

STREET USE PERMIT APPLICATION



CONTACT INFORMATION		
Name of Event:		
Event Organizer / Sponsor:		
Organization / Sponsor Address:		
Organization / Sponsor website:		
Day-of contact info:		
Primary Contact:	Email:	
Work Phone:		
Secondary Contact:		
Work Phone:		
EVENT INFORMATION		
Annual Event?	Public Amplification?	es 🗌 No
Vending? ☐ Yes ☐ No	Selling or serving beer/wine?	es 🗌 No
Will sponsor apply for temporary class B license to serve or		es 🗌 No
If the class B is denied, will the event(s) occur?	Y€	es 🗌 No
OCCURRENCE:	TYPE OF EVENT (select all that apply):	
☐ One-Day Event	☐ Run/Walk	
Multi-Day Event (consecutive days)	☐ Music/Concert	
Recurring Event (weekly, monthly)	Festival	
	☐ Rally ☐ Other:	
EVENT SCHEDULE (see page 2 for detailed schedule form Set Up - Date(s):) ————————————————————————————————————	
Street Closure - Date(s):	Time(s):	
Event Start - Date(s):	IIme(s):	
Event End - Date(s):	I ime(s):	
Street Reopen - Date(s):	Time(s): Time(s):	
LOCATION INFORMATION		
(Select all that apply)	List street name(s), block number(s), and/or meter	number(s)
Requesting sidewalk space		
☐ Requesting parking stalls (meter or on-street)		
Requesting closure of a parking lane		
☐ Requesting closure of a traffic lane		
Requesting full street closure		
APPLICATION SIGNATURE: BY SIGNING THIS APPLICAT AGREES TO INDEMNIFY, DEFEND, AND HOLD THE CITY A HARMLESS AGAINST ALL CLAIMS, LIABILITY, LOSS, DAMA OF ANY INJURY TO OR DEATH OF ANY PERSON OR ANY ITHE ACTIVITIES FOR WHICH THE PERMIT IS GRANTED.	ND ITS OFFICERS, OFFICIALS, EMPLOYEES AND A GE, OR EXPENSE INCURRED BY THE CITY ON AC	AGENTS COUNT
Applicant Signature:		
By initialing, I/we waive the 21-day decis		



ESTIMATED ATTENDANCE

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ATTENDANCE AND SCHEDULE FORM

Estimated average daily attendance for event: _____ Estimated total attendance for event: _____

DAILY ATTENDANCE INFO):					
Date: E	- stimated attendance (total):	Peak time / attendance:				
Date: E	stimated attendance (total):	Peak time / attendance:				
Date: E	stimated attendance (total):	Peak time / attendance:				
Date: E	stimated attendance (total):	Peak time / attendance: Peak time / attendance: Peak time / attendance: Peak time / attendance:				
 EVENT SCHEDULE (include all information below, as applicable) SETUP DATE(S)/TIMES – provide date(s) and time(s) for when setup will begin in the public space. STREET CLOSURE(S) – provide detailed timing for when the street(s) will be closed & re-opened. PARKING METER/STALL(S) – provide detailed timing for when the parking request(s) will begin and end. OTHER SCHEDULE DETAILS SHOULD INCLUDE – vendor setup/take down, concert setup/set times/take down, run/walk start & end times (last runner), parade/march start time, specific advertised activities that will draw a crowd, etc. EVENT DATE(S)/TIMES – provide date(s)/times for when the event is open and closed to the public, each day. CLEANUP DATE(S)/TIMES – provide date(s) and time(s) for cleanup, indicate when everything will be out of the public space. (PROVIDE A SEPARATE ATTACHMENT IF YOU NEED MORE SPACE OR IF YOU HAVE A DETAILED SCHEDULE DOCUMENT ALREADY AVAILABLE) 						
DATE/TIME	ACTIVITY DETAILS FOR EACH DAY (SETUP, EVENT AND TAKE-DOWN) *INCLUDE AS MUCH DETAIL AS POSSIBLE FOR YOUR EVENT SCHEDULE*					
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		ACT GOODEE FOR TOOK EVERT CONEDUCE				
		ACT GOODEE FOR FOOR EVERY CONEDUCE				
		ACT GOODEL TON TOOK EVENT CONEDULE				
		ACT GOODEE TON TOOK EVENT GONEDOLE				
		ACT GOODEE TON TOOK EVENT CONEDUCE				
		ACT GOODEL TON TOOK EVENT CONEDULE				
		ACT GOODEL TON TOOK EVENT CONEDULE				
		ACT GOODEL TON TOOK EVENT CONEDULE				
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PUBLIC AMPLIFICATION FORM					
If No, you	public amplification at your event? can skip this form. u must complete this form.		☐ Yes ☐ No		
of neighboring re	sidents and businesses. When n		e restrictions. Please be considerate hborhood association (if necessary r amplified sound.		
AMPLIFICATION	INFORMATION				
Name of Event: _					
☐ DJ (names): _ ☐ Other (please : Hours of Amplifica • Amplification i	ouncements es): specify): ation: is not allowed past 11pm	ent testing, in the amplification sch			
Date:	Start Time:	End Time:	Туре:		
Date:	Start Time:	End Time:	Type:		
Date:	Start Time:	End lime:			
Date:	Start Time:	End Time:	Type:		
Date:	Start Time:	End Time:	Type:		
บลเซ. Date:	Start Time:	End Time:	Type: Type:		
Date	Start Time.	Ellu Tillle	ı ype		

CONFLUENCE AT LIBRARY MALL (800 STATE STREET) AMPLIFICATION ADDITIONAL REQUIREMENTS

The Confluence at Library Mall, 800 block of State Street, has additional requirements if an event in this location is requesting amplification on a weekday between the hours of 8:00 a.m. - 6:00 p.m. Events, requesting sound between these hours, are required to notify the agencies surrounding the area of their activities.

A Confluence at Library Mall contact list can be obtained from the Parks Division. Contact Madisonevents@cityofmadison.com or (608) 264-9289 for more information.

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