



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: 2nd Friday

DATE(S) OF EVENT: June 12th, July 10th, August 14th

TIME(S) OF EVENT: 5:30pm-10:00pm

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 Festival/Concert/Block Party

DESCRIPTION OF EVENT: _____
Community street festival showcasing Chamber Member businesses including retail vendors, food trucks, car show, non-profit vendors, kid zone, and live music.

SIZE OF EVENT (Estimated Maximum Attendance)

Small Event (<500 persons)

Medium Event (500-5000 persons)

Large Event (5000+ persons)

Warning: 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

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

Name of Park or Facility: Depot Park

Name of CPRST employee who authorized use: Nathan Anderson

Property Owned by Someone Else

Warning: 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: Katie Walker

Title: Director of Events & Communications

Organization: Cullman Area Chamber of Commerce

Address: 301 2nd Ave SW
Cullman, AL 35055

Phone Number(s): 256-734-0454

Email Address(es): kwalker@cullmanchamber.org

- FOR ADMINISTRATIVE USE ONLY -

DATE SUBMITTED: 04/13/2026

DEPARTMENTAL INITIAL REVIEWS

MAYOR'S OFFICE

Approved **Conditionally Approved** Denied

Comments/Concerns: _____

DocuSigned by:

 6F62527095F449B

Mayor Woody Jacobs April 17, 2026 | 2:12 PM CDT
 Mayor Date

POLICE DEPARTMENT

Approved **Conditionally Approved** Denied

Comments/Concerns: _____

Signed by:

 3C99929170910

Joey Duncan April 16, 2026 |
 Police Chief or Designee Date

FIRE DEPARTMENT

Approved **Conditionally Approved** Denied

Comments/Concerns: _____

Signed by:

 3C99929170910

Darren Peoples April 15, 2026 | 12:52 PM CDT
 Fire Chief or Designee Date

CPRST

Approved Conditionally Approved Denied

Comments/Concerns: _____

Signed by:

 3C481E46D047458

Nathan Anderson April 15, 2026 | 2:49 PM CDT
 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 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): _____

Depot Park, Arnold St, Warehouse District, 2nd St SE



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). _____

See street closure map



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: Live bands & crowd noise.

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? 4



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? 1



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.
 City of Cullman | CullmanAL.gov | 256-775-7109 | cityhall@cullmanal.gov | 204 2nd Avenue NE | P.O. Box 278 | Cullman, AL 35056
 SEPRF Version 2025-03-20 | Page 3

If YES, please use this space:

Rain dates for each event will be the following Saturdays, June 13th, July 11th, and August 15th 2026.

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:

 Signature of Event Organizer _____ April 9, 2026 | 2:27 PM CDT
 Date _____

Katie Walker _____ Director of Events & Communications
 Printed Name _____ Title (if applicable) _____

Cullmna Area Chamber of Commerce _____
 Business or Organization Name (if applicable) _____

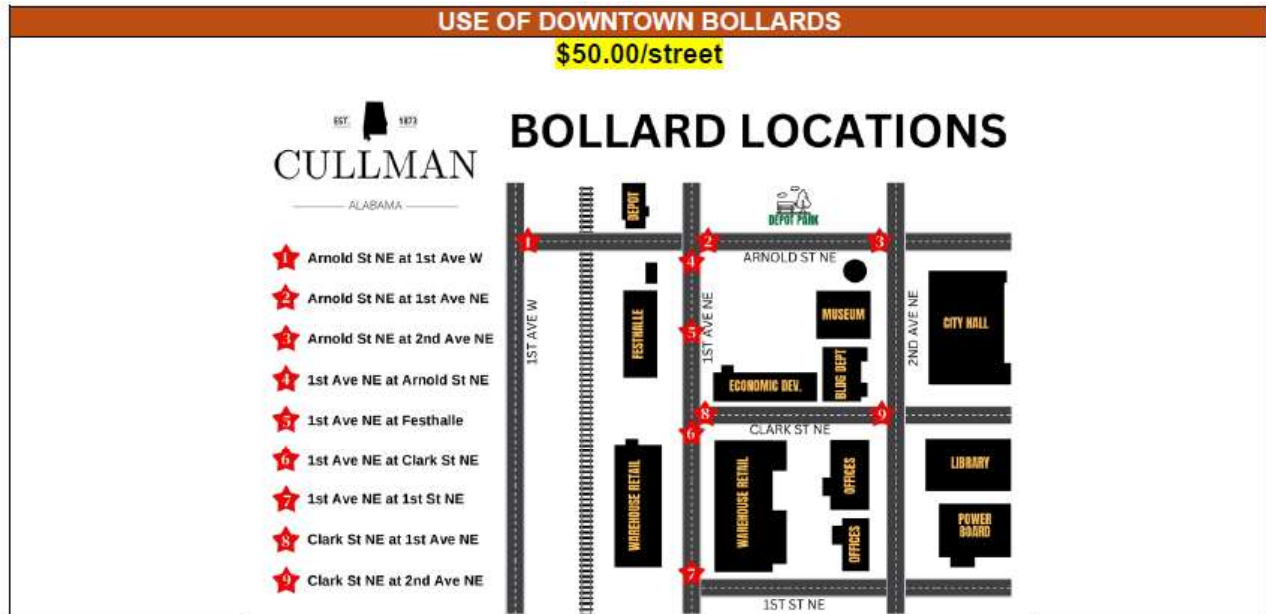
APPLICATION CHECKLIST

- ✓ 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.

- 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

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

- 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: Katie Walker Phone: 256-734-0454

Address: _____ Email: kwalker@cullmanchamber.org

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

Name/Description of Event: 2nd Friday

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 _____ Title _____



Business Name (if applicable) _____ Business Address _____

APPROVE CLOSING? __ YES __ NO

Phone Number _____ Email Address _____

Signature _____ Printed Name _____ Title _____

Business Name (if applicable) _____ Business Address _____

APPROVE CLOSING? __ YES __ NO

Phone Number _____ Email Address _____

Signature _____ Printed Name _____ Title _____

Business Name (if applicable) _____ Business Address _____

APPROVE CLOSING? __ YES __ NO

Phone Number _____ Email Address _____

Signature _____ Printed Name _____ Title _____

Business Name (if applicable) _____ Business Address _____

APPROVE CLOSING? __ YES __ NO

Phone Number _____ Email Address _____

- PRINT ADDITIONAL COPIES, AS NEEDED -

THIRD-PARTY PROPERTY OWNER APPROVAL

Event Organizer: 2nd Friday Phone: 256-734-0454

Address: _____ Email: _____

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

Name/Description of Event: 2nd Friday

Location of Event: Depot Park, Arnold St, Warehouse District, 2nd St SE

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 _____



2026 2nd Fridays Map

MAP SUBJECT TO CHANGE

June 12
 Rain Date 6/15
 Rock Around the Block

July 10
 Rain Date 7/11
 America 250

August 14
 Rain Date 8/15
 Neon Moon (Western)



Presenting
SPONSORS





2026 2nd Fridays Map

MAP SUBJECT TO CHANGE

June 12
 Rain Date 6/15
 Rock Around the Block

July 10
 Rain Date 7/11
 America 250

August 14
 Rain Date 8/15
 Neon Moon (Western)



Presenting
SPONSORS



- 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):

Samantha Oden

Signature

Samantha Oden

Printed Name

Owner

Title

Bellafaire

Business Name (if applicable)

104 1st Ave SE

Business Address

256-507-739-9595

Phone Number

senoalolc@gmail.com

Email Address

APPROVE CLOSING? YES NO

Breanna Turner

Signature

Breanna Turner

Printed Name

Asst. Director

Title

Brooke Desnoes Ballet Academy

Business Name (if applicable)

Business Address

(256) 388-6401

Phone Number

brooke.desnoes@gmail.com

Email Address

APPROVE CLOSING? YES NO

Vicki McMinn

Signature

Vicki McMinn

Printed Name

Operations Mgr

Title

Warehouse Primary Care & Specialty Clinic, 117 2nd Ave SE

Business Name (if applicable)

Business Address

256-291-8877

Phone Number

admin@warehousemed.com

Email Address

APPROVE CLOSING? YES NO

Amanda Shock

Signature

Amanda Shock

Printed Name

Title

By Grace Beauty & Wellness 116 2nd St SE, Cullman, AL 35055

Business Name (if applicable)

Business Address

256-962-5857

Phone Number

Email Address

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

- 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):

Neal A McLeod Neal A McLeod owner
 Signature Printed Name Title

Keruel Kullman 113 1st Ave NE
 Business Name (if applicable) Business Address

256-841-6299 info@keruelkullman.com APPROVE CLOSING? YES NO
 Phone Number Email Address

