

STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

EVENT INFORMATION

Name of Event Great Midwest ~~Area~~ Marijuana Harvest Festival

Event Organizer/Sponsor GMMHF

Is Organizer/Sponsor a 501(c)3 non-profit agency?

☐ Yes ☒ No

If Yes, provide State of Wisconsin Tax Exempt Number _____

Address 1214 E Mifflin #2

City/State/Zip Madison WI 53703

Primary Contact Ruth Reifeis

FAX _____

Work Phone 608 423 6315

Phone During Event _____

E-mail rreifeis@gmail.com - PREFER to PHONE

Website _____

Secondary Contact _____

Work Phone _____

Phone During Event _____

E-mail _____

Annual Event?

☒ Yes ☐ No

Charitable Event?

☐ Yes ☒ No

If Yes, name of charity to receive donations: _____

Estimated Attendance 500 - 3000

(CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification (not allowed after 11 p.m.) Hours 11 am to 7 pm

☐ Yes ☐ No

EVENT CATEGORY

☐ Run/Walk

☐ Music/Concert

☒ Festival

☐ Rally

☒ Parking (i.e., bagging meters)

☐ Other * Possible to relocate licensed city food carts?

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)

☐ Other (specific blocks/streets requested below)

Street Names and Block Numbers: _____

EVENT DATE(S)/SCHEDULE

Date(s) of Event (including set-up and take-down) 10/3-4/2015

Rain Date(s) N/A

Event Start Date(s)/Time(s) 10/3 9am - 7:30pm

Set-Up Date(s)/Time for Event _____

Event End Date(s)/Time(s) 10/4 9am - 5pm

Take-Down Time _____

Take-Down Time: start to streets reopened

APPLICATION SIGNATURE

☒ I/We waive the 21-day decision requirement.

RR (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, statutes and laws.

Signature Ruth Reifeis

Date 4/20/15

STREET USE PERMIT APPLICATION – COMPLETE EVENT SCHEDULE

The schedule begins when event set-up starts, including set-up on sidewalks, terraces or parking and ends when the street is re-opened for normal use. The schedule should encompass all activities planned for the event, such as:

- Vending – Food, Beverages and/or Merchandise
- Music/Performances (may require Amplification Permit, see below)
- Displays, Exhibits, Demonstrations
- A moving event such as a Rally, Parade, etc.

EVENTS WITH AMPLIFICATION

If your event is to have sound amplification, include the time of amplification in your event schedule. You will also need to complete the Street Use Amplification Permit Application.

By Ordinance, public amplification is not allowed at street use events except with approval of the Street Use Staff Commission. Permission for amplification does not exempt a group from Madison Ordinance noise restrictions.

Sound on at 11 am 10/03 & 10/04
off at 7 pm 10/03 and 6 pm 10/04

PROVIDE DETAILED EVENT SCHEDULE:

10/3/15

9:30 Set up

11:00 Sound on

- Bands
- Speakers

7:00 pm - Sound off
site packed

10/4/15

9:30 Set up

11:00 Sound on

- Bands
- Speakers

Parade leaves 4:00 pm

6:00 Sound off site packed
stage removed

* We want to leave stage in place overnight 10/3 - 10/4

STREET USE PERMIT APPLICATION – EVENT SITE MAP

It is important that the event site map be as detailed and clear as possible. Include the following location information if applicable to your event:

