### STREET USE PERMIT APPLICATION

EVENT INFORMATION						
Name of Event: Abendeen Move - In						
Event Organizer/Sponsor: Abendeen Apts	/ Kelly Witkins					
Is Organizer/Sponsor a 501(c)3 non-profit agency?  MANDATORY: State Sales		s 🖾No				
Address: 43/ W. Gorham St.	x Exempt Number:					
City/State/Zip: Madison WI 53703	3					
Primary Contact: Kelly Witkins	Work Phone: <u>608-251-2069</u>	, \				
Email: Kelly @ the Aberdeen Apartments.com	Phone During Event: <u>(408-843-5(06</u>	<u> </u>				
Website: www. Aberdeen Apts. net	FAX: NA					
Secondary Contact: Justin Witkins	Work Phone: 1608-843-5063 (cell)	***************************************				
Email:	Phone During Event: Same.					
Annual Event?	⊠Ye	s 🗌 No				
Charitable Event?  If Yes, Name of charity to receive donations:	☐ Ye	s 🗷 No				
	CERTIFICATE OF INSURANCE MAY BE	REQUIRED)				
Estimated Attendance: 100 - 150 people total Public Amplification? (not allowed after 11 p.m.):	yey.	s XNo				
Hours:to						
EVENT CATEGORY						
□ Run/Walk     □ Music/Concert     □ Festival       □ Other:     □	☐ Rally	g meters)				
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: 400 block ô	f West gorham St lodd side	: See may				
EVENT DATE(S)/SCHEDULE						
Date(s) of Event: 8/18, 8/19, 8/20	Event Start and End Times: 8 Am					
Rain Date (if any): NONe.	Set-Up Start Time: 1:45 AM					
	Take-Down Start Time and End Times: 5 PM TAKE-DOWN TIME: START TO STREETS	REOPENED				
Will sponsor apply for temporary class B license to serve or If class B license is denied, will the event(s) occur?	sell beer/wine for this event?					
By initialing, I/we waive the 21-day decision require	ment.					
APPLICATION SIGNATURE						
BY SIGNING THIS APPLICATION, THE "EVENT ORGANIZER/SPONSOR CITY AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS HAF EXPENSE INCURRED BY THE CITY ON ACCOUNT OF ANY INJURY TO CAUSED BY OR RESULTING FROM THE ACTIVITIES FOR WHICH THE	RMLESS AGAINST ALL CLAIMS, LIABILITY, LOSS, DAMAGE, ( ) OR DEATH OF ANY PERSON OR ANY DAMAGE TO PROPEI	OR				
Applicant Signature My Nitkins	Date <u>6/28/16</u>					

Aberdeen Move-in 8/18-8/19 437 W. Forham St.

#### STREET USE PERMIT APPLICATION CHECKLIST

#### STREET USE PERMIT APPLICATION CHECKLIST

16	ase check below to indicate that you have attached the following, as applicable, to the completed application:					
×.	Complete Event Schedule Event Site Map Route Map Safety and Security Plan Notification Schedule					
	Indicate here the date(s) the alder, businesses and residents will be notified of the event.					
	Yes, I have attached a copy of the notification flyer, letter or poster.  Certificate of Insurance (if required by City Risk Manager)  Recycling Plan					
]	Application fee of \$150 for one- time/one-day events, \$100 for one-time/two plus day events and \$150 for serial events - made payable to 'City Treasurer.'					
STREET USE EVENT PERMITS						
۱q	plications included in this packet and at www.cityofmadison.com/parks					
	Amplification Permit Beer/Alcohol Selling Permit Street Use Event Vending License					
40	DDITIONAL PERMIT REQUIREMENTS					
nu	ent Organizers are responsible for obtaining all permits that the City of Madison requires for Community events. You st include all pertinent information before this application will be reviewed by staff. Please indicate which permits you required to have for your planned event and the date you applied for the permits.					
]	Temporary Restaurant Permit - required if food or beverages, other than prepackaged items, will be sold or served at an event. A permit application is available online at <a href="http://www.publichealthmdc.com/environmental/food/documents/TempRestApp.pdf">http://www.publichealthmdc.com/environmental/food/documents/TempRestApp.pdf</a> or you may pick up an application at the City Clerk's Office, at 210 MLK Blvd, Room 103, (608) 266-4601.  Date Temporary Restaurant Permit Application Submitted					
_	Parade Permit - may be required of a run, walk or bike ride event. From Traffic Engineering & the Police Department, <a href="https://www.cityofmadison.com/transportation/forms/paradePermit.cfm">https://www.cityofmadison.com/transportation/forms/paradePermit.cfm</a> Date Parade Permit Application Submitted					
	Temporary Class "B" Retailers License - required if your event will be selling beer/alcohol. You may pick up an application at the City Clerk's Office, at 210 MLK Blvd, Room 103, (608) 266-4601, <a href="https://www.cityofmadison.com/clerk">www.cityofmadison.com/clerk</a> .  Date Class "B" Permit Application Submitted					

#### Street Use Permit Application Event Schedule

Aberdeen Apartments 437 W. Gorham Street

Requested Dates: 8/18, 8/19, and 8/20

Move-in street use in front of 437 W. Gorham Street. We are requesting street use on 8/18 from 7 AM – 5 PM, 8/19 from 8 AM – 5 PM, and 8/20 from 8 AM – 3 PM.

