

STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

EVENT INFORMATION

Name of Event Icon Limiter Live

Event Organizer/Sponsor Le Mans Corporation / Icon Motorsports / STCcreates

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

If Yes, provide State of Wisconsin Tax Exempt Number _____

Address 3501 Kennedy Rd. P.O. Box 5222

City/State/Zip Janesville, WI 32117-5222

Primary Contact Sarah Timleck FAX 714-331-1513

Work Phone 714-331-1513 Phone During Event _____

E-mail Sarah@STCcreates.com

Website www.rideicon.com

Secondary Contact Justin Knaver

Work Phone 503-484-7346 Phone During Event 503-484-7346

E-mail JKnaver@rideicon.com

Annual Event? Yes No

Charitable Event? Yes No

If Yes, name of charity to receive donations: _____

Estimated Attendance 200 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification (not allowed after 11 p.m.) Hours 5pm to 10pm Yes No

EVENT CATEGORY

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

Other Motorcycle display, Skills and maneuvering Exhibition

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: W Main St. between S. Fairchild St. and S. Hamilton St.

EVENT DATE(S)/SCHEDULE

Date(s) of Event (including set-up and take-down) 8/23/12 Rain Date(s) None

Event Start Date(s)/Time(s) 7pm Set-Up Date(s)/Time for Event 5pm

Event End Date(s)/Time(s) 10pm Take-Down Time 11pm

Take-Down Time: start to streets reopened

APPLICATION SIGNATURE

_____/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 Sarah Timleck Date 6/30/12

APPLICATION FOR STREET CLOSURE**DATE: AUGUST 23, 2012****LOCATION: W MAIN STREET BETWEEN S FAIRCHILD STREET AND S HAMILTON STREET****ORGANIZERS: LEMANS CORPORATION / ICON MOTOSPORTS / ST CREATES****EVENT SCHEDULE**

Time	Activity
Thursday, August 23, 2012	
5:00 PM	Close street to local traffic
5:00 – 6:00 PM	Block off 30 x 100 area of roadway in front of Paradise lounge with metal barricades
5:30 PM	Move in Icon display (Sprinter van and product display with 10 x 30 footprint – reference attached location map)
6:00 PM	Move in ambulance / security
7:00 PM	Icon 10 th Anniversary Celebration at Paradise Lounge – For LeMans Sales Reps Only (private)
8:00 – 8:30 PM	Slow speed high skills motorcycle safety demonstration number 1
9:00 – 9:30 PM	Slow speed high skills motorcycle safety demonstration number 2
9:30 – 10:00 PM	Athlete Autograph Session outside Paradise Lounge
10:00 – 11:00 PM	Tear Down / Open Street

SAFETY AND SECURITY PLAN

Ambulance on site from 6:00 pm – 10:00 PM

Two private security members on site from 6:00 pm – 10:00 PM

Name	Role	Contact Number
Sarah Timleck	Event Organizer	714-331-1513
Justin Knauer	Icon Manager	503-484-7346

STREET CLOSURE

+ ERS

RIDING AREA

LIMITER DISPLAY

STREET CLOSURE

S Hamilton St

S Hamilton St

Attorney General

Paradise Lounge

Rising Sun

The Frequency

Tornado Club Steak House





W MAIN AT S FAIRCHILD



MAIN AT HAMILTON

2007





EMERGENCY RESPONSE UNIT