

**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**

- 1. Name/Description of Event: Silver Creek Park Bicycle Race
- 2. Date of Event: 9 / 12 / 15 *prep will begin* If multiple days, Start Date: 9/11/15 End Date: 9/12/15
- 3. Time Event will start to form: 6:00  AM  PM Actual Start Time: 9:00  AM  PM Finish Time: 6:00  AM  PM
- 4. Name and complete address of Organization/Individual organizing the Event:

Heavy Pedal Velo Club  
 Name of organization, if applicable

Eric M. Schram  
 Name (first, middle, and last) of individual organizing the Event

826 8th St  
 Street Address

Manitowoc, WI 54220  
 City, State, ZIP

Telephone # (920) 629-0560

Business # (920) 652-0888  
 (if applicable)

Date of Birth 09 / 01 / 1973  
 of organizing individual

Is the sponsoring organization a 501(c)(3) organization?  Yes  No - *organization is 501(c)(7)*

- 5. Email address of organizer: schram844@hotmail.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. See attached map

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

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? \_\_\_\_\_  
 Building Name & Street Address

- 7. Tell us about your Event:
  - Will food be prepared and/or served at the event?  Yes  No - *Food will be provided by Lates BBA*  
*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 - *small PA system to announce race.*
  - What is the estimated attendance at your event, including observers? 300
  - How many vendors will be at your event? 3 How many vehicles? 100
  - Do you require any special parking restrictions?  Yes  No If yes, what type, when, and where: \_\_\_\_\_

JUN 02 REC'D

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 - *one barrier will be constructed for the race. Same as last year.*

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:  
Eric Schram ( ) 920 629 0560 ( ) 920 629 0560  
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: *Eric M. Schram* Date: 6-2-15

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

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

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ?  Yes  No

MANITOWOC PARKS & RECREATION DEPARTMENTS  
EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

EQUIPMENT REQUESTED (Be Specific)

SB Diamonds \_\_\_\_\_

Garbage Cans 10

BB Diamonds \_\_\_\_\_

Picnic Tables 4

Soccer Field \_\_\_\_\_

Benches \_\_\_\_\_

Tennis Courts - How Many? \_\_\_\_\_

Other \_\_\_\_\_

Pool \_\_\_\_\_

Staging \_\_\_\_\_

AREA REQUESTED Silver Creek Field House/Park

Number of People 300 DATE DESIRED 9-12-15 TIME REQUESTED 6:00am - 6:00pm  
Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Event registration, bathroom

PERSON WHO WILL BE RESPONSIBLE Eric Schram TELEPHONE 920-629-0560

PERSON MAKING REQUEST Eric Schram

TELEPHONE 920-629-0560 ADDRESS 844 Lincoln Blvd, Manitowoc

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Heavy Pedal Velo Club  
ADDRESS 826 South 8th, Manitowoc

**PROVISIONS:**

The undersigned agrees to hold the City harmless for any and all damage, claims or personal injury claims occurring during the term of this contract.

It is further agreed that all property of any kind brought on the premises shall be at the sole risk of the undersigned and that the City shall not be liable for any injury, loss or damage to said property or injury to any person on the premises.

The undersigned agrees to be responsible for any damage caused to said building, property or equipment by mischief or negligence.

CHARGES \_\_\_\_\_

SIGNED E.M. Schram  
(Person Responsible)

APPROVED \_\_\_\_\_

DATE 6/2/15

DATE \_\_\_\_\_

Parks or Recreation Manager

ATTENDENT(S) \_\_\_\_\_

START TIME: \_\_\_\_\_

**MANITOWOC PARKS DEPARTMENT  
SPECIAL CONSIDERATION FOR WAIVER OF PART OR ALL FEES  
FOR USE OF CITY FACILITIES OR EQUIPMENT**

Groups or organizations requesting special consideration for waiver of all or partial fees ordinarily charged to groups for the use of City-owned facilities or equipment must fill out this form completely, at least 30 days in advance of the event. The request will be reviewed by the Parks & Recreation Committee and the group or organization will be notified within 15 days of submitted request.

