

STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

EVENT INFORMATION

Name of Event Solidarity Brat Fry

Event Organizer/Sponsor AFSCME Council 24

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

If Yes, provide State of Wisconsin Tax Exempt Number 39-0716130

Address 8033 Excelsior Drive

City/State/Zip Madison WI 53717

Primary Contact Sean Heiser FAX 608-836-0022

Work Phone 608-836-0024 Phone During Event 608-852-3152

E-mail sheiser@wseu-24.org

Website www.wseu-24.org

Secondary Contact Martin Beil

Work Phone 608-836-0024 Phone During Event 608-444-6665

E-mail mbeil@wseu-24.org

Annual Event? NO SELLING Yes No

Charitable Event? Yes No

If Yes, name of charity to receive donations: No donations food is free to members only.

Estimated Attendance 50 total at any one time. (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification (not allowed after 11 p.m.) Hours _____ to _____ Yes No

EVENT CATEGORY

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

Other Solidarity Brat Fry, for members of AFSCME, AFT, and WEAC.

LOCATION REQUESTED

Capitol Square (note specific blocks below) Podium/700-800 State Street

30 on the Square (a.k.a. top of 100 block of State Street) Other (specific blocks/streets requested below)

Street Names and Block Numbers: King Street

EVENT DATE(S)/SCHEDULE

Date(s) of Event (including set-up and take-down) 8/10/11 Rain Date(s) N/A

Event Start Date(s)/Time(s) 8/10/11 11:00am Set-Up Date(s)/Time for Event 8/10/11 9:00 am

Event End Date(s)/Time(s) 8/10/11 2:00 pm Take-Down Time 2:00 pm to 3:00 pm

Take-Down Time: start to streets reopened

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.

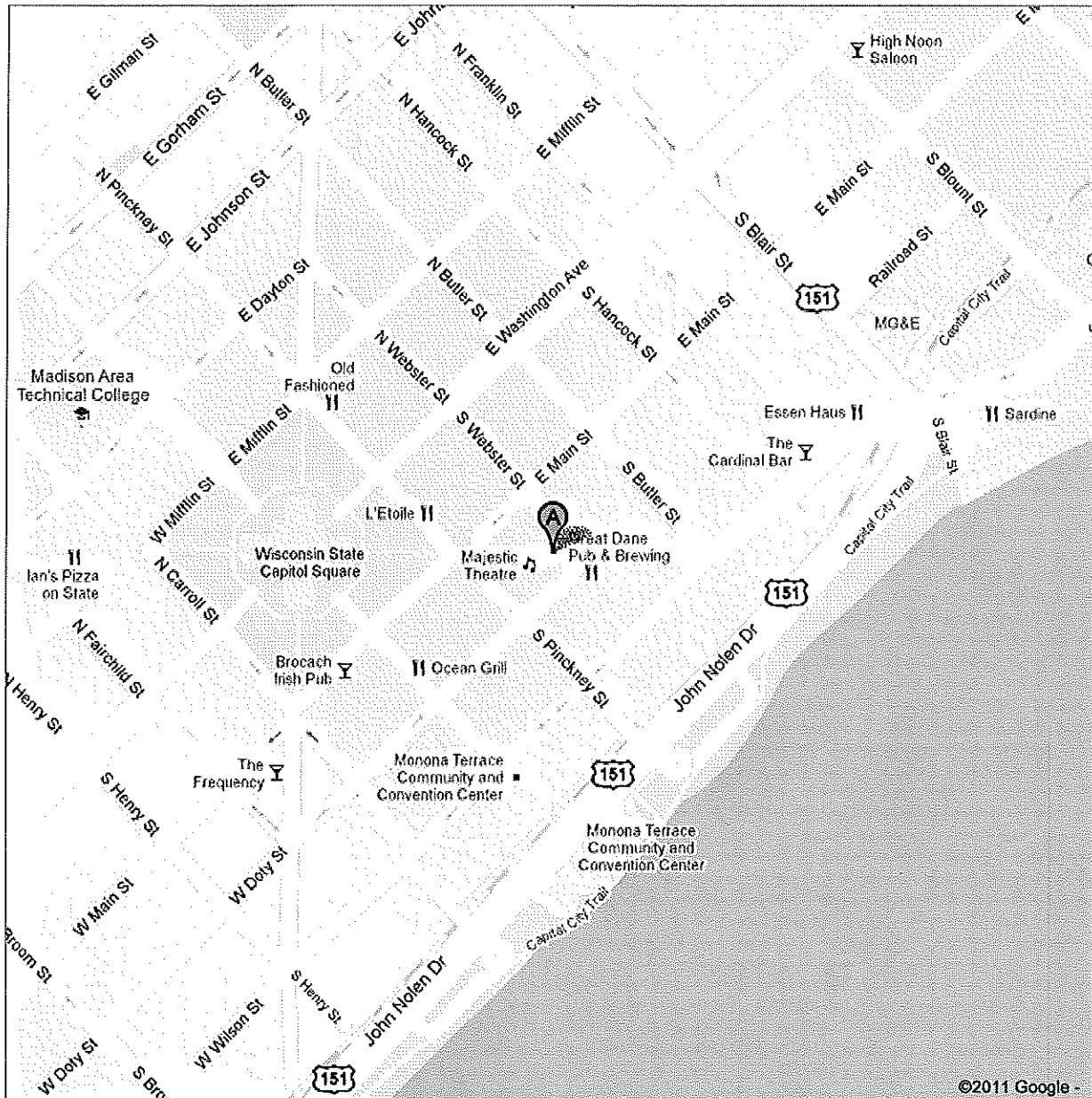
In addition to the rules and regulations detailed in the permit application instructions and guidelines, Street Use Permits are subject to all applicable ordinances, statues and laws.

Signature _____ Date _____

Google maps

Address 120 King St
Madison, WI 53703

Notes W, Aug. 10, 9a-3p





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/14/2011

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 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 Keitel Group Insurance, Inc 3880 Steven Drive DeForest WI 53532		CONTACT NAME: Becky Keitel, CIC PHONE (A/C, No, Ext): (608) 244-1146 FAX (A/C, No): (608) 244-2640 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 00001977	
INSURED AFSCME Council 24, DBA: c/o Municipal AFSCME Council 40 8033 Excelsior Dr Madison WI 53717		INSURER(S) AFFORDING COVERAGE INSURER A: General Casualty 24414 INSURER B: Regent Insurance Company 24449 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** Master 2011-2012 **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CCI0431778	1/1/2011	1/1/2012	EACH OCCURRENCE	\$ 1,000,000
								DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ Excluded
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC								
AUTOMOBILE LIABILITY								
<input type="checkbox"/> ANY AUTO								
<input type="checkbox"/> ALL OWNED AUTOS								
<input type="checkbox"/> SCHEDULED AUTOS								
<input type="checkbox"/> HIRED AUTOS								
<input type="checkbox"/> NON-OWNED AUTOS								
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CCU0431778	1/1/2011	1/1/2012	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
								\$
								\$
								\$
DEDUCTIBLE								
<input checked="" type="checkbox"/> RETENTION \$ 10,000								
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			CWC0505988	1/1/2011	1/1/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Wisconsin Capitol Police Rm B2 North, State Capitol Madison, WI 53702	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 Becky Keitel, CIC/MC
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