

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Dreambank Madison Music Mile & 5K

Event Organizer/Sponsor: Capitol View Events / DreamBank & American Family Insurance

Is Organizer/Sponsor a 501(c)3 non-profit agency?

Yes No

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

OPTIONAL: Federal Tax Exempt Number: _____

Address: 1661 Deming Way, Ste 154

City/State/Zip: Middleton, WI 53562

Primary Contact: Jennifer Anderson

Work Phone: 608-609-5379

Email: cveoperations@gmail.com

Phone During Event: 608-609-5379

Website: madisonmusicmile.com

FAX: _____

Secondary Contact: Justin Pernitz

Work Phone: 608-852-5291

Email: jpernitz@endurancehouse.com

Phone During Event: 608-852-5291

Annual Event?

Yes No

Charitable Event?

Yes No

If Yes, Name of charity to receive donations: Girls Rock Camp Madison, My Team Triumph

Estimated Attendance: 400

(CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification? (not allowed after 11 p.m.):

Yes No

Hours: 7:30am to 10:00am

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: Hilldale property, Segoe Rd, Marathon Dr, Eau Claire Ave, Sheboygan Ave, Kelab Dr.

EVENT DATE(S)/SCHEDULE

Date(s) of Event: Saturday, May 14

Event Start and End Times: 5K Start 8a / 1 Mile Start 8:05a

Rain Date (if any): None

Set-Up Start Time: 6:00am

Take-Down Start Time and End Times: 9:00am

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

_____ 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

Jennifer Anderson

Date

4/7/16

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:

March 14, 2016: Meet with city alder, Tim Gruber to propose event in Hilldale neighborhood

April 14, 2016: Notification to all residents, via alder, along route course of event dates, times, and advance notice of temporary parking orders (see attached Resident Letter Notification).

Monday, May 9, 2016: place "Expect Delays" electronic city signs with event date & time, placed at key intersections of Regent St & S. Segoe Rd, Sheboygan Ave & N. Segoe Rd.

Tuesday, May 10, 2016: place temporary no parking signs along course routes as determined by Madison Police & Event staff.

Friday, May 13, 2016: place course markings & route arrows (tape) on course roads. Arrival of portable toilets on Hilldale property (alongside building of Morgan's Shoes & Macy's, north side of property building). Event equipment delivered to Hilldale property, staged on Hilldale property pavilion, near Morgan's Shoes & Cafe Hollander. All equipment will be staged on Hilldale property, not city streets. This will include traffic barricades, start/finish fencing, medical and timing tents, tables & chairs.

Traffic barricades will be placed at the North and South ends of the Hilldale Way, the property parking lot drive, that connects Kelab Dr & Frey Street, to minimize parking and traffic from Kelab to Frey St.

Saturday, May 14, 2016:

5:00AM - place all course signage including directional arrows, aid stations, cones, barricades

6:00AM - finish structure placed & finish chute set on Hilldale Way

7:00AM - amplified sounds begin at Hilldale via PA system

7:30AM - bands setting up at Mile 1, Hamilton Middle School lawn, Oscar Rehenbohm Park

8:00AM - 5K run start

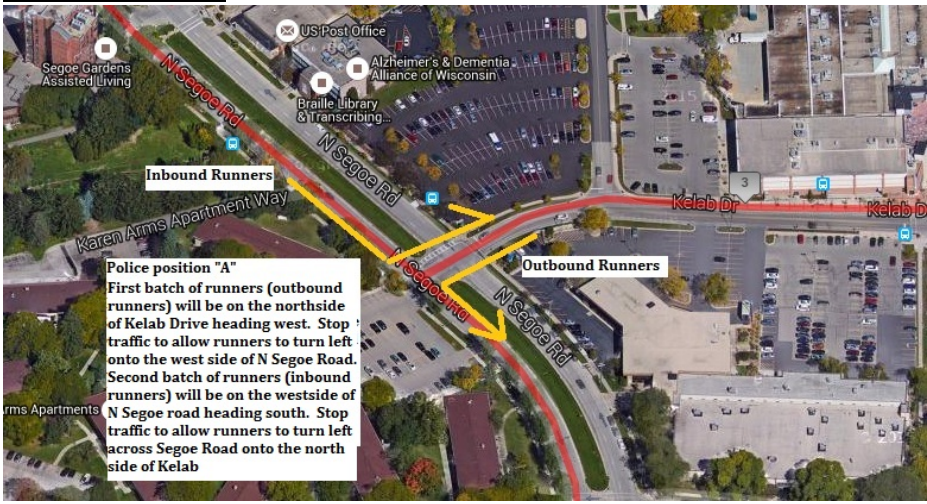
8:05AM - 1 mile run start

8:30AM - 10:00AM - Post-race activities on Hilldale Property: live music, food, beverage (NA)

8:30AM - 10:00AM - Course crew will be cleaning up all course event equipment along route behind last runner

10:00AM Course will close, Hilldale Way will be re-open to all traffic.

