MAY 2 7 REC'D

DEPT. OF PUBLIC WORKS

# City of Manitowoc

## SPECIAL EVENTS APPLICATION FORM

NOTICE: Ithis application must be turned in to the Parks Office a minimum of 60 days prior to the date of the event, rour Certificate of the Parks Office a minimum of 10 days prior to the date of the Event Ity on have questions, please see the Special Event Guidelines & Policy for a list of contacts.

1.	Name/Description of Event: Kiwanis Club Car Show
2.	Date of Event: 08/09 301.5 If multiple days, Start Date:/ End Date://
	Include dates and times needed for setup and take down / cleanup.
3,	Time Event will Begin Setup: 6 .00 AM/M Actual Start Time: 10.00 AM/M Finish Time: 6.00 M/PM
4.	Name and Complete Address of Organization/Individual Organizing the Event:  Kiwanic Club of Manifowae  Name of organization responsible for event
	Tack Kvause Name (first, middle, and last) of event organizer  Telephone # PRIOR TO event (920) 629-6298
	Telephone # DURING event (1730) 629 6298  Contact name DURING event (if different)
	1468 North 8th St. Street Address
	Manitouse WI 54220  E-mail address Jalkrause & milwpc. com of event organizer
	Is the sponsoring organization a 501(c)(3) organization? X Yes No
5.	Location of the Event: <u>Generally describe your event and its purpose and attach a DETAILED map or diagram of your event.</u> Also, indicate the direction of the route, if any, including all turns and the number of traffic lanes to be used. Maps of the City and its parks are available online at www.manitowoc.org.
	The entire Washington Park will be used. South 11th. South 12h between washington Street and
	Marshall Strurll by used by shows entrying washington Park.
	9
	Will the event be held in a Manitowoc park or utilize any park facilities? Xes Which park? Washing for No What park facilities will be needed (buildings, tennis courts, ball diamonds, disc golf courses, etc.)? Ball voom
	The pain medical manages (variatings) tourns courte, our distributes, disc gott courses, cit. [1]
	Have you reserved the park &/or park facilities? Yes \(\sum \) No If no, please contact the Parks Division at (920) 686-3580.
	Does the event require streets to be closed? Yes \( \sigma \) No If yes, which street(s): \( \sigma \) Uth \( \sigma \) I'm \( \sigma \) 12th \( \sigma \) Yes
	Detwice Wach water & May 3 fall.  It is YOUR RESPONSIBILITY to provide federally approved traffic control items; however they may be rented from the Streets & Sanitation Division.
	Will the event be held on the sidewalk? Yes No





6.		
	Will any portion of the Mariners Trail be used? Yes No	
	If yes, where on the trail will the event begin:	
	Where on the trail will the event end:	

When use of the trail is requested, consideration is given to how the public's use of the trail will be affected. Set up / take down and clean up, as well as other services provided by a City staff may be billed on a cost-recovery basis. The event organizer must provide a copy of event liability insurance naming BOTH CITIES as co-insured at least 10 days prior to the event. Permits do not allow "exclusive use" of the trail and the general public must be allowed to share the permitted areas.

This agreement is made and entered into by and between the Cities of Two Rivers and Manitowoc, Wisconsin, hereinafter called "City" and the above-named individual, hereinafter called "Permittee," The parties agree as follows: Bookings must be made no earlier than 12 months in advance. The Permittee understands his/her responsibility is to set up, clean up and restore premises within the time period listed above.

	Limitation of Use: Permittee agrees that the number of persons on the rented premises during the rental period shall not exceed the capacity of the facility and that no intoxicating liquor or fermented malt beverages shall be served to minors. Permittee agrees to use premises rented for the purpose stated above and no other. In the event this Limitation of Use is not complied with, Permittee shall be charged and agrees to pay a fee of \$200.					
	Permittee agrees to abide by the rules and regulations contained in this agreement.					
	incontrol of City of Elving Sivers are supposed.					
7.	Tell Us About Your Event: What is the estimated attendance at your event, including observers?					
	How many vendors will be at your event? How many vehicles? 200 - 275					
	Do you require any special parking restrictions? X Yes \( \sum \) No If yes, what type, when, and where: \( \frac{Pavking \cos \pi}{2} \)					
	Do you require any special parking restrictions? X Yes No If yes, what type, when, and where: Parking on your CALS  Parking on grassy ands of a park is not allowed without prior approval. Contact the Police Department if traffic control is needed.					
	Will food be prepared and/or served at the event? X 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? X Yes \(\sum \) No					
	Will a loudspeaker or similar electric sound amplification system be used outdoors? Yes No  If yes, what hours: 10:100 arm to 5:00 from					
	Will the City need to provide any special electrical assistance or lighting (of ball diamonds, etc.)? Yes XNo  If yes, please describe:					
	Contact the Parks Division at 686-3580 with questions.					
	Will any of the following services be required? Clean-up Street-sweeping  For help defining your parking, clean-up, & traffic control needs, please contact the Streets & Sanitation Division at (920) 686-6550.					
	Will any fireworks or pyrotechnic devices be used during the event? Yes No If yes, contact the Fire Department at (920) 686-6540 to secure the proper permits for firework usage.					
	Will animals be present at the event? Yes No If yes, please indicate what types of animals, how many are expected, and where they will be located.					
	What toilet facilities will be made available to your participants? Nadoor Doutdoor Please describe the toilet facilities that will be provided, including their locations and the number of units: Ludoor at  SHE and (2) outdoor writs					
	Will alcoholic beverages be served/sold? Xes 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.					

