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: HFM Marth March March  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|
| 1.  | Date of Event:  |  |  |  |  |  |  |  |  |
| 2.  | Date of Event If multiple days, start Date  |  |  |  |  |  |  |  |  |
| 3.  | Time Event will start to form: 500 AM/PM Actual Start Time: 100 AM/PM Finish Time: 100 AM/PM  |  |  |  |  |  |  |  |  |
| 4.  | Name and complete address of Organization/Individual organizing the Event:  |  |  |  |  |  |  |  |  |
|   | HFU MANHUM MANAHON  Name of organization, if applicable  OSIN WOVZAIIA  Name (first, middle, and last) of individual organizing the Event  Street Address  MANHAWOC, WIT 54220  City, State, ZIP  Telephone # (970) 320- 4381  Business # ()  (if applicable)  Date of Birth//  of organizing individual  |  |  |  |  |  |  |  |  |
| 5.<br>6.  | Is the sponsoring organization a 501(c)(3) organization? No  Email address of organizer:  |  |  |  |  |  |  |  |  |
| Will the event be held in a Manitowoc park or utilize any park facilities? Yes Wo 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 1005 of 1005 loc Blud. What Particularly Developed Columbs  Will the event be held indoors? Yes No If yes, what building?  Building Name & Street Address |  |  |  |  |  |  |  |  |
| 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?  |  |  |  |  |  |  |  |  |
|   | 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? Wes 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 Dobberty   |  |  |  |  |  |  |  |  |
|    | Will alcoholic beverages be served/sold? Wes 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  COSIN Worzalla 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? No   |  |  |  |  |  |  |  |  |
| ). | Fees & Reimbursement: The standard fees for equipment rental and licenses will apply. The City may also require reimbursement fo extraordinary expenses for your event. To request a waiver of the extraordinary expenses, please submit a letter detailing your request.   |  |  |  |  |  |  |  |  |
| 0. | Legal Notice  |  |  |  |  |  |  |  |  |
|    | I understand the filing of this application does not ensure approval of a Special Event. I also understand that all Special Even 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 are 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 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: Date: 12/10/14  |  |  |  |  |  |  |  |  |
| CO | MMITTEE RECOMMENDATION: DATE:   |  |  |  |  |  |  |  |  |
| CO | MMON COUNCIL APPROVAL: DATE:  |  |  |  |  |  |  |  |  |
| II | O COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No  |  |  |  |  |  |  |  |  |

| 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) 686-655.  |   |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|
|  | Will a tent or any other temporary structures be erected? Wes No  |  |  |  |  |  |  |  |  |  |
|  | Will any fireworks or pyrotechnic devices be used during the event? Yes Yes 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 Dutdoor 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? Wes 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  Casim Worzalla  Is security needed for this event?  Yes No  Phone # before event Phone # the day of the event OND Phone # the day of the |  |  |  |  |  |  |  |  |  |
|  | 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?  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, an liquor licensing regulations. Fees for park facilities, liquor licenses, tent and fireworks permits, and other necessary licenses an 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 in claims occurring during this event. It is further agreed that all personal property of any kind brought on the premises shall be 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 it to any persons on the premises. The undersigned agrees to be responsible for any damage caused to said facility or equipme mischief or negligence. By signing, I acknowledge that I have authority to bind the sponsoring organization and acknowledge 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: Date: 12/10/14  |  |  |  |  |  |  |  |  |  |
| CO   | DMMITTEE RECOMMENDATION:DATE:   |  |  |  |  |  |  |  |  |  |
| CO   | OMMON COUNCIL APPROVAL:DATE:  |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |  |
| DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT? Yes No  |   |  |  |  |  |  |  |  |  |  |

