

## STREET USE (SPECIAL EVENT) PERMIT APPLICATION

### Applicant

Jim McNulty

Stoughton Chamber Of Commerce

532 E. Main St.

Stoughton, WI 53589

Email: Jmcnulty@oakbankonline.Com

Phone: (608) 444-4404

### Contact During Event

Jim McNulty

Email Jmcnulty@oakbankonline.Com

Phone: (608) 444-4404

### Event Information

Name of Event: Syttende Mai Run/Walk

Event Type: One Day

Estimated Attendance: 1000

Is this a new event: No

### Event Additional Information

Run/Walk: ☒

Music/Concert: ☐

Festival: ☐

Rally: ☒

Parade: ☐

Posting no parking signs or bagging meters? ☐

Other: ☐

If other, please describe:

### Site Map

Each event application must include a detailed event site map with the following items applicable:

- Accessible paths for wheelchairs as well as disabled parking spaces
- Dumpsters
- Emergency vehicle access lanes (minimum of 20')
- Event Perimeter
- Garbage and Recycling - cleanup and trash/recycling plans are required with the site map
- Portable toilets
- Signage
- Stages
- Temporary Structures
- Tents
- Vendors

A helpful online resource for route mapping is: [Map My Run](#)

I understand I must attach site map and route map with this application, if applicable: ☐

## Location Information

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Capitol Square: ☒

State Street Mall (700/900): ☐

30 on the Square: ☐

Other: ☐

Street Names and Block Numbers:

W Main, Carrol, MLK for staging, one loop of square to Hamilton, John Nolne, Rimrock.

## Event Dates

Setup Date	Setup Time	Event Start Date	Event Start Time	Event End Date	Event End Time	Cleanup Completed Date	Cleanup Completed Time	Rain Date
05/19/2018	5:00 AM	05/19/2018	7:30 AM	05/19/2018	8:00 AM	05/19/2018	8:00 AM	

## Temporary (Picnic/Beer) Licenses

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Visit the [City of Madison City Clerk's Office](#) website under heading "Temporary Picnic/Beer License" to apply.

Will beer/wine be sold?(\$):

Will beer/wine be served (Free of charge)?:

I understand that a Certificate of Insurance with liquor liability, naming the City of Madison as additional insured, is required: \* ☐

I understand I must apply for Temporary (Picnic/Beer) License to serve or sell beer/wine for this event: ☐

If the Temporary (Picnic/Beer) License is denied will the event occur?: No

## Street Use Event Vending License

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If food will be sold please visit the [Public Health - Madison & Dane County](#) website.

I understand a Special Event License Application listing the vendors and their Sellers ID# is required: ☐

Will food and/or merchandise be sold?(\$):

Estimate number of vendors:

## Public Amplification Permit

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If public amplification is needed it must be kept to a reasonable level at all times and must end by 11 pm.

Will there be Public Amplification?(\$):

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Start Date	Start Time	End Date	End Time	Rain Date
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### SAFETY AND SECURITY

- Complete the Emergency Action Plan (EAP) template below to provide information about the safety plan for your event.
- For large events, contact [Madison Fire](#) prior to submitting the street use permit application, so they can review and make recommendations for additional emergency plan requirements.
- At the review of the street use permit application, Police and Fire Department representatives may also require [Special Duty Police Officers](#) or Fire Inspector staffing at your event. If MPD designates an event as a District Event, the organizer must contact [Central District MPD](#), (608) 266-4482, regarding Madison Police requirements for the event.

Emergency Action Plan [PDF/ MS Word](#)

### RUN/WALK EVENTS

For run/walk events, organizers are strongly encouraged to contact [Police](#), [Traffic Engineering](#) and [Madison Metro](#) prior to submitting an application so these agencies can review and make recommendations on the proposed route(s).

I understand that I must submit the Emergency Action Plan:

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### Equipment Rental - Downtown events only.

