| SIREEI USE PERIVI                                                                                                                                                                                                                      | II APPLICATION                                                                               |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------|
| FOR OFFICE USE ONLY: Permit # Date Submitted                                                                                                                                                                                           |                                                                                              |                                                      |
| EVENT INFORMATION                                                                                                                                                                                                                      |                                                                                              |                                                      |
| Name of Event FEEDING HONELESS REOPLE IN                                                                                                                                                                                               | PEACE PARK                                                                                   | <del></del>                                          |
| Event Organizer/Sponsor PRO LABORE DEI (FOR TH                                                                                                                                                                                         | ELHBOR OF GOD)                                                                               |                                                      |
| Is Organizer/Sponsor a 501(c)3 non-profit agency?                                                                                                                                                                                      | <b>X</b> Yes                                                                                 | □ No                                                 |
| If Yes, provide State of Wisconsin Tax Exempt Number                                                                                                                                                                                   | ######################################                                                       |                                                      |
| Address 4337 KENTING TERRACE                                                                                                                                                                                                           |                                                                                              |                                                      |
| City/State/Zip MADISON, WI 5371)                                                                                                                                                                                                       |                                                                                              |                                                      |
| Primary Contact JIM FLAD  Work Phone (608) R33-5472 (Home)  E-mail JFLAD & CHORUS ONET  Website PROLAGOLEDET ORG  Secondary Contact LYNN CRASTEEE  Work Phone (608) 238-1695  E-mail RLCRABTEEE & SBC6LOBALINET                        | Phone During Event (608) 215-4347 (608) Phone During Event (608) 238-1695                    | (vil)                                                |
| Annual Event? Charitable Event? If Yes, name of charity to receive donations: our (HARIT) Estimated Attendance 20 - 60 Public Amplification (not allowed after 11 p.m.) Hours                                                          | ☐ Yes  AS Yes  OBLE GROUP GIVES OUT FOOL  (CERTIFICATE OF INSURANCE MAY BE R  to NA ☐ Yes    | □ No<br>□ No<br>==================================== |
| EVENT CATEGORY                                                                                                                                                                                                                         |                                                                                              |                                                      |
| ☐ Run/Walk ☐ Music/Concert ☐ Festival  ★Other <u>APPROXIMATELY ONE HOUR TO FEE</u>                                                                                                                                                     |                                                                                              | meters)                                              |
| LOCATION REQUESTED                                                                                                                                                                                                                     |                                                                                              |                                                      |
| ☐ Capitol Square (note specific blocks below)☐ 30 on the Square (a.k.a. top of 100 block of State Street)☐ Street Names and Block Numbers: ♣ ♣ ♣ ♣ ♣ ♣ ♣ ► 152 ► \$1                                                                   | ☐ Podium/700-800 State Street ☐ Other (specific blocks/streets requested below               | v)                                                   |
| EVENT DATE(S)/SCHEDULE                                                                                                                                                                                                                 |                                                                                              |                                                      |
| Date(s) of Event (including set-up and take-down) \$\frac{2}{2} \frac{2471}{2} \text{Daty}\$  Event Start Date(s)/Time(s) \text{NFR S 1:00 - 2:00 0.M \text{P 2013}} \text{Event End Date(s)/Time(s) \text{OCTOBER 26, 2013 / 9:30 AM} | Rain Date(s) Set-Up Date(s)/Time for Event Take-Down Time Take-Down Time: start to streets r |                                                      |
| APPLICATION SIGNATURE                                                                                                                                                                                                                  |                                                                                              |                                                      |
| $\mathcal{I}$ I/We waive the 21-day decision requirement.                                                                                                                                                                              |                                                                                              | SE INITIAL)                                          |
| Your signature below indicates that you have read and understar<br>Further, the person/group named in this application will be respo<br>the reserved area. Falsification of information on the application                             | onsible for the conduct of the group and for the co                                          | ndition of                                           |
| In addition to the rules and regulations detailed in the permit appare subject to all applicable ordinances, statues and laws.                                                                                                         | olication instructions and guidelines, Street Use Po                                         | ermits                                               |
| Signature Jim Flad                                                                                                                                                                                                                     | Date 4~2~                                                                                    | 13                                                   |
| V                                                                                                                                                                                                                                      |                                                                                              |                                                      |

AFORF SERVING × × × × × × × FOOD SERVING ARZA USING 4-5 CARD TABLES WITH TWO BOARDS RESTING ON THE ENDS OF STREET CARD TABLES SIDE WALK TO EXTEND FOOD SERVICE AREA STATE GILMAN REACE PARK