

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Central Park Sessions

Event Organizer/Sponsor: Central Park Sessions, Inc.

Is Organizer/Sponsor a 501(c)3 non-profit agency? ☐ Yes ☐ No

MANDATORY: State Sales Tax Exemption Number: ES#: The Omega School
Fiscal Receiver (EI-- 81-4898605)

OPTIONAL: Federal Tax Exempt Number: _____

Address: 406 Clemons Ave

City/State/Zip: Madison, WI 53704

Primary Contact: Bob Queen Work Phone: _____

Email: madmax406@gmail.com Phone During Event: 608-332-8628

Website: http://omegaschool.org/central-park-sessions/

Secondary Contact: _____ Work Phone: 608-241-7143

Email: _____ Phone During Event: 608-692-0321

Annual Event? ☒ Yes ☐ No

Charitable Event? ☒ Yes ☐ No

If Yes, Name of charity to receive donations: 7 NONPROFITS INVOLVED

Estimated Attendance: 999 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification? (not allowed after 11 p.m.): ☐ Yes ☐ No

Hours: 5PM to 10PM

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: 200 block S. Ingersoll St.

EVENT DATE(S)/SCHEDULE

Date(s) of Event: 8.2-3, 8.9-10, 8.16-17, 9.7.2017 Event Start and End Times: 5 pm to 10 pm

Rain Date (if any): _____ Set-Up Start Time: 10 am

Take-Down Start Time and End Times: 10-12pm
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

RQ 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 *Robert Queen*_____

Date 6/29/2017_____