



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: Annual Fall Street Sale

DATE(S) OF EVENT: September 19th - 20th

TIME(S) OF EVENT: 6am - 6pm 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 Annual Fall Street Sale

DESCRIPTION OF EVENT:
The Annual Street Sale is for all merchants in The Warehouse District to bring all sale items to the streets for a weekend sale.

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

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

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: Rita V Dean

Title: owner, Platform and Taylor + Company Clothing

Organization: Warehouse District Merchants

Address: 115 1st Ave NE

Phone Number(s): 2567752657

Email Address(es): ritavdean@gmail.com
ritavdean@gmail.com

- FOR ADMINISTRATIVE USE ONLY -
DATE SUBMITTED: 08.18.2025/pl

DEPARTMENTAL INITIAL REVIEWS

MAYOR'S OFFICE

Approved Conditionally Approved Denied

Comments/Concerns: _____

DocuSigned by: Wade Jacobs 08/25/2025
Mayor 438E88A82D0945A Date

POLICE DEPARTMENT

Approved Conditionally Approved Denied

Comments/Concerns: _____

Signed by: Jay Duncan 08/25/2025
Police Chief or Designee Date

FIRE DEPARTMENT

Approved Conditionally Approved Denied

Comments/Concerns: _____

Signed by: Darren Peoples _____
Fire Chief or Designee Date

CPRST

Approved Conditionally Approved Denied

Comments/Concerns: _____

Signed by: Nathan Anderson _____
CPRST Director or Designee Date

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 LOCATION & ADDRESS (attach map or diagram): _____

The Annual Street Sale takes place on 1st Ave from TacoMarg to Flavors Bakery



1. IS THIS A 501(c)(3) CHARITY EVENT? _____ YES NO

If YES: _____

Entity Name _____

501(c)(3) Number _____

2. ARE YOU REQUESTING THE CLOSING OF PUBLIC STREETS OR SIDEWALKS? YES _____ NO



If 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



3. WILL YOU REQUIRE THE USE OF CITY-OWNED BARRICADES OR BOLLARDS? 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



Events 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



If 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

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

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

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

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

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

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. **AMBULANCE TRANSPORT NOT INCLUDED.** *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

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

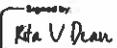
13. ANY ADDITIONAL COMMENTS, INFORMATION, OR REQUESTS? YES _____ NO

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

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.

Signed by  Signature of Event Organizer	August 18, 2025 3:27 PM CDT Date
Rita V Dean Printed Name	owner Title (if applicable)
Platform Business or Organization Name (if applicable)	