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Will you need equipment rental from the City of Madison?(\$):

No

Trash Barrels:

0

Recycling Barrels:

0

Dumpsters:

0

Electrical Adaptors:

0

### Marketing

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Conditional approval of the event is required before promoting, marketing or advertising the event.

Do you want this included in the Madison Parks calendar of events?:

No

## Acknowledgement

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If a street use permit is issued for the event, the Applicant agrees to comply with all permit conditions, and understands that failure to comply with any condition or any violation of law may result in the immediate cancellation of the event

Further, the Applicant is legally responsible and financially liable to the City of Madison for all city fees and costs associated with the overall organization, management, and implementation of the event and its related activities and maintains ultimate liability for payment of all fees and costs assessed by the City of Madison.

I have read the Acknowledgement: ☒

## Indemnification

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THE APPLICANT FOR A STREET USE PERMIT SHALL AGREE TO INDEMNIFY, DEFEND, AND HOLD THE CITY AND ITS 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.

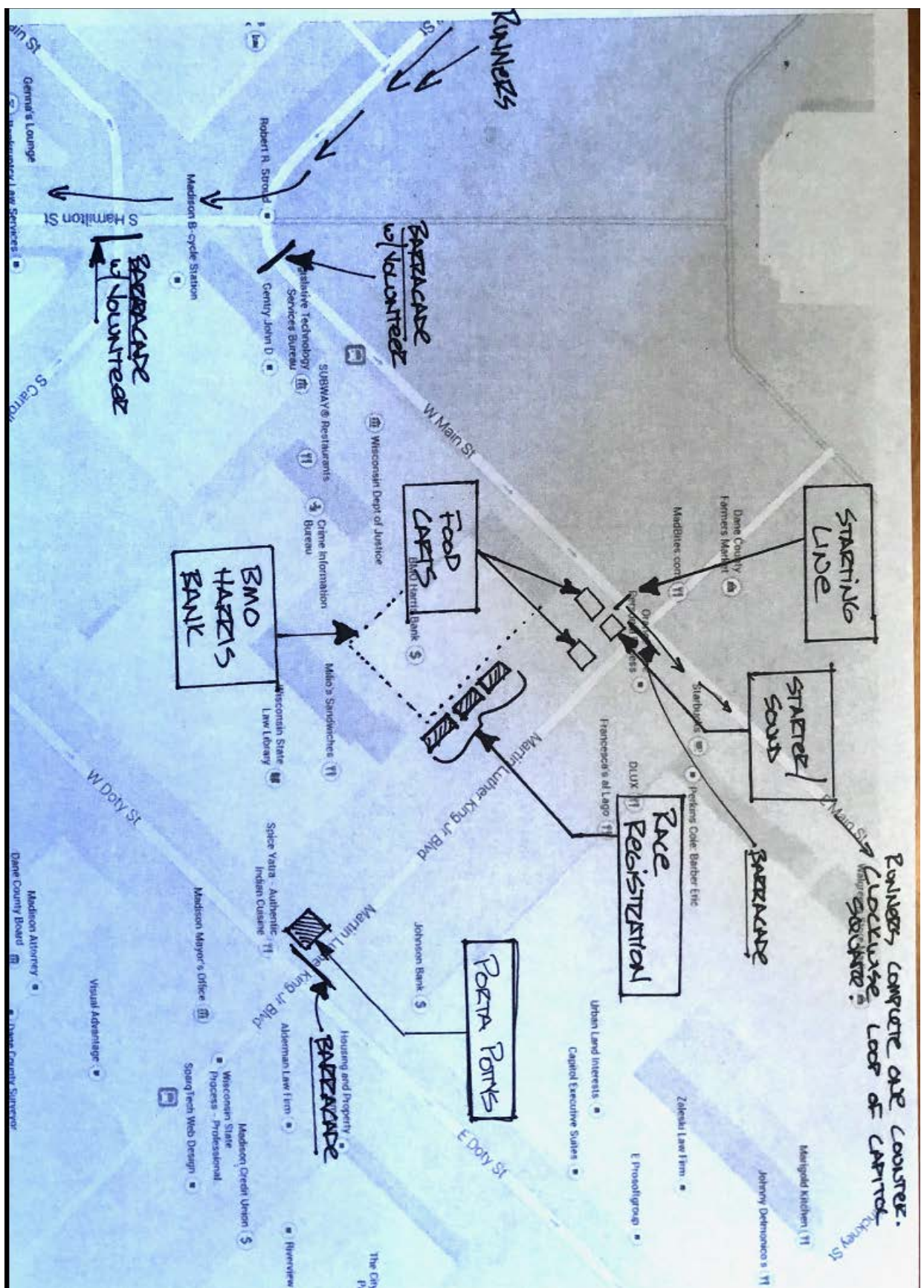
I have read the Acknowledgement: ☒

## Signature

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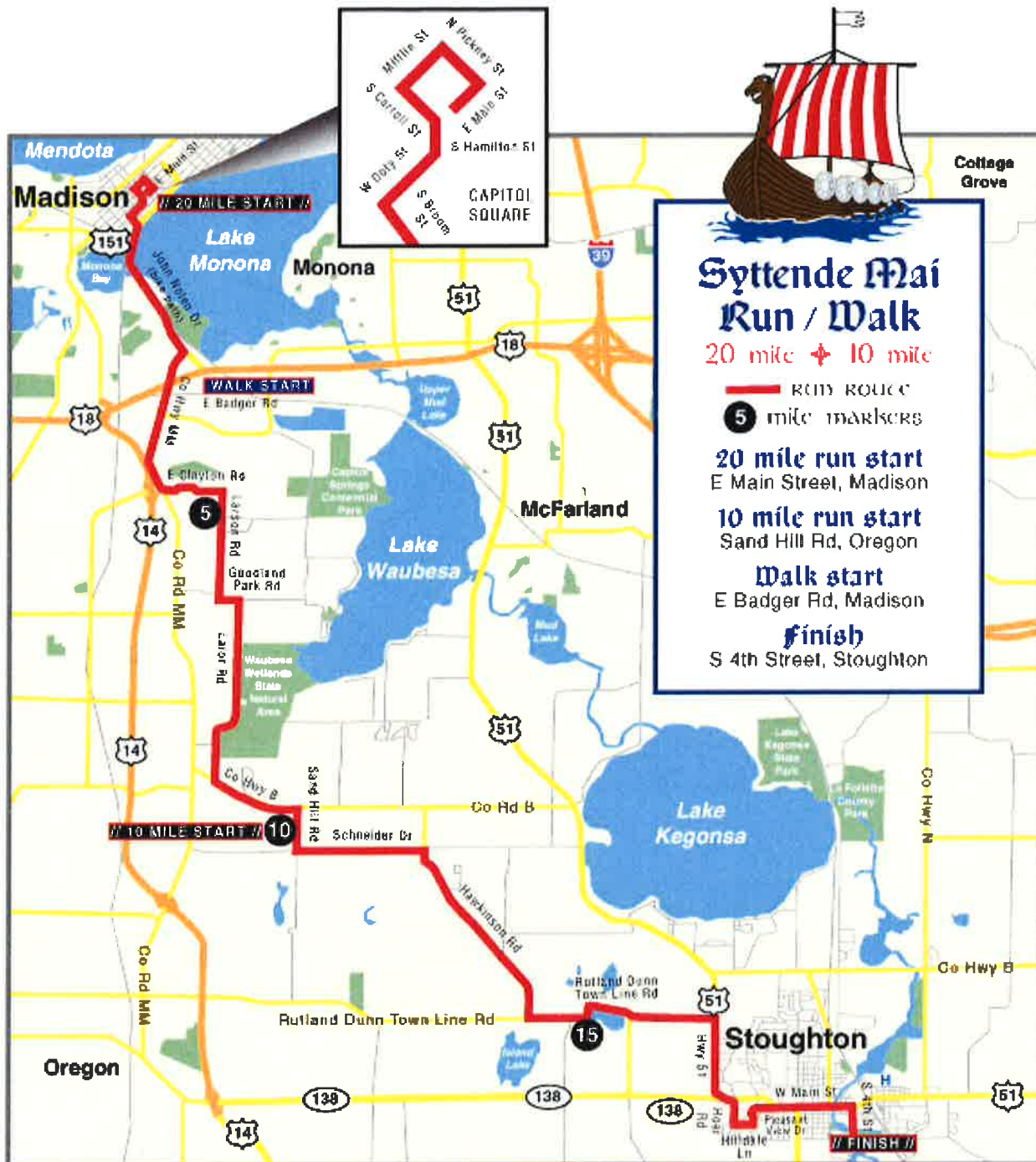
Signature: Jim McNulty

