

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Resident Move in Day

Event Organizer/Sponsor: The James

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

MANDATORY: State Sales Tax Exemption Number: ES#: N/A

OPTIONAL: Federal Tax Exempt Number: _____

Address: 432 West Gorham Street

City/State/Zip: Madison, WI 53703

Primary Contact: Me'Rhanda Jacobs Work Phone: 608-298-5222

Email: mjacobs@americancampus.com Phone During Event: 470-475-8980

Website: www.livethejames.com FAX: N/A

Secondary Contact: Jordan O'Brien Work Phone: 609-298-5222

Email: jobrien@americancampus.com Phone During Event: 585-406-7209

Annual Event? ☒ Yes ☐ No

Charitable Event? ☐ Yes ☒ No

If Yes, Name of charity to receive donations: _____

Estimated Attendance: 700 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification? (not allowed after 11 p.m.): ☐ Yes ☐ No

Hours: 8:00 AM to 7:00 PM

EVENT CATEGORY

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

☒ Other: New Resident Move In Day

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: 432 West Gorham Street, 439 West Gillman Street, Washington Avenue

EVENT DATE(S)/SCHEDULE

Date(s) of Event: August 24th, 2019 Event Start and End Times: 8:00 AM-7:00 PM

Rain Date (if any): None Set-Up Start Time: 8:00 AM

Take-Down Start Time and End Times: 7:00 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 ☒ No

If class B license is denied, will the event(s) occur? ☐ 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 Me'Rhanda Jacobs

Date July 19, 2019



