

15-310

SPECIAL EVENTS APPLICATION FORM

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.

- 1. Name/Description of Event: Movie Night
- 2. Date of Event: 7, 17, 15 If multiple days, Start Date: _____ End Date: _____
- 3. Time Event will start to form: 7:30 AM/PM Actual Start Time: 8:45 AM/PM Finish Time: 10:30 AM/PM
- 4. Name and complete address of Organization/Individual organizing the Event:

Manitowoc Lincoln Park Zoological Society Telephone # (920) 629-4684
 Name of organization, if applicable
Paul C Winans / Betsy Winga Business # () _____
 Name (first, middle, and last) of individual organizing the Event (if applicable)
P.O. Box 321 Date of Birth ____/____/____
 Street Address of organizing individual
Manitowoc, WI 54220
 City, State, ZIP

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

5. Email address of organizer: ManitowocLP25@gmail.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.

Will the event be held in a Manitowoc park or utilize any park facilities? Yes No Which park? Lincoln 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? ~~2000~~ 150

How many vendors will be at your event? 1 - WDC How many vehicles? ?

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.

Submitting work order directly to Chad.

A.I.N #1004

Will a tent or any other temporary structures be erected? Yes No Movie Screen

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: facilities at the zoo - Lincoln Park are sufficient.

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:

Betsy Winga/Jane Winans
Name of Day-of coordinator

(920) 629-4684
Phone # before event

(920) 629-4684 LP25
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: Jane Winans

Date: 2-11-15

COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No

Movie Mt - July

MANITOWOC PARKS & RECREATION DEPARTMENTS
EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

SB Diamonds _____
BB Diamonds _____
Soccer Field _____
Tennis Courts - How Many? _____
Pool _____

EQUIPMENT REQUESTED (Be Specific)

Garbage Cans _____
Picnic Tables _____
Benches _____
Other Barricades - 6 _____
Staging _____

AREA REQUESTED

Number of People ^{100 -} 200 DATE DESIRED July 17 TIME REQUESTED NOON
Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Barricades will be
used to block entrance to the zoo while still allowing
movie photographers to use bathrooms
PERSON WHO WILL BE RESPONSIBLE Jennifer Foote TELEPHONE 901-7945

PERSON MAKING REQUEST Jane Winans

TELEPHONE 6294684 ADDRESS P.O. Box 321, Mtwc

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Zoological Society
ADDRESS P.O. Box 321 | Mtwc

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 _____
(Person Responsible)

APPROVED _____ DATE _____

DATE _____

Parks or Recreation Manager

ATTENDENT(S) _____

START TIME: _____

Movie Mt - July

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 Zoological Society
Address P.O. Box 321 Manitowoc Telephone 9206294654

2. Names of club officers: Name Address Telephone
President Betsy Winga
Secretary Betsy Kocburek
Treasurer Jan Baetke

3. Facility requested: Zoo area by Big Red Barn
Equipment requested: see attached 16 Barricades

4. Specific dates and hours facility/equipment will be used: Date July 17 Hrs. 6 - 11:30 pm

5. Please explain your request, as to what fees you desire waived or reduced and reasons. We request all fees be waived - whatever they may be. This event supports + promotes the Zoo.

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 _____

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 Concessions \$50 - \$200
stuffed monkey toys - \$5.00

9. What will revenues be used for? all profits will be used for
Zoo improvement!

10. Do you wish to meet personally with the Board/Committee to discuss this request? Yes _____ No
If "yes," please provide the following information of individual to contact:
Name _____ Address _____ Telephone _____

Signed Jane Clumant Date 2-16-15

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 _____

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.

1. Name/Description of Event: Movie Night
2. Date of Event: 8/14/15 If multiple days, Start Date: ___/___/___ End Date: ___/___/___
3. Time Event will start to form: 7:30 AM/PM Actual Start Time: 8:30 AM/PM Finish Time: 10:00 AM/PM
4. Name and complete address of Organization/Individual organizing the Event:

Manitowoc Lincoln Park Zoological Society Telephone # (920) 629-4684
Name of organization, if applicable

Jane C Winans / Betsy Winga Business # (___) ___
Name (first, middle, and last) of individual organizing the Event (if applicable)

P.O. Box 321 Date of Birth ___/___/___
Street Address of organizing individual

Manitowoc, WI 54220
City, State, ZIP

- Is the sponsoring organization a 501(c)(3) organization? Yes No
5. Email address of organizer: ManitowocIPZS@gmail.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.

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

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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? 150
- How many vendors will be at your event? 1-WS How many vehicles? - ? -
- 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.

Submitting work order directly to chad

Will a tent or any other temporary structures be erected? Yes No Movie screen

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: facilities at the zoo + Lincoln Park are sufficient

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:

Betsy Winga/Jane Winans
Name of Day-of coordinator

(920) 629-4684
Phone # before event

(920) 629-4684
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

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Signature of Applicant: Jane Winans

Date: 2-11-15

COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT? Yes No

Movie Night - August

MANITOWOC PARKS & RECREATION DEPARTMENT
EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

SB Diamonds _____

BH Diamonds _____

Soccer Field _____

Tennis Courts - How Many? _____

Pool _____

EQUIPMENT REQUESTED (Be Specific)

Garbage Cans _____

Picnic Tables _____

Benches _____

Other Barricades - 6

Staging _____

AREA REQUESTED _____

Number of People 200 DATE DESIRED Aug 14th 2015 TIME REQUESTED Noon
Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? To Block off 300
during Movie Night

PERSON WHO WILL BE RESPONSIBLE Jennifer Firth TELEPHONE 901-7945

PERSON MAKING REQUEST Jane Winans

TELEPHONE 629-4684 ADDRESS P.O. Box 321, Manitowoc

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME _____
ADDRESS _____

PROVISIONS:

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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 _____
(Person Responsible)

APPROVED _____ DATE _____

Parks or Recreation Manager DATE _____

ATTENDANTS: _____ START TIME: _____

Movie Mt - August

MANITOWOC PARKS DEPARTMENT
SPECIAL CONSIDERATION FOR WAIVER OF PART OR ALL FEES
FOR USE OF CITY FACILITIES OR EQUIPMENT

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Address P.O. Box 321 Manitowoc Telephone 9206294654

2. Names of club officers: Name Address Telephone
President Betsy Wings
Secretary Betsy Kocourek
Treasurer Jan Baetke

3. Facility requested: Zoo area by Big Red Barn
Equipment requested: see attached

4. Specific dates and hours facility/equipment will be used: Date August 14 2015 Hrs. 6-1130pm

5. Please explain your request, as to what fees you desire waived or reduced and reasons. We request all fees be waived because this promotes + supports the zoo.

6. Which do you consider your group to be?
A. Community service _____ B. Non-profit
D. Club or organization _____ E. Other, please explain _____

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? all profits will be used for zoo imp. ment

10. Do you wish to meet personally with the Board/Committee to discuss this request? Yes _____ No
If "yes," please provide the following information of individual to contact:
Name _____ Address _____ Telephone _____

Signed [Signature] Date 2-16-15

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 _____

Events

Summer kick-off – June 6

Betsy Winga, Jim Skyberg, Joe DiRaimondo

Movie Nights – Friday, July 17 and Friday, August 14

Jennifer Foote

Chamber After-hours – a T, W or Th in July

Betsy Winga

Tues @ 10!

Betsy & Tom Kocourek