

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Picnic in the Park

Event Organizer/Sponsor: Events Essentials and the Madison Parks Foundation

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

☒ Yes ☐ No

MANDATORY: State Sales Tax Exemption Number:

ES#:

050153

OPTIONAL: Federal Tax Exempt Number:

33-1047992

Address: 1402 Wingra Creek Parkway

City/State/Zip: Madison WI 53715

Primary Contact: Stephanie Franklin

Work Phone: 263-4339

Email: SFranklin@cityofmadison.com

Phone During Event: 333-3369

Website: _____

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: 300

(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: Donor 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: MARSTON AVE

EVENT DATE(S)/SCHEDULE

Date(s) of Event: October 22, 2016

Event Start and End Times: October 22 - 4 pm - 10 pm

Rain Date (if any): _____

Set-Up Start Time: _____

Take-Down Start Time and End Times: _____

TAKE-DOWN TIME: START TO STREETS REOPENED

Stephanie Franklin 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 Stephanie Franklin

Date _____

