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:

11am--12pm: Set Up

- -- Tables set up and organized for food/information
- -- Supplies (trash cans, recycling bins, etc.) placed in event area

12pm--3pm: Event

- -- Students will visit tables to learn about UW Homecoming week and other events taking place
- -- Pictures with Bucky Badger
- -- Free food handed out (food will be donated by UW Homecoming Sponsors)
- -- UW Homecoming members will be engaging students who walk by

3pm--4pm: Clean up

- -- Take down tables
- -- Remove all trash and clean up any messes

STREET EVENT SITE MAP

To ensure proper review of the event, please attach a Street Event Site Map and a detailed route map (if applicable). Include the following location information if application to your event:

- Tents
- Stages
- Fencing
- Vendors
- Portable Toilets
- Dumpsters
- Staging Areas

Remember to include:

- Emergency vehicle access lanes (minimum of 20').
- Accessible paths for wheelchairs as well as disabled parking spaces.

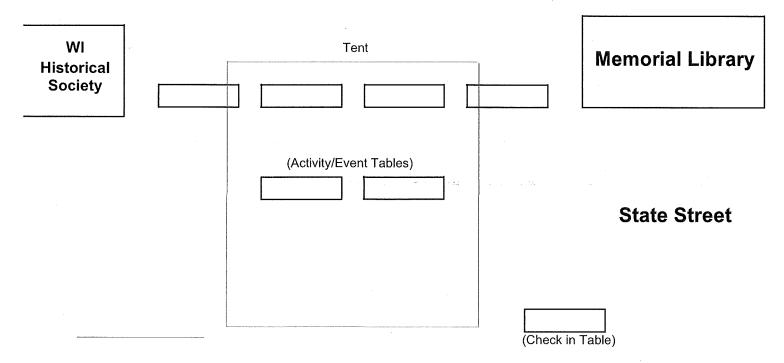
EVENTS INCLUDING A RUN, WALK OR PARADE

If an event has a run/walk/parade component and/or alcohol will be served or sold, the Street Use Permit Applicant must contact the Madison Police Department to discuss possible Police requirements for the event. Contact Lt. Trevor Knight, tknight@cityofmadison.com.

A detailed route map is required if the street closure is for a run, walk, parade or other moving activity.

A helpful online resource for route mapping is Map My Run.

Provide Detailed Event Site Map:



Library Mall (700--800 Block State Street)

STREET EVENT AMPLIFICATION PERMIT APPLICATION

Permit fee is \$100.00.

Permission for amplification does not exempt a group from Madison Ordinance noise restrictions. Please be considerate

of neighboring residents and businesses. When notifying the about your event, be sure to include detailed information at			ary)
Do you have public amplification planned for your event? If Yes, please continue. If No, skip this form.		⊠ Yes	□ No
EVENT INFORMATION			
Name of Event: UW Madison Homecoming Kickoff			
Contact Person: Jake Jaeger			
Location: Library Mall, 600-700 Block of State St.	Date: 10/16/2017		
Type of Amplified Sound:			
☐ Band ☐ DJ ☐ Sound System	☐ Speeches/Announcements	☐ Karaoke	
Other (please specify):			
Hours of Amplification:			
Date: 10/16/2017	Time: 12 pm - 3 pm		

EMERGENCY ACTION PLAN (EAP)

I. GENERAL

The "Homecoming Kickoff" will be held October 16, 2017 from 12pm--3pm at Library Mall (600--700 block of State Street).

II. PURPOSE

- A. This emergency action plan predetermines actions to take before and during the "Homecoming Kickoff" (hereinafter referred to as the event) in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
- B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include, but are not limited to, Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.

III. ASSUMPTIONS

The possibility of an occurrence of an emergency is present at this event. The types of emergencies possible are various and could require the response of Fire & Rescue, Emergency Medical Services, and Police.

IV. BASIC PLAN

A. Emergency Action Plan (EAP) Event Representative

1. The EAP event representative will be identified as the point of contact for all communications regarding the event. This person is identified as Jake Jaeger.

B. Emergency Notification

- 1. In the event of an emergency, notification of the emergency will be through the use of 911. The caller should have the following information available to the 911 operator: nature of emergency, location, and contact person with callback number.
- 2. We ☐ will / ☒ will not have on--site EMS (ENTER CONTACT NAME & CELL PHONE NUMBER)
- 3. We ☐ will / ☒ will not have on--site Police or Security (ENTER CONTACT NAME & CELL PHONE NUMBER)

C. Severe Weather

- 1. Weather forecasts and current conditions can be monitored through the <u>National Weather</u> Service's Madison Weather Forecast website.
- 2. Before the event -- If severe weather is predicted prior to the event, the EAP event representative will evaluate the conditions and determine if the event will remain scheduled. The EAP event representative or his/her designee will be identified as such Jake Jaeger and will be responsible to monitor the weather conditions before and during the event.
- 3. During the event -- If severe weather occurs during the event, the EAP event representative or his/her designee Jake Jaeger will make notification to those attending the event that a hazardous weather condition exists and direct them to shelter.
- 4. There are very limited provisions for sheltering participants in the event of severe weather.
- 5. This event will follow the 30--30 Rule for lightning. If lightning is observed and thunder is heard within 30 seconds, the event will be delayed until 30 minutes have passed since thunder was last heard.

