STREET USE PERMIT APPLICATION

EVENT INFORMATION			
Name of Event: VARSITY QUARTERS MOVE			
Event Organizer/Sponsor: SEAN - MICHAEL TI	SDALL - GENERAL MANAG	ER_	
OPTIONAL: Federal Ta	s Tax Exemption Number: ES#: x Exempt Number:	☐ Yes	IX No
Address: 1423 MONROE ST			
City/State/Zip: MADISON, WI 53711 Primary Contact: SEAN - MICHAEL IISDAU	Work Phone: 608-519-4670		
Email: STISDALL QUARTERS. CON		7()	-
Website: VARSITY QUARTERS, COM	FAX:		
Secondary Contact: Son VEGA	Work Phone: 608-519-4670		
Email: SVEGA QUARSITY QUARTERS.COM		670	
Annual Event?	Thomas Baring Event.	Yes	П No
Charitable Event? If Yes, Name of charity to receive donations:		☐ Yes	No
Estimated Attendance: 150 PEOPLE (CERTIFICATE OF INSURANCE MAY BE REQUIRED)			
Public Amplification? (not allowed after 11 p.m.): Hours: to		☐ Yes	⊠No
EVENT CATEGORY			
☐ Run/Walk ☐ Music/Concert ☐ Festival ☐ Other: PARKING SPACES NEEDED FOR	☐ Rally ☐ Parking (i.e VNLOPIDIUG FURNITURE AN		
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: 1423 Monroe St Meter Numbers 7910 - 7923 € 7942 - 7949			
EVENT DATE(S)/SCHEDULE			
Date(s) of Event: 8/15/17	Event Start and End Times: 7:00 AM	- 7:00 F	<u>`</u>
Rain Date (if any):	Set-Up Start Time: 7:00 AM		
	Take-Down Start Time and End Times: TAKE-DOWN TIME: START TO	7:00 PM STREETS RE	OPENED
Will sponsor apply for temporary class B license to serve or If class B license is denied, will the event(s) occur?	sell beer/wine for this event?	☐ Yes ☐ Yes	X No □ No
By initialing, I/we waive the 21-day decision require	ment.		
APPLICATION SIGNATURE			
BY SIGNING THIS APPLICATION, THE "EVENT ORGANIZER/SPONSOR CITY AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS HAF EXPENSE INCURRED BY THE CITY ON ACCOUNT OF ANY INJURY TO CAUSED BY OR RESULTING FROM THE ACTIVITIES FOR WHICH THE	RMLESS AGAINST ALL CLAIMS, LIABILITY, LOSS, I OOR DEATH OF ANY PERSON OR ANY DAMAGE T	DAMAGE, OR	
Applicant Signature	Date 7/24/1	7	

