

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: INDIA DAY
Event Organizer/Sponsor: Association of Indians in America (AIA)
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: 1209 Velvet Leaf Dr.
City/State/Zip: Madison WI 53715
Primary Contact: VIJAY SHARMA Work Phone: 608-239-3869
Email: Samgulla@gmail.com Phone During Event: Same
Website: WWW.AIAMADISON.COM FAX: _____
Secondary Contact: Kamlesh Sami Work Phone: 608-469-3747
Email: K.S.11@yahoo.com Phone During Event: _____
Annual Event? ☒ Yes ☐ No
Charitable Event? ☐ Yes ☒ No
If Yes, Name of charity to receive donations: _____
Estimated Attendance: 150 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)
Public Amplification? (not allowed after 11 p.m.): ☒ Yes ☐ No
Hours: 10 AM to 3 PM

EVENT CATEGORY

☐ Run/Walk ☐ Music/Concert ☐ Festival ☐ Rally ☐ Parking (i.e., bagging meters)
☒ Other: CULTURAL EVENT

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: 100 Block MLK JR BLVD

EVENT DATE(S)/SCHEDULE

Date(s) of Event: 8-11-2018 Event Start and End Times: 10 A.M. 3 PM
Rain Date (if any): _____ Set-Up Start Time: 7 A.M.
Take-Down Start Time and End Times: 3 PM.
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 Vijay Sharma

Date 5-15-18

CAPTIAL BUILDING															
Farmer's								Market							
West Main Street															
Starbucks															
16		15		14		13		12		11		10		9	
Martin Luther King Jr. Blvd															
1		2		3		4		5		6		7		8	
BMO Harris Bank															
East Doty Street															
City Hall								US Post Office				Monona Terrace			

STREET EVENT SITE MAP

To ensure proper review of the event, please attach a Street Event Site Map and a detailed route map (if applicable). Include the following location information if application to your event:

- Tents
- Stages
- Fencing
- Vendors
- Portable Toilets
- Dumpsters
- Staging Areas

Remember to include:

- Emergency vehicle access lanes (minimum of 20').
- Accessible paths for wheelchairs as well as disabled parking spaces.

EVENTS INCLUDING A RUN, WALK OR PARADE

If an event has a run/walk/parade component and/or alcohol will be served or sold, the Street Use Permit Applicant must contact the Madison Police Department to discuss possible Police requirements for the event. Contact Lt. Trevor Knight, tknight@cityofmadison.com.

A detailed route map is required if the street closure is for a run, walk, parade or other moving activity.

- A helpful online resource for route mapping is [Map My Run](#).

Provide Detailed Event Site Map:

We will use city trash & recycle bins
We will have 3-4 volunteer working
to replace bins in the bag & recycle bins

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: INDIA DAY

Contact Person: VISAY SHARMA

Location: 100 MLK TR BLD Date: 8-11-2018

Type of Amplified Sound:

☐ Band ☐ DJ ☒ Sound System ☐ Speeches/Announcements ☐ Karaoke

☐ Other (please specify): _____

Hours of Amplification:

Date: 10 AM 8-11-18 Time: 10 AM TO 1 PM

STREET EVENT CLEAN-UP AND RECYCLING PLAN

- Include plans for collection and disposal of materials during and after event - number and location of garbage/recycling containers and dumpsters; number/schedule of volunteers/staff assigned to collection and clean-up.
- If City containers are not used, please provide the name and contact information of the collection agency providing equipment and service for the event.
- Event organizers are responsible for emptying City garbage/recycling containers within the event perimeter.
- Any group that leaves an area in a condition that requires special clean-up by City crews will be charged the full cost of clean-up.
- If you need assistance with your clean-up and recycling plan, please contact the City of Madison's Recycling Office, via email or at (608) 267-2626.

Provide Detailed Trash/Recycling/Clean-Up Plans:

We will use city Trash & Recycling
We will have 3-4 Volunteers
Working on replacing bags &
Recycle bins

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?

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

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: _____

Location: _____

Public Contact Phone: _____

Website: _____

Admission Cost: _____

Date of Event: _____

Beginning/End Time of Event: _____

Two sentence description of event (for internet calendar):

STREET EVENT BEER/WINE SALES PERMIT APPLICATION

Permit fee is \$700.00.

Do you plan on selling beer/wine?

☐ Yes ☐ No

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

EVENT ORGANIZER INFORMATION

Name of Group: _____

Contact Person: _____

Address: _____

Work Phone: _____ Phone During Event: _____

Today's Date: _____

BEER SALES PERMIT INFORMATION

Any Temporary Class "B" Retailers License application that is in conjunction with a Street Use Permit, must be submitted at least 60 days before the event date and be approved by the Alcohol License Review Committee and the Common Council. See Madison General Ordinance Sec. 38.05(9)(e)2.

Name of the Licensed Bartender: _____

Security Company: _____

Have you applied for the Temporary Class "B" Retailers License (from the City Clerk's Office)?

☐ Yes ☐ No

Indicate Application Date: _____

Have you submitted the Certificate of Insurance with a liquor liability naming the City of Madison as Additional Insured?

☐ Yes ☐ No

Indicate Application Date: _____

STREET EVENT VENDING LICENSE APPLICATION

- ☐ 1-25 Vendors\$400.00
☐ 26-100 Vendors\$675.00
☐ 101-300 Vendors\$975.00
☐ 301 or more Vendors\$1,700.00

EVENT INFORMATION

Name of Event: _____

Event Organizer/Sponsor: _____

Address: _____

City/State/Zip: _____

Date(s) of Event: _____ Rain Date(s): _____

Primary Contact: _____

E-mail: _____

Work Phone: _____ Phone During Event: _____

Vendor Name	WI State Seller's Permit #
1.	
2.	
3.	
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