[Signature] Kyle Kirkwood COO
 Signature Printed Name Title

RE Garrison _____
 Business Name (if applicable) Business Address

256-558-8394 Kirkwood@REGarrison.com APPROVE CLOSING? YES NO
 Phone Number Email Address

Melissa Oblawski Melissa Oblawski Owner
 Signature Printed Name Title

Elements Health & Wellness Spa 111 A 1st St NE
 Business Name (if applicable) Business Address Queenon

256-841-6151 trinitymassage1@gmail.com APPROVE CLOSING? YES NO
 Phone Number Email Address

[Signature] Margueta Boike Realtor
 Signature Printed Name Title

The Journey Home Realty Group 1113 1st St NE
 Business Name (if applicable) Business Address

256-962-3587 dawnbochner@gmail.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.

- 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: _____

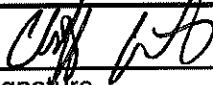
Address: _____ Email: _____

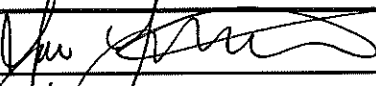
Date(s) of Street Closing: _____ Time(s) of Street Closing: _____

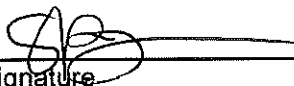
Name/Description of Event: _____

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):


Joseph Tran Owner
 Signature Printed Name Title
Holly's Nails & Spa 114 2nd St SE Cullman, AL 35055
 Business Name (if applicable) Business Address
256-735-4718 _____ APPROVE CLOSING? YES NO
 Phone Number Email Address


CLIFF FOUNTAIN OWNER
 Signature Printed Name Title
Cullman Quick Copy 202 1st Ave SE Suite E, Cullman, AL 35055
 Business Name (if applicable) Business Address
(256) 739-0699 _____ APPROVE CLOSING? YES NO
 Phone Number Email Address


Joe Lothspeich Agent Team Member
 Signature Printed Name Title
J.D. Usbell State Farm 101 1st Ave NE suite 150, Cullman, AL 35055
 Business Name (if applicable) Business Address
256 734 9224 _____ APPROVE CLOSING? YES NO
 Phone Number Email Address


Emily Bussman owner
 Signature Printed Name Title
Sips N Strokes 102 1st Ave NE
 Business Name (if applicable) Business Address
256 338 1233 emily.bussman13@gmail.com 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: _____

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):

Lisa M. Durholz LISA DURCHOLZ 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

Alexis Jones Alexis JONES MANAGER
 Signature Printed Name Title

Taylor & Co. Clothing 101 1st Ave NE Suite 120
 Business Name (if applicable) Business Address

256-841-5226 taylorandcompany@gmail.com APPROVE CLOSING? YES NO
 Phone Number Email Address

Crimson Long Crimson Long _____
 Signature Printed Name Title

Lavish Boutique 103 1st Ave NE suite 100
 Business Name (if applicable) Business Address

205-265-2911 Lavishboutiqueclothing@yahoo APPROVE CLOSING? YES NO
 Phone Number Email Address

Alivia Bishop Alivia Bishop Manager
 Signature Printed Name Title

Wren & Revel 103 1st Ave NE, Suite 120, Cullman, AL 35055
 Business Name (if applicable) Business Address

256-735-4183 wrenandrevel.com APPROVE CLOSING? YES NO
 Phone Number Email Address

- PRINT ADDITIONAL COPIES, AS NEEDED -

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STREET CLOSING APPROVAL FOR SPECIAL EVENT

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

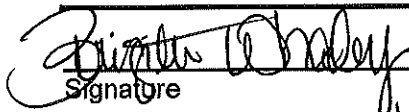
Event Organizer: _____ Phone: _____

Address: _____ Email: _____

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

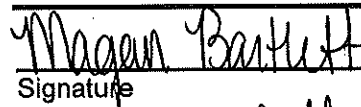
Name/Description of Event: _____

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):

	Brigitte Haley	Aesthetician
Signature	Printed Name	Title

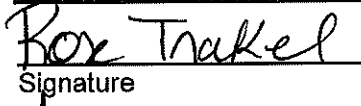
Aesthetics on 1st	103 1st Ave NE Suite 130
Business Name (if applicable)	Business Address

256-739-9983	whaley07@gmail.com	APPROVE CLOSING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Phone Number ext 2	Email Address	

	Megan Bartlett	Ops mgr
Signature	Printed Name	Title

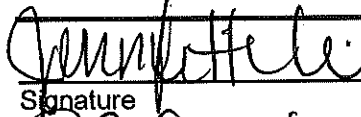
Karmas Coffee House	103 1st Ave NE Suite 140
Business Name (if applicable)	Business Address

