

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Winter Solstice
Event Organizer/Sponsor: Friends of Starkweather Creek and SASV Neighborhood Assoc.
Is Organizer/Sponsor a 501(c)3 non-profit agency? Yes No
MANDATORY: State Sales Tax Exemption Number: ES#: 200823874
OPTIONAL: Federal Tax Exempt Number: _____
Address: 3122 Lakeland Ave
City/State/Zip: Madison WI 53704
Primary Contact: Betty Churning Work Phone: 263-4878
Email: Betty.Churning@wisc.edu Phone During Event: 239-9426
Website: _____ FAX: _____
Secondary Contact: _____ Work Phone: _____
Email: _____ Phone During Event: _____
Annual Event? Yes Yes No
Charitable Event? Yes No
If Yes, Name of charity to receive donations: _____
Estimated Attendance: 200 (?) (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: Lakeland in Olbrich Park

EVENT DATE(S)/SCHEDULE

Date(s) of Event: 21 Dec. 2016 Event Start and End Times: 4 - 9:30^{10:00} PM
Rain Date (if any): _____ Set-Up Start Time: 12 PM
Take-Down Start Time and End Times: 9:30-10 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

_____ 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 Betty Churning Date 11/10/16