIRED DOCUMENTATION IS ATTACHED BEFORE SUBMITTING.

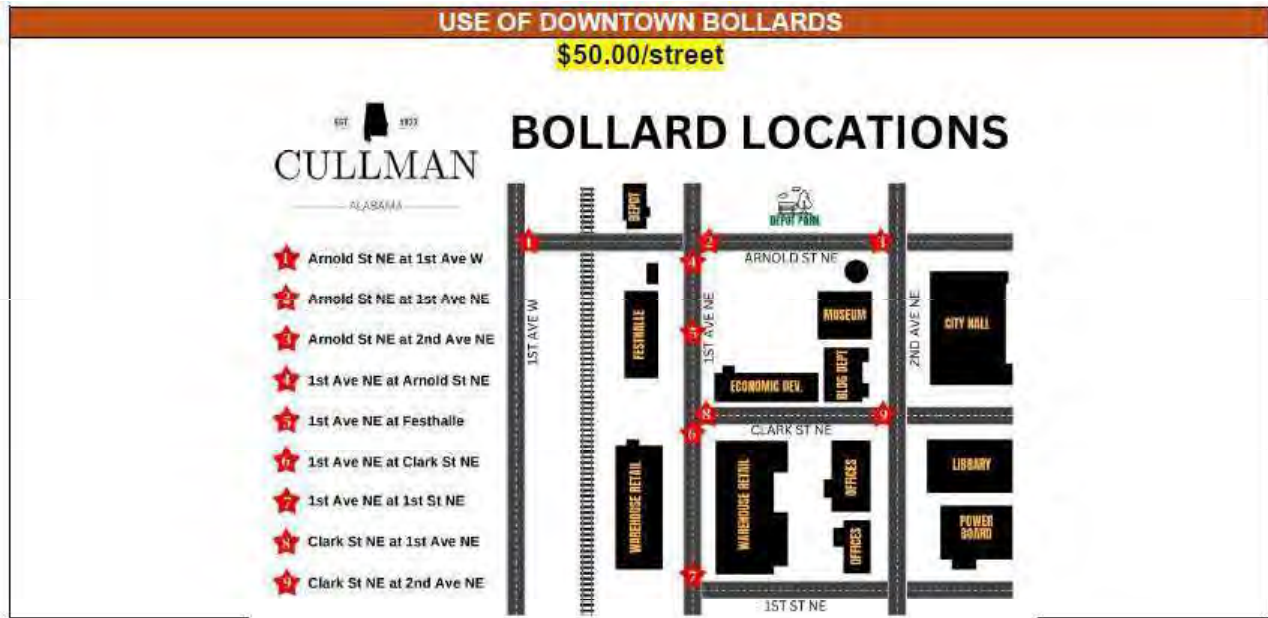
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- ADDITIONAL INFO -

You may be required to contact a department or agency regarding your permit. It is your responsibility to ensure that all applicable permits and licenses are obtained and to coordinate assistance through the appropriate department(s). **COSTS MAY BE INCURRED FOR SOME SERVICES FOR WHICH EVENT ORGANIZER SHALL BE RESPONSIBLE.** IF YOU'RE UNSURE ABOUT WHAT PERMITS/LICENSES/PERMISSIONS ARE REQUIRED, CONTACT THE CITY CLERK'S OFFICE.



CULLMAN CITY HALL

Phone: (256) 775-7109 | Email: cityhall@cullmanal.gov

CITY CLERK'S OFFICE

For general info; obtain race/walk/parade routes; obtain permits or licenses for vendors; submit payment for fees or costs for services.

Location: City Hall, 204 2nd Avenue NE, Cullman, AL 35055
Phone: (256) 775-7109 | Email: pleslie@cullmanal.gov
Web: cullmanal.gov/depts/admin

CPRST (PARKS, RECREATION, & SPORTS TOURISM)

To check availability of and reserve parks or recreational facilities; obtain permits for events involving alcohol consumption/sales.

Location: 703 2nd Avenue NE, Cullman, AL 35055
Phone: 256-734-9157 | Email: info@cullmanrecreation.org
Web: www.cullmanrecreation.org

CULLMAN FIRE RESCUE | FIRE MARSHAL

For inspection of food trucks; obtain permits for pyrotechnics, fires, etc.; request fire/paramedic/telecommunicator services; coordinate ingress/egress for fire/medical emergencies.

