STREET USE PERMIT APPLICATION

EVENT INFORMATION			
Name of Event:			
Event Organizer/Sponsor:			
Is Organizer/Sponsor a 501(c)3 non-profit agency? MANDATORY: State Sale OPTIONAL: Federal Ta	s Tax Exemption Number: ES#:	☐ Yes	□ No
Address:			
City/State/Zip:			
Primary Contact:	Work Phone:		
Email:	Phone During Event:		
Website:	FAX:		
Secondary Contact:	Work Phone:		
Email:	Phone During Event:		
Annual Event?		☐ Yes	☐ No
Charitable Event? If Yes, Name of charity to receive donations:		☐ Yes	☐ No
Estimated Attendance:	(CERTIFICATE OF INSURANCE M	AY BE RE	QUIRED)
Public Amplification? (not allowed after 11 p.m.): Hours: to		☐ Yes	☐ No
EVENT CATEGORY			
☐ Run/Walk ☐ Music/Concert ☐ Festival ☐ Other:	☐ Rally ☐ Parking (i.e., b	agging n	neters)
LOCATION REQUESTED			
☐ Capitol Square (note specific blocks below)☐ 30 on the Square (aka top of 100 block of State Street)	☐ State St. Mall/800 State Street☐ Other (specific blocks/streets requested	below)	
Street Names and Block Numbers:			
EVENT DATE(S)/SCHEDULE			
Date(s) of Event:	Event Start and End Times:		
Rain Date (if any):	Set-Up Start Time:		
	Take-Down Start Time and End Times: TAKE-DOWN TIME: START TO ST	REETS RE	OPENED
Will sponsor apply for temporary class B license to serve or If class B license is denied, will the event(s) occur?	sell beer/wine for this event?	☐ Yes ☐ Yes	☐ No ☐ No
By initialing, I/we waive the 21-day decision require	ement.		
APPLICATION SIGNATURE			
BY SIGNING THIS APPLICATION, THE "EVENT ORGANIZER/SPONSOF CITY AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS HAI EXPENSE INCURRED BY THE CITY ON ACCOUNT OF ANY INJURY TO CAUSED BY OR RESULTING FROM THE ACTIVITIES FOR WHICH THE	RMLESS AGAINST ALL CLAIMS, LIABILITY, LOSS, DAN O OR DEATH OF ANY PERSON OR ANY DAMAGE TO F	MAGE, OR	
Applicant Signature	Date		

STREET EVENT SCHEDULE

- The schedule begins when event setup starts, including setup on sidewalks, terraces or parking, and ends when the street is re-opened for normal use.
- The schedule should encompass all activities planned for the event, such as:
 - » Vending: food, beverages and/or merchandise
 - » Music/Performances
 - » Displays, Exhibits, Demonstrations
 - » A moving event such as a rally, parade, etc.

IF REQUESTING STREET(S) CLOSURE:

YOU MUST SPECIFY WHEN THE STREET(S) WILL BE CLOSED AND WHEN STREET(S) WILL REOPEN

Provide Detailed Event Schedule:

DATE/TIME	ACTIVITY DETAILS FOR EACH DAY (SETUP, EVENT AND TAKE-DOWN)	
	Make sure your times match the times given on the general information page.	

STREET EVENT SITE MAP

To ensure proper review of the event, please attach a Street Event Site Map and a detailed route map (if applicable). Include the following location information if application to your event:

- Tents
- Stages
- Fencing
- Vendors
- Portable Toilets
- Dumpsters
- Staging Areas

Remember to include:

- Emergency vehicle access lanes (minimum of 20').
- Accessible paths for wheelchairs as well as disabled parking spaces.

EVENTS INCLUDING A RUN, WALK OR PARADE

If an event has a run/walk/parade component and/or alcohol will be served or sold, the Street Use Permit Applicant must contact the Madison Police Department to discuss possible Police requirements for the event. Contact Lt. Jen Hannah, jhannah@cityofmadison.com.

Street Use permit applicant must also contact Metro to determine if the route will impact any bus routes. Contact Sean Hedgpeth, shedgpeth@cityofmadison.com.

A helpful online resource for route mapping is <u>Map My Run</u>.

Provide Detailed Event Site Map:

A detailed route map is required if the street closure is for a run, walk, parade or other moving activity.