

# STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # \_\_\_\_\_ Date Submitted \_\_\_\_\_

## EVENT INFORMATION

Name of Event WOOF OCTOBERFEST

Event Organizer/Sponsor GM STRAIGHT ALLIANCE FOR SAFE SCHOOLS, INC (GSAFE)

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

If Yes, provide State of Wisconsin Tax Exempt Number 008-0003073940-05

Address 122 E OLIN AVE STE 100 MADISON, WI 53713

City/State/Zip \_\_\_\_\_

Primary Contact BRIAN JUCHENS

FAX NA

Work Phone (608) 661-4141

Phone During Event (608) 235-5467

E-mail brianj@gsafewi.org

Website gsafewi.org

Secondary Contact ALI MULDRON

Phone During Event (608) 213-6579

Work Phone (608) 661-4141

E-mail ali@gsafewi.org

Annual Event?  Yes  No

Charitable Event?  Yes  No

If Yes, name of charity to receive donations: GSAFE

Estimated Attendance \_\_\_\_\_ (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification (not allowed after 11 p.m.) Hours \_\_\_\_\_ to \_\_\_\_\_  Yes  No

## EVENT CATEGORY

Run/Walk  Music/Concert  Festival  Rally  Parking (i.e., bagging meters)

Other BLOCK PARTY

## LOCATION REQUESTED

Capitol Square (note specific blocks below)

Podium/700-800 State Street

30 on the Square (a.k.a. top of 100 block of State Street)

Other (specific blocks/streets requested below)

Street Names and Block Numbers: 100 BLOCK KNUX STREET

## EVENT DATE(S)/SCHEDULE

Date(s) of Event (including set-up and take-down) 9/16/23

Rain Date(s) NA

Event Start Date(s)/Time(s) 9/16/23 - 4PM

Set-Up Date(s)/Time for Event 9/16/23 - 10AM

Event End Date(s)/Time(s) 9/16/23 - 11PM

Take-Down Time 9/16/23 - 9/17/23

Take-Down Time: start to streets reopened 11AM-1PM

## APPLICATION SIGNATURE

I/We waive the 21-day decision requirement.

BJ (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 application instructions and guidelines, Street Use Permits are subject to all applicable ordinances, statues and laws.

Signature [Signature]

Date 2/19/23

## 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:***

WOOF'S OCTOBEARFEST 2023

9/16/23

SET UP/STREET CLOSURE 10:00 AM

EVENT STARTS @ 4:00 PM

DJ/MUSIC, FOOD/BEVERAGES AND COMMUNITY OUTREACH TABLES

EVENT ENDS @ 11:00 PM

TEARDOWN 11:00 PM 9/16/23-1:00AM 9/17/23

# EMERGENCY ACTION PLAN (EAP)

## I. GENERAL

WOOF'S OCTOBEARFEST  
SATURDAY SEPTEMBER 12, 2023  
100 BLOCK KING STREET

## 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

### 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:

DINO A. MANIACI  
646-645-6432

### 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 NOT have on-site EMS
3. We WILL have on-site Police or Security  
(CITY OF MADISON SPECIAL DUTY OFFICERS AS DETERMINED)

### 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 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 DINO MANIACI 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.

**V. CONTACT INFORMATION**

Primary Contact	DINO MANIACI	646-645-6432
Secondary Contact	SAM WUNSHEL	608-217-9474
Emergency	Dane County 911 Center	911
Non-Emergency	Madison Fire Department	(608) 266-4420
Non-Emergency	Madison Police Department	(608) 255-2345

## STREET EVENT CLEANUP 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 cleanup by City crews will be charged the full cost of cleanup.
- If you need assistance with your cleanup and recycling plan, please contact the [City of Madison's Recycling Office](#), via [email](#) or at (608) 267-2626.

