Parks & Rec 11-17-14

14-2400

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:** Tom Chermak / Metro Jam / Manitowoc Jaycees
2. **Date of Event:** ___/___/___ **If multiple days, Start Date:** 6/19/15 **End Date:** 6/20/15
3. **Time Event will start to form:** 6/19 AM/PM **Actual Start Time:** 6/19 5:00 AM/PM **Finish Time:** 6/20 10:00 AM/PM
4. **Name and complete address of Organization/Individual organizing the Event:**

Metro Jam / Manitowoc Jaycees
Name of organization, if applicable

Telephone # (920) 682-7008

TOM CHERMAK / Metro Jam / Manitowoc Jaycees
Name (first, middle, and last) of individual organizing the Event

Business # (920) 683-5980 (if applicable)

PO Box 2077
Street Address

Date of Birth of organizing individual 1/26/58

Manitowoc WI 54221
City, State, ZIP

Waiver of Fee REQ. attached.

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

5. **Email address of organizer:** tomc@char-make.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? Washington Park Metro Stage

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): 12th Street (for concessions)

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 @ the peak (Sat. evening)

How many vendors will be at your event? N How many vendors? 12

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

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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: Will provide port a potties - need access to park facilities

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:

Tom Chermak
Name of Day-of coordinator

(920) 683 - 5980
Phone # before event

(920) 901 - 6275
Phone # the day of the event

Is security needed for this event? ☒ Yes ☐ No

Tom Chermak
Name of Security Coordinator

( ) " - "
Phone # before event

( ) " - "
Phone # the day of the event

We utilize a number of security measures @ the park

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: Tom Chermak Date: ~~9-25-14~~ 10/17/14

X [signature] 10/20/14

COMMITTEE RECOMMENDATION: _____

COMMON COUNCIL APPROVAL: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? ☐

O:\wpdocs\WEBSITE\Special Events App Form (2).doc

Tom Chermak
President

Phone: 920-683-5980 ext. 1311
800-242-7679
Fax: 920-683-5990
Email: tomc@cher-make.com
PO Box 1267
Manitowoc, WI 54221-1267

MANITOWOC PARKS DEPARTMENT

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

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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 Metro Jam / Tom Chermak / Manitowoc Jaycees
   Address PO Box 2077 / Manitowoc WI 54221-2077 Telephone 920-683-5980

2. Names of club officers: Name Address Telephone
   President TOM CHERMAK PO Box 2077 Manitowoc WI 54221-2077 920 683-5980
   Secretary Bob Mithnacht
   Treasurer

3. Facility requested: Metro Stage
   Equipment requested: 10 rolls of snowfence / Barricades to close 12th St / Security Fences

4. Specific dates and hours facility/equipment will be used: Date 6/19+20/2015 Hrs.
   6/19 Set up @ 8:00 AM / Concert Friday 5-9:30 / Sat 6/21 6:00 AM - 11:30 PM

5. Please explain your request, as to what fees you desire waived or reduced and reasons. Donations of Sponsors are used to pay for entertainment. Jaycees Concession Stand Profits are given to support Charitable causes in the city.

6. Which do you consider your group to be?
   A. Community service ✓ B. Non-profit X 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 X No

8. If #7 is "yes," explain and list specific charges Only for food + concession

9. What will revenues be used for? Community donation - expenses beyond donations ~~expen~~ and contributions

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 Tom Chermak + [illegible] 10/8/14 Date ~~9-25-14~~ 10/17/14

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

Manitowoc Parks & Recreation Departments

METROSTAGE REQUEST FORM

Name of individual, firm or organization making request TOM CHERMAK / METRO JAM / MANITOWOC JAYCEES

If club or organization, name of person responsible_____

Address PO Box 2077 Manitowoc WI 54221-2077 Telephone 920-683-5980

Purpose: The Renter starts that he will use the premises rented hereunder for the following purpose and none other: (list organization if possible)_____ Renter agrees to pay additional rental fee of $300.00 in the event the premises are used for any purpose other than those stated in above.

Which do you consider your group to be?
a. Community X b. Private Business____ c. Club/Organization____
d. Other, Please explain_____

Rental Period: The Bandshell shall be rented to the Renter by the City on 6/19 + 20, 2015 for the period from 6/19 (AM)/PM to 6/20 AM/(PM) on such date. It is understood that the Renter's responsibility to clean & restore the premises including garbage pickup must be completed within this period.

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POLICIES

Use of Facility

1) The use of the bandshell is not allowed without prior approval of the Manitowoc Parks & Recreation Departments.
2) Only officially approved vehicles are allowed within the park. A list of vehicles for entry into the park must accompany request for the use of the facility.
3) It is understood that any City of Manitowoc police officer and any other authorized City of Manitowoc employee have the right to enter the rented premise at any time.
4) The City of Manitowoc it not responsible for any articles left, lost or stolen on the rented premises.
5) No admission fees, donations, contributions or other fare shall be collected or be permitted to be collected by the renter unless prior approval has been secured in writing from the Recreation Board.

Responsibility of User

1) The user will furnish all personnel & equipment necessary to run event.
2) The user is responsible to notify participants, spectators, and staff associated with the event of department policies & regulations.
3) It is the responsibility of the organization using the facility to obtain all necessary permits or licenses required by City ordinance, resolution or state law, such as but not limited to alcohol, food, soda, etc.
4) The user agrees to provide the city with a certificate of liability insurance in the amount of $300,000.
5) No changes in the physical appearance of the area shall take place without prior approval of the Parks Manager.
6) It shall be the responsibility of the renter to maintain the area including restrooms throughout the event and to restore all areas and facilities to the condition they were in prior to the event. The renter agrees to pay additional fees for damages or extra time required to clean and restore the facility. This amount will be determined by the Parks Department.
7) It shall be the responsibility of the renter to control spectators, vehicles, and all situations involved with the event. If necessary, additional deputies may be required.
8) It is the responsibility of the user to have premises vacated by 10:00 PM each evening during the term of the request.

Fees and charges

Groups/Organizations requesting special consideration for waiver of all or partial fees ordinarily charged to groups for use of City-owned facilities or equipment must fill out the Fee Waiver Request Form completely, at least 30 days in advance of the event. The request will be reviewed by the Parks and Recreation Committee, and the group or organization will be notified of approval or denial within 15 days of the Committee's decision.

1) The cost of the facility is $50.00 per day

2) Renter agrees to pay the deposit fee at the time of making this application. Of a minimum of 20% of the total rental as breakage security which may later be applied to the base rental fee. The balance is due 24 hours prior to the rental date.

3) The daily fee is intended to cover the time period of 7:00 AM to 10:00 PM on the days indicated.

Additional Fees

1) Attendant Fee- A department attendant may be on duty when the facility is occupied. The current attendant rate per hour will be charged for the time spent at the event. Renter is responsible for the attendance and must follow his/her suggestions or directions.
2) Park Benches- If available, benches may be used for the event for a fee of $5.25 + tax per bench.

PROVISIONS

The approval of this request is based upon the condition that the user agrees to indemnify and hold harmless the City from any accident or injuries to participants, spectators, and/or persons connected with the use of requested facilities or equipment.

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 the premises.

The undersigned agrees to be responsible for any damage cause to said building, property or equipment by mischief or negligence.

This document signed on below date by authorized representative of the user and the lessee indicates that agreement is understood and will be adhered to by both parties.

Do you desire park benches? ☐ Yes, # of benches (40 max.) _____ ☒ No

Signed Tom Chenault Date ~~9-25-14~~ 10/17/14
(Person Responsible)
X 10/20/14

Terms or Conditions _____

Amount of rent to be charged _____ Deposit Received: $_____

Approved/Denied _____ Date _____
(Parks Manager)

RE: Chermak | Jaycees | MetroJam 6/19, 6/20 2015

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			
EQUIPMENT			
MATERIALS			

Dept. Head or Designee Signature_____ Date ____/____/____

☐ **POLICE**
(686-6500)

	N/A	NO CHARGE	CHARGE
LABOR			
EQUIPMENT			
MATERIALS			

Dept. Head or Designee Signature_____ Date ____/____/____

☐ **FIRE**
(686-6500)

	N/A	NO CHARGE	CHARGE
LABOR			
EQUIPMENT			
MATERIALS			

Dept. Head or Designee Signature_____ Date ____/____/____

☐ **DPW**
(683-4550)

