

## STREET USE (SPECIAL EVENT) PERMIT APPLICATION

### Applicant

Spencer D Stanbery

Jazz At Five Inc.

2364 Jackson St #305

Stoughton, WI 53589

Email: Eventdirector@jazzatfive.Org

Phone: (920) 290-1266

### Contact During Event

Spencer D Stanbery

Email Eventdirector@jazzatfive.Org

Phone: (920) 290-1266

### Event Information

Name of Event: Jazz at Five

Event Type: Recurring One Day

Estimated Attendance: 1500

Is this a new event: No

### Event Additional Information

Run/Walk: ☐

Music/Concert: ☒

Festival: ☐

Rally: ☐

Parade: ☐

Posting no parking signs or bagging meters? ☒

Other: ☐

If other, please describe:

### Site Map

Each event application must include a detailed event site map with the following items a applicable:

- Accessible paths for wheelchairs as well as disabled parking spaces
- Dumpsters
- Emergency vehicle access lanes (minimum of 20')
- Event Perimeter
- Garbage and Recycling - cleanup and trash/recycling plans are required with the site map
- Portable toilets
- Signage
- Stages
- Temporary Structures
- Tents
- Vendors

A helpful online resource for route mapping is: [Map My Run](#)

I understand I must attach site map and route map with this application, if applicable: ☐

## Location Information

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Capitol Square: ☒

State Street Mall (700/900): ☐

30 on the Square: ☒

Other: ☒

Street Names and Block Numbers:

100th block of State St. Need to close West Mifflin from Wisconsin avenue west to State Street and North Carroll from west Washington to state street. Same as last year.

With a total of 12 bagged meters. 100 block dead end of West Mifflin (7) and the 100 block dead end of North Carroll (5).

## Event Dates

Setup Date	Setup Time	Event Start Date	Event Start Time	Event End Date	Event End Time	Cleanup Completed Date	Cleanup Completed Time	Rain Date
08/08/2018	12:00pm	08/08/2018	4:00pm	08/08/2018	8:00pm	08/08/2018	9:00pm	
08/15/2018	12:00pm	08/15/2018	4:00pm	08/15/2018	8:00pm	08/15/2018	9:00pm	
08/22/2018	12:00pm	08/22/2018	4:00pm	08/22/2018	8:00pm	08/22/2018	9:00pm	
08/29/2018	12:00pm	08/29/2018	4:00pm	08/29/2018	8:00pm	08/29/2018	9:00pm	
09/05/2018	12:00pm	09/05/2018	4:00pm	09/05/2018	8:00pm	09/05/2018	9:00pm	

## Temporary (Picnic/Beer) Licenses

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Visit the [City of Madison City Clerk's Office](#) website under heading "Temporary Picnic/Beer License" to apply.

Will beer/wine be sold?(\$):

Will beer/wine be served (Free of charge)?:

I understand that a Certificate of Insurance with liquor liability, naming the City of Madison as additional insured, is required: \* ☒

I understand I must apply for Temporary (Picnic/Beer) License to serve or sell beer/wine for this event: ☒

If the Temporary (Picnic/Beer) License is denied will the event occur?: Yes

## Street Use Event Vending License

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If food will be sold please visit the [Public Health - Madison & Dane County](#) website.

I understand a Special Event License Application listing the vendors and their Sellers ID# is required:



Will food and/or merchandise be sold?(\$):

Yes

Estimate number of vendors:

5

## Public Amplification Permit

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If public amplification is needed it must be kept to a reasonable level at all times and must end by 11 pm.

Will there be Public Amplification?(\$):



Start Date	Start Time	End Date	End Time	Rain Date
08/08/2018	4:00 pm	08/08/2018	8:00 pm	
08/15/2018	4:00 pm		8:00 pm	
08/22/2018	4:00 pm		8:00 pm	
08/29/2018	4:00 pm		8:00 pm	
09/05/2018	4:00 pm		8:00 pm	

## SAFETY AND SECURITY

- Complete the Emergency Action Plan (EAP) template below to provide information about the safety plan for your event.
- For large events, contact [Madison Fire](#) prior to submitting the street use permit application, so they can review and make recommendations for additional emergency plan requirements.
- At the review of the street use permit application, Police and Fire Department representatives may also require [Special Duty Police Officers](#) or Fire Inspector staffing at your event. If MPD designates an event as a District Event, the organizer must contact [Central District MPD](#), (608) 266-4482, regarding Madison Police requirements for the event.

