

15-264

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

(Construction of S 14th St. Community Garden)

- 1. Name/Description of Event: Comcast Cares & United Way Day of Caring
- 2. Date of Event: 4 / 25 / 15 If multiple days, Start Date: 4 / 25 / 15 End Date: 4 / 26 / 15
- 3. Time Event will start to form: 7:30 AM/PM Actual Start Time: 8:00 AM/PM Finish Time: 2:00 AM/PM
- 4. Name and complete address of Organization/Individual organizing the Event:

Grow It Forward, Inc
 Name of organization, if applicable

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

108 Riverview Drive
 Street Address

Manitowoc WI 54220
 City, State, ZIP

Telephone # (920) 645-9467

Business # () -

Date of Birth / /

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

- 5. Email address of organizer: growitforward.wi@gmail.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.

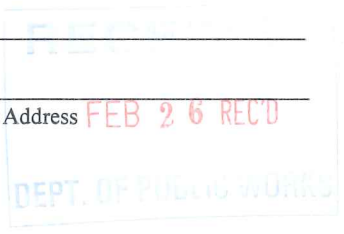
Will the event be held in a Manitowoc park or utilize any park facilities? Yes No Which park? 14th St. Parkland

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 FEB 26 RECD

- 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? 250, open to public
 - How many vendors will be at your event? 1 How many vehicles? 10 (contractors, media)
 - Do you require any special parking restrictions? Yes No If yes, what type, when, and where: _____



offsite parking for volunteers (WW + Monroe)

In front of 14th St. Parkland on west side of S. 14th St. Space reserved for contractor vehicles, media vehicle/van,

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: Port-o-poties

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) 686-6930 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:

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: Amberly Daby Date: 2/26/15

COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No

Sandy Ronski

From: Sandy Ronski
Sent: Wednesday, March 18, 2015 3:35 PM
Subject: Requests regarding construction of Community Garden
Importance: High

Amber Daugs from Grow It Forward called. She had some changes to the request for the construction of the Community Garden on April 25th:

- Westbound parking lane of S 14th Street closed from April 23rd – 26th in order to have soil & compost, etc. delivered. Apparently, the contractors will not drive on the grass, so they would like to dump the piles in the parking lane. The storm drains would be plugged so that no debris would get in. (Barricades would be needed.)
- Westbound parking lane of S 14th Street closed in front of Monroe School on April 25 (rain date 26th) for contractors to park during construction. (Barricades would be needed.)
- Large tree in front of park trimmed significantly (but not cut down). **AI**, please call Amber at 645-9467.

Thank you,

Sandy Ronski
Operations Clerk II
Cemetery/Parks/Transit/Streets & Sanitation Depts.
City of Manitowoc
2655 S 35th St.
Manitowoc, WI 54220
920-686-6518
920-686-6525 fax
www.manitowoc.org

MANITOWOC PARKS & RECREATION DEPARTMENTS
EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

SB Diamonds _____
BB Diamonds _____
Soccer Field _____
Tennis Courts - How Many? _____
Pool _____

EQUIPMENT REQUESