

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Seftice Event (Summer)

Event Organizer/Sponsor: Friends of Starkweather Creek

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

MANDATORY: State Sales Tax Exemption Number: ES# 200823874

OPTIONAL: Federal Tax Exempt Number: _____

Address: 3122 Lakeland Ave.

City/State/Zip: Madison, WI

Primary Contact: Betty Churning Work Phone: 263-4878

Email: Betty.Churning@Wisc.edu Phone During Event: 239-9426

Website: _____ FAX: _____

Secondary Contact: _____ Work Phone: _____

Email: _____ Phone During Event: _____

Annual Event? ☒ Yes ☐ No

Charitable Event? ☐ Yes ☒ No

If Yes, Name of charity to receive donations: _____

Estimated Attendance: 200-250 (Depends on weather) (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification? (not allowed after 11 p.m.): ☐ Yes ☐ No

Hours: 5 to 8:15 PM

EVENT CATEGORY

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

☐ Other: _____

LOCATION REQUESTED

☐ Capitol Square (note specific blocks below) ☐ State St. Mall/800 State Street
☐ 30 on the Square (aka top of 100 block of State Street) ☒ Other (specific blocks/streets requested below)

Street Names and Block Numbers: Olbride Baseball Diamond #5 (Atwood Ave.)

EVENT DATE(S)/SCHEDULE

Date(s) of Event: June 24 2018 Event Start and End Times: 5-10 PM

Rain Date (if any): _____ Set-Up Start Time: 12 PM

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? ☐ Yes ☒ No

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

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 Betty Churning Date 5-24-18

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Solstice Celebration

Event Organizer/Sponsor: FSC and SASY NA

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

MANDATORY: State Sales Tax Exemption Number: ES#: 23874

OPTIONAL: Federal Tax Exempt Number: _____

Address: 3122 Lakeland Ave

City/State/Zip: Madison, WI 53704

Primary Contact: Betty Chewning Work Phone: 608.263.4878

Email: bachewning@pharmacy.wisc.edu Phone During Event: 608.239.9426

Website: _____ FAX: _____

Secondary Contact: _____ Work Phone: _____

Email: _____ Phone During Event: _____

Annual Event? ☐ Yes ☐ No

Charitable Event? ☐ Yes ☐ No

If Yes, Name of charity to receive donations: _____

Estimated Attendance: 500 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification? (not allowed after 11 p.m.): ☐ Yes ☐ No

Hours: 5:00pm to 9:00pm

EVENT CATEGORY

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

☐ Other: _____

LOCATION REQUESTED

☐ Capitol Square (note specific blocks below) ☐ State St. Mall/800 State Street

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

Street Names and Block Numbers: Lakeland Ave.

EVENT DATE(S)/SCHEDULE

Date(s) of Event: 6.24.18 Event Start and End Times: 5-10pm

Rain Date (if any): NA Set-Up Start Time: 12pm

Take-Down Start Time and End Times: 10pm

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? ☐ Yes ☒ No

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

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Applicant Signature _____ Date _____



Park Event Application

NARRATIVE & SCHEDULE

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PARKS

Please provide a brief narrative of the event.


This is the solstice celebration which we have^{held} in Olbrich Park configuration on Baseball Diamond #5 every 6 months for over a decade. We are a neighborhood association (SASNA) and Friends of Starkweather Creek (FSC). We have a little music and a bonfire and canoe rides to encourage an appreciation of the Starkweather Watershed. We have a shared singing of the "Starkweather Anthem" and we make wishes for a better future. The event goes from about 5 PM to 10 PM.

EVENT SCHEDULE

The schedule begins when event setup starts and ends when cleanup of the event area is complete, all equipment is removed and the park is available for regular use.

The schedule should encompass all activities planned for the event, including but not limited to:

- General: set up, hours of operation, tear down/cleanup, leave park
- Vending: when vendors will set up, hours of operation, tear down/cleanup, leave park
- Music/Performances: stage setup, performance schedule, tears down/cleanup, leave park
- Displays, Exhibits, Demonstrations: setup, open hours, tear down, leave park
- Run/Walk/Parade, etc.: when staging starts, start time(s), end time(s), cleanup, leave park

EXAMPLE 8:00 a.m.	EXAMPLE Setup
12:00 PM	Set Up
5:00 PM	Music, canoe rides, singing
8:30 PM/dusk	We light the bonfire
9:00 PM	We start taking down the portion of any set up by bathroom area where two instruments play.
9:30 PM	We end fire and take coals over to the  ^{small cement} bonfire holders



