

SPECIAL EVENTS APPLICATION FORM

15-3/2

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.

- 1. Name/Description of Event: Lights in Lincoln Park
2. Date of Event: 11/27/15 Start Date: 11/27/15 End Date: 12/26/15
3. Time Event will start to form: 5:00 AM/PM Actual Start Time: 5:00 AM/PM Finish Time: 8:00 AM/PM
4. Name and complete address of Organization/Individual organizing the Event:

Lincoln Park Zoological Society
Name of organization, if applicable
Paul Winans
Name (first, middle, and last) of individual organizing the Event
P.O. Box 321
Street Address
Manitowoc, WI 54220
City, State, ZIP

Telephone # (920) 629-4684
Business # () (if applicable)
Date of Birth of organizing individual

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

5. Email address of organizer: Manitowoc LPZS@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.

Will the event be held in a Manitowoc park or utilize any park facilities? [X] Yes [] No Which park? Lincoln Park

Have you reserved the park for this purpose? [X] Yes [] No If no, please contact the Parks Department at (920) 686-3580.

Does the event require streets to be closed? [X] Yes [] No If yes, which street(s):

Will the event be held indoors? [X] Both [] Yes [] No If yes, what building? Cabin 1 for Santa Night
Building Name & Street Address

7. Tell us about your Event:

Will food be prepared and/or served at the event? [X] Yes [] No - Santa Nights
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 [X] No

What is the estimated attendance at your event, including observers? 4,000 cars for whole event
How many vendors will be at your event? 0 How many vehicles? 300 people for Santa Ni

Do you require any special parking restrictions? [] Yes [X] 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.

Doug will supply work order for Light show needs

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: Cabin 1
RESTROOMS

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:

Doug Koch
Name of Day-of coordinator

920 684-7915
Phone # before event

920 629-4684
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: [Signature]

Date: 2-11-14

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 _____
BB Diamonds _____ Picnic Tables _____
Soccer Field _____ Benches _____
Tennis Courts - How Many? _____ Other _____
Pool _____ Staging _____

AREA REQUESTED Use of Lincoln Park + Cabins 1 + 2

Number of People _____ DATE DESIRED Nov. 27 - Dec 28 TIME REQUESTED 24-7
Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Lights in Lincoln Park
light show

PERSON WHO WILL BE RESPONSIBLE Douglas C. Koch TELEPHONE 920-684-7915

PERSON MAKING REQUEST Douglas C. Koch

TELEPHONE 920-684-7915 ADDRESS 4904 River Heights Dr. Manitowoc

WHO WILL BE BILLED IF THERE ARE ANY CHARGES
NAME Lincoln Park Zoological Society
ADDRESS P.O. Box 321 Manitowoc, WI 54220

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 Douglas C. Koch
(Person Responsible)

APPROVED _____ DATE 2-12-15

Parks or Recreation Manager DATE _____

ATTENDENT(S) _____ START TIME: _____

Sandy Ronski

From: Lincoln Park Zoological Society <manitowoclpzs@gmail.com>
Sent: Tuesday, February 17, 2015 11:44 AM
To: Sandy Ronski
Cc: Chad Scheinoha; Betsy Winga
Subject: Santa Chair delivery

WORK ORDER

Date work is needed: Friday, Nov 27, 2015

Date Submitted: 2-17-2015

To: Sandy Ronski – copy Chad Shenoah

From: Jane Winans

RE: Santa chair delivery

- 1)** Pick Up Santa chair from Rahr West and deliver to cabin 1 before noon, please.

MANITOWOC PARKS DEPARTMENT

FEB 17 REC'D

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

- Name of club/organization making request Lincoln Park Zoological Society
Address P.O. Box 321 Manitowoc, WI 54221-0321 Telephone 920-683-7685
- Names of club officers:

	Name	Address	Telephone
President	<u>Betsy Winga</u>	<u>1500 Westbury Court</u>	<u>920-683-1828</u>
Secretary	<u>Betsy Koucourek</u>	<u>1601 Shoford Rd. Two Rivers</u>	<u>920-684-3871</u>
Treasurer	<u>Jan Baetke</u>	<u>6008 Fetzer Rd. Manitowoc</u>	<u>920-684-7081</u>
- Facility requested: Lincoln Park - Cabins 1 & 2
Equipment requested: —
- Specific dates and hours facility/equipment will be used: Date Nov. 27 - Dec 28 Hrs. 24-7
- Please explain your request, as to what fees you desire waived or reduced and reasons. All fees
- Which do you consider your group to be?
 A. Community service B. Non-profit C. Private business
 D. Club or organization E. Other, please explain _____
- Will money be collected, tickets sold, concessions sold or money raised in conjunction with the event?
Yes No
- If #7 is "yes," explain and list specific charges There is a \$5.00 per car admission fee.
- What will revenues be used for? Improvements - Expansion of the zoo and educational programs.
- Do you wish to meet personally with the Board/Committee to discuss this request? Yes No
If "yes," please provide the following information of individual to contact:
Name _____ Address _____ Telephone _____

Signed Douglas C. Koch Date 2-12-15

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 _____