

Parks
Public Safety
Public Safety
9-15-14

14-1799

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: Lincoln High School Homecoming Fireworks
- 2. Date of Event: 10 / 03 / 2014 If multiple days, Start Date: - / - / - End Date: - / - / -
- 3. Time Event will start to form: Dusk AM/PM Actual Start Time: 2000 hours AM/PM Finish Time: 2100 hours AM/PM
- 4. Name and complete address of Organization/Individual organizing the Event:

Lincoln High School
Name of organization, if applicable

Lisa A. Wilke
Name (first, middle, and last) of individual organizing the Event

1433 South 8th Street
Street Address

Manitowoc, WI 54220
City, State, ZIP

Telephone # (920) 683 4861

Business # (-) - -
(if applicable)

Date of Birth 07 / 26 / 1980
of organizing individual

Is the sponsoring organization a 501(c)(3) organization? Yes No

5. Email address of organizer: wilkel@mpsd.k12.wi.us

*Waiver of Fee
Request attached.*

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. Fireworks to be detonated from Red Arrow Park with a fall-away zone of not less that 210 feet, which is required for any fireworks three (3) inches in diameter or less.

Will the event be held in a Manitowoc park or utilize any park facilities? Yes No Which park? Red Arrow 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? -
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? 200 persons / students

How many vendors will be at your event? 0 How many vehicles? 0 in the park

Do you require any special parking restrictions? Yes No If yes, what type, when, and where: All students and will utilize the Lincoln High School parking lots as normal.

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: _____

Red Arrow restrooms and if needed, students may return to Lincoln High School

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:
 Lisa Wilke 920 683 4861 920 683 4861
 _____ () _____ - _____ () _____ - _____
 Name of Day-of coordinator Phone # before event Phone # the day of the event

Is security needed for this event? Yes No
 Staff and School Resource Officer will be present
 _____ () _____ - _____ () _____ - _____
 Name of Security Coordinator Phone # before event Phone # the day of the event

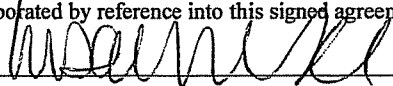
Do you have a plan in place to deal with medical emergencies that may occur during your event? Yes No

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.

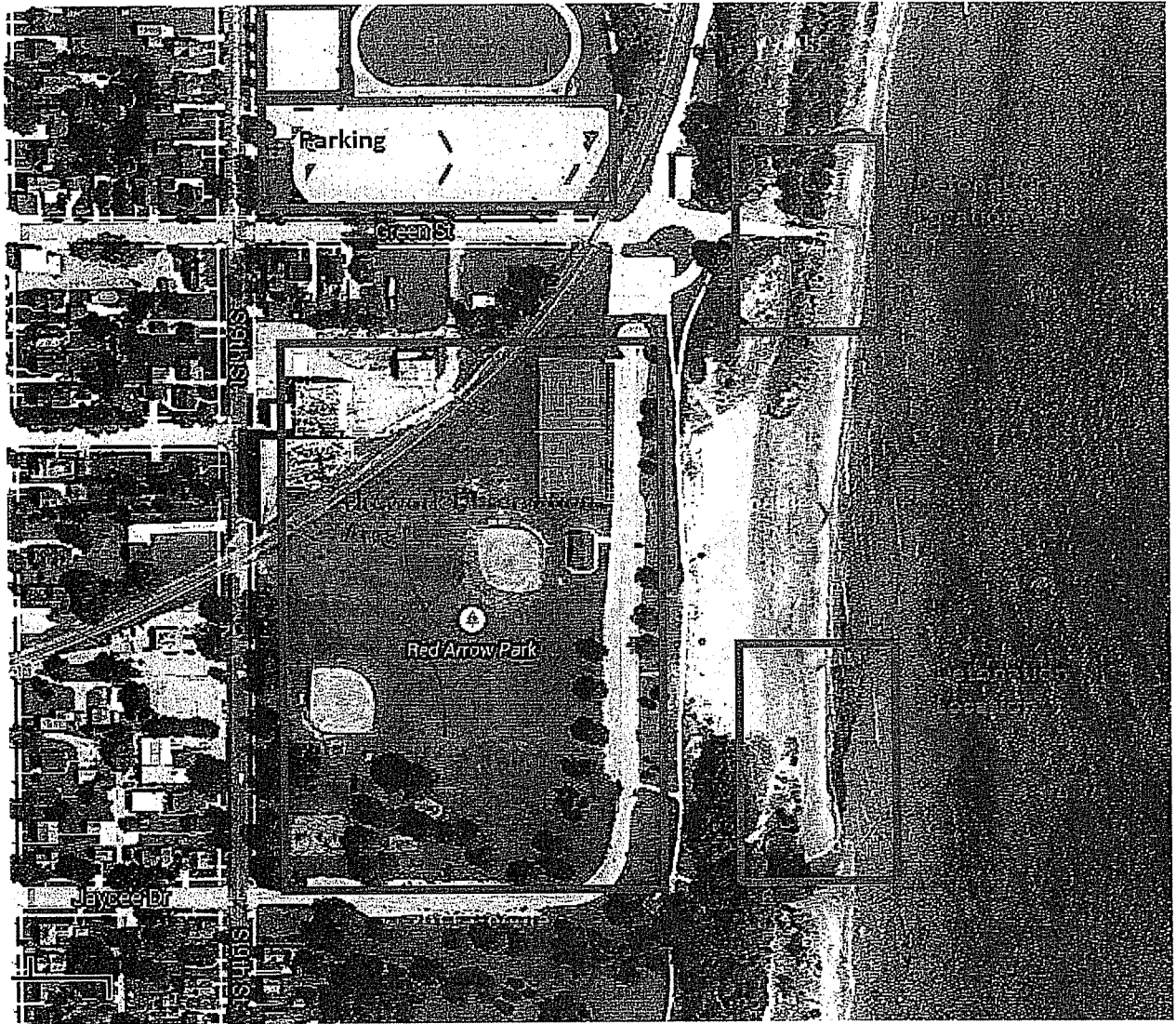
Signature of Applicant:  Date: 8/29/14

COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No

Red Arrow Park



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.

ALL QUESTIONS MUST BE ANSWERED

1. Name of club/organization making request LINCOLN HIGH SCHOOL
Address 1433 S 8TH ST MANITOWOC WI 54220 Telephone 920-683-4861

 2. Names of club officers: Name Address Telephone
President LINCOLN HIGH SCHOOL - LISA WILKE 1433 S 8TH ST 920-683-4861
MANITOWOC WI 54220
Secretary —
Treasurer —

 3. Facility requested: RED ARROW PARK / SOUTH PIER
Equipment requested: POSSIBLY NEEDING THE FIRE DEPARTMENT

 4. Specific dates and hours facility/equipment will be used: Date OCTOBER 3, 2014 Hrs. 2000 HOURS - 2100 HOURS

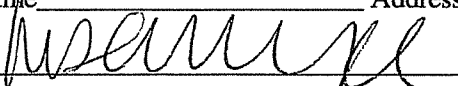
 5. Please explain your request, as to what fees you desire waived or reduced and reasons. WAIVER OF FEES IF THE FIRE DEPARTMENT IS REQUIRED BY THE CITY TO STAND-BY FOR THE SHORT DISPLAY OF FIREWORKS.

 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 HIGH SCHOOL

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

 8. If #7 is "yes," explain and list specific charges —

 9. What will revenues be used for? —

 10. Do you wish to meet personally with the Board/Committee to discuss this request? Yes _____ No * IF NEEDED, WILL BE ABLE TO MEET AND DISCUSS
If "yes," please provide the following information of individual to contact:
Name _____ Address _____ Telephone _____
- Signed  Date 8/29/14

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 Parks Department, 2655 S. 35th St., Manitowoc, WI 54220.

Committee Action: Approved _____ Denied _____ Date _____

WORK ORDER

Date: August 29, 2014
To: Director of Public Works
From: Captain of the Detective Bureau Captain Scott Luchterhand / Officer Jason Delsman
RE: LHS Homecoming Fireworks – Saturday, October 3, 2014

Please have all the barricades dropped off by 12:00 pm on Friday, October 3, 2014:

1. 2 (two) Class 3 "Road Closed" Barricades for the 800 Block of Green Street placed at Green Street at South 9th Street.

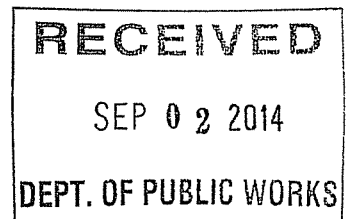
As always, thanks for your help! Any questions can be directed to Captain Larry Zimney at 920-686-6551 or School Resource Officer Delsman at 920-973-0915

Green Street



Lincoln High School

Homecoming 2014



August 29, 2014

Common Council
900 Quay Street
Manitowoc, WI 54220

Hello, my name is Lisa Wilke and I am employed with Lincoln High School and am the Homecoming coordinator for 2014. I hope this letter and agenda finds you doing well. I am and have been the Homecoming coordinator for several years.

This year, it is our hope on the behalf of Lincoln High School to get more students involved and engaged in Homecoming activities this year. There will be activities at the high school on Friday, October 03, 2014 until dusk. At dusk, we are hoping to have a small fireworks display following the activities at Red Arrow Park. The fireworks would be detonated by a professional company.

This event will be open to the public who can watch and enjoy the fireworks from Red Arrow Park. Parking will be at Lincoln High School. We have completed all permit paperwork, a fireworks packing slip to the fire chief, insurance, and all maps requested.

Please consider this event for approval as it will generate more student involvement and showing transparency with the public.

Thank you for your time,

A handwritten signature in black ink, appearing to read 'Lisa Wilke', written in a cursive style.

Lisa Wilke

RE: Lincoln High School Homecoming 10-3-14

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 ____/____/____