STREET USE PERMIT APPLICATION	
FOR OFFICE USE ONLY: Permit # Date Submitted	
EVENT INFORMATION	
Name of Event JAZZ AT FIVE	
Event Organizer/Sponsor	
Is Organizer/Sponsor a 501(c)3 non-profit agency?	X Yes □ No
If Yes, provide State of Wisconsin Tax Exempt Number 20-5053865	
Address 5520 NOBEL DRIVE, SUITE 150	
Primary Contact_DAUID McCOY Work Phone 608-279-7298@ mac.com E-mail_bluecak_media.	FAX_ Phone During Event_608-279-7298
Website jazzat five org Secondary Contact Ken brinson Work Phone 608 - \$ 205 - 0100 E-mail k johnson & kegonsa partners, com	Phone During Event
Annual Event? Charitable Event? If Yes, name of charity to receive donations:	
Estimated Attendance <u>1,000 Fotal</u> Public Amplification (not allowed after 11 p.m.) Hours <u>5:000</u>	(CERTIFICATE OF INSURANCE MAY BE REQUIRED) ### to ### In Yes □ No
EVENT CATEGORY	
☐ Run/Walk	☐ Rally ☐ Parking (i.e., bagging meters)
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) **CAPITOL SQUARE**
EVENT DATE(S)/SCHEDULE	
Date(s) of Event (including set-up and take-down) 8/10-9/1/ Event Start Date(s)/Time(s) 8/10/11 Event End Date(s)/Time(s) 9/1/1/	Take-Down Time 5 AME / 9:00 PM
APPLICATION SIGNATURE	Take-Down fime: start to streets reopened
I/We waive the 21-day decision requirement.	(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 a are subject to all applicable ordinances, statues and laws.	pplication instructions and guidelines, Street Use Permits
a was	