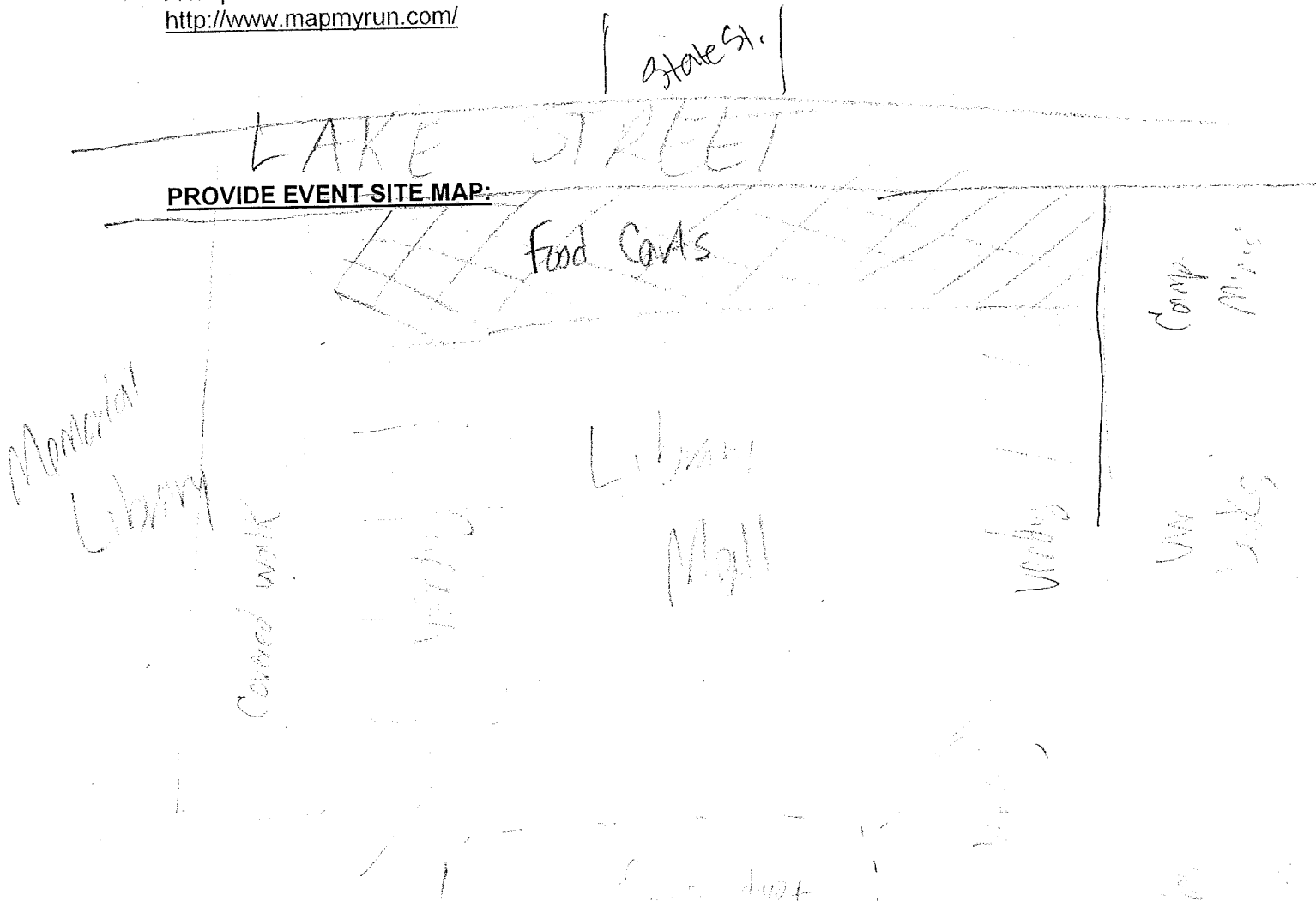
- Tents
- Stages
- Fencing
- Vendors
- Portable Toilets
- Dumpsters
- Staging Areas
- Remember to include:
- Emergency vehicle access lanes (minimum of 20').
- Accessible paths for wheelchairs as well as disabled parking spaces.

- We may use a
box trailer / stage rather
than a rental platform.

EVENTS INCLUDING A RUN, WALK OR PARADE

A detailed route map should also be provided if the street closure is for a run, walk, parade or other "moving activity." You will also need an Approved Parade Permit. You must fill out this on-line Parade Permit application. This Parade Permit is located on the Police website. Be sure to come back to THIS page (Step 4: Event Site Map) to continue your Street Use Application Process.

A helpful online resource for route mapping is Map My Run at <http://www.mapmyrun.com/>



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) Ruth Reifers 608 423 9315

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 <i>Ruth Reifers</i>	608-423-9315 CELL PHONE
Secondary Contact	FIRST/LAST NAME <i>Semilla Anderson</i>	608-225-5291 CELL PHONE
Emergency	Dane County 911 Center	911
Non-Emergency	Madison Fire Department	(608) 266-4420
Non-Emergency	Madison Police Department	(608) 261-9694