

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Monroe Street Sidewalk Sale
Event Organizer/Sponsor: Monroe St. Merchants Association
Is Organizer/Sponsor a 501(c)3 non-profit agency? ☐ Yes ☒ No
MANDATORY: State Sales Tax Exemption Number: ES#: _____
OPTIONAL: Federal Tax Exempt Number: _____
Address: 1360 Regent St. #231
City/State/Zip: Madison, WI 53715
Primary Contact: Carol Schroeder Work Phone: 608-255-8211
Email: Monroestreet@mac.com Phone During Event: above
Website: monroestreetmadison.com FAX: _____
Secondary Contact: Michelle Waldeck Work Phone: 608-255-7330
Email: michelle@monroestreetframing.com Phone During Event: 608-220-2848
Annual Event? ☒ Yes ☐ No
Charitable Event? ☐ Yes ☒ No
If Yes, Name of charity to receive donations: _____
Estimated Attendance: 1,000 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)
Public Amplification? (not allowed after 11 p.m.): ☐ Yes ☐ No
Hours: _____ to none

EVENT CATEGORY

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

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: 1700-2500 blocks of Monroe Street

EVENT DATE(S)/SCHEDULE

Date(s) of Event: Saturday, July 23 Event Start and End Times: 10:00-5:30
Rain Date (if any): _____ Set-Up Start Time: 9:00 am
Take-Down Start Time and End Times: 6:00 pm
TAKE-DOWN TIME: START TO STREETS REOPENED

Will sponsor apply for temporary class B license to serve or sell beer/wine for this event? ☐ Yes ☒ No
If 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 Carol Schroeder Date 6-24-22

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Marine Corps 25th Anniversary
 Event Organizer/Sponsor: Marine Corps 25th Anniversary

Is Organizer/Sponsor a 501(c)(3) non-profit agency? ☒ Yes ☐ No

MANDATORY: State Sales Tax Exemption Number: ES#
 OPTIONAL: Federal Tax Exemption Number:

Address: 1340 Regent St. #531
 City/State/Zip: 23712

Print Name:
 Email:
 Web:
 Social:
 Email:

Phone During Event: 608-527-8500
 FAX:

Work Phone: 608-527-7330
 Phone During Event: 608-527-8500

Will you be using a credit card? ☒ Yes ☐ No

Will you be using a credit card? ☒ Yes ☐ No

(CERTIFICATE OF INSURANCE MAY BE REQUIRED) ☒ Yes ☐ No

Other: Marine Corps 25th Anniversary

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Other: Marine Corps 25th Anniversary

Other: Marine Corps 25th Anniversary

LOCATION REQUESTED

Capitol Square (note specific blocks below) ☐
 30 on the Square (also top of 100 block of State Street) ☐
 Other (specific blocks/streets requested below) ☐

Street Names and Block Numbers: 1700-2200 block of Monroe Street

EVENT DATE(S)/SCHEDULE

Date(s) of Event: Sunday, July 25
 Event Start and End Times: 10:00-2:30

Set-Up Start Time: 9:00am
 Take-Down Start Time and End Times: 6:00pm

TAKE-DOWN TIME: START TO STREETS REOPENED 6:00pm

Will sponsor apply for temporary class B license to serve or sell beer/wine for this event? ☒ Yes ☐ No
 If class B license is denied, will the event(s) occur? ☒ Yes ☐ No

By initiating, I/we waive the 24-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, EMPLOYEES AND AGENTS HARMLESS AGAINST ALL CLAIMS, DAMAGES, LOSSES, AND 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: [Signature] Date: 6-24-25

We tried to
 file this online
 without success.
 Can we call
 with a credit
 card?
 All my best,
 Pam 608-527-8500
 8211