

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: 365

Event Organizer/Sponsor: EL ERITO TAQUERIA

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: 261 STATE ROAD 138

City/State/Zip: STOUGHTON, WI 53589

Primary Contact: JOSH BARRAZA Work Phone: 608.719.8244

Email: ELERITOTAQUERIA@GMAIL.COM Phone During Event: _____

Website: WWW.ELERITOTAQUERIA.COM FAX: _____

Secondary Contact: _____ Work Phone: _____

Email: _____ Phone During Event: _____

Annual Event? Yes No

Charitable Event? Yes No

If Yes, Name of charity to receive donations: _____

Estimated Attendance: _____ (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: _____

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: 113 KEVIN ST. - 2 METERS

EVENT DATE(S)/SCHEDULE

Date(s) of Event: 8.8.16 Event Start and End Times: 6pm - 10pm

Rain Date (if any): _____ Set-Up Start Time: 5 AM

Take-Down Start Time and End Times: 10 - 10:30pm
TAKE-DOWN TIME: START TO STREETS REOPENED

_____ 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 [Signature]

Date 7.19.16