

STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

EVENT INFORMATION

Name of Event ART RAIN MARKET

Event Organizer/Sponsor DANE COUNTY FARMERS MARKET

Is Organizer/Sponsor a 501(c)3 non-profit agency?

☐ Yes ☒ No

If Yes, provide State of Wisconsin Tax Exempt Number _____

Address P.O. Box 1485

City/State/Zip MADISON, WI 53701

Primary Contact BILL LUBING FAX _____

Work Phone 608-455-1999 Phone During Event _____

E-mail BILL.LUBING@DCEM.ORG

Website WWW.DCEM.ORG

Secondary Contact POLY MURPHY

Work Phone _____ Phone During Event 608-606-0172

E-mail _____

Annual Event?

☒ Yes ☐ No

Charitable Event?

☐ Yes ☒ No

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 _____ to _____ ☐ Yes ☐ No

EVENT CATEGORY

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

☒ Other FARMERS MARKET

LOCATION REQUESTED

☐ Capitol Square (note specific blocks below) ☐ Podium/700-800 State Street

☐ 30 on the Square (a.k.a. top of 100 block of State Street) ☐ Other (specific blocks/streets requested below)

Street Names and Block Numbers: 10 BLOCKS OR EAST & WEST WILSON ST

EVENT DATE(S)/SCHEDULE

Date(s) of Event (including set-up and take-down) _____

Rain Date(s) _____

Event Start Date(s)/Time(s) JULY 11, 2015

Set-Up Date(s)/Time for Event 5 AM

Event End Date(s)/Time(s) JULY 11, 2015

Take-Down Time 2 PM

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, statutes and laws.

Signature [Signature] Date 11/15/15



**Dane County
Farmers' Market
On the Square**

P.O. Box 1485
Madison, WI 53701
608-455-1999
www.dcfm.org
info@dcfm.org

Date: January 15, 2015

To: Kelli Lamberty
City of Madison

From: Bill Lubing
Dane County Farmers' Market

Re: Safety & Security Plan
Wednesday Markets – 200 blk of MLK, Jr. Blvd.
Art Fair Market – 10 blk of East and West Wilson St.

Safety Plan

First Aid and Emergency Response – Call 911

Primary Contact:	Bill Lubing, Manager	Office: 608-455-1999
		Cell: 608-455-1999
Alternative Contact	Tom Murphy	Cell: 608-606-0172

“Lost Child” area Murphy Farms tent – middle of Market

Vendors receive written instructions before the events. Key people are also verbally briefed.

Security Plan

Streets will be closed to vehicles. Private security is not necessary.

No alcohol allowed. No cooking allowed.

Vendors will be at or near their vehicles if they need to be moved.

Approved fire lanes will be maintained.