

## STREET USE PERMIT APPLICATION

## EVENT INFORMATION

Name of Event: WILD STREET FAIREvent Organizer/Sponsor: WIL-MAR NEIGHBORHOOD CENTER

Is Organizer/Sponsor a 501(c)3 non-profit agency?

☒ Yes ☐ NoMANDATORY: State Sales Tax Exemption Number: ES#: 41148

OPTIONAL: Federal Tax Exempt Number: \_\_\_\_\_

Address: 504 S. Brewery StCity/State/Zip: Madison, WI 53703Primary Contact: GARY KALLAS Work Phone: 608-257-4576Email: gary.k@wil-mar.org Phone During Event: 608-235-2925Website: www.wil-mar.org FAX: 608-257-1052Secondary Contact: Jaya Larson Work Phone: 608-256-3527Email: jaya@cwd.org Phone During Event: 608-438-5059Annual Event? ☒ Yes ☐ NoCharitable Event? ☒ Yes ☐ NoIf Yes, Name of charity to receive donations: WIL-MAR & COMMON WEALTHEstimated Attendance: 5000 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)Public Amplification? (not allowed after 11 p.m.): ☐ Yes ☐ NoHours: 11 AM to 10 PM

## EVENT CATEGORY

☐ Run/Walk ☐ Music/Concert ☒ Festival ☐ Rally ☐ Parking (i.e., bagging meters)  
☐ Other: \_\_\_\_\_

## LOCATION REQUESTED

☐ Capitol Square (note specific blocks below) ☐ State St. Mall/800 State Street  
☐ 30 on the Square (aka top of 100 block of State Street) ☒ Other (specific blocks/streets requested below)Street Names and Block Numbers: 800-1000 BLS OF WILLIAMSON ST

## EVENT DATE(S)/SCHEDULE

Date(s) of Event: SATURDAY/SUNDAY, SEPT 18/19 Event Start and End Times: 11 AM TO 10 PMRain Date (if any): NO/R Set-Up Start Time: 9 AMTake-Down Start Time and End Times: 10:30 AM TO 10:30 PMTAKE-DOWN TIME: START TO STREETS REOPENED  
NIGHTWill sponsor apply for temporary class B license to serve or sell beer/wine for this event? ☒ Yes ☐ NoIf class B license is denied, will the event(s) occur? ☐ Yes ☒ No

By initialing, I/we waive the 21-day decision requirement.

## APPLICATION SIGNATURE

BY SIGNING THIS APPLICATION, THE "EVENT ORGANIZER/SPONSOR" LISTED ABOVE AGREES TO INDEMNIFY, DEFEND, AND HOLD THE CITY AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS HARMLESS AGAINST ALL CLAIMS, LIABILITY, LOSS, DAMAGE, OR EXPENSE INCURRED BY THE CITY ON ACCOUNT OF ANY INJURY TO OR DEATH OF ANY PERSON OR ANY DAMAGE TO PROPERTY CAUSED BY OR RESULTING FROM THE ACTIVITIES FOR WHICH THE PERMIT IS GRANTED.

Applicant Signature A. C.Date 6-14-2021

**2021 WILLY STREET FAIR—STREET USE PERMIT APPLICATION:****STEP 3—****STREET EVENT SCHEDULE/LOCATIONS:**

The street locations requested:

For Saturday and Sunday September 18 and 19 the 800, 900 and 1000 blocks of Williamson as well as the 300 Block of E. Brearly.

Impacted residents and businesses have been informed of these requests and are supportive. Tents are left up overnight in the parking lanes only. **Security personnel are on-site at all times.**

**EVENT DATE(S)/SCHEDULE**

<b>DATE</b>	<b>ACTIVITY</b>	<b>HOURS</b>
Saturday, September 18	Streets Close	9:00 am
	Event Held	1:00 pm to 9:00 pm, music and vendors
	Street Reopens	10:30 pm, <b>NO PARKING THROUGHOUT REMAINS IN EFFECT 20' OR MORE EMERGENCY LANE MAINTAINED</b>
Sunday, September 19	Streets Close	8:00 am
	Event Held	11:00 am to 7:00 pm, parade at 11, music and vendors
	Street Reopens	10:30 pm

**STEP 4—**

Event map is attached.

