

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Aberdeen Move-In
Event Organizer/Sponsor: Aberdeen Apts / Kelly Witkins
Is Organizer/Sponsor a 501(c)3 non-profit agency? ☐ Yes ☒ No
MANDATORY: State Sales Tax Exemption Number: _____ ES#: _____
OPTIONAL: Federal Tax Exempt Number: _____
Address: 437 W. Gorham St.
City/State/Zip: Madison WI 53703
Primary Contact: Kelly Witkins Work Phone: 608-251-2069
Email: Kelly@theAberdeenApartments.com Phone During Event: 608-843-5661 (cell)
Website: www.AberdeenApts.net FAX: N/A
Secondary Contact: Justin Witkins Work Phone: 608-843-5663 (cell)
Email: _____ Phone During Event: Same.
Annual Event? ☒ Yes ☐ No
Charitable Event? ☐ Yes ☒ No
If Yes, Name of charity to receive donations: _____
Estimated Attendance: 100 - 150 people total each day. (CERTIFICATE OF INSURANCE MAY BE REQUIRED)
Public Amplification? (not allowed after 11 p.m.): ☐ Yes ☒ No
Hours: _____ to _____

EVENT CATEGORY

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

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 of West Gorham St (odd side: see map)

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: 7:45 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 sell beer/wine for this event? ☐ Yes ☒ No
If class B license is denied, will the event(s) occur? ☐ Yes ☒ No

KW 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 Kelly Witkins Date 6/28/16

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

STREET USE PERMIT APPLICATION CHECKLIST

STREET USE PERMIT APPLICATION CHECKLIST

Please 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

Applications included in this packet and at www.cityofmadison.com/parks

- ☐ Amplification Permit
- ☐ Beer/Alcohol Selling Permit
- ☐ Street Use Event Vending License

ADDITIONAL PERMIT REQUIREMENTS

Event Organizers are responsible for obtaining all permits that the City of Madison requires for Community events. You must include all pertinent information before this application will be reviewed by staff. Please indicate which permits you are 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 <http://www.publichealthmdc.com/environmental/food/documents/TempRestApp.pdf> 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, <https://www.cityofmadison.com/transportation/forms/paradePermit.cfm>
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, www.cityofmadison.com/clerk.
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@theabernapartments.com.


Thank you for you time and consideration.

A handwritten signature in black ink that reads "Kelly Witkins". The signature is written in a cursive, flowing style.



You can enter notes here

Get Google Maps on your phone

Text the word "GMAPS" to 466453



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 Gorham St, Madison, WI 53703

This certificate is furnished to the Municipality to induce the Municipality to take official action and may be relied upon by the Municipality.
 Description of operations insured. 437 W Gorham St Madison WI 53703

Policies and Insurers	Limits	Policy Number	Policy Period
Commercial General Liability	Each Occurrence \$ 1,000,000	CPS2248532	8/1/16 to 8/1/17
Scottsdale	Aggregate \$ 2,000,000		
(Insurer)			
Business Auto Liability	Coverage Symbol		
	Combined Single Limit \$		
(Insurer)			
Umbrella Liability	Occurrence/Aggregate \$		
	Retention \$		
(Insurer)			
Worker's Compensation	Employer's Liability \$		
	Statutory (states)		
(Insurer)			
Professional/Other Liability	Per Claim/Other \$		
	Aggregate \$		
(Insurer)			

The following coverages or conditions are in effect: (MUST BE ANSWERED "YES" FOR APPROVAL).....YES NO

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..... ☒ ☐

Products and completed operations. ☒ ☐

The undersigned will mail to the Municipality a written notice within 30 days of cancellation or reduction of coverage or limits..... ☒ ☐

Contractual Liability Coverage applying to this Contract ☒ ☐

This certificate is not a policy and does not amend, extend, or alter the coverage afforded by the policies listed herein. Notwithstanding any requirements, terms or conditions of any contractor other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

Gervasi Insurance Agency

Agency or Brokerage

7818 Big Sky Dr Ste 119 Madison, WI 53719

Address/City/State/Zip Code

Scottsdale

Insurance Company

Authorized Signature*

David Gervasi

Name of Contact Person

608-827-6994

Telephone Number

608-827-5568

FAX Number

6-27-2016

Date

*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.