

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: Gravity Hill Derby Contestants 9-15 of age race Soap Box Cars
- 2. Date of Event: 6 / 20 / 15 If multiple days, Start Date: / / End Date: / /
- 3. Time Event will start to form: 7:00 AM PM Actual Start Time: 9-10 AM AM PM Finish Time: 2-3 AM PM
- 4. Name and complete address of Organization/Individual organizing the Event:

AMUETS POST 99 INC
Name of organization, if applicable

Telephone # (920) 684-6577

Dennis G. Scherer
Name (first, middle, and last) of individual organizing the Event

Business # () -
(if applicable)

3415 So 15th Street
Street Address

Date of Birth 10 / 23 / 43
of organizing individual

Manitowoc, WI 54220-6939
City, State, ZIP

Is the sponsoring organization a 501(c)(3) organization? Yes No 501(c)(19)

- 5. Email address of organizer: _____
- 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. 44th Street Derby runs down Conroe Street both Lanes to the East from 44th Street

Will the event be held in a Manitowoc park or utilize any park facilities? Yes No Which 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): 44th Street and Conroe Street From 44th to "R"

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? 150

How many vendors will be at your event? None How many vehicles? _____

Do you require any special parking restrictions? Yes No If yes, what type, when, and where: 44th Street and Conroe Street during the event

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APR 2 2015

CITY CLERKS OFFICE

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: AMVETS 99
Clubhouse 4310 Conroe Street Mens 3 urinals two toilets Womens 3 toilets

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:

Dennis G. Scherer (920) ~~684~~ - 8330 (920) 684 - 6577
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? 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: Dennis G. Scherer Date: 4-2-15

COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No

March 15, 2015

Mayor Justin Nickels
City of Manitowoc
City Hall
900 Quay Street
Manitowoc, WI 54220-4543

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MAR 24 2015
CITY CLERKS OFFICE

Dear Mayor Nickels

This letter is written on behalf of AMVETS POST 99 to ask permission to use Conroe Street for the year 2015 Gravity Hill Derby. Derby Day is scheduled for June 20, 2015.

Enclosed is a certificate of insurance for the City Clerk. Also enclosed is a letter to the residents of Conroe Street and the connecting street in use for the Derby.

Sincerely,

Dennis Scherer
Gravity Hill Derby Chairman
3415 South 15th Street
Manitowoc, WI 54220
Phone: 682-8330

Enclosures 2

Gravity Hill Derby

TO THE RESIDENTS:

ANNOUNCING THE YEAR 2015 GRAVITY HILL DERBY JUNE 20TH.

THE DERBY WILL BE HELD ON CONROE STREET STARTING AT ROUGHLY 7:00 A.M. WITH SET-UP. RACING WILL BEGIN AT APPROXIMATELY 9:30-10:00 A.M. THE FINISH TIME FOR RACING AND CLEAN UP WILL BE AT APPROXIMATELY 3:00 P.M. WE WILL HAVE A RAMP AND PIT AREA FOR THE CARS ON TOP OF CONROE STREET AND 44TH STREET.

PLEASE ACKNOWLEDGE AND KEEP CLEAR OF THE AREA. I AM WRITING TO ASK FOR YOUR COOPERATION IN KEEPING YOUR CAR OFF THE STREET FOR THIS PERIOD OF TIME ON THE 20TH

EVERYONE'S COOPERATION IS VERY MUCH APPRECIATED.

THANK YOU!

DENNIS SCHERER
AMVETS POST 99
GRAVITY HILL DERBY CHAIRMAN

RE: Gravity Hill Derby 6-20-15

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 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

POLICE _____
(686-6500) _____

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

FIRE _____
(686-6500) _____

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

DPW _____
(683-4550) _____

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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