

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Africa Fest 2019

Event Organizer/Sponsor: African Association of Madison, Inc.

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

MANDATORY: State Sales Tax Exemption Number: ES#: 45064

OPTIONAL: Federal Tax Exempt Number: _____

Address: P.O. Box 1016

City/State/Zip: Madison, WI 53701

Primary Contact: Ray Kumapayi Work Phone: 608-246-7941

Email: raykumapayi@gmail.com Phone During Event: 608-658-8264

Website: www.AfricanAssociationofMadison.org FAX: _____

Secondary Contact: John Tembei Work Phone: 608-342-1063

Email: tembeij@uwplatt.edu Phone During Event: 608-405-9508

Annual Event? Yes No

Charitable Event? Yes No

If Yes, Name of charity to receive donations: _____

Estimated Attendance: 4000 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification? (not allowed after 11 p.m.): Yes No

Hours: 10:00 am to 10:00 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: 202 S. Ingersoll Street, Madison, WI 53703

EVENT DATE(S)/SCHEDULE

Date(s) of Event: August 17, 2019 Event Start and End Times: 10:00 am to 10:00 pm

Rain Date (if any): _____ Set-Up Start Time: 12:00 noon-4:00 pm, August 16

Take-Down Start Time and End Times: 9:00am-12pm, August 18

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 Ray Kumapayi

Date 7-12-2019

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:

