

Parks Rec.
6-2-14
Public Dept

14-1168

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: MANITOWOC SUNRISE ROTARY CLUB
- 2. Date of Event: 10 / 18 / 2014 If multiple days, Start Date: / / End Date: / /
- 3. Time Event will start to form: 7:00AM AM/PM Actual Start Time: 9:00AM AM/PM Finish Time: 11:00AM AM/PM
- 4. Name and complete address of Organization/Individual organizing the Event:

MANITOWOC SUNRISE ROTARY CLUB

Telephone # () 323 9811

Name of organization, if applicable

PAUL G ROEKLE

Business # (920) 323 9811
(if applicable)

Name (first, middle, and last) of individual organizing the Event

2325 VICTORIA DRIVE

Date of Birth 07 / 20 / 1944
of organizing individual

Street Address

MANITOWOC, WI 54220

City, State, ZIP

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

5. Email address of organizer: proekle@comcast.net

RECEIVED

MAY 19 2014

DEPT. OF PUBLIC WORKS

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. LINCOLN PARK, CITY SIDEWALKS AND STREETS NEAR LINCOLN PARK

** Waiver of Fee Request attached.*

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

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): ONE SOUTHBOUND LANE

OF MEMORIAL DRIVE BETWEEN WALDO BLVD AND JOHNSTON DRIVE

Will the event be held indoors? Yes No If yes, what building? CABIN 1

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

How many vendors will be at your event? 0 How many vehicles? 50

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

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 **PUBLIC**
 Please describe the toilet facilities that will be provided, including their locations and the number of units: _____
RESTROOMS AT CABIN 1 IN LINCOLN 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:
PAUL ROEKLE () 323 9811 () 323 9811
 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 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: Paul Roelle Date: 05/01/2014

COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No

REQUEST FOR SPECIAL EVENTS PRIVILEGE

Today's Date: 5-6-2014

Request Date: 10-18-2014

Organization: Manitowoc Sunrise Rotary Club
Contact Person: Paul Roekle
Address: 2325 Victoria Drive
Manitowoc, WI 54220
Cell: (920)323-9811

Re: Request for use of sidewalks and streets for 5K Run in and near Lincoln Park.

Manitowoc Sunrise Rotary Club requests permission to hold it's ninth annual run event at and near Lincoln Park. The 5K run will be held on Saturday October 18, 2014 in the morning. We request to use the route described below for the 5K race.

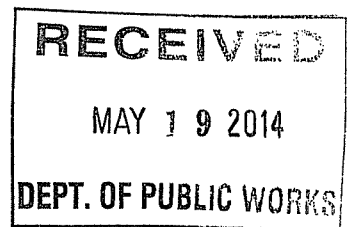
The run will proceed at 9:00am. The start and finish would be in the Cabin # 1 picnic area. The area and Cabin 1 will be used for parking and registration.

From the starting line, the run will proceed south from the #1 picnic area to the park road and then follow the road past the zoo, loop out to the east sidewalk of North 8th Street, south on the sidewalk to Oak Street, east on Oak Street sidewalk to North 4th Street and south on North 4th Street sidewalk to Waldo Boulevard. We will then proceed east on Waldo to Memorial Drive, using the north sidewalk of Waldo, to the end of the sidewalk, proceeding on Waldo Boulevard to Memorial Drive, to Johnston Drive and then to East Park View Lane. We will follow west on East Park View to Reed Avenue. On Reed we will use the south sidewalk to enter the park at the petting zoo entrance, then into the zoo, proceeding out of the zoo main entrance, then following the road back to Picnic Area #1.. The race will finish within the park at the Cabin #1 picnic area.

The race itself will take approximately 20 to 40 minutes. We will temporarily have to control traffic on Memorial Drive, Johnston Drive and East Park View Lane.

The following times are approximate:

9:00AM: **Start Run**
9:04AM: Picnic area #2 to **Zoo:**
9:10AM: Zoo to **North 8th Street:**
9:12AM: North 8th Street to **Oak Street:**
9:14AM: Oak Street to **North 5th Street**
9:15AM: North 5th Street to **Waldo Blvd:**
9:20AM: Waldo Blvd to **Johnston Drive:**
9:23AM: Johnston Drive to **East ParkView Lane:**
9:25AM: East Park View Lane to **Reed Ave:**
9:26AM: Reed Ave to **Petting Zoo:**
9:31AM: Petting Zoo to **Finish** at #2 Picnic Area:



The 5K run will be divided into age groups with fees charged for registration. Prior to October 1,

the fee will be \$17.00 per person and after October 1, the fee will be \$20.00. The funds raised will be used for Rotary sponsored community youth projects and local scholarships.

Manitowoc Sunrise Rotary Foundation is a 501(c)(3) tax exempt organization.

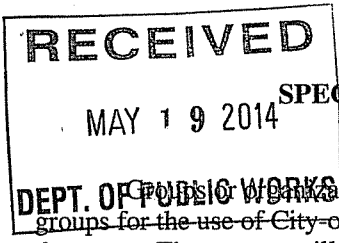
Thank you for your consideration of this event. For any questions, I can be contacted at the following numbers:

Cell: 920-323-9811

Proekle@comcast.net



Paul Roekle



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 MANITOWOC SUNRISE ROTARY CLUB
Address 2325 VICTORIA DRIVE, MANITOWOC, WI 54220 Telephone 920-323-9811
2. Names of club officers: Name Address Telephone
President JENNIFER DICKEY 1817 NEW YORK AVE, MANITOWOC, WI, 54220 920-629-4503
Secretary JUDY SCHMIDT 2103 RICHMOND AVE, MANITOWOC, WI, 54220 920-682-3572
Treasurer MICHELLE BUDYSZ 1226 SO. 25TH STREET MANITOWOC, WI, 54220 920-360-0521
3. Facility requested: CABIN # 1 @ LINCOLN PARK
Equipment requested:
4. Specific dates and hours facility/equipment will be used: Date 10/18/2014 Hrs 7:00AM-11:00AM
5. Please explain your request, as to what fees you desire waived or reduced and reasons. RENTAL FEE FOR CABIN 1. THIS IS A FUND RAISER FOR COMUNITY PROJECTS
6. Which do you consider your group to be?
A. Community service B. Non-profit X C. Private business
D. Club or organization X E. Other, please explain
7. Will money be collected, tickets sold, concessions sold or money raised in conjunction with the event?
Yes X No
8. If #7 is "yes," explain and list specific charges FEE FOR PARTICIPATING IN EVENT, \$17.00 - \$20.00 PER ENTRANT
9. What will revenues be used for? LOCAL SCHOLARSHIPS AND YOUTH PROJECTS
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 Paul Roekle Date 05/01/2014

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

RE: Sunrise Rotary Club 5K Run

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 ____/____/____