

## STREET USE PERMIT APPLICATION

### EVENT INFORMATION

Name of Event: INDIA DAY  
Event Organizer/Sponsor: Association of Indian Lived in America (AIA)  
Is Organizer/Sponsor a 501(c)3 non-profit agency? ☒ Yes ☐ No  
MANDATORY: State Sales Tax Exemption Number: \_\_\_\_\_ ES#: \_\_\_\_\_  
OPTIONAL: Federal Tax Exempt Number: \_\_\_\_\_  
Address: 1209 VELVET LEAF DRIVE  
City/State/Zip: MADISON WI 53719  
Primary Contact: VITAY SHARMA Work Phone: 608-239-3869  
Email: Samgulla@gmail.com Phone During Event: SAME  
Website: WWW.AIAMADISON.COM FAX: \_\_\_\_\_  
Secondary Contact: KAMLESH SAINI Work Phone: 608-469-3747  
Email: K.S.\_1@yahoo.com Phone During Event: SAME  
Annual Event? ☒ Yes ☐ No  
Charitable Event? ☐ Yes ☐ No  
If Yes, Name of charity to receive donations: \_\_\_\_\_  
Estimated Attendance: 150 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)  
Public Amplification? (not allowed after 11 p.m.): ☒ Yes ☐ No  
Hours: 10 AM to 3 PM

### EVENT CATEGORY

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

### 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: 100 BLOCK MLK JR BLVD

### EVENT DATE(S)/SCHEDULE

Date(s) of Event: 8-17-2019 Event Start and End Times: 10 AM TO 3 PM  
Rain Date (if any): \_\_\_\_\_ Set-Up Start Time: 7 AM  
Take-Down Start Time and End Times: 3 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

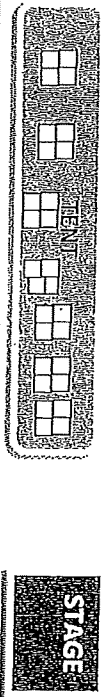
☒ By initialing, I/we waive the 21-day decision requirement.

### 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: [Signature]

Date: 5-20-2019

CAPTIAL BUILDING																	
Market																	
Farmer's																	
West Main Street																	
Starbucks																	
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Martin Luther King Jr. Blvd																	
																	
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BMO Harris Bank																	
East Doty Street																	
US Post Office																	
City Hall																	
Monona Terrace																	

## 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. Trevor Knight, [tknight@cityofmadison.com](mailto:tknight@cityofmadison.com).

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

- A helpful online resource for route mapping is [Map My Run](#).

**Provide Detailed Event Site Map:**

WE WILL USE City Trash & Recycling bins. We will have 3-4 Volunteers to help replacing Trash Bags in the Bins.

## STREET EVENT AMPLIFICATION PERMIT APPLICATION

Permit fee is \$100.00.

Permission for amplification does not exempt a group from Madison Ordinance noise restrictions. Please be considerate of neighboring residents and businesses. When notifying the alderperson and neighborhood association (if necessary) about your event, be sure to include detailed information about any plans you have for amplified sound.

Do you have public amplification planned for your event?

☒ Yes ☐ No

If Yes, please continue. If No, skip this form.

### EVENT INFORMATION

Name of Event:

INDIA DAY

Contact Person:

VISAY SHARMA

Location:

100 MLK JR. BLVD

Date:

8-17-2019

Type of Amplified Sound:

☐ Band

☐ DJ

☒ Sound System

☐ Speeches/Announcements

☐ Karaoke

☐ Other (please specify):

Hours of Amplification:

Date:

8-17-2019

Time:

10 AM TO 2 PM



# EMERGENCY ACTION PLAN (EAP)

## I. GENERAL

The "EVENT NAME" will be held MONTH DAY, YEAR at GENERAL LOCATION/ADDRESS/FACILITY TITLE.

## II. PURPOSE

- A. This emergency action plan predetermines actions to take before and during the "EVENT NAME" (hereinafter referred to as the event) in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
- B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include, but are not limited to, Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.

## III. ASSUMPTIONS

The possibility of an occurrence of an emergency is present at this event. The types of emergencies possible are various and could require the response of Fire & Rescue, Emergency Medical Services, and Police.

## IV. BASIC PLAN

### A. Emergency Action Plan (EAP) Event Representative

- 1. The EAP event representative will be identified as the point of contact for all communications regarding the event. This person is identified as PRIMARY CONTACT: FIRST/LAST NAME.