Location: 1920 Butler Street NW, Cullman, AL 35055
Phone: (256) 775-7186 | Web: cullmanal.gov/depts/fire/
Email: ataylor@cullmanal.gov (general)
Email: jbutler@cullmanal.gov (Fire Marshal)

CULLMAN COUNTY HEALTH DEPARTMENT

To obtain applicable permits for the preparation and sale of food; to obtain applicable permits for the use of portable toilets.

Location: 601 Logan Avenue SW, Cullman, AL 35055
Phone: (256) 734-1030
Web: www.alabamapublichealth.gov/cullman

MAYOR'S OFFICE

To obtain the official Special Event Permit after City Council authorization and after all other requirements have been met.

Location: City Hall, 204 2nd Avenue NE, Cullman, AL 35055
Phone: (256) 775-7102 | Email: lwest@cullmanal.gov
Web: cullmanal.gov/government/mayor

CULLMAN POLICE DEPARTMENT

To request police and/or traffic control services; coordinate safety & traffic control; for rules & laws concerning protests, rallies, etc.

Location: 601 2nd Avenue NE, Cullman, AL 35055
Phone: (256) 734-1434 | Email: cullmanpd@cullmanal.gov
Web: cullmanal.gov/depts/cpd/

CITY STREET DEPARTMENT

To coordinate the use of city-owned barricades for street and/or sidewalk closures.

Location: 69 Mitchell Road NE
Cullman, AL 35055
Phone: (256) 775-8441
Web: cullmanal.gov/depts/streetdept

LEGAL OFFICE

For questions regarding permit rules & regulations or questions of a legal nature.

Location: City Hall, 204 2nd Avenue NE, Cullman, AL 35055
Phone: (256) 775-7105
Email: lsatterfield@cullmanal.gov

COUNCIL MEETING INFORMATION

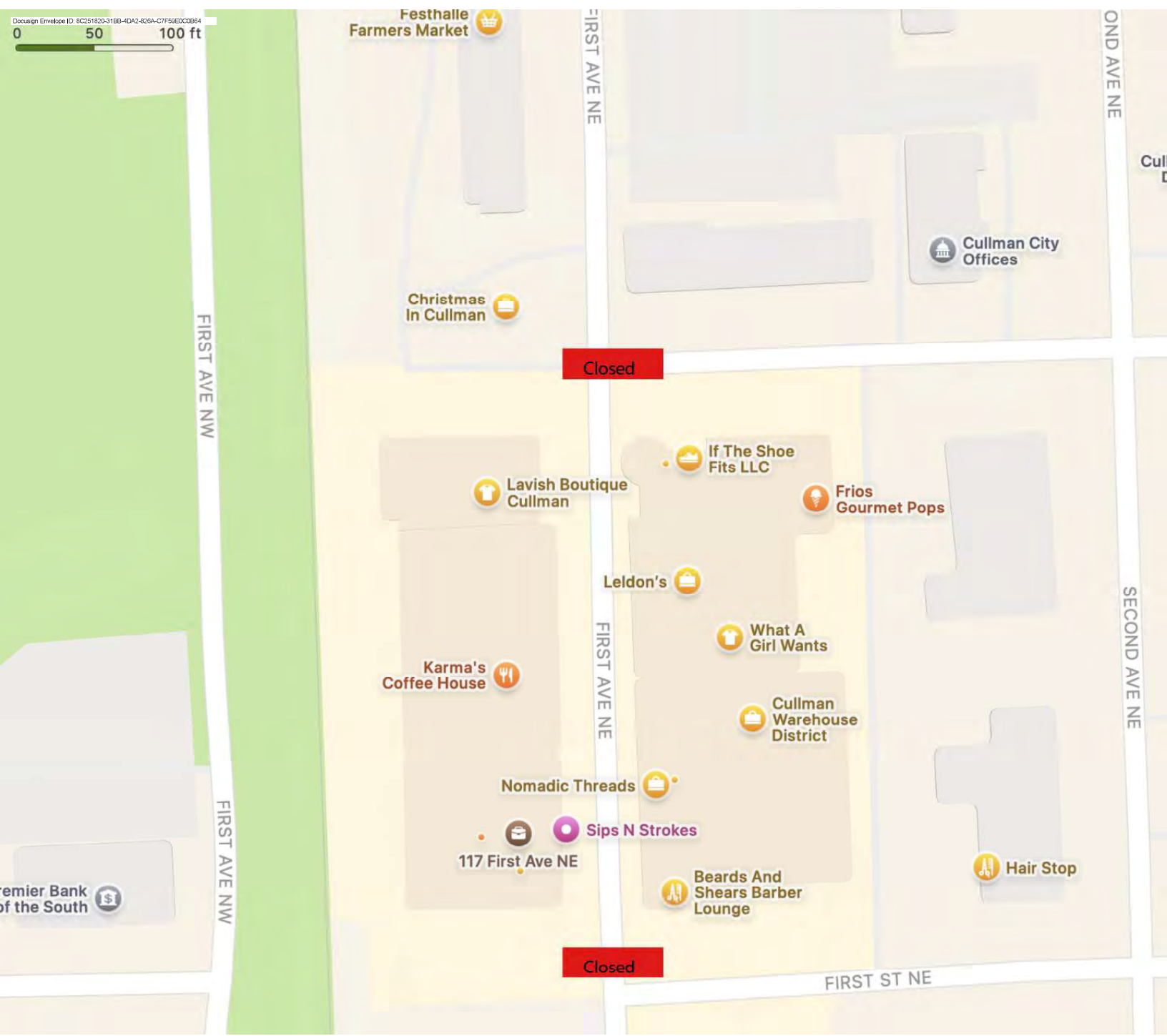
City Council meetings are normally held on the 2nd & 4th Monday of each month at 7PM in the City Hall auditorium (unless otherwise announced).

