

STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

EVENT INFORMATION

Name of Event

Twentieth Day Celebration

Event Organizer/Sponsor

Kujichaulia Madison Center for Self Determination

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

☒ Yes ☐ No

If Yes, provide State of Wisconsin Tax Exempt Number

CES 049972

Address

P.O. Box 259800

City/State/Zip

Madison WI 53725

Primary Contact

Annie Weatherly Flowers

FAX

Work Phone

608 266-6572

Phone During Event

608 358-2872

E-mail

kujichaulia.twentiethday@gmail.com

Website

twentiethday.org

Secondary Contact

Jonathan Gramling

Work Phone

608 469-0009

Phone During Event

608 469-0009

E-mail

gramling@capitolcityhills.com

Annual Event?

☒ Yes ☐ No

Charitable Event?

☐ Yes ☒ No

If Yes, name of charity to receive donations:

Estimated Attendance 200

Public Amplification (not allowed after 11 p.m.) Hours

4:00 pm to 7:00 pm

(CERTIFICATE OF INSURANCE MAY BE REQUIRED)

☐ Yes ☐ No

EVENT CATEGORY

☐ Run/Walk

☐ Music/Concert

☒ Festival

☐ Rally

☐ Parking (i.e., bagging meters)

☒ Other

Parade

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:

700 block - State Capitol on West Washington
(right side east bound)

EVENT DATE(S)/SCHEDULE

Date(s) of Event (including set-up and take-down)

4:00 pm - 6:45

Rain Date(s)

None

Event Start Date(s)/Time(s)

4:00 pm

Set-Up Date(s)/Time for Event

Event End Date(s)/Time(s)

6:30 pm

Take-Down Time

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, statutes and laws.

Signature

Annie Weatherly Flowers

Date

4/21/15

Lamberty, Kelli

From: Mohr, Thomas
Sent: Wednesday, May 06, 2015 1:49 PM
To: Parade Permits; Lamberty, Kelli
Subject: RE: Parade Permit - Submission from the City of Madison website.

Yes.

-----Original Message-----

From: Parade Permits
Sent: Tuesday, May 05, 2015 6:14 PM
To: Lamberty, Kelli; Mohr, Thomas
Subject: FW: Parade Permit - Submission from the City of Madison website.

Is this being taken care of thru SU.

-----Original Message-----

From: jackie.hunt@journeymentalhealth.org [<mailto:jackie.hunt@journeymentalhealth.org>]
Sent: April 23, 2015 1:49 PM
To: Parade Permits
Subject: Parade Permit - Submission from the City of Madison website.

CONTACT INFORMATION

NAME: Jacquelyn Hunt
ADDRESS: 625 W Washington Ave Ave
CITY, STATE, ZIP: Madison, WI, 53703
PHONE: 608-628-7708
EMAIL: jackie.hunt@journeymentalhealth.org

ORGANIZATION INFORMATION

NAME: Kujichagulia MCSD
ADDRESS: P.O. Box 259806
CITY, STATE, ZIP: Madison, WI, 53725
PHONE: 608-284-8931

PARADE INFORMATION

PARADE TITLE: Juneteenth Day
DATE OF PARADE: 6/19/2015
DAY OF PARADE: Friday
PARADE TIME PERIOD: 4-5 p.m.
ASSEMBLY AREA: Brittingham Park
DISPERSAL AREA: State Capitol
PARADE ROUTE DESCRIPTION: East on W. Washington PERSONS (Approx.): 200
DESCRIPTION OF BANDS ETC.: 5 vehicles, no floats, 4 signs and 20 motorcycles.
DESCRIPTION OF GROUPS ETC.: Committee of community organizations and volunteers, Police, Parks plan the parade on an annual basis
PURPOSE OF PARADE: Celebration of African American Emancipation.

SIGNATURE: Annie Weatherby-Flowers