

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Grand Lodge Annual communication

Event Organizer/Sponsor: John Prindle

Is Organizer/Sponsor a 501(c)3 non-profit agency?

Yes No

MANDATORY: State Sales Tax Exemption Number:

ES#: 33284

OPTIONAL: Federal Tax Exempt Number:

39-1388779

Address: 301 Wisconsin Avenue

City/State/Zip: Madison, WI 53703

Primary Contact: John Prindle

Work Phone: 715-965-7629

Email: jprindle@wisconsinmasoniccenter.org

Phone During Event: 715-965-7629

Website: WISCONSIN MASONIC CENTER.ORG

FAX:

Secondary Contact: Valerie Hofmayer

Work Phone: 608-256-5734

Email: Vhofmayer@wisconsinmasoniccenter.org

Phone During Event: 608-867-9552

Annual Event? Yes

Yes No

Charitable Event? No

Yes No

If Yes, Name of charity to receive donations: _____

Estimated Attendance: 350

(CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification? (not allowed after 11 p.m.):

Hours: _____ to _____

Yes No

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: 301 Wisconsin Ave, parking area in front of building

EVENT DATE(S)/SCHEDULE

Date(s) of Event: 6/2, 6/3, 6/4

Event Start and End Times: 6am to 10pm

Rain Date (if any): _____

Set-Up Start Time: _____

Take-Down Start Time and End Times: _____

TAKE-DOWN TIME: START TO STREETS REOPENED

Will sponsor apply for temporary class B license to serve or sell beer/wine for this event?

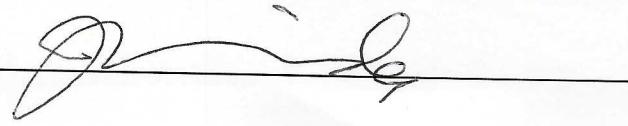
If class B license is denied, will the event(s) occur?

Yes No
 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 

Date 5/13/22