14-933

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		APR :	17 2014
1.	Name/Description of Event: Cellcom Cellular Celebrations	CI	Y CLE	RKS OFFICE
2.	Date of Event:/ If multiple days, Start Date: 6/16/14 End Date: Time Event will start to form: 7AMAM/PM Actual Start Time: 10AMAM/PM Finish Time	6	_/ 17	<u>,</u> 14
3.	Time Event will start to form: AM/PM Actual Start Time: 1UAIV AM/PM Finish Time	e: <u>/</u>	PIVI	AM/PM
4.	Name and complete address of Organization/Individual organizing the Event:			
	Cellcom Telephone # (684	0565
	Name of organization, if applicable		004	0505
	Scott R. Raduenz / Bonnie Cayemberg Name (first, middle, and last) of individual organizing the Event Business #((if applicable)	920	_)	_ 0565
	4144 Harbor TownE Lane Suite 50 Date of Birth	10	, 13	_/ 1974
	Street Address of organizing			
	Manitowoc, WI 54220 City, State, ZIP			
	Is the sponsoring organization a 501(c)(3) organization? Yes No			
5.	Email address of organizer: scott.raduenz@cellcom.com			
6.	Location of the Event: Please attach a detailed map or diagram of your event. Also, please indicate the direct	tion	of the ro	ute if anv
υ.	including all turns and the number of traffic lanes to be used. Parking lot of Harbor TownE shopping	j ma	all.	
	Will the event be held in a Manitowoc park or utilize any park facilities? Yes No Which park?		0,100.00	
	Have you reserved the park for this purpose? Yes No If no, please contact the Parks Department	at (9.	20) 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?	S		
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 Dep	artm	ent.	
	Will you be having a band or amplified music? Yes No			
	What is the estimated attendance at your event, including observers?			
	How many vendors will be at your event? 1 How many vehicles? 700		~~~	
	Do you require any special parking restrictions? Yes No If yes, what type, when, and where:			

V F	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.
V	Will a tent or any other temporary structures be erected? We Ves 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.
V P	What toilet facilities will be made available to your participants? III Indoor Outdoor Please describe the toilet facilities that will be provided, including their locations and the number of units:
I	Port a potties will be provided by Maynards Portables
	Will alcoholic beverages be served/sold? Yes No If yes, a "Special Class B" license will allow sale/service of beer and/or wine. lease 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? Wes 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:
	Scott Raduenz Name of Day-of coordinator Name of Day-of coordinator Name of Day-of coordinator Name of Day-of coordinator Phone # before event Phone # the day of the event
	Name of Day-of coordinator Phone # before event 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?
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: Level Level Date: 4-17-19
СО	MMITTEE RECOMMENDATION: DATE:
со	OMMON COUNCIL APPROVAL:DATE:
DII	D COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No

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

Lee attached

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.

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2.	Date of Event:		_/	If multiple	days, Start D	ate: 6	_/ 16	_/ 14	_ End Dat	te: 6	_/ 17	
3.	Time Event will st	art to forn	.: <u>7AM</u>	AM/PM	Actual Start	t Time: _	10AM	AM/PI	A Finish Ti	me: _7	PM	AM/PM
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	Deborah,											
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Please l	et me know if you	u need a	ny other	informati	on.							
Thanks	and have a great	day!										
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/08/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	der in lieu of such endors										
PRODÜCER					CONTAC NAME	CT					
DANIELSON INC.						PHONE (A/C, No). Ext): (651) 631-3014 (A/C, No):					
325	3250 RICE STREET					E-MAIL ADDRESS:					
SAI	NT PAUL, MN 55126						SURER(S) AFFOR	DING COVERAGE	NAIC#		
	·							UNION PROPERTY &	16217		
INSURED NO	RTHEAST COMMUNIC	٨ΤΙΟ	NIC /	OE MICCONCIN INC				NSURANCE GROUP			
110		AHO	143	OF WISCONSIN INC.							
	A NSIGHT BOX 19079		Ε			INSURER C: INSURER D:					
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	EEN BAY, WI 54307 -8080696				INSURE						
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CITY OF MANITOWOC ATTN: JENNIFER HUDSON- CITY CLERK 900 QUAY STREET					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
[N	IANITOWOC, WI 54220	-4543	}		AUTHO	RIZED REPRES	ENTATIVE				
						Mr. Fantos					

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RE:	Cellcom	Cellular	Celebrations	6/6/11

	VIEWING DEPARTMENT RECOM ete the form and return to the City Clerk	
Your request was acted u	pon in accordance with the contents of this No Service reques for	application with the following conditions
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