Down July

## SPECIAL EVENTS APPLICATION FORM

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.

	Name/Description of Event: Movie Nights July 17, Aug 14				
2.	Date of Event: 7 17/14 Persoldinla deva, Start Date: 8/14/14 End Date:				
	Time Event will start to form: 630 AM/RM Actual Start Time: 8:00 AM/RM Finish Time: 10:30 AM/RM				
3.					
1.	Name and complete address of Organization/Individual organizing the Event:				
	Lincoln Park Zoological South James Cell Telephone # (247 le Le US) Name of organization, if applicable				
•	Name (first, middle, and last) of individual organizing the Event  Or 27 1				
	Street Address Date of Birth				
	Manutonac wI 54221 individual City, State, ZIP				
	Is the sponsoring organization a 501(c)(3) organization? The No				
5.	Email address of organizer: HautowoclP2S@gmail. Com				
5.	ocation of the Event: Please attach a detailed map or diagram of your event. Also, please indicate the direction of the route, if any, is cluding 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? Yes \( \subseteq \) No Which park? \( \subseteq \omega \omeg				
	Have you reserved the park for this purpose? Tyes No If no, please contact the Parks Department at (920) 686-3580.				
	Does the event require streets to be closed? The Yes No If yes, which street(s):				
	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/o 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? Wes D No				
	What is the estimated attendance at your event, including observers?				
	How many vendors will be at your event? How many vehicles?				
	Do you require any special parking restrictions?   Yes XNo If yes, what type, when, and where:				
	Will any of the following services be required?   Barricades  Clean-up  Street-sweeping   Clean-up  Street-sweeping   Clean-up  Street-sweeping   Clean-up				

	Will a tent or any other temporary structures be erected?	Yes I No HOU'L SCY	reen		
	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:				
ŀ	Will alcoholic beverages be served/sold? Yes No 1 Please contact the City Clerk's Office at (920) 686-6950 to	If yes, a "Special Class B" license will a to obtain a license.	allow sale/service of beer and/or wine.		
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:				
. ~	Name of Day-of coordinator	920,343 6645 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 emerge	encies that may occur during your even	? 🗆 Yes 🗀 No		
9.	Fees & Relmbursement: 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. And Chil	way	Date: 3 - 19 - 14		
со	OMMITTEE RECOMMENDATION:		DATE:		
co	OMMON COUNCILAPPROVAL:		DATE:		
DII	D COMMON COUNCIL WAIVE FEES & REIMBUR	RSEMENT? Yes No			

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