

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Resident Move in Day

Event Organizer/Sponsor: The James

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: 432 West Gorham Street

City/State/Zip: Madison, WI 53703

Primary Contact: Dennis Ruffing Work Phone: 608-298-5222

Email: DennisR@CoreSpaces.com Phone During Event: 662-297-8427

Website: www.LiveTheJames.com FAX: n/a

Secondary Contact: Kassie Jones Work Phone: 608-298-5222

Email: KassieJ@LiveTheJames.com Phone During Event: 217-493-0251

Annual Event? ☒ Yes ☐ No

Charitable Event? ☐ Yes ☒ No

If Yes, Name of charity to receive donations: _____

Estimated Attendance: 150, 25, 75, 600 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

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

Hours: 8:00 AM to 6:00 PM

EVENT CATEGORY

☐ Run/Walk ☐ Music/Concert ☐ Festival ☐ Rally ☒ Parking (i.e., bagging meters)

☒ Other: New Resident Move in Days

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: 432 West Gorham Street, 439 West Gillman Street, Washington Avenue

EVENT DATE(S)/SCHEDULE

Date(s) of Event: August 1st, 4th, 11th, and 15th of 2017 Event Start and End Times: 8:00 AM - 6:00 PM

Rain Date (if any): None Set-Up Start Time: 8:00 AM

Take-Down Start Time and End Times: 6:00 PM
TAKE-DOWN TIME: START TO STREETS REOPENED

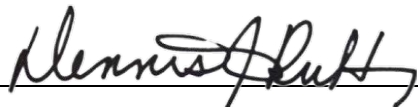
Will sponsor apply for temporary class B license to serve or sell beer/wine for this event? ☐ Yes ☒ No

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 

Date July 6, 2017

Return completed certificate to:
City of Madison Risk Management
 Attn: Risk Manager
 210 Martin Luther King, Jr. Blvd., Rm. 406
 Madison, WI 53703-3345
608-267-8705 (FAX)
608-266-5965 (PHONE)

This Form Must be Completed in its Entirety

Certificate of Insurance



-To-
City of Madison
Madison, Wisconsin

This certifies to the Municipality the following described Policies have been issued to the insured named below and are in force at this time.

Name of Insured: CORE CAMPUS MADISON II, LLC D/B/A THE JAMES

Address: 432 West Gorham Street, Madison, WI 53703

This certificate is furnished to the Municipality to induce the Municipality to take official action and may be relied upon by the Municipality.
 Description of operations insured: Multi-Family Apartment Dwelling Premises

Policies and Insurers	Limits		Policy Number	Policy Period
Commercial General Liability Admiral Insurance Co (Insurer)	Each Occurrence	\$ 1,000,000	CA000024971-01	7/28/2016 - 7/28/2017
	Aggregate	\$ 2,000,000		
Business Auto Liability Admiral Insurance Co (Insurer)	Coverage Symbol		CA000024971-01	7/28/2016 - 7/28/2017
	Combined Single Limit	\$ 1,000,000		
Umbrella Liability RSUI Indemnity Co (Insurer)	Occurrence/Aggregate	\$ 10,000,000	NHA076455	7/28/2016 - 7/28/2017
	Retention	\$		
Worker's Compensation Technology Insurance Co (Insurer)	Employer's Liability	\$ 1,000,000	TWC3607843	1/3/2017 - 1/3/2018
	Statutory (states)	1,000,000		
Professional/Other Liability (Insurer)	Per Claim/Other	\$		
	Aggregate	\$		

The following coverages or conditions are in effect: (MUST BE ANSWERED "YES" FOR APPROVAL).....YES NO

The Municipality, its officials, and employees are named on the Commercial General Liability policy(ies) described above as additional insured as respects:

- (a) activities performed for the Municipality by or on behalf of the insured, ☒ ☐
- (b) products and completed operations of the Named Insured, and ☒ ☐
- (c) premises owned, leased or used by the Named Insured..... ☒ ☐

Products and completed operations. ☒ ☐

The undersigned will mail to the Municipality a written notice within 30 days of cancellation or reduction of coverage or limits..... ☒ ☐

Contractual Liability Coverage applying to this Contract ☒ ☐

This certificate is not a policy and does not amend, extend, or alter the coverage afforded by the policies listed herein. Notwithstanding any requirements, terms or conditions of any contractor other document with respect to which this certificate of insurance 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.