256 727 2044	events@karmascoffehouse.com	APPROVE CLOSING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Phone Number	Email Address	

	Rose Trakel	clerk
Signature	Printed Name	Title

Ashley Mercantile	105 A 1st Ave NE
Business Name (if applicable)	Business Address

256-747-5508		APPROVE CLOSING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Phone Number	Email Address	

	Jennifer Hildner	Log. Mgr.
Signature	Printed Name	Title

RE Garrison	110 1st Ave NE
Business Name (if applicable)	Business Address

256 798 1428	jhildner@regarrison.com	APPROVE CLOSING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Phone Number	Email Address	

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- PRINT ADDITIONAL COPIES, AS NEEDED -

STREET CLOSING APPROVAL FOR SPECIAL EVENT

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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):

Joel Sanchez Joel Sanchez Owner
 Signature Printed Name Title

Taco Mary 105 First Ave NE Cullman, AL
 Business Name (if applicable) Business Address 35055

256-727-3936 falconjeta@gmail.com APPROVE CLOSING? YES NO
 Phone Number Email Address

Brandon Snider Brandon Snider Owner
 Signature Printed Name Title

Maven Mortgage 105 1st Ave NE Ste C Cullman AL 35055
 Business Name (if applicable) Business Address

256-294-7514 brandon@mavenmtg.com APPROVE CLOSING? YES NO
 Phone Number Email Address

Kim Young Kim Young _____
 Signature Printed Name Title

Raymond James 105 1st Ave NE STE F
 Business Name (if applicable) Business Address

205 802 4263 kim.young@RaymondJames.com APPROVE CLOSING? YES NO
 Phone Number Email Address

Morgan Arrington Morgan Arrington Legal Assistant
 Signature Printed Name Title

Smith & Kilgob Law LLC 105 1st Ave NE, Ste G. Cullman, AL 35055
 Business Name (if applicable) Business Address

256-474-8883 morgan@smithkilgolaw.com APPROVE CLOSING? YES NO
 Phone Number Email Address

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STREET CLOSING APPROVAL FOR SPECIAL EVENT

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

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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 Klair Herron Emily Klair Herron Manager
 Signature Printed Name Title

If the Shoe Fits 108 Clark St NE Cullman, AL 35055
 Business Name (if applicable) Business Address

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

Leldon Maxey Leldon Maxey owner
 Signature Printed Name Title

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

256-841-6131 leldonmaxey@gmail.com APPROVE CLOSING? YES NO
 Phone Number Email Address

Raleigh Williams Raleigh Williams Employee
 Signature Printed Name Title

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

256-755-3722 Platformcullman@gmail.com APPROVE CLOSING? YES NO
 Phone Number Email Address

Cassie Ward Cassie Ward _____
 Signature Printed Name Title

Urban Pine 106 1st Ave NE
 Business Name (if applicable) Business Address

256-339-1108 Cassieward@gmail.com APPROVE CLOSING? YES NO
 Phone Number Email Address

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- PRINT ADDITIONAL COPIES, AS NEEDED -

STREET CLOSING APPROVAL FOR SPECIAL EVENT

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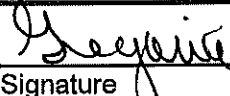
Event Organizer: _____ Phone: _____

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):


Gregorio Losario
Gregorio Losario
Owner
 Signature Printed Name Title


Modest Fashion Design
104 1st Ave NE, Cullman, AL 35055
 Business Name (if applicable) Business Address

Phone Number _____ Email Address _____ APPROVE CLOSING? YES NO


Joe Campos
Owner
 Signature Printed Name Title

Beards and Shears
100 1st Ave NE, Cullman, AL 35055
 Business Name (if applicable) Business Address

256-930-8023 _____ APPROVE CLOSING? YES NO
 Phone Number Email Address


BART CRABTREE
OWNER
 Signature Printed Name Title

Sipsey Winery
112 CLARK ST NE, CULLMAN, AL 35055
 Business Name (if applicable) Business Address

256-347-1419
bartcrabtree@sipseynwine.com
 APPROVE CLOSING? YES NO
 Phone Number Email Address

Signature _____ Printed Name _____ Title _____

Business Name (if applicable) _____ Business Address _____

Phone Number _____ Email Address _____ APPROVE CLOSING? YES NO

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