www.CullmanAL.gov

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Premier Bank
of the South

- PRINT ADDITIONAL COPIES, AS NEEDED -

STREET CLOSING APPROVAL FOR SPECIAL EVENT

(Complete only if you are requesting the CLOSING of a street or streets for your event.)

STREET(S)/SIDEWALK(S) REQUESTING TO CLOSE FOR EVENT:

Warehouse district Sidewalk Sale

April 10-11, 2025

Event Organizer: _____ Phone: _____

Address: _____ Email: _____

Date(s) of Street Closing: _____ Time(s) of Street Closing: _____

Name/Description of Event: _____

AUTHORIZED SIGNATURE(S) OF PROPERTY OR BUSINESS OWNER(S)/MANAGER(S) MUST BE COLLECTED TO SHOW APPROVAL OF STREET CLOSURE (you may use additional pages, if necessary, or your own form):

[Signature] Kim Young _____
Signature Printed Name Title
Wells Fargo _____
Business Name (if applicable) Business Address
256 737 5732 _____
Phone Number Email Address **APPROVE CLOSING?** ☒ YES ☐ NO

[Signature] Gregoria Casario Modest Fashion Desig.
Signature Printed Name Title
Modest Fashion Design 104 1st ave NE Cullman
Business Name (if applicable) Business Address
_____ **APPROVE CLOSING?** ☒ YES ☐ NO
Phone Number Email Address

[Signature] Jose Campos Beards & Shears Owner
Signature Printed Name Title
Beards & Shears 100 1st Ave ne
Business Name (if applicable) Business Address
256-930-8023 bellaquini1991@gmail.com **APPROVE CLOSING?** ☒ YES ☐ NO
Phone Number Email Address

[Signature] Ashleigh Drake Employee
Signature Printed Name Title
Tre-Bellezze 103 1st Ave
Business Name (if applicable) Business Address
256/736/3463 ashboug0603@icloud.com **APPROVE CLOSING?** ☒ YES ☐ NO
Phone Number Email Address

- PRINT ADDITIONAL COPIES, AS NEEDED -

Event organizer is responsible for coordinating and paying costs associated with any assistance needed from city departments upon event approval.
City of Cullman | CullmanAL.gov | 256-775-7109 | cityhall@cullmanal.gov | 204 2nd Avenue NE | P.O. Box 278 | Cullman, AL 35056

Platform Presley Dean
Taylor + Co Presley Dean
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Yes ✓
Yes ✓

Rita Dean 256.347.0567

- PRINT ADDITIONAL COPIES, AS NEEDED -

STREET CLOSING APPROVAL FOR SPECIAL EVENT

(Complete only if you are requesting the CLOSING of a street or streets for your event.)

