STREET USE PERMIT APPLICATION

Email:	EVENT INFORMATION	
Is Organizer/Sponsor a 501(c)3 non-profit agency? MANDATORY: State Sales Tax Exemption Number: Sti:	Name of Event:	
MANDATORY: State Sales Tax Exemption Number: OPTIONAL: Federal Tax Exempt Number: OPTIONAL: Federal Tax Exempt Number: OPTIONAL: Federal Tax Exempt Number: OPTIONAL: Federal Tax Exempt Number: OPTIONAL: Federal Tax Exempt Number: OPTIONAL: Federal Tax Exempt Number: OPTIONAL: Federal Tax Exempt Number: OPTIONAL: Federal Tax Exempt Number: OPTIONAL: Federal Tax Exempt Number: OPTIONAL: Federal Tax Exempt Number: OPTIONAL: Federal Tax Exempt Number: ORDATOR Prome Urring Event: OPTIONAL: Federal Tax Exempt Number: OPTIONAL: Very Number: Very Number: OPTIONAL: Very Number:	Event Organizer/Sponsor:	
Address: City/State/Zip: Primary Contact: Email: Phone During Event: Website: FAX: Secondary Contact: Work Phone: Email: Phone During Event: Work Phone: Email: Phone During Event: Fax: Secondary Contact: Phone During Event: Phone During Event: Phone During Event: Fax: Secondary Contact: Phone During Event: Charitable Event? 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 EVENT CATEGORY Run/Walk Music/Concert Festival Rally Parking (i.e., bagging meters) Other: LOCATION REQUESTED Capitol Square (note specific blocks below) 30 on the Square (aka top of 100 block of State Street) Other (specific blocks/streets requested below) Street Names and Block Numbers: EVENT DATE(S)/SCHEDULE Date(s) of Event: Set-Up Start Time: Take-Down Start Time and End Times: 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? By ginitialing, I/we waive the 21-day decision requirement. APPLICATION SIGNATURE BY SIGNING THE APPLICATION, THE "EVENT ORGANIZERS DONSOR": LISTED ABOVE AGREES TO INDEMNIFY, DEFEND, AND HOLD THE CITY AND ITS OFFICERS OFFICENS. EMPLOYEES AND 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.	MANDATORY: State Sale	s Tax Exemption Number: ES#:
Primary Contact:		•
Email:	City/State/Zip:	
Website:	Primary Contact:	Work Phone:
Secondary Contact:	Email:	Phone During Event:
Email:	Website:	FAX:
Email:	Secondary Contact:	Work Phone:
Charitable Event?		
If Yes, Name of charity to receive donations: Estimated Attendance:	Annual Event?	☐ Yes ☐ No
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	Applicant Signature_	Date

STREET EVENT SCHEDULE

- The schedule begins when event setup starts, including setup on sidewalks, terraces or parking, and ends when the street is re-opened for normal use.
- The schedule should encompass all activities planned for the event, such as:
 - » Vending: food, beverages and/or merchandise
 - » Music/Performances
 - » Displays, Exhibits, Demonstrations
 - » A moving event such as a rally, parade, etc.

IF REQUESTING STREET(S) CLOSURE:

YOU MUST SPECIFY WHEN THE STREET(S) WILL BE CLOSED AND WHEN STREET(S) WILL REOPEN

Provide Detailed Event Schedule:

DATE/TIME	ACTIVITY DETAILS FOR EACH DAY (SETUP, EVENT AND TAKE-DOWN)
	Make sure your times match the times given on the general information page.



Request for all parking stalls on west side of 300 N Brooks – daily, 4/30 - 5/3 Request for 2-3 parking stalls on east side of 300 N Brooks on 5/2

See attached schedule for timing