

Parker Rec
5-5-14

14-932

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: Lakeshore Weekend - 5k Run For the Kid
- 2. Date of Event: 8, 3, 14 If multiple days, Start Date: End Date:
- 3. Time Event will start to form: 7:15 AM/PM Actual Start Time: 8:00 AM/PM Finish Time: 10:00 AM/PM
- 4. Name and complete address of Organization/Individual organizing the Event:

Lakeshore Weekend
Name of organization, if applicable
Connie Heinzen
Name (first, middle, and last) of individual organizing the Event
2002 Marshall Street
Street Address
Manitowoc, WI 54220
City, State, ZIP

Telephone # (920) 323-0192
Business # (920) 683-0202
(if applicable)
Date of Birth 10/27/1966
of organizing individual

- Is the sponsoring organization a 501(c)(3) organization? Yes No Childrens Hospital of Wisconsin
- 5. Email address of organizer: Connie.heinzen@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. (attached)
Utilize Mariner's Trail for route.

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 Maritime Drive / Memorial Drive along the route.

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? 300

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:

? to Block off street lanes?

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:

Randy + Connie Heinzen
Name of Day-of coordinator

920, 323-6400
Phone # before event

920, 323-0192
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: Constance Heinzen

Date: 4-18-14

COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No



Notes

Trip to:

425 Maritime Dr

Manitowoc, WI 54220-6844

3.27 miles / 6 minutes



425 Maritime Dr, Manitowoc, WI 54220-6844

Download
Free App



1. Start out going north on **Maritime Dr** toward **Huron St**. [Map](#)

1.1 Mi

1.1 Mi Total



2. Turn slight right onto **Memorial Dr / WI-42**. [Map](#)
Memorial Dr is 0.4 miles past Cleveland Ave

0.6 Mi

1.6 Mi Total



3. Make a U-turn at **E Magnolia Ave** onto **Memorial Dr / WI-42**. [Map](#)
If you reach Jasmine Dr you've gone about 0.1 miles too far

0.1 Mi

1.8 Mi Total



4. **808 MEMORIAL DR** is on the right. [Map](#)
If you reach Johnston Dr you've gone about 0.2 miles too far

A to B Travel Estimate: 1.76 mi - about 3 minutes



808 Memorial Dr, Manitowoc, WI 54220-2241



1. Start out going southwest on **Memorial Dr / WI-42** toward **Johnston Dr**. [Map](#)

0.5 Mi

2.2 Mi Total



2. Turn slight left onto **Maritime Dr**. [Map](#)
Maritime Dr is 0.2 miles past Johnston Dr

1.0 Mi

3.3 Mi Total



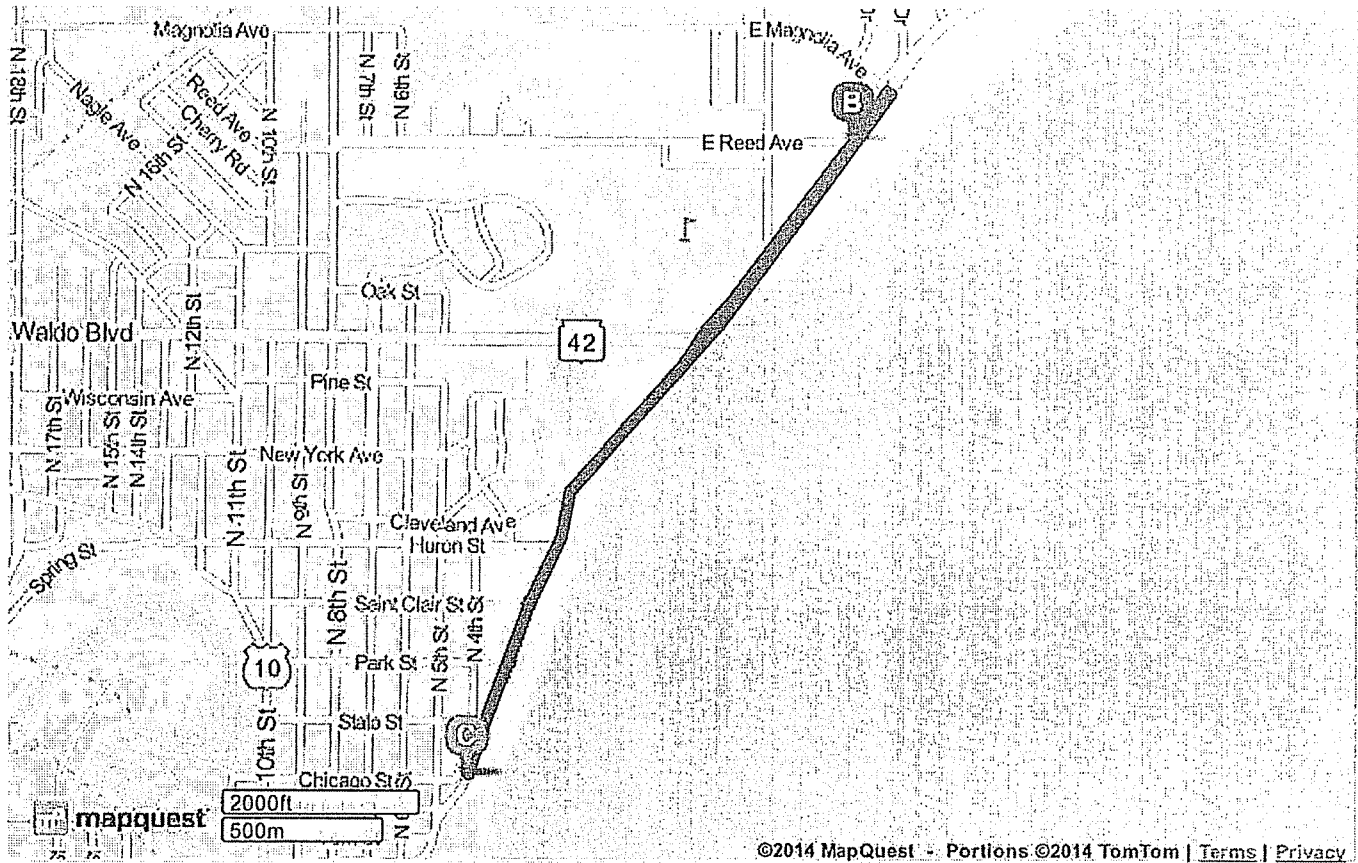
3. **425 MARITIME DR** is on the left. [Map](#)
Your destination is 0.4 miles past Huron St
If you reach Buffalo St you've gone a little too far

