STREET USE PERMIT APPLICATION

EVENT INFORMATION WOOPS CHILDREN	12176
Name of Event:	WE FOR SAFE SCHOOLS, INC / GSAFE)
Event Organizer/Sponsor: 6AY STRATION IFLE	THE FOR SAFE SCHOOLS, INC (GSAFE)
Is Organizer/Sponsor a 501(c)3 non-profit agency? MANDATORY: State Sales OPTIONAL: Federal Tax	s Tax Exemption Number: ES#: (0580003013940 65) x Exempt Number:
Address: 122 E OLIN AVE ST 100	
City/State/Zip: MADISON, WI, 53713	Work Phone: 6086614141
Primary Contact: BRUAN SUCHEMS	Work Phone: 400 000 7117
Email: bridge 460 few i.org	Phone During Event: 608 235 5 467
Website: 952 fewi. ovg	FAX: NA Work Phone: 6086614141
Secondary Contact: ALL MULDROW	Work Phone: 608041111
Email: ali@gsafewiorg	Phone During Event: 6466456432
Annual Event?	✓ Yes ☐ No
Charitable Event? If Yes, Name of charity to receive donations:	
Estimated Attendance: 200 M	(CERTIFICATE OF INSURANCE MAY BE REQUIRED)
Public Amplification? (not allowed after 11 p.m.):	Yes No
Hours: 4PM to 11PM	
EVENT CATEGORY	
Run/Walk Music/Concert Festival	Rally Parking (i.e., bagging meters)
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)	
Street Names and Block Numbers: 100 BUOCK	- KWG STREET
EVENT DATE(S)/SCHEDULE	
Date(s) of Event: 8/3/22	Event Start and End Times: 100 PM 100 PM
Rain Date (if any):	Set-Up Start Time: 10100 AM
	Take-Down Start Time and End Times: 11'00 PM -1'00 AM TAKE-DOWN TIME: START TO STREETS REOPENED
Will sponsor apply for temporary class B license to serve of the class B license is denied, will the event(s) occur?	r sell beer/wine for this event?
By initialing, I/we waive the 21-day decision requir	rement
APPLICATION SIGNATURE	
BY SIGNING THIS APPLICATION, THE "EVENT ORGANIZER/SPONSC CITY AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS H. EXPENSE INCURRED BY THE CITY ON ACCOUNT OF ANY INJURY T CAUSED BY OR RESULTING FROM THE ACTIVITIES FOR WHICH TH	OR" LISTED ABOVE AGREES TO INDEMNIFY, DEFEND, AND HOLD THE ARMLESS AGAINST ALL CLAIMS, LIABILITY, LOSS, DAMAGE, OR TO OR DEATH OF ANY PERSON OR ANY DAMAGE TO PROPERTY HE PERMIT IS GRANTED.
Applicant Signature ADMM	

STREET EVENT SCHEDULE

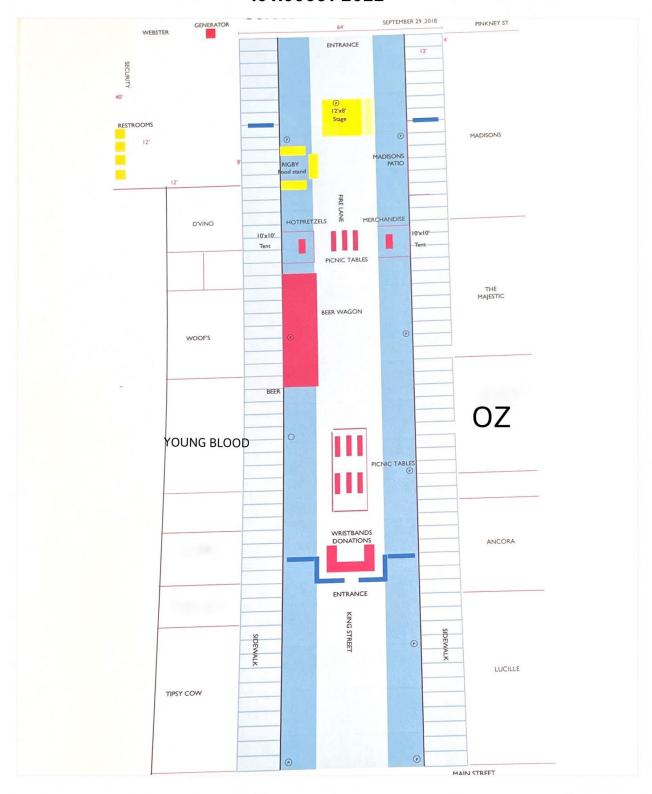
- The schedule begins when event setup starts, including setup on sidewalks, terraces or parking, and ends when the street is re-opened for normal use.
- The schedule should encompass all activities planned for the event, such as:
 - » Vending: food, beverages and/or merchandise
 - » Music/Performances
 - » Displays, Exhibits, Demonstrations
 - » A moving event such as a rally, parade, etc.

