

## STREET USE PERMIT APPLICATION

### EVENT INFORMATION

Name of Event: INDIA DAY 2017  
Event Organizer/Sponsor: ASSOCIATION OF INDIANS IN AMERICA (AIA)  
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: 1209 VELVET LEAF DR.  
City/State/Zip: MADISON WI 53577  
Primary Contact: VIJAY SHARMA Work Phone: 608-239-3869  
Email: Samgulla@gmail.com Phone During Event: 608-239-3869  
Website: WWW.AIAMADISON.COM FAX: \_\_\_\_\_  
Secondary Contact: Kamlesh Saini Work Phone: 608-469-3746  
Email: K.S.11@yahoo.com Phone During Event: 608-469-3746  
Annual Event? ☒ Yes ☐ No  
Charitable Event? ☐ Yes ☒ No  
If Yes, Name of charity to receive donations: \_\_\_\_\_  
Estimated Attendance: 150 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)  
Public Amplification? (not allowed after 11 p.m.): ☐ Yes ☐ No  
Hours: 10 AM to 1 PM

### EVENT CATEGORY

☐ Run/Walk ☐ Music/Concert ☐ Festival ☐ Rally ☐ Parking (i.e., bagging meters)  
☒ Other: CULTURAL 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: 100 BLOCK OF MLK Jr. BLVD

### EVENT DATE(S)/SCHEDULE

Date(s) of Event: 8-19-2017 Event Start and End Times: 10 AM TO 1 PM  
Rain Date (if any): \_\_\_\_\_ Set-Up Start Time: 7 A.M.  
Take-Down Start Time and End Times: 3 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: [Signature]

Date: 6.13.2017

## STREET EVENT SCHEDULE

- The schedule begins when event setup starts, including setup on sidewalks, terraces or parking, and ends when the street is re-opened for normal use.
- The schedule should encompass all activities planned for the event, such as:
  - » Vending: food, beverages and/or merchandise
  - » Music/Performances
  - » Displays, Exhibits, Demonstrations
  - » A moving event such as a rally, parade, etc.

**Provide Detailed Event Schedule:**

7:00 AM - STREET BLOCK

SET UP TENTS

10:00 AM - <sup>Parade By Kids</sup> MUSIC for Entertainment

Food & Tatar display

11:00 - 2:00 PM - Dance Performance.

2 TO 3 PM - TAKE DOWN

3:00 PM - Street open

CAPTIAL BUILDING																											
Farmer's												Market															
West Main Street																											
Starbucks																											
16		15		14		13		12		11		10		9													
<div>Martin Luther King Jr. Blvd</div> <div><div>TENT</div><div>STAGE</div></div>																											
												1		2		3		4		5		6		7		8	
												BMO Harris Bank															
												East Doty Street															
												US Post Office															
												City Hall															
												Monona Terrace															

**Stall Details**

1. Creative Concepts (Handicrafts)	7. ASHA/IMCOW (Non-Profit)	13. Reserved
2. Unique Collections (Apparels)	8. Art of Living (Non-Profit)	14. Custom Made Beaded Jewelry
3. WITS (Non-Profit)	9. Arts & Crafts (Non-Profit)	15. Water/Beverages stall
4. AHA (Non-Profit)	10. MOM (Non-Profit)	16. Taj Indian Restaurant
5. Symphony Corp (Business)	11. Henna/Mehandi	
6. Reserved	12. Reserved	

## STREET EVENT CLEAN-UP AND RECYCLING PLAN

- Include plans for collection and disposal of materials during and after event - number and location of garbage/recycling containers and dumpsters; number/schedule of volunteers/staff assigned to collection and clean-up.
- If City containers are not used, please provide the name and contact information of the collection agency providing equipment and service for the event.
- Event organizers are responsible for emptying City garbage/recycling containers within the event perimeter.
- Any group that leaves an area in a condition that requires special clean-up by City crews will be charged the full cost of clean-up.
- If you need assistance with your clean-up and recycling plan, please contact the [City of Madison's Recycling Office](#), via [email](#) or at (608) 267-2626.

**Provide Detailed Trash/Recycling/Clean-Up Plans:**

- WE WILL USE CITY TRASH & RECYCLE BINS  
We will have about 2-4 volunteers working  
on replacing bags in the  
Trash & Recycle bins  
Need As much As we can have  
Trash Containers & Recycle Bins



ASSOC10

OP ID: CN

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

07/11/2016

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).

<b>PRODUCER</b> Baer Insurance Services, LLC PO Box 46490 9701 Brader Way Madison, WI 53562 Baer Insurance Services LLC	<b>CONTACT NAME:</b> Baer Insurance Services LLC <b>PHONE (A/C, No, Ext):</b> 608-830-5800 <b>FAX (A/C, No):</b> 608-830-5877 <b>E-MAIL ADDRESS:</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Cap Specialty Ins Co. <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Assoc of Indians in America Badri Lankella 3017 Winter Park Pl Madison, WI 53719	<b>NAIC #</b>

**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
<b>A</b>	<b>X</b> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>CP02417720</b>	<b>08/01/2016</b>	<b>08/01/2017</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<b>Y/N</b> <input type="checkbox"/>	<b>N/A</b>				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CITYM-5**City of Madison  
Attn: Kelli Lamberty  
211 State Street  
Madison, WI 53703**CANCELLATION**

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

*Carly Weiss*

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