	In the case of a premis  a detailed explanation		nt alcohol licens	se, do you	u need an e	xtensi	on of your premise?	Yes XNo <u>If y</u>	es, give	
	Do you require a waive	er of the restri	ction to serve al	cohol in	a park?	Yes	No			
8.	Equipment Needed for Yo	ur Event:		•						
	Equipment rental charges will apply unless a waiver of some or all fees is approved. A non-waivable delivery fee will be charged if delivery/pickup by City personnel is needed. Delivery fees are based on total rental costs.									<u>.</u>
	To make arrangements to pick up the items yourselves, please contact the Parks Division at 686-3580. All items must be picked up and returned weekdays between 7:00 A.M. and 2:30 P.M. It is the renter's responsibility to sign in all materials in the Streets & Sanitation office or with a Parks staff member prior to unloading at the time of return. It is unacceptable to drop off rental materials outside of return hours and without signing them in.									
	Please indicate where and w	when the items	should be delive	ered:	a ffe	VUC	on aug 7	, 20,5	- <sub>1</sub>	. /
	ase indicate the total number			we use	- ' . <b>)</b>	<b>/</b> 2	* * * * /	ne san	Λ	xequest
Stre	eets & Sanitation Division Eq		<b>-</b>	1 .	asef	R	ze our regu	est file		MOOIG
Cha Con Safi Sno Tra	ricades  2' 3' 8' Rail type-long Rail type-short annelizer Drums nes  18" 28" ety vests ow fence Rolls Posts Post driver/pounder ffic signs  ffic signs (Portable)	Needed	3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	X	3.00 3.00 4.00 2.00 2.00 3.00 1.50 1.50 1.50 1.60 Charge 4.00 1.60 Charge 1.60		No Charge Description Description Description Description Description Description Description Description Description	St Clos	CAN:	show
	ner (list items and amounts)									
Bar Par Pica Rise Sec Ten Ten Tica Tra: Wes	ks Division Equipment (686-in equet tables, 8? k benches nic tables / O in ic tables ic specific tables ic s	X X X X X X X X X X	3	X	es, garbage 5.00 7.00 7.00 15.00 5.00 30.00 35.00 15.00 (o Charge	e cans,	Description  Description  No Charge		)	
			TOTAL RE	NTAL C	HARGES		paint n	1 pick	up	8/7/15

<sup>\*</sup>Include the day of return but not the day of pickup/delivery. Items must be picked/returned weekdays between 7:00 am and 2:30 pm.

<sup>\*\*</sup>The bandwagon shall not be removed from the City limits without the approval of the Park & Recreation Committee and must be delivered/setup by City Personnel.

If you are requesting delivery/pickup by City personnel, the following non-waivable delivery fees will apply.

DELIVERY FEES					
Total Cost of Items Rented	Delivery Fce				
\$0.00 - \$100.00	\$ 50.00				
\$100,01 - \$250,00	\$ 75.00				
\$250.01 - \$500.00	\$125.00				
\$500.00 - \$1,000.00	\$250.00				
\$1,000.01 and above	\$350.00				

Delivery fees will be adjusted based on actual items rented.

9.	Stake Permit: There is a \$50.00 NON-WAYVABLE stake permit fee per event, if any items will be staked into the ground. The							
•	event organizer is responsible for ensuring Diggers Hotline is contacted a minimum of three business days before set-up.							
	Will any of these items (or items of similar nature) be erected or placed on the event grounds?							
	Tent or canopy Yes No							
	Fence Yes No							
	Sign Yes No							
	Bounce house Yes No If electric, where will item be plugged in?							
	Other Yes No If electric, where will item be plugged in?							
	If yes for any, give a detailed explanation under #5,							
10.	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 AND							
	required endorsements to the City Clerk's Office at least 10 days before your event.							
	Do you need assistance from the Police or Fire Departments? Yes Yo If yes, please describe;							
	20 Juli Mod Lond de Londo 31 La 24 Parinte Maria							
	Name of Security Coordinator  ( ) ( )  Phone # before event  Phone # the day of the event							
	lacksquare							
	Do you have a plan in place to deal with medical emergencies that may occur during your event? Yes No							
	The City reserves the right to require a detailed written plan.							
11.	Fees & Reimbursement: Unless waived by the Special Event Committee, the standard fees for all rentals and licenses will apply. The							
	City may also require reimbursement for extraordinary expenses. Charges will apply for lost, stolen, or damaged equipment.							
	v							
	Is a waiver of some or all fees requested? Yes No							
	If yes, please explain what fees you desire waived or reduced and the reason(s):							
	Please altached request.							
	Will money be collected, tickets or concessions sold, registration fees charged, or money raised in conjunction with the event?							
	If we explain and list specific charges 5 to Lov Show Covs - five & To the							
	If yes, explain and list specific charges 5, 10 for show cars - free To the Prices.							
	What are your estimated revenues and what will the revenues be used for?							

