

SPECIAL EVENT COMMITTEE APPROVAL FORM

Date: ~~08/29/15~~ 6/1/15

Event Name: Walk for ALS

Event Date: 08/29/15

Location/Description: Walk on sidewalks from TimeOut to N 23rd St.

Estimated City Costs of Services Requested:

Estimated Special Event Holder Charges:

Streets: _____

Licenses: _____

Parks: _____

Delivery Charges: _____

Recreation: _____

Fire: _____

Police: _____

Total: -0-

Total: -0-

Committee Concerns:

- None from Parks, PD, Fire, or Streets

Committee Decision:

Approve	Deny
<p><i>O. Dick</i></p> <p><i>Todd H.</i></p> <p><i>[Signature]</i></p> <p><i>[Signature]</i></p>	

Council Action Required: _____

NOTICE: This application must be on file in the City Clerk's Office a minimum of 30 days prior to the date of the event. Your Certificate of Insurance must be on file in the City Clerk's Office a minimum of 10 days prior to the date of the event.

SPECIAL EVENTS APPLICATION FORM

- Name/Description of Event: WALK for ALS 3 mile walk
- Date of Event: 8/29/15 If multiple days, Start Date: --- End Date: ---
- Time Event will start to form: 9 AM/PM Actual Start Time: 10 (AM/PM) Finish Time: 11:30 (AM/PM)
- Name and complete address of Organization/Individual organizing the Event:

Walk to Defeat ALS
Name of organization, if applicable

Tina M. Kocourek
Name (first, middle, and last) of individual organizing the Event

4709 Veranda Ct
Street Address

Manitowoc, WI 54220
City, State, ZIP

Telephone # (920) 242-7298

Business # () _____
(if applicable)

Date of Birth ____/____/____
of organizing individual

Is the sponsoring organization a 501(c)(3) organization? Yes No

5. Email address of organizer: tinakocourek@gmail.com

6. Location of the Event: Please attach a detailed map or diagram of your event. Also, please indicate the direction of the route, if any, including all turns and the number of traffic lanes to be used. Time Out down Rapids to Michigan Avenue, Michigan Avenue East to N. 23rd St. N. 23rd St. to W. 1st Blvd. W. 1st Blvd west to Time Out (using sidewalk only)

Will the event be held in a Manitowoc park or utilize any park facilities? Yes No Which park? _____

Have you reserved the park for this purpose? Yes No If no, please contact the Parks Department at (920) 686-3580.

Does the event require streets to be closed? Yes No If yes, which street(s): _____

Will the event be held indoors? Yes No If yes, what building? Time Out Sports Bar, N. Rapids
Building Name & Street Address Manitowoc

7. Tell us about your Event:

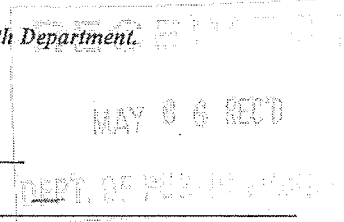
Will food be prepared and/or served at the event? Yes No Time Out
You are responsible for obtaining any necessary permits for food from the Manitowoc County Health Department.

Will you be having a band or amplified music? Yes No

What is the estimated attendance at your event, including observers? 250

How many vendors will be at your event? _____ How many vehicles? _____

Do you require any special parking restrictions? Yes No If yes, what type, when, and where: _____



Will any of the following services be required? Barricades Clean-up Street-sweeping
For help defining your parking, clean-up, and barricade needs, please contact the Department of Public Works at (920) 686-6550.

Will a tent or any other temporary structures be erected? Yes No

Will any fireworks or pyrotechnic devices be used during the event? Yes No
Contact the Fire Department at (920) 686-6540 to secure the proper permits for firework usage.

What toilet facilities will be made available to your participants? Indoor Outdoor
Please describe the toilet facilities that will be provided, including their locations and the number of units: _____

Will alcoholic beverages be served/sold? Yes No If yes, a "Special Class B" license will allow sale/service of beer and/or wine.
Please contact the City Clerk's Office at (920) 686-6950 to obtain a license.

