

Parks Rec
10-6-14

14-1959

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: Manitowoc Garden Fair
- 2. Date of Event: 6/13/15 If multiple days, Start Date: / / End Date: / /
- 3. Time Event will start to form: 6:30^{6:00} AM/PM Actual Start Time: 10 AM/PM Finish Time: 3:30 AM/PM
- 4. Name and complete address of Organization/Individual organizing the Event:

Marion Barnorth
Name of organization, if applicable

Telephone # (920) 682-2050

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

Business # ()
(if applicable)

Marion E. Barnorth
Street Address

Date of Birth / /
of organizing individual

1603 Jasmine Rd. (Po. Box 1671)
City, State, ZIP Manitowoc WI 54221

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

5. Email address of organizer: TARWORTHINGTON@Smail

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. Washington Park
Countdown Washington & Marshall St

Will the event be held in a Manitowoc park or utilize any park facilities? Yes No Which park? Washington

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?

How many vendors will be at your event? Don't know yet How many vehicles?

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

MANITOWOC PARKS & RECREATION DEPARTMENTS
EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

EQUIPMENT REQUESTED (Be Specific)

SB Diamonds _____

✓ Garbage Cans Don't know yet

BB Diamonds _____

✓ Picnic Tables Don't know yet

Soccer Field _____

Benches _____

Tennis Courts - How Many? _____

Other _____

Pool _____

Staging _____

AREA REQUESTED Washington Park

Number of People _____ DATE DESIRED 6-13-15 TIME REQUESTED 10 AM - 3:30 PM
Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? _____

Manitowoc Garden Fair

PERSON WHO WILL BE RESPONSIBLE Marie Sarvath TELEPHONE 920-682-2050

PERSON MAKING REQUEST Marie Sarvath

TELEPHONE 920-682-2050 ADDRESS 1603 Jasmine Hill (PO Box 1671)

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Marie Sarvath
ADDRESS PO Box 1671 Manitowoc WI 54221

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 Marie Sarvath
(Person Responsible)

APPROVED _____

DATE _____

Parks or Recreation Manager

DATE _____

ATTENDENT(S) _____

START TIME: _____

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

1. Name of club/organization making request _____
 Address _____ Telephone _____
2. Names of club officers:
 President _____
 Secretary _____
 Treasurer _____
3. Facility requested: _____
 Equipment requested: _____
4. Specific dates and hours _____
5. Please explain your request _____

6. Which do you consider y
 A. Community service _____
 D. Club or organization _____
7. Will money be collected, _____ he event?
 Yes _____ No _____
8. If #7 is "yes," explain and _____

9. What will revenues be used for _____

10. Do you wish to meet person _____ No _____
 If "yes," please provide the
 Name _____

Marion said that she is not requesting fees to be waived. Rather, she would continue paying the \$15 for every vendor table that she has been paying the past few years.

Sandy

In 2014, the City received \$1,260.00.

Signed _____

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: _____

RE: Manitowoc Garden Fair 6/13/15

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) _____

		NO	
	N/A	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) _____

		NO	
	N/A	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 _____
(686-6540) _____

		NO	
	N/A	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) _____

		NO	
	N/A	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"/>

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PARKS _____
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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) _____

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 _____
(686-6540) _____
 - N/A -

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

Dept. Head or Designee Signature Todd H Date 9/17/14

DPW _____
(683-4550) _____

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"/>