



Temporary B License

City of Madison Clerk

210 MLK Jr Blvd, Room 103
Madison, WI 53703

licensing@cityofmadison.com
608-266-4601

Street Use: ☐ No ☒ **YES**
Office Use Only

(Agenda Item number) -if Street Use-

(Legistar file number) -if Street Use-

PERCPS-2023-00067
(License number)

2 403
(Alder District #) (Police Sector)
Office Use Only

- o Temporary Class "B" (beer) and "Class B" (wine) licenses are available to **bona fide clubs, chambers of commerce, churches, Lodges/Societies, Veteran's Organizations, and Fair Associations** only. Being a non-profit company is not enough.
- o You may get an unlimited number of temporary licenses for Beer, but **only two licenses for wine** each twelve months.
- o If your plans include using the street for your event, you will need a **Street Use Permit** and you must apply at least 60 days before your event.
- o At least one **licensed bartender** must be present.
- o **The fee** is \$10 for beer and/or wine per event – events may have consecutive days.

The named organization applies for:

☒ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s.125.26(6), Wis. Stats.

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

Organization

Pick one: ☒ Bona fide Club ☐ Chamber of Commerce ☐ Church
☐ Lodge/Society ☐ Veteran's Organization ☐ Fair Association

Organization Name: Madison Festivals, Inc. Phone: 608.276.9797

Address: 787 Lois Drive Email: events@madisonfestivals.com Website: http://www.madisonfestivals.com/
Sun Prairie, WI 53590

Date organized: _____ If a corporation, give date of incorporation: 04/05/1993

WI State Seller's Permit ID: _____

☐ We are not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats.

☐ We have been convicted of a violation of Chapter 38.

Organization Officers	Name	City, State	Birthdate
President	Sara Klemme	Sun Prairie, WI	[REDACTED]
Vice President	Elyse Smithback	Oregon, WI	
Treasurer	Mark Anderson	Madison, WI	
Secretary	Ashley Hein	Madison, WI	
Person in charge of event	Name Beth Salinger	Phone 312.925.6067	Email Beth@runmادتown.com

Event Information

Event Name: Run Madtown Event dates & time(s): May 27th (7pm - 9pm) May 28th (8am - 12pm)
Event Address: 700 Block State Street, Madison, WI Estimated Attendance: 2000 both days

Do the premises you want to license occupy *all* of the building/property? No No? Then please describe fully which parts of the property or building you want to be covered with this license. (Which section of the parking lot, which floor of the building, or which specific rooms in it. etc): _____

700 Block State Street, Madison, WI - see attached map

Explain the purpose and nature of the event: Run Madtown is an annual 5K, 10K, Half Marathon Running & Walking Event. The beer is part of the post race party festival

Describe your planned method of crowd control: City, UW police, barricades

How many security persons will you have on the licensed premises? 6

Will food be served? ☒ Yes ☐ No

Will a tent be used? ☐ Yes ☒ No

Will the street be used? ☒ Yes ☐ No

Will wine be served? ☒ No ☐ Yes: ____ of 2 per year

Wholesaler/distributor/brewery who will supply fermented malt beverage: Wisconsin Distributors

Quantities ordered: 65 Cases

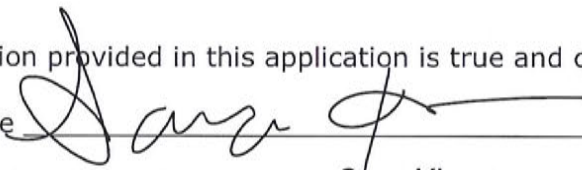
(If serving wine) Wholesaler/distributor/winery who will supply wine: N/A

Quantities ordered: N/A

Declaration

☒ The information provided in this application is true and correct to the best of my knowledge and belief.

Officer Signature



Date: 4/17/2023

Printed name of **Officer** who is signing: Sara Klemme



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/13/2023

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 Insurance Management Group 12730 Coldwater Road, Suite 103 Fort Wayne IN 46845		CONTACT NAME: Margaret Mayers PHONE (A/C, No, Ext): (260) 338-2925 E-MAIL ADDRESS: mmayers@insmgt.com FAX (A/C, No): (765) 664-0761	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : National Casualty Company	11991
		INSURER B : Nationwide Life Insurance Company	66869
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 2023 \$2M A.I. **REVISION NUMBER:**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Legal Liability to Participants \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Event Basis			KRO0000009333000	12/31/2022	12/31/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Abuse and Molestation \$ 500,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			KRO0000009333000	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Exces Medical & Accident \$250 Deductible/Claim)			BAX0000031991400	12/31/2022	12/31/2023	Excess Medical \$10,000 AD & Specific Loss \$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Madison and its park division, their officers, officials, agents and employees are NAMED AS AN ADDITIONAL INSURED AS RESPECTS TO THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 05/27-28/23 Run Madtown - Twilight 5K INSURED RRCA CLUB/EVENT MEMBER: Endurance Marketing Inc. ATTN: Beth Salinger, 20395 Windflower Ct., Mundelein IL 60060 ATTACHED: krgl56
Processed by RMV

CERTIFICATE HOLDER 05/27/23 City of Madison 210 Martin Luther King Jr Blvd, Rm 406 Madison WI 53703	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 <i>Gerry R. Diller</i>
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