

# CITY OF MANITOWOC

WISCONSIN, USA  
[www.manitowoc.org](http://www.manitowoc.org)



March 3, 2016

Theresa Falvey  
1121 Viebahn St. Apt. 2  
Manitowoc, WI 54220

Dear Ms. Falvey:

RE: Yoga @ Washington Park – July 30, 2016

Your request to use Washington Park and Metrostage on July 30, 2016, was acted upon by the Special Events Committee at the meeting of Monday, February 29, 2016.

At said meeting the Committee unanimously granted your request. Please contact the Parks Office at 920-686-3580 to arrange payment for use of park facilities.

Your Certificate of Insurance has been approved.

All vendors must have a direct seller permit which can be obtained from the City Clerk's Office at City Hall, except for 1) vendors selling prepared food and/or beverages for immediate consumption; 2) any person selling goods or services at a flea market, art fair or similar event involving five or more direct sellers and sponsored by a permanent resident of Manitowoc County.

Very truly yours,

Jennifer Hudon  
City Clerk

JH:dan

cc: Chief of Police Nick Reimer  
Fire Chief Todd Blaser  
Randy Junk, Operations Co-Team Leader  
Chad Scheinoha, Operations Co-Team Leader  
Karen Dorow, Operations Business Manager



# SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 2/22<sup>29</sup>/2016

EVENT NAME: Yoga at Washington Park

ORGANIZER: State of Grace - Theresa Falvey

EVENT DATE: 7/30/2016

NEW OR RECURRING: Recurring

LOCATION/DESCRIPTION: 90 minutes of Yoga at Washington Park. Vendors.

No waiver of fees requested.

## ESTIMATED CITY COSTS:

STREETS	0
PARKS	50
RECREATION	
FIRE	0
POLICE	0
TOTAL	50

## ESTIMATED EVENT HOLDER CHARGES:

LATE APPL. FEE	
LICENSES	
STAKE PERMIT	
DELIVERY CHARGES	
<i>(if delivery requested)</i>	
TOTAL COLLECTED	0

COMMITTEE CONCERNS:

COMMITTEE DECISION:

APPROVE

DENY

*Scott Whitson*  
*Scott Whitson*  
*Scott Whitson*

*Ltr Spread*

COUNCIL ACTION REQUIRED:

ITEMS TO INCLUDE IN LETTER:

Contact the Parks Office at 920-686-3580 to arrange payment for use of parks facilities.

City of Manitowoc  
**SPECIAL EVENTS APPLICATION FORM**

**NOTICE:** This application must be turned in to the Parks Office a minimum of 60 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. If you have questions, please see the Special Event Guidelines & Policy for a list of contacts.

1. Name/Description of Event: YOGA @ WASHINGTON PARK

2. Date of Event: 7/30/16 If multiple days, Start Date:    /   /    End Date:    /   /     
 Include dates and times needed for setup and take down / cleanup.

3. Time Event will Begin Setup: 7:30 AM/PM Actual Start Time: 10:00 AM/PM Finish Time: 12:30 AM/PM

4. Name and Complete Address of Organization/Individual Organizing the Event:  
TERESA FALVEY / STATE OF GRACE  
 Name of organization responsible for event  
TERESA MARIE FALVEY Telephone # PRIOR TO event (833) 941-7981  
 Name (first, middle, and last) of event organizer  
 Telephone # DURING event (833) 941-7981  
 Contact name DURING event (if different)  
1121 VIERBAND ST. APT. 2  
 Street Address  
MANITOWOC, WI 54220 E-mail address tfalve@viation.com  
 City, State, Zip of event organizer  
 Is the sponsoring organization a 501(c)(3) organization?  Yes  No

5. Location of the Event: Generally describe your event and its purpose and attach a DETAILED map or diagram of your event. 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.  
WASHINGTON PARK  
USE OF THE BANDSHELL ~~IS~~ EXPANDING TOWARDS WASHINGTON STREET. THERE WILL BE VENDORS (FOOD TRUCKS, BUSES, ETC.) THE PURPOSE IS TO BRING THE COMMUNITY TOGETHER FOR A POSITIVE EVENT, I (TERESA) WILL BE GUIDING EVERYONE FOR 90 MIN. OF YOGA.

Will the event be held in a Manitowoc park or utilize any park facilities?  Yes Which park? WASHINGTON PARK  No  
 What park facilities will be needed (buildings, tennis courts, ball diamonds, disc golf courses, etc.)?  
BANDSHELL, BATHROOMS

Have you reserved the park &/or park facilities?  Yes  No If no, please contact the Parks Division at (920) 686-3580.  
 Does the event require streets to be closed?  Yes  No If yes, which street(s): \_\_\_\_\_

*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



Yes  No

6. **Mariners Trail Permit:**

Will any portion of the Mariner's Trail be used for an event? If yes, where on the trail? \_\_\_\_\_  
Where on the trail? \_\_\_\_\_  
When use of the trail is given to how the public's use of the trail will be affected. Set up / take down and clean up, as well as a copy of event! "exclusive use" and entered into by and between the Cities of Two Rivers and Manitowoc, Wisconsin, hereinafter called "City" and the ab-  
months; \_\_\_\_\_  
Use: Permittee agrees that the number of persons on the rented premises during the rental period shall not exceed the  
of the facility and that no intoxicating liquor or fermented malt beverages shall be served to minors. Permittee agrees to use  
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 understands his/her responsibility is to set up, clean up and restore premises within the time period  
The Permittee understands his/her responsibility is to set up, clean up and restore premises within the time period  
The Permittee understands his/her responsibility is to set up, clean up and restore premises within the time period

Permittee agrees to abide by the rules and regulations contained in this agreement.