The Lesser Agency

Agency or Brokerage

5225 Old Orchard Road Suite 25B Skokie, IL 60077

Address/City/State/Zip Code

Admiral Insurance Co, RSUI Indemnity Ins Co and Technology Insurance Co

Insurance Company

[Signature]

Authorized Signature*

Todd P. Budnik

Name of Contact Person

(847) 675-3111

Telephone Number

FAX Number

TBudnik@lesseragency.com

Email

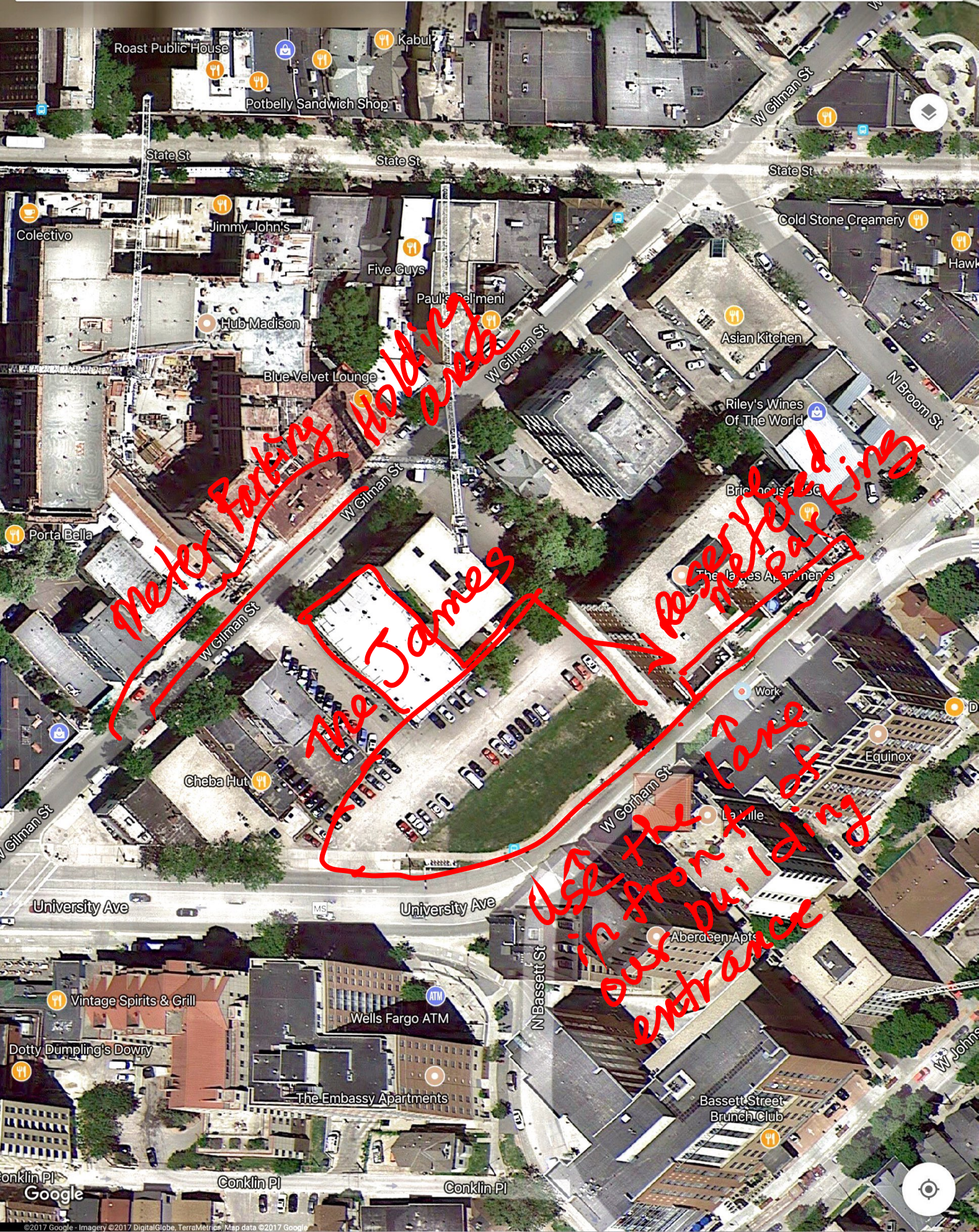
7/6/17

Date

*NOTE: Authorized signature may be the agent's if the agent has placed insurance through an agency agreement with the insurer. If the insurance is brokered, the authorized signature must be that of official insurance.



The James Apartments



meter parking holding over
The James

Reserv parking
Use the lane in front of our building entrance



The James Apartments

