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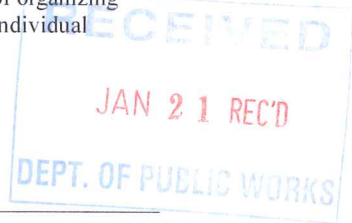
NOTICE: This application must be on file in the City Clerk's Office a minimum of 30 days prior to the date of the event. Your Certificate of Insurance must be on file in the City Clerk's Office a minimum of 10 days prior to the date of the event.

SPECIAL EVENTS APPLICATION FORM

- 1. Name/Description of Event: Kenny's Athletic Softball Tournament
- 2. Date of Event: 07 / 24 / 2015 If multiple days, Start Date: 07 / 24 / 2015 End Date: 08 / 01 / 2015
- 3. Time Event will start to form: 8:00am AM/PM Actual Start Time: 9:00am AM/PM Finish Time: 11:00pm AM/PM
- 4. Name and complete address of Organization/Individual organizing the Event:

Kenny's Athletic Softball Club
 Name of organization, if applicable
Jill M Erickson
 Name (first, middle, and last) of individual organizing the Event
1512 Ahrens St.
 Street Address
Manitowoc WI 54220
 City, State, ZIP

Telephone # (920) 901 - 1865
 Business # (920) 901 - 1865
 (if applicable)
 Date of Birth 09 / 11 / 1970
 of organizing individual



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

- 5. Email address of organizer: jill_erickson@live.com
- 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. Citizen Park Softball Diamonds, concession stand and open air shelter

Will the event be held in a Manitowoc park or utilize any park facilities? Yes No Which park? Citizen 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

ONLY ON:
 FRI, SAT, SUN
 AND FOLLOWING
 FRI, SAT

- 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? 1,000 +/-
 - How many vendors will be at your event? None How many vehicles? 250 +/-
 - Do you require any special parking restrictions? Yes No If yes, what type, when, and where: Please mark off the grassy area, as in past years, so that cars are not able to park on it.

Will any of the following services be required? Barricades Clean-up Street-sweeping NO
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: _____

We rent port-a-pots from B&M Waste for the days of tournament.

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:

Jill Erickson

Name of Day-of coordinator

(920) 901 - 1865
Phone # before event

(920) 901 - 1865
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 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: Jill Erickson

Date: JAN 20, 15

COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No

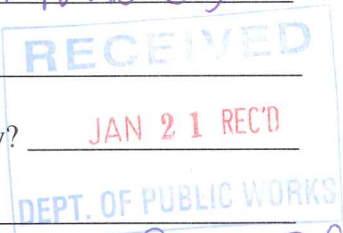
MANITOWOC PARKS & RECREATION DEPARTMENTS
EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

SB Diamonds Citizen Park (2)
BB Diamonds Citizen Park (1)
Soccer Field _____
Tennis Courts - How Many? _____
Pool _____

EQUIPMENT REQUESTED (Be Specific)

Garbage Cans 50+ } whatever
Picnic Tables 25+ } we can get
Benches 40+ } for weekend
Other Popcorn Machine
Staging softball diamond announcer stand.



AREA REQUESTED Citizen Park Softball, Baseball, Pavilion + Concession Stand.

Number of People _____ DATE DESIRED _____ TIME REQUESTED _____
Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Softball Tournament

PERSON WHO WILL BE RESPONSIBLE JEFF ERICKSON TELEPHONE 901-1865

PERSON MAKING REQUEST Jill Erickson

TELEPHONE 901-1865 ADDRESS 1512 Ahrens St. Manitowoc

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Kennep Athletic Klub % Jill Erickson
ADDRESS 1512 Ahrens St. MANITOWOC WIS 54220

PROVISIONS:

The undersigned agrees to hold the City harmless for any and all damage, claims or personal injury claims occurring during the term of this contract.
It is further agreed that all property of any kind brought on the premises shall be at the sole risk of the undersigned and that the City shall not be liable for any injury, loss or damage to said property or injury to any person on the premises.
The undersigned agrees to be responsible for any damage caused to said building, property or equipment by mischief or negligence.

CHARGES _____ SIGNED Jill Erickson
(Person Responsible)

APPROVED _____ DATE _____

Parks or Recreation Manager DATE _____

ATTENDENT(S) _____ START TIME: _____