PARK EVENT PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit #_____ Date Submitted_____

EVENT INFORMATION

Name of Event: Concert in the Breese

Event Organizer/Sponsor: Madison Parks Foundation

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

If Yes, provide State of Wisconsin Tax Exempt Number: 33-1047992

Address: 1402 Wingra Creek Parkway

City/State/Zip: Madison, WI 53715

Primary Contact: Stephanie Franklin
Work Phone: 266-4339
FAX:
Phone During Event: 333-3369
E-mail: sfranklin@madisonparksfoundation.org
Website: www.madisonparksfoundation.org
Secondary Contact: Grant Frautschi
Work Phone:
Phone During Event: 444-2120
E-mail: president@madisonparksfoundation.org

Annual Event? ☑ Yes ☐ No
Charitable Event? ~~☑ Yes~~ ~~☐ No~~
If Yes, name of charity to receive donations: Madison Parks Foundation
Estimated Attendance: 1000 - 1,500
Public Amplification: Hours 6pm to 9pm (CERTIFICATE OF INSURANCE MAY BE REQUIRED) ☑ Yes ☐ No
Park Requested: Breese Stevens
Shelter Reserved by Event Organizer ☐ Yes ☐ No

EVENT DATE(S)/SCHEDULE

Date(s) of Event (including set-up and take-down): 7/8 - 7/9
Rain Date(s): —
Event Start Date(s)/Time(s): ~~Sepon 6th~~ 5pm
Set-Up Date(s)/Time for Event: 12pm
Event End Date(s)/Time(s): 9pm
Take-Down Time: 7/9 - 12pm
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: Stephanie Franklin Date: 4/21/14

PARK EVENT AMPLIFICATION PERMIT APPLICATION

By Ordinance, public amplification is not allowed in City Parks except by permission from the Parks Division. Permission for amplification does not exempt a group from Madison Ordinance noise restrictions. Please be considerate of park neighbors and other park users. When notifying the alderperson and neighborhood association (if necessary) about your event, be sure to include detailed information about any plans you have for amplified sound.

EVENT INFORMATION

Name of Event Concert in the Breese

Contact Person Stephanie Franklin Phone # During Event 266-4339/333-3369

Park Breese Stevens Date 7/8/14

TYPE OF AMPLIFIED SOUND

☑ Band ☐ DJ ☐ Sound System ☐ Speeches/Announcements ☐ Karaoke
☐ Other (please specify)

Times of Sound 6 pm to 9 pm (4-hour maximum)

EXCERPTS FROM APPLICABLE CITY ORDINANCES

8.29 PUBLIC ADDRESS SYSTEMS IN PARKS.

(1) No public address systems or sound amplification devices shall be used in any public park within the City of Madison except as permitted by this section. The Parks Superintendent may issue permits in accordance with this section. A permit shall not exempt the holder from the provisions of Sec. 24.08.
(3) The Superintendent may limit the hours of operation and the location within the park of any such system or equipment so as to insure the benefit of such system or equipment to the group seeking its use and to minimize any unreasonable interference with the peace and enjoyment of other users of the park and those adjacent to such park.
(5) The Police Department is authorized to require the discontinuance of any such system or equipment operating outside the prescribed hours or location.

24.08 NOISE REGULATION

(2) In the following zoning districts established under Chapter 28 of the Madison General Ordinances, the noise emitted from any source and measured at any point within any distance beyond fifty (50) feet of the property or public right-of-way where the noise is produced or beyond fifty (50) feet from the noise source when such exists on public property shall not exceed the amounts indicated in the following table:
SOUND PRESSURE LEVEL
R1, R2, R3, R4, R4A, R4L, Agriculture
Conservancy, Office Residence
7:00 p.m. to 7:00 a.m.—70 dBA
7:00 a.m. to 7:00 p.m.—75 dBA
R5, R6
All times—75 dBA

BEER / ALCOHOL SALES PERMIT APPLICATION

EVENT ORGANIZER INFORMATION

Name of Group Madison Parks Foundation

Contact Person Stephanie Franklin

Address 1402 Wingra Creek Pwy, Madison, WI 53715

Work Phone 266-4339 Home Phone

Today's Date 4/21/14

BEER SELLING PERMIT INFORMATION

Name of the Licensed Bartender

Security Company

Have you applied for the Temporary Class "B" Retailers License from the City Clerk's Office? ☐ Yes ☐ No
Indicate Application Date:

Have you submitted the Certificate of Insurance with a liquor liability naming the City of Madison additionally insured? ☐ Yes ☐ No
Indicate Application Date:

PERMIT COSTS

Beer/Alcohol Sales Permit ..... $450 per Event

PARK EVENT VENDING PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit #_____ Date Submitted_____ Vending Permit Type:_____ Site:_____

EVENT ORGANIZER INFORMATION

Name of Group Madison Parks Foundation

Contact Person Stephanie Franklin

Address 1402 Wingra Creek Pwy, Madison, WI 53715

Work Phone 266-4339 Home Phone_____

Today's Date 4/21/14

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

PRODUCT OR SERVICE SOLD

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

Food Item_____

If selling food, please indicate your Temporary Restaurant License #_____

Non-Food Item_____

Services_____

Lessons_____

DETAIL OF VENDOR SET-UP

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

_____

_____

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_____

Park Division Authorization_____ Date_____

PARKS VENDING PERMIT TYPE

- ☐ Daily $275.00 (NT)
- ☐ Annual $900.00 (NT)
- ☐ Special Event Vending Permit (up to 7 vendors) $840.00 (NT)

*An Umbrella Permit for a community event may be purchased by the Event Organizer and will cover up to 7 (seven) vendors. The Event Organizer must all cover these 7 vendors under the Event Organization's/Sponsor's insurance.

