

By 18 March

15-308

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: 64th Annual Safety Patrol Picnic
- 2. Date of Event: 5/20/15 If multiple days, Start Date: 5/21/15 End Date: Rain Date
- 3. Time Event will start to form: 7:00 AM/PM Actual Start Time: 10:00 AM/PM Finish Time: 3:30 AM/PM

4. Name and complete address of Organization/Individual organizing the Event:
Manitowoc Safety Patrol Picnic Committee

Name of organization, if applicable

Roger L. Lood

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

12507 W. Hillcrest Road

Street Address

Whitefish, WI 54247

City, State, ZIP

Telephone # (920) 732-3370

Business # () - (if applicable)

Date of Birth of organizing individual

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

5. Email address of organizer: R Lood @ LSOL-dot

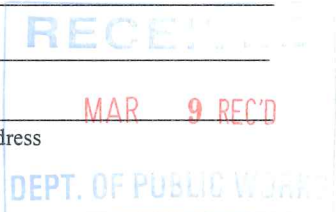
6. Location of the Event: Please attach a detailed map or diagram of your event. Also, please indicate the direction of the route, if any, including all turns and the number of traffic lanes to be used. Silver Creek Park

Will the event be held in a Manitowoc park or utilize any park facilities? Yes No Which park? Silver Creek 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? 739 Children 30 Adults

How many vendors will be at your event? None How many vehicles? 20-25 in parking lot

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
Please describe the toilet facilities that will be provided, including their locations and the number of units: THE BATHROOM
Attached to THE Field House at Silver Creek

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:

Roger L Ludel
Name of Day-of coordinator

(920) 732-3370
Phone # before event

(920) 362-7913
Phone # the day of the event

Is security needed for this event? Yes No

N/A
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: Roger Ludel

Date: 3-12-15

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 N/A
 BB Diamonds N/A
 Soccer Field N/A
 Tennis Courts - How Many? N/A
 Pool N/A

EQUIPMENT REQUESTED (Be Specific)

Garbage Cans _____
 Picnic Tables _____
 Benches _____
 Other SEE ATTACHED SHEET
 Staging (RISERS)

AREA REQUESTED Silver Creek Park

Number of People _____ DATE DESIRED 5-20-2015 TIME REQUESTED 7:00 Set up
5-21-2015 - Rain DATE Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? SAFETY Patrol Picnic
5th & 6th grade crossing guards

PERSON WHO WILL BE RESPONSIBLE Roger L Lodal TELEPHONE 732-3370

PERSON MAKING REQUEST Roger Lodal

TELEPHONE 732-3370 ADDRESS 12507 W Hillcrest Rd Whitstow, VA 54247

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Manitowoc Safety Patrol Picnic Picnic Committee
 ADDRESS 12507 W Hillcrest Rd Whitstow, VA 54247

PROVISIONS:

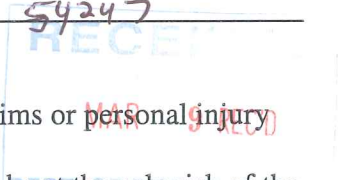
The undersigned agrees to hold the City harmless for any and all damage, claims or personal injury claims occurring during the term of this contract.
 It is further agreed that all property of any kind brought on the premises shall be at the sole risk of the undersigned and that the City shall not be 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 Roger Lodal
 (Person Responsible)

APPROVED _____ DATE _____

 Parks or Recreation Manager

ATTENDENT(S) _____ START TIME: _____



GAMES

2-ring toss
2-bean bag
1-cain game
12-gunny sacks
tug-o-war rope { 50' }

SOUND SYSTEM

speakers & stands
radio
mic. & stand
1-ext. cord
1-power outlet cord

PHONE NUMBERS

McMullen & Pitz 682-0131 ROPE
Red Arrow 683-5500 SAWDUST

5-nesco's
2-coffee pots
box of ext. cords CP
box of pencils
1-bag of caulk
1-caulker

1-cooler filed / ice
(3) 2-coolers for drink / ice
- 50ft HOSE TO Fill Drinks
1-first aid kit
tool box

CLEANING SUPPLIES

1box-sos pads
dish soap
bleach
dish towels
4-old towels
2 buckets-scrubs

PARK SHOP

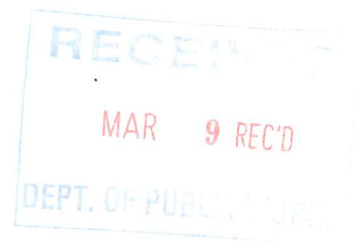
3 rolls-snow fence
35-fence posts
wire ties & tool
fence pounder

CP

blue barrel of rope

2 gravel shovels
2 grass rakes

Please HAVE Bathrooms Cleaned AND Well Stocked.



**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 Safety Patrol Picnic Committee
Address 12507 W Hillcrest Road, Whitelaw, WI 54247 Telephone 920-732-3370
2. Names of club officers:

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
President	<u>Roger L. Lood</u>	<u>12507 W Hillcrest Whitelaw, WI</u>	<u>920-732-3370</u>
Secretary	<u>Brian Lood</u>	<u>1020 Albert Drive Manitowoc, WI</u>	<u>920-973-6296</u>
Treasurer	<u>Steven Herzog</u>	<u>1036 N 14 St Manitowoc, WI</u>	<u>920-374-0415</u>
3. Facility requested: Silver Creek Park
Equipment requested: See Attached Sheet
4. Specific dates and hours facility/equipment will be used: Date 8-20-2015 Hrs. 7:00-3:30
Rain Date 8-21-2015 Hrs. 7:00-3:30
5. Please explain your request, as to what fees you desire waived or reduced and reasons.

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 _____

RECEIVED
MAR 9 REC'D
DEPT. OF PUBLIC WORKS
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 Donations Collected for Food, Drinks, Prizes and Bicycles to give to kids attending
9. What will revenues be used for? Food - Drink, Ice Cream Prizes and Bicycles to be given to the kids
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 Roger Lood Date 3-09-15

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 _____