B to C Travel Estimate: 1.51 mi - about 2 minutes



425 Maritime Dr, Manitowoc, WI 54220-6844

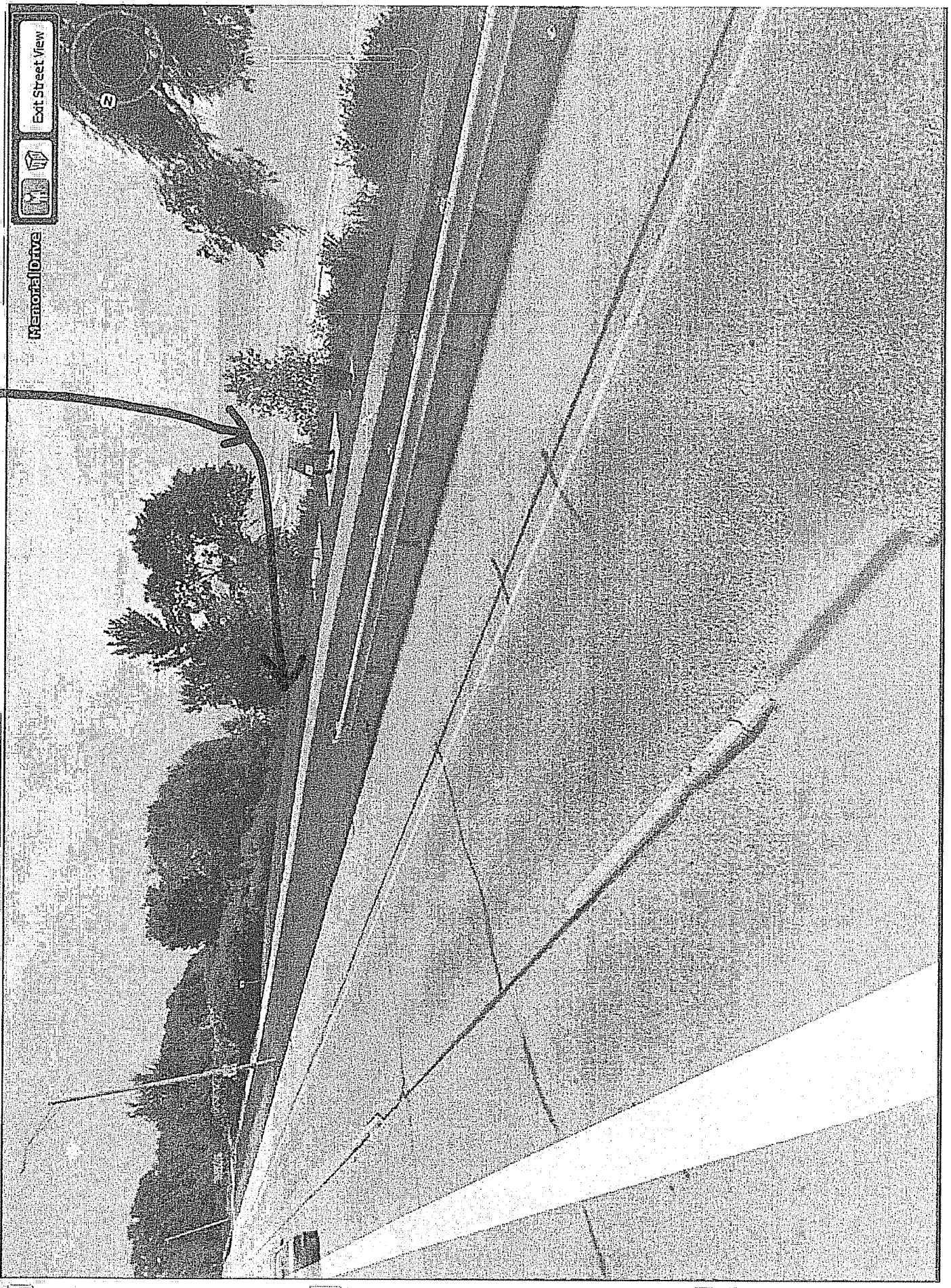
Total Travel Estimate: 3.27 miles - about 6 minutes



