

STREET USE PERMIT APPLICATION

USE ONLY: Permit # _____ Date Submitted _____

EVENT INFORMATION

Name of Event Cars on State - Classic Car Show

Event Organizer/Sponsor Greater State Street Business Association

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

If Yes, provide State of Wisconsin Tax Exempt Number _____

Address 425 State St

City/State/Zip Madison WI 53703

Primary Contact Hank Schendel FAX (608) 256-4296

Work Phone (608) 347-4295 Phone During Event (608) 347-4295

E-mail hshendel@tds.net

Website _____

Secondary Contact Same Phone During Event (608) 347-4295

Work Phone _____

E-mail _____

Annual Event? Yes No

Charitable Event? Yes No

If Yes, name of charity to receive donations: _____ (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Estimated Attendance 10,000 Yes No

Public Amplification (not allowed after 11 p.m.) Hours 11AM to 4PM Yes No

EVENT CATEGORY

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

Other _____

LOCATION REQUESTED

Capitol Square (note specific blocks below) Podium/700-800 State Street

30 on the Square (a.k.a. top of 100 block of State Street) Other (specific blocks/streets requested below)

Street Names and Block Numbers: 100-600 State Street

EVENT DATE(S)/SCHEDULE Saturday, June 4th 2011

Date(s) of Event (including set-up and take-down) 9AM-5PM Rain Date(s) None

Event Start Date(s)/Time(s) 10AM Set-Up Date(s)/Time for Event 9AM

Event End Date(s)/Time(s) 4PM Take-Down Time 4PM
Take-Down Time: start to streets reopened

APPLICATION SIGNATURE

_____/We waive the 21-day decision requirement. _____ (PLEASE INITIAL)

Your signature below indicates that you have read and understand the instructions and guidelines for a community event. Further, the person/group named in this application will be responsible for the conduct of the group and for the condition of the reserved area. Falsification of information on the application will result in forfeiture of up to \$200 per falsified item.

In addition to the rules and regulations detailed in the permit application instructions and guidelines, Street Use Permits are subject to all applicable ordinances, statues and laws.

Signature _____ Date _____

STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

EVENT INFORMATION

Name of Event - Motorcycles on State -

Event Organizer/Sponsor Greater State Street Business Association

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

If Yes, provide State of Wisconsin Tax Exempt Number _____

Address 425 State St

City/State/Zip Madison WI 53703

Primary Contact Hank Schenck FAX (608) 256-4296

Work Phone (608) 347-4295 Phone During Event (608) 347-4295

E-mail hshenck@tds.net

Website _____

Secondary Contact Same Phone During Event (608) 347-4295

Work Phone _____

E-mail _____

Annual Event? Yes Yes No

Charitable Event? No Yes No

If Yes, name of charity to receive donations: _____

Estimated Attendance 10,000 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification (not allowed after 11 p.m.) Hours 11 AM to 4 PM Yes No

EVENT CATEGORY

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

Other _____

LOCATION REQUESTED

Capitol Square (note specific blocks below) Podium/700-800 State Street

30 on the Square (a.k.a. top of 100 block of State Street) Other (specific blocks/streets requested below)

Street Names and Block Numbers: 100-600 State Street

EVENT DATE(S)/SCHEDULE Sat Aug 20th 2011

Date(s) of Event (including set-up and take-down) 9 AM - 5 PM Rain Date(s) None

Event Start Date(s)/Time(s) 10 AM Set-Up Date(s)/Time for Event 9 AM

Event End Date(s)/Time(s) 4 PM Take-Down Time 4 PM

Take-Down Time: start to streets reopened

APPLICATION SIGNATURE

_____/We waive the 21-day decision requirement.

_____(PLEASE INITIAL)

Your signature below indicates that you have read and understand the instructions and guidelines for a community event. Further, the person/group named in this application will be responsible for the conduct of the group and for the condition of the reserved area. Falsification of information on the application will result in forfeiture of up to \$200 per falsified item.

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Signature _____ Date _____