STREET(S)/SIDEWALK(S) REQUESTING TO CLOSE FOR EVENT: _____

Annual Sidewalk Sale

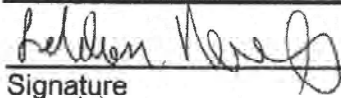
Event Organizer: _____ Phone: _____

Address: _____ Email: _____

Date(s) of Street Closing: 4/11-12/25 Fri/Sat Time(s) of Street Closing: _____

Name/Description of Event: _____

AUTHORIZED SIGNATURE(S) OF PROPERTY OR BUSINESS OWNER(S)/MANAGER(S) MUST BE COLLECTED TO SHOW APPROVAL OF STREET CLOSURE (you may use additional pages, if necessary, or your own form):



Signature

Leldon Macey

Printed Name

owner

Title

Leldon's

117 1st Ave NE

Business Name (if applicable)

Business Address

256-3394413

ledonmacey@gmail.com

Phone Number

Email Address

APPROVE CLOSING? ☒ YES ☐ NO



Signature

Emily Bussman

Printed Name

owner

Title

Sips n strokes

102 1st Ave NE

Business Name (if applicable)

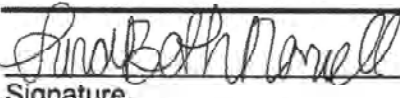
Business Address

256 338 0333 emily.bussman13@gmail.com

Phone Number

Email Address

APPROVE CLOSING? ☒ YES ☐ NO



Signature

Sara Beth Norrell

Printed Name

owner

Title

If the shoe fits

108 Clark Street NE

Business Name (if applicable)

Business Address

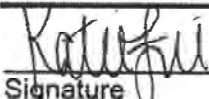
256 347 2077

itsfcullman@gmail.com

Phone Number

Email Address

APPROVE CLOSING? ☒ YES ☐ NO



Signature

Katie Fine

Printed Name

owner

Title

Karma's Coffee House

103 1st Ave NE Suite 140

Business Name (if applicable)

Business Address

256 962 2509

KarmascOFFEEhouse@gmail.com

Phone Number

Email Address

APPROVE CLOSING? ☒ YES ☐ NO

- PRINT ADDITIONAL COPIES, AS NEEDED -

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STREET CLOSING APPROVAL FOR SPECIAL EVENT

(Complete only if you are requesting the CLOSING of a street or streets for your event.)

STREET(S)/SIDEWALK(S) REQUESTING TO CLOSE FOR EVENT: _____

Event Organizer: _____ Phone: _____

Address: _____ Email: _____

Date(s) of Street Closing: _____ Time(s) of Street Closing: _____

Name/Description of Event: _____

AUTHORIZED SIGNATURE(S) OF PROPERTY OR BUSINESS OWNER(S)/MANAGER(S) MUST BE COLLECTED TO SHOW APPROVAL OF STREET CLOSURE (you may use additional pages, if necessary, or your own form):

Sm Li Shave Quick Partner
Signature Printed Name Title

TACOMARG LLC " "
Business Name (if applicable) Business Address

256-339-0500 Shave@PremierProductions APPROVE CLOSING? ☒ YES ☐ NO
Phone Number Email Address

Tanya Carter Tanya Carter Owner
Signature Printed Name Title

Wren + Ravel 103 1st Ave NE, Suite 120
Business Name (if applicable) Business Address

280 385 1420 tanya@wrenandravel.com APPROVE CLOSING? ☐ YES ☐ NO
Phone Number Email Address

Alyssa Jackson Alyssa Jackson Manager
Signature Printed Name Title

Lavish 103 1st Ave NE
Business Name (if applicable) Business Address

256-887-3177 lavishboutiquecullman@yahoo APPROVE CLOSING? ☒ YES ☐ NO
Phone Number Email Address

Zac Yow Zac Yow COO
Signature Printed Name Title

Nomadic Threads 106 1st Ave NE
Business Name (if applicable) Business Address

(256) 962-1789 ntc256@gmail.com APPROVE CLOSING? ☒ YES ☐ NO
Phone Number Email Address

- PRINT ADDITIONAL COPIES, AS NEEDED -

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STREET CLOSING APPROVAL FOR SPECIAL EVENT

(Complete only if you are requesting the CLOSING of a street or streets for your event.)

