

# PARK EVENT PERMIT APPLICATION

## EVENT INFORMATION

Name of Event: The Super Run  
Park Requested: Brittingham Park Estimated Attendance: 500-800

## EVENT ORGANIZER/SPONSOR INFORMATION

Name of Organization: The Super Run  
Is Organizer/Sponsor a 501(c)3 non-profit agency?  Yes  No

MANDATORY: State Sales Tax Exemption Number: ES#: \_\_\_\_\_  
OPTIONAL: Federal Tax Exempt Number: \_\_\_\_\_

Primary Contact: Jasmin Walker Work Phone: 856-777-8737  
Address: 34029 Schoolcraft Rd. Phone During Event: 510-583-6367  
Livonia, MI 48150 FAX: \_\_\_\_\_  
Email: Locations@superflyrunning.com  
Organization or Event Website: TheSuperRun.com

## EVENT SCHEDULE

Date(s) of Event: Aug 13 Event Start and End Times: 9:00 am - 11:00 am  
Rain Date (if any): \_\_\_\_\_ Set-Up Start Time: 6:30 am  
Take-Down Start Time and End Times: 11:00 am - Noon

Does this require time in the park the day before your event?  Yes  No  
If Yes, provide details of times and area requested: We would like to mark the  
Are you requesting use of the park shelter? route the day before the event  Yes  No

## PERMITS

Will you have amplified sound at this event?  Yes  No  
(If Yes, please fill out an Amplification Permit Application.)  
Will you sell anything in the park?  Yes  No  
(If Yes, please fill out a Park Event Vending Permit Application.)  
Will you serve any food or beverage?  Yes  No  
If Yes, what: bananas, water bottles  
Will you sell beer/wine?  Yes  No  
(If Yes, please fill out a Beer/Wine Sales Permit Application.)  
Will you put up any temporary structures, such as tents, stages, inflatables?  Yes  No  
(If Yes, please fill out a Park Event Temporary Structure Permit Application.  
Note that permits are not required for 10' x 10' pop-up tents.)

## APPLICATION SIGNATURE

THE APPLICANT FOR A PARK EVENT PERMIT SHALL AGREE TO INDEMNIFY, DEFEND, AND HOLD THE CITY AND ITS OFFICERS, OFFICIALS, 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.

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.

Applicant Signature Jasmin Walker Date 3-16-16

UnityPoint Health - Meriter

Parkview/CHT Apartments

Proudfit St

Lorillard Ct

W Wilson St

N Shore Dr

W Washington Ave

Clark Ct

Brittingham Pl

Rodney Ct

Brittingham Bay

Monona Bay

John Nolen Dr

O'Sheridan St

Lawrence St

Clarence Ct

Lake Ct

Lakeside Coffee House

Wilson St

John Nolen Dr

Edgewater

S Park St

S Park St

La Hacienda

Donuts

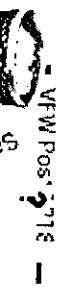
Bar-B-Que

Barriques - Park St

Brooks St

W Lakeside St

Taqueria Guadalupe



## Park Event Schedule

Aug 12, 2016: 10:00 a m (Flexible) Mark course route with signs

Aug 13, 2016: If course route has been marked the day before, set up will begin at 7:00 am.  
If course has not been marked, set up will begin at 6:00 am

7:30 am: Registration/ check in begins

8:00 am - 11:00 am Face painting and bouncy house play.

8:30 am : DJ announcements and music

9:00 am: Race time .

11:00 am: Race ends.

11:00 - 12:30 am: Clean up and vacate the premises

## PARK EVENT CLEANUP AND RECYCLING PLAN

- Each organization is responsible for cleanup of the event area. In accordance with Park Commission policies, a cleanup deposit of \$1,000 - \$3,000 may be required.
- Include plans for collection and disposal of materials during and after event - number and location of garbage/recycling containers and dumpsters; number/schedule of volunteers/staff assigned to collection and cleanup.
- If City containers are not used, please provide the name and contact information of the collection agency providing equipment and service for the event.
- Any group that leaves an area in a condition that requires special cleanup by City crews will be charged the full cost of cleanup.
- If you need assistance with your cleanup and recycling plan, please contact the City of Madison's Recycling Office, via email or at (608) 267-2626.

### ***Provide Detailed Trash/Recycling/Cleanup Plans:***

Will provide trash and recycling receptacles and will remove all debris from the area following the conclusion of the race and before we vacate the premises

# EMERGENCY ACTION PLAN (EAP)

## I. GENERAL

The "EVENT NAME" will be held MONTH DAY, YEAR at GENERAL LOCATION/ADDRESS/FACILITY TITLE.

