STREET USE PERMIT APPLICATION FOR OFFICE USE ONLY: Permit #__ Date Submitted **EVENT INFORMATION** Name of Event Event Organizer/Sponsor ☐ Yes Is Organizer/Sponsor a 501(c)3 non-profit agency? If Yes, provide State of Wisconsin Tax Exempt Number______ Address City/State/Zip FAX Primary Contact CURIS MAJCHICZAK Phone During Event 608-220-3094 Work Phone 608 251 3687 E-mail CMA, CURZAKO ISTHMUS, CON ISTUMUS. COM Website Secondary Contact___ Phone During Event Work Phone E-mail □ No **Annual Event?** □ No Charitable Event? If Yes, name of charity to receive donations:___ (CERTIFICATE OF INSURANCE MAY, BE REQUIRED) Estimated Attendance_ (2000) 4pm to □ No Public Amplification (not allowed after 11 p.m.) Hours _ **EVENT CATEGORY ⊠**Festival □ Rally ☐ Parking (i.e., bagging meters) ☐ Run/Walk ☐ Music/Concert □ Other **LOCATION REQUESTED** ☐ Podium/700-800 State Street ☐ Capitol Square (note specific blocks below) Other (specific blocks/streets requested below) ☐ 30 on the Square (a.k.a. top of 100 block of State Street) Street Names and Block Numbers: WAD AROUND SHELTER O DUIN PARK **EVENT DATE(S)/SCHEDULE** Date(s) of Event (including set-up and take-down) Rain Date(s) Event Start Date(s)/Time(s) 5/10/13 Set-Up Date(s)/Time for Event Event End Date(s)/Time(s) 5/10/13 Bom Take-Down Time 5/10/17 Take-Down Time: start to streets reopened **APPLICATION SIGNATURE** (PLEASE INITIAL) [6] I/We waive the 21-day decision requirement. 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