Emergency Action Plan [PDF/ MS Word](#)

## RUN/WALK EVENTS

For run/walk events, organizers are strongly encouraged to contact [Police](#), [Traffic Engineering](#) and [Madison Metro](#) prior to submitting an application so these agencies can review and make recommendations on the proposed route(s).

I understand that I must submit the Emergency Action Plan:



## Equipment Rental - Downtown events only.

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Will you need equipment rental from the City of Madison?(\$):

No

Trash Barrels:

0

Recycling Barrels:

0

Dumpsters:

0

Electrical Adaptors:

0

## Marketing

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Conditional approval of the event is required before promoting, marketing or advertising the event.

Do you want this included in the Madison Parks calendar of events?:

Yes

## Acknowledgement

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If a street use permit is issued for the event, the Applicant agrees to comply with all permit conditions, and understands that failure to comply with any condition or any violation of law may result in the immediate cancellation of the event

Further, the Applicant is legally responsible and financially liable to the City of Madison for all city fees and costs associated with the overall organization, management, and implementation of the event and its related activities and maintains ultimate liability for payment of all fees and costs assessed by the City of Madison.

I have read the Acknowledgement:



## Indemnification

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THE APPLICANT FOR A STREET USE PERMIT SHALL AGREE TO INDEMNIFY, DEFEND, AND HOLD THE CITY AND ITS 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.

I have read the Acknowledgement:



## Signature

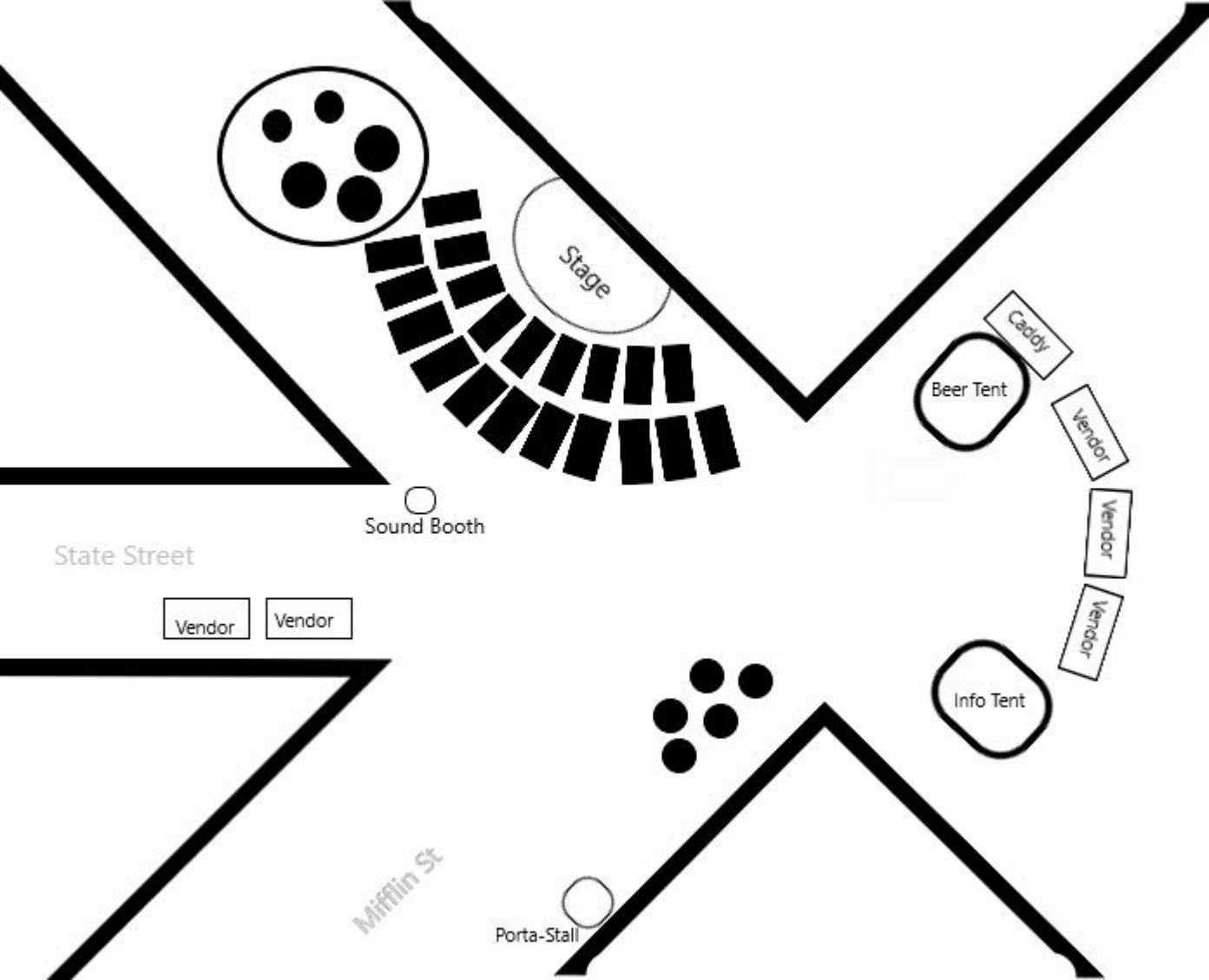
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Signature:

Spencer Stanbery

Date:

06/03/2018



Stage

Sound Booth

State Street

Vendor

Vendor

Milfill St

Porta-Stall

Caddy

Beer Tent

Vendor

Vendor

Vendor

Info Tent

## STREET EVENT VENDING LICENSE APPLICATION

☒ 1-25 Vendors .....\$400.00

☐ 26-100 Vendors .....\$675.00

☐ 101-300 Vendors .....\$975.00

☐ 301 or more Vendors .....\$1,700.00

### EVENT INFORMATION

Name of Event: Jazz at Five

Event Organizer/Sponsor: Jazz at Five Inc

Address: 2364 Jackson St #304

City/State/Zip: Stoughton, Wi 53589

Date(s) of Event: 8/8/18, 8/15/18, 8/22/18, 8/29/18, 9/5/18 Rain Date(s): Same as event dates, event moves if there is rain

Primary Contact: Spencer Stanbery

E-mail: [eventdirector@jazzatfive.org](mailto:eventdirector@jazzatfive.org)

Work Phone: none Phone During Event: 715-572-8368 (personal)

Vendor Name	WI State Seller's Permit #
1. Roman Candle	
2. Chocolate Shoppe	
3. Café Costa Rica	
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# EMERGENCY ACTION PLAN (EAP)

## I. GENERAL

The "Jazz at Five" will be held Weekly on Wednesdays from 8/8 to 9/5 at 100<sup>th</sup> Block of State Street including East Mifflin from Wisconsin Avenue to Carrol Street and Carroll street from West Washington Street to Mifflin Street .

## II. PURPOSE

- A. This emergency action plan predetermines actions to take before and during the "Jazz at Five Summer Concert Series" (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: Spencer Stanbery.

### 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 (ENTER CONTACT Spencer Stanbery 920-290-1266)
- 3. We ☐ will / ☒ will not have on-site Police or Security (ENTER CONTACT Spencer Stanbery 920-290-1266)

### 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 Spencer Stanbery 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 Spencer Stanbery 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 -
  - 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: Jazz at Five Volunteers.
6. Parking for vendor and staff vehicles will be: End of Carroll Street closest to stage.
7. Parking for attendee vehicles will be: None provided, attendees to use parking ramps and street parking around the city.

#### **V. CONTACT INFORMATION**

Primary Contact	Spencer Stanbery	920-290-1266
Secondary Contact	Ken Johnson	608-770-4542
Emergency	Dane County 911 Center	911
Non-Emergency	Madison Fire Department	(608) 266-4420
Non-Emergency	Madison Police Department	(608) 255-2345



JAZZATF-01

AMCLEAN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/09/2018

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).

PRODUCER Johnson Insurance Madison 525 Junction Road Madison, WI 53717	CONTACT NAME: PHONE (A/C, No, Ext): (800) 776-7055 FAX (A/C, No): (877) 254-8586 E-MAIL ADDRESS: info@johnsonins.com
INSURED  Jazz At Five 101 Nob Hill Rd Ste 100 Madison, WI 53713	INSURER(S) AFFORDING COVERAGE INSURER A : National Specialty Insurance INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES		CERTIFICATE NUMBER:		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	ADDLSUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:  <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY  <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A	X	A133535	05/01/2018	11/01/2018
					LIMITS EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability		A133540	05/01/2018	05/01/2019
A	Liquor Liability		A133540	05/01/2017	05/01/2018
					Each Common Cause Aggregate \$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) City of Madison has been listed as additional insured in regards to the general liability.					

CERTIFICATE HOLDER  City of Madison 215 Martin Luther King Jr Blvd Madison, WI 53701	CANCELLATION  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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ACORD 25 (2016/03)

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