Park Event Application

SITE MAP

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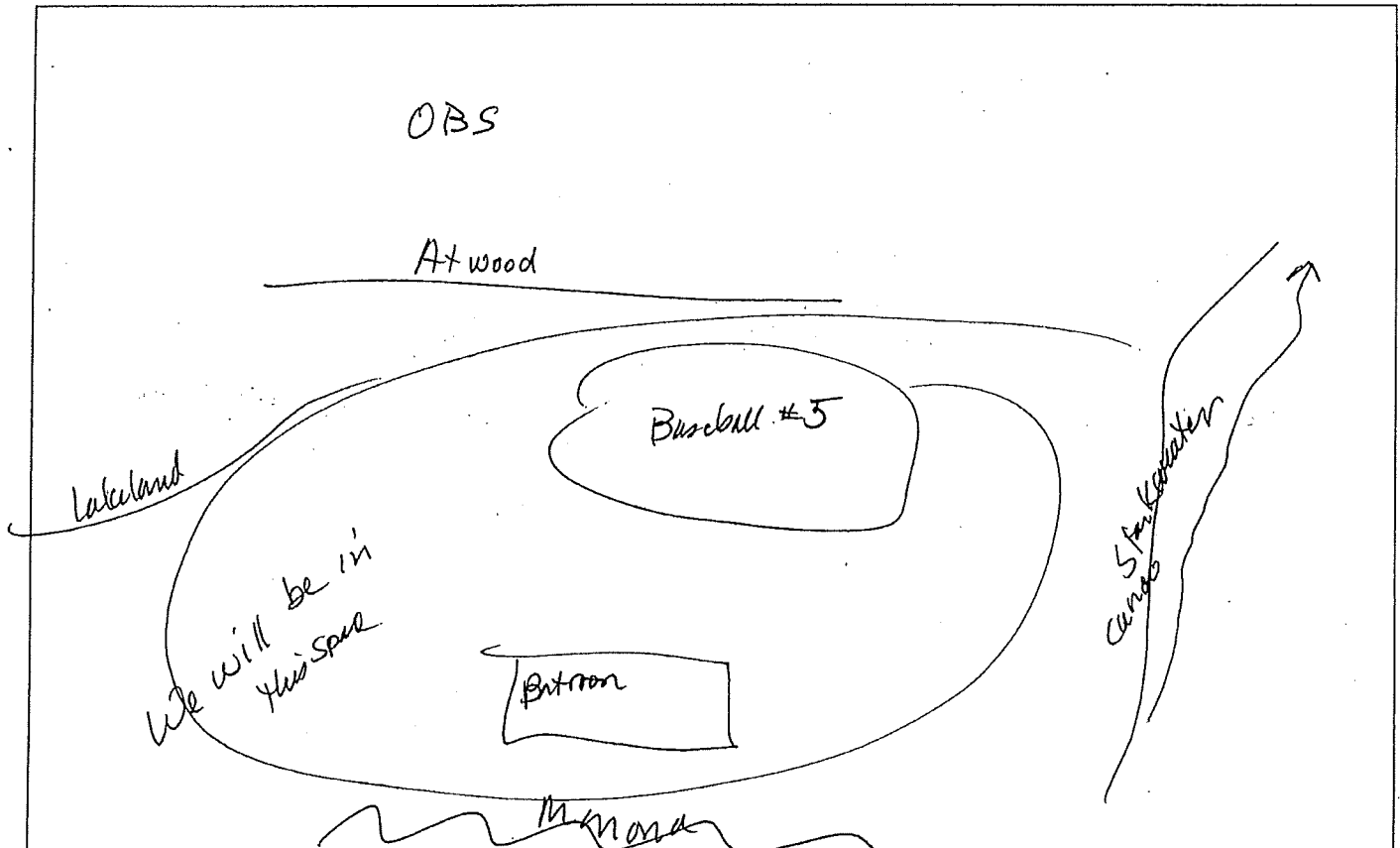
Please attach a site map. Also attach a route plan (if applicable).

- Site map should include, but is not limited to, the following:
 - Accessible paths for wheelchairs
 - Disabled parking
 - Dumpsters
 - Exit location for fenced outdoor events
 - Event Perimeter
 - Fencing
 - Garbage and recycling receptacles
 - Placement of vehicles
 - Portable toilets
 - Signage
 - Stages
 - Temporary Structures
 - Vendors
- If the event includes a run/walk component on City streets, the approval of the Parks Division for the use of the park **does not imply approval of the proposed route**. Routes need to be approved with a Parade Permit.

What impact do you anticipate your event will have on the residents/businesses in the areas surrounding the park? Consider things such as noise, parking, traffic, etc. What plans do you have to minimize these impacts?

We coordinate with Olbrich Botanical Society and we are on the date they preferred so we can park in their lot.

Provide Detailed Event Site Map (feel free to provide this map as a separate attachment):





Park Event Application

EMERGENCY ACTION PLAN

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Below is the standard Emergency Action Plan required by the City of Madison. Please complete the form with your event information.

