

Temporary B License

City of Madison Clerk 210 MLK Jr Blvd, Room 103 Madison, WI 53703

licensing@cityofmadison.com 608-266-4601

(Agenda Item number) -if Street Use-					
•					
(Legistar file number) -if Street Use-					
PERCPS-2023-00119					
(License number)					
6	400				
(Alder District #)	(Police Sector)				

Office Use Only

Street Use: [] No [] YES
Office Use Only

 Temporary Class "B" (beer) and "Class B" (wine) licenses are available to bona fide clubs, chambers of commerce, churches, Lodges/Societies, Veteran's Organizations, and Fair Associations only. Being a non-profit company is not enough.

You may get an unlimited number of temporary licenses for Beer, but only two licenses for

wine each twelve months.

If your plans include using the street for your event, you will need a Street Use Permit and you
must apply at least 60 days before your event.

At least one licensed bartender must be present.

o The fee is \$10 for beer and/or wine per event - events may have consecutive days.

The named organization applies for:

Organization

[YA Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s.125.26(6), Wis. Stats.

®A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

	•••						
Pick one:	🖺 Bona fide Club	[] Chamber of Commerce	[] Church				
	[] Lodge/Society	Veteran's Organization					
Organizatio	n Name: Marquetle New	aborhood Association	Phone: 608-778-9866				
Address: 953 Jen. La St Email: Kdavey608@gnail. Com Website: Marquette -neghto hord Or Date organized: Jan. 1969 If a corporation, give date of incorporation:							
Date organized: Jan. 1969 If a corporation, give date of incorporation:							
WI State Sell	ler's Permit ID:						
☑We are not	required to hold a Wisconsir	seller's permit pursuant to s. 77.5	4 (7m), Wis. Stats.				
☐ We <i>have</i> be	een convicted of a violation o	of Chapter 38.					

Organization Officers	Name	City, State	Birthdate
President	Jen Plants	Madison, WI	
Vice President	lach kear	Madison, or	
Treasurer	Renée Lauber	Madison WI	
Secretary	Lance Lattimer	madison wI	
Person in charge of event	Name	Phone	Email
	Latherine Dave	608-770-9066	Kdavey 608e gm

REV 07/2019

continued on page two - OVER

	5-9pm 8/2s
Event Information	5-9pm 8/28 11:30 am-10pm 8/26
Event Name: Orton Vack Festiva	Event dates & time(s): 9 am - 8 pm 8 /27
Event Address: Orton Park, 110	53 Spaight St. Estimated Attendance: 2000
	all of the building/property? \(\frac{\frac{1}{2}}{2} \) No? Then please building you want to be covered with this license. (Which building, or which specific rooms in it. etc):
Explain the purpose and nature of the event	:: Celebrating community and
raising hinds for MN/	tis many community initiatives.
Describe your planned method of crowd con	trol: Off-duty MPD plus an
experienced 10-person	n Crew connected by 2-way radio
How many security persons will you have or	, , , , , , , , , , , , , , , , , , ,
Will food be served? A Yes □ No W	ill a tent be used? AYes □ No
Will the street be used? XYes □ No V	Vill wine be served? □ No 🌣 Yes: of 2 per year
Wholesaler/distributor/brewery who will sup	ply fermented malt beverage: General Beverage
Quantities ordered: 40 barrel	
(If serving wine) Wholesaler/distributor/wine	ery who will supply wine: <u>General Bruerase</u>
Quantities ordered: 10 Cases	O
Declaration	
The information provided in this application	on is true and correct to the best of my knowledge and belief.
Officer Signature	Date: 7.6.23
Printed name of Officer who is signing:	en Plants



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/6/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER				CONTACT NAME: Certificate Department						
	e McClone Agency, Inc.							FAX (A/C, No):	920-72	5-3233
PO Box 389					E-MAIL	on certificate	Mmcclone c		020 12	0.000
Menasha WI 54952					E-MAIL ADDRESS: certificate@mcclone.com					NAIC#
						RA: SECURA		RDING COVERAGE		NAIC# 22543
INCL	IDED.			License#: 100197661 MARQNEI-01			4 msurance C	ompany		22040
INSURED MARQNEI-01 Marquette Neighborhood Association					INSURE					
PO	Box 8474				INSURE					
Ma	dison WI 53708				INSURER D:					
					INSURER E :					
					INSURER F:					
				E NUMBER: 713298896				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	T		CP3392161		8/25/2023	8/28/2023	EACH OCCURRENCE	\$1,000	,000
	CLAIMS-MADE X OCCUR		'					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	00
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$ 1,000	.000
	GEN'L AGGREGATE LIMIT APPLIES PER:		/		1			GENERAL AGGREGATE	\$ 1,000	
	POLICY PRO- LOC				1			PRODUCTS - COMP/OP AGG	\$ 1,000	
								PRODUCTO-COM TOT TIES	\$ 1,000	,000
	OTHER: AUTOMOBILE LIABILITY	+	+					COMBINED SINGLE LIMIT	\$	
	ANY AUTO				1			(Ea accident) BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED				1		}	` ` ` ` ` `		
	AUTOS ONLY AUTOS NON-OWNED				1			PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUR						,	EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	<u>:</u>			***************************************			AGGREGATE	\$	
	DED RETENTION\$!					, and	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	ا^،"ال						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	l	_!					E.L. DISEASE - POLICY LIMIT	\$	
Α	Liquor Liability			CP3392161		8/25/2023	8/28/2023	Aggregate	500,0	00
	1						ı			
	1		'				ı			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Event: Orton Park Festival Event Location: 1103 Spaight St, Madison, WI 53703 Event Dates: 8/25/2023-8/27/2023										
City Cer	of Madison is Additional Insured with r tificate Holder is additional insured with	espec resp	t to G ect to	eneral Liability. General Liability.;						
CERTIFICATE HOLDER CANCELLATION										
CER	TIFICATE HOLDER		—		CANC	LLLATION				
City of Madison 210 Martin Luther King Blvd			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
					AUTHORIZED REPRESENTATIVE Att 12 CL					

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