



# Temporary B License

(Agenda Item number) -if Street Use-

(Legistar file number) -if Street Use-

City of Madison Clerk  
210 MLK Jr Blvd, Room 103  
Madison, WI 53703

PERCPS 2024-00110

(License number)

6 408

(Alder District #)

(Police Sector)

Office Use Only

Street Use:  No  **YES**  
Office Use Only

licensing@cityofmadison.com  
608-266-4601

- o Temporary Class "B" (beer) and "Class B" (wine) licenses are available to **bona fide clubs, chambers of commerce, churches, Lodges/Societies, Veteran's Organizations, and Fair Associations** only. Being a non-profit company is not enough.
- o You may get an unlimited number of temporary licenses for Beer, but **only two licenses for wine** each twelve months.
- o If your plans include using the street for your event, you will need a **Street Use Permit** and you must apply at least 60 days before your event.
- o At least one **licensed bartender** must be present.
- o **The fee** is \$10 for beer and/or wine per event - events may have consecutive days.

The named organization applies for:

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s.125.26(6), Wis. Stats.
- A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

### Organization

Pick one:  Bona fide Club  Chamber of Commerce  Church  
 Lodge/Society  Veteran's Organization  Fair Association

Organization Name: Marquette Neighborhood Association Phone: 608-770-9066

Address: PO Box 8474 Email: Kdavey608@gmail.com Website: www.marquette-neighborhood.org  
Madison WI 53708

Date organized: \_\_\_\_\_ If a corporation, give date of incorporation: \_\_\_\_\_

WI State Seller's Permit ID: \_\_\_\_\_

- We are not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats.
- We have been convicted of a violation of Chapter 38.

Organization Officers	Name	City, State	Birthdate
President	Marissa Condon	Madison WI	[REDACTED]
Vice President	Eric Hamilton	Madison WI	
Treasurer	Deven McGleann	Madison WI	
Secretary	Courtney Lindi	Madison WI	
Person in charge of event	Name	Phone	Email
	Katherine Davay	608 770 9066	Kdavey608@gmail.com

**Event Information**

Event Name: Orton Park Festival Event dates & time(s): 5-9 PM on 8/23  
11:30<sup>am</sup> - 10 PM on 8/24  
9<sup>am</sup> - 8 PM on 8/25

Event Address: Orton Park, 1103 Spaight Estimated Attendance: 2000

Do the premises you want to license occupy *all* of the building/property? Yes No? Then please describe fully which parts of the property or building you want to be covered with this license. (Which section of the parking lot, which floor of the building, or which specific rooms in it. etc): \_\_\_\_\_

Explain the purpose and nature of the event: Celebrating community and raising funds for MNA's many community initiatives

Describe your planned method of crowd control: Off duty MPD plus an experienced 20-person crew connected by two way radios

How many security persons will you have on the licensed premises? 2

Will food be served?  Yes  No Will a tent be used?  Yes  No

Will the street be used?  Yes  No Will wine be served?  No  Yes:      of 2 per year

Wholesaler/distributor/brewery who will supply fermented malt beverage: General Beverage

Quantities ordered: 40 barrels

(If serving wine) Wholesaler/distributor/winery who will supply wine: General Beverage

Quantities ordered: 10 cases

**Declaration**

The information provided in this application is true and correct to the best of my knowledge and belief.

Officer Signature Jen Plants Date: 6.13.24

Printed name of **Officer** who is signing: Jen Plants



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/13/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> The McClone Agency, Inc. PO Box 389 Menasha WI 54952	<b>CONTACT NAME:</b> Certificate Department <b>PHONE (A/C, No, Ext):</b> 800-236-1034 <b>E-MAIL ADDRESS:</b> certificate@mcclone.com	<b>FAX (A/C, No):</b> 920-725-3233
	<b>INSURER(S) AFFORDING COVERAGE</b>	
License#: 100197661 MARQNEI-01	<b>INSURER A :</b> SECURA Insurance Company	<b>NAIC #</b> 22543
<b>INSURED</b> Marquette Neighborhood Association, Inc PO Box 8474 Madison WI 53708	<b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	

**COVERAGES**                      **CERTIFICATE NUMBER: 132658267**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CP3410857	8/23/2024	8/25/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			CP3410857	8/23/2024	8/25/2024	Each Common Cause Aggregate Limit \$ 500,000 \$ 500,000


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event: Orton Park Festival  
Event Location: 1103 Spaight Street, Madison, WI 53703  
Event Dates: 8/23/2024 - 8/25/2024

City of Madison is Additional Insured with respect to General Liability.

## CERTIFICATE HOLDER

## CANCELLATION

City of Madison Risk Management Attn: Risk Manager 210 Martin Luther King, Jr. Blvd, Rm 106 Madison WI 53703	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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