

*Parks
Public Inqury 9-15-14*

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: 47th Annual Cross Country Invite
- 2. Date of Event: 09 / 13 / 14 If multiple days, Start Date: / / End Date: / /
- 3. Time Event will start to form: 6am AM/PM Actual Start Time: 10am AM/PM Finish Time: 2:30pm AM/PM
- 4. Name and complete address of Organization/Individual organizing the Event:

Roncalli High School Telephone # () 686 - 8148
 Name of organization, if applicable
David Mueller Business # () -
 Name (first, middle, and last) of individual organizing the Event (if applicable)
2000 Mirro Drive Date of Birth 01 / 11 / 1966
 Street Address of organizing individual
Manitowoc, WI 54220 City, State, ZIP

Waiver of Fee Request attached.

- Is the sponsoring organization a 501(c)(3) organization? Yes No
- 5. Email address of organizer: dmueller@roncallijets.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. Lincoln Park

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):

Will the event be held indoors? Yes No If yes, what building? concessions building at Lincoln Park
 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? 400 people
 - How many vendors will be at your event? How many vehicles? 100
 - Do you require any special parking restrictions? Yes No If yes, what type, when, and where:

**RECEIVED
SEP 5 2014
CITY CLERKS OFFICE**

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: _____

bathrooms at the concessions building

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:

Dave Mueller

323-0286

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:

Dave Mueller

Date:

9-5-14

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

SB Diamonds Lincoln Park outfield
BB Diamonds & Concessions
Soccer Field _____
Tennis Courts - How Many? _____
Pool _____

EQUIPMENT REQUESTED (Be Specific)

Garbage Cans 10-15 cans on field
Picnic Tables by fence
Benches _____
Other _____
Staging _____

AREA REQUESTED concessions/field(SB) roads/paths

Number of People 400 DATE DESIRED 9-13-14 TIME REQUESTED 6am - 3pm
Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? CC Invite 47th annual

PERSON WHO WILL BE RESPONSIBLE Dave Mueller TELEPHONE 373-0286

PERSON MAKING REQUEST Dave Mueller

TELEPHONE _____ ADDRESS _____

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Rencalli H.S.
ADDRESS 2000 Mirror Drive 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 Dave Mueller
(Person Responsible)

APPROVED _____ DATE _____

Parks or Recreation Manager DATE _____

ATTENDENT(S) _____ START TIME: _____

RE: Boncalli High School Cross Country Invite 9-13-14

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 _____ Date ____/____/____

FIRE _____
(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 ____/____/____

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"/> |

Dept. Head or Designee Signature _____ Date ____/____/____