

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Talking Spirits XVIII: Cemetery Tour

Event Organizer/Sponsor: Wisconsin Veterans Museum and Foundation

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

MANDATORY: State Sales Tax Exemption Number: ES#: 40707

OPTIONAL: Federal Tax Exempt Number: _____

Address: 30 W Mifflin St

City/State/Zip: Madison WI

Primary Contact: Erin Hoag Work Phone: 608-264-7663

Email: erin.hoag@dva.wisconsin.gov Phone During Event: 608-219-0032

Website: wisvetsmuseum.com FAX: _____

Secondary Contact: Kevin Hampton Work Phone: 608-261-5409

Email: kevin.hampton@dva.wisconsin.gov Phone During Event: 608-695-7401

Annual Event? Yes No

Charitable Event? Yes No

If Yes, Name of charity to receive donations: _____

Estimated Attendance: 3000 over 6 days (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

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

Hours: _____ to _____

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: 1 Speedway Rd; eastbound parking lane only (need 6 "no parking" signs)

EVENT DATE(S)/SCHEDULE

Date(s) of Event: 10/4-7, 2016 Event Start and End Times: 9am-2pm

Rain Date (if any): _____ Set-Up Start Time: 8am

Take-Down Start Time and End Times: 3-4pm

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

EH 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 

Date 7/13/2016