Please attach any additional information which you feel will assist the committee in evaluating your request. The City reserves the right to request a current financial report for the previous two years indicating all expenses and all revenues of the group/organization.

#### 12. 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, temporary beer/wine licenses, stake 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.

Date of birth of applicant

Signature of Applicant:

# Kiwanis Club of Manitowoc

P.O. Box 832 Manitowoc, WI 54221-0832

Common Council City of Manitowoc 900 Quay Street Manitowoc, WI 54220 May 4, 2015

To Whom It May Concern:

Re: 2015 Kiwanis Club of Manitowoc Car Show Washington Park - August 9, 2015

Our 33rd Annual Car Show is planned for August 9, 2015 in Washington Park in downtown Manitowoc. This is a great family event. Every year we offer car and truck enthusiasts the opportunity to come together and show off their project car or collectible. In the past a modest \$5 fee was charged car owners to help cover the trophy cost BUT the public participation is FREE. The Mid-Lakes Rustic Iron Club, that features special interest antique machines, is also invited to the show. The featured car this year is the Studebaker.

Sponsors of the event and profit from our concessions help fund many worthy causes including college scholarships for Manitowoc students, Camp Wawbeek scholarships for special needs children and adults, Special Needs Children's Christmas Party, for all special needs students in Manitowoc county, the Salvation Army, local Cub, Boy and Girl Scout Troops, iPad for kids with autism program as well as sponsorships for Badger Boys State.

The beautiful Washington Park setting can host 250 plus cars/trucks and provides a picnic environment where families can enjoy a great show. Concessions include a variety of food items from local vendors. Soda, water and beer are also available. Many volunteers augment this effort and and Tom Drill is among our eager helpers.

We are excited to again offer this even to our Manitowoc neighbors and hope to encourage your participation as well. We were charged a \$200 fee last year. We understand that the actual costs to the city were much higher but since our club donates funds to charitable organizations we would again ask that fees be waived as much as possible.

Sincere

Ja¢k Krause, President, Kiwanis Club of Manitowoc



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/26/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

c	ertificate holder in lieu of such endorsement(s).		CONTA	CT					
	DDUCER	CONTACT NAME: Lisa Christenson							
Hyl	ant Group Inc-Indianapolis		PHONE (A/C, No, Ext):317-817-5172 FAX (A/C, No):317-817-5151					7-5151	
301 Pennsylvania Parkway, #201 Indianapolis IN 46280				E-MAIL ADDRESS:kiwaniscert@hylant.com					
IIIu	anapons in 40200			INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
			INSURE	R A :Lexingto	n Insurance	: Company		19437	
INS	URED KIWAN03		INSURE	R B :		***************************************			
Kiv	vanis International, All Clubs and Their Members	s	INSURE	RC:					
363	36 Woodview Trace		INSURE	RD:					
Ind	ianapolis IN 46268		INSURE	RE:					
			INSURE	RF:					
CC	OVERAGES CERTIFICATE N	NUMBER: 273523072				REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES OF INSURA NDICATED. NOTWITHSTANDING ANY REQUIREMENT SERTIFICATE MAY BE ISSUED OR MAY PERTAIN, TH	TERM OF CONDITION I	OF AN'	Y CONTRACT	OR OTHER I	JUCUMENT WITH RESPE	יטו וט	vvnich inio i	
E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LI	MITS SHOWN MAY HAVE	BEEN F	REDUCED BY	PAID CLAIMS.				
INSI	TYPE OF INSURANCE INSURANCE INSURANCE	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
A		13136005		11/1/2014	11/1/2015	EACH OCCURRENCE	\$2,000,	000	
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,00	00	
	CLAIMS-MADE X OCCUR			,		MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$2,000,	000	
l	X Liquor Liability					GENERAL AGGREGATE	\$2,000,000		
ļ	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG			
	POLICY PRO- LOC					Liquor Liability	\$1,000	000	
Ā	1,020	13136005		11/1/2014	11/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ANY AUTO					BODILY INJURY (Per person)	) \$		
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	t) \$		
	X HIRED AUTOS X NON-OWNED AUTOS		·			PROPERTY DAMAGE (Per accident)	\$		
	AUTO					Aggregate	\$3,000	.000	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$		
	DED RETENTION\$						\$		
$\vdash$	WORKERS COMPENSATION					WC STATU- OTH- TORY LIMITS ER		***************************************	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory In NH)						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below	_				E.L. DISEASE - POLICY LIMIT	\$		
A		13136005		11/1/2014	11/1/2015	All Claims	\$75,000	•	
1	Och model (telement							:	
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach AC	CORD 101, Additional Remarks S	Schedule	e, if more space is	required)				
Ice	rtificate Holder is named as Additional Insured a	as respects to General	Liabil	ity only rega	irding the fo	llowing Kiwanis event (	setup,	take	
140	wn & rain date(s) during the policy term are inclu 08-08/09/2015 OR ANY OTHER FUTURE DAT	uded)'							
108	08-08/09/2015 OR ANY OTHER FUTURE DAT Washington <del>Towa</del> Park, Manitowoc, WI	E(S) DUKING POLIC	TIEN	(IVI - MIWAIIIS	Club of Ivia	THEOWOO AHITEGI CAI OF		od rent	
-									
Kiv	Kiwanis International is self insured for Medical Payments for third parties as well as Club member & Volunteers for alimit of Liability not to excess \$5000.00.								
CERTIFICATE HOLDER CANCELLATION									
CERTIFICATE HOLDER CANCELLATION									
City of Manitowoc & its officers council members agents employees & authorized volunteers 900 Ouay St Manitowoc WI 54220				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
				Authorized REPRESENTATIVE  Quedy K. Wilcom					

