STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Uncommon Madison Move in Day

Event Organizer/Sponsor: Uncommon Madison

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: 110 North Bedford St.

City/State/Zip: Madison, WI 53715

Primary Contact: Kelly Williams

Work Phone: 608-350-1351

Email: Kelly.Williams@uncommonmadison.com

Phone During Event: 573-823-9773

Website: www.uncommonmadison.com

FAX: _____

Secondary Contact: _____

Work Phone: _____

Email: _____

Phone During Event: _____

Annual Event? ☐ Yes ☒ No

Charitable Event? ☐ Yes ☐ No

If Yes, Name of charity to receive donations: _____

Estimated Attendance: 250 (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: 600 Block of West Mifflin Street and 100 Block of North Bedford

EVENT DATE(S)/SCHEDULE

Date(s) of Event: 8/12/16-8/13/16

Event Start and End Times: 9am-8pm

Rain Date (if any): _____

Set-Up Start Time: 8am

Take-Down Start Time and End Times: 9pm

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

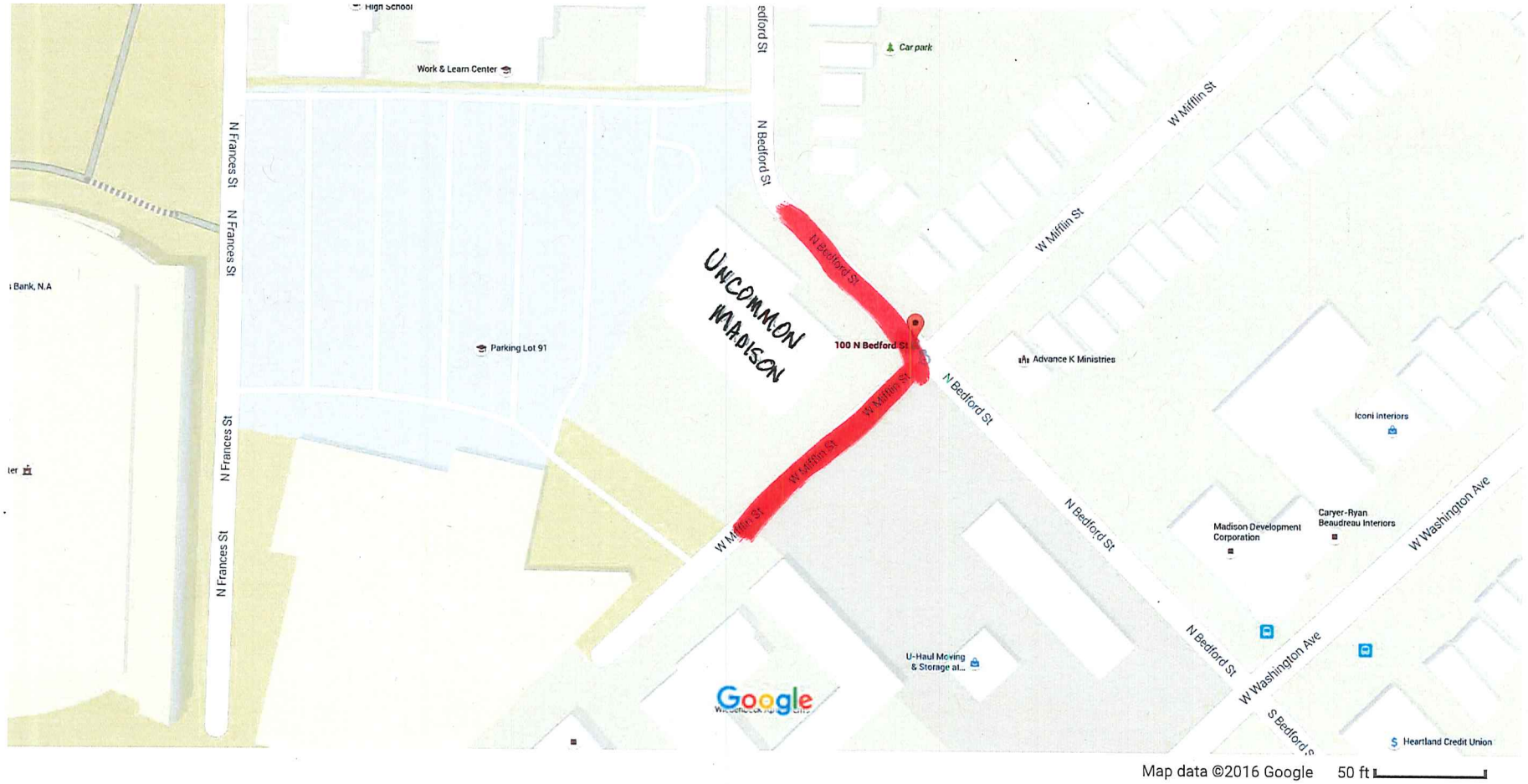
KW By initialing, I/we waive the 21-day decision requirement.

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 Williams Date 07/12/16

Google Maps 100 N Bedford St



100 N Bedford St
Madison, WI 53703

CLOSURE