Date: 03/08/2018











STOCHA-01

GKELLER

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/09/2018

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>TRICOR, Inc. - DeForest</b> 5008 Linde Lane Suite 100 De Forest, WI 53532	CONTACT NAME: <b>Janelle Higgins</b>	
	PHONE (A/C, No, Ext): <b>(608) 338-1238 2407</b> FAX (A/C, No): <b>(608) 723-6440</b>	
	E-MAIL ADDRESS: <b>jhiggins@tricorinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : <b>West Bend Mutual Ins Co</b>	
INSURED  <b>Stoughton Chamber of Commerce Inc</b> 532 E Main St Stoughton, WI 53589	INSURER B : <b>The Hartford</b>	<b>19682</b>
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		A341561	10/01/2017	10/01/2018	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>200,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			A341561	10/01/2017	10/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			A341561	10/01/2017	10/01/2018	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ \$ <b>1,000,000</b>
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N	N / A	83WECAA6TV2	10/01/2017	10/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>100,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>100,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage applies only to the extent provided by the policy and subject to all of the policy terms, conditions, exclusions, endorsements and all applicable laws.

May 18-20, 2018 Syttende Mai Run/Walk  
City of Madison & It's Parks Division are Additional Insured for General Liability.

## CERTIFICATE HOLDER

## CANCELLATION

City of Madison & It's Parks Division City Risk Manager 210 Martin Luther King Jr Blvd, Rm 406 Madison, WI 53703	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



# EMERGENCY ACTION PLAN (EAP)

## I. GENERAL

The “Syttende Mai Run/Walk” will be held May 19, 2018 at the Capitol Square to start, running from Madison to Stoughton.

## II. PURPOSE

- A. This emergency action plan predetermines actions to take before and during the “Syttende Mai Run/Walk” (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 PRIMARY CONTACT: Jim McNulty.

### 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 (There will be onsite EMS at the end of the race via City of Stoughton and Stoughton Hospital)
- 3. We ☒ will / ☐ will not have on-site Police or Security (City of Madison Police, Town of Madison Police, Dane County Sherriff and City of Stoughton Police)

### C. Severe Weather

- 1. Weather forecasts and current conditions can be monitored through the [National Weather 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 Jim McNulty, Race Director 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 Jim McNulty, Race Director 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**

1. 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 thoroughways.
5. Crowd control will be managed by: Jim McNulty, Race Director.
6. Parking for vendor and staff vehicles will be: 100 Block of MLK Blvd.
7. Parking for attendee vehicles will be: 100 Block of MLK Blvd).

#### **V. CONTACT INFORMATION**

Primary Contact	Jim McNulty	608-444-4404
Secondary Contact	Kim McNulty	608-449-5354
Emergency	Dane County 911 Center	911
Non-Emergency	Madison Fire Department	(608) 266-4420
Non-Emergency	Madison Police Department	(608) 261-9694