

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Madison Area Community Christmas Festival

Event Organizer/Sponsor: Maestro Production, Inc. (non-profit)

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

MANDATORY: State Sales Tax Exemption Number: ES# 37145 Yes No

OPTIONAL: Federal Tax Exempt Number: _____

Address: 1021 Spaight Street

City/State/Zip: Madison, WI 53703

Primary Contact: Mark Bleedorn

Work Phone: (608) 332-1667

Email: musicdirectormeb@gmail.com

Phone During Event: (608) 332-1667

Website: www.maestroproductions.org

FAX: _____

Secondary Contact: Amy Peterson

Work Phone: _____

Email: Amy.S1910@gmail.com

Phone During Event: (608) 320-1628

Annual Event? Yes No

Charitable Event?

If Yes, Name of charity to receive donations: Maestro Productions, Inc.

Yes No

Estimated Attendance: 250

(CERTIFICATE OF INSURANCE MAY BE REQUIRED)

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

Yes

Hours: _____ to _____

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: 901 Spaight Street - 1052 Spaight Street

EVENT DATE(S)/SCHEDULE

Date(s) of Event: 12/17/2016

Event Start and End Times: 2 - 4 pm & 7 - 9 pm

Rain Date (if any): none

Set-Up Start Time: 12 Noon

Take-Down Start Time and End Times: 10 pm

TAKE-DOWN TIME: START TO STREETS REOPENED

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

Yes

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

No

ma 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 M. E. Bleedorn

Date 11/27/16