**A CURRENT FINANCIAL REPORT FOR THE PREVIOUS TWO (2) YEARS INDICATING ALL EXPENSES AND ALL REVENUES OF THE GROUP/ORGANIZATION MUST ACCOMPANY THIS FORM PRIOR TO THE COMMITTEE REVIEWING THE REQUEST.**

**ALL QUESTIONS MUST BE ANSWERED**

1. Name of club/organization making request Heavy Pedal Velo Club  
Address 826 S. 8th Street Telephone 920-629-0560
2. Names of club officers:
 

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
President <u>Dan Holser</u>	<u>826 8th Street</u>	<u>652-0888</u>
Secretary _____		
Treasurer _____		
3. Facility requested: Silver Creek Park Fieldhouse
- Equipment requested: Traffic cones, snow fence, posts, Silver creek fieldhouse
4. Specific dates and hours facility/equipment will be used: Date 9/11 + 9/12 Hrs. 36
5. Please explain your request, as to what fees you desire waived or reduced and reasons. All profits generated from this event will be donated to local manitowoc charities
6. Which do you consider your group to be?
 

A. Community service _____	B. Non-profit _____	C. Private business _____
D. Club or organization <u>X</u>	E. Other, please explain <u>501(c)7 tax exempt</u>	
7. Will money be collected, tickets sold, concessions sold or money raised in conjunction with the event?  
Yes X No \_\_\_\_\_
8. If #7 is "yes," explain and list specific charges Race entry fees
9. What will revenues be used for? See #5.
10. Do you wish to meet personally with the Board/Committee to discuss this request? Yes X No \_\_\_\_\_  
If "yes," please provide the following information of individual to contact:  
Name Eric Schram Address 844 Lincoln Blvd Telephone 920-629-0560  
Signed Eric M. Schram Date 6/2/15

Please attach any additional information which you feel will assist the committee in evaluating your request.

**When completed, this form is to be returned to the Manitowoc Parks Department, 2655 S. 35th St., Manitowoc, WI 54220.**