**STEP 5—****EMERGENCY ACTION PLAN (EAP) i.e. SAFETY AND SECURITY**

<b>Primary Contact:</b>	<b>Secondary Contact:</b>	<b>EMS (on Site All Times)</b>
Gary Kallas	Jaya Larson	Devin Abshire
(608) 235-2925	(608) 438-5059	(608) 228-9692

**Notification:**

We will have an EMS on Site at all times.

We will have uniformed security on site at all times.

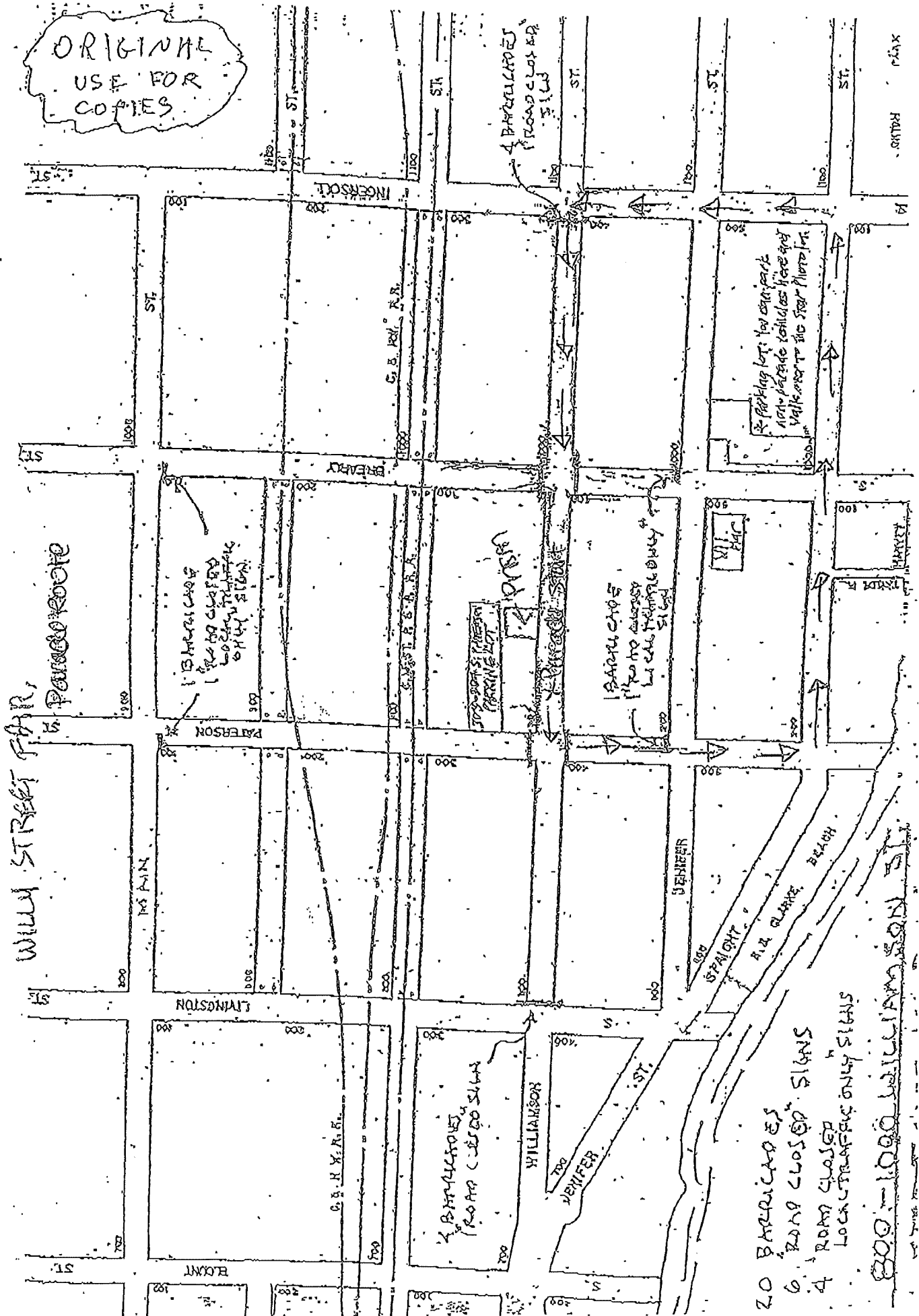
**Severe Weather or Other EAP announcements:**

This event will follow the 30/30 rule for lightning and will make public announcements as needed.