### B. Emergency Notification

- 1. In the event of an emergency, notification of the emergency will be through the use of 911. The caller should have the following information available to the 911 operator: nature of emergency, location, and contact person with callback number.
- 2. We ☐ will / ☐ will not have on-site EMS (ENTER CONTACT NAME & CELL PHONE NUMBER)
- 3. We ☐ will / ☐ will not have on-site Police or Security (ENTER CONTACT NAME & CELL PHONE NUMBER)

### C. Severe Weather

- 1. Weather forecasts and current conditions can be monitored through the [National Weather Service's Madison Weather Forecast website](#).
- 2. Before the event - If severe weather is predicted prior to the event, the EAP event representative will evaluate the conditions and determine if the event will remain scheduled. The EAP event representative or his/her designee will be identified as such FIRST/LAST NAME and will be responsible to monitor the weather conditions before and during the event.
- 3. During the event - If severe weather occurs during the event, the EAP event representative or his/her designee FIRST/LAST NAME will make notification to those attending the event that a hazardous weather condition exists and direct them to shelter.
- 4. There are very limited provisions for sheltering participants in the event of severe weather.
- 5. This event will follow the 30-30 Rule for lightning. If lightning is observed and thunder is heard within 30 seconds, the event will be delayed until 30 minutes have passed since thunder was last heard.

### D. Fire

- 1. If a specific hazard has been identified as an increased risk of fire at this event, event manager will work with the Fire Department to determine how to address the hazard.
- 2. All event staff will be instructed on the safe use of Portable Fire Extinguishers.
- 3. If cooking is intended, you must contact the fire department and -
  - a) Must have a valid fire extinguisher, 2A10BC

## STREET EVENT VENDING LICENSE APPLICATION

- ☐ 1-25 Vendors .....\$400.00  
☐ 26-100 Vendors .....\$675.00  
☐ 101-300 Vendors .....\$975.00  
☐ 301 or more Vendors .....\$1,700.00

### EVENT INFORMATION

Name of Event: \_\_\_\_\_

Event Organizer/Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Rain Date(s): \_\_\_\_\_

Primary Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Phone During Event: \_\_\_\_\_

Vendor Name	WI State Seller's Permit #
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## STREET EVENT MARKETING INFORMATION

Conditional approval of the event is required **BEFORE** promoting, marketing or advertising the event.

Do you have marketing information?

☐ Yes ☐ No

If Yes, please continue. If No, skip this form.

How will this event be marketed, promoted, or advertised?

Will there be live media coverage during the event and where will the media vehicles be parked?

### PARKS DIVISION CALENDAR OF EVENTS

If you want your event to be listed on City website calendars, please complete the Marketing Information form. Your event will only be included on the calendars if all permits and applications are approved 30 days in advance and your event is open to the public. If this form is not completed, the event will not be included on the calendars.

Official Name of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Public Contact Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Admission Cost: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Beginning/End Time of Event: \_\_\_\_\_

Two sentence description of event (for internet calendar):

## STREET USE PERMIT APPLICATION

### EVENT INFORMATION

Name of Event: INDIA DAY  
Event Organizer/Sponsor: Association of Indians in America (AIA)  
Is Organizer/Sponsor a 501(c)3 non-profit agency? ☒ Yes ☐ No  
MANDATORY: State Sales Tax Exemption Number: ES#: \_\_\_\_\_  
OPTIONAL: Federal Tax Exempt Number: \_\_\_\_\_  
Address: 1209 Velvet Leaf Dr.  
City/State/Zip: Madison WI 53715  
Primary Contact: VISAY SHARMA Work Phone: 608-239-3869  
Email: samgulla@gmail.com Phone During Event: Same  
Website: www.aiaamerican.com FAX: \_\_\_\_\_  
Secondary Contact: Camlesh Sami Work Phone: 608-469-3797  
Email: K.S.11@yahoo.com Phone During Event: \_\_\_\_\_  
Annual Event? ☒ Yes ☐ No  
Charitable Event? ☐ Yes ☒ No  
If Yes, Name of charity to receive donations: \_\_\_\_\_  
Estimated Attendance: 150 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)  
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☒ Other: CULTURAL EVENT

### 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: 100 Block MLK JR. BLVD

### EVENT DATE(S)/SCHEDULE

Date(s) of Event: 8-11-2018 Event Start and End Times: 10 AM to 3 PM  
Rain Date (if any): \_\_\_\_\_ Set-Up Start Time: 7 A.M.  
Take-Down Start Time and End Times: 3 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?  
If class B license is denied, will the event(s) occur?

☐ Yes ☐ No  
☐ Yes ☐ No

☒ By initialing, I/we waive the 21-day decision requirement.