Date of Event 7/8/14 Park Breese Stevens

PARK EVENT MARKETING INFORMATION

Conditional approval of the event is required **before** promoting, marketing or advertising the event.

How will this event be marketed, promoted, or advertised? Social media, email, posters Madison Magazine, radio

Will there be live media coverage during the event and where will the media vehicles be parked?

PARKS DIVISION CALENDAR OF EVENTS

The City of Madison Parks Division provides a calendar of events on the internet, in a number of publications and at kiosks located throughout downtown. The information from your permit application is considered public and is used in developing the calendars.

Your event will only be included on the calendars if all permits and applications are approved 60 days in advance (for printed form of calendar) and 30 days in advance (for internet calendar) and your event is open to the public. If this section is not filled out, we will assume you do not want to be included on the calendars.

Official Name of Event Concert in the Breese 7/8/14 | Ice Cream Social 7/10/14

Park Location Breese Stevens

Public Contact Phone 266-4339 Website www.madisonparksfoundation.o

Admission Cost Ø

Date of Event 7/8/14 / 7/10/14 Beginning/End Time of Event 6-9pm / 6-8pm

Two sentence description of event (for internet calendar)
Free community concert in Breese Stevens
Ice Cream Social with Ice Cream from The Chocolate Shoppe. Band, kid zone and historical displays

EQUIPMENT RENTAL

To assist with your Community event, the Madison Parks Division rents some equipment for use by the Event Organization. The Event Organizer must have the ability to pick up and return all equipment from Park Maintenance Facilities.

Rented from Parks Division, but picked up by Event Organizer

- ☑ Trash Barrels # _____ barrels
- ☐ Key to Shelter and Gates - Refundable deposit required

Rented from Parks Division, dropped off and picked up by Parks Division

- ☐ Dumpsters # _____

Rented from Private Vendors

- ☑ Portable toilets

Vendor Name _____ How Many? _____
Date or Drop Off _____ Date of Removal _____

(Dates must be pre-approved by Parks Maintenance Supervisor.)

PARK EVENT PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit #_____ Date Submitted_____

EVENT INFORMATION

Name of Event: Ice Cream Social

Event Organizer/Sponsor: Madison Parks Foundation

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

If Yes, provide State of Wisconsin Tax Exempt Number: 33-1047992

Address: 402 Wingra Creek Parkway

City/State/Zip: Madison, WI 53715

Primary Contact: Stephanie Franklin
Work Phone: 266-4339
E-mail: sfranklin@madisonparksfoundation.org
Website: www.madisonparksfoundation.org
FAX:
Phone During Event: 333-3369

Secondary Contact: Grant Frautschi
Work Phone:
E-mail: president@madisonparksfoundation.org
Phone During Event: 444-2120

Annual Event? ☐ Yes ☑ No
Charitable Event? ☐ Yes ☑ No
If Yes, name of charity to receive donations:
Estimated Attendance: 500
Public Amplification: Hours 6:30 pm to 7:30 pm (CERTIFICATE OF INSURANCE MAY BE REQUIRED) ☑ Yes ☐ No
Park Requested: Olin Turville
Shelter Reserved by Event Organizer ☑ Yes ☐ No

EVENT DATE(S)/SCHEDULE

Date(s) of Event (including set-up and take-down): 7/10/14
Event Start Date(s)/Time(s): 6:00 pm
Event End Date(s)/Time(s): 8:00 pm
Rain Date(s): —
Set-Up Date(s)/Time for Event: 7/10/14
Take-Down Time: 8:00 pm
Does this require time in the park the day before your event? ☐ Yes ☑ No

APPLICATION SIGNATURE

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Signature: Stephanie Franklin Date: 4/21/14

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EVENT INFORMATION

Name of Event: Ice Cream Social

Contact Person: Stephanie Franklin

Phone # During Event: 266-4339 / 333-3369

Park: Olin-Turville Park

Date: ~~[illegible]~~ 7/10/14

TYPE OF AMPLIFIED SOUND

☑ Band ☐ DJ ☐ Sound System ☐ Speeches/Announcements ☐ Karaoke

☐ Other (please specify)

Times of Sound: 6:30 pm to 7:30 pm (4-hour maximum)

EXCERPTS FROM APPLICABLE CITY ORDINANCES

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R1, R2, R3, R4, R4A, R4L, Agriculture
Conservancy, Office Residence
7:00 p.m. to 7:00 a.m.—70 dBA
7:00 a.m. to 7:00 p.m.—75 dBA
R5, R6
All times—75 dBA

PARK EVENT VENDING PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit #_____ Date Submitted_____ Vending Permit Type:_____ Site:_____

EVENT ORGANIZER INFORMATION

Name of Group Madison Parks Foundation

Contact Person Stephanie Franklin

Address 1402 Wingra Creek Pwy, Madison, WI 53715

Work Phone 266-4339 Home Phone_____

Today's Date 4/21/14

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

PRODUCT OR SERVICE SOLD

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

Food Item Ice Cream

If selling food, please indicate your Temporary Restaurant License #_____

Non-Food Item_____

Services_____

Lessons_____

DETAIL OF VENDOR SET-UP

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

Ice Cream truck - refrigerated

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_____

Park Division Authorization_____ Date_____

PARKS VENDING PERMIT TYPE

- ☑ Daily $275.00 (NT)
- ☐ Annual $900.00 (NT)
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Date of Event 7/10/14 Park Olin-Turville