



Park Event Application GENERAL INFORMATION

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**MADISON
PARKS**

Are you applying for a NEW park event?

☐ Yes

☒ No

Are you applying for a returning park event with significant changes?

☒ Yes

☐ No

EVENT INFORMATION

Name of Event: Madison Brain Tumor 5K

Park Requested: Warner Park

Use of Shelter: ☒ Yes ☐ No

Estimated Attendance: 1100

Type of Event (run/walk, fundraiser, festival, etc): run/walk / charity event

EVENT ORGANIZER/SPONSOR INFORMATION

Name of Organization: Madison Brain Tumor 5K

Is Organizer/Sponsor a 501(c)3 non-profit agency?

☐ Yes

☒ No

MANDATORY: State Sales Tax Exemption Number: ES#:

Primary Contact: Erin Pink

Work Phone: 303-908-1327

Address: PO Box 172 Waunakee, WI 53597

Phone During Event: 303-908-1327

Email: madisonbraintumor5k@gmail.com

Organization or Event Website: www.facebook.com/madisonbrain5k

EVENT SCHEDULE

Date(s) of Setup: 7/11/2020

Setup Start and End Times: 6:30am - 7:15am

Date(s) of Event: 7/11/2020

Event Start and End Times: 8:15am - 11:15am

Date(s) of Take-Down: 7/11/2020

Take-Down Start and End Times: 11:15am - 12:00

Rain Date (if any): n/a

Does this require time in the park
the day before your event?

☐ Yes

☒ No

PERMITS

Will you have amplified sound at this event?

☒ Yes

☐ No

If yes, please fill out an Amplification Permit Application (page 13)

Will have any temporary structures such as tents, stages, inflatables?

☐ Yes

☒ No

If yes, please fill out a Temporary Structure Permit Application (page 14)

Note that permits are not required for 10' x 10' pop-up tents

Will you sell anything during the event?

☒ Yes

☐ No

If yes, please fill out a Vending Permit Application (page 15)

Will you serve any food at this event?

☒ Yes

☐ No

If yes, what will be served: bagels, coffee, bananas, water

Will you sell alcohol (beer/wine) at the event?

☐ Yes

☒ No

If yes, please fill out an Alcohol (Beer/Wine) Sale Permit Application (page 15)

APPLICATION SIGNATURE

THE APPLICANT FOR A PARK EVENT 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 ISSUED.

The organization or person to which a permit is issued will be responsible for the conduct of the event, the condition of the permitted area, and actual fees for services provided. Falsification of information on the application will result in forfeiture of up to \$200 per falsified item.

Applicant Signature Erin Pink

Date 1/8/2020



Park Event Application NARRATIVE & SCHEDULE

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Please provide a brief narrative of the event.

The Madison Brain Tumor 5k is a family friendly run/walk for all abilities. This event includes a kids race, silent auction and 5K. This event raises money and awareness for The National Brain Tumor society

EVENT SCHEDULE

The schedule begins when event setup starts and ends when cleanup of the event area is complete, all equipment is removed and the park is available for regular use.

The schedule should encompass all activities planned for the event, including but not limited to:

- General: set up, hours of operation, tear down/cleanup, leave park
- Vending: when vendors will set up, hours of operation, tear down/cleanup, leave park
- Music/Performances: stage setup, performance schedule, tears down/cleanup, leave park
- Displays, Exhibits, Demonstrations: setup, open hours, tear down, leave park
- Run/Walk/Parade, etc.: when staging starts, start time(s), end time(s), cleanup, leave park

DATE/TIME	ACTIVITY DETAILS FOR EACH DAY IN THE PARK (SETUP, EVENT AND TAKE-DOWN) Make sure your times match the times given on the general information page.
6:00	set up
7:15-8:15	registration / check in / silent auction
8:30	kids race
9:00	5k starts
11-12	Clean up



Park Event Application SITE MAP

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Please attach a site map. Also attach a route plan (if applicable).

