

Signed by: *Kim Hall*

EST 1873

CULLMAN ALABAMA

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:

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

POLICE DEPARTMENT

Approved Conditionally Approved Denied

Comments/Concerns: _____

Signed by:

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

FIRE DEPARTMENT

Approved Conditionally Approved Denied

Comments/Concerns: _____

Signed by:

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

CPRST

Approved Conditionally Approved Denied

Comments/Concerns: _____

Signed by:

 CPRST Director or Designee Nathan Anderson April 15, 2026 | 2:49 PM CDT
 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.

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.

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.

<p><small>DocuSigned by:</small> Signature of Event Organizer</p> <p>Katie Walker Printed Name</p> <p>Cullmna Area Chamber of Commerce Business or Organization Name (if applicable)</p>	<p>April 9, 2026 2:27 PM CDT Date</p> <p>Director of Events & Communications Title (if applicable)</p>
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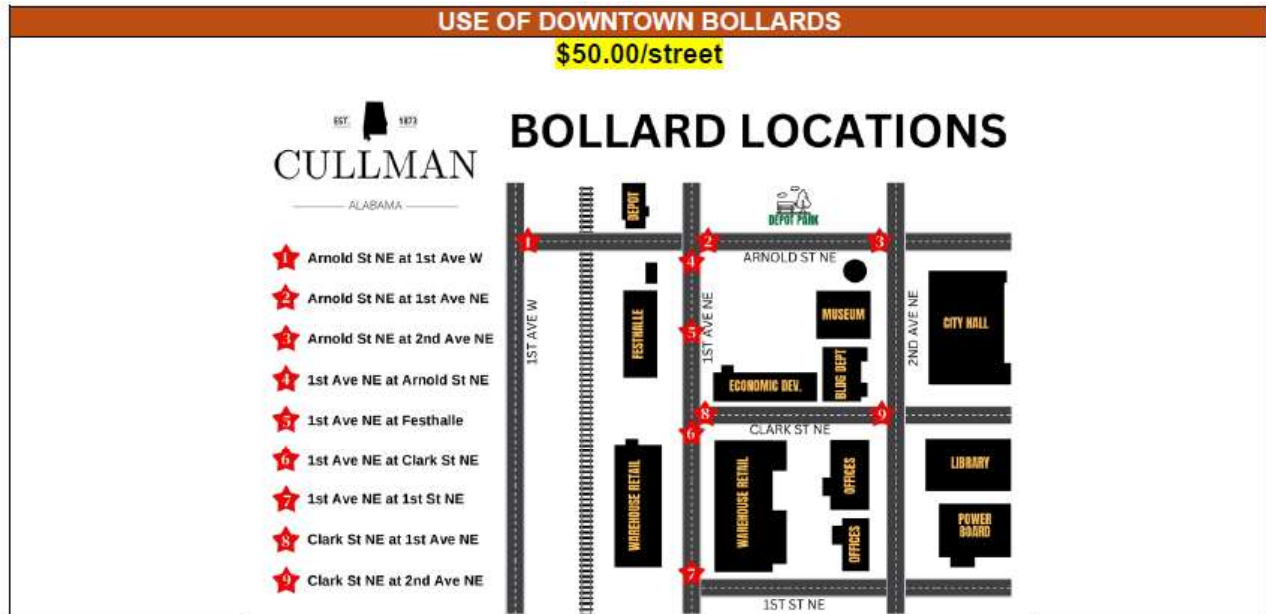
APPLICATION CHECKLIST

- | | | | |
|--|---|-----------------------------|---|
| <input checked="" type="checkbox"/> 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 |
| <input checked="" type="checkbox"/> I HAVE CONTACTED CPRST TO RESERVE A PARK OR FACILITY. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> I HAVE CONTACTED CPRST REGARDING ALCOHOL AT THIS EVENT (Q. 5). | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> I HAVE ATTACHED A DETAILED SAFETY PLAN AND SITE MAP. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> 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 |
| <input checked="" type="checkbox"/> I HAVE INCLUDED SIGNATURES OF PROPERTY/BUSINESS OWNERS/MANAGERS APPROVING STREET/SIDEWALK CLOSURES. (Q. 2) | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> I HAVE CONTACTED THE FIRE MARSHAL ABOUT THE USE OF FOOD TRUCKS (Q.7). | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> 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 |
| <input checked="" type="checkbox"/> I HAVE INCLUDED WRITTEN AUTHORIZATION BY THE PROPERTY OWNER/MANAGER TO USE PROPERTY NOT BELONGING TO ME FOR MY EVENT. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> 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 |
| <input checked="" type="checkbox"/> I HAVE READ AND UNDERSTAND THE PROCEDURES, RULES, & REGULATIONS FOR APPLYING FOR AND CARRYING OUT A SPECIAL EVENT IN CULLMAN (PAGE 4). | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> 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

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: _____




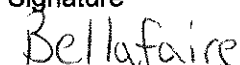

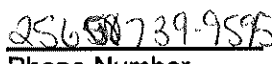
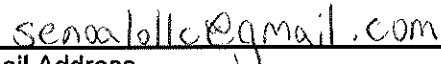
Event Organizer: _____ Phone: _____

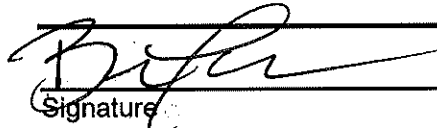
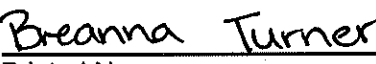