This event will maintain emergency 20' lanes throughout the event site by closing vendor access to center sections of the site.

Finally, we retain both public (off-duty officers) and private security staff. At all times a minimum combined 4 uniformed security staffs are on-site. In addition, our Willy Street Fair committee consists of over 50 community members and most are experienced with previous events. Over the course of our 40 year run, the vast majority of security matters are addressed by these community members.

ORIGINAL  
USE FOR  
COPIES



SIED

## EMERGENCY ACTION PLAN (EAP)

### I. GENERAL

18 19 21

The "Willy Street Fair" will be held September ~~24 & 25~~ 2018 at the 800-1000 blocks of Williamson Street.

### II. PURPOSE

- A. This emergency action plan predetermines actions to take before and during the "Willy Street Fair" (hereinafter referred to as the event) in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
- B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include, but are not limited to, Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.

### III. ASSUMPTIONS

The possibility of an occurrence of an emergency is present at this event. The types of emergencies possible are various and could require the response of Fire & Rescue, Emergency Medical Services, and Police.

### IV. BASIC PLAN

#### A. Emergency Action Plan (EAP) Event Representative

- 1. The EAP event representative will be identified as the point of contact for all communications regarding the event. This person is identified as ~~Beatrice Hadidian~~ **GARY KALLAS** Cell: ~~608-520-2294~~ **608-235-2925**

#### B. Emergency Notification

- 1. In the event of an emergency, notification of the emergency will be through the use of 911. The caller should have the following information available to the 911 operator: nature of emergency, location, and contact person with callback number.
- 2. We ☐ will / ☒ will not have on-site EMS (Devin Abshire, 608-228-9692)
- 3. We ☒ will / ☐ will not have on-site Police or Security (Off-Duty Police TBD; Per-Mar Security retained as well. Contact Beatrice for details.)

#### C. Severe Weather

- 1. Weather forecasts and current conditions can be monitored through the National Weather Service's Madison Weather Forecast website.
- 2. Before the event - If severe weather is predicted prior to the event, the EAP event representative will evaluate the conditions and determine if the event will remain scheduled. The EAP event representative or his/her designee will be identified as such Gary Kallas and will be responsible to monitor the weather conditions before and during the event.
- 3. During the event - If severe weather occurs during the event, the EAP event representative or his/her designee Gary Kallas will make notification to those attending the event that a hazardous weather condition exists and direct them to shelter.
- 4. There are very limited provisions for sheltering participants in the event of severe weather.
- 5. This event will follow the 30-30 Rule for lightning. If lightning is observed and thunder is heard within 30 seconds, the event will be delayed until 30 minutes have passed since thunder was last heard.

#### D. Fire

- 1. If a specific hazard has been identified as an increased risk of fire at this event, event manager will work with the Fire Department to determine how to address the hazard.
- 2. All event staff will be instructed on the safe use of Portable Fire Extinguishers.
- 3. If cooking is intended, you must contact the fire department and -
  - a) Must have a valid fire extinguisher, 2A10BC

- b) Each space is allowed 1 LP tank per cooking device. All LP tanks are to be secured in an approved manner (tied, strapped, chained, etc.)
- c) No cooking shall be allowed under a tent. Cooking shall be a minimum of 20' away from tents/canopies.
- d) Cooking must be on a non-combustible surface (grease collection material generally required under cooking and food service areas)
- 4. Fire Inspectors may be required to do an inspection of your event (depends on size and nature of the event), contact the Fire Department for guidelines
- 5. All tents/canopies used for cooking shall have a FLAME SPREAD Certification attached to the tent.
- 6. Should an incident occur that requires the Fire Department, 911 will be utilized to request this resource. The caller should have the following information available to the 911 operator: nature of emergency, location, and contact person with callback number.

