

# PARK EVENT PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # \_\_\_\_\_ Date Submitted \_\_\_\_\_

## EVENT INFORMATION

Name of Event "Rigamortis" Movie Shoot

Event Organizer/Sponsor Rigamortis LLC

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

If Yes, provide State of Wisconsin Tax Exempt Number \_\_\_\_\_

Address 2526 N. Rockwell St #2

City/State/Zip Chicago, IL 60647

Primary Contact Matt Olson

FAX x

Work Phone 630 664 5987

Phone During Event 630 664 5987

E-mail Matto.cdp@gmail.com

Website www.Rigamortismovie.com

Secondary Contact Dave Dewes

Work Phone 219 775 6454

Phone During Event 219 775 6454

E-mail DavidJDewes@gmail.com

Annual Event?  Yes  No

Charitable Event?  Yes  No

If Yes, name of charity to receive donations: \_\_\_\_\_

Estimated Attendance 30 People (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification: Hours x to x  Yes  No

Park Requested Tenney Park

Shelter Reserved by Event Organizer  Yes  No

## EVENT DATE(S)/SCHEDULE

Date(s) of Event (including set-up and take-down) 10/6

Rain Date(s) 10/9

Event Start Date(s)/Time(s) 5:30pm-10pm

Set-Up Date(s)/Time for Event x

Event End Date(s)/Time(s) x

Take-Down Time x

Does this require time in the park the day before your event?  Yes  No

## APPLICATION SIGNATURE

The person/group named in this application will be responsible for the conduct of the group and for the condition of the reserved park area. This permit is subject to all Municipal Ordinances as defined by the City of Madison, in addition to all rules and regulations governing the City's Parks Division. The applicant agrees that during the use of the park facility, the sponsoring organization will not exclude anyone from participation in, deny anyone the benefits of, or otherwise subject anyone to discrimination because of the person's race, color, creed, national origin or handicap.

The applicant has read the Park Events Application packet. The applicant has included all of the appropriate permit applications and materials for this event.

I hereby certify to the best of my knowledge that the information and statements contained in this application are complete and true. I understand that failure to report components of this event/activity may result in the loss of deposit, revocation of permit and/or failure to secure future permits.

Signature Matt Olson Date 8/24/10