8. Safety and Security for Your Event:

Do you have the correct level of insurance for your specific event? Yes No
Please see the Special Events Insurance Form to ensure you have the proper coverage. You must submit the insurance certificate to the City Clerk's Office at least 10 days before your event.

Designated contact person for the event:

Name of Day-of coordinator () - Phone # before event () - Phone # the day of the event

Is security needed for this event? Yes No

Name of Security Coordinator () - Phone # before event () - Phone # the day of the event

Do you have a plan in place to deal with medical emergencies that may occur during your event? Yes No

9. Fees & Reimbursement: The standard fees for equipment rental and licenses will apply. The City may also require reimbursement for extraordinary expenses for your event. To request a waiver of the extraordinary expenses, please submit a letter detailing your request.

10. Legal Notice

I understand the filing of this application does not ensure approval of a Special Event. I also understand that all Special Event organizers and participants must comply with all applicable City ordinances, traffic rules, park rules, state health laws, fire codes, and liquor licensing regulations. Fees for park facilities, liquor licenses, tent and fireworks permits, and other necessary licenses and permits are in addition to the fees submitted for the Special Events Application. I further understand that an incomplete application may be cause for the denial of the event.

The undersigned agrees to indemnify and hold the City of Manitowoc harmless for any and all damage claims or personal injury claims occurring during this event. It is further agreed that all personal property of any kind brought on the premises shall be at the sole risk of the undersigned, and that the City of Manitowoc shall not be liable for any injury, loss or damage to said property or injury to any persons on the premises. The undersigned agrees to be responsible for any damage caused to said facility or equipment by mischief or negligence. By signing, I acknowledge that I have authority to bind the sponsoring organization and acknowledge that I have received, read and understand the Special Events Policy and agree to be bound by all requirements as stated in the Special Events Policy and it is hereby incorporated by reference into this signed agreement.

Signature of Applicant: Tina Kowalski Date: 5-5-15

COMMITTEE RECOMMENDATION: _____ DATE: _____

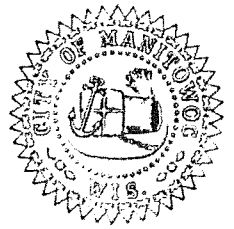
COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No



CITY OF MANITOWOC

WISCONSIN, USA
www.manitowoc.org



June 9, 2015

Tina M. Kocourek
Walk to Defeat ALS
4709 Veranda Ct.
Manitowoc, WI 54220

RE: Walk to Defeat ALS - Saturday, August 29, 2015

Dear Ms. Kocourek:

Your special event request for permission to hold an ALS walk on Saturday, August 29, 2015, using the route as detailed therein, was acted upon by the Special Event Committee on June 1, 2015. At said meeting the Committee unanimously approved your request.

If you require the use of barricades or orange cones, please contact the Department of Public Works at 686-6550 prior to 2:30 P.M. between Monday and Friday. For pick up and return of materials, please stop at Department of Public Works office.

At least 10 days prior to your event, in accordance with City policy, please have your insurance agent submit a certificate of insurance along with additional insured endorsement to my office to evidence your organization's liability insurance coverage. To expedite, please fax to 920-686-6959 or e-mail to dneuser@manitowoc.org. Special Events Insurance Requirements are also enclosed.

If you have any questions, please contact me at 920-686-6950.

Very truly yours,

Jennifer Hudon
City Clerk

JH:dan

cc: Chief of Police Tony Dick
Fire Chief Todd Blaser
Randy Junk, Operations Division Mgr. (Streets)
Chad Scheinoha, Operations Division Mgr. (Cemetery/Parks)
Karen Dorow, Business Manager

Jennifer Hudon, MPA, City Clerk/Deputy Treasurer
CITY HALL · 900 Quay Street · Manitowoc, WI 54220-4543
Phone (920) 686-6950 · Fax (920) 686-6959 · jhudon@manitowoc.org