5K Police Positions



1 Mile Course

Head south on Hilldale Way

R on Kelab Drive (north side) (volunteer pointer position)

R on N Segoe Road (east side) (volunteer pointer position – do not cross N. Segoe, stay on east side)

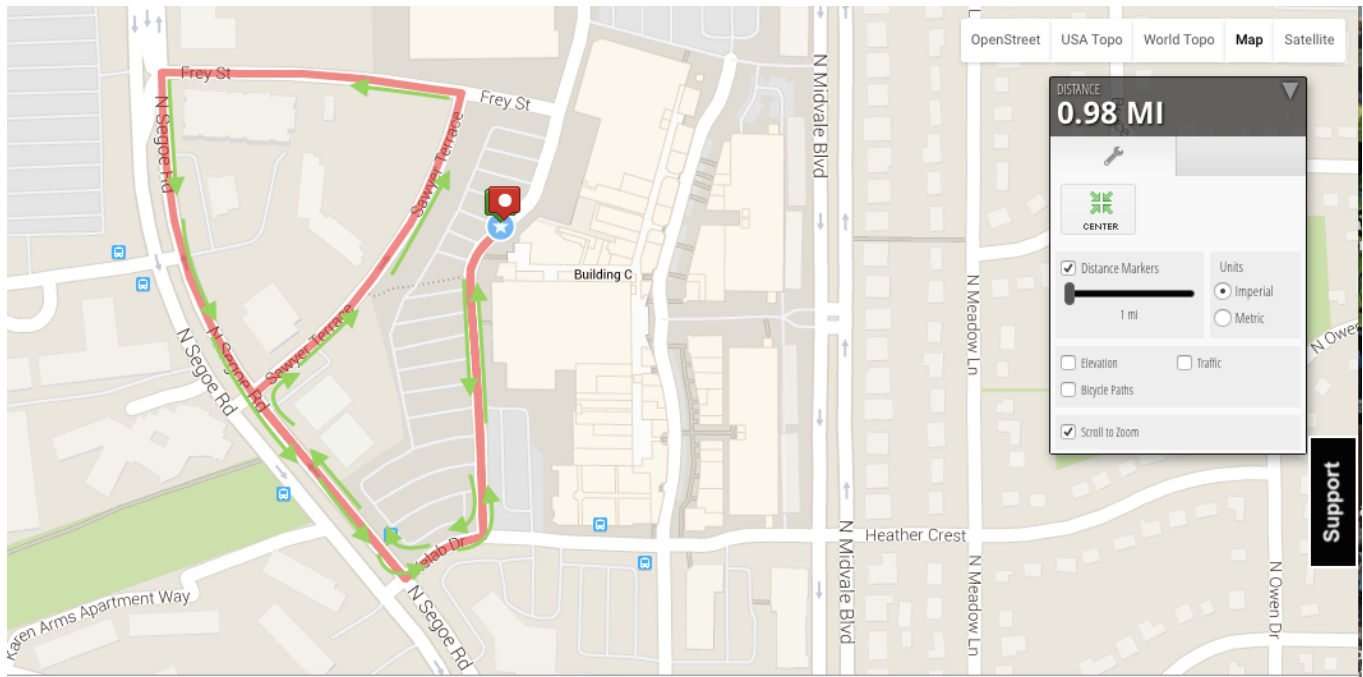
R on Sawyer Terrace (north side) (volunteer pointer position)

L on Frey Street (south side) (volunteer pointer position)

