

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: PARKS ALIVE
Event Organizer/Sponsor: DEPT. OF CIVIL RIGHTS, NRTS, MPL, CDD, Parks
Is Organizer/Sponsor a 501(c)3 non-profit agency? ☐ Yes ☒ No
MANDATORY: State Sales Tax Exemption Number: ES#: _____
OPTIONAL: Federal Tax Exempt Number: _____
Address: 210 Martin Luther King Blvd
City/State/Zip: MADISON
Primary Contact: TARLA SAGGAF Work Phone: 608-266-6352
Email: tsaggaf@cityofmadison.com Phone During Event: 608-886-8166
Website: _____ FAX: _____
Secondary Contact: MARY O'DONNELL Work Phone: 608-261-9122
Email: _____ Phone During Event: 608-219-1883
Annual Event? ☐ Yes ☐ No
Charitable Event? ☐ Yes ☒ No
If Yes, Name of charity to receive donations: _____
Estimated Attendance: 50-75 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)
Public Amplification? (not allowed after 11 p.m.): ☒ Yes ☐ No
Hours: _____ to SEE ATTACHED

EVENT CATEGORY

☐ Run/Walk ☐ Music/Concert ☐ Festival ☐ Rally ☐ Parking (i.e., bagging meters)
☒ Other: NEIGHBORHOOD GATHERING

LOCATION REQUESTED

☐ Capitol Square (note specific blocks below) ☐ State St. Mall/800 State Street
☐ 30 on the Square (aka top of 100 block of State Street) ☐ Other (specific blocks/streets requested below)
Street Names and Block Numbers: SEE ATTACHED

EVENT DATE(S)/SCHEDULE

Date(s) of Event: SEE ATTACHED Event Start and End Times: SEE ATTACHED
Rain Date (if any): _____ Set-Up Start Time: _____
Take-Down Start Time and End Times: _____
TAKE-DOWN TIME: START TO STREETS REOPENED

Will sponsor apply for temporary class B license to serve or sell beer/wine for this event?
If class B license is denied, will the event(s) occur?

☐ Yes ☒ No
☐ Yes ☐ No

_____ By initialing, I/we waive the 21-day decision requirement.

APPLICATION SIGNATURE

BY SIGNING THIS APPLICATION, THE "EVENT ORGANIZER/SPONSOR" LISTED ABOVE AGREES 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.

Applicant Signature _____

Date _____

Allied Park

Partners

-  Greeter Table
-  Food Cart #1
-  MSCR fit2go
-  Dream Bus
-  Art Cart
-  REAP
-  Clerks Office - Voter Reg.
-  Fire Lane Clearance

June 27th - 3:30pm - 830pm

July 11th - 4 - 730pm

July 25th - 3:30 - 830pm

Aug 8th - 4 - 8:30pm

NO PARKING REQUEST:
Gene Park Place (eastside of
street)

