STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Monroe Street Festival	
Event Organizer/Sponsor: Monroe Street Merchants	Association
OPTIONAL: Federal Ta	Yes No x Yes No x Yes Exemption Number: ES#:
City/State/Zip: Madison, WI 53711	
Primary Contact: Carol "Orange" Schroeder	Work Phone: 608-255-8211
Email: monroestreet@mac.com	Phone During Event: 608-255-8211
Website: www.monroestreetmadison.com	FAX: 608-255-8404
Secondary Contact: Laura Strickland	Work Phone:920-540-8957
Email: monroestreetcoordinator@gmail.com	Phone During Event:920-540-8957
Annual Event?	x∏ Yes ∏ No
Charitable Event? If Yes, Name of charity to receive donations:	 □ Yes x⊡ No
Estimated Attendance: 1500	(CERTIFICATE OF INSURANCE MAY BE REQUIRED)
Public Amplification? (not allowed after 11 p.m.): Hours: <u>10</u> to <u>5</u>	x Yes No
EVENT CATEGORY	
Run/Walk Music/Concert x Festival Other:	
LOCATION REQUESTED	
 Capitol Square (note specific blocks below) 30 on the Square (aka top of 100 block of State Street) 	
Street Names and Block Numbers: 1500-3500 blocks construction this year	s of Monroe Street – no impact on parking or traffic due to
EVENT DATE(S)/SCHEDULE	
Date(s) of Event: September 22	Event Start and End Times: 10:00-5:00
Rain Date (if any):	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 If class B license is denied, will the event(s) occur? By initialing, I/we waive the 21-day decision require	☐ Yes x☐ No
APPLICATION SIGNATURE	
BY SIGNING THIS APPLICATION, THE "EVENT ORGANIZER/SPONSOI CITY AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS HA EXPENSE INCURRED BY THE CITY ON ACCOUNT OF ANY INJURY TO CAUSED BY OR RESULTING FROM THE ACTIVITIES FOR WHICH THE	O OR DEATH OF ANY PERSON OR ANY DAMAGE TO PROPERTY
Applicant Signature Carol L. Schroeder	Date 7/24/2018

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Date 1/24/2016