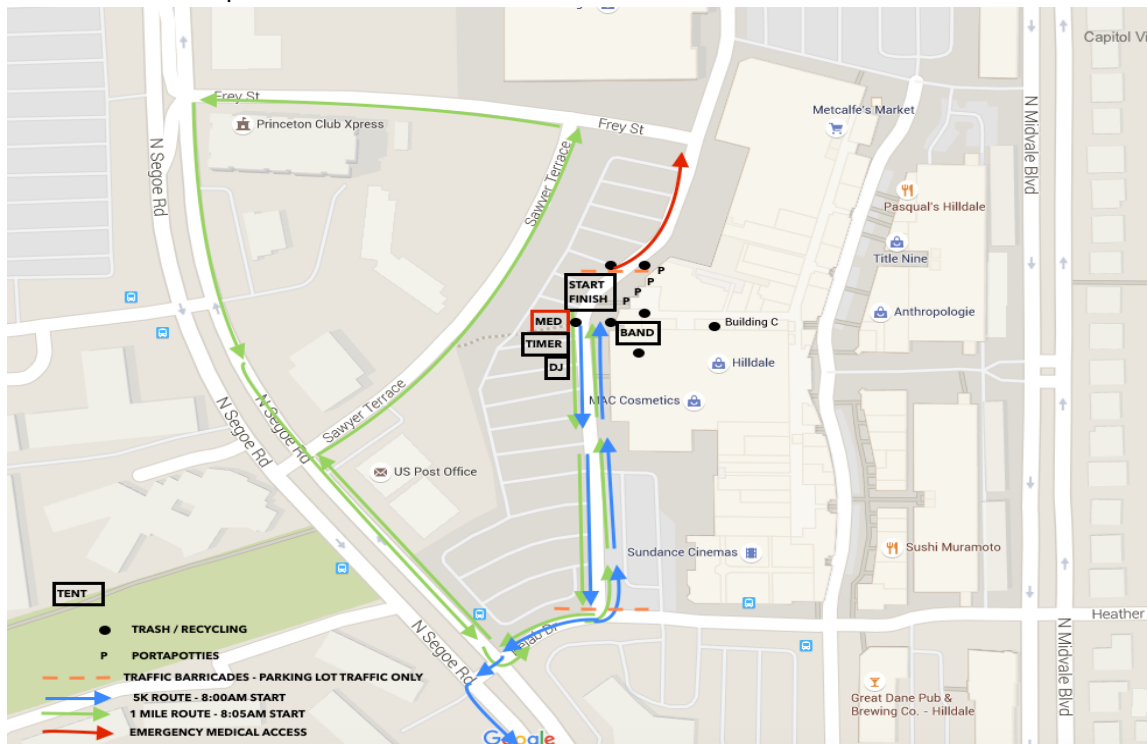
L on N Segoe Road (east side) (volunteer pointer position)

L on Kelab Drive (north side) (volunteer pointer position)

L on Hilldale Way to Finish



Hilldale Venue Map:



EMERGENCY ACTION PLAN (EAP) MADISON MUSIC MILE & 5K

I. GENERAL

The Madison Music Mile 5K will be held Saturday, May 14, 2016 at Hilldale Shopping Center, 702 N. Midvale Blvd, Madison, WI 53705.

II. PURPOSE

- A. This emergency action plan predetermines actions to take before and during the Madison Music Mile & 5K (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 PRIMARY CONTACT: Jennifer Anderson.

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 will have on-site EMS (Ryan Brothers, 608-257-9591)
- 3. We will have on-site Police or Security (City of Madison Police Department, JBM Patrol)

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 Jennifer Anderson 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 Justin Pernitz will make notification to those attending the event that a hazardous weather condition exists and direct them to shelter.
- 4. There are limited, but available provisions for sheltering participants in the event of severe weather. Start/Finish shelters include the inside of Hilldale Shopping Center or the use of the Hilldale Parking Ramp in case of extreme 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.
- 6. This event may be subject to extreme heat. For heat index and recommendations on race alteration/cancelation, the Medical Director and Event Director will first review the information provided on <http://www.osaa.org/heat-index>. Should additional review be needed, the Medical Director and Event Director will follow up the American College of Sports Medicine guidelines determined upon wet bulb globe temperatures.

WBGT > 82°F - Black Flag (recommended cancel), WBGT 73°F - 82°F - Red Flag (recommend participant withdraw or extremely slow pace), WBGT 65°F - 72°F - Yellow Flag (recommend slow pace), WBGT <65° - Green Flag (event proceeds without caution, but heat exhaustion can still occur), WBGT <50° - White Flag (increased risk of hypothermic collapse). Each aid station will have color flags to communicate with participants.

D. Fire

1. If a specific hazard has been identified as an increased risk of fire at this event, event manager will work with the Fire Department to determine how to address the hazard.
2. All event staff will be instructed on the safe use of Portable Fire Extinguishers.
3. If cooking is intended, you must contact the fire department and -
 - a) Must have a valid fire extinguisher, 2A10BC
 - b) Each space is allowed 1 LP tank per cooking device. All LP tanks are to be secured in an approved manner (tied, strapped, chained, etc.)
 - c) No cooking shall be allowed under a tent. Cooking shall be a minimum of 20' away from tents/canopies.
 - d) Cooking must be on a non-combustible surface (grease collection material generally required under cooking and food service areas)
4. Fire Inspectors may be required to do an inspection of your event (depends on size and nature of the event), contact the Fire Department for guidelines
5. All tents/canopies used for cooking shall have a FLAME SPREAD Certification attached to the tent.
6. Should an incident occur that requires the Fire Department, 911 will be utilized to request this resource. The caller should have the following information available to the 911 operator: nature of emergency, location, and contact person with callback number.

