STREET USE PERMIT APPLICATION

EVENT INFORMATION Name of Event: The Future of Transportation Day Event Organizer/Sponsor: RENEW Wisconsin, Wisconsin Clean Cities, City of Madison ⊠ Yes □ No Is Organizer/Sponsor a 501(c)3 non-profit agency? ES#: 045528 MANDATORY: State Sales Tax Exemption Number: Federal Tax Exempt Number: OPTIONAL: Address: 214 N Hamilton Street, Suite 300 City/State/Zip: Madison, Wisconsin 53703 Work Phone: (608)255-4044x8 Primary Contact: Jane McCurry Phone During Event: (234)380-3177 Email: jane@renewwisconsin.org FAX: NA Website: renewwisconsin.org Work Phone: (608)255-4044x4 Secondary Contact: Jim Boullion Phone During Event: (608)695-7004 Email: jim@renewwisconsin.org ☐ Yes ⊠ No Annual Event? Yes ⊠ No Charitable Event? If Yes, Name of charity to receive donations: (CERTIFICATE OF INSURANCE MAY BE REQUIRED) Estimated Attendance: 200 ⊠ No ☐ Yes Public Amplification? (not allowed after 11 p.m.): Hours: to **EVENT CATEGORY** Parking (i.e., bagging meters) Rally ☐ Music/Concert ☐ Festival ☐ Run/Walk Other: LOCATION REQUESTED ☐ State St. Mall/800 State Street ☐ 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: 100 block of Martin Luther King Jr. Boulevard **EVENT DATE(S)/SCHEDULE** Event Start and End Times: 11 - 1 Date(s) of Event: September, 25 Set-Up Start Time: 9:30 AM Rain Date (if any): NA Take-Down Start Time and End Times: 1 - 2:30 PM TAKE-DOWN TIME: START TO STREETS REOPENED Will sponsor apply for temporary class B license to serve or sell beer/wine for this event? ⊠ No Yes □No Yes If class B license is denied, will the event(s) occur? 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