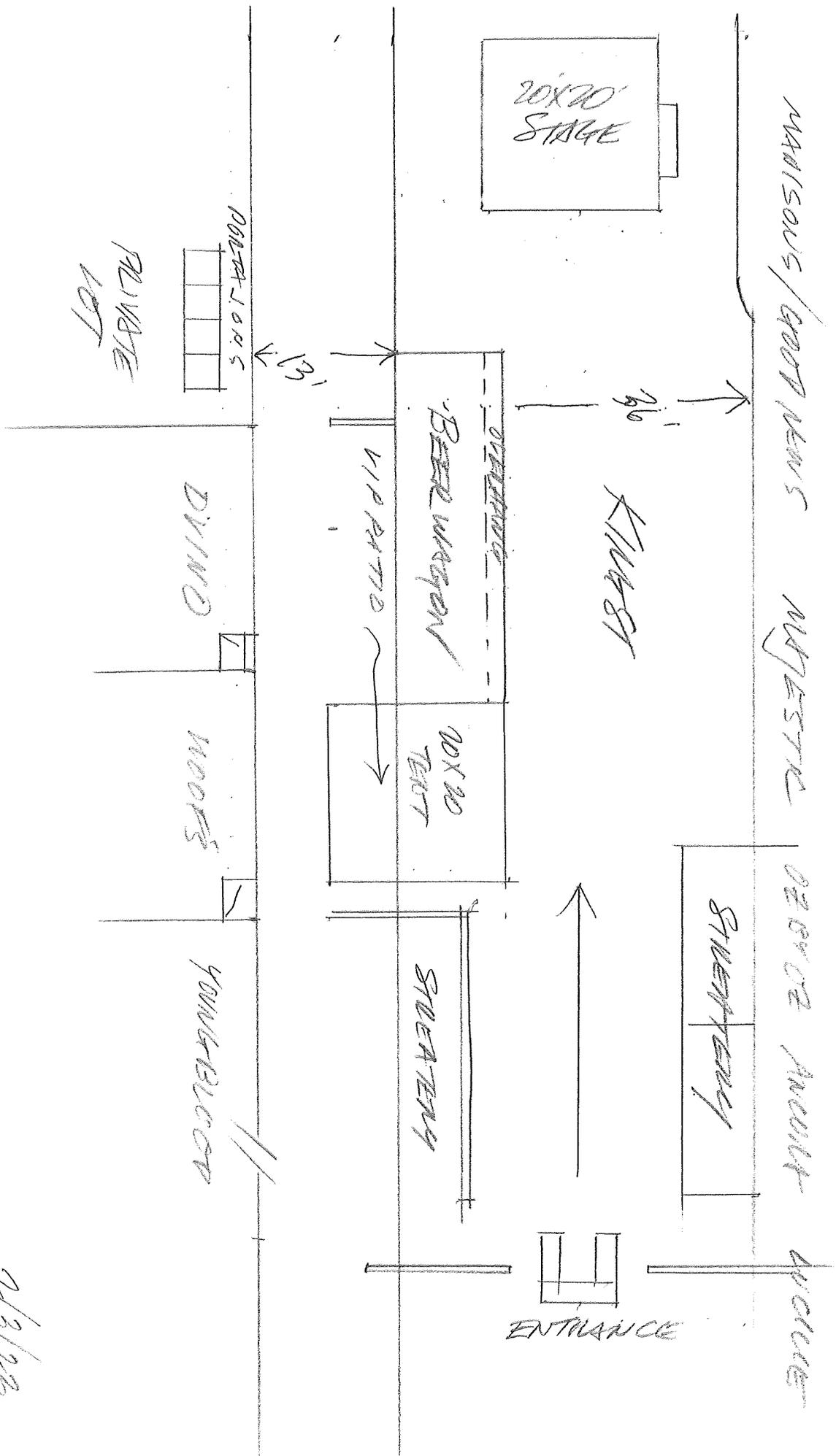
*Provide Detailed Trash/Recycling/Cleanup Plans:*

RENTED TRASH/RECYCLE BINS FROM CITY OF MADISON AS IN PAST YEARS/WOOF'S STAFF/VOLUNTEERS  
MAINTAIN TRASH COLLECTION THROUGHOUT EVENT  
PRIVATE DUMPSTER POSITIONED ADJACENT TO PARKING LOT AT 116 KING STREET ON WEBSTER STREET



159-41

WOODS OCTOBERFEST  
SEPTEMBER 16, 2023



2/3/23



## Community Events on Madison Streets



### STEP 14: Budget Planning

The cost to have a community event on Madison streets varies. All events must pay a non-refundable application fee. Other fees and charges may apply to your event depending on the need for equipment and/or City services. Use the Fee Schedule to aid your event budget planning. Final fee assessment is done by City Staff.