E. Medical Emergencies (SEE VOLUNTEER, DIRECTOR, AND COURSE CAPTAIN INSTRUCTIONS BELOW)

1. As with any outdoor event, there is potential for injury to the participants. The types of injuries are various and include those that are heat related as well as traumatic injuries.
2. Event manager shall contact the Fire Department to determine if there is a need for on-site Emergency Medical Services at this event.
3. Should an incident occur that requires Emergency Medical Services to be called to this event, the caller will have the following information available to give to the 911 Center:
 - a) nature of emergency
 - b) precise location
 - c) contact person with callback number

F. Law Enforcement

1. The need for constant Law Enforcement presence at this event has been identified. Event manager shall contact the Police Department to determine if there is a need for Law Enforcement presence at this event. The event will work with City of Madison Police Department to staff key traffic intersections and oversee course participants.
2. Should an incident occur that requires Law Enforcement, to be called to this event, the caller will have the following information available to give to the 911 Center:
 - a) nature of emergency
 - b) precise location
 - c) contact person with callback number

G. Emergency Vehicle Access

1. Access for Emergency Vehicles will be maintained at all times. The EMS team will be stationed at the Start/Finish line, adjacent to the Medical Tent. This is located on Hilldale Way, near Cafe Hollander.
2. 20' Fire Lanes are required to be kept open at events.
3. A 14' minimum height clearance requirement for anything that goes over a street or fire lane
4. Participants and spectators will be directed to park in approved areas and not to obstruct protective features, sidewalks or public thoroughways.
5. Crowd control will be managed by: JBM Patrol.
6. Parking for vendor and staff vehicles will be: Hilldale Way parking lot, Hilldale Shopping Center Parking Ramp, BMO bank parking lot.
7. Parking for attendee vehicles will be: Hilldale Shopping Center Parking Ramp

V. MEDICAL STAFF & SUPPORT

Medical Management Minimums: 2-3 physicians, 4-6 nurses, 4-6 professional staff per 1,000 runners. We expect less than 500 participants. CVE will provide 1 physician and 2-3 nurses on-site, in addition to dedicated EMS team.

MEDICAL STAFF / VOLUNTEER SHIFTS:

- 7:30am - 10:00am
 - Roam (via bicycles or SAG vehicle)
 - 5K Lead, 5K Sweep, 1 Mile Sweep
- 7:30am - 10:30am
 - Start/Finish
 - 1 physician
 - 2 nurses
 - 1 support

EMS STAFF:

1 dedicated advanced unit EMS team, contracted with Ryan Bro.

- 7:30am - 10:00am
 - Start/Finish
 - Ambulance, Advanced Dedicated Unit

AED LOCATIONS ON COURSE:

- Mile 0 - Start/Finish - Medical tent, EMS team, Ambulance
- Mile .15 - Madison Police vehicle (Kelab & N Segoe Rd)
- Mile .5 - Madison Police vehicle (N Segoe & Regent)
- Mile 1.9 - Madison Police vehicle (S Eau Claire Ave & Regent St)
- Mile 2.9 - Madison Police vehicle (Kelab & N Segoe Rd)
- Mile 3.1 - Start/Finish - Medical tent, EMS team, Ambulance

VI. CONTACT INFORMATION

Primary Contact	Jennifer Anderson	608-609-5379
Secondary Contact	Justin Pernitz	608-852-5291
Emergency	Dane County 911 Center	911
EMS On-Site	Ryan Bros Ambulance (Start/Finish)	608-257-9591 Opt 0
Non-Emergency	Madison Fire Department	(608) 266-4420
Non-Emergency	Madison Police Department	(608) 261-9694

VI. VOLUNTEER INSTRUCTIONS

A. Medical Emergency

1. Initial contact made by volunteer
2. Volunteer calls 911 to activate EMS
3. EMS will need: Volunteer name, location of incident including nearest cross streets, brief description of injury or medical emergency, condition of athlete, phone number calling from, and any additional information.
4. Volunteer calls Course Captain (of course section medical emergency occurs)
5. Volunteer stays with athlete until additional help arrives - only provide care within training scope

B. Non-Emergency Medical

1. Call Course Captain (of course section medical attention is needed)
2. Relay the following information: Volunteer name, location of incident including nearest cross streets, brief description of injury or medical emergency, condition of athlete, phone number calling from, and any additional information.
3. Volunteer stays with athlete until additional help arrives - only provide care within training scope