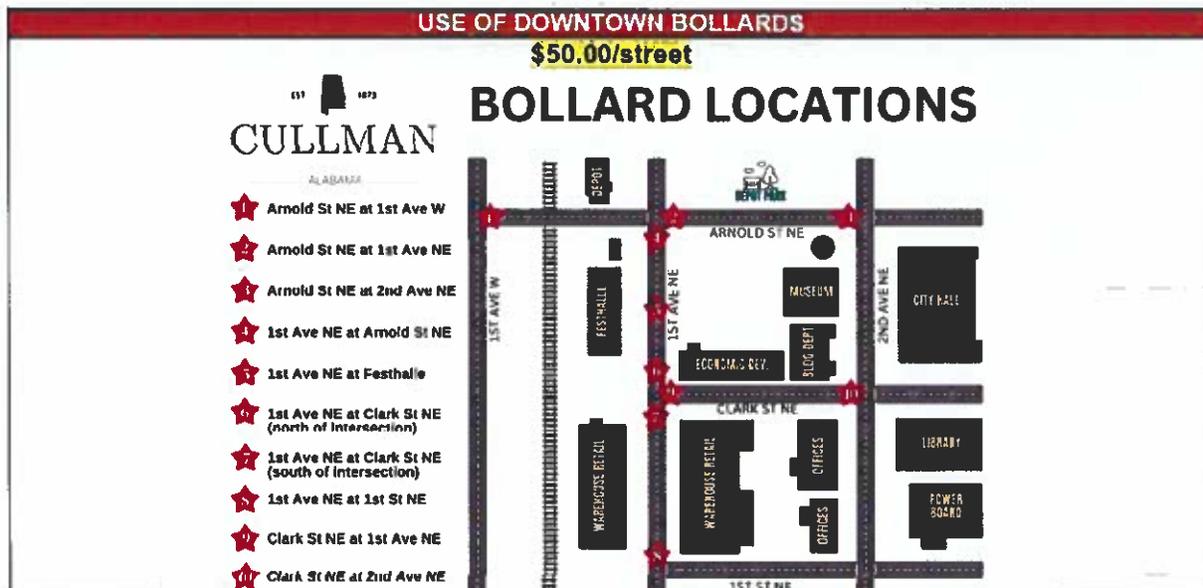
APPLICATION CHECKLIST

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

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

- 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

- 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: 115 1st Ave NE

Event Organizer: Rita Dean Phone: 2563470567

Address: 115 1st Ave NE Email: 2563470567

Date(s) of Street Closing: September 19th - September 20th Time(s) of Street Closing: 6am - 6pm each day

Name/Description of Event: Annual Fall Street Sale

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):

 Rita Dean owner
Signature Printed Name Title

Platform 115 1st Ave NE Cullman, AL 35055
Business Name (if applicable) Business Address

Phone Number Email Address **APPROVE CLOSING? YES NO**

Signature Printed Name Title

Business Name (if applicable) Business Address

Phone Number Email Address **APPROVE CLOSING? YES NO**

Signature Printed Name Title

Business Name (if applicable) Business Address

Phone Number Email Address **APPROVE CLOSING? YES NO**

Signature Printed Name Title

Business Name (if applicable) Business Address

Phone Number Email Address **APPROVE CLOSING? YES NO**

- PRINT ADDITIONAL COPIES, AS NEEDED -

THIRD-PARTY PROPERTY OWNER APPROVAL

Event Organizer: Rita Dean Phone: 256-347-0567
 Address: 115 1st Ave NE Cullman, AL 35055 Email: ritavdean@gmail.com
 Date(s) of Closing: September 19th - September 20th Time(s) of Closing: 6am - 6pm each day
 Name/Description of Event: Annual Fall Street Sale
 Location of Event: The Warehouse District

I, THE UNDERSIGNED, AM THE OWNER/MANAGER/REPRESENTATIVE OF THE ABOVE-REFERENCED PROPERTY AND I AUTHORIZE THE EVENT ORGANIZER TO USE SAID PROPERTY FOR THE ABOVE-REFERENCED EVENT.

Signature Printed Name

Address

Phone Number Email Address

I, THE UNDERSIGNED, AM THE OWNER/MANAGER/REPRESENTATIVE OF THE ABOVE-REFERENCED PROPERTY AND I AUTHORIZE THE EVENT ORGANIZER TO USE SAID PROPERTY FOR THE ABOVE-REFERENCED EVENT.

Signature Printed Name

Address

Phone Number Email Address

I, THE UNDERSIGNED, AM THE OWNER/MANAGER/REPRESENTATIVE OF THE ABOVE-REFERENCED PROPERTY AND I AUTHORIZE THE EVENT ORGANIZER TO USE SAID PROPERTY FOR THE ABOVE-REFERENCED EVENT.

Signature Printed Name

Address

Phone Number Email Address

I, THE UNDERSIGNED, AM THE OWNER/MANAGER/REPRESENTATIVE OF THE ABOVE-REFERENCED PROPERTY AND I AUTHORIZE THE EVENT ORGANIZER TO USE SAID PROPERTY FOR THE ABOVE-REFERENCED EVENT.

Signature Printed Name

Address

Phone Number Email Address

- 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
Annual Fall Street Sale

Event Organizer: Rita Dean Phone: 256-347-0567
 Address: 115 1st Ave NE Email: ritardean@gmail.com
 Date(s) of Street Closing: September 19th-20th Time(s) of Street Closing: 6am-6pm
 Name/Description of Event: Annual Fall Street Sale each day

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):

Rita Dean Rita Dean owner
 Signature Printed Name Title
Platform 115 1st Ave NE
 Business Name (if applicable) Business Address
256-347-0567 ritardean@gmail.com APPROVE CLOSING? YES NO
 Phone Number Email Address

Rita Dean Rita Dean owner
 Signature Printed Name Title
Taylor + Co Clothing 101 1st Ave Suite 120
 Business Name (if applicable) Business Address
256-347-0567 ritardean@gmail.com APPROVE CLOSING? YES NO
 Phone Number Email Address

Lisa Durchoff LISA DURCHOFF owner
 Signature Printed Name Title
Flavors Bakery 101 1st Ave NE, Ste 100
 Business Name (if applicable) Business Address
256-615-2283 FLAVORS-BAKERY@yahoo.com APPROVE CLOSING? YES NO
 Phone Number Email Address

[Signature] Jim Young [Title]
 Signature Printed Name Title
Wells Fargo 101 7th Ave NE #140
 Business Name (if applicable) Business Address
256-737-5533 Jim.Young@wellsfargo.com APPROVE CLOSING? YES NO
 Phone Number Email Address

- PRINT ADDITIONAL COPIES, AS NEEDED -

THIRD-PARTY PROPERTY OWNER APPROVAL

Event Organizer: _____ Phone: _____
 Address: _____ Email: _____
 Date(s) of Closing: _____ Time(s) of Closing: _____
 Name/Description of Event: _____
 Location of Event: _____

I, THE UNDERSIGNED, AM THE OWNER/MANAGER/REPRESENTATIVE OF THE ABOVE-REFERENCED PROPERTY AND I AUTHORIZE THE EVENT ORGANIZER TO USE SAID PROPERTY FOR THE ABOVE-REFERENCED EVENT. Yes No

Signature: Jordan Chambliss Printed Name: Jordan Chambliss
 Address: 103 1st Ave NE Lavish Boutique
 Phone Number: (205) 265-2911 Email Address: lavishboutiqueclothing@yahoo.com

I, THE UNDERSIGNED, AM THE OWNER/MANAGER/REPRESENTATIVE OF THE ABOVE-REFERENCED PROPERTY AND I AUTHORIZE THE EVENT ORGANIZER TO USE SAID PROPERTY FOR THE ABOVE-REFERENCED EVENT. Yes No

Signature: Alivia Bishop Printed Name: Alivia Bishop
 Address: 103 1st Ave NE Suite 120 Wren + Revel
 Phone Number: 256-735-4183 Email Address: shop@wrenandrevel.com

I, THE UNDERSIGNED, AM THE OWNER/MANAGER/REPRESENTATIVE OF THE ABOVE-REFERENCED PROPERTY AND I AUTHORIZE THE EVENT ORGANIZER TO USE SAID PROPERTY FOR THE ABOVE-REFERENCED EVENT. Yes No

Signature: _____ Printed Name: Seidel + Martin Aesthetics on 1st
 Address: _____
 Phone Number: _____ Email Address: _____

I, THE UNDERSIGNED, AM THE OWNER/MANAGER/REPRESENTATIVE OF THE ABOVE-REFERENCED PROPERTY AND I AUTHORIZE THE EVENT ORGANIZER TO USE SAID PROPERTY FOR THE ABOVE-REFERENCED EVENT. Yes No

Signature: Magan Bartlett Printed Name: Magan Bartlett
 Address: 103 1st Ave NE Suite 140 -harmas Coffee House
 Phone Number: 256 841 5936 Email Address: events@harmascoffeehouse.com

THIRD-PARTY PROPERTY OWNER APPROVAL

REC'D CITY CLERK OFFICE
AUG 20 2025 AM 09:50

Event Organizer: _____ Phone: _____
 Address: _____ Email: _____
 Date(s) of Closing: _____ Time(s) of Closing: _____
 Name/Description of Event: _____
 Location of Event: _____

I, THE UNDERSIGNED, AM THE OWNER/MANAGER/REPRESENTATIVE OF THE ABOVE-REFERENCED PROPERTY AND I AUTHORIZE THE EVENT ORGANIZER TO USE SAID PROPERTY FOR THE ABOVE-REFERENCED EVENT.

Neal A McLeod Neal A McLeod Yes No
 Signature Printed Name
113 First Ave NE
 Address
256-841-6299 info@KerruclKullman.com
 Phone Number Email Address

I, THE UNDERSIGNED, AM THE OWNER/MANAGER/REPRESENTATIVE OF THE ABOVE-REFERENCED PROPERTY AND I AUTHORIZE THE EVENT ORGANIZER TO USE SAID PROPERTY FOR THE ABOVE-REFERENCED EVENT.

Zac Yow Zac Yow Yes No
 Signature Printed Name
106 1st Ave NE Nomadic Threads
 Address
256-962-1789 ntc256@gmail.com
 Phone Number Email Address

I, THE UNDERSIGNED, AM THE OWNER/MANAGER/REPRESENTATIVE OF THE ABOVE-REFERENCED PROPERTY AND I AUTHORIZE THE EVENT ORGANIZER TO USE SAID PROPERTY FOR THE ABOVE-REFERENCED EVENT.