Move in at the Aberdeen is by appointment only due to limited space. Appointments begin a half hour after requested street use start time and will end a half an hour prior to requested end times noted above.

Aberdeen Staff and Owners will be present directing traffic in and out of the spaces at all times. Staff will be identified with fluorescent yellow vests.

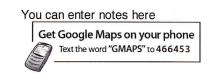
We would like to park up to 3 vehicles in the street at one time. We will use this space primarily for those with U-Haul trucks or vehicles with trailers, which our parking lot is unable to accommodate. There will not be an overlap or vehicles waiting to park in the designated street space. Appointments for the use of this space will be staggered to allow each vehicle time to vacate the space prior to the next appointment arriving.

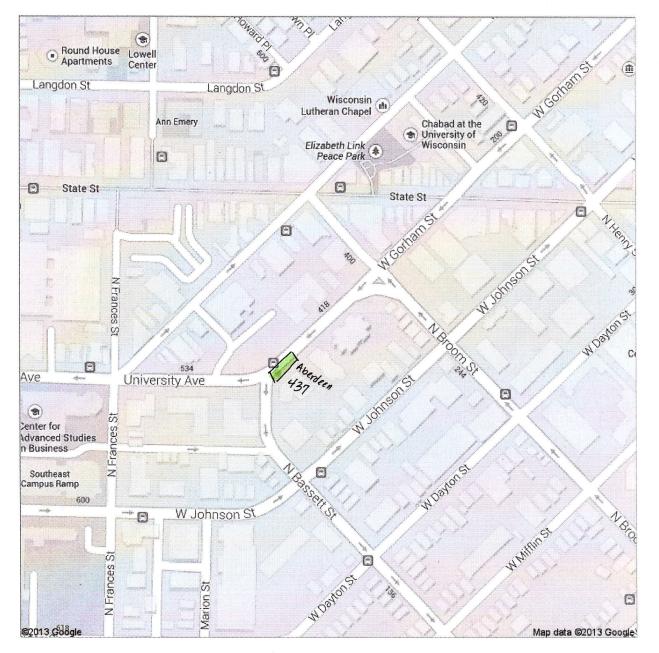
Please contact Kelly Witkins with questions or if it is requested that I attend a meeting to discuss the Street Use Permit at 608-843-5661 or Kelly@theaberdeenapartments.com.

Thank you for you time and consideration.

Klly Witkins

# Google





Return completed certificate to: City of Madison Risk Management Attn: Risk Manager 210 Martin Luther King, Jr. Blvd., Rm. 406 Madison, WI 53703-3345 608-267-8705 (FAX) 608-266-5965 (PHONE) This Form Must be Completed in its Entirety

## Certificate of Insurance

-To-City of Madison Madison, Wisconsin



This certifies to the Municipality the following described Policies have been issued to the insured named below and are in force at this time.

Name of Insured_ Aberdeen LLC								
Address 437 W Gor	rham St, Madison, WI 53	3703						
This certificate is furnished to the I Description of operations insured.	Municipality to induce the Mu 437 W Gorham St Madison V	nicipality to take offic VI 53703	al action and may be relied upon by	the Municipality.				
Policies and Insurers	Li	Limits		Policy Period				
Commercial General Liability	Each Occurrence	\$ 1,000,	000 CPS2248532	8/1/16 to 8/1/17				
Scottsdale	Aggregate	\$ 2,000,		0,1,10 10 0,1,11				
(Insurer)				}				
Business Auto Liability	Coverage Symbol							
	Combined Single Limit	\$						
(Insurer)								
Umbrella Liability	Occurrence/Aggregate	\$						
	Retention	\$						
(Insurer)								
Worker's Compensation	Employer's Liability	\$						
(I)	Statutory (states)							
(Insurer)	P. Cl.: (0.1							
Professional/Other Liability	Per Claim/Other	\$						
(Insurer)	Aggregate	\$						
(Histier)								
The following coverages or con	ditions are in effect: (MUS	T BE ANSWERED	"YES" FOR APPROVAL)	<u>YES</u> NO				
The Municipality, its officials, and	The Municipality, its officials, and employees are named on the Commercial General Liability policy(ies) described above as additional insured as respects:							
(a) activities performed for the Municipality by or on behalf of the insured,								
(b) products and completed operations of the Named Insured, and								
(c) premises owned, leased or used by the Named Insured								
The undersigned will mail to the Municipality a written notice within 30 days of cancellation or reduction of coverage or limits.								
Contractual Liability Coverage app	lying to this Contract							
This certificate is not a policy and	does not amend, extend, or	alter the coverage affor	orded by the policies listed herein.	Not withstanding any requirements,				
terms or conditions of any contractor	or other document with respec	ct to which this certific	ate of insurance may be issued or ma	ay pertain, the insurance afforded by				
the policies described herein is subj	ject to all the terms, exclusion	s and conditions of suc	n policies.					
Gervasi Insurance Agency			David Gervasi					
Agency or Brokerage			Name of Contact Person					
7818 Big Sky Dr Ste 119 Ma	dison, WI 53719		08-827-6994	608-827-5568				
Address/City/State/Zip Code			Telephone Number	FAX Number				
Scottsdale								
Ansurance Company								
6-27-2016								
Authorized Signature*	$\supset$		Date					

<sup>\*</sup>NOTE: Authorized signature may be the agent's if the agent has placed insurance through an agency agreement with the insurer. If the insurance is brokered, the authorized signature must be that of official insurance.