STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: UW-Housing Move In Event Organizer/Sponsor: Mike Kinderman / Tonia Pittman Is Organizer/Sponsor a 501(c)3 non-profit agency? ⊠ Yes □ No MANDATORY: State Sales Tax Exemption Number: ES#: ES40706 OPTIONAL: Federal Tax Exempt Number: Address: 1620 Kronshage Drive City/State/Zip: Madison, WI 53716 Primary Contact: Mike Kinderman Work Phone: 262-5008 Email: mike.kinderman@housing.wisc.edu Phone During Event: 608-354-2035 Website: www.housing.wisc.edu FAX: Work Phone: 262-6832 Secondary Contact: Tonia Pittman Email: tonia.pittman@housing.wisc.edu Phone During Event: <u>217-508-80</u>83 **Annual Event?** ⊠ Yes □ No Charitable Event? \square No | Yes If Yes, Name of charity to receive donations: (CERTIFICATE OF INSURANCE MAY BE REQUIRED) Estimated Attendance: 7,400 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** ☐ State St. Mall/800 State Street Capitol Square (note specific blocks below) 30 on the Square (aka top of 100 block of State Street) Other (specific blocks/streets requested below) Street Names and Block Numbers: Lake St between Johnson and Dayton **EVENT DATE(S)/SCHEDULE** Date(s) of Event: Aug 26, 29, 30, and 31 Event Start and End Times: 8/26 – 6:00am-8:00pm 8/29 - 6:00am through 8/31 8:00pm Rain Date (if any): Set-Up Start Time: 8/26 – 6:00am; 8/29 – 6:00am Take-Down Start Time and End Times: 8/26 - 8:00pm; 8/31 - 8:00pm TAKE-DOWN TIME: START TO STREETS REOPENED ⊠ No Will sponsor apply for temporary class B license to serve or sell beer/wine for this event? Yes If class B license is denied, will the event(s) occur? □ 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. Date Applicant Signature