STREET(S)/SIDEWALK(S) REQUESTING TO CLOSE FOR EVENT: _____

Event Organizer: _____ Phone: _____

Address: _____ Email: _____

Date(s) of Street Closing: _____ Time(s) of Street Closing: _____

Name/Description of Event: _____

AUTHORIZED SIGNATURE(S) OF PROPERTY OR BUSINESS OWNER(S)/MANAGER(S) MUST BE COLLECTED TO SHOW APPROVAL OF STREET CLOSURE (you may use additional pages, if necessary, or your own form):

Rhonda Hagemore Rhonda Hagemore Owner
Signature Printed Name Title
Turn & Burn Bungee Fitness Warehouse Nutrition 110 1st Ave NE, Cullman, AL 35055
Business Name (if applicable) Business Address
256) 736-3220 rhonda@warehousenutrition24 **APPROVE CLOSING?** ☒ **YES** ☐ **NO**
Phone Number Email Address e-gre.com

Lisa M. Durholz LISA M. DURCHOLZ OWNER
Signature Printed Name Title
FLAVORS BAKERY FLAVORS BAKERY@yahoo.com
Business Name (if applicable) Business Address
256-615-2283 FLAVORS BAKERY@yahoo.com **APPROVE CLOSING?** ☒ **YES** ☐ **NO**
Phone Number Email Address

Holly McLeod Holly McLeod Owner
Signature Printed Name Title
Kernel Kullman 113 1st Ave NE, Cullman AL 35055
Business Name (if applicable) Business Address
256-841-6299 info@KernelKullman.com **APPROVE CLOSING?** ☒ **YES** ☐ **NO**
Phone Number Email Address

Ashley Mercantile RYNE ASHLEY Owner
Signature Printed Name Title
Ashley Mercantile 105A 1st Ave N.E. Cullman, AL 35055
Business Name (if applicable) Business Address
(256) 347-5522 _____ **APPROVE CLOSING?** ☐ **YES** ☐ **NO**
Phone Number Email Address

- PRINT ADDITIONAL COPIES, AS NEEDED -

- PRINT ADDITIONAL COPIES, AS NEEDED -

STREET CLOSING APPROVAL FOR SPECIAL EVENT

(Complete only if you are requesting the CLOSING of a street or streets for your event.)

STREET(S)/SIDEWALK(S) REQUESTING TO CLOSE FOR EVENT:

Warehouse district Sidewalk Sale

April 10-11, 2025

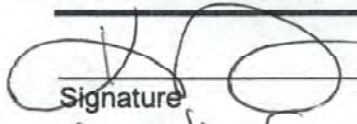
Event Organizer: _____ Phone: _____

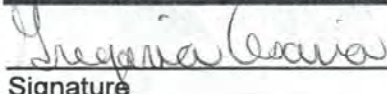
Address: _____ Email: _____

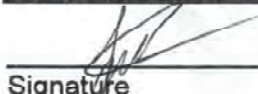
Date(s) of Street Closing: _____ Time(s) of Street Closing: _____

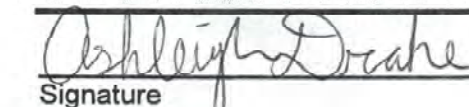
Name/Description of Event: _____

AUTHORIZED SIGNATURE(S) OF PROPERTY OR BUSINESS OWNER(S)/MANAGER(S) MUST BE COLLECTED TO SHOW APPROVAL OF STREET CLOSURE (you may use additional pages, if necessary, or your own form):

Signature:  Printed Name: Kim Young Title: _____
Business Name (if applicable): Wells Fargo Business Address: _____
256 737 5732 Phone Number: 256 737 5732 Email Address: _____ APPROVE CLOSING? ☒ YES ☐ NO

