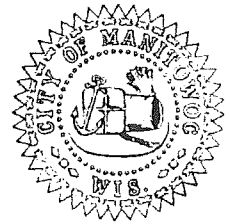




CITY OF MANITOWOC

WISCONSIN, USA
www.manitowoc.org



August 15, 2019

Jason Kaderabek
Festival Foods
2151 S. 42nd St.t
Manitowoc, WI 54220

RE: Waiver of Fees – Festival Foods Picnic – August 14, 2019

Dear Jason:

Your request for a waiver of fees for use of Miracles Park ball diamond, concession stand and bean bag toss for your event on August 14, 2019 was acted upon by the Special Events Committee at their meeting of August 14, 2019.

At said meeting the Committee unanimously recommended approval of your request.

If you have any questions, please contact me at 686-6950.

Very truly yours,

Deborah Neuser
City Clerk

dn

cc: Chief of Police Nick Reimer
Fire Chief Todd Blaser
Chad Scheinoha, Operations Division Mgr.
Billy Hutterer, Streets Team Leader
Karen Dorow, Business Manager

Deborah Neuser, CMC, City Clerk
CITY HALL · 900 Quay Street · Manitowoc, WI 54220-4543
Phone (920) 686-6950 · Fax (920) 686-6959 · dneuser@manitowoc.org



SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 8/14/2019

EVENT NAME: WAIVER OF FEES: Festival Foods Picnic

ORGANIZER: Festival Foods - Jason Kaderabek

EVENT DATE: 8/14/2019

NEW OR RECURRING: Recurring

LOCATION/DESCRIPTION: Use of Miracles Park ball diamond, concession stand, and bean bag toss for an employee picnic

ESTIMATED CITY COSTS:

| | |
|--------------------------|------------|
| POLICE | |
| FIRE | |
| PARKS | |
| RECREATION | |
| STREETS | 128 |
| TOTAL DEPT. COSTS | 128 |

ESTIMATED EVENT HOLDER CHARGES:

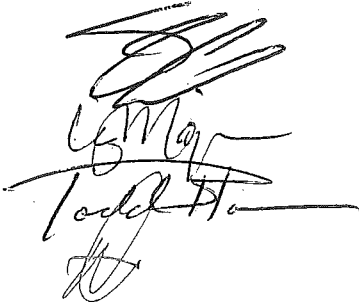
| | |
|--------------------------------|------------|
| LATE APPL. FEE (<60 days) | |
| DELIVERY CHARGES | 0 |
| <i>(if delivery requested)</i> | |
| WAIVED -ROOM TAX | 128 |
| NON-WAIV. STAKE PERMIT | |

COMMITTEE CONCERNS:

COMMITTEE DECISION:

APPROVE

DENY



Handwritten signatures of committee members, including one that appears to read 'Todd H...'. A thick vertical black bar is positioned between the 'APPROVE' and 'DENY' columns.

COUNCIL ACTION REQUIRED:

ITEMS TO INCLUDE IN LETTER:

AUG 13 2019

**MANITOWOC PARK & RECREATION DEPARTMENT
SPECIAL CONSIDERATION FOR WAIVER OF PART OR ALL FEES
FOR USE OF CITY FACILITIES OR EQUIPMENT**

Groups/Organizations requesting special consideration for waiver of all or partial fees ordinarily charged to groups for 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 Park and 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.

ALL QUESTIONS MUST BE ANSWERED

1. Name of Club or Organization making request Festival Foods
Address 2151 South 42nd Street Telephone 920-645-6880

| 2. Names of Club Officers: | Name | Address | Telephone |
|----------------------------|-------------------------|--|--------------------|
| President | <u>JASON Kadevabelc</u> | <u>2151 South 42nd Street</u> | <u>920 6456880</u> |
| Secretary | _____ | _____ | _____ |
| Treasurer | _____ | _____ | _____ |

3. Facility requested: Miracle Diamond, Concession Stand
Equipment requested: Bean Bag toss

4. Specific Dates and Hours facility/equipment will be used: Date 8/14/19 Hrs. 4-7 3(hours)

5. Please explain your request, as to what fees you desire waived or reduced and reasons.
WE DONATE + SUPPORT MANY THINGS IN THE CITY

6. Which do you consider your group to be?
A. Community Service _____ B. Non Profit _____ C. Private Business _____
D. Club or organization _____ E. Other, please explain Festival Foods

7. Will money be collected, tickets sold, concessions sold or money raised in conjunction with the event?
Yes _____ No X

8. If Yes, explain and list specific charges _____

9. What will revenues be used for? N/A

10. Do you wish to meet personally with the Board/Committee to discuss this request? Yes _____ No X
If yes, please provide the following information of individual to contact.

Name _____ Address _____ Telephone _____

Signed [Signature] Date 8/14/19
Please attach any additional information which you feel will assist the Committee in evaluating your request.

When completed, this form is to be returned to The Manitowoc Recreation Department, 930 North 18th Street, Manitowoc, WI 54220.

Committee Action: Approved _____ Denied _____ Date _____
Explanation _____