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Applicant Signature

Vij Sharma

Date

5-15-18



## STREET EVENT SITE MAP

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

Remember to include:

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

- A helpful online resource for route mapping is [Map My Run](#).

**Provide Detailed Event Site Map:**

We will use city trash & Recycling bins  
We will have 3-4 volunteer working  
to replace bags in the bag & recycle bin

## 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.

***Provide Detailed Event Schedule:***

## STREET EVENT AMPLIFICATION PERMIT APPLICATION

Permit fee is \$100.00.

Permission for amplification does not exempt a group from Madison Ordinance noise restrictions. Please be considerate of neighboring residents and businesses. When notifying the alderperson and neighborhood association (if necessary) about your event, be sure to include detailed information about any plans you have for amplified sound.

Do you have public amplification planned for your event?  
If Yes, please continue. If No, skip this form.

☒ Yes ☐ No

### EVENT INFORMATION

Name of Event: INDIA DAY

Contact Person: VIJAY SHARMA

Location: 100 MLK TR BLD Date: 8-11-2018

Type of Amplified Sound:

☐ Band ☐ DJ ☒ Sound System ☐ Speeches/Announcements ☐ Karaoke

☐ Other (please specify): \_\_\_\_\_

Hours of Amplification:

Date: 10 AM 8-11-18 Time: 10 AM TO 1 PM

## STREET EVENT CLEAN-UP AND RECYCLING PLAN

- Include plans for collection and disposal of materials during and after event - number and location of garbage/recycling containers and dumpsters; number/schedule of volunteers/staff assigned to collection and clean-up.
- If City containers are not used, please provide the name and contact information of the collection agency providing equipment and service for the event.
- Event organizers are responsible for emptying City garbage/recycling containers within the event perimeter.
- Any group that leaves an area in a condition that requires special clean-up by City crews will be charged the full cost of clean-up.
- If you need assistance with your clean-up and recycling plan, please contact the City of Madison's Recycling Office, via email or at (608) 267-2626.

### **Provide Detailed Trash/Recycling/Clean-Up Plans:**

We will use City Trash & Recycling  
We will have 3-4 Volunteers  
Working on replacing bags &  
Recycle bins



## STREET EVENT MARKETING INFORMATION

Conditional approval of the event is required BEFORE promoting, marketing or advertising the event.

Do you have marketing information?

☐ Yes ☐ No

If Yes, please continue. If No, skip this form.

How will this event be marketed, promoted, or advertised?

Will there be live media coverage during the event and where will the media vehicles be parked?

### PARKS DIVISION CALENDAR OF EVENTS

If you want your event to be listed on City website calendars, please complete the Marketing Information form. Your event will only be included on the calendars if all permits and applications are approved 30 days in advance and your event is open to the public. If this form is not completed, the event will not be included on the calendars.

Official Name of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Public Contact Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Admission Cost: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Beginning/End Time of Event: \_\_\_\_\_

Two sentence description of event (for internet calendar):

## STREET EVENT BEER/WINE SALES PERMIT APPLICATION

Permit fee is \$700.00.

Do you plan on selling beer/wine?

☐ Yes ☐ No

If Yes, please continue. If No, skip this form.

### EVENT ORGANIZER INFORMATION

Name of Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Phone During Event: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### BEER SALES PERMIT INFORMATION

Any Temporary Class "B" Retailers License application that is in conjunction with a Street Use Permit, must be submitted at least 60 days before the event date and be approved by the Alcohol License Review Committee and the Common Council. See Madison General Ordinance Sec. 38.05(9)(e)2.

Name of the Licensed Bartender: \_\_\_\_\_

Security Company: \_\_\_\_\_

Have you applied for the Temporary Class "B" Retailers License (from the City Clerk's Office)?

☐ Yes ☐ No

Indicate Application Date: \_\_\_\_\_

Have you submitted the Certificate of Insurance with a liquor liability naming the City of Madison as Additional Insured?

☐ Yes ☐ No

Indicate Application Date: \_\_\_\_\_

## STREET EVENT VENDING LICENSE APPLICATION

- ☐ 1-25 Vendors .....\$400.00  
☐ 26-100 Vendors .....\$675.00  
☐ 101-300 Vendors .....\$975.00  
☐ 301 or more Vendors .....\$1,700.00

### EVENT INFORMATION

Name of Event: \_\_\_\_\_

Event Organizer/Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Rain Date(s): \_\_\_\_\_

Primary Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Phone During Event: \_\_\_\_\_

Vendor Name	WI State Seller's Permit #
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