STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # Date Submitted	_
EVENT INFORMATION Name of Event Wiscon Sin GRAND LOGGE F. Event Organizer/Sponsor MADISON MASONIC (& A.M. ANDUAL COMMUNICATION
Event Organizer/Sponsor MADISON MASONIC (CENTER FOUNDATION
Is Organizer/Sponsor a 501(c)3 non-pro t agency?	Yes 🗆 No
If Yes, provide State of Wisconsin Tax Exempt Number	533284 Fein 39-1389779
Address 301 WISCONSID AVE	
Primary Contact Robert CADFIELD Work Phone 608 256-2351 E-mail MADSRITE 301 @ WI-3COTTISH RITE, COM Website	FAX_Phone During Event 608 25(e-235)
Secondary Contact DAVID MAHONEY Work Phone 608 256-2351 E-mail MAGSKITE 301@WI-SCOTTISHRITE, COM	Phone During Event 608 256-2381
Annual Event? Charitable Event? If Yes, name of charity to receive donations:	Yes □ No □ Yes □ No
Estimated Attendance 500 Public Ampli⊡cation (not allowed after 11 p.m.) Hours	(CERTIFICATE OF INSURANCE MAY BE REQUIRED) to Yes
EVENT CATEGORY	
□ Run/Walk □ Music/Concert □ Festival □ Other	☐ Rally
LOCATION REQUESTED	
□ Capitol Square (note speci⊡c blocks below) □ 30 on the Square (a.k.a. top of 100 block of State Street) Street Names and Block Numbers: 300 Brock Wisco	□ Podium/700-800 State Street □ Other (speci⊡c blocks/streets requested below) □ OFIN AVE EIST SIDE ONLY
EVENT DATE(S)/SCHEDULE	
Date(s) of Event (including set-up and take-down) Event Start Date(s)/Time(s)	Rain Date(s)
APPLICATION SIGNATURE	Take-Down Time. Start to streets reopened
I/We waive the 21-day decision requirement.	(PLEASE INITIAL)
Your signature below indicates that you have read and understanter, the person/group named in this application will be respect the reserved area. Falsication of information on the application	consible for the conduct of the group and for the condition of
In addition to the rules and regulations detailed in the permit ap are subject to all applicable ordinances, statues and laws.	, , ,
Signature Tolum D. Canfull	Date 5/15/2014
DAGE OF /	CITY OF MADISON DARKS DIVISION: COMMINITY EVENTS