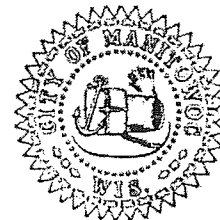




CITY OF MANITOWOC

WISCONSIN, USA
www.manitowoc.org



May 24, 2018

Ms. Colleen Wisnicky
Aurora Medical Center
5000 Memorial Dr.
Two Rivers, WI 54241

RE: *Waiver of Fees – Use of Picnic benches at Aurora Medical Center – June 12, 2018*

Dear Ms. Wisnicky:

The above request was acted upon by the Special Event Committee at the meeting on May 23, 2018, at which time the committee granted your request.

For the use of the benches, please contact the Parks Department at 686-6518.

If you have any questions, please contact me at 920-686-6950.

Very truly yours,

Deborah Neuser
City Clerk

DN:mrk

cc: ✓ Chief of Police Nick Reimer
Fire Chief Todd Blaser
Chad Scheinoha, Operations Division Mgr.
Billy Hutterer, Streets Team Leader
Karen Dorow, Business Manager

SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 5/23/2018

EVENT NAME: FEE WAIVER: Evening of Remembrance

ORGANIZER: Aurora Medical Center - Colleen Wisnicky

EVENT DATE: 6/12/2018

NEW OR RECURRING: Recurring

LOCATION/DESCRIPTION: Use of benches at Aurora Medical Center; organizer will pick up & return benches

ESTIMATED CITY COSTS:

POLICE	
FIRE	
PARKS	245
RECREATION	
STREETS	
TOTAL DEPT. COSTS	245

ESTIMATED EVENT HOLDER CHARGES:

LATE APPL. FEE (<60 days)	
DELIVERY CHARGES <small>(if delivery requested)</small>	
WAIVED -ROOM TAX	245
NON-WAIV. STAKE PERMIT	

COMMITTEE CONCERNS:

COMMITTEE DECISION:

APPROVE

DENY

[Handwritten signatures under APPROVE]



COUNCIL ACTION REQUIRED:

ITEMS TO INCLUDE IN LETTER:

RECEIVED
MAY 17 2010
DPI - OPERATIONS DIVISION

CITY OF MANITOWOC - PARKS DIVISION
**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 Public Infrastructure 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

Name of event: EVENING OF REMEMBRANCE

1. Name of club/organization making request AURORA MEDICAL CENTER
Address _____ Telephone _____

2. Names of club officers: Name Address Telephone
President CATHIE KOLOUREK 5000 MEMORIAL TR 194-5000

Secretary _____
Treasurer _____

3. Facility requested: AURORA MEDICAL CENTER

Equipment requested: BENCHES

4. Specific dates and hours facility/equipment will be used: Date JULY 16/12 - 6/13 Hrs. 24

5. Please explain your request, as to what fees you desire waived or reduced and reasons. bench rental fees - benches will be picked up + returned by Aurora

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 Colleen Wisniewski Date 5-17-18

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

DPI EQUIPMENT CHARGES

Streets & Sanitation Division Equipment (686-3580):

	# Needed		# of Days*	Cost/Day	=	Total	
Barricades							
2'		X		\$3.00	=		Flashers
3'		X		\$3.00	=		Flashers
8'		X		\$4.00	=		
Rail type-long		X		\$2.00	=		
Rail type-short		X		\$2.00	=		
Channelizer Drums		X		\$3.00	=		
Cones							
18"		X		\$1.50	=		
28"		X		\$1.50	=		
Safety vests		X		No charge	=	No Charge	
Snow fence							
Rolls		X		\$4.00	=		
Posts		X		No Charge	=	No Charge	
Post driver/pounder		X		No Charge	=	No Charge	
Traffic signs		X		\$2.00	=		Description
		X		\$2.00	=		Description
		X		\$2.00	=		Description
Traffic signs (Portable)		X		\$3.00	=		Description
		X		\$3.00	=		Description
		X		\$3.00	=		Description
Other (list items and amounts)							

Parks Division Equipment (686-3580): Do NOT count any picnic tables, garbage cans, etc. already located at the park.

Banquet tables, 8'		X		\$5.00	=		
Park benches	<u>35</u>	X	<u>1</u>	\$7.00	=		
Picnic tables		X		\$7.00	=		
Risers, platform		X		\$15.00	=		Description
Security stanchions		X		\$5.00	=		
Tent, 10'x10'		X		\$30.00	=		
Tent, 10'x20'		X		\$35.00	=		
Ticket booths, outdoor		X		\$15.00	=		
Trash cans		X		No Charge	=	No Charge	
Wenger portable bandwagon, 35x8'**		X		\$240.00	=		
Other (list items and amounts)							

TOTAL RENTAL CHARGES

\$245

*Include the day of return but not the day of pickup/delivery. Items must be picked/returned weekdays between 7:00 am and 2:30 pm.

**The bandwagon shall not be removed from the City limits without the approval of the Park & Recreation Committee and must be delivered/setup by City Personnel.

If you are requesting delivery/pickup by City personnel, the following non-waivable delivery fees will apply.

DELIVERY FEES	
Total Cost of Items Rented	Delivery Fee
\$0.00 - \$100.00	\$ 50.00
\$100.01 - \$250.00	\$ 75.00
\$250.01 - \$500.00	\$125.00
\$500.00 - \$1,000.00	\$250.00
\$1,000.01 and above	\$350.00