Signature:  Printed Name: Gregoria Casario Title: Modest Fashion Desig.
Business Name (if applicable): Modest Fashion Design Business Address: 104 1st Ave NE Cullman
Phone Number: _____ Email Address: _____ APPROVE CLOSING? ☒ YES ☐ NO

Signature:  Printed Name: Jose Campos Title: Beards & Shears Owner
Business Name (if applicable): Beards & Shears Business Address: 100 1st Ave NE
256-930-8023 Phone Number: 256-930-8023 Email Address: bellaquini1991@gmail.com APPROVE CLOSING? ☒ YES ☐ NO

Signature:  Printed Name: Ashleigh Drake Title: Employee
Business Name (if applicable): Tre-Bellezze Business Address: 103 1st Ave
256/736/3463 Phone Number: 256/736/3463 Email Address: ashboug0603@icloud.com APPROVE CLOSING? ☒ YES ☐ NO

- PRINT ADDITIONAL COPIES, AS NEEDED -

Event organizer is responsible for coordinating and paying costs associated with any assistance needed from city departments upon event approval.
City of Cullman | CullmanAL.gov | 256-775-7109 | cityhall@cullmanal.gov | 204 2nd Avenue NE | P.O. Box 278 | Cullman, AL 35056

Platform: Presley Dean
Taylor + Co: Presley Dean
SEPRF Version 2024-04-04 | Page 7
Yes ✓
Yes ✓

Rita Dean 256.347.0567

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STREET CLOSING APPROVAL FOR SPECIAL EVENT

(Complete only if you are requesting the CLOSING of a street or streets for your event.)

STREET(S)/SIDEWALK(S) REQUESTING TO CLOSE FOR EVENT: _____

Annual Sidewalk Sale

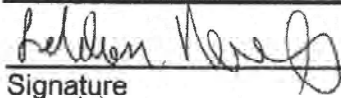
Event Organizer: _____ Phone: _____

Address: _____ Email: _____

Date(s) of Street Closing: 4/11-12/25 Fri/Sat Time(s) of Street Closing: _____

Name/Description of Event: _____

AUTHORIZED SIGNATURE(S) OF PROPERTY OR BUSINESS OWNER(S)/MANAGER(S) MUST BE COLLECTED TO SHOW APPROVAL OF STREET CLOSURE (you may use additional pages, if necessary, or your own form):



Signature

Leldon Macey

Printed Name

owner

Title

Leldon's

117 1st Ave NE

Business Name (if applicable)

Business Address

256-3394413

leldonmacey@gmail.com

Phone Number

Email Address

APPROVE CLOSING? ☒ YES ☐ NO



Signature

Emily Bussman

Printed Name

owner

Title

Sips n strokes

102 1st Ave NE

Business Name (if applicable)

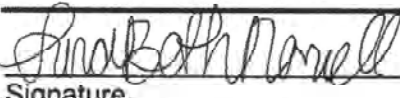
Business Address

256 338 0333 emily.bussman13@gmail.com

Phone Number

Email Address

APPROVE CLOSING? ☒ YES ☐ NO



Signature

Sara Beth Norrell

Printed Name

owner

Title

If the shoe fits

108 Clark Street NE

Business Name (if applicable)

Business Address

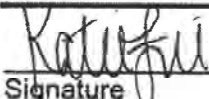
256 347 2077

itsfcullman@gmail.com

Phone Number

Email Address

APPROVE CLOSING? ☒ YES ☐ NO



Signature

Katie Fine

Printed Name

owner

Title

Karma's Coffee House

103 1st Ave NE Suite 140

Business Name (if applicable)

Business Address

256 962 2509

KarmascOFFEEhouse@gmail.com

Phone Number

Email Address

APPROVE CLOSING? ☒ YES ☐ NO

- PRINT ADDITIONAL COPIES, AS NEEDED -

- PRINT ADDITIONAL COPIES, AS NEEDED -

STREET CLOSING APPROVAL FOR SPECIAL EVENT

(Complete only if you are requesting the CLOSING of a street or streets for your event.)