#### Fee Schedule

##### Street Use Permit Application Fee (non-refundable, must be submitted with the application)

Neighborhood Block Party	\$50.00 (NT)
One Time/One Day Event	\$100.00 (NT)
One Time/Two or More Day Event	\$200.00 (NT)
Series Event	\$300.00 (NT)
Cash/Bond Deposit Capitol Square Events	\$3,000.00 (NT)

##### Past Deadline Application Fees

Street Use Event Permit less than 30 days before event	\$250.00 (NT)
Street Use Event Permit with Beer/Wine Sales Permit less than 60 days	\$250.00 (NT)
Special Event Resolution less than 60 days before event	\$250.00 (NT)

##### Street Use Vending License Fees

Special Vending Resolution(s) Needed per block requested	\$50.00 (NT)
Special Event Umbrella License Fees:	
- 1-25 Vendors	\$400.00
- 26-100 Vendors	\$675.00
- 101-300 Vendors	\$975.00
- 301 or more Vendors	\$1,700.00

##### Additional Event Permit Fees

P.A. Permit (Amplified Sound)	\$100.00 (NT)
Beer/Wine Sales Permit	\$700.00 (NT)
Bus Route Disruption per Route	\$100.00 (NT)
- Weekend Capital Loop Detour	\$300.00
- Weekday Capital Loop Detour	\$600.00

#### Helpful Resources

[Frequently Asked Questions](#)

[Street Use Staff Commission](#)

[Events on Madison Streets Packet](#)

[Events that Need Water Quality Testing](#)

#### Parks & Facilities Available for Reservatio

[Park Shelters](#)  
(608) 266-4711

[Olbrich Botanical Gardens](#)  
(608) 246-4733 / Email

[Warner Park Community Recreation Center](#)  
(608) 245-3694 / Email

[Golf Madison Parks Clubhouses and Golf Courses](#)  
Email



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/22/2018

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 have ADDITIONAL INSURED provisions or 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. 828 John Nolen Drive Madison WI 53713	<b>CONTACT NAME:</b> Kelly Staerzl <b>PHONE (A/C No. Ext):</b> 608-288-2868 <b>E-MAIL ADDRESS:</b> kelly.staerzl@m3ins.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Dandy Fire Inc dba Woofs 314 S Midvale Blvd Madison WI 53705	<b>INSURER A:</b> Society Insurance <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 15261

**COVERAGES**      **CERTIFICATE NUMBER:** 1440579114      **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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			TRM 474104	4/15/2018	4/15/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000  COMMON SENSE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			UXL 474109	4/15/2018	4/15/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 474106	4/15/2018	4/15/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - CA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

*X TO BE UPDATED 4/15/2023*

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: King Street Pride Festival on 8/18/10 and OctoBeerfest on 8/22/10.

<b>CERTIFICATE HOLDER</b> 	<b>CANCELLATION</b>  
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**COVERAGES**

CERTIFICATE NUMBER: 339835211

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.

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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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 DED <input checked="" type="checkbox"/> RETENTION \$ 0			UXL 474107	4/15/2018	4/15/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WI) If yes, describe under DESCRIPTION OF OPERATIONS below			WC 474106	4/15/2018	4/15/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - FAMILIAL CYCLES \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 The City of Madison is listed as Additional Insured with respect to General Liability regarding the King Street Public Market on 4/15/2018 and 9/29/2018.

CERTIFICATE HOLDER

CITY OF MADISON

CANCELLATION

Madison WI 53703

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