

# SPECIAL EVENT COMMITTEE APPROVAL FORM

**MEETING DATE:** 1/12/2022

**EVENT NAME:** Waiver of Fees: Christmas Community Dinner

**ORGANIZER:** First Presbyterian Church - Rev. Matthew Sauer

**E-MAIL ADDRESS:** matt@MCMunited.com

**EVENT DATE:** 12/22/2021

**NEW OR RECURRING:** Recurring

**LOCATION/DESCRIPTION:** Use of traffic cones to direct traffic through lot for to-go Community Dinners

**COMMITTEE CONCERNS:**

**COMMITTEE DECISION:**

APPROVE	DENY
<i>Approved via email:</i> Shawn Alfred/sr Jason Freiboth/sr Dan Koski/sr Liz Majerus/sr	

**COUNCIL ACTION REQUIRED:**

**ITEMS TO INCLUDE IN LETTER:**

RECEIVED

CITY OF MANITOWOC - DEPARTMENT OF PUBLIC INFRASTRUCTURE  
DEC 27 2021 SPECIAL CONSIDERATION FOR WAIVER OF PART OR ALL FEES  
FOR USE OF CITY FACILITIES OR EQUIPMENT

CITY OF MANITOWOC  
ENGINEERING

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 Special Event Committee and/or the Public Infrastructure Committee and the group or organization will be notified by e-mail or letter of their decision(s). A financial report for the previous two (2) years indicating all expenses and all revenues of the group/organization may be requested by the committee. Groups or organizations must be current on all financial accounts with the City of Manitowoc.

ALL QUESTIONS MUST BE ANSWERED

Name of event: Christmas Community Dinner

1. Name of club/organization making request First Presbyterian Church  
Address 502 N 8th Street Telephone 920.682.4688

2. Names of club officers:	Name	Address	Telephone
President	<u>Matthew L. Sauer</u>	<u>1819 S 25th Street</u>	<u>920.860.6880</u>
Secretary	<u>John Balma</u>	<u>1702 Ruby Ln</u>	<u>920.683.9112</u>
Treasurer	<u>Jen Balma</u>	<u>1702 Ruby Ln</u>	<u>920.901.7585</u>

3. Facility requested: \_\_\_\_\_  
Equipment requested: 40 Orange Safety Cones

4. Specific dates and hours facility/equipment will be used: Date(s) December 22 Hrs. 2pm-8pm

5. Please explain your request, as to what fees you desire waived or reduced and reasons. Free Community Dinner for the Manitowoc Community. We will be serving 350+ meals with 40 volunteers.

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 \_\_\_\_\_

9. What will revenues be used for? \_\_\_\_\_

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

Signed The Rev. Dr. Mark F. Sa Date 12/27/2021

Please attach any additional information which you feel will assist the committee in evaluating your request.