STREET USE PERMIT APPLICATION	
FOR OFFICE USE ONLY: Permit # Date Submitted	
EVENT INFORMATION Name of Event Eagles on the Squ	
Event Organizer/Sponsor Wisconsin Veteral	ns Museum
Is Organizer/Sponsor a 501(c)3 non-profit agency?	¼ Yes □ No
If Yes, provide State of Wisconsin Tax Exempt Number <u>ES</u>	<i>- 40707</i>
Address 30 W. Mifflin St.	
City/State/Zip Madison, WI 535	703
Primary Contact <u>Jennifer Kaye</u> Work Phone 608-264-7663 E-mail jennifer. haye @ dva. state. wi. us Website	FAXPhone During Event
Secondary Contact <u>Jeffrey Kollath</u> Work Phone 608-261-0541 E-mail jeffrey. Kollath @ dva. state.	Phone During Event 608 - 516 - 0448
Annual Event? Charitable Event? If Yes, name of charity to receive donations:	□ Yes 述 No □ Yes 茲 No
□ Run/Walk □ Musjc/Concert □ □ Festival	(CERTIFICATE OF INSURANCE MAY BE REQUIRED) to
Mother Museum / History Program	
LOCATION REQUESTED	
□ Capitol Square (note specific blocks below) 30 on the Square (a.k.a. top of 100 block of State Street) Street Names and Block Numbers:	☐ Podium/700-800 State Street ☐ Other (specific blocks/streets requested below)
EVENT DATE(S)/SCHEDULE Date(s) of Event (including set-up and take-down) Event Start Date(s)/Time(s) 7/23/// 10:00 Event End Date(s)/Time(s) 7/23/// 1:00	Rain Date(s) No rain date Set-Up Date(s)/Time for Event 7/23/// 9:00 Take-Down Time 2:00 Take-Down Time: start to streets reopened
APPLICATION SIGNATURE	(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 appare subject to all applicable ordinances, statues and laws.	plication instructions and guidelines, Street Use Permits
Signature Lay	
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