VII. COURSE CAPTAIN INSTRUCTIONS

A. Medical Emergency

1. Receive call made by volunteer
2. Travel to site of emergency
3. If EMS has not yet arrived (call to 911 done by volunteer immediately) function as first responder
 - a) CPR, First Aid, AED if available
 - b) Only provide care within training
 - c) Delegate bystanders to direct EMS to location
 - d) Relegate care to EMS when they arrive
4. If EMS has arrived, assist as directed
 - a) Observe & Document
5. Call Event Director and provide status, treatment information, & location information

B. Non-Emergency Medical

1. Receive call made by volunteer
2. Travel to site of emergency
3. Resolve incident
4. Document and update Event Director

VIII. EVENT DIRECTOR INSTRUCTIONS

A. Medical Emergency

1. Receive call made by Course Captain
2. Confirm EMS has been called
3. If EMS has not yet called (call to 911 should be done by volunteer immediately)
 - a) Start documentation
 - b) Time
 - c) Name of caller
 - d) Location of injured athlete, nearest mile marker
 - e) Bib number of athlete
 - f) Description of injury
 - g) Phone number of caller
4. If EMS has been called
 - a) Start Documentation
 - b) Notify timing company of athlete's bib number & name for additional medical information
 - c) Initiate Emergency Contact Information
5. Call Course Captain to relay additional medical information & further instructions
6. EMS Arrives & provides care
7. EMS transports to ER or medical tent
 - a) Event Director will call emergency contact
 - b) Notify timing company of athlete's bib number & name for additional medical information
 - c) Initiate Emergency Contact Information
8. EMS treats as needed
9. Document all events

B. Non-Emergency Medical

1. Receive call made by Course Captain
2. Confirm Course Captain has contacted SAG or medical services needed
3. Document all events

IX. RACER INSTRUCTIONS

A. Medical Emergency / Voluntary Abandonment Procedures

1. If racer is having a medical problem or cannot continue with the race, they should adhere to the following guidelines:
 - a) Serious medical problem: alert other runners, take whatever steps necessary to ensure immediate safety
 - i) Continue to alert passing runners
 - ii) Await for staff/medical to arrive
 - b) Minor medical problem or wish to voluntary abandon race: attempt to make it to the nearest aid station where assistance can be provided
 - i) Await for staff/medical to arrive
 - c) Await for staff/medical to arrive
2. If racer encounters a medical emergency or abandonment situation
 - a) Gather as much information as possible about situation
 - i) Location
 - ii) Bib Number of injured racer
 - iii) Gender / approximate age
 - iv) Description of problem
 - v) What the injured racer is wearing
 - b) Ensure staff at the nearest aid station are thoroughly informed as soon as possible
3. Cancellation
 - a) Flag system will be utilized at aid stations indicating the status of the race
 - i) Green - race is on
 - ii) Yellow - proceed with caution
 - iii) Red - unsafe conditions, continue at risk
 - iv) Black - extremely unsafe conditions, seek shelter immediately

X. EQUIPMENT

A. First Aid / CPR Kits

1. Start / Finish Line (Medical Tent)
2. Each Aid Station
3. SAG Vehicle
4. Police Vehicle
5. EMS Ambulance (Start/Finish Line)

B. AED

1. Start / Finish Line (Ambulance)
2. Police Vehicles

C. Towels / Blankets

1. Start / Finish Line (Medical Tent)
2. Each Aid Station
3. SAG Vehicle
4. EMS Ambulance (Start/Finish Line)

D. Ice

1. Start / Finish Line (Medical Tent)
2. Each Aid Station
3. SAG Vehicle
4. EMS Ambulance (Start/Finish Line)

E. Advanced Emergency Equipment

1. EMS Ambulance (Start/Finish Line)

XI. RACE CANCELLATION

A. Cancellation Policies

1. Extreme High Temperature
 - a) Dew Points
 - 60s - Moderate risk
 - 70s - High risk
 - 80s - Extreme risk
2. Severe Weather
 - a) Lightening
 - i) High risk: flash to bang less than 15 seconds
 - ii) Moderate risk: flash to bang between 15-30 seconds
 - iii) Low risk: flash to bang greater than 30 seconds
3. Hypothermia / Frostbite
 - i) High risk at -10°F (red flag)
4. Terrorist Attack / Attack on Runner's Safety / International Incident

B. Decision Process

1. Event Director will monitor weather conditions 1 week prior to event, communicate via race website, social media if out of the normal weather pattern
2. Event Director will communicate with Medical Director to monitor condition
3. Medical Director will have final say on race cancellation due to weather conditions
4. Event Director calls all Course Captains
 - a) Course Captains call all aid station captains
 - b) Course Captains physically notify all course volunteers
5. Event Director calls all Police on course

