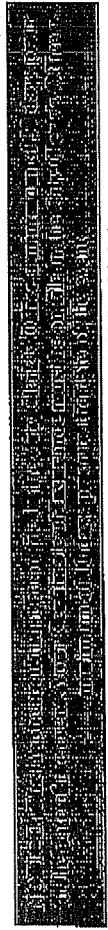


Public Input  
4-7-14

14-590



SPECIAL EVENTS APPLICATION FORM

1. Name/Description of Event: Run for Sober Sk

2. Date of Event: 5/3/14 If multiple days, Start Date: 5/3/14 End Date: 5/3/14

3. Time Event will start to form: 0900 Actual Start Time: 0900 AM/PM: AM/PM

4. Name and complete address of Organization/individual organizing the Event:

Lakeside Humane Society  
 Name of organization, if applicable  
Melissa Marie Jackson  
 Name (first, middle, and last) of individual organizing the Event  
1551 N. 8th Street  
 Street Address  
Manitowish WI 54220  
 City, State, ZIP

Telephone # (Area) 840-1169

Business # (Area) 840-5401  
(if applicable)

Date of Birth: 07/26/83  
of organizing individual

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

Email address of organizer: mjackson@compass.net

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. Please see attached map regarding route change. I have previously approved special events request. No longer including Hwy 16 in route. I would like to obtain permit from DOT.

Will this event be held in a Municipal park or utilize any park facilities?  Yes  No Which park? Lincoln

Have you reserved the park for this purpose?  Yes  No If no, please contact the Parks Department at (920) 886-3380.

Does this event require streets to be closed?  Yes  No If yes, which streets? Volunteers will be used to control traffic at various times. Vehicles will be obtained from Public Works. They need police assistance if they are involved in an accident. No one should be allowed to cross over used streets. Will this event be held indoors?  Yes  No If yes, what building? 25 West Main Street, Cross Street, used, please provide Building Name & Street Address

7. Tell us about your Event:

Will food be prepared and/or served at the event?  Yes  No

Are you responsible for obtaining any necessary permits for food from the Manitowish County Health Department?

Will you be having a booth or amplified music?  Yes  No

What is the estimated attendance of your event, including observers? 150

How many vehicles will be at your event? 0 How many vehicles? 50-100

Do you require any special parking restrictions?  Yes  No If yes, what type, when, and where:

\* NEW Route \*

\* This is a revised request. In addition, special events request approved 5/19/14

Will any of the following services be required?  Broomsticks  Street-sweeping  
 Clear-up  For info, defining your zoning, when you and your neighbors, please contact the Department of Public Works at (202) 487-6350.

Will a tent or any other temporary structures be erected?  Yes  No - **Small tents for registration, raffle, and snacks (tables)**

Will any fireworks or pyrotechnic devices be used during the event?  Yes  No  
Contact the Fire Department at (202) 686-6510 to secure the proper permits for their use.

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: \_\_\_\_\_

2 portable toilets provided by neighbors

Will alcoholic beverages be served?  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 (202) 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:

Melissa Jackson  
Name of Day-of coordinator

(202) 730-1164  
Phone # before event

(202) 730-1164  
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 Notices

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, 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.

This undersigned agrees to indemnify and hold the City of Manassas 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 Manassas 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 negligence or neglect. 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: 4.2.14

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

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

DEP COMMON COUNCIL WAIVE FEES & REIMBURSEMENT?  Yes  No





# CITY OF MANITOWOC

WISCONSIN, USA  
WWW.MANITOWOC.ORG

March 19, 2014

Ms. Melissa Marie Jacquot  
Lakeshore Humana Society  
1551 N. 8<sup>th</sup> St.  
Manitowoc, WI 54220

Dear Ms. Jacquot:

Your special events request to hold the first annual Run for Shelter 5K on Saturday, May 3, 2014, and requesting permission to use the route described therein, was acted upon by the Common Council at the meeting of Monday, March 17, 2014.

At said meeting the Common Council unanimously recommended granting your request per City policy, with Fire Department to change ambulance standby rules if City fire protection is requested.

If you require the use of barricades or orange cones, please contact the Department of Public Works at 686-6560 prior to 2:30 P.M. between Monday and Friday. For pick-up and return of materials, please stop at Department of Public Works office. If you are closing off a street, you shall provide traffic control barricades. Please note that you will need to apply for a permit with the WDOT to close any portion of a State Highway (Hwy. 42).

The telephone number to arrange for Police Department assistance with your event is 686-6573 and for Fire Department assistance (standby ambulance) you may contact 686-9540.

Your approved certificate of insurance is on file.

Very truly yours,

*Jennifer Hudson*  
Jennifer Hudson  
City Clerk

JH:dan

cc: Chief of Police Tony Dick  
Fire Chief Todd Blaser  
Randy Junik, Operations Co-Team Leader 374-0403  
Chad Scheinoha, Operations Co-Team Leader  
Karen Dorow, Operations Business Manager

Jennifer Hudson, MSPA, City Clerk/Deputy Treasurer  
CITY HALL - 900 Quay Street - Manitowoc, WI 54220-4543  
Phone (920) 686-6573 : Fax (920) 686-6568 : jhudson@manitowoc.org