

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: City of Madison Common Council Demo

Event Organizer/Sponsor: MFD

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

MANDATORY: State Sales Tax Exemption Number: ES#: ES - 42916

OPTIONAL: Federal Tax Exempt Number: _____

Address: 314 W Dayton St

City/State/Zip: Madison, WI 53703

Primary Contact: Ed Ruckriegel Work Phone: 6-4457

Email: eruckriegel@cityofmadison.com Phone During Event: _____

Website: _____ FAX: _____

Secondary Contact: _____ Work Phone: _____

Email: _____ Phone During Event: 520-1117

Annual Event? Yes No

Charitable Event? Yes No

If Yes, Name of charity to receive donations: _____

Estimated Attendance: 50 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification? (not allowed after 11 p.m.): Yes No

Hours: _____ to _____

EVENT CATEGORY

Run/Walk Music/Concert Festival Rally Parking (i.e., bagging meters)

Other: Demo

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: 200 block of MLK (We need to use the parking spaces on the CCB side of the street, south of the crosswalk to Wilson St)

EVENT DATE(S)/SCHEDULE

Date(s) of Event: 8/6/19 Event Start and End Times: 6:15-6:30

Rain Date (if any): _____ Set-Up Start Time: 4:30

Take-Down Start Time and End Times: 7:00

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 Ed Ruckriegel_____

Date 7/10/19_____