P.5-3-19-14

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.

SPECI	\mathbf{AL}	E	EN	TS	API	LIC	ATI	ON	FORM	[
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ί.	Name/Description of Event: Cool City Classic Car Cruise							
2.	Date of Event: 06 /27 /2014 If multiple days, Start Date: /	/End Date:/						
3.	Time Event will start to form: 4:00 pm AM/PM Actual Start Time: 4:00pn	n_AM/PM Finish Time: 6:30 pm_AM/PM						
ı.	Name and complete address of Organization/Individual organizing the Event:							
	Two Rivers Main Street	Telephone # () 794_ 1482						
	Name of organization, if applicable							
	Matthew M. Hohner	Business # () 973 8075						
	Name (first, middle, and last) of individual organizing the Event	Business # () <u>973</u> _ <u>8075</u> (if applicable)						
	PO Box 417	Date of Birth of organizing						
	Street Address	of organizing						
	Two Rivers, WI 54241	individual						
	City, State, ZIP	13 0 -						
		Waiver of Fee						
	Is the sponsoring organization a 501(c)(3) organization? Yes No	Attached						
5.	Email address of organizer: matt@tworiversmainstreet.com	rittachec						
5.	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. Assembly for car c	ruise at UW-Manitowoc parking lot.						
	See Map for cruise route	RECEIVED						
	Will the event be held in a Manitowoc park or utilize any park facilities? Yes	No Which park? MAY - \$ 2014						
	Have you reserved the park for this purpose? Yes No If no, please contact	CITY CLERKS OFFIC						
	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?							
		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							
	•	400						
	How many vendors will be at your event? 0	nany vehicles? 400						
	How many vendors will be at your event? U How m Do you require any special parking restrictions? Yes No If yes, what type							

	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 a few port-a-pottys Please describe the toilet facilities that will be provided, including their locations and the number of units: will be on site for the cruise participants						
	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: Matt Hohner 794 1482 973 8075						
	Name of Day-of coordinator () ()						
	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:						
CO	DMMITTEE RECOMMENDATION: DATE:						
CO	DATE:DATE:						
DΠ	D COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No						

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Manitowoc Common Council Manitowoc City Hall 900 Quay Street Manitowoc, WI 54220

May 7, 2014

Honorable Council,

Two Rivers Main Street, Inc. is organizing its 14th Annual, Cool City Classic Car Show and Cruise Night. This event will begin with a classic car "Cruise" on the evening of Friday, June 27 and conclude with a car show in downtown Two Rivers on Saturday, June 28.

As in prior years, the Cruise would begin with vehicles assembling at the University of Wisconsin - Manitowoc at 4:00PM on Friday. Vehicles depart, en route for Two Rivers at 6:00 PM. Vehicle owners are instructed to proceed along the route indicated on the enclosed map and to observe all traffic laws and the direction of law enforcement officers. Based on past participation, between 250 and 350 participant vehicles are expected.

Two Rivers Main Street seeks the assistance from the Manitowoc Police Department to escort the portion of the Cruise that will occur within the Manitowoc City Limits. Traffic control at major intersections is also requested. The Two Rivers Police Department will provide similar assistance as the Cruise traverses city limits. Cooperative assistance from both police departments has notably benefitted public safety and enhanced the parade-like atmosphere of this event in prior years.

Kindly contact me by phone 794-1482 or email <u>matt@tworiversmainstreet.com</u> with any questions, concerns or feedback that you may have in providing this assistance.

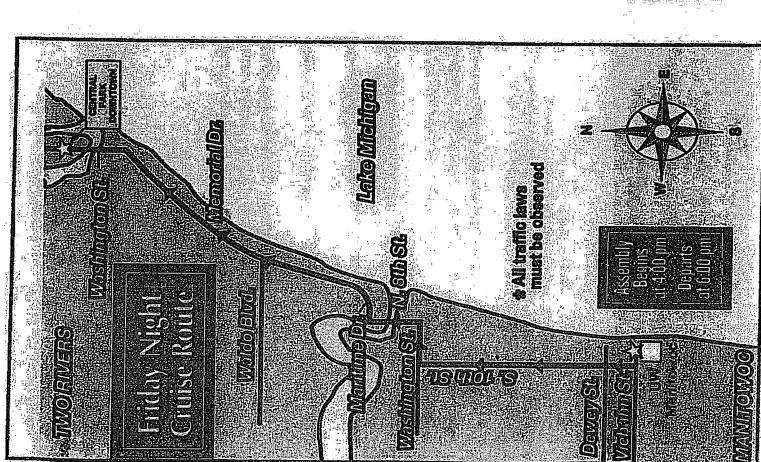
Sincerely,

Matt Hohner

Executive Director

Two River Main Street

Enclosure



Welcome to the Cool City Classic Car Cruise



NO BURN-OUTS

If the driver in the vehicle in front of you cannot control himself or herself, please record the following information:

Vehicle license plate #___

Your name

Your telephone number

Return this sheet to a Cool City Classic Car Show committee member. We will see that the police get this information for prosecution.

All persons attending the Cool City Classic Car Cruise do so at their own risk. No liability is assumed by the Owner, Promoter, Sponsors or others associated with the event.

During the cruise on Memorial Drive we will merge to the left lane to avoid congestion as we enter Two Rivers

MANITOWOC PARKS DEPARTMENT 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.

1		ALL QUES	TIONS MUS	<u>T BE ANSWE</u>	RED		. i
1.	Name of club/organiza Address PO BO	tion making request	Two, W1 54	LIVER 241 Telej	MAIN : phone 97e	STREET - 794	-1482
	Names of club officers President MARU					i	P
	Secretary Jolen's						
	Treasurer Poten	RUSSOVE	1915	MIRRO DR	. MANI	TOWOC	920-973-27
3.	Facility requested:						
	Equipment requested:						. :
4.	Specific dates and hou	rs facility/equipmen	t will be used	: Date Juwe	= 27	Hrs. <u>5</u>	:15- 6:45
5.	Please explain your rec THE PORTION OF AT MASOR INT	THE CAR CRUIS	SE WITHIN	MANITOU	ICC. TRA	s. MPD Ffic a	ESCORT
6.	Which do you consider A. Community service D. Club or organization	your group to be?	. Non-profit_	X	C. Private l	ousiness	
7.	Will money be collected Yes No		cessions sold	or money raise	d in conjunctio	on with the	event?
8.	If #7 is "yes," explain	and list specific cha	rges				:
9.	What will revenues be	used for?CRU	15E 15	FLEE I	COR PAR	TICIPAN	ns.
10.	Do you wish to meet p If "yes," please provid Name MATT HOUN	ersonally with the E e the following info	Board/Commi rmation of inc ss_YO BOX	ttee to discuss the dividual to continuity of the discussion of the dividual to continuity of the discussion of the dividual to continuity of the discussion	his request? \ act:Tel	Yes X (IF NEX ephone G	No
Signed_	Mithe	Alm			Date5	-8-14	:
Please a	attach any additional inf	formation which you	u feel will ass	ist the committ	ee in evaluatir	ng your requ	iest.
When 6	completed, this form is	to be returned to	the Manitow	oc Parks Depa	artment, 2655	S. 35 th St.,	Manitowoc, WI
:	ttee Action; Appro	ved	Denied		Da	te	