STREET USE PERMIT APPLICATION

EVENT INFORMATION Name of Event: <u>Downtown Madison Family Halloween- Hayrides around Capitol Square with Madison Parks Division</u> Event Organizer/Sponsor: Tracey Hartley, Recreation Services Coordinator - City of Madison Parks Division ☐ Yes X☐ No Is Organizer/Sponsor a 501(c)3 non-profit agency? MANDATORY: State Sales Tax Exemption Number: ES#: Federal Tax Exempt Number: OPTIONAL: Address: 210 Martin Luther King Jr. Blvd. Room 104 City/State/Zip: Madison, WI 53703 Work Phone: 608-267-4919 Primary Contact: Tracey Hartley Phone During Event: 608-209-7980 Email: thartley@cityofmadison.com Website: https://www.visitdowntownmadison.com/events/index.php?category_id=4572_ Work Phone: 608-512-1340 Secondary Contact: Tiffany Kenney & Jenny Sligh Phone During Event: 608-512-1340 Email: tkenney@visitdowntownmadison.com X Yes No Annual Event? ☐ Yes X☐ No Charitable Event? If Yes, Name of charity to receive donations:_____ (CERTIFICATE OF INSURANCE MAY BE REQUIRED) Estimated Attendance: 300 ☐ Yes X☐ No Public Amplification? (not allowed after 11 p.m.): Hours:_____ to ____ **EVENT CATEGORY** X Parking (i.e., bagging meters) ☐ Music/Concert ☐ Festival Rally ☐ Run/Walk X Other: Halloween Hayrides around Capitol Square- request 6 parking spots - for 2 tractors with 2 hay wagons to park **LOCATION REQUESTED** State St. Mall/800 State Street X ☐ 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: in front of Capitol Kids Ltd.-8S. Carroll St., Madison,-request to bag meters by1pm **EVENT DATE(S)/SCHEDULE** Event Start and End Times: 3-6pm Date(s) of Event: Wednesday, October 25 Set-Up Start Time: 2pm setup Rain Date (if any): none Take-Down Start Time and End Times: 6-7pm 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 XI No Yes If class B license is denied, will the event(s) occur? N/A 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