| STREET USE PERMIT APPLICATION | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| FOR OFFICE USE ONLY: Permit # Date Submitted | PARKS*12.00% 4\$27 |
| EVENT INFORMATION | |
| Name of Event Solofice Celebration | |
| Event Organizer/Sponsor Friends of Starkweather | Y Neishburhood Association Creek |
| Is Organizer/Sponsor a 501(c)3 non-profit agency? | ŒÝes □ No |
| If Yes, provide State of Wisconsin Tax Exempt Number20 |) -08 2387 |
| Address 3122 Lakeland Ave. | |
| City/State/Zip Mallom, WI 53704 | |
| Primary Contact Betty Chewning Work Phone 608-203-4878 | FAX 608-262-5262 |
| E-mail <u>Bachewing@phyrmay, wisc. edu</u> | Phone During Event 608 - 239 - 9416 |
| Website | |
| Secondary Contact | |
| Work Phone | Phone During Event |
| E-mail | |
| Annual Event? Charitable Event? If Yes, name of charity to receive donations: | ☐ Yes ☐ No ☐ Yes ☐ No |
| Estimated Attendance 200 ? 300? | (CERTIFICATE OF INSURANCE MAY BE REQUIRED) |
| Public Amplification (not allowed after 11 p.m.) Hours5 | to8:30 |
| EVENT CATEGORY | |
| □ Run/Walk □ Music/Concert 교∕ Festival □ Other | ☐ Rally ☐ Parking (i.e., bagging 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: Lakeland in Of | ☐ Podium/700-800 State Street ☐ Other (specific blocks/streets requested below) bnch fant college Man it engue Gr. in et a 8 |
| Street Closure Riquest \$50 00 g EVENT DATE(S)/SCHEDULE | o odman Marikenane Ctr. up to 8. June 1 week days-carpickup Fro til 3.00 |
| Date(s) of Event (including set-up and take-down) <u>6/23/</u> /2 | Rain Date(s) |
| Event Start Date(s)/Time(s) 4:00 pm | Set-Up Date(s)/Time for Event |
| Event End Date(s)/Time(s) / 0 100 PM | Take-Down Time |
| APPLICATION SIGNATURE | Take-Down Time: start to streets reopened |
| I/We waive the 21-day decision requirement. | (PLEASE INITIAL) |
| Your signature below indicates that you have read and unders Further, the person/group named in this application will be res the reserved area. Falsification of information on the application | sponsible for the conduct of the group and for the condition of |
| n addition to the rules and regulations detailed in the permit a are subject to all applicable ordinances, statues and laws. | application instructions and guidelines, Street Use Permits |
| Signature Betty Chewning | Date $6/4/12$ |