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 ADDITIONS ADD

| 1. | Name/Description of Event: Stihl Tour des Trees | | | | |
|----|---|-----------------|-------------------------|----------------|---|
| 2. | Date of Event: 08 /01 /14 If multiple days, Start Date: _ | / | / End Date: | , | 1 |
| 3. | Time Event will start to form: 11:30 AM AM/PM Actual Start Time | 11:45 AM | AM/PM Finish Time: | 12:30 PM | |
| 4. | Name and complete address of Organization/Individual organizing th | e Event: | | | |
| | TREE Fund | | Telephone # (| , 684 | 1225 |
| | Name of organization, if applicable | | Telephone # (| | *************************************** |
| | Mary DiCarlo / Jeffrey L. Edgar | | Business #(_ | 30 , 369 | 8300 |
| | Name (first, middle, and last) of individual organizing the Event | | (if applicable) | | |
| | 552 S. Washington St. Suite 109 | | Date of Birth _ |)5 , 31 | , 1956 |
| | Street Address | | of organizing | | <i></i> |
| | Naperville, IL 60540 | | individual | | |
| | City, State, ZIP | | Waiver | of f | ^ -ees |
| | Is the sponsoring organization a 501(c)(3) organization? Yes No | | form att | 1 | a |
| ξ. | Email address of organizer: marydicarlo@treefund.org | | Torin at | acre | Ä |
| | Will the event be held in a Manitowoc park or utilize any park facilities? Have you reserved the park for this purpose? Yes No If no, please the event require streets to be closed? Yes No If yes, which | ase contact the | Parks Department at | (920) 686-35 | |
| | Will the event be held indoors? Yes No If yes, what building? | Silver Cre | ek Park Field | House | |
| | | Building Na | me & 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 | e Manitowoc | County Health Departs | ment. | |
| | Will you be having a band or amplified music? Yes No | | | | |
| | What is the estimated attendance at your event, including observers? 150 |) | | | |
| | How many vendors will be at your event? 0 | How many | vehicles?75 bicycles ar | nd a few suppo | ort vehicles |
| | Do you require any special parking restrictions? | what type, wh | en, and where: | - | |
| | Will any of the following services be required? Barricades Clean- For help defining your parking, clean-up, and barricade needs, please conto | | | t (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: | | | | | | | |
| | Will just make use of the toilet facilities at Silver Creek Park | | | | | | | |
| | 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: | | | | | | | |
| | Jeff Edgar 684 1225 684 1225 | | | | | | | |
| | Name of Day-of coordinator () () 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 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 fo 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 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: 07/09/2014 | | | | | | | |
| | Date: | | | | | | | |
| со | MMITTEE RECOMMENDATION:DATE: | | | | | | | |
| СО | MMON COUNCIL APPROVAL: DATE: | | | | | | | |
| DII | COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No | | | | | | | |

O:\Special Events Policy\special events app form.doc

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.

| | | <u>A</u> | TT ORESII | ONS MUST | BE ANSW | EKED | | | |
|---------------|---|--|--|--|--|---|--|---------------------------------------|-------------------------------------|
| 1. | Name of club/o | organization mak | ing request_ | TREE | Fund | | 1 | | |
| | Address 552 | 5- Washingtor Ville, IL 60 | ust Suite | 109 | Tel | lephone <u>63</u> | 0-369 | 8300 | |
| 2. | Names of club | officers: Name Sanet Bor | | Address 552 5. i | Jashington : | St. Saite 100 | <u>Геlephone</u> 7 6 3. | D - 369 - 83 | 00_ |
| | Secretary Ma | ry DiEarlo | | Naperviu | 1 IW. 60 | 199 <i>0</i> | | ι(| |
| | | lissa Chand | arana | ι\ | <i>د</i> ر | ч | | | |
| 3. | Facility reques | ted: <u>5:</u> | lver Creek | lark Fi | eld Hou | ise | | | |
| | Equipment req | uested: No | ne | | | | | | r. |
| 4. | Specific dates | and hours facility | //equipment v | vill be used: | Date <u>08/0</u> | 1/2014 | Hrs\ | A A A A A A A A A A A A A A A A A A A | |
| 5. Fu | Please explain 1741 Tour de nd. We will | your request, as Is Trees, fund be holding a | to what fees y raising bic neducationa | vou desire wa yele tour a ll program a | ived or redu for the TI ind tree p | iced and reas REE (Tree Olawting a | ons. We ar Research a t the libra | e sponsor nd Educa ity, then | s of the ation Endo traveling |
| 6. | A. Community | consider your gr service anization | oup to be? B. I | Non-profit_ | < | _ | e business | O | VER-> |
| 7. | Will money be Yes | collected, ticket No_\(\chi_{\chi}\) \A\(\chi_{\chi}\) | s sold, conces though the ud raising | sions sold or effort | money rais 5 a Sino 10 fund r | ed in conjunc gle stop do aising will | ction with the uning a le lake pla | event? 00 mile b ce dur) na | icycle too |
| 8. | If #7 is "yes," | explain and list s | pecific charge | es | | 7 | 1 | | |
| 9. | What will reve | nues be used for | ? | | | | | | |
| 10. | Name Jett | meet personally provide the foller | | auon or mar | viuuai io coi | mac. : | | | |
| Signed | Julian | I Edga | | | | Date <u><i>0</i>7</u> | 109/201 | 14 | |
| Please a | attach any addit | ional information | n which you fo | eel will assis | the commi | ttee in evalua | ting your req | uest. | |
| | completed, this | form is to be re | eturned to the | e Manitowo | Parks Dep | oartment, 26 | 55 S. 35 th St. | ., Manitowo | c, WI |
| <u>54220.</u> | | • | | | | | | | |
| Commi | ttee Action: | Approved | | Denied | | I | Date | | |

Continued: to Silver Creek Park for a tree dedication + lunch. The Mayor and any other city officials are welcome to join us for the dedications (both the library + Silver Creek Park)

Because the TREE Fund/Stihl Tour des Trees has donated 2 trees + will donate several books to local children + the library along with raising local ewarness regarding trees in urban landscap and their care in partnership (locally) with Manitowoc Public Utilities, we are asking that all fees be waived for our short event at Silver Creek Park.

Lastly, I apologize for submitting this so late. I hope both the Fee waiver and Special Events Application will still be accepted.

Jeffrey L. Edgar