C. Communication Process

1. Announcement on-site at race over PA system
 - a) Yellow Flag "The course is now under yellow flag status. Runners should proceed with caution and be alert for changing weather conditions"
 - b) Red Flag "The course is now under red flag status. The course is considered closed to all runners. Proceeding along the course is considered unsafe at this time. Runners who proceed do so at their own risk. Please follow the directions of the course volunteers." "If the severe weather subsides and we are able to continue the event, it will be completed as an untimed "fun run".
 - c) Black Flag "The course is now under black flag status. Runners are advised to seek shelter. Proceeding along the course is considered unsafe at this time. Runners who proceed do so at their own risk and will be unsupported since race volunteers are being sent to safety. All timing will stop and no results will be recorded for any runners." "If the severe weather subsides and we are able to continue the event, it will be completed as an untimed "fun run".
2. Announcement on race social media pages
3. Announcement on race website (if possible)
4. Flag System
 - a) Flags are located at start/finish line and each aid station
 - i) Event Director will call or walkie to Course Captains
 - ii) Course Captains will make sure aid stations have correct flag displayed
 - b) Green Flag - race is on
 - i) Fair weather through light/moderate precipitation
 - ii) Example: forecast or observed thunderstorm or lightening greater than 30 miles from course
 - iii) Light to moderate rain or drizzle
 - iv) Temperatures above 32*
 - v) Sleet or snow not forecasted to create slippery conditions
 - c) Yellow Flag - participants may continue, but should be aware of potential for deteriorating weather conditions and check the alert condition at the next aid station
 - i) Severe cold or excessive heat, strong winds, heavy precipitation
 - ii) Potential for making significant portions of course hazardous
 - iii) Forecast or observed thunderstorms, lighting or hail within 12 to 30 miles of course or forecast to move within 12 miles within 45 minutes

- iv) Forecast or observed winds from 35-45 mph
 - v) Fog or reduced visibility below 1/4 mile
 - vi) Temperatures below 32°F or wind chill below 10°F
 - vii) Sleet or snow forecast to create slippery conditions over a significant portion of the course
 - viii) Heat index at or above 90°F
 - d) Red Flag - dangerous conditions, participants should not continue
 - i) Forecast or observed thunderstorms, lightening or hail within 12 miles of course or forecast to move within 12 miles within 30 minutes
 - ii) Forecast or observed winds greater than 45 mph
 - iii) Wind chill below -10°F
 - iv) Heat index at or above 105°F
 - v) All non-elite runners should stop running and follow the instructions of the race volunteers on seeking shelter or how to be transported to the finish line. Timing of the event will not continue and no awards given.
 - e) Black Flag - extremely dangerous conditions, all runners must stop & seek shelter
 - i) Severe weather warnings issued by the National Weather Service including imminent thunderstorm, flooding, and tornados. In general any life-threatening condition will initiate a BLACK FLAG alert.
 - ii) All runners must stop at closest aid station, seek shelter or wait at aid station for transportation back to shelter
 - iii) No timing, no results, no awards
5. Event Director to call or walkie to all course operations team

Tools for Medical Director

Wet Bulb Globe Temperature (WBGT) Chart

WBGT Range	Flag	Risk	Recommendations for Race	Recommendations for Participant
> 82°F (28°C)	Black	Extreme	Cancel race	Do not run
> 73 - 82°F (> 23 - 28°C)	Red	High	Consider shortening race or altering course	Slow pace; heat sensitive should not run
> 65 - 73°F (> 18 - 23°C)	Yellow	Moderate	Ensure adequate fluids & cooling	Slow pace as heat increases
> 50 - 65°F (> 10 - 18°C)	Green	Low	None	None
< 50°F (<10°C)	White	Variable	Warming stations; Shorten race in wet & windy conditions. Consider cancellation if conditions are severe	Slow runners beware; stay dry; protect head and hands

STREET EVENT AMPLIFICATION PERMIT APPLICATION

Permit fee is \$100.00.

Permission for amplification does not exempt a group from Madison Ordinance noise restrictions. Please be considerate of neighboring residents and businesses. 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.

Do you have public amplification planned for your event?
If Yes, please continue. If No, skip this form.

Yes No

EVENT INFORMATION

Name of Event: Madison Music Mile & 5K

Contact Person: Jen Anderson

Location: Cafe Hollander, Hamilton School, Rennebohm Date: Saturday, May 14

Type of Amplified Sound:

Band DJ Sound System Speeches/Announcements Karaoke

Other (please specify): _____

Hours of Amplification:

Date: Saturday, May 14 Time: 7:30AM - 10:00AM

Amplified Sound Locations:

- 1. Hilldale pavilion, outside Cafe Hollander & Morgan's Shoes, facing parking lot. 7:30am - 10am. DJ, Band, & announcements.**
- 2. Hamilton Middle School lawn, near sidewalk of S. Segoe Rd. 8:00am - 8:30am. Young female band with small, localized amps.**
- 3. Oscar Rennebohm's park pavilion/shelter 8:00am - 8:45am. Female ska band with brass instruments, small, localized amps.**
- 4. Acoustic, "buskers" along route with acoustic guitars & individual instruments, non-amplified.**

STREET EVENT MARKETING INFORMATION

Conditional approval of the event is required **BEFORE** promoting, marketing or advertising the event.

