

Public Infra
5-5-14



Special Events Request

14-935

824 S. 8th Street • Manitowoc, WI 54220
Phone: 920-652-0372 • Fax: 920-652-0657

Website: mainlymanitowoc.com

April 21, 2014

Mayor Justin Nickels
City Clerk Jennifer Hudon
City of Manitowoc
900 Quay St.
Manitowoc, WI 54220

RECEIVED

APR 23 2014

CITY CLERKS OFFICE

Dear Mayor Nickels and City Clerk Hudon:

I am writing to you and the City Council for approval to host Krazy Daze in the downtown district on Friday and Saturday, July 11th and 12th. This will include sidewalk sales in the Main Street area marked on the enclosed map. Friday events will include sidewalk sales from noon-6pm, and entertainment provided by the Manitowoc Public Library from 4-8pm. Saturday events will include sidewalk sales, entertainment, and family activities from 8am-4pm.

We are also requesting use of Burger Boat Park, closure of Quay Street between 8th and the Library parking lot, closure of Jay Street between 7th and 8th Streets, and the use of various City equipment listed on the Manitowoc Park and Recreation Department Equipment & Facility Request Form (sent to the Parks and Recreation Department) and the Special Events Application Form.

We would also like to request the presence of a crossing guard at the intersection for 8th and Quay Street from the hours of 9am-3pm.

Please also consider authorizing the use of electrical outlets in Burger Park and possibly the Library.

We greatly appreciate you taking the time to consider these requests. We look forward to your approval and working with the various departments on the specific logistics.

Respectfully,

Jamie Zastrow
Executive Director

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: Krazy Daze
2. Date of Event: ___/___/___ If multiple days, Start Date: 7/11/14 End Date: 7/12/14
3. Time Event will start to form: ___ AM/PM Actual Start Time: 7/11/14 noon-8pm AM/PM Finish Time: 7/12/14 8am-4pm AM/PM
4. Name and complete address of Organization/Individual organizing the Event:

Mainly Manitowoc, Inc
Name of organization, if applicable

Telephone # (920) 652-0372

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

Business # () - same
(if applicable)

805 Quay St,
Street Address

Date of Birth ___/___/___
of organizing individual

Manitowoc, WI 54220
City, State, ZIP

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

5. Email address of organizer: jamie.zastraw@mainlymanitowoc.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. down town / Main Street district - map attached

Will the event be held in a Manitowoc park or utilize any park facilities? Yes No Which park? Burger Boat 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): Quay Street between 7+8th st and Jay St, between 7+8th

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? 500-1000

How many vendors will be at your event? 8-10 (TBD) How many vehicles? 0

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 Possibly by individual vendors + bouncers

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: portable (B+M),
locations TBD on Quay and/or Jay St. Closures

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:

Jamie Zastraw (920) 652-0372 (920) 212-3245
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: Jamie Zastraw Date: 4/21/2014

COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No

RE: Krazy Daze, July 11th @ 12

REVIEWING DEPARTMENT RECOMMENDATION

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 4/23/14

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"/>

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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 _____ Date / /

FIRE
(686-6540)

N/A

		N/A	NO CHARGE	CHARGE
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 Thase Date 4/24/14

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"/>