©2014 MapQuest - Portions ©2014 TomTom | [Terms](#) | [Privacy](#)

©2014 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

MEMORIAL DRIVE FORM 1



RE: Lakeshore Weekend for Kids 5K Run

REVIEWING DEPARTMENT RECOMMENDATION

8/3/14

Department to complete the form and return to the City Clerk ASAP, but not later than 14 days.

Your request was acted upon in accordance with the contents of this application with the following conditions

PARKS
(683-4537)

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature _____ Date / /

POLICE
(686-6500)

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature [Signature] Date 4/2/14

FIRE
(686-6540)

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature _____ Date / /

DPW
(683-4550)

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RE: Lakeshore Weekend for Kids SK Run

REVIEWING DEPARTMENT RECOMMENDATION 8/3/14

Department to complete the form and return to the City Clerk ASAP, but not later than 14 days.

Your request was acted upon in accordance with the contents of this application with the following conditions

PARKS
(683-4537)

LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature _____ Date / /

POLICE
(686-6500)

LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature _____ Date / /

FIRE
(686-6540)

N/A

LABOR _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature Todd Ho Date 4/24/14

DPW
(683-4550)

LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RE: Lalushore Weekend for Kids SK Run

REVIEWING DEPARTMENT RECOMMENDATION 8/3/14

Department to complete the form and return to the City Clerk ASAP, but not later than 14 days.

Your request was acted upon in accordance with the contents of this application with the following conditions

PARKS _____
 (683-4537) _____

	N/A	NO CHARGE	CHARGE
LABOR _____	[]	[]	[]
EQUIPMENT _____	[]	[]	[]
MATERIALS _____	[]	[]	[]

Dept. Head or Designee Signature _____ Date / /

POLICE _____
 (686-6500) _____

	RECEIVED	N/A	NO CHARGE	CHARGE
	APR 21 2014	[]	[]	[]
LABOR _____		[]	[]	[]
EQUIPMENT _____		[]	[]	[]
MATERIALS _____	DEPT. OF PUBLIC WORKS	[]	[]	[]

Dept. Head or Designee Signature _____ Date / /

FIRE _____
 (686-6540) _____

	N/A	NO CHARGE	CHARGE
LABOR _____	[]	[]	[]
EQUIPMENT _____	[]	[]	[]
MATERIALS _____	[]	[]	[]

Dept. Head or Designee Signature _____ Date / /

DPW (683-4550) If the Mariners Trail is to be utilized for the event no traffic control items are required. If any lane closure for Memorial Dr takes place a WDOT permit will need to be obtained. The Maritime Ar portion will not need any permit. The DPI will have to setup TC due to the complexity of the T.C. that merges into Memorial Dr. This TC would be very similar to the YMCA Event. (Triathlon)

	N/A	NO CHARGE	CHARGE
LABOR <u>8 hrs.</u>	[]	[]	\$270 ⁰⁰
EQUIPMENT <u>4 hrs</u>	[]	[]	\$60 ⁰⁰
MATERIALS <u>Type III, barrels, cones, Type II, signs</u>	[]	[]	\$450 ⁰⁰

(4) (5) (250) (9) (10) RyfelC 4/25/14

RE: Lakeshore Weekend for Kids SK Run

REVIEWING DEPARTMENT RECOMMENDATION 8/3/14

Department to complete the form and return to the City Clerk ASAP, but not later than 14 days.

Your request was acted upon in accordance with the contents of this application with the following conditions

PARKS No service requested for Run
(683-4537)

		NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature [Signature] Date 4.21.14

POLICE
(686-6500)

		NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature _____ Date / /

FIRE
(686-6540)

		NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature _____ Date / /

DPW
(683-4550)

		NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>