Do you have marketing information?

Yes No

If Yes, please continue. If No, skip this form.

How will this event be marketed, promoted, or advertised?

Through email campaigns created and distributed by Capitol View Events and social media (Facebook). Working with charity partners, venue partners, and sponsors, the main distribution channel will be social media. Expecting 80% local attendees, residing in Dane County.

Will there be live media coverage during the event and where will the media vehicles be parked?

Not expecting live media coverage. If media attends event, parking will be available in the Hilldale parking lot adjacent to Hilldale Way.

PARKS DIVISION CALENDAR OF EVENTS

If you want your event to be listed on City website calendars, please complete the Marketing Information form. Your event will only be included on the calendars if all permits and applications are approved 30 days in advance and your event is open to the public. If this form is not completed, the event will not be included on the calendars.

Official Name of Event: DreamBank Madison Music Mile & 5K

Location: Café Hollander, Hilldale Shopping Center

Public Contact Phone: 877-290-8608

Website: madisonmusicmile.com

Admission Cost: \$15 - \$37

Date of Event: Saturday, May 14

Beginning/End Time of Event: 5K Start 8:00am, 1 Mile Start 8:05am

Two sentence description of event (for internet calendar):

A fun, running event that highlights local music talent along the route and promotes healthy, active lifestyles for families in our community. Proceeds from the event will benefit Girls Rock Camp, an organization that supports a culture of positive self-esteem and collaboration among girls while building community through music.

TEMPORARY NO PARKING REQUEST MADISON MUSIC MILE & 5K

I. GENERAL

The Madison Music Mile 5K will be held Saturday, May 14, 2016 at Hilldale Shopping Center, 702 N. Midvale Blvd, Madison, WI 53705.

II. PURPOSE

A. Madison Music Mile & 5K will not be closing any traffic roads for this event, due to participant size. Instead, we would like to allocate the parking lane for runner path, separating traffic and participants with cone line.

III. REQUESTED TEMPORARY NO PARKING FOR EVENT

1 Mile Route:

East side of N Segoe Rd, between Kelab Drive and Frey Street

South side of Frey Street between N Segoe Rd and Sawyer Terrace

West side of Sawyer Terrace between Frey Street and N Segoe Rd

5K Route:

West side of N Segoe Rd between Sheboygan Avenue and Marathon Drive

North side of Marathon Drive between S Segoe Road and Juneau Road

East side of Juneau Road between Marathon Drive and S Eau Claire Avenue

South side of Eau Clair Avenue between Juneau Road and Sheboygan Avenue

South side of Sheboygan Avenue between N Eau Claire Avenue and N Segoe Rd

TRASH & RECYCLING PLAN

MADISON MUSIC MILE & 5K

I. GENERAL

The Madison Music Mile & 5K will be held Saturday, May 14, 2016 at Hilldale Shopping Center, 702 N. Midvale Blvd, Madison, WI 53705.

II. CONTACT INFORMATION

Primary Contact	Jennifer Anderson	608-609-5379
Secondary Contact	Justin Pernitz	608-852-5291

III. COLLECTION OF MATERIALS

A. Quantity of trash bins

1. A minimum of 4 trash bins will be located in the start and finish chute
2. A minimum of 2 trash bins will be located at each aid station
3. A minimum of 4 additional trash bins will be located throughout Hilldale Way along start and finish of course, and along spectator areas (on pavilion in front of Cafe Hollander)
4. A minimum of 1 trash bin will be located in the Medical Tent

B. Location of trash bins

1. Start and Finish chute
2. Every aid station
3. Spectator area
4. Medical Tent
5. Any other tent or structure

C. Volunteers

1. Start / Finish direction will be clearly marked
2. Parking for racers, parking for spectators, and parking for race staff will be clearly indicated on venue maps and communicated via website
3. Course signage at every change in direction and every mile marker

IV. DISPOSAL OF MATERIALS

A. Dumpster On-Site

1. All garbage related to event will be put into Hilldale property dumpster (approved by Hilldale)

B. Placement & Removal of Dumpster

1. Rental of dumpster not needed due to Hilldale approval to use Hilldale dumpster

C. Signage / Communication

1. Trash signs listed at each aid station

V. VENUE CLEAN UP

A. Course Clean Up

1. Course Captains and volunteers will start course clean up after last runner
2. Aid stations will remove 100% of ALL materials - absolutely no cups, trash, or other materials will be left. Aid station captains are provided trash bags and are instructed to bring back trash to dumpster at start / finish area.
3. Monitored at all times by volunteers

B. Start / Finish Clean Up

1. All materials will be removed off site by 12pm, Saturday May 14
2. Event staff and volunteers will execute clean up 10:00 - 12:00pm on Saturday May 14

C. Final Walk Through

1. Final walk through of entire course, venue property will be completed by 12pm Saturday May 14
2. Event Director will debrief with host venue and city officials to review improvements for next year



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/07/2016

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).