**FOR OFFICE USE ONLY:**

Signature of City of Two Rivers designee: \_\_\_\_\_ Date: \_\_\_\_\_

7. **Tell Us About Your Event:**

What is the estimated attendance at your event, including observers? 56-100

How many vendors will be at your event? 20-25 How many vehicles? \_\_\_\_\_

Do you require any special parking restrictions?  Yes  No If yes, what type, when, and where: \_\_\_\_\_

*Parking on grassy areas 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?  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 OR A LIVE MUSICAL TRIO

Will a loudspeaker or similar electric sound amplification system be used outdoors?  Yes  No  
If yes, what hours: 9:00-12:30 P

Will the City need to provide any special electrical assistance or lighting (of ball diamonds, etc.)?  Yes  No  
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 NO  
*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 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?  Indoor  Outdoor  
Please describe the toilet facilities that will be provided, including their locations and the number of units: WE WILL BE USING THE ONES ALREADY ON THE PREMISES

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.

In the case of a premise with a current alcohol license, do you need an extension of your premise?  Yes  No If yes, give a detailed explanation under #5.

Do you require a waiver of the restriction to serve alcohol in a park?  Yes  No

**8. Equipment Needed for Your 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.

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 when the items should be delivered:

\_\_\_\_\_

Please indicate the total number of items requested:

Streets & Sanitation Division Equipment (686-3580):

	<u># Needed</u>		<u># of Days*</u>		<u>Cost/Day</u>		<u>Total</u>	
Barricades								
2'	_____	X	_____	X	\$3.00	=	_____	Flashers _____
3'	_____	X	_____	X	\$3.00	=	_____	Flashers _____
8'	_____	X	_____	X	\$4.00	=	_____	
Rail type-long	_____	X	_____	X	\$2.00	=	_____	
Rail type-short	_____	X	_____	X	\$2.00	=	_____	
Channelizer Drums	_____	X	_____	X	\$3.00	=	_____	
Cones								
18"	_____	X	_____	X	\$1.50	=	_____	
28"	_____	X	_____	X	\$1.50	=	_____	
Safety vests	_____	X	_____	X	No charge	=	No Charge	
Snow fence								
Rolls	_____	X	_____	X	\$4.00	=	_____	
Posts	_____	X	_____	X	No Charge	=	No Charge	
Post driver/pounder	_____	X	_____	X	No Charge	=	No Charge	
Traffic signs	_____	X	_____	X	\$2.00	=	_____	Description _____
	_____	X	_____	X	\$2.00	=	_____	Description _____
	_____	X	_____	X	\$2.00	=	_____	Description _____
Traffic signs (Portable)	_____	X	_____	X	\$3.00	=	_____	Description _____
	_____	X	_____	X	\$3.00	=	_____	Description _____
	_____	X	_____	X	\$3.00	=	_____	Description _____
Other (list items and amounts)	_____							

Parks Division Equipment (686-3580): Do NOT count any picnic tables, garbage cans, etc. already located at the park.

Banquet tables, 8'	_____	X	_____	X	\$5.00	=	_____	
Park benches	_____	X	_____	X	\$7.00	=	_____	
Picnic tables	_____	X	_____	X	\$7.00	=	_____	
Risers, platform	_____	X	_____	X	\$15.00	=	_____	Description _____
Security stanchions	_____	X	_____	X	\$ 5.00	=	_____	
Tent, 10'x10'	_____	X	_____	X	\$30.00	=	_____	
Tent, 10'x20'	_____	X	_____	X	\$35.00	=	_____	
Ticket booths, outdoor	_____	X	_____	X	\$15.00	=	_____	
Trash cans	_____	X	_____	X	No Charge	=	No Charge	
Wenger portable bandwagon, 35x8***	_____	X	_____	X	\$240.00	=	_____	
Other (list items and amounts)	_____							

**TOTAL RENTAL CHARGES** \_\_\_\_\_

\*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.

\*\*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 Fee
\$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-WAIVABLE 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  No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
 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

*The City reserves the right to require a detailed written public safety 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. Stake Permit Fees, License Fees and Delivery Fees will not be waived.

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): \_\_\_\_\_

Will money be collected, tickets or concessions sold, registration fees charged, or money raised in conjunction with the event?

Yes  No

If yes, explain and list specific charges MONEY WILL BE COLLECTED AND A PORTION WILL BE DONATED TO A CHARITY.

