



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: _____ Phone During Event: _____

Secondary Contact: _____ Email: _____

Work Phone: _____ Phone During Event: _____

EVENT INFORMATION

Annual Event? Yes No

Public Amplification? Yes No

Vending? Yes No

Selling or serving beer/wine? Yes No

Will sponsor apply for [temporary class B license](#) to serve or sell beer/wine for this event? Yes No

If the class B is denied, will the event(s) occur? Yes No

OCCURRENCE:

- One-Day Event
- Multi-Day Event (consecutive days)
- Recurring Event (weekly, monthly)

TYPE OF EVENT (select all that apply):

- Run/Walk
- Music/Concert
- Festival
- Rally
- Other: _____

EVENT SCHEDULE (see page 2 for detailed schedule form)

Set Up - Date(s): _____ Time(s): _____

Street Closure - Date(s): _____ Time(s): _____

Event Start - Date(s): _____ Time(s): _____

Event End - Date(s): _____ Time(s): _____

Street Reopen - Date(s): _____ Time(s): _____

Clean Up - Date(s): _____ Time(s): _____

LOCATION INFORMATION

(Select all that apply)

- 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

List street name(s), block number(s), and/or meter number(s)

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: _____

_____ By initialing, I/we waive the 21-day decision requirement.



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PUBLIC AMPLIFICATION FORM

Will you be using public amplification at your event?

Yes No

If No, you can skip this form.

If Yes, you must complete this form.

Permission for amplification does not exempt a group from Madison Ordinance noise restrictions. Please be considerate of neighboring residents and businesses. When notifying the alderperson and neighborhood association (if necessary) about your event, be sure to include detailed information about any plans you have for amplified sound.

AMPLIFICATION INFORMATION

Name of Event: _____

Type of Amplified Sound:

- Sound System
- Speeches/Announcements
- Karaoke
- Band(s) (names): _____
- DJ (names): _____
- Other (please specify): _____

Hours of Amplification:

- Amplification is not allowed past 11pm
- You must include any sound checks or equipment testing, in the amplification schedule.

Date: _____	Start Time: _____	End Time: _____	Type: _____
Date: _____	Start Time: _____	End Time: _____	Type: _____
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Date: _____	Start Time: _____	End Time: _____	Type: _____
Date: _____	Start Time: _____	End Time: _____	Type: _____

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.