

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Equinox 3420 West Gorham Campus Move Ins.

Event Organizer/Sponsor: Madison Property

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: 1202 Regent St

City/State/Zip: Madison, VT 53715

Primary Contact: Lindsey Kramer Work Phone: 608-268-4981

Email: lindsey@madisonproperty.com Phone During Event: 608-212-7866

Website: www.madisonproperty.com FAX: 608-255-9656

Secondary Contact: Lynette Childs Work Phone: 608-354-9841

Email: lynette@madisonproperty.com Phone During Event: _____

Annual Event? ☒ Yes ☐ No

Charitable Event? ☐ Yes ☒ No

If Yes, Name of charity to receive donations: _____

Estimated Attendance: 300-500 (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: Lane Blockage

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 & 300 Block Brown St

EVENT DATE(S)/SCHEDULE

Date(s) of Event: 8/15/17 Event Start and End Times: 10AM/5pm

Rain Date (if any): " " Set-Up Start Time: _____

Take-Down Start Time and End Times: 4:30/5:00pm

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: Lindsey Kramer Date: _____

STREET USE PERMIT APPLICATION CHECKLIST

REQUIRED STREET EVENT DOCUMENTS

Please check below to indicate that you have attached the following to the completed application:

- | | |
|---|--------------|
| <input checked="" type="checkbox"/> Street Event Schedule | (Step 3) |
| <input checked="" type="checkbox"/> Street Event Site Map | (Step 4) |
| <input type="checkbox"/> Emergency Action Plan | (Step 5) |
| <input type="checkbox"/> Street Event Cleanup and Recycling Plan | (Step 6) |
| <input checked="" type="checkbox"/> Street Use Permit Application | (Final Step) |
| <input checked="" type="checkbox"/> Application Fee | (Final Step) |

Date(s) the alder, businesses and residents will be notified of the event:

ADDITIONAL DOCUMENTS THAT MAY BE REQUIRED

- | | |
|---|-----------|
| <input checked="" type="checkbox"/> Route Map | (Step 4) |
| <input checked="" type="checkbox"/> Certificate of Insurance | (Step 8) |
| <input type="checkbox"/> Street Event Marketing Information | (Step 10) |
| <input type="checkbox"/> Amplification Permit Application | (Step 11) |
| <input type="checkbox"/> Street Event Vending License Application | (Step 12) |
| <input type="checkbox"/> Beer/Wine Sales Permit Application | (Step 13) |

ADDITIONAL CITY OF MADISON PERMITS

Event Organizers are responsible for obtaining all permits that the City of Madison requires for community events. 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. An application is available online: www.publichealthmdc.com/environmental/food/tempfood.cfm or pick up an application at the City Clerk's Office, at 210 Martin Luther King, Jr. Blvd., Rm. 103, (608) 266-4601.

Date Temporary Restaurant Permit Application Submitted: _____

- ☐ **Temporary Class "B" Retailers License** - Required if your event will be selling beer/wine. An application is available online: www.cityofmadison.com/clerk/licensingliquor.cfm or pick up an application at the City Clerk's Office, 210 Martin Luther King, Jr. Blvd., Rm. 103, (608) 266-4601. Any Temporary Class "B" Retailers License application that is in conjunction with a Street Use Permit, must be submitted at least 60 days before the event date and be approved by the Alcohol License Review Committee and the Common Council. See Madison General Ordinance Sec. 38.05(9)(e)2.

Date Temporary Class "B" Retailers Permit Application Submitted: _____

- ☐ **Fireworks Permit** - An application is available online: www.cityofmadison.com/fire/code/dolNeedAPermit.cfm, (608) 266-4457.

Date Fireworks Permit Application Submitted: _____

- ☐ **Tents and Canopies Permit** - Required for tents in excess of 400 sq. ft. An application is available online: www.cityofmadison.com/fire/code/dolNeedAPermit.cfm, (608) 266-4457.

Date Tents and Canopies Permit Application Submitted: _____



MADIS18 OP ID: KO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/16/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Baer Insurance Services, Inc. PO Box 46490 9701 Brader Way Madison, WI 53562 David Montgomery	CONTACT NAME: David Montgomery	
	PHONE (A/C, No, Ext): 608-830-5800	FAX (A/C, No): 608-830-5877
INSURED Madison Property Management, Inc. 1202 Regent Street Madison, WI 53715	E-MAIL ADDRESS: Davidm@baerinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: QBE	NAIC # 24414
	INSURER B: Wilson Mutual	19950
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CCI0410273	12/01/2016	12/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CBA0410273	12/01/2016	12/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CCU0410273	12/01/2016	12/01/2017	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	32.006074-00	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Employee Dishonesty			CCI0410273	12/01/2016	12/01/2017	Limit 275,000 Deductibl 250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Madison is an additional insured with respect to Commercial General Liability.

CERTIFICATE HOLDER

CANCELLATION

City of Madison
Attn: Eric Veum
210 MLK JR. Blvd., Ste. 406
Madison, WI 53703

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Brick House BBQ

420 West Gorham



W. Gorham St.

Equinox
409 W.
Gorham



La Ville

Aberdeen



N. Broom St.



Bagged Meters

Starting: 8/14/ 2017 _

Bags Removed: 8/15/ 2017 _



Light Pole



Parking Barrels and Cones

Starting 20 ft. East of pole
Ending 20 ft. West of N. Bassett corner

N. Bassett St.

Equinox Move-In Schedule and Plan

Tuesday, 8/15/2017

8:00am: Set up key stations in the rear of the Equinox for incoming residents to pick up keys.

8:30am: Set up signs in and around 1st floor of the building as well as the underground parking garage directing incoming residents to key stations.

9:00am: Inspect parking garage for illegal parkers; ensure maximum parking availability for move in.

9:30am: Begin directing and monitoring traffic into and out of parking garage.

9:45am: Set up "LEFT LANE ENDS: Equinox Move-In Only" caution signs on northwest corner of the W. Mifflin St/Broom St. and the W. Johnson St/broom St. intersections.

10:00am: Place a member of our staff on Broom St where parking meters are bagged. There will be an "Equinox & 420 West Move-In Only" sign here. Our staff will be responsible for directing movers in and out of this area.

Another member of our staff will be placed in front of the Equinox building. Their responsibility will be to allow incoming resident vehicles in to coned off merge lane. There will be another member of our staff at the Equinox driveway, whose responsibility is to direct cars in and out of the garage, and also to direct larger vehicles where to park along the closed off lane as needed (when the garage is full and/or inaccessible to them).

10:00am: Start officially handing out keys to incoming residents.

10:00am-4:30pm: Monitor parking garage and street lane heavily at all times to maintain control and utmost safety during move-in.

4:30pm: Take down cones and signs, begin allowing traffic through. Street will be clear by 5:00pm sharp.

5:00pm: Start taking down key stations.

6:00pm: Move-in day complete.