STREET USE PERMIT APPLICATION FOR OFFICE USE ONLY: Permit # Date Submitted **EVENT INFORMATION** Name of Event Event Organizer/Sponsor Uraconsin Is Organizer/Sponsor a 501(c)3 non-profit agency? Yes Yes □ No If Yes, provide State of Wisconsin Tax Exempt Number_____ Address BON 1054 53701-1054 City/State/Zip Mad **Primary Contact** 914-9075134 Work Phone 914 - 907-5134 Phone During Event_ E-mail a receoud dan Website Secondary Contact_ Phone During Event 201-919-7464 Work Phone 201 - 919 - 7404 E-mail Cx **⊠** No Annual Event? ☐ Yes Charitable Event? ☐ Yes If Yes, name of charity to receive donations:_ Estimated Attendance_____ (CERTIFICATE OF INSURANCE MAY BE REQUIRED) Public Amplification (not allowed after 11 p.m.) Hours 12-2-pm X Yes □ No **EVENT CATEGORY** ☐ Run/Walk Music/Concert ☐ Festival ☐ Rally ☐ Parking (i.e., bagging meters) □ Other **LOCATION REQUESTED** ☐ Podium/700-800 State Street ☐ Capitol Square (note specific blocks below) ☐ 30 on the Square (a.k.a. top of 100 block of State Street) QCOther (specific blocks/streets requested below) Street Names and Block Numbers: Lisa Link Dear **EVENT DATE(S)/SCHEDULE** Date(s) of Event (including set-up and take-down) Rain Date(s) Event Start Date(s)/Time(s) 5/1分/14 Set-Up Date(s)/Time for Event 5/18/14 8 own Event End Date(s)/Time(s) 4/18/14 Take-Down Time 5/18/14 80m Take-Down Time: start to streets reopened APPLICATION SIGNATURE I/We waive the 21-day decision requirement. (PLEASE INITIAL) 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