STREET USE PERMIT APPLICATION

EVENT INFORMATION	B - 0 L - 1 II B - C D - L - 0 - L - 1
Name of Event:	
Event Organizer/Sponsor: City of Madison-Planning Division	1
Is Organizer/Sponsor a 501(c)3 non-profit agency? MANDATORY: State Sale	es Tax Exemption Number: ES#: 42916 X Yes No
OPTIONAL: Federal Ta Address: 215 Martin Luther King, Jr. Blvd. Ste. 017	ax Exempt Number: EIN 39-6005507
City/State/Zip: Madison, WI 53701-2985	
Primary Contact: Karin Wolf	Work Phone: ^{608.261.9134}
Email: kwolf@cityofmadison.com	Phone During Event: 608.279.1846 (C)
Website: www.cityofmadison.com/engineering/monroest	FAX: 608.264.8739
Secondary Contact: Ben Zellers	Work Phone: 608.266.4866
Email: bzellers@cityofmadison.com	Phone During Event:
Annual Event?	☐ Yes X No
Charitable Event? If Yes, Name of charity to receive donations:	☐ Yes ☒ No
Estimated Attendance: small crew (less than 10)	(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) X Other: Need entire street closed on Breese Terrace from Regent Street to Monroe Street	
LOCATION REQUESTED	
☐ Capitol Square (note specific blocks below) ☐ 30 on the Square (aka top of 100 block of State Street) Street Names and Block Numbers: ☐ Breese Terrace from	State St. Mall/800 State Street Other (specific blocks/streets requested below) Regent Street to Monroe Street
EVENT DATE(S)/SCHEDULE	
Date(s) of Event: August 21, 2019	Event Start and End Times: 9:00 a.m. to 3:00 p.m.
Rain Date (if any): TBD	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 If class B license is denied, will the event(s) occur?	sell beer/wine for this event?
By initialing, I/we waive the 21-day decision require	ement.
APPLICATION SIGNATURE	
BY SIGNING THIS APPLICATION, THE "EVENT ORGANIZER/SPONSOFIC CITY AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS HA EXPENSE INCURRED BY THE CITY ON ACCOUNT OF ANY INJURY TO CAUSED BY OR RESULTING FROM THE ACTIVITIES FOR WHICH THE	O OR DEATH OF ANY PERSON OR ANY DAMAGE TO PROPERTY
Applicant Signature Karin L. (1996)	Date 06/25/19