

15-217

**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**

RECEIVED

JAN 14 2015

- 1. Name/Description of Event: HFM Maritime Marathon
- 2. Date of Event: 6/14/15 If multiple days, Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: CITY CLERKS OFFICE
- 3. Time Event will start to form: 5:00 AM/PM Actual Start Time: 7:00 AM/PM Finish Time: 1:00 AM/PM
- 4. Name and complete address of Organization/Individual organizing the Event:

HFM Maritime Marathon  
 Name of organization, if applicable

Casin Worzalla  
 Name (first, middle, and last) of individual organizing the Event

2300 Western Avenue  
 Street Address

Manitowoc, WI 54220  
 City, State, ZIP

Telephone # (920) 320-4281

Business # ( ) - ( )

Date of Birth \_\_\_/\_\_\_/\_\_\_  
 of organizing individual

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

5. Email address of organizer: Cworzalla@hfmhealth.org

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. \_\_\_\_\_

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): \_\_\_\_\_

East lanes of Lakeside Blvd. ~~Manitowoc~~ parking lane Dewey-Columbus  
Columbus S. 9-5. 8th

Will the event be held indoors?  Yes  No If yes, what building? \_\_\_\_\_  
Building Name & Street Address South 8th - Madison

**7. Tell us about your Event:**

Will food be prepared and/or served at the event?  Yes  No  
*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? 600

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: none on city property

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:

DAVE NICKELS  
Name of Day-of coordinator

(920) 242 - 0899  
Phone # before event

(920) 242 - 0899  
Phone # the day of the event

CASIM WORIZALLA  
Is security needed for this event?  Yes  No

920-254-4494

\_\_\_\_\_  
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: Casim Worzalla

Date: 12/16/14

COMMITTEE RECOMMENDATION: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMON COUNCIL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ?  Yes  No



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Name of Day-of coordinator

920) 242 - 0899  
Phone # before event

(920) 242 - 0899  
Phone # the day of the event

CASIN WORZALLA  
Is security needed for this event?  Yes  No

920) 254 - 4494

\_\_\_\_\_  
Name of Security Coordinator

( ) \_\_\_\_\_ - \_\_\_\_\_  
Phone # before event

( ) \_\_\_\_\_ - \_\_\_\_\_  
Phone # the day of the event

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Signature of Applicant: Casin Worzalla

Date: 12/16/14

COMMITTEE RECOMMENDATION: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMON COUNCIL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ?  Yes  No



# Mariner's Trail Special Use Trail Permit



The Manitowoc and Two Rivers Parks and Recreation Departments reserve the right to permit events conducted on the Mariners Trail and facilities. Please complete the following information and submit it to either Parks and Recreation Office. There is no charge for a trail permit, and events will be considered on a case-by-case basis. Considerations for permitting a trail event include type of event, day of event, and other requests within 30 days of the event, as well as other considerations that may affect the public's use of the trail.

All special events or activities approved by the permit panel (Two Rivers & Manitowoc Park & Recreation Directors) can be reserved 12 months in advance including a renewal, "First Right of Refusal" clause. Set up, clean up and take down and other services provided by a City staff will be billed at the hourly rate currently charged by the Park & Recreation Department. **Event promoter must provide a copy of liability insurance naming both cities as co-insured at least 10 days prior to the event. Permits do not allow "exclusive use" of the trail and the general public must be allowed to share the permitted areas.**

Name: Holy Family Memorial Inc. Street Address: 2300 Western Ave

City: Manitowoc State: WI Zip: 54220 Phone: 920-320-4281

Date of Event: 6/14/15 Facilities Requested: \_\_\_\_\_

Purpose of Application: Marathon Start time: 7:00 am End time: 1:00 pm

Will alcoholic beverages be served?  Yes  No if yes, what type? \_\_\_\_\_  
(Please note: Glass beverage containers not permitted in TR public parks - Ord. 7-1-10)

This agreement is made and entered into by and between the Cities of Two Rivers and Manitowoc, Wisconsin, hereinafter called "City" and the above-named individual, hereinafter called "Permittee." The parties agree as follows: Bookings must be made no earlier than 12 months in advance. The Permittee understands his/her responsibility is to set up, clean up and restore premises within the time period listed above. Permittee is required to provide event liability insurance naming the Cities of Two Rivers and Manitowoc as co-insured.

Limitation of Use: Permittee agrees that the number of persons on the rented premises during the rental period shall not exceed the capacity of the facility and that no intoxicating liquor or fermented malt beverages shall be served to minors. Permittee agrees to use premises rented for the purpose stated above and no other. In the event this Limitation of Use is not complied with, Permittee shall be charged and agrees to pay a fee of \$200.

Permittee agrees to abide by the rules and regulations contained in this agreement.

Cassie Wozniak \_\_\_\_\_  
Signature of Permittee Date 12/16/14

Karen Olson \_\_\_\_\_  
Approved by Manitowoc Parks Department Manager Date 2-11-15

Judy Goodchild \_\_\_\_\_  
Approved by Two Rivers Parks & Recreation Director Date 6-28-15



December 22, 2014

Parks & Recreation Committee  
Jason Sladky, Chairperson  
900 Quay Street  
Manitowoc, WI 54220

Committee Members,

The Maritime Marathon group would like to request permission to hold the Fourth Annual Holy Family Memorial Maritime Marathon on Sunday, June 14, 2015. The event will begin at 7:00am at the UW-Manitowoc campus and will conclude at 1:00pm. The race will start and finish at the UW-Manitowoc proceeding along the lakeshore into Two Rivers to Port Sandy Bay Restaurant and then return on the same course. We will be utilizing the Mariner's Trail for much of the run and anticipate needing only a minimum amount of Police protection on our course. We would request that the East side lane of Lakeside Blvd. in Manitowoc be closed to traffic for the period of time from 7:00am to 1:00pm. In addition, we will be using the east side of South 9<sup>th</sup> Street from Dewey to Columbus, the South side of Columbus from S. 9<sup>th</sup> to S. 8<sup>th</sup>, and the east side of South 8<sup>th</sup> from Columbus to Madison Street. I have a detailed map of the course available if needed. Our Medical Director is Dr. Marjorie Delo of Holly Family Memorial. The event website is [www.maritimemarathon.org](http://www.maritimemarathon.org)

Holy Family Memorial has agreed to be our title sponsor with proceeds being donated to The Crossing. We expect up to 800 participants with many of them traveling from out of town. Many of these participants will arrive on Saturday and spend the evening dining and staying in local hotels. Our group which includes myself, Atty. Lee Kummer, Mark Klaiber, Mike Cavanaugh, Dr. Tom Finnegan, and Ken Schneider believe that with minimum involvement of the cities of Manitowoc and Two Rivers we can bring a maximum return to our local communities and businesses. Please contact me with any questions or concerns at 920-684-0912 or email me at [davenickels@netscape.net](mailto:davenickels@netscape.net)

Thank you,

Dave Nickels  
Race Director  
HFM Maritime Marathon

