

Parks Rec
12-1-14

14-2618

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: Silver Creek Open (Disc Golf)
- 2. Date of Event: 01 / 24 / 2015 If multiple days, Start Date: ___ / ___ / ___ End Date: ___ / ___ / ___
- 3. Time Event will start to form: 8am AM/PM Actual Start Time: 9am AM/PM Finish Time: 5pm AM/PM
- 4. Name and complete address of Organization/Individual organizing the Event:

DEW Disc Golf
 Name of organization, if applicable
James Van Lanen Jr
 Name (first, middle, and last) of individual organizing the Event
4121 Martin Lane
 Street Address
Two Rivers, WI 54241
 City, State, ZIP

Telephone # (920) 629 - 9997
 Business # (___) ___ - ___
 (if applicable)
 Date of Birth 02 / 06 / 1963
 of organizing individual

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

- 5. Email address of organizer: discgolf@discoverwisc.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. Silver Creek Park Fieldhouse - basement area only used for gathering, scoring and awards for the event. This event is our off season opportunity to promote the park to players from outside the area. Any proceeds from the event will be used for park improvements.

Will the event be held in a Manitowoc park or utilize any park facilities? Yes No Which park? Silver Creek 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): Waiver of Fee Request attached.

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? 75-100
 - How many vendors will be at your event? 1-2 How many vehicles? 50
 - 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.

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: _____

fieldhouse

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:

James Van Lanen Jr

Name of Day-of coordinator

920 629 9997
() -
Phone # before event

920 629 9997
() -
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: _____

Date: 11/21/2014

COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No

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 Discover Eastern Wisconsin Disc Golf
Address 4121 Martin Lane Two Rivers, WI 54241 Telephone 920-629-9997

2. Names of club officers:

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
President	<u>Wade Juza</u>	<u>8505 Franz Road Two Rivers, WI 54241</u>	
Secretary	<u>Jim Van Lanen Jr</u>	<u>4121 Martin Lane Two Rivers, WI 54241</u>	
Treasurer	<u>Jim Van Lanen Jr</u>	<u>4121 Martin Lane Two Rivers, WI 54241</u>	

3. Facility requested: Silver Creek Park - basement of the fieldhouse
Equipment requested: none

4. Specific dates and hours facility/equipment will be used: Date 01/24/2015 Hrs. 8a - 5p

5. Please explain your request, as to what fees you desire waived or reduced and reasons. Request to waive basement rental fee; we will leave the facility cleaner than we find it and any proceeds from the event will be used for park improvements.

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 Player registration fees will pay for event expenses and payout for the winners. We hope to have a small remainder that will be added to our park improvements for 2015. The event is mainly for exposure of our park to out of town disc golfers.

9. What will revenues be used for? Awards, prizes, etc.

10. 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 James Van Lanen Jr Address 4121 Martin Lane Two Rivers, WI 54241 Telephone 920-629-9997

Signed James E Van Lanen Jr

Date 11/21/2014

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: Silver Creek Open Disc Golf 1-24-15

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 ____/____/____