

REQUEST FOR SPECIAL EVENTS PRIVILEGE

15-523

TYPE OR PRINT CLEARLY

TODAY'S DATE 04, 14, 15

REQUEST DATE(S) See Below

NAME/ORGANIZATION	<u>The Fat Seagull</u>
CONTACT PERSON	<u>Debi Erickson</u>
ADDRESS	<u>807 Quay Street</u>
CITY, STATE, ZIP	<u>Manitowoc WI 54220</u>
PHONE	<u>(920) 242 6973 OR (920) 684-9123</u>

DETAILED REQUEST (Attach additional sheets, maps, or drawings as applicable)

On the dates listed below we are requesting to have bands outside at The Fat Seagull. The Bands will be located in the parking lot on the west side of the building. We will fence off the front of the parking lot as to not allow access to minors. The dates & approximate times are as follows:

Sun. May 24	2-6	<p>*** We are requesting 1 street closure this year on Sat. July 25th for our 7th Annual Street Party. We will have bands, food, Beer Big Tossney, Charity Dunk Tank, etc. The past street parties were huge successes which brought many people to our downtown area with no incidents. The closure would involve a small portion of Quay Street from approximately 10:30 pm. We will again barricade & fence the area as to not allow access to unattended minors. We appreciate your consideration & support.</p>
Sat. June 6	4-8	
Sat. June 13	4-8	
Sat. June 27	4-8	
Sat. July 11	4-8	
Fri. July 17	4-10	
*** Sat. July 25	See Below	
Sat. Aug 15	4-8	
Sat. Aug 22	4-8	
Sun. Sept 6	2-6	
Sat. Sept 12	4-8	
Sat. Sept 26	4-8	

~~***~~ See attached for Thursdays

I agree to indemnify and hold harmless the City of Manitowoc, its officers, employees and agents against any and all liability for injuries, damages and costs, including actual attorneys fees, resulting from or arising out of any actions of the Applicant, its agents, employees or subcontractors related in any way to the use of the materials in City right-of-ways or for private use. Acts of the Applicant for which the City of Manitowoc is indemnified hereunder shall include, but specifically not be limited to, failure to adequately warn members of the public of the impending activity and dangers related to said activity.

Debi Erickson
Requestor Signature

Debi Erickson
Print Name

04, 14, 15
Date

Committee recommends: _____

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