

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: INDIA DAY 2016
Event Organizer/Sponsor: ASSOCIATION OF INDIANS IN AMERICA (AIA)
Is Organizer/Sponsor a 501(c)3 non-profit agency? VIJAYA SHARMA / M.S. RAO ☒ Yes ☐ No
MANDATORY: State Sales Tax Exemption Number: ES#: _____
OPTIONAL: Federal Tax Exempt Number: _____
Address: 22nd E. HIFFLIN ST. SUITE 400, MADISON, WI 53703 IL 608 206 6909
City/State/Zip: MADISON WI
Primary Contact: VIJAYA SHARMA Work Phone: 608 239 3869
Email: MS.800@SYMPHONYCORP.COM Phone During Event: 608 239 3869 / 608 206 6909
Website: WWW.AIAMADISON.COM FAX: _____
Secondary Contact: M.S. RAO Work Phone: 608 661 7604 / 608 206 6909
Email: MS.800@SYMPHONYCORP.COM Phone During Event: 608 206 6909
Annual Event? ☒ Yes ☐ No
Charitable Event? ☐ Yes ☒ No
If Yes, Name of charity to receive donations: _____
Estimated Attendance: 150 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)
Public Amplification? (not allowed after 11 p.m.): ☒ Yes ☐ No
Hours: 10 AM to 2 PM

EVENT CATEGORY

☐ Run/Walk ☐ Music/Concert ☐ Festival ☐ Rally ☐ Parking (i.e., bagging meters)
☒ Other: CULTURAL EVENT

LOCATION REQUESTED

☒ Capitol Square (note specific blocks below) ☐ State St. Mall/800 State Street
☐ 30 on the Square (aka top of 100 block of State Street) ☐ Other (specific blocks/streets requested below)

Street Names and Block Numbers: 100 BLOCK OF MLK JR. BLVD.

EVENT DATE(S)/SCHEDULE

Date(s) of Event: 08 / 13 / 16 Event Start and End Times: 08/13/16 7AM TO 2PM
Rain Date (if any): Not Applicable Set-Up Start Time: 7AM
Take-Down Start Time and End Times: 1PM - 3PM
TAKE-DOWN TIME: START TO STREETS REOPENED

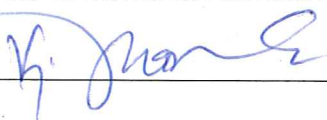
Will sponsor apply for temporary class B license to serve or sell beer/wine for this event? ☐ Yes ☐ No
If class B license is denied, will the event(s) occur? ☐ Yes ☐ No

☒ By initialing, I/we waive the 21-day decision requirement.

APPLICATION SIGNATURE

BY SIGNING THIS APPLICATION, THE "EVENT ORGANIZER/SPONSOR" LISTED ABOVE AGREES TO INDEMNIFY, DEFEND, AND HOLD THE CITY AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS HARMLESS AGAINST ALL CLAIMS, LIABILITY, LOSS, DAMAGE, OR EXPENSE INCURRED BY THE CITY ON ACCOUNT OF ANY INJURY TO OR DEATH OF ANY PERSON OR ANY DAMAGE TO PROPERTY CAUSED BY OR RESULTING FROM THE ACTIVITIES FOR WHICH THE PERMIT IS GRANTED.

Applicant Signature



Date

08/20/16

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.

PROVIDE DETAILED EVENT SCHEDULE:

7:00 AM – Street Block
– Setup Tents

10:00 AM – Music for Entertainment
Food & Tattoos
Displays

11:00 AM – 1:00 PM – Dance Performance by Kite

1:00 PM – 2:00 PM – Take down

2:00 PM – Street open

CAPITAL BUILDING										West Main Street										East Doty Street										Monona Terrace																																																																																																													
Farmer's										Market										Starbucks										US Post Office										City Hall																																																																																																			
1										2										3										4										5										6										7										8																																																																					
BMO Harris Bank																																																																																																																																											

Stall Details			
1. Creative Concepts (Handicrafts)	7. ASHA/IMCOW (Non-Profit)	13. Reserved	
2. Unique Collections (Apparels)	8. Art of Living (Non-Profit)	14. Custom Made Beaded Jewelry	
3. WITS (Non-Profit)	9. Arts & Crafts (Non-Profit)	15. Water/Beverages stall	
4. AHA (Non-Profit)	10. MOM (Non-Profit)	16. Taj Indian Restaurant	
5. Symphony Corp (Business)	11. Henna/Mehandi		
6. Reserved	12. Reserved		

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)

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 VIJAY SHARMA	CELL PHONE 608 239 38 69
Secondary Contact	FIRST/LAST NAME M.S. RAO	CELL PHONE 608 266 6909
Emergency	Dane County 911 Center	911
Non-Emergency	Madison Fire Department	(608) 266-4420
Non-Emergency	Madison Police Department	(608) 255-2345

STREET USE PERMIT APPLICATION – TRASH AND RECYCLING PLAN

Include plans for collection and disposal of materials during and after event - number and location of garbage/recycling containers and dumpsters; number/schedule of volunteers/staff assigned to collection and clean up.

City containers are available for use:

Trash or recycling barrels, minimum of 8 @ \$12.50 each = \$100

If City containers are not used, please provide name of collection agency providing equipment and service for the event.

Any group that leaves the area in a condition that requires special clean up by park crews will be charged the full cost of clean-up.

If you need assistance with your recycling plan, please contact the City of Madison's Recycling Office, via email or at (608) 267-2626.

DETAIL TRASH AND RECYCLING PLAN:

- We'll use city trash & recycle barrels
- We'll have at least 2 to 4 volunteers working on replacing bags in the trash & recycle bins.

STREET EVENT AMPLIFICATION PERMIT APPLICATION

Permit fee is \$100.00.

Permission for amplification does not exempt a group from Madison Ordinance noise restrictions. Please be considerate of neighboring residents and businesses. 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.

Do you have public amplification planned for your event?
If Yes, please continue. If No, skip this form.

☒ Yes ☐ No

EVENT INFORMATION

Name of Event: INDIA ~~EVENT~~ DAY 2016

Contact Person: ASSOCIATION OF INDIANS IN AMERICA (AIA) / VIJAY SHARMA / M.S. RAO

Location: 22nd E. HIFFLIN ST. SUITE 400 Date: _____

Type of Amplified Sound:

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

☐ Other (please specify): _____

Hours of Amplification:

Date: 08/13/2016

Time: 10 AM - 1 PM.

STREET EVENT VENDING LICENSE APPLICATION

- ☐ 1-25 Vendors\$400.00
☐ 26-100 Vendors\$675.00
☐ 101-300 Vendors\$975.00
☐ 301 or more Vendors\$1,700.00

EVENT INFORMATION

Name of Event: _____

Event Organizer/Sponsor: _____

Address: _____

City/State/Zip: _____

Date(s) of Event: _____ Rain Date(s): _____

Primary Contact: _____

E-mail: _____

Work Phone: _____ Phone During Event: _____

Vendor Name	WI State Seller's Permit #
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