Provide Detailed Event Schedule:

SATURIZAN MIGNST 13TH, 2022
10:00 AM STREET CLOSUME
SET. UP DEGINS
4:00 PM EVENT OPENS
11:00 PM EVENT ENTY / STREET RECUMENTON
BEGINS
1:00 AM SUNTAY MUGNST 14TH

TREET OPEN TO TRAFF

WOOF'S KING STREET PRIDE BLOCK PARTY 13 AUGUST 2022



STREET EVENT SITE MAP

To ensure proper review of the event, please attach a Street Event Site Map and a detailed route map (if applicable). Include the following location information if application to your event:

- Tents
- Stages
- Fencing
- Vendors
- Portable Toilets
- Dumpsters
- Staging Areas

Remember to include:

- Emergency vehicle access lanes (minimum of 20').
- Accessible paths for wheelchairs as well as disabled parking spaces.

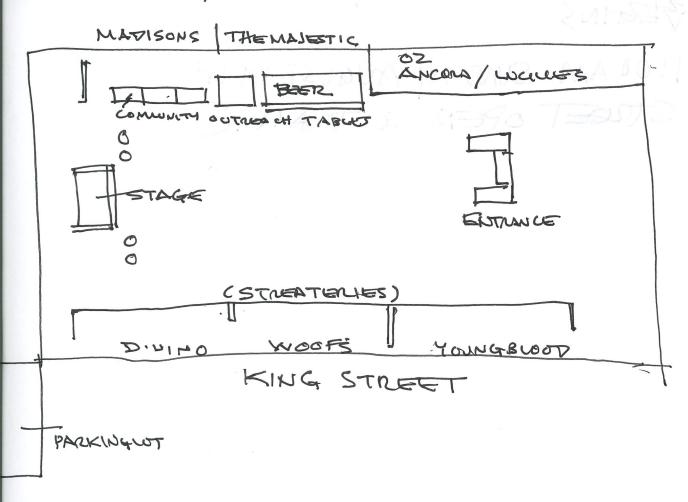
EVENTS INCLUDING A RUN, WALK OR PARADE

If an event has a run/walk/parade component and/or alcohol will be served or sold, the Street Use Permit Applicant must contact the Madison Police Department to discuss possible Police requirements for the event. Contact Lt. Trevor Knight, tknight@cityofmadison.com.

A detailed route map is required if the street closure is for a run, walk, parade or other moving activity.

A helpful online resource for route mapping is Map My Run.

Provide Detailed Event Site Map:



EMERGENCY ACTION PLAN (EAP)

I. GENERAL

WOOFS KNOWS ST POUTE 8/13/22

The "EVENT NAME" will be held MONTH DAY, YEAR at GENERAL LOCATION/ADDRESS/FACILITY TITLE.

II. PURPOSE

A. This emergency action plan predetermines actions to take before and during the "EVENT NAME" (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 SAME AS PAST 11 YEARS.

A. Emergency Action Plan (EAP) Event Representative

 The EAP event representative will be identified as the point of contact for all communications regarding the event. This person is identified as PRIMARY CONTACT: FIRST/LAST NAME.

