STREET USE PERMIT APPLICATION
FOR OFFICE USE ONLY: Permit # Date Submitted
Name of Event Westerth Day Celebration Event Organizer/Sponsor_ Key Chagadia MCSD
Is Organizer/Sponsor a 501(c)3 non-profit agency? If Yes, provide State of Wisconsin Tax Exempt Number Address P. D. Bux 259806 City/State/Zip Yeddus W1 53735 Primary Contact Add Watherby Plwers Work Phone 60% 266 6577 Phone During Event 608 358-3870 FAX Phone During Event 608 368-3870 Website Secondary Contact MOYAL Address Wiscondary Contact MOYAL Addre
EVENT CATEGORY
☐ Run/Walk ☐ Music/Concert ☐ Festival ☐ Rally ☐ Parking (i.e., bagging meters) ☐ Other
LOCATION REQUESTED ☐ Capitol Square (note specific blocks below) ☐ Podium/700-800 State Street ☐ 30 on the Square (a.k.a. top of 100 block of State Street) ☐ Street Names and Block Numbers: DUCK, Funcy, Dane, Bound 144 (Capito Duble)
EVENT DATE(S)/SCHEDULE Date(s) of Event (including set-up, and take-down) 6/17-18/11 Event Start Date(s)/Time(s) 6/8/11 Daw Set-Up Date(s)/Time for Event 6-17-17 3pm-6 pm Event End Date(s)/Time(s) 6/8/11 Daw Take-Down Time: start to streets reopened APPLICATION SIGNATURE
I/We waive the 21-day decision requirement(PLEASE INITIAL)
Your signature below indicates that you have read and understand the instructions and guidelines for a community event. Further, the person/group named in this application will be responsible for the conduct of the group and for the condition of the reserved area. Falsification of information on the application will result in forfeiture of up to \$200 per falsified item.
In addition to the rules and regulations detailed in the permit application instructions and guidelines, Street Use Permits are subject to all applicable ordinances, statues and laws.
Signature Date