STREET(S)/SIDEWALK(S) REQUESTING TO CLOSE FOR EVENT: _____	
Event Organizer: _____	Phone: _____
Address: _____	Email: _____
Date(s) of Street Closing: _____	Time(s) of Street Closing: _____
Name/Description of Event: _____	
AUTHORIZED SIGNATURE(S) OF PROPERTY OR BUSINESS OWNER(S)/MANAGER(S) MUST BE COLLECTED TO SHOW APPROVAL OF STREET CLOSURE (you may use additional pages, if necessary, or your own form):	

<u>Sm Li</u> Signature	<u>Shave Quick</u> Printed Name	<u>Partner</u> Title
<u>TACOMARG LLC</u> Business Name (if applicable)	<u>"</u> Business Address	<u>"</u>
<u>256-339-0500</u> Phone Number	<u>Shave@PremierProductions</u> Email Address	APPROVE CLOSING? ☒ YES ☐ NO

<u>Tanya Carter</u> Signature	<u>Tanya Carter</u> Printed Name	<u>Owner</u> Title
<u>Wren + Ravel</u> Business Name (if applicable)	<u>103 1st Ave NE, Suite 120</u> Business Address	
<u>280 385 1420</u> Phone Number	<u>tanya@wrenandravel.com</u> Email Address	APPROVE CLOSING? ☐ YES ☐ NO

<u>Alyssa G</u> Signature	<u>Alyssa Jackson</u> Printed Name	<u>Manager</u> Title
<u>Lavish</u> Business Name (if applicable)	<u>103 1st Ave NE</u> Business Address	
<u>256-887-3177</u> Phone Number	<u>lavishboutiquecullman@yahoo</u> Email Address	APPROVE CLOSING? ☒ YES ☐ NO

<u>Zac Yow</u> Signature	<u>Zac Yow</u> Printed Name	<u>COO</u> Title
<u>Nomadic Threads</u> Business Name (if applicable)	<u>106 1st Ave NE</u> Business Address	
<u>(256) 962-1789</u> Phone Number	<u>ntc256@gmail.com</u> Email Address	APPROVE CLOSING? ☒ YES ☐ NO

- PRINT ADDITIONAL COPIES, AS NEEDED -

- PRINT ADDITIONAL COPIES, AS NEEDED -

STREET CLOSING APPROVAL FOR SPECIAL EVENT

(Complete only if you are requesting the CLOSING of a street or streets for your event.)

STREET(S)/SIDEWALK(S) REQUESTING TO CLOSE FOR EVENT: _____

Event Organizer: _____ Phone: _____

Address: _____ Email: _____

Date(s) of Street Closing: _____ Time(s) of Street Closing: _____

Name/Description of Event: _____

AUTHORIZED SIGNATURE(S) OF PROPERTY OR BUSINESS OWNER(S)/MANAGER(S) MUST BE COLLECTED TO SHOW APPROVAL OF STREET CLOSURE (you may use additional pages, if necessary, or your own form):

Rhonda Hagemore Rhonda Hagemore Owner
Signature Printed Name Title
Turn & Burn Bungee Fitness Warehouse Nutrition 110 1st Ave NE, Cullman, AL 35055
Business Name (if applicable) Business Address
256) 736-3220 rhonda@warehousenutrition24 **APPROVE CLOSING?** ☒ **YES** ☐ **NO**
Phone Number Email Address e-grp.com

Lisa M. Durholz LISA M. DURCHOLZ OWNER
Signature Printed Name Title
FLAVORS BAKERY FLAVORS BAKERY@yahoo.com
Business Name (if applicable) Business Address
256-615-2283 FLAVORS BAKERY@yahoo.com **APPROVE CLOSING?** ☒ **YES** ☐ **NO**
Phone Number Email Address

Holly McLeod Holly McLeod Owner
Signature Printed Name Title
Kernel Kullman 113 1st Ave NE, Cullman AL 35055
Business Name (if applicable) Business Address
256-841-6299 info@KernelKullman.com **APPROVE CLOSING?** ☒ **YES** ☐ **NO**
Phone Number Email Address

Ashley Mercantile RYNE ASHLEY Owner
Signature Printed Name Title
Ashley Mercantile 105A 1st Ave N.E. Cullman, AL 35055
Business Name (if applicable) Business Address
(256) 347-5522 _____ **APPROVE CLOSING?** ☐ **YES** ☐ **NO**
Phone Number Email Address

- PRINT ADDITIONAL COPIES, AS NEEDED -