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 yvill / will not have on-site EMS (ENTER CONTACT NAME & CELL PHONE NUMBER)
- 3. We. ✓ will / ☐ will not have on-site Police or Security (ENTER CONTACT NAME & CELL PHONE NUMBER)

C. Severe Weather

- 1. Weather forecasts and current conditions can be monitored through the <u>National Weather</u> <u>Service's Madison Weather Forecast website</u>.
- 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 FIRST/LAST NAME 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 FIRST/LAST NAME 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.
- 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 throughways.
- 5. Crowd control will be managed by: NAME.
- 6. Parking for vendor and staff vehicles will be: LOCATION(S).
- 7. Parking for attendee vehicles will be: LOCATION(S).

V. CONTACT INFORMATION

		A 16.6471642
Primary Contact	FIRST/LAST NAME DINO MANYCI	CELL PHONE
Secondary Contact	FIRST/LAST NAME SAM WANSHEL	CELL PHONE
Emergency	Dane County 911 Center	911
Non-Emergency	Madison Fire Department	(608) 266-4420
Non-Emergency	Madison Police Department	(608) 255-2345

608.217.9474

641.645.645

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? □ No If Yes, please continue. If No, skip this form. **EVENT INFORMATION** OOFS KING ST PRITE OCIC ICINAST Date: Type of Amplified Sound: ☐ Band Sound System Speeches/Announcements ☐ Karaoke Other (please specify): Hours of Amplification:

1:00 PM - 11:00 PM

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 N	lo
EVENT ORGANIZER INFORMATION	2790.117		
Name of Group: GSDPE / WOO	F	LOCAL SCIENCE THESE	3
Contact Person: DINO MANIACI			_
Address: 314 5 MIDURUS	BMD.		
Work Phone:	Phone During Event:	66456432	
Today's Date: 6/22/22			
BEER SALES PERMIT INFORMATION			
Any Temporary Class "B" Retailers License application submitted at least 60 days before the event date and be the Common Council. See Madison General Ordinance	e approved by the Alcohol Li Sec. 38.05(9)(e)2.	cense Review Committee and	ı
Name of the Licensed Bartender: SAM WUNS	HOND DWOM	AUTCI	A :
Security Company: STAFF	(_
Have you applied for the Temporary Class "B" Retailers Lic Indicate Application Date:	ense (from the City Clerk's Off	ice)?	lo
Have you submitted the Certificate of Insurance with a liquo City of Madison as Additional Insured? Indicate Application Date:	or liability naming the	Yes N	lo
FILE WITH	ALRC!		

STREET EVENT CLEAN-UP AND RECYCLING PLAN

- Include plans for collection and disposal of materials during and after event number and location of garbage/recycling containers and dumpsters; number/schedule of volunteers/staff assigned to collection and cleanup.
- If City containers are not used, please provide the name and contact information of the collection agency providing equipment and service for the event.
- Event organizers are responsible for emptying City garbage/recycling containers within the event perimeter.
- Any group that leaves an area in a condition that requires special clean-up by City crews will be charged the full cost of clean-up.
- If you need assistance with your clean-up and recycling plan, please contact the <u>City of Madison's Recycling Office</u>, via <u>email</u> or at (608) 267-2626.

Provide Detailed Trash/Recycling/Clean-Up Plans:

PFAP. F1. 2. 800) 5

STAFF/COWN MAINTAIN DEBPUS ETC THRUGIBNT EVENT.

REQUEST 6 TRASH BARRIES X From 6 nerycle BARRIES X City 1 DUMPSTER X

Primary Contact | Firstbuast NAME | DILLO | NAMES | Secondary Contact | Firstbuast NAME | Secondary Contact | Secondary Contac

Non-Em-rigadov Mucison Fire Department Non-Emergency Michael, Folkie Department

PROPRIATE SAA VALUE SIDEL PARE SAA VALUE SIDEL PARE COURT EIN Department