D. Fire

- 1. If a specific hazard has been identified as an increased risk of fire at this event, event manager will work with the Fire Department to determine how to address the hazard.
- 2. All event staff will be instructed on the safe use of Portable Fire Extinguishers.
- 3. If cooking is intended, you must contact the fire department and -
 - a) Must have a valid fire extinguisher, 2A10BC

- b) Each space is allowed 1 LP tank per cooking device. All LP tanks are to be secured in an approved manner (tied, strapped, chained, etc.)
- c) No cooking shall be allowed under a tent. Cooking shall be a minimum of 20' away from tents/canopies.
- d) Cooking must be on a non--combustible surface (grease collection material generally required under cooking and food service areas)
- 4. Fire Inspectors may be required to do an inspection of your event (depends on size and nature of the event), contact the Fire Department for guidelines
- 5. All tents/canopies used for cooking shall have a FLAME SPREAD Certification attached to the tent.
- 6. Should an incident occur that requires the Fire Department, 911 will be utilized to request this resource. The caller should have the following information available to the 911 operator: nature of emergency, location, and contact person with callback number.

E. Medical Emergencies

- 1. As with any outdoor event, there is potential for injury to the participants. The types of injuries are various and include those that are heat related as well as traumatic injuries.
- 2. Event manager shall contact the Fire Department to determine if there is a need for on-site Emergency Medical Services at this event.
- 3. Should an incident occur that requires Emergency Medical Services to be called to this event, the caller will have the following information available to give to the 911 Center:
 - a) nature of emergency
 - b) precise location
 - c) contact person with callback number

F. Law Enforcement

- The need for constant Law Enforcement presence at this event
 ☐ has / ☒ has not been identified. Event manager shall contact the Police Department to determine if there is a need for Law Enforcement presence at this event
- 2. Should an incident occur that requires Law Enforcement, to be called to this event, the caller will have the following information available to give to the 911 Center:
 - a) nature of emergency
 - b) precise location
 - c) contact person with callback number

G. Emergency Vehicle Access

- 1. Access for Emergency Vehicles will be maintained at all times.
- 2. 20' Fire Lanes are required to be kept open at events.
- 3. A 14' minimum height clearance requirement for anything that goes over a street or fire lane
- 4. Participants and spectators will be directed to park in approved areas and not to obstruct protective features, sidewalks or public throughways.
- 5. Crowd control will be managed by: Tyler Reinecke.
- 6. Parking for vendor and staff vehicles will be: UW Alumni Building.
- 7. Parking for attendee vehicles will be: N/A.

V.CONTACT INFORMATION

Primary Contact	Jake Jaeger	(612) 5326636
Secondary Contact	Alex Kredell	(314) 4354712
Emergency	Dane County 911 Center	911
NonEmergency	Madison Fire Department	(608) 2664420
NonEmergency	Madison Police Department	(608) 2552345

STREET EVENT CLEANUP 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 cleanup.
- 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 cleanup by City crews will be charged the full cost of cleanup.
- If you need assistance with your cleanup and recycling plan, please contact the <u>City of Madison's Recycling Office</u>, via email or at (608) 267--2626.

Provide Detailed Trash/Recycling/Cleanup Plans:

UW Homecoming Committee and the Wisconsin Alumni Association will provide plenty of garbage bags for trash and recycling. They will be placed around the tables, near the snacks, and at each end of the tent, which serve as entrance points for the event.

STATE STREET MALL SIGNATURE PETITION

Groups or individuals requesting the use of the State Street Mall for an event with amplification during regular business hours, Monday-Friday, 8:00 a.m. - 5:00 p.m., are responsible for notifying the agencies surrounding the area of their activities. The agencies listed below prefer e-mail notification. **You, the Event Organizer, must provide the agencies with the application information (e.g., date, time, activities) for your event and get a signature (electronic signatures are acceptable) from each of the listed agencies.** Return the petition with your completed Street Use Permit Application. If you have questions about the process, call (608) 266-6033.

is submitting a Street Use Permit Application to ha	eve an event with amplification at the State Street Mall
on Monday, October 16th	, from <u>12 pm</u> to <u>3pm</u>
University Bookstore	Pres House Student Center Myrda L Joe
711 State Street	731 State Street Madison, WI 53706 (608) 257-1030 Brandon Donkersgood, Administrator Pred Susce
Madison, WI 53706 (608) 257-3784	(608) 257-1030 myrda o con
Pat McGowan, President	Brandon Bonkersgood, Administrator Tresses
pmcgowan@uwbookstore.com	brandon@presheuse:org
	X. L. B. S. Jac
(electronic signature on 08/09/17)	SIGNATURE
SIGNATURE	,
St. Paul's University Catholic Center	UW-Madison Memorial Library

723 State Street
Madison, WI 53706

Madison, WI 53706 (608) 258-3140 Tom Coffey

tcoffey@stpaulscc.org

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Community A

UW-Madison Memorial Library 728 State St., Room 112A

728 State St., Room 112A Madison, WI 53706

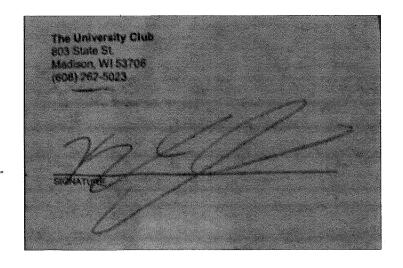
(608) 262-6526

Alex Johnson

alex.johnson@wisc.edu

State Historical Society 816 State Street Madison, Wi 53706 (608) 264-6440 Bob Thomasguerd, Assoc. Dir. Margaret C. Maly (contact person) mcmaly@whs.wisc.edu

DEVENTURE Administrator: Library, Archivis Museum Checken





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/19/2017

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

certificate holder in lieu of such endorsement(s).	CONTACT NAME: John DeSalvo			
3 Insurance Solutions, Inc.	PHONE	FAX (A/C, No):		
28 John Nolen Drive	(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS: john.desalvo@m3ins.com PRODUCER CUSTOMER ID #: UWFOU-1			
ladison WI 53713				
		AFFORDING COVERAGE	NAIC#	
NSURED	INSURER A: Great North	ern Insurance Co.	20303	
niversity of WI Foundation 848 University Avenue	INSURER B:			
ladison WI 53726	INSURER C:			
	INSURER D:			
	INSURER E :			
COVERAGES CERTIFICATE NUMBER: 80598540	INSURER F :	REVISION NUMBER:	1	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE E PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITWHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE OF ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS	ON OF ANY CONTRACT OR OT FORDED BY THE POLICIES DE HOWN MAY HAVE BEEN REDU	NAMED ABOVE FOR THE POLICY HER DOCUMENT WITH RESPECT TO ESCRIBED HEREIN IS SUBJECT ICED BY PAID CLAIMS.		
ISR TYPE OF INSURANCE ADDL SUBRINSR WVD POLICY NUMBER	POLICY EFF POLICY (MM/DD/YYYY) (MM/DD/Y	EXP YYY) LIMITS		
GENERAL LIABILITY 35340858	10/1/2016 10/1/20	EACH OCCURRENCE \$1,00	0,000	
X COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED \$1,00	0,000	
CLAIMS-MADE X OCCUR		MED EXP (Any one person) \$10,0	00	
		· · · · · · · · · · · · · · · · · · ·	0,000	
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GEN'L AGGREGATE LIMIT APPLIES PER:			0,000	
POLICY PRO- JECT LOC		COMBINED SINGLE LIMIT		
AUTOMOBILE LIABILITY		(Ea accident) \$		
ANY AUTO		BODILY INJURY (Per person) \$		
ALL OWNED AUTOS		BODILY INJURY (Per accident) \$		
SCHEDULED AUTOS HIRED AUTOS		PROPERTY DAMAGE (Per accident) \$.		
NON-OWNED AUTOS		\$		
The state of the s		\$		
UMBRELLA LIAB OCCUR		EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE		AGGREGATE \$		
DEDUCTIBLE		. <u>\$</u>		
RETENTION \$ WORKERS COMPENSATION		\$ WC STATU- OTH-		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		TORY LIMITS ER		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		E.L. DISEASE - EA EMPLOYEE \$	***************************************	
If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - POLICY LIMIT \$		
SECOND FOR OF ELECTIONS BOOM				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remark				
Re: Wisconsin Homecoming Kickoff; Monday, October 1	, 11am - 3pm - Libi	ary marr		
CERTIFICATE HOLDER	CANCELLATION			
City of Madison Attn: Risk Management Office 210 Martin Luther King Jr Blvd		E DESCRIBED POLICIES BE CANCELL ATE THEREOF, NOTICE WILL BE DELI' POLICY PROVISIONS.		
Madison WI 53703	AUTHORIZED REPRESENTATIVE			
	<u> </u>		hts reserve	