#### E. Medical Emergencies

- 1. As with any outdoor event, there is potential for injury to the participants. The types of injuries are various and include those that are heat related as well as traumatic injuries.
- 2. Event manager shall contact the Fire Department to determine if there is a need for on-site Emergency Medical Services at this event.
- 3. Should an incident occur that requires Emergency Medical Services to be called to this event, the caller will have the following information available to give to the 911 Center:
  - a) nature of emergency
  - b) precise location
  - c) contact person with callback number

#### F. Law Enforcement

- 1. The need for constant Law Enforcement presence at this event  
☒ has / ☐ has not been identified. Event manager shall contact the Police Department to determine if there is a need for Law Enforcement presence at this event
- 2. Should an incident occur that requires Law Enforcement, to be called to this event, the caller will have the following information available to give to the 911 Center:
  - a) nature of emergency
  - b) precise location
  - c) contact person with callback number

#### G. Emergency Vehicle Access

- 1. Access for Emergency Vehicles will be maintained at all times.
- 2. 20' Fire Lanes are required to be kept open at events.
- 3. A 14' minimum height clearance requirement for anything that goes over a street or fire lane
- 4. Participants and spectators will be directed to park in approved areas and not to obstruct protective features, sidewalks or public thoroughways.
- 5. Crowd control will be managed by: Beatrice Hadidian.
- 6. Parking for vendor and staff vehicles will be: the Wil-Mar Neighborhood Center).
- 7. Parking for attendee vehicles will be: Livingston Street ramp, side streets--and many come by foot and by bike.

#### V. CONTACT INFORMATION

608-235-2925

Primary Contact	<del>Beatrice Hadidian</del> GARY KALLAS	608-526-2291
Secondary Contact	<del>Gary Kallas</del> JAY LARSON 608-438-5059	608-235-2925
Emergency	Dane County 911 Center	911
Non-Emergency	Madison Fire Department	(608) 266-4420
Non-Emergency	Madison Police Department	(608) 255-2345

**STEP 6—****CLEAN-UP AND RECYCLING PLAN**

We have recycled at the Fair since 1995. We maintain clearly labeled waste and recycling containers on the grounds. In addition, for the past two events we've been implementing components to be a zero-waste event. In 2021 we'll look to expand these efforts. We lease dumpsters from the City.

**STEP 7—****NOTIFICATION SCHEDULE**

The area alderperson, businesses and the few residents in the immediate site of the event have been informed of the Fair. Part of our notification includes reminding residents of off-street parking located just a block from Williamson Street at the Wil-Mar Neighborhood Center.

**STEP 8—****INSURANCE FOR YOUR EVENT**

Required insurance is on file in the City's Risk Management Office.

**STEP 9—****BICYCLE PARKING**

We recently purchased bike racks and also reserve/lease as many city bike racks we can realistically get.

**STEP 10—****MARKETING YOUR EVENT**

Application attached.

**STEP 11—****EVENTS WITH AMPLIFICATION**

Application attached.

**STEP 12—****VENDORS AT YOUR EVENT**

Application attached

**STEP 13—****TEMPORARY STRUCTURES**

All of our tents are 10 x 10 simple pop-up tents and do not require a permit.

**STEP 14—****BEER/WINE SALES AT YOUR EVENT**

Application attached

**STEP 15—**

Please Invoice:

Wil-Mar Neighborhood Center

504 S. Brearly Street

Madison, WI 53703

**STREET EVENT MARKETING INFORMATION**

Conditional approval of the event is required **BEFORE** promoting, marketing or advertising the event.

Do you have marketing information?

☒ Yes ☐ No

If Yes, please continue. If No, skip this form.

How will this event be marketed, promoted, or advertised?

FACEBOOK, OTHER SOCIAL MEDIA  
POSTERS  
PANDAS

Will there be live media coverage during the event and where will the media vehicles be parked?

LIKELY

**PARKS DIVISION CALENDAR OF EVENTS**

If you want your event to be listed on City website calendars, please complete the Marketing Information form. Your event will only be included on the calendars if all permits and applications are approved 30 days in advance and your event is open to the public. If this form is not completed, the event will not be included on the calendars.

Official Name of Event: WILLY STREET FAIR

Location: 800-1000 BLKS OF WILLIAMSON ST

Public Contact Phone: 647 1212

Website: www.willystreetfair.org

Admission Cost: NONE

Date of Event: September 18 & 19, 2021

Beginning/End Time of Event: see schedule

Two sentence description of event (for internet calendar):

community-buidly celebration of place i.e. music, food, art & craft vendors  
kite activities

**STREET EVENT AMPLIFICATION PERMIT APPLICATION**

Permit fee is \$100.00.

