STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: All-City Swim Meet

Event Organizer/Sponsor: Parks & Goodman Waves Swim Team

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: 330 El Lakeside Street

City/State/Zip: Madison, WI 53715

Primary Contact: Tracey Hartley

Work Phone: 608-266-4193

Email: thartley@cityofmadison.com

Phone During Event: 608-209-7980

Website: _____

FAX: -

Secondary Contact: Shane Martin

Work Phone: 608-228-6279

Email: smartin@cityofmadison.com

Phone During Event: 608-228-6279

Annual Event? ☐ Yes ■ No

Charitable Event? ☐ Yes ☐ No

If Yes, Name of charity to receive donations: _____

Estimated Attendance: 6,000 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

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

Hours: 7 am to 8pm

EVENT CATEGORY

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

■ Other: All-City Swim Meet

LOCATION REQUESTED

☐ Capitol Square (note specific blocks below)

☐ 30 on the Square (aka top of 100 block of State Street)

☐ State St. Mall/800 State Street

☐ Other (specific blocks/streets requested below)

Street Names and Block Numbers: 1400 Wingra Creek Pkwy - Madison, WI 53715

EVENT DATE(S)/SCHEDULE

Date(s) of Event: July 27, 28, 29

Event Start and End Times: 7am-8pm

Set-Up Start Time: 6am

Take-Down Start Time and End Times: 8-9pm

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 Tracey Hartley Date 5/9/2023