

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Rosh Hashanah and Yom Kippur Worship

Event Organizer/Sponsor: Temple Beth El - Madison

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

MANDATORY: State Sales Tax Exemption Number: ES#: 008-0000121413-05

OPTIONAL: Federal Tax Exempt Number: 39-6007966

Address: 2702 Arbor Dr.

City/State/Zip: Madison, WI, 53711

Primary Contact: Stefanie Kushner Work Phone: 608-467-3229

Email: exec@tbemadison.org Phone During Event: 608-215-3906

Website: tbemadison.org FAX: _____

Secondary Contact: Steven Gregorius Work Phone: 608-238-3123

Email: facilities@tbemadison.org Phone During Event: 920-604-0784

Annual Event? Yes No

Charitable Event? Yes No

If Yes, Name of charity to receive donations: _____

Estimated Attendance: 100 cars (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification? (not allowed after 11 p.m.): Yes No

Hours: _____ to _____

EVENT CATEGORY

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

Other: _____

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: 2700 & 2800 blocks of Arbor Dr., both sides of street

EVENT DATE(S)/SCHEDULE

Date(s) of Event: Oct 2-3 & Oct 11-12 Event Start and End Times: 10/2 5p - 10/3 3p & 10/11 5p - 10/12 7p

Set-Up Start Time: _____

Take-Down Start Time and End Times: _____

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 

Date 8-2-24