Permission for amplification does not exempt a group from Madison Ordinance noise restrictions. Please be considerate of neighboring residents and businesses. When notifying the alderperson and neighborhood association (if necessary) about your event, be sure to include detailed information about any plans you have for amplified sound.

Do you have public amplification planned for your event?

☒ Yes ☐ No

If Yes, please continue. If No, skip this form.

**EVENT INFORMATION**Name of Event: WILLY ST FAIRContact Person: GARY KALLASLocation: 800-1000 BKS OF WILKINSON ST Date: 6-14-2021

Type of Amplified Sound:

☒ Band ☒ DJ ☒ Sound System ☒ Speeches/Announcements ☐ Karaoke☐ Other (please specify): \_\_\_\_\_

Hours of Amplification:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

SATURDAY, SEPTEMBER 18, 2021

1-10 pm

SUNDAY, SEPTEMBER 19, 2021

11 am to 7 pm



**STREET EVENT VENDING LICENSE APPLICATION**

- ☐ 1-25 Vendors .....\$400.00  
☒ 26-100 Vendors .....\$675.00  
☐ 101-300 Vendors .....\$975.00  
☐ 301 or more Vendors .....\$1,700.00

**EVENT INFORMATION**Name of Event: WILLY STREET FAIREvent Organizer/Sponsor: WIL-MAR NEIGHBORHOOD CENTERAddress: 504 S. BREWERY STCity/State/Zip: MALDEN, MA 02148Date(s) of Event: 9-18-19, 2021 Rain Date(s): NONEPrimary Contact: JAY LARSONE-mail: jay@wmd.orgWork Phone: 608-256-3527 Phone During Event: 608-438-5059

Vendor Name	WI State Seller's Permit #
1.	
2.	
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**STREET EVENT BEER/WINE SALES PERMIT APPLICATION**

Permit fee is \$700.00.

Do you plan on selling beer/wine?

If Yes, please continue. If No, skip this form.

☒ Yes ☐ No**EVENT ORGANIZER INFORMATION**Name of Group: WILMAR NEIGHBORHOOD CENTERContact Person: MARY KALLASAddress: 504 S. BEECHLEY STWork Phone: 608-257-4576Phone During Event: 608-285-2825Today's Date: 6-14-2021**BEER SALES PERMIT INFORMATION**

Any Temporary Class "B" Retailers License application that is in conjunction with a Street Use Permit, must be submitted at least 60 days before the event date and be approved by the Alcohol License Review Committee and the Common Council. See Madison General Ordinance Sec. 38.05(9)(e)2.

Name of the Licensed Bartender: BEN ANTONSecurity Company: MADISON OFF-DUTY POLICE OFFICERS / RTM ORIGINAL

Have you applied for the Temporary Class "B" Retailers License (from the City Clerk's Office)?

☒ Yes ☐ No

Indicate Application Date: \_\_\_\_\_

Have you submitted the Certificate of Insurance with a liquor liability naming the City of Madison as Additional Insured?

☒ Yes ☐ NoIndicate Application Date: 6-14-2021



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/14/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> M3 Insurance Solutions, Inc. 1425 Discovery Parkway Wauwatosa WI 53226	<b>CONTACT NAME:</b> Chelsea Hilgert <b>PHONE (A/C, No, Ext):</b> 800-272-2443 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> chelsea.hilgert@m3ins.com <b>PRODUCER CUSTOMER ID #:</b> FRIEW-2														
<b>INSURED</b> Wil-Mar Neighborhood Center, Inc Friends of Wil-Mar, Inc. 953 Jenifer Street Madison WI 53703	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: West Bend Mutual Insurance Com</td> <td>15350</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: West Bend Mutual Insurance Com	15350	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

## COVERAGES

CERTIFICATE NUMBER: 1583776373

REVISION NUMBER:

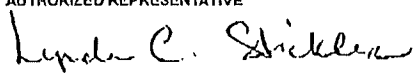
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR I,TR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y		0964493	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		0964493	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$0	Y		0964493	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	0964493	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> WORKERS COMPENSATION LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
The City of Madison is an additional insured with respect to general liability.

## CERTIFICATE HOLDER

## CANCELLATION

City of Madison Attn: Risk Management PO Box 2627 215 MLK Jr Blvd, Rm 300 Madison WI 53703	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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