- Site map should include, but is not limited to, the following:

- | | |
|---|-------------------------|
| » Accessible paths for wheelchairs | » Placement of vehicles |
| » Disabled parking | » Portable toilets |
| » Dumpsters | » Signage |
| » Exit location for fenced outdoor events | » Stages |
| » Event Perimeter | » Temporary Structures |
| » Fencing | » Vendors |
| » Garbage and recycling receptacles | |

- If the event includes a run/walk component on City streets, the approval of the Parks Division for the use of the park **does not imply approval of the proposed route**. Routes need to be approved with a Parade Permit.

What impact do you anticipate your event will have on the residents/businesses in the areas surrounding the park? Consider things such as noise, parking, traffic, etc. What plans do you have to minimize these impacts?

No issues anticipated
Amplification from 8-12 but should not be
an issue outside of the park

Provide Detailed Event Site Map (feel free to provide this map as a separate attachment):

see attached





Park Event Application CLEANUP AND RECYCLING

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Will you be providing your own receptacles?

☐ Yes

☒ No

If yes, which receptacles and how many?

Recycling Bins: _____

Trash Bins: _____

Dumpsters: _____

If yes, name/contact information of collection agency
providing equipment and service: _____

Will you be renting additional Parks receptacles?

☒ Yes

☐ No

If Yes, please continue. If No, skip the remainder of this form.

Event/Name of Group: Madison Brain Tumor 5K

Park Name: Warner Park

Please indicate quantity of trash barrels: 8

8 barrel minimum: Each increment of up to 8 barrels \$150
(\$142.18 no tax)

Please indicate quantity of dumpsters: 0

per dumpster, and per tip: \$300
(\$284.37 no tax)



Park Event Application EMERGENCY ACTION PLAN

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Below is the standard Emergency Action Plan required by the City of Madison. Please complete the form with your event information.

I. GENERAL

Madison Brain Tumor 5K will be held 7/11/20 at Warner Park
EVENT NAME DATE GENERAL LOCATION/ADDRESS/PARK NAME

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.

CONTACT NAME/CELL NUMBER

3. We ☐ will/ ☒ will not have on-site Police or Security.

CONTACT NAME/CELL 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.



Park Event Application

EMERGENCY ACTION PLAN

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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: NAME.
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	Erin Pink	Cell: 303-908-1321
Secondary Contact	Luanne Pink	Cell: 608-732-6227
Emergency	Dane County 911 Center	911
Non-Emergency	Madison Fire Department	(608) 266-4420
Non-Emergency	Madison Police Department	(608) 255-2345



Park Event Application MARKETING

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

Would you like your event included on the Parks Division Event Calendar?

☒ Yes

☐ No

If Yes, please continue. If No, skip this form.

PARKS DIVISION CALENDAR OF EVENTS

Your event will only be included on the calendars if all permits and applications are approved 30 days in advance and your event is open to the public.

Official Name of Event: Madison Brain Tumor 5K

Park Location: Warner Park

Public Contact Phone: _____

Website: www.facebook.com/madisonbrain5k

Admission Cost: \$30.00 (10 and under are free)

Date of Event: 7/11/2020

Beginning/End Time of Event: 7:15-8:15 check in 9:00 5K start

Two sentence description of event:

Join us for our family friendly 5K run/walk, Kid's race, and silent auction. All proceeds go to the National Brain Tumor Society.



Park Event Application AMPLIFICATION PERMIT

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Will there be amplification at the event?

If Yes, please continue. If No, skip this form.

☒ Yes ☐ No

By Ordinance, public amplification is not allowed in City Parks except by permission from the Parks Division. Please be considerate of park neighbors and other park users.

Event/Name of Group: Madison Brain Tumor 5K

Type of Amplified Sound:

- ☐ Band ☒ DJ ☐ Sound system ☐ Speeches/Announcements ☐ Karaoke
☐ Other (please specify): _____

SOUND DURATION INFORMATION

DATE	TYPE	TIME SOUND BEGINS	TIME SOUND ENDS
7/11/20	DJ	8:00	12:00

Public Amplification permit type is determined by Parks Staff.

Public Amplification Permit 1 – (PA1)

- Sound Limit: 75 dB, 150 ft from the source.
- Time Limit: Between 8 AM and 9 PM, 6 hour duration
- Permit Fee: \$60
- Additional Hour(s) between 8AM and 10PM (9PM for Shelter Reservations): \$20
- Extraordinary extension to 11 PM (requires Park Commission approval): \$50
- Special Conditions:
 - » Two 6 hour permits can be purchased on a day.
 - » No carryover of hours unused on one date may be applied to a second date.
 - » Ranger staff will monitor events for compliance.

Public Amplification Permit 2 – (PA2)

- Sound Limit: 95 dB at the sound board or 100 ft from source, whichever is closer.
- Time Limit: Between 8 AM and 10 PM, 6 hour duration
- Permit Fee: \$150
- Additional Hour(s) between 8 AM and 10 PM: \$30
- Special Conditions:
 - » PA1 Conditions apply
 - » Ranger staff will monitor events for compliance at the perimeter and/or 125 ft from the source and at the sound board if applicable.
- **Non-compliance action**
 - » A warning will be given to comply with the conditions of the permit. If a second warning is required, a citation will be issued to the responsible party for violation of MGO 8.29. A third violation will result in the amplification being ordered to cease immediately.



Park Event Application VENDING PERMITS

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Will vending of any type occur at your event?

If Yes, please continue. If No, skip this form.

☒ Yes

☐ No

Park Event Vending Permits are required to sell anything in a City Park. The fee for this license is dependent on the number of vendors and the number of days vendors will be at the event.

Food Vendors

If a vendor is selling food, the City of Madison also requires a Temporary Food Establishment Permit which is available from the City Clerk's Office (see next page). Public Health Madison & Dane County can provide more information on this permit and their requirements for the safe handling of food.

*Please note that food cart vendors licensed by the City to sell downtown or on other streets are still required to purchase a Park Event Vending Permit.

Event/Name of Group: Madison Brain Tumor 5K

PERMIT TYPE

<input type="checkbox"/> Vending – Single Vendor	Single Day	\$275
	Each additional day in a calendar year	\$50
<input checked="" type="checkbox"/> Vending – Single Non-Profit	Single Day	\$75
	Each additional day in a calendar year	\$25
<input type="checkbox"/> Vending – Multiple Vendors (up to 7 vendors)	Single Day	\$845
	Each additional day in a calendar year	\$50

VENDOR LIST

How many vendors will be at the event? 1

You will be required to submit a complete list of vendors and contact information for your event as part of your Park Event Permit Conditions.

Will Beer/Wine be sold at the event?

If Yes, please continue. If No, skip this form.

☐ Yes

☒ No

Alcohol (Beer/Wine) Sales Permit fee is \$700.00 for one day and \$50.00 for each additional day in a calendar year.

Additionally, a Temporary (Picnic Beer) License is required.

Have you applied for the Temporary Class "B" Retailers License (from the City Clerk's Office)? ☐ Yes ☐ No

Application Date: _____

Temporary (Picnic Beer) License

The following are regulations from the City Clerk's Office. To obtain a Temporary Class "B" Retailers License, you must fill out an application from the City Clerk's Office, 210 Martin Luther King, Jr. Blvd., Rm. 103.

Temporary (Picnic Beer) License Application, Clerk's Office

May be Granted and Issued only to:

- Bona fide clubs that have been in existence for at least 6 months prior to the date of application.
- State, county, or local fair associations or agricultural societies.
- Church, lodge, or society that has been in existence for not less than 6 month prior to the date of application.
- Posts now or hereafter established of ex-servicemen's organizations