

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Eagle and Friends

Event Organizer/Sponsor: Wisconsin Veterans Museum and Schlitz Audubon Society

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

☒ Yes ☐ No

MANDATORY: State Sales Tax Exemption Number:

ES#: 40707

OPTIONAL: Federal Tax Exempt Number:

Address: 30 W Mifflin St, Ste 200

City/State/Zip: Madison, WI 53703

Primary Contact: Erin Hoag

Work Phone: 608-264-7663

Email: erin.hoag@dva.wisconsin.gov

Phone During Event: 608-219-0032

Website: wisvetsmuseum.com

FAX: _____

Secondary Contact: Kevin Hampton

Work Phone: 608-261-5409

Email: kevin.hampton@dva.wisconsin.gov

Phone During Event: _____

Annual Event?

☐ Yes ☒ No

Charitable Event?

☐ Yes ☒ No

If Yes, Name of charity to receive donations: _____

Estimated Attendance: 150-200

(CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification? (not allowed after 11 p.m.):

☒ Yes ☐ No

Hours: 2:30pm to 3:30pm

EVENT CATEGORY

☐ Run/Walk

☐ Music/Concert

☐ Festival

☐ Rally

☐ Parking (i.e., bagging meters)

☒ Other: Family-friendly program

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: _____

EVENT DATE(S)/SCHEDULE

Date(s) of Event: 9/16/2017

Event Start and End Times: 2:30pm-4pm

Rain Date (if any): _____

Set-Up Start Time: 2-2:30pm

Take-Down Start Time and End Times: 4-4:30pm

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



Date

11/27/2017