# STREET USE PERMIT APPLICATION

## EVENT INFORMATION

Name of Event___TRIANGLE ETHNIC FEST_____

Event Organizer/Sponsor___BAYVIEW FOUNDATION, INC._____

Is Organizer/Sponsor a 501(c)3 non-profit agency?                      ☒ Yes      ☐ No

If Yes, provide State of Wisconsin Tax Exempt Number___ES 17458_____

Address___601 BAYVIEW TRIANGLE_____

City/State/Zip___MADISON, WI 53715_____

Primary Contact__DAVID M. HAAS_____    FAX___256 - 2386____
Work Phone__256 - 7808_____    Phone During Event__256 - 7808___
E-mail__davidhaas@bayviewfoundation.org_____
Website__www.bayviewfoundation.org_____
Secondary Contact__Sheri Harper_____
Work Phone__256 - 7808_____    Phone During Event__256 - 7808_____
E-mail__sherishadow@aol.com_____

Annual Event?                                                          ☒ Yes      ☐ No
Charitable Event?                                                      ☒ Yes      ☐ No
    If Yes, name of charity to receive donations:__BAYVIEW FOUNDATION, INC._____
Estimated Attendance__UP TO 5,000_____ (CERTIFICATE OF INSURANCE MAY BE REQUIRED)
Public Amplification (not allowed after 11 p.m.) Hours 11:00am to 6:00pm      ☒ Yes      ☐ No

## EVENT CATEGORY

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

## 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:__700 BLOCK OF BRAXTON PLACE_____

## EVENT DATE(S)/SCHEDULE

Date(s) of Event (including set-up and take-down)_____    Rain Date(s)_NONE_____
Event Start Date(s)/Time(s) 08/17/14 11:00am    Set-Up Date(s)/Time for Event_08/17/14_____
Event End Date(s)/Time(s)_08/17/14 6:00pm    Take-Down Time__08/17/14 6:00pm____
                                              Take-Down Time: start to streets reopened

## APPLICATION SIGNATURE

XXX____ 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_____    Date_04_/_01_/_14_

PARKING LOT 100-500
BAYVIEW

TRAFFIC NORMALLY CIRCLES ONE
way only. Request to block
street EAST of 755 Braxton
PL. AND South of THE Bayview
Parking Lot. Then POST STREET
FOR "TWO-way traffic" to
ALLOW ALL AFFECTED AREAS
Access in and OUT OF LOT
THERE WOULD BE NO STREET
PARKING THE DAY OF THE EVENT.

"EVENT
AREA"

←VENDORS→

CLOSED
AREA

STAGE

PARKING LOT
755
BRAXTON

←VENDORS→

PARKING LOT
600-700
BRAXTON PL.
(C.D.A.)

↑
M
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↓

RESERVED PARKING
1 S. PARK ST.) FOR
General Public attending
the event.

PARKING LOT
801 Braxton
PL.

ONE WAY →

Parking Lot
1 S. PARK ST.

BRAXTON Pl.