

Alder Name:

(initials)

Temporary B License

City of Madison Clerk 210 MLK Jr Blvd, Room 103 Madison, WI 53703

licensing@cityofmadison.com 608-266-4601

| (Number) | |
|---------------|---------|
| (scanned) | |
| □ No | □Yes |
| (STREET USE?) | ,,,,,,, |

Police Sector

| | 100.1 | | Z 101 111 | once sector: | |
|---|----------------------------|--|-------------------------|----------------------------|----|
| | | ······································ | | | |
| 0 | Temporary Class "B" (beer) | and "Class B" (wine) li | icenses are available t | o hona fide clubs, churche | 76 |

Lodges/Societies, Veteran's Organizations, and Fair Associations only. Being a non-profit company is not enough.

Diet #.

- You may get an unlimited number of temporary licenses for Beer, but only two licenses for wine each twelve months.
- o If your plans include using the street for your event, you will need a **Street Use Permit** and you must apply at least 60 days before your event.
- o At least one licensed bartender must be present.

☐ We have been convicted of a violation of Chapter 38.

- o The fee is \$10 for beer and/or wine. If you have more than one day, they must be consecutive dates.
- Other requirements are on the accompanying sheet. □ Attached

The named organization applies for:

A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

| Pick one: Bona fide Club □ Church □ Lodge/Society | □ Veteran's Organization □ Fair Association | |
|--|--|--|
| Organization Name: Madison Festivals, Inc | Phone: 608-276-9797 | |
| Address: 5976 Executive Dr. Suite B Ema | events@madisonfestivals.com il:Website: madisonfestivals.com | |
| Date organized: | If a corporation, give date of incorporation: 04/05/1993 | |
| WI State Seller's Permit ID: | | |
| ☐ We are not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats. | | |

REV 12/2013

Organization

continued on page two - OVER

| Organization Officers | Name | City, State | Birthdate |
|---------------------------|---------------|---------------|-------------------------------|
| President | Rita Kelliher | Fitchburg, WI | , , |
| Vice President | Jamie Patrick | Madison, WI | |
| Treasurer | Mark Anderson | Madison, WI | |
| Secretary | Mike Westcott | Madison, WI | |
| Person in charge of event | Name | Phone | Email |
| | Ryan Richards | 608-276-9797 | richards@madisonfestivals.com |

Event Information

| Event Name:Madison Marathon | Event dates & time(s): 5/28: 6pm-10pm & 5/20 7am-12pm |
|---|--|
| Event Address: Capitol Square | Estimated Attendance: 15,000 |
| Do premises occupy all of building/property? | If part of building/property, describe fully all |
| premises covered under this license application, i. | e. which floor or rooms, what section of parking lot: |
| | |
| Explain the purpose and nature of the event: _Rur | nning Event & Finish Line |
| FestivalDescribe your pla | nned method of crowd control: City police, private security, |
| barricades | |
| How many security persons will you have on the | licensed premise? 6 private officers |
| Will an application for waiver of insurance be file | d? □ Yes 🖺 No |
| Wholesaler who will supply fermented malt bever | rage: WI Distributors Quantities ordered: 30 half barrels |
| Will food be served? | Will a tent be used? |
| Will the street be used? ☒ Yes ☐ No | Will wine be served? ☒ No ☐ Yes: of 2 per year |
| Declaration | |
| The information provided in this application is | true and correct to the best of my knowledge and belief. |
| Authorized Signature Trin Doughers | Date 3/14/2016 |