Committee Action: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

# HEAVY PEDAL VELO CLUB

## LEGEND

- TURF
- PAVEMENT
- SAND
- PARKING

## KEY MAP



SCALE SHEET NUMBER

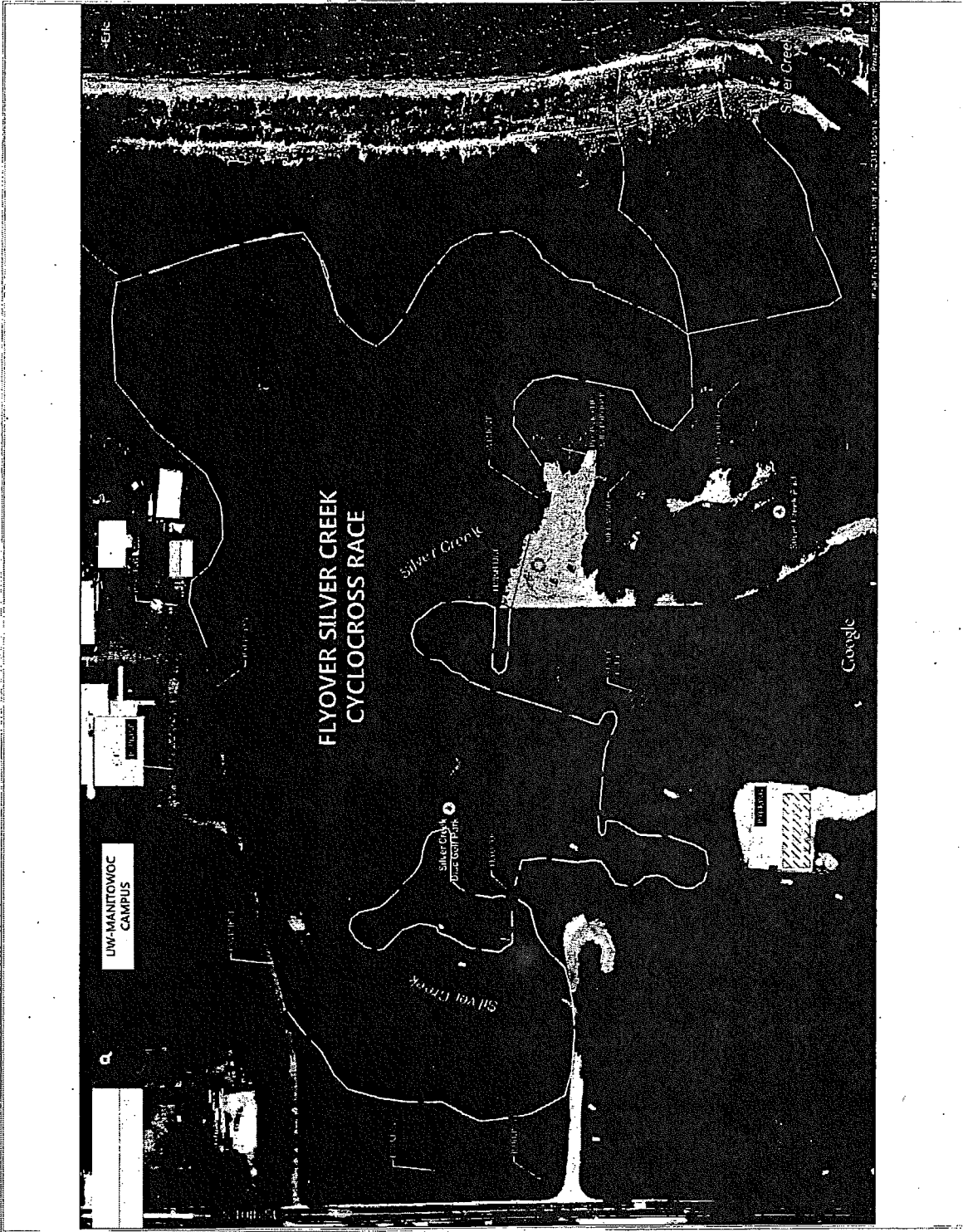
1

PLOT DATE

3/18/15

FILE NAME

FLYOVER SILVER CREEK



In the case of a premise with a current alcohol license, do you need an extension of your premise?  Yes  No If yes, give a detailed explanation under #5.

Do you require a waiver of the restriction to serve alcohol in a park?  Yes  No

**8. Equipment Needed for Your Event:**

Equipment rental charges will apply unless a waiver of some or all fees is approved. **A non-waivable delivery fee will be charged if delivery/pickup by City personnel is needed.** Delivery fees are based on total rental costs.

To make arrangements to pick up the items yourselves, please contact the Parks Division at 686-3580. All items must be picked up and returned weekdays between 7:00 A.M. and 2:30 P.M. It is the renter's responsibility to sign in all materials in the Streets & Sanitation office or with a Parks staff member prior to unloading at the time of return. It is unacceptable to drop off rental materials outside of return hours and without signing them in.

Please indicate where and when the items should be delivered:

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Please indicate the total number of items requested:

Streets & Sanitation Division Equipment (686-3580):

	# Needed		# of Days*		Cost/Day	=	Total	
Barricades						=		
2'		X		X	\$3.00	=		Flashers _____
3'		X		X	\$3.00	=		Flashers _____
8'		X		X	\$4.00	=		
Rail type-long		X		X	\$2.00	=		
Rail type-short		X		X	\$2.00	=		
Channelizer Drums		X		X	\$3.00	=		
Cones						=		
18"		X		X	\$1.50	=		
28"		X		X	\$1.50	=		
Safety vests		X		X	No charge	=	No Charge	
Snow fence						=		
Rolls		X		X	\$4.00	=		
Posts		X		X	No Charge	=	No Charge	
Post driver/pounder		X		X	No Charge	=	No Charge	
Traffic signs		X		X	\$2.00	=		Description _____
		X		X	\$2.00	=		Description _____
		X		X	\$2.00	=		Description _____
Traffic signs (Portable)		X		X	\$3.00	=		Description _____
		X		X	\$3.00	=		Description _____
		X		X	\$3.00	=		Description _____
Other (list items and amounts)						=		

Parks Division Equipment (686-3580): Do NOT count any picnic tables, garbage cans, etc. already located at the park.

