

Aseya Floyd
Secretary, TBDS, Inc.
252 South 10th Ave, # 1FI
Mount Vernon, NY 10550

July 15th, 2026

City of Mount Vernon
1 Roosevelt Square
Mount Vernon, NY

To whom it may concern

Dear Sir/Madam:

We are kindly requesting to have street closure for a block party application.

This year Labor Day falls on Monday September 7th. Our celebration will on from September 5th and September 6th fom 10am to 10pm. We are therefore submitting this letter as a formal request to have Eastchester Lane between 10th and 11th Avenues closed for September 5th and 6th . The purpose is to allow children in our congregation as well as children from the neighborhood access to a traffic free street where they can play during our celebrations. We expect a maximum of 75 attendees.

We hope that the City will once again approve our request. The required insurance declaration is attached.

**Record No: SEB-26-9**

Special Event Application

Status: Active

Submitted On: 7/15/2026

Primary Location252 TENTH AV ,S
Mount Vernon, NY 10550**Owner**Tariqa Burhaniya D'Suqiya Shazuliya
South 10th ave 252 S 10th Ave # 1f Mount
Vernon, NY 10550

Applicant InformationIs the applicant an individual, organization OR CITY
DEPARTMENT??*

Business / Organization

Applying Organization / Business Name*

Tariqa Burhaniya Disuqiyya Shazzauliya

Applicant Address (Street Name, City, State, ZIP code, PLEASE!)*

252 south 10th ave mount vernon New York 10550

Applicant's Daytime Phone Number*

Organization/Business Main Contact Person*

Aseya Floyd

Event Information

Event Name*

Hauliyah

Event Sponsor

Tariqa Burhaniya Disuqqiya Shazzuliya

Event Date*

09/05/2026

Rain Date ?

09/05/2026

Event Location*

252 south 10th ave mount veron New York 10550

Start Time (e.g. 10 AM)*

10 AM

End Time (e.g. 7 PM)*

10 PM

Streets to be Closed (Please include cross streets, e.g. 3rd Ave, between 1st and 2nd Streets)*

On Eastchester lane between , South 10th ave and South 11th ave

Number of Expected Attendees*

75

Event Information**Event details. ***

A Block Party

Special Accommodations (Check all necessary for your event)**Parking Control ?**☐**Sound Amplification Equipment ?**☐**Use of Open Flame ?**☐**Stage, Tent, or Canopy ?**☐

Will you be having any vendors at your event?*

NO

Are you requesting to use Private Security?* ?

NO

Will liquor be served? If liquor will be served you will be required to provide a copy of your NY SLA One Day Alcohol Event Permit. *

☐

Additional Notes/Requests

Additional Information

Applicant Acknowledgement

I, the applicant, acknowledge that the information contained in this application is true and complete to the best of my knowledge. I affirm that I, all other parties to this application, as well as those involved with this event will abide by the laws of New York State, and the ordinances of the County of Westchester and the City of Mount Vernon. I also, acknowledge that I have read and understand the application instructions.*

✓ Aseya S Floyd
Jun 15, 2026

City Clerk's Office ONLY

Amount of Insurance Required 

—

Number of Days Until the Event 

—



Office of the City Clerk
One Roosevelt Square, Room 104
Mount Vernon, New York 10550
(914) 665-2351
cityclerk@mountvernonny.gov

EVENT NAME & DATE: _____

EVENT SPONSOR: Tariga Buchaniyya Disugiya Shuzzuliya

REIMBURSEMENT AND INDEMNIFICATION AGREEMENT

In consideration of the granting of a block party/special event permit by the City of Mount Vernon ("the City") for the above named event do hereby agree to indemnify and hold harmless the City of Mount Vernon, its officers, employees and agents from and against all liability, damage, claims, demands, costs, judgments, fees, attorney fees, or loss arising out of the grant of this Block Party/Special Event Permit and at their sole expense and agree to bear all other costs and expenses relating thereto, and to reimburse the City for any costs incurred by the City in repairing damage due to the actions of the Sponsors and/or by the Sponsors' officers, employees or agents, vendors or any person or entity under the Sponsors control. Further, the Sponsors hereby agree to defend the City, its officers, employees and agents from any liability to any person or entity resulting from any damage or injury occurring in connection with the event proximately caused by the actions of the City and the Sponsors' officers, employees or agents, or any person who is under the Undersigned's control.

ADDITIONAL GUIDELINES

- Sidewalks are to remain open to pedestrians with proper visible signage.
- The Police Department will determine whether police presence is required and how much is required. The event organizers will have to pay the salary for each officer. Payment must be received 72 hours in advance of the event. The Police Department will determine if Auxiliary Police can be used in lieu of Police Officers.
- If requesting authorization to procure private security, all must have an NYS Security License and provide proof of being bonded. All documentation must be submitted 72 hours before the event.
- No alcohol use is permitted on city property as per City Code §191-1. The sale of alcohol is prohibited.
- If your event is in a residential area and using vendors, the vendors must set up only on one (1) side of the street and not obstruct driveways.

IN WITNESS WHEREOF, the Sponsor/Organization/Applicant for the Block Party/Special Event Permit.
(Must be signed in the presence of a Notary/Commissioner of Deeds)

Print Name: <u>Aseya Floyd</u>
Authorized Officer Title (if applicable): <u>Secretary</u>
Signature: <u>Aseya Floyd</u>

State of New York ss.:
County of Westchester

On the 26th day of June in the year 2026, before me, the undersigned, personally appeared ASEYA FLOYD, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Subscribed and sworn/affirmed before me this) 26th day of June, 2026

Print Name: Janay Johnson
Signature: [Signature]
Qualified in State X County _____ Commission Expires: 05/15/2027

effective: April 1, 2025

JANAY JOHNSON
NOTARY PUBLIC
STATE OF NEW YORK
COMMISSION #01J00007653
EXPIRES 05.15.27

[Signature]