STREET USE PERMIT APPLICATION	
FOR OFFICE USE ONLY: Permit # Date Submitted	
EVENT INFORMATION  Name of Event KESINGWIGE HAIL MOVE-OUT	AWD COMMONEAMENT
Event Organizer/Sponsor	y of STATE   Yes MNO
Is Organizer/Sponsor a 501(c)3 non-profit agency?	240706
If Yes, provide State of Wisconsin Tax Exempt Number	40100 Dewe
Address TURNER HALL, 1620 KR	706
Primary Contact MIKE KINDERMAN  Work Phone 608-262-5008  E-mail MIKE KINDERMAN & HOUSING, WISC	FAX 608-265-3255
Secondary Contact	Phone During Event
Annual Event? Charitable Event? If Yes, name of charity to receive donations: Estimated Attendance Public Amplification (not allowed after 11 p.m.) Hours	(CERTIFICATE OF INSURANCE MAY BE REQUIRED)  to (Yes ☐ No
EVENT CATEGORY  □ Run/Walk □ Music/Concert □ Festival □ Other Communication At Koffl Coafe	☐ Rally ☐ Parking (i.e., bagging meters)  Restocutor Hall Move out
LOCATION REQUESTED	
☐ Capitol Square (note specific blocks below) ☐ 30 on the Square (a.k.a. top of 100 block of State Street) Street Names and Block Numbers:	☐ Podium/700-800 State Street ☐ Other (specific blocks/streets requested below) ☐ PARK STREET AND
EVENT DATE(S)/SCHEDULE FRIDAY MAY 13	1111
Date(s) of Event (including set-up and take-down)  Event Start Date(s)/Time(s)  Event End Date(s)/Time(s)  S:co/m	Rain Date(s)  Set-Up Date(s)/Time for Event  Take-Down Time  Take-Down Time: start to streets reopened
APPLICATION SIGNATURE	. 4.4
I/We waive the 21-day decision requirement.	MAC (PLEASE INITIAL)
Your signature below indicates that you have read and understand the instructions and guidelines for a community event. Further, the person/group named in this application will be responsible for the conduct of the group and for the condition of the reserved area. Falsification of information on the application will result in forfeiture of up to \$200 per falsified item.	
In addition to the rules and regulations detailed in the permit ap are subject to all applicable ordinances, statues and laws.	•
Signature / January Manual Man	