

SPECIAL EVENTS APPLICATION FORM

15-311

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: Summer Kick-off
2. Date of Event: 6/6/2015 If multiple days, Start Date: _____ End Date: _____
3. Time Event will start to form: 10:30 AM/PM Actual Start Time: 11:00 AM/PM Finish Time: 4:00 AM/PM
4. Name and complete address of Organization/Individual organizing the Event:

Manitowoc Lincoln Park Zoological Society

Name of organization, if applicable

Telephone # (920) 629-4684

Steve C Winans / Betsy Winga

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

Business # () _____
(if applicable)

P.O. Box 321

Street Address

Date of Birth _____
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: ManitowocLPZS@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? ~~1,000~~ 1,000

How many vendors will be at your event? Not determined 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

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/Tane
Name of Day-of coordinator winas

920 629-4684
Phone # before event

920 629 4684 LP25
920 242-3260 Bets
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 Winas

Date: 2-11-15

COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No

* See Also WORK ORDER FOR Details. Thank you!
Kickoff
MANITOWOC PARKS & RECREATION DEPARTMENTS
EQUIPMENT & FACILITY REQUEST FORM
JW

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

EQUIPMENT REQUESTED (Be Specific)
Garbage Cans 4
"Banquet" Picnic Tables 4
Benches 40
Other 1 bed. cooler, 2-20x20 feets
Staging Band shell & Portable bleachers
Plywood to cover 10x10 area

AREA REQUESTED
Number of People 1,000⁺ DATE DESIRED June 6 2015 TIME REQUESTED By June 5
Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Zoo Summer Kick off

PERSON WHO WILL BE RESPONSIBLE Betsy Winga TELEPHONE 920-242-326

PERSON MAKING REQUEST Jane Winans

TELEPHONE 629 46 84 ADDRESS P.O. Box 321

WHO WILL BE BILLED IF THERE ARE ANY CHARGES
NAME Zoological Society
ADDRESS P.O. Box 321, MtWC 54221-0321

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 _____

Parks or Recreation Manager

ATTENDENT(S) _____ START TIME: _____

WORK ORDER

Date needed: by Saturday, June 6th

Date Submitted: 2-16-15

To: Chad Shenoah

From: Jane Winans

RE: Summer Kick-off, June 6, 2015

City Materials reserved

- Band shell to be placed in same spot as 2014 – near Reed Ave entrance.
 - LPZS is not going to use the city sound system.
- 40 benches. Would you please set them up at least 4 feet away from the stage so domination cheer can place their mats in front of them? Thanks!
- 1 beverage circular cooler - we put water in here.
- Portable bleachers. As of 2/16/2015 the thought is to locate them near the front entrance. Please work with new staff or Betsy Winga to determine final location
- tents – 2 20x20
- 4 trash cans
- Enough plywoods to cover a 10 x 10' area – this is placed behind band shell to diminish dew and dirt from being dragged onto the stage causing it to be slippery and potentially harmful to performers.
- 4 more banquet tables for total of 10. – used for library or others participating

(6 already at zoo)

Kick-off

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

- Name of club/organization making request Zoological Society
Address PO BOX 321 Manitowoc Telephone 9206294654
- Names of club officers:

Name	Address	Telephone
President <u>Betsy Wings</u>		
Secretary <u>Betsy Kocourek</u>		
Treasurer <u>Jan Baetke</u>		
- Facility requested: wt - event @ the zoo
Equipment requested: see attached
- Specific dates and hours facility/equipment will be used: Date June 10 Hrs. 10-5
- Please explain your request, as to what fees you desire waived or reduced and reasons. we request ~~and~~ all charges be waived since we fundraise for a city entity and serve residents.
- 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 _____
- Will money be collected, tickets sold, concessions sold or money raised in conjunction with the event?
Yes No _____
- If #7 is "yes," explain and list specific charges concessions will be sold, \$3 per ^{\$4} sub sandwich, \$1 candy, \$1 beverages, stuffed monkey
- What will revenues be used for? all profits will be used for zoo improvements
- 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 Clumatt 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