

PARK EVENT PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

EVENT INFORMATION

Name of Event Clean Lakes Festival

Event Organizer/Sponsor Clean Lakes Alliance

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

If Yes, provide State of Wisconsin Tax Exempt Number 26-4396022

Address 150 E. Gilman St.

City/State/Zip Madison WI 53703

Primary Contact Don Heilman FAX _____

Work Phone 608-255-1000 Phone During Event 608-792-732

E-mail don@cleanlakesalliance.com

Website cleanlakesfestival.com

Secondary Contact Jacqui Meier Phone During Event same

Work Phone 608-213-1407

E-mail jaccilynn@gmail.com

Annual Event? Yes No

Charitable Event? Yes No

If Yes, name of charity to receive donations: Clean Lakes Alliance

Estimated Attendance 2000 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification: Hours 12p to 9p Yes No

Park Requested Law Park

Shelter Reserved by Event Organizer Yes No

EVENT DATE(S)/SCHEDULE

Date(s) of Event (including set-up and take-down) 7/26-7/27 Rain Date(s) _____

Event Start Date(s)/Time(s) 7/27 12p Set-Up Date(s)/Time for Event 7/26 all day

Event End Date(s)/Time(s) 7/27 9p Take-Down Time 9pm

Does this require time in the park the day before your event? Yes No

APPLICATION SIGNATURE

The person/group named in this application will be responsible for the conduct of the group and for the condition of the reserved park area. This permit is subject to all Municipal Ordinances as defined by the City of Madison, in addition to all rules and regulations governing the City's Parks Division. The applicant agrees that during the use of the park facility, the sponsoring organization will not exclude anyone from participation in, deny anyone the benefits of, or otherwise subject anyone to discrimination because of the person's race, color, creed, national origin or handicap.

The applicant has read the Park Events Application packet. The applicant has included all of the appropriate permit applications and materials for this event.

I hereby certify to the best of my knowledge that the information and statements contained in this application are complete and true. I understand that failure to report components of this event/activity may result in the loss of deposit, revocation of permit and/or failure to secure future permits.

Signature [Signature] Date 3/15/13

PARK EVENT TEMPORARY STRUCTURE PERMIT APPLICATION

EVENT ORGANIZER INFORMATION

Name of Group Clean Lakes Alliance
Contact Person Don Heilman
Address 150 E. Gilman St., Madison 53703
Work Phone 255/000 Home Phone 279-2732

EVENT INFORMATION

Event Name Clean Lakes festival
Park Requested LAW Event Date 7/27/13
Number of People 2000

TEMPORARY STRUCTURE INFORMATION

- What type of temporary structure do you plan to have? How many?
 Tent Dunk Tank Staging
 Inflatable Trailer Other (please specify) _____
- Size and/or Dimension TBD
- Time duration this structure will be in the park _____
- Diggers Hotline Ticket Number _____
(Please note: Diggers Hotline phone number is 1-800-242-8511. The ticket number must be received in the Park Office at least 5 days prior to the event. You may call (608) 266-4711 or fax (608) 267-1162 the ticket number to the Parks Office.)
- Location of the structure in the park. You must attach a park map. Park maps can be downloaded from Parks website www.cityofmadison.com/parks or obtained in the Parks Office.
- Company installing the structure Buckg's
- Do you or the tent installer have insurance to cover the placement of this structure for your event? Yes No

Temporary structures, such as tents, staging, trailers, dunk tanks, inflatables, or promotional equipment will only be allowed in a park by obtaining a permit.

This application must be returned to the Park Office no later than 5 days prior to the event.

Today's Date 3/14/13

PARK EVENT VENDING PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____ Vending Permit Type: _____ Site: _____

EVENT ORGANIZER INFORMATION

Name of Group Clean Lakes Alliance

Contact Person Don Heilman

Address 150 E. Gilman St.

Work Phone 255 1000

Home Phone 279-2732

Today's Date 3/14/13

A Parks Vending Permit is required for anyone who sells anything in a City Park. (MGO 8.17)

PRODUCT OR SERVICE SOLD

Please list every item sold or service provided. Attach an additional list, if necessary.

Food Item Grilled Meat sandwiches

If selling food, please indicate your Temporary Restaurant License # _____

Non-Food Item _____

Services _____

Lessons _____

DETAIL OF VENDOR SET-UP

Please include what your vending site will contain (tables, tents, electricity, etc.)

Grill, Tent with serving tables. Run by Eastside Kiwanis

INSURANCE

All vendors must supply a certificate of insurance for product and premises insurance in the amount of \$1,000,000 in the aggregate naming the City of Madison as 'additional insured.'

Insurance Company Baer

Insurance Policy No. _____

SIGNATURES

Vendor Signature 

Date _____

Park Division Authorization _____

Date _____

PARKS VENDING PERMIT TYPE

- Daily \$275.00 (NT)
- Annual \$900.00 (NT)
- Special Event Vending Permit (up to 7 vendors) \$840.00 (NT)

*An Umbrella Permit for a community event may be purchased by the Event Organizer and will cover up to 7 (seven) vendors. The Event Organizer must all cover these 7 vendors under the Event Organization's/Sponsor's insurance.

Date of Event _____

Park _____

PARK EVENT AMPLIFICATION PERMIT APPLICATION

By Ordinance, public amplification is not allowed in City Parks except by permission from the Parks Division. Permission for amplification does not exempt a group from Madison Ordinance noise restrictions. Please be considerate of park neighbors and other park users. When notifying the alderperson and neighborhood association (if necessary) about your event, be sure to include detailed information about any plans you have for amplified sound.

EVENT INFORMATION

Name of Event Clean Lakes Festival
Contact Person Don Heilman Phone # During Event 279.2732
Park LAW Date 7/27/13

TYPE OF AMPLIFIED SOUND

Band DJ Sound System Speeches/Announcements Karaoke
 Other (please specify) _____

Times of Sound 12p to 9p. (4-hour maximum)

EXCERPTS FROM APPLICABLE CITY ORDINANCES

8.29 PUBLIC ADDRESS SYSTEMS IN PARKS.

- (1) No public address systems or sound amplification devices shall be used in any public park within the City of Madison except as permitted by this section. The Parks Superintendent may issue permits in accordance with this section. A permit shall not exempt the holder from the provisions of Sec. 24.08.
- (3) The Superintendent may limit the hours of operation and the location within the park of any such system or equipment so as to insure the benefit of such system or equipment to the group seeking its use and to minimize any unreasonable interference with the peace and enjoyment of other users of the park and those adjacent to such park.
- (5) The Police Department is authorized to require the discontinuance of any such system or equipment operating outside the prescribed hours or location.

24.08 NOISE REGULATION

(2) In the following zoning districts established under Chapter 28 of the Madison General Ordinances, the noise emitted from any source and measured at any point within any distance beyond fifty (50) feet of the property or public right-of-way where the noise is produced or beyond fifty (50) feet from the noise source when such exists on public property shall not exceed the amounts indicated in the following table:

SOUND PRESSURE LEVEL
R1, R2, R3, R4, R4A, R4L, Agriculture
Conservancy, Office Residence
7:00 p.m. to 7:00 a.m.—70 dBA
7:00 a.m. to 7:00 p.m.—75 dBA
R5, R6
All times—75 dBA

BEER / ALCOHOL SALES PERMIT APPLICATION

EVENT ORGANIZER INFORMATION

Name of Group Clean Lakes Festival
Contact Person Don Heilman
Address 150 E. Gilman St.
Work Phone 255 1000 Home Phone 279.2732
Today's Date 3/14/13

BEER SELLING PERMIT INFORMATION

Name of the Licensed Bartender Lisa DuChateau
Security Company Madison Police

Have you applied for the Temporary Class "B" Retailers License from the City Clerk's Office? Yes No
Indicate Application Date: 3/15/13

Have you submitted the Certificate of Insurance with a liquor liability naming the City of Madison additionally insured? Yes No
Indicate Application Date: _____

PERMIT COSTS

Beer/Alcohol Sales Permit..... \$450 per Event