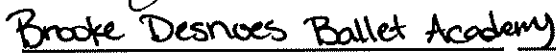
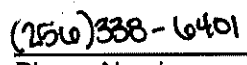

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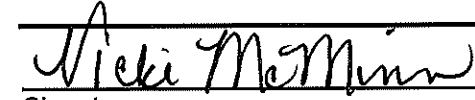
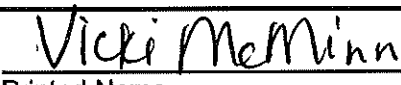
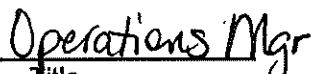
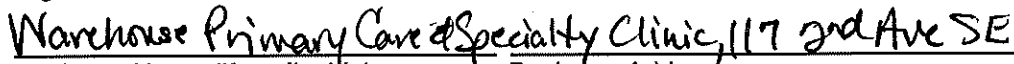
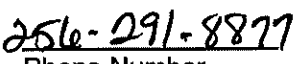
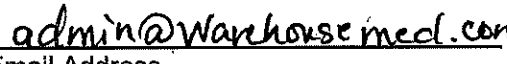
Date(s) of Street Closing: _____ Time(s) of Street Closing: _____

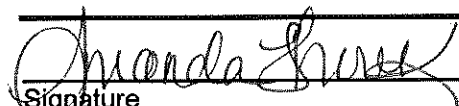


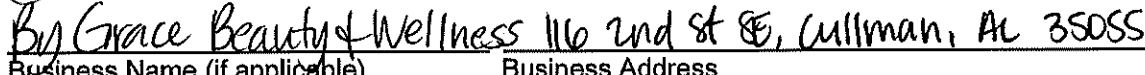
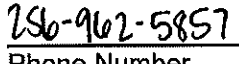
Name/Description of Event: _____

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 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 -

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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):

Neal A McLeod Signature Neal A McLeod Printed Name owner Title

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

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

[Signature] Signature Kyle Kirkwood Printed Name COO Title

RE Garrison Business Name (if applicable) _____ Business Address

256-588-8394 Phone Number Kirkwood@REGarrison.com Email Address APPROVE CLOSING? YES NO

Melissa Oblawski Signature Melissa Oblawski Printed Name Owner Title

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

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

[Signature] Signature Margueta Boike Printed Name Realtor Title

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

256-962-3587 Phone Number dawnbochner@gmail.com 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.)

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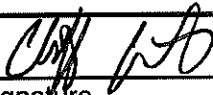
Address: _____ Email: _____

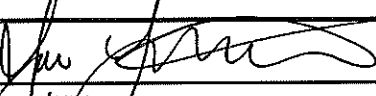
Date(s) of Street Closing: _____ Time(s) of Street Closing: _____

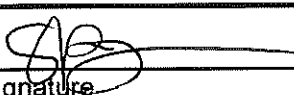
Name/Description of Event: _____

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 -

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

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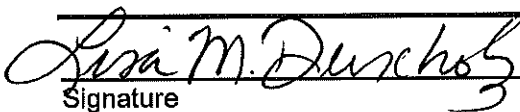
Event Organizer: _____ Phone: _____

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):



 LISA DURCHOLZ

 Owner

 Signature Printed Name Title

Flavors Bakery

 101 1ST AVE NE, Ste 100

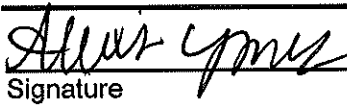
 Business Name (if applicable) Business Address

256-615-2283

 flavors-bakery@yahoo.com

 APPROVE CLOSING? YES NO

 Phone Number Email Address



 Alexis JONES

 MANAGER

 Signature Printed Name Title

Taylor + Co. Clothing

 101 1st AVE NE SUITE 120

 Business Name (if applicable) Business Address

256-841-5266

 taylorandcompany@gmail.com

 APPROVE CLOSING? YES NO

 Phone Number Email Address



 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



 Alisha 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

 shopwrenandrevel.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

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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):

<u><i>Brigitte Whaley</i></u> Signature	<u>Brigitte Whaley</u> Printed Name	<u>Aesthetician</u> Title
--	--	------------------------------

<u>Aesthetics on 1st</u> Business Name (if applicable)	<u>103 1st Ave NE Suite 130</u> Business Address
---	---

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

<u>Magan Bartlett</u> Signature	<u>Magan Bartlett</u> Printed Name	<u>Ops mgr</u> Title
------------------------------------	---------------------------------------	-------------------------

<u>Karmas Coffee House</u> Business Name (if applicable)	<u>103 1st Ave NE Suite 140</u> Business Address
---	---

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

<u>Rose Trakel</u> Signature	<u>Rose Trakel</u> Printed Name	<u>clerk</u> Title
---------------------------------	------------------------------------	-----------------------

<u>Ashley Mercantile</u> Business Name (if applicable)	<u>105 A 1st Ave NE</u> Business Address
---	---

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

<u>Jennifer Hibbert</u> Signature	<u>Jennifer Hibbert</u> Printed Name	<u>Log. Mgr.</u> Title
--------------------------------------	---	---------------------------

<u>RE Garrison</u> Business Name (if applicable)	<u>110 1st Ave NE</u> Business Address
---	---

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

- PRINT ADDITIONAL COPIES, AS NEEDED -

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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 brandona@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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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 Moxey Leldon Moxey owner
 Signature Printed Name Title

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

256-841-6131 leldonmoxey@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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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 Osario Gregorio Osario 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

[Signature] Jose 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 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

- PRINT ADDITIONAL COPIES, AS NEEDED -