## Mariner's Trail **Special Use Trail Permit**

& Recreation

The Manitowoc and Two Rivers Parks and OF TWO RIVE 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 Mangal Inc. Street Address: 2300 lustern Ave

| City: Wintacoc State: UI Zip: 5420 Phone: 920-320-4281  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| Date of Event: (0 14/15 Facilities Requested:   |  |  |  |  |  |  |  |  |
| Purpose of Application: Marchon Start time: 100 am End time: 100 pm Will alcoholic beverages be served? The Yes 100 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.   |  |  |  |  |  |  |  |  |
| Signature of Permittee Date   |  |  |  |  |  |  |  |  |
| Signature of Permittee Date   |  |  |  |  |  |  |  |  |
| Lay 2-11-15.  |  |  |  |  |  |  |  |  |
| Approved by Manitowoc Parks Department Manager Date   |  |  |  |  |  |  |  |  |
| Audy Goodchild 61-28-15   |  |  |  |  |  |  |  |  |
| Approved by Two Rivers Parks & Recreation Director Date   |  |  |  |  |  |  |  |  |

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 <a href="https://www.maritimemarathon.org">www.maritimemarathon.org</a>

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

Thank you,

Dave Nickels Race Director HFM Maritime Marathon



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/31/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| certificate holder in lieu of such endo  |   |           |   | 140100   |   |                            |  |      |              |  |  |
|--|---|-----------|---|--|---|----------------------------|--|------|--------------|--|--|
| PRODUCER   |   |           |   | CONTA<br>NAME:                                   | СТ  |                            |  |      |              |  |  |
| Marsh USA Inc.<br>411 E. Wisconsin Avenue  |   |           |   | PHONE  |   |                            |  |      |              |  |  |
| Suite 1300   |   |           |   | (A/C, No, Ext): (A/C, No):<br>E-MAIL<br>ADDRESS: |   |                            |  |      |              |  |  |
| Milwaukee, WI 53202  |   |           |   |  | INSURER(S) AFFORDING COVERAGE   |                            |  |      | NAIC #       |  |  |
| Attn: healthcare.accountscss@marsh.com Fax: 212-948-1307   |   |           |   |  | INSURER A : ProAssurance Casualty Company   |                            |  |      |              |  |  |
| 010035-1424-GAWXP-15-16  |   |           |   |  | INSURER B : N/A   |                            |  |      | N/A          |  |  |
| Holy Family Memorial, Inc.   |   |           |   | INSURER C : N/A                                  |   |                            |  | N/A  |              |  |  |
| 2300 Western Avenue<br>Manitowoc, WI 54220   |   |           |   | INSURER D: N/A                                   |   |                            |  | N/A  |              |  |  |
| Mantowoo, Wi 34220   |   |           |   |  |   |                            |  |      |              |  |  |
|  |   |           |   | INSURER E :                                      |   |                            |  |      |              |  |  |
| 00//504050   | DTIE  | ATE       | NUMBED:                                       | INSURER F :                                      |   |                            |  |      |              |  |  |
| THIS IS TO CERTIEV THAT THE POLICIE  | COVERAGES CERTIFICATE NUMBER: CHI-004665805-05 REVISION NUMBER: /  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD |           |   |  |   |                            |  |      |              |  |  |
| INDICATED. NOTWITHSTANDING ANY F<br>CERTIFICATE MAY BE ISSUED OR MAY<br>EXCLUSIONS AND CONDITIONS OF SUC | EQUIF<br>PFR1   | REME      | NT, TERM OR CONDITION<br>THE INSURANCE AFFORD | OF AN  | Y CONTRACT<br>THE POLICIE   | OR OTHER I<br>S DESCRIBEI  | JOCUMENT WITH RESPEC                         | 1 10 | WHICH IHIS I |  |  |
| INSR LTR TYPE OF INSURANCE   | ADDL  | SUBR      |   |  | POLICY EFF<br>(MM/DD/YYYY)  | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                                       | 6    |              |  |  |
| A GENERAL LIABILITY  | INSR  | WVD       | HP1424  |  | 01/01/2015  | 01/01/2016                 |  | \$   | 1,000,000    |  |  |
| X COMMERCIAL GENERAL LIABILITY   |   |           |   |  | NO. 50000 NO. CONT.   |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$   | 1,000,000    |  |  |
| V V  |   |           |   |  |   |                            |  | \$   | 10,000       |  |  |