Jose Campos Jose Campos Yes No
 Signature Printed Name
Brandon + Shans
 Address
256-930-8023 bellajm1991@gmail.com
 Phone Number Email Address

I, THE UNDERSIGNED, AM THE OWNER/MANAGER/REPRESENTATIVE OF THE ABOVE-REFERENCED PROPERTY AND I AUTHORIZE THE EVENT ORGANIZER TO USE SAID PROPERTY FOR THE ABOVE-REFERENCED EVENT.

Gregoria Cesario Gregoria Cesario Yes No
 Signature Printed Name
Modest Fashion
 Address
256-930-8023
 Phone Number Email Address

- 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):

Rose Trakel _____ Rose Trakel _____ Title
Signature Printed Name

Ashby Mercantile _____ 105 1/2 1st Ave NE _____
Business Name (if applicable) Business Address

Phone Number _____ Email Address _____ APPROVE CLOSING? YES NO

Doana Sanchez-Peralta _____ Doana Sanchez-Peralta _____ Title
Signature Printed Name

Taco Marg _____ _____
Business Name (if applicable) Business Address

256-735-4035 _____ APPROVE CLOSING? YES NO
Phone Number Email Address

Emily Klair Herron _____ Emily Klair Herron _____ Title
Signature Printed Name

If the shoe fits _____ 108 Clark St NE _____
Business Name (if applicable) Business Address

(256) 739-0262 _____ itsfcullman@gmail.com _____ APPROVE CLOSING? YES NO
Phone Number Email Address

Leldon Macy _____ Leldon Macy _____ Title
Signature Printed Name

Leldon's _____ 117 1st Ave NE _____
Business Name (if applicable) Business Address

256 339 4413 _____ leldonmacy@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):

Emily Bussman Emily Bussman owner
Signature Printed Name Title

Sips N Strokes 102 1st Ave NE
Business Name (if applicable) Business Address

256-3386333 _____ APPROVE CLOSING? YES NO
Phone Number Email Address

Megan Martin Megan Martin owner
Signature Printed Name Title

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

256 977 6444 meganmartinm@a APPROVE CLOSING? YES NO
Phone Number Email Address gmail.com

Signature _____ Printed Name _____ Title _____

Business Name (if applicable) _____ Business Address _____

Phone Number _____ Email Address _____ APPROVE CLOSING? YES NO

Signature _____ Printed Name _____ Title _____

Business Name (if applicable) _____ Business Address _____

Phone Number _____ Email Address _____ APPROVE CLOSING? YES NO

- PRINT ADDITIONAL COPIES, AS NEEDED -

THIRD-PARTY PROPERTY OWNER APPROVAL

Event Organizer: _____	Phone: _____
Address: _____	Email: _____
Date(s) of Closing: _____	Time(s) of Closing: _____
Name/Description of Event: _____	
Location of Event: _____	

I, THE UNDERSIGNED, AM THE OWNER/MANAGER/REPRESENTATIVE OF THE ABOVE-REFERENCED PROPERTY AND I AUTHORIZE THE EVENT ORGANIZER TO USE SAID PROPERTY FOR THE ABOVE-REFERENCED EVENT.

Signature Printed Name

Address

Phone Number Email Address

I, THE UNDERSIGNED, AM THE OWNER/MANAGER/REPRESENTATIVE OF THE ABOVE-REFERENCED PROPERTY AND I AUTHORIZE THE EVENT ORGANIZER TO USE SAID PROPERTY FOR THE ABOVE-REFERENCED EVENT.

Signature Printed Name

Address

Phone Number Email Address

I, THE UNDERSIGNED, AM THE OWNER/MANAGER/REPRESENTATIVE OF THE ABOVE-REFERENCED PROPERTY AND I AUTHORIZE THE EVENT ORGANIZER TO USE SAID PROPERTY FOR THE ABOVE-REFERENCED EVENT.

Signature Printed Name

Address

Phone Number Email Address

I, THE UNDERSIGNED, AM THE OWNER/MANAGER/REPRESENTATIVE OF THE ABOVE-REFERENCED PROPERTY AND I AUTHORIZE THE EVENT ORGANIZER TO USE SAID PROPERTY FOR THE ABOVE-REFERENCED EVENT.

Signature Printed Name

Address

Phone Number Email Address