	N/A	NO CHARGE	CHARGE
LABOR			
EQUIPMENT			
MATERIALS			

Dept. Head or Designee Signature_____ Date ____/____/____

RE: Chermak | Jaycees | MetroJam 6/19, 6/20 2015

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			
EQUIPMENT			
MATERIALS			

Dept. Head or Designee Signature _____ Date ___/___/___

☐ **POLICE**
(686-6500)

	N/A	NO CHARGE	CHARGE
LABOR			
EQUIPMENT			
MATERIALS			

Dept. Head or Designee Signature _____ Date ___/___/___

☒ **FIRE**
(686-6500)

N/A

	N/A	NO CHARGE	CHARGE
LABOR		✓	
EQUIPMENT		✓	
MATERIALS		✓	

Dept. Head or Designee Signature _____ Date 10/22/14

☐ **DPW**
(683-4550)

	N/A	NO CHARGE	CHARGE
LABOR			
EQUIPMENT			
MATERIALS			

Dept. Head or Designee Signature _____ Date ___/___/___

RE: Chermak | Jaycees | MetroJam 6/19, 6/20 2015

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

[X] **PARKS** (683-4537) Cost for City electrician to connect/disconnect power ($114 labor, $12 equip), Metro stage - 2 days, snow fence + installation, banquet tables, risers, security barricades, tent

$942 total

not charged by Parks - 2014

		N/A	NO CHARGE	CHARGE
LABOR	514.00 (400 + 114)			
EQUIPMENT	428.00 (416 + 12)			
MATERIALS				

Dept. Head or Designee Signature [signature] Date 10/23/14

[ ] **POLICE** (686-6500)

	N/A	NO CHARGE	CHARGE
LABOR			
EQUIPMENT			
MATERIALS			

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Dept. Head or Designee Signature _____ Date ___/___/___

[ ] **FIRE** (686-6500)

	N/A	NO CHARGE	CHARGE
LABOR			
EQUIPMENT			
MATERIALS			

Dept. Head or Designee Signature _____ Date ___/___/___

[ ] **DPW** (683-4550)

	N/A	NO CHARGE	CHARGE
LABOR			
EQUIPMENT			
MATERIALS			

Dept. Head or Designee Signature _____ Date ___/___/___

RE: Chermak | Jaycees | MetroJam 6/19, 6/20 2015

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			
EQUIPMENT			
MATERIALS			

Dept. Head or Designee Signature _____ Date ___/___/___

☐ **POLICE**
(686-6500)

	N/A	NO CHARGE	CHARGE
LABOR			
EQUIPMENT			
MATERIALS			

Dept. Head or Designee Signature _____ Date ___/___/___

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☐ **FIRE**
(686-6500)

	N/A	NO CHARGE	CHARGE
LABOR			
EQUIPMENT			
MATERIALS			

Dept. Head or Designee Signature _____ Date ___/___/___

☒ **DPW** Requestor may pickup & return traffic control items
(683-4550) at the DPW Mon-Fri. 7:30 am - 2:30 pm. If delivery and pickup are required the following charges may apply.

	N/A	NO CHARGE	CHARGE
LABOR 2 hr $70.00			
EQUIPMENT 1 hr 15.00			
MATERIALS 4 Type III barricades 2 signs $16.00			

Dept. Head or Designee Signature [signature] Date 10/27/14

RE: Chermak | Jaycees | MetroJam 6/19, 6/20 2015

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			
EQUIPMENT			
MATERIALS			

Dept. Head or Designee Signature _____ Date ___/___/___

[X] **POLICE** WE DID NOT HAVE ANY ISSUES AT ALL IN 2014.
(686-6500)

	N/A	NO CHARGE	CHARGE
LABOR		✓	
EQUIPMENT		✓	
MATERIALS		✓	

Dept. Head or Designee Signature [signature] Date 10/29/14

[ ] **FIRE**
(686-6500)

	N/A	NO CHARGE	CHARGE
LABOR			
EQUIPMENT			
MATERIALS			

Dept. Head or Designee Signature _____ Date ___/___/___

[ ] **DPW**
(683-4550)

	N/A	NO CHARGE	CHARGE
LABOR			
EQUIPMENT			
MATERIALS			

Dept. Head or Designee Signature _____ Date ___/___/___