PRODUCER Mitch Deprey Insurance Agency, Inc 425 W Main Street, Suite 104 Sun Prairie WI 53590	CONTACT NAME: Mitch Deprey PHONE (A/C, No, Ext): 608-318-5801 E-MAIL ADDRESS: mdeprey@ruralins.com	FAX (A/C, No): 608-318-5802
	INSURER(S) AFFORDING COVERAGE	
INSURED Pernstrong Inc DBA Capitol View Events 1661 Deming Way Suite 154 Middleton WI 53562	INSURER A: Rural Mutual Insurance Company, Inc	NAIC # 15091
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	WRKG116358	11/20/2015	11/20/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 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)

CERTIFICATE HOLDER

CANCELLATION

City Of Madison
 ATTN: Risk Management Room 406
 210 Martin Luther King Jr Blvd
 Madison WI 53703

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
 Mitch Deprey, Agent



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/08/2016

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 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).

PRODUCER Statewide Services, Inc. P.O. Box 5555 Madison WI 53507		CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Nautilus Insurance Company	NAIC # 17370
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Pernstrong Inc Capitol View Events DBA Capitol View Events 22 E Mifflin St. Madison WI 53703			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

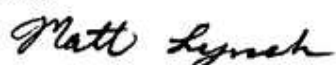
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			NN637515	11/20/2015	11/20/2016	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GENERAL AGGREGATE			\$ 2,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ Included
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC								\$
	AUTOMOBILE LIABILITY			This insurance contract is with an insurer which has not obtained a certificate of authority to transact a regular insurance business in the state of Wisconsin, and is issued and delivered as a surplus line coverage pursuant to s. 618.41 of the Wisconsin Statutes. Section 618.43 (1). Wisconsin Statutes, requires payment by the policyholder of 3.0% tax on gross premium.			COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$		
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS			BODILY INJURY (Per accident)	\$		
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS			PROPERTY DAMAGE (Per accident)	\$		
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE	\$
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E L EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E L DISEASE - EA EMPLOYEE	\$
							E L DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Madison, its officers, officials, agents & employees are listed as additional insureds (CG2012) on the General Liability.

CERTIFICATE HOLDER**CANCELLATION**

City of Madison Attn Risk Management - Room 406 210 Martin Luther King Jr Blvd Madison WI 53703	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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POS SALES RECEIPT

Receipt # **440863**
Payment Date: 04/11/16
Household #: 32721

City Of Madison Parks Div
 PO Box 2987
 210 MLK Jr. Blvd, Rm 104
 Madison WI 53703
 Phone: (608)266-4711
 www.cityofmadison.com/parks

CAPITOL VIEW EVENTS
 JENNIFER ANDERSON
 4703 MONONA DR
 MADISON WI 53716
 janderson@capitolviewevents.com

Wk Ph: (608)234-8616
 Cell Ph:

POS Transaction Details

Misc:		<u>Fees + Tax</u>	<u>Discount</u>	<u>Prev Paid</u>	<u>Cur Paid</u>	<u>Amount Due</u>
Quantity:	STREET-USE APP FEE, 50233 1	100.00	0.00	0.00	100.00	0.00
Misc:	P.A. PERMIT, 50313					
Quantity:	1	100.00	0.00	0.00	100.00	0.00

Processed on 04/11/16 @ 15:35:45 by PKKCB	FEES CHARGED ON NEW LINE ITEMS (+)	200.00
	DISCOUNT APPLIED AGAINST THESE FEES (-)	0.00
	NEW AMOUNT DUE	200.00
	PREVIOUS NET HOUSEHOLD BALANCE	0.00
	TOTAL DUE	200.00
	NEW FEES PAID ON THIS RECEIPT (-)	200.00
	TOTAL PAID	200.00
	NEW NET HOUSEHOLD BALANCE	0.00

Payment of ==> 200.00 Made By ==> CRED CARD Auth: 011389 Card#: xxxxxxxxxxxx6364 With Reference ==> Dreambank MMM & 5K; SU App & PA

I agree to pay the above amounts listed as credit card charges according to credit card issuer agreements.