Banquet tables, 8'		X		X	\$5.00	=		
Park benches		X		X	\$7.00	=		
Picnic tables	<u>4</u>	X	<u>3</u>	X	\$7.00	=	<u>84</u>	
Risers, platform		X		X	\$15.00	=		Description _____
Security stanchions		X		X	\$ 5.00	=		
Tent, 10'x10'		X		X	\$30.00	=		
Tent, 10'x20'		X		X	\$35.00	=		
Ticket booths, outdoor		X		X	\$15.00	=		
Trash cans	<u>10</u>	X	<u>3</u>	X	No Charge	=	No Charge	
Wenger portable bandwagon, 35x8'***		X		X	\$240.00	=		
Other (list items and amounts)						=		

**TOTAL RENTAL CHARGES**

84

\*Include the day of return but not the day of pickup/delivery. Items must be picked/returned weekdays between 7:00 am and 2:30 pm.

\*\*The bandwagon shall not be removed from the City limits without the approval of the Park & Recreation Committee and must be delivered/setup by City Personnel.

Event: Silver Creek Park Bicycle Race Return To: Sandy - Parks  
Event Date: 9/12/15

**REVIEWING DEPARTMENT RECOMMENDATION**

**POLICE**  
(686-6500)

**DEPT. CHARGES**

LABOR \_\_\_\_\_ OTHER \_\_\_\_\_  
EQUIP. \_\_\_\_\_ TOTAL \_\_\_\_\_

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FIRE**  
(686-6500)

**DEPT. CHARGES**

LABOR \_\_\_\_\_ OTHER \_\_\_\_\_  
EQUIP. \_\_\_\_\_ TOTAL \_\_\_\_\_

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARKS**  
(686-3580)

**DIVISION CHARGES**

**FEES DUE BY ORGANIZER**

RENTAL \_\_\_\_\_ LATE APPL. FEE \_\_\_\_\_  
OTHER \_\_\_\_\_ STAKE PERMIT \_\_\_\_\_  
TOTAL \_\_\_\_\_ TOTAL \_\_\_\_\_

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**REC.**  
(686-3060)

**DIVISION CHARGES**

RENTAL \_\_\_\_\_  
OTHER \_\_\_\_\_  
TOTAL \_\_\_\_\_

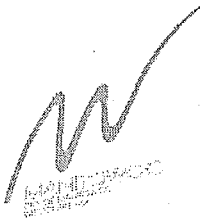
Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**STREETS**  
(686-6550)

**DIVISION CHARGES**

RENTAL \_\_\_\_\_  
OTHER \_\_\_\_\_  
TOTAL \_\_\_\_\_

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# SPECIAL EVENT COMMITTEE APPROVAL FORM

Date: 06/09/15

Event Name: Silver Creek Bicycle Race

Event Date: 09/12/15

Location/Description: Flyover Cyclocross Race at Silver Creek Park, Lates BBQ to sell food, PA system, one barrier to be constructed, alcoholic beverages to be sold, use of fieldhouse & Parks/Streets equipment

**Estimated City Costs of Services Requested:**

Streets: \_\_\_\_\_  
 Parks: 327  
 Recreation: \_\_\_\_\_  
 Fire: \_\_\_\_\_  
 Police: 0  
 Total: \_\_\_\_\_

**Estimated Special Event Holder Charges:**

Licenses: Liquor license Class "B"  
 Stake permit: 50  
 Delivery charges (if delivery requested): \_\_\_\_\_  
 Total: \_\_\_\_\_

**Committee Concerns:**

- MED review safety plan
- recommend all participants sign waiver

**Committee Decision:**

Approve	Deny

Council Action Required: \_\_\_\_\_