STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: _Fifty Years of Earth Day/Procession of the Beings_

Event Organizer/Sponsor: _Russell Bennett_

Is Organizer/Sponsor a 501(c)3 non-profit agency? ☐ Yes ☒ No

MANDATORY: State Sales Tax Exemption Number: ES#: _____

OPTIONAL: Federal Tax Exempt Number: _____

Address: _201 BRAM ST_

City/State/Zip: _MADISON, WI 53713_

Primary Contact: _Russ Bennett_   Work Phone: _(608) 279-4853_

Email: _bennett.russ@gmail.com_   Phone During Event: _(608) 279-4853_

Website: _—_   FAX: _(608) 280-4707_

Secondary Contact: _annie bachmann_   Work Phone: _____

Email: _debberannie@gmail.com_   Phone During Event: _257-4663_

Annual Event? _NO_   ☐ Yes ☒ No

Charitable Event? _NO_   ☐ Yes ☒ No

If Yes, Name of charity to receive donations: _____

Estimated Attendance: _50?_   (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification? (not allowed after 11 p.m.): ☐ Yes ☒ No

Hours: _____ to _____

EVENT CATEGORY

☐ Run/Walk   ☐ Music/Concert   ☐ Festival   ☐ Rally   ☐ Parking (i.e., bagging meters)

☒ Other: _flash mob dance with live music_

LOCATION REQUESTED

☐ Capitol Square (note specific blocks below)   ☐ State St. Mall/800 State Street

☒ 30 on the Square (aka top of 100 block of State Street)   ☐ Other (specific blocks/streets requested below)

Street Names and Block Numbers: _____

EVENT DATE(S)/SCHEDULE

Date(s) of Event: _4/25/20/20_   Event Start and End Times: _9³⁰ - 2³⁰_

Rain Date (if any): _____   Set-Up Start Time: _9³⁰_

Take-Down Start Time and End Times: _2³⁰_

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 ☒ No

If class B license is denied, will the event(s) occur? ☐ Yes ☒ No

_RB_ 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 _Russell Bennett_   Date _4/25/2020_
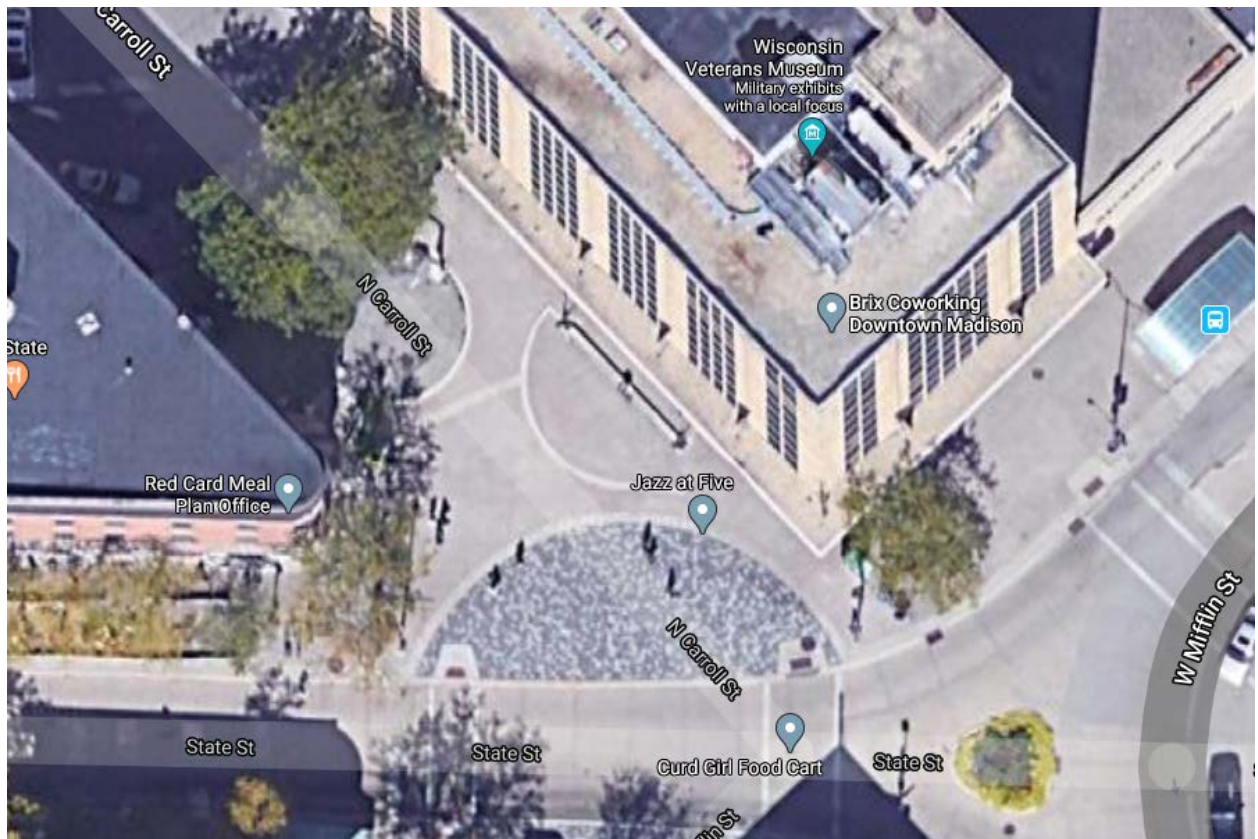
EMERGENCY ACTION PLAN (EAP)

I.   GENERAL

The "EVENT NAME" will be held MONTH DAY, YEAR at GENERAL LOCATION/ADDRESS/FACILITY TITLE.

II.   PURPOSE

   A.   This emergency action plan predetermines actions to take before and during the "EVENT NAME" (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: FIRST/LAST NAME.

   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 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 FIRST/LAST NAME 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 FIRST/LAST NAME 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 throughways.
5. Crowd control will be managed by: NAME. *Russ Bennett*
6. Parking for vendor and staff vehicles will be: LOCATION(S).
7. Parking for attendee vehicles will be: LOCATION(S).

V.   CONTACT INFORMATION

Primary Contact	FIRST/LAST NAME *Russell Bennett (608) 279-4853*	CELL PHONE
Secondary Contact	FIRST/LAST NAME *Annie Bachman (608) 257-4663*	CELL PHONE
Emergency	Dane County 911 Center	911
Non-Emergency	Madison Fire Department	(608) 266-4420
Non-Emergency	Madison Police Department	(608) 255-2345