| CLAIMS-MADE _^_OCCUR   |   |           |   |  |   |                            |  | \$   | 1,000,000    |  |  |
|  | -   |           |   |  |   |                            |  | \$   | 3,000,000    |  |  |
|  | -   |           |   |  |   |                            |  | s    |              |  |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC   |   |           |   |  |   |                            |  | \$   |              |  |  |
| X POLICY JECT LOC AUTOMOBILE LIABILITY   | -   |           |   |  |   |                            | COMBINED SINGLE LIMIT (Ea accident)          | \$   |              |  |  |
|  |   |           |   |  |   |                            |  | \$   |              |  |  |
| ANY AUTO ALL OWNED SCHEDULED   |   |           |   |  |   |                            | BODILY INJURY (Per accident)                 | \$   |              |  |  |
| AUTOS AUTOS NON-OWNED  |   |           |   |  |   |                            | PROPERTY DAMAGE<br>(Per accident)            | \$   |              |  |  |
| HIRED AUTOS AUTOS  |   |           |   |  |   |                            | (Per accident)                               | \$   |              |  |  |
| LIMBERT LA LIAR  | +   |           |   |  |   |                            | EACH OCCURRENCE                              | \$   |              |  |  |
| UMBRELLA LIAB OCCUR  |   |           |   |  |   |                            | AGGREGATE                                    | \$   |              |  |  |
| EXCESS LIAB CLAIMS-MAD   | E   |           |   |  |   |                            | AGGREGATE                                    | \$   |              |  |  |
| DED   RETENTION \$<br>  WORKERS COMPENSATION   | -   |           |   |  |   |                            | WC STATU- OTH-                               |      |              |  |  |
| AND EMPLOYERS' LIABILITY Y/I   | 1   |           |   |  |   |                            | TORY LIMITS ER  E.L. EACH ACCIDENT           | \$   |              |  |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  | N/A   |           |   |  |   |                            | E.L. DISEASE - EA EMPLOYEE                   |      |              |  |  |
| (Mandatory in NH)  If yes, describe under  |   |           |   |  |   |                            | E.L. DISEASE - POLICY LIMIT                  |      |              |  |  |
| DÉSCRIPTION OF OPERATIONS below  | +   | -         |   |  |   |                            | E.L. DISEASE - FOLIOT EIMIT                  | Ψ    |              |  |  |
|  |   |           |   |  |   |                            | *  |      |              |  |  |
|  |   |           | /   |  |   |                            | V  |      |              |  |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEH  | 01 50 7   | 044       | A CORD 404 Additional Remarks                 | Schodule   | if more snace is  | required)                  |  |      |              |  |  |
| Re: HFM Maritime Marathon  | CLES (  | Attach    | ACORD 101, Additional Remarks                 | Scriedule  | s, ii iiiore space i  | s required)                |  |      |              |  |  |
| City of Manitowoc is/are included as additional insured w  | here rec  | uired p   | er written contract.                          |  |   |                            |  |      |              |  |  |
| i i  |   |           |   |  |   |                            |  |      |              |  |  |
|  |   |           |   |  |   |                            |  |      |              |  |  |
|  |   |           |   |  |   |                            |  |      |              |  |  |
|  |   |           |   |  |   |                            |  |      |              |  |  |
|  |   |           |   | 0411   | OFLI ATION  |                            |  |      |              |  |  |
| CERTIFICATE HOLDER   | CAN   | CELLATION |   |  |   |                            |  |      |              |  |  |
| City of Manitowoc<br>900 Quay Street   |   |           |   |  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN |                            |  |      |              |  |  |
| Manitowoc, WI 54220  |   |           |   |  | ACCORDANCE WITH THE POLICY PROVISIONS.  |                            |  |      |              |  |  |
|  |   |           |   |  | AUTHORIZED REPRESENTATIVE of Marsh USA Inc.   |                            |  |      |              |  |  |
|  | Manashi Mukherjee Manashi Mukherjee   |           |   |  |   |                            |  |      |              |  |  |