I. GENERAL

Solstice Celebration will be held Sunday 6-24-18 at Olbrich Park Configuration + Baseball Diamond #5
EVENT NAME DATE GENERAL LOCATION/ADDRESS/PARK NAME

II. PURPOSE

- A. This emergency action plan predetermines actions to take before and during the "EVENT NAME" (hereinafter referred to as the event) in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
- B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include, but are not limited to, Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.

III. ASSUMPTIONS

The possibility of an occurrence of an emergency is present at this event. The types of emergencies possible are various and could require the response of Fire & Rescue, Emergency Medical Services, and Police.

IV. BASIC PLAN

A. Emergency Action Plan (EAP) Event Representative

1. The EAP event representative will be identified as the point of contact for all communications regarding the event. This person is identified as PRIMARY CONTACT: FIRST/LAST NAME.

B. Emergency Notification

1. In the event of an emergency, notification of the emergency will be through the use of 911. The caller should have the following information available to the 911 operator: nature of emergency, location, and contact person with callback number.

2. We ☒ will/ ☐ will not have on-site EMS. Day Host Jablonski is one of our on-site fire wardens
CONTACT NAME/CELL NUMBER

3. We ☒ will/ ☐ will not have on-site Police or Security.
CONTACT NAME/CELL NUMBER

C. Severe Weather

1. Weather forecasts and current conditions can be monitored through the National Weather Service's Madison Weather Forecast website.
2. Before the event - If severe weather is predicted prior to the event, the EAP event representative will evaluate the conditions and determine if the event will remain scheduled. The EAP event representative or his/her designee will be identified as such FIRST/LAST NAME and will be responsible to monitor the weather conditions before and during the event.
3. During the event - If severe weather occurs during the event, the EAP event representative or his/her designee FIRST/LAST NAME will make notification to those attending the event that a hazardous weather condition exists and direct them to shelter.
4. There are very limited provisions for sheltering participants in the event of severe weather.
5. This event will follow the 30-30 Rule for lightning. If lightning is observed and thunder is heard within 30 seconds, the event will be delayed until 30 minutes have passed since thunder was last heard.

D. Fire

1. If a specific hazard has been identified as an increased risk of fire at this event, event manager will work with the Fire Department to determine how to address the hazard.
2. All event staff will be instructed on the safe use of Portable Fire Extinguishers.
3. If cooking is intended, you must contact the fire department and -

Not Sure
But I will
talk with
Emily Hardiman
at Police Dept.



Park Event Application

EMERGENCY ACTION PLAN

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- a) Must have a valid fire extinguisher, 2A10BC
- b) Each space is allowed 1 LP tank per cooking device. All LP tanks are to be secured in an approved manner (tied, strapped, chained, etc.)
- c) No cooking shall be allowed under a tent. Cooking shall be a minimum of 20' away from tents/canopies.
- d) Cooking must be on a non-combustible surface (grease collection material generally required under cooking and food service areas)
4. Fire Inspectors may be required to do an inspection of your event (depends on size and nature of the event), contact the Fire Department for guidelines
5. All tents/canopies used for cooking shall have a FLAME SPREAD Certification attached to the tent.
6. Should an incident occur that requires the Fire Department, 911 will be utilized to request this resource. The caller should have the following information available to the 911 operator: nature of emergency, location, and contact person with callback number.

E. Medical Emergencies

1. As with any outdoor event, there is potential for injury to the participants. The types of injuries are various and include those that are heat related as well as traumatic injuries.
2. Event manager shall contact the Fire Department to determine if there is a need for on-site Emergency Medical Services at this event.
3. Should an incident occur that requires Emergency Medical Services to be called to this event, the caller will have the following information available to give to the 911 Center:
 - a) nature of emergency
 - b) precise location
 - c) contact person with callback number

F. Law Enforcement

1. The need for constant Law Enforcement presence at this event
☐ has / ☐ has not been identified. Event manager shall contact the Police Department to determine if there is a need for Law Enforcement presence at this event
2. Should an incident occur that requires Law Enforcement, to be called to this event, the caller will have the following information available to give to the 911 Center:
 - a) nature of emergency
 - b) precise location
 - c) contact person with callback number

G. Emergency Vehicle Access

1. Access for Emergency Vehicles will be maintained at all times.
2. 20' Fire Lanes are required to be kept open at events.
3. A 14' minimum height clearance requirement for anything that goes over a street or fire lane
4. Participants and spectators will be directed to park in approved areas and not to obstruct protective features, sidewalks or public thoroughways.
5. Crowd control will be managed by: NAME.
6. Parking for vendor and staff vehicles will be: LOCATION(S).
7. Parking for attendee vehicles will be: LOCATION(S).

V. CONTACT INFORMATION

Primary Contact	Betty Chewning	Cell: 608-239-9426 (onsite)
Secondary Contact	Dan Host-Jablonski	Cell: 608-492-8894 (our EMT)
Emergency	Dane County 911 Center	911
Non-Emergency	Madison Fire Department	(608) 266-4420
Non-Emergency	Madison Police Department	(608) 255-2345