## II. PURPOSE

- A. This emergency action plan predetermines actions to take before and during the "EVENT NAME" (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: FIRST/LAST NAME.

### 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 NAME & CELL PHONE NUMBER)
3. We  will /  will not have on-site Police or Security (ENTER CONTACT NAME & CELL PHONE NUMBER)

### 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 FIRST/LAST NAME 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 FIRST/LAST NAME 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: NAME.
- 6. Parking for vendor and staff vehicles will be: LOCATION(S).
- 7. Parking for attendee vehicles will be: LOCATION(S).

**V. CONTACT INFORMATION**

Primary Contact	FIRST/LAST NAME Heidi Fisher	313-506-2210	CELL PHONE
Secondary Contact	FIRST/LAST NAME Jasmin Walker	734-716-9965	CELL PHONE
Emergency	Dane County 911 Center		911
Non-Emergency	Madison Fire Department		(608) 266-4420
Non-Emergency	Madison Police Department		(608) 255-2345



# PARK EVENT TEMPORARY STRUCTURE PERMIT APPLICATION

Please refer to the Fee Schedule for permit costs.

Do you plan on using any temporary structures?

If Yes, please continue. If No, skip this form and do not submit it.

Yes  No

Event Name of Group: The Super Bunn

### ORGANIZER INFORMATION

Contact Person: Jasmin Walker

Address: 34029 Schoolcraft Rd. Livonia, MI 48150

Work Phone: 856-777-8737  
734-744-6175

Phone During Event: 540-583-6367

### EVENT INFORMATION

Event Name: The Super Bunn

Park Requested: Brittingham Park

Event Date: 7/23, Aug 13, or Aug 20

Number of People: 500

### TEMPORARY STRUCTURE INFORMATION

- What type of temporary structure do you plan to have?

TEMPORARY STRUCTURE	QUANTITY	SIZE AND/OR DIMENSION
Inflatable	1	12 x 14 standard size
Staging	<del>1</del>	
Tent	1	10 x 10
Trailer	<del>1</del>	
Other		

- Time duration this structure will be in the park: 7:00 am - noon

- Diggers Hotline Ticket Number: \_\_\_\_\_

(Please note: Diggers Hotline phone number is 811 or 1-800-242-8511.)

- Location of the structure in the park. You must attach a park map.

- Company installing the structure: TBD

- Do you or the tent installer have insurance to cover the placement of this structure for your event?  Yes  No

Temporary structures, such as tents, staging, trailers, inflatables, or promotional equipment will only be allowed in a park by obtaining a permit.

Please review the information on Step 13 for deadlines and necessary procedures.



# PARK EVENT VENDING PERMIT APPLICATION

A Park Event Vending Permit is required for anyone who sells anything in a City park. (MGO 8.17)

Do you have plans to sell anything in a City park?

If Yes, please continue. If No, skip this form and do not submit it.

Yes  No

Possibly

## EVENT ORGANIZER INFORMATION

Name of Group: The Super Bun

Contact Person: Jasmin Walker or Heidi Fisher

Address: 34029 Schoolcraft Rd. Livonia, MI 48150

Work Phone: 856-777-8737

Phone During Event: 540-583-6367

Today's Date: 3-16-16

## PRODUCT OR SERVICE SOLD

Please list every item sold or service provided. Attach an additional list, if necessary. Possibly. TBD

Food Item: Depends on who our sponsors are.

If selling food, please indicate your Temporary Restaurant License #: \_\_\_\_\_

Non-Food Item: \_\_\_\_\_

## DETAIL OF VENDOR SETUP

Please include what your vending site will contain (tables, tents, electricity, etc.):

Table and tent

## INSURANCE

All vendors must supply a certificate of insurance for product and premises insurance in the amount of \$1,000,000 in the aggregate naming the City of Madison as Additional Insured.

Insurance Company: \_\_\_\_\_

Insurance Policy No.: \_\_\_\_\_

## SIGNATURES

Vendor Signature \_\_\_\_\_

Date \_\_\_\_\_

## PERMIT TYPE

- Single Vendor \$275.00 for one day. \$50 for each additional day in a calendar year. (NT)
- Single Non-Profit Vendor (must provide ES#) \$75.00 for one day. \$25 for each additional day in a calendar year. (NT)
- Multiple Vendors\* (up to 7 vendors) \$845.00 for one day. \$50 for each additional day in a calendar year. (NT)

\* A permit for Multiple Vendors may be purchased by the Event Organizer and will cover up to 7 vendors. The Event Organizer's insurance must cover all vendors.

On the following page, please provide the list of vendors for your event.