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### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

#### SCHEDULE

#### Name of Person or Organization:

City of Manitowoc & its officers council members agents employees & authorized volunteers
900 Ouay St
Manitowoc WI 54220

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

#### **ENDORSEMENT #**

This endorsement, effective 12:01 AM

11/01/14

Forms a part of Policy No.: 013136005

lesued to: KIWANIS INTERNATIONAL, INC.

By: LEXINGTON INSURANCE COMPANY

#### PRIMARY/NON CONTRIBUTORY ENDORSEMENT

This endorsement modifies insurance provided by the policy:

Notwithstanding any other provision of the policy to the contrary, the insurance afforded by this policy for the benefit of the Additional insured shall be primary insurance, but only with respect to any claim, loss or liability arising out of the Named Insured's operations; and any insurance maintained by the Additional insured shall be non-contributing.

All other terms and conditions of the policy remain the same.

David J. Breamstan

Authorized Representative OR
Countersignature (in states where applicable)

LX9838 (08/05)

Event: Kiwanis Club Car Show Event Date: 8/9/15

# REVIEWING DEPARTMENT RECOMMENDATION

POLICE (686-6500)		
DEPT. CHARGES		
LABOR	OTHER	
EQUIP.	TOTAL	
Dept. Head or Designee Signature	Date/	
]FIRE		esterit;
(686-6500)		
DEPT. CHARGES		
LABOR	OTHER	
EQUIP.	TOTAL	
Dept. Head or Designee Signature	•	
PARKS		
(686-3580)		
DIVISION CHARGES	FEES DUE BY ORGA	MI
•		
RENTAL	LATE APPL, FEE	
OTHER	STAKE PERMITTOTAL	
Dept. Head or Designee Signature		
REC.		- senigg
(686-3060)		
		-
DIVISION CHARGES		
RENTAL		
OTHER		
TOTAL		
Dept. Head or Designee Signature	Date/	_
STREETS		
(686-6550)		
DIVISION CHARGES		
RENTAL		
OTHER		
TOTAL		
	Data / /	
Dept. Head or Designee Signature	Date/	

# SPECIAL EVENT COMMITTEE APPROVAL FORM

Date: 06/09/15	-		
Event Name: Kiwanis Car Club Show Event Date: 08-09-15			
<u>Location/Description</u> : Car show in Washington show cars, alcohol to be sold, tent staked in		osures of S 11	<sup>th</sup> & 12 <sup>th</sup> Sts. by park for
Estimated City Costs of Services Requested:	Estim	nated Special I	Event Holder Charges:
Streets: Parks: 505 Recreation: Fire: Police:		e permit:	50 delivery requested):
Total:	Total	:	
Committee Concerns:  Tent inspection by MED  Discuss security plan w/MP1	D		
Committee Decision:	1		
Approve		Deny	
Factated Melfebrand  Fidel The			
NUN			

Council Action Required: <u>Street closures of S 11<sup>th</sup> & 12<sup>th</sup> Streets between Washington & Marshall Sts. and waiver of restriction to serve alcohol in park</u>