STREET USE PERMIT APPLICATION
FOR OFFICE USE ONLY: Permit # Date Submitted
EVENT INFORMATION Name of Event Final Leg Ceremony - Law Enforcement Torch Run Event Organizer/Sponsor Special Olympics Wisconsin
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Is Organizer/Sponsor a 501(c)3 non-profit agency? If Yes, provide State of Wisconsin Tax Exempt Number 39 – 1176, 59
Address 5900 Manna Dr. # 403
City/State/Zip Madison, WI 53716
Primary Contact John Weichell FAX 608-221-396 Work Phone 608-221-2900 Phone During Event 414:333-9548 E-mail Special olympics Wisconsin. Org Website Special olympics Wisconsin. Org Secondary Contact Work Phone During Event E-mail
Annual Event? Charitable Event? If Yes, name of charity to receive donations: Estimated Attendance QUESTIFICATE OF INSURANCE MAY BE REQUIRED. Public Amplification (not allowed after 11 p.m.) Hours \$\frac{\chi_1\chi_2\chi_3\chi_4}{\chi_3\chi_4\
EVENT CATEGORY On the square
☐ Run/Walk ☐ Music/Concert ☐ Festival ☐ Rally ☐ Parking (i.e., bagging meters) ☐ Other
LOCATION REQUESTED P(f)m, f f
EVENT DATE(S)/SCHEDULE * $6/7/12$
Date(s) of Event (including set-up and take-down) 6.15 (Image) Event Start Date(s)/Time(s) 6/7/12 (8 image) Event End Date(s)/Time(s
APPLICATION SIGNATURE APPLICATION SIGNATURE
I/We waive the 21-day decision requirement(PLEASE INITIAL)
Your signature below indicates that you have read and understand the instructions and guidelines for a community event. Further, the person/group named in this application will be responsible for the conduct of the group and for the condition of the reserved area. Falsification of information on the application will result in forfeiture of up to \$200 per falsified item.
In addition to the rules and regulations detailed in the permit application instructions and guidelines, Street Use Permits are subject to all applicable ordinances, statues and laws.
Signature Date 4/24/12

To see all the details that are visible on the screen, use the "Print" link next to the map.



