

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:

Event Type:

Estimated Attendance:

Is this a new event:

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

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).
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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

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?:

Street Use Event Vending License

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

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.

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

No

Trash Barrels:

0

Recycling Barrels:

0

Dumpsters:

0

Electrical Adaptors:

0

Marketing

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

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

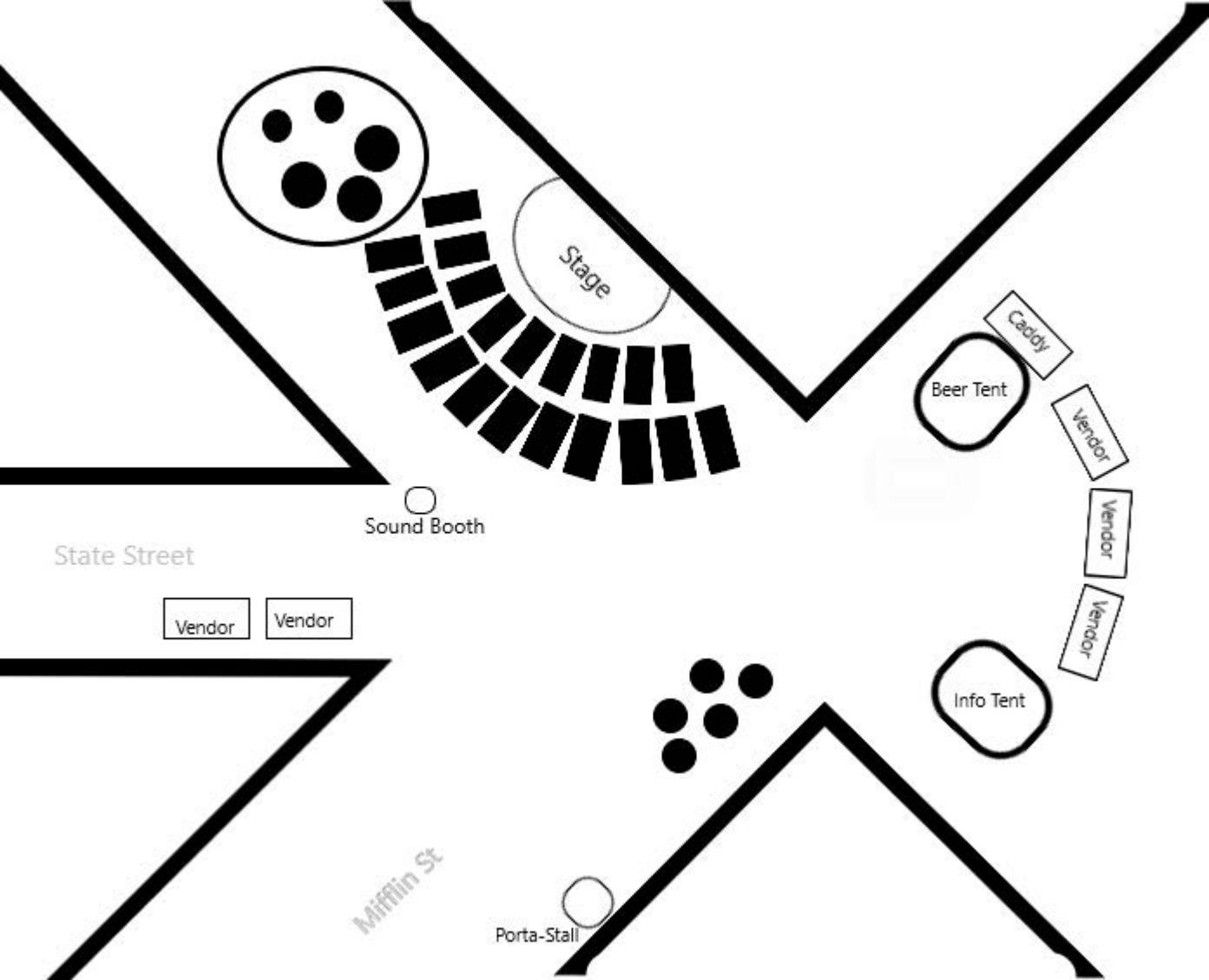
THE APPLICANT FOR A STREET USE PERMIT SHALL AGREE TO INDEMNIFY, DEFEND, AND HOLD THE CITY AND ITS EMPLOYEES AND AGENTS HARMLESS AGAINST ALL CLAIMS, LIABILITY, LOSS, DAMAGE, OR EXPENSE INCURRED BY THE CITY ON ACCOUNT OF ANY INJURY TO OR DEATH OF ANY PERSON OR ANY DAMAGE TO PROPERTY CAUSED BY OR RESULTING FROM THE ACTIVITIES FOR WHICH THE PERMIT IS GRANTED.

I have read the Acknowledgement:

Signature

Signature: Spencer Stanbery

Date: 06/03/2018



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

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 100th Block of State Street inculding East Mifflin from Wisconsin Avenue to Carroll 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 throughways.
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



JAZZA
CERTIFICATE OF LIABILITY INSURANCE

JAZZATF-01

AMCLEAN

DATE (MM/DD/YYYY)

05/09/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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: **info@johnsonins.com**
ADDRESS:

INSURED

Jazz At Five
101 Nob Hill Rd Ste 100
Madison, WI 53713

INSURER(S) AFFORDING COVERAGE	NAIC #
National Specialty Insurance	
INSURER A :	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

OVERDRAFTS 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 AND THAT THE POLICY TERM OR PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN IS THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. THIS SHOWN MAY HAVE BEEN PERTINENT FOR CLAIMS.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR	TYPE OF INSURANCE		ADD'L SUBR INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY		X		A133535	05/01/2018	11/01/2018	EACH OCCURRENCE \$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000		
GENL AGGREGATE LIMIT APPLIES PER:										
POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC		MED EXP (Any one person) \$ 0								
OTHER:		PERSONAL & ADV INJURY \$ 1,000,000								
		GENERAL AGGREGATE \$ 2,000,000								
		PRODUCTS - COMP/OP AGG \$ 2,000,000								
		\$								
AUTOMOBILE LIABILITY										
ANY AUTO		COMBINED SINGLE LIMIT (Ea accident) \$								
OWNED AUTOS ONLY		BODILY INJURY (Per person) \$								
HIRED AUTOS ONLY		BODILY INJURY (Per accident) \$								
NON-OWNED AUTOS ONLY		PROPERTY DAMAGE (Per accident) \$								
		\$								
UMBRELLA LIAB <input type="checkbox"/> OCCUR										
EXCESS LIAB		EACH OCCURRENCE \$								
<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		AGGREGATE \$								
		\$								
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY										
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>		Y / N	N / A	PER STATUTE OTH-ER						
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. EACH ACCIDENT \$						
		E.L. DISEASE - EA EMPLOYEE \$								
		E.L. DISEASE - POLICY LIMIT \$								
A	Liquor Liability			A133540	05/01/2018	05/01/2019	Each Common Cause	1,000,000		
A	Liquor Liability				A133540	05/01/2017	05/01/2018	Aggregate	1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										

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

CANCELLATION

**City of Madison
215 Martin Luther King Jr Blvd
Madison, WI 53701**

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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