What are your estimated revenues and what will the revenues be used for? ~\$400. - THEY WILL BE USED FOR NEXT YEARS EVENT AND A PORTION DONATED BACK TO THE COMMUNITY.

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 8/19/81

Signature of Applicant: 

Date: 12/12/16

RETURN TO:  
Parks Division  
2655 S. 35th Street  
Manitowoc, WI 54220

Yoga in the Park



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
02/15/2016

**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(ies) 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 certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Philip Stump Allied Professionals Insurance Services 1100 W. Town & Country, Suite 1100 Orange, CA 92869  <b>INSURED</b> Associated Bodywork & Massage Professionals Theresa Falvey 6391 W 60th Ave Apt 310 Arvada, CO 80003-5627	<b>CONTACT NAME:</b> Philip Stump <b>PHONE (A/C, No, Ext):</b> 800-860-8330 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>  <b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> INSURER A: Allied Professionals Insurance Company, RRG, Inc.      11710 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
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**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

**THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS**

INSA LTR	TYPE OF INSURANCE	ADDITIONAL SUBR INSD, WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 2,500
A	CLAIMS-MADE OCCUR	<input checked="" type="checkbox"/>	#API-ABMP-15	09/07/15	09/06/16	PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP ASS \$ 6,000,000 OTHER \$
X	PROFESSIONAL					GENERAL AGGREGATE LIMIT APPLIES PER POLICY PROJECT LOC
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	ANY AUTO ALL OWNED AUTOS HIRED AUTOS	SCHEDULED AUTOS NON-OWNED AUTOS				
	UMBRELLA LIAB EXCESS LIAB DEF. RETENTIONS	OCCUR CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE OTHER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 109, Additional Remarks Schedule, may be attached if more space is required)  
 Additional Insured Endorsement:  
 City of Manitowoc  
 900 Quay Street  
 Manitowoc, WI 54220

*ok M 2/18/16*

<b>CERTIFICATE HOLDER</b> City of Manitowoc 900 Quay Street Manitowoc, WI 54220	<b>CANCELLATION</b> 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 
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# Certificate of Insurance

## OCCURRENCE COVERAGE ABMP In-Dues Liability Program

### ABMP MAILING ADDRESS:

Associated Bodywork & Massage Professionals  
25188 Genesee Trail Road  
Suite 200  
Golden, CO 80401

### MASTER POLICY HOLDER

Allied Professionals Insurance RPG  
AGENT/BROKER  
Allied Professionals Insurance Services  
ISSUED BY:

POLICY #: API-ABMP-15

Allied Professionals Insurance Company, A  
Risk Retention Group, Inc.

LIABILITY LIMITS	(per member)	ANNUAL AGGREGATE	\$6,000,000
COMMERCIAL GENERAL LIABILITY		PER OCCURRENCE LIMIT	\$2,000,000
		PRODUCTS-COMP/OP	Included
		PROFESSIONAL LIABILITY	Included
		GENERAL LIABILITY	Included
		FIRE LIABILITY LIMIT	\$100,000

To verify information, contact ABMP. Tel: 303-674-8478 Fax: 303-674-0859

This Policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group. Coverage is afforded to person(s) named herein as Named Insureds according to the terms and conditions of the Policy to which this Certificate refers. No other rights or conditions, except as specifically stated herein, are granted or inferred.

### COVERAGES

THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE LISTED ABOVE HAS BEEN ISSUED TO THE INSURED NAMED BELOW. THE INSURED ACTIVE DATE LISTED BELOW APPLIES ONLY TO ELEMENTS OF COVERAGE CONTINUOUSLY IN PLACE SINCE THE INCEPTION OF THE NAMED INSURED POLICY. CHANGES TO COVERAGE ARE EFFECTIVE RETROACTIVELY ONLY TO THE DATE THE CHANGE WAS MADE. REPORT IN WRITING WITHIN 48 HOURS ANY & ALL CLAIMS, OR INCIDENTS THAT YOU BELIEVE MAY RESULT IN A CLAIM, EVEN IF GRIEVOUS.

This Certificate, along with the Policy to which it refers, is valid evidence of coverage extended to the Certificate Holder listed below.

### CERTIFICATE HOLDER

(Active Registered Members are on file with the ABMP Membership Director)

Member/Named Insured: Theresa Falvey  
Membership I.D. #: 884036  
Member/Policy Term Active: Sep-07-2015  
Member/Policy Term Expires: Sep-06-2016  
Total Member Cost: \$ 259 (ABMP Membership, including Member Liability Coverage)

Authorized Representative

CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice for non-payment or 90 days written notice for any other reason to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

### ADDITIONAL INSURED:

(with inception date)

Alive for Massage Sep 07, 2015  
State of Grace Sep 07, 2015  
City of Manitowoc Sep 07, 2015  
900 Quay Street  
Manitowoc, WI 54220  
Sacred Winds Gathering Center & Sep 29, 2015  
Publishing  
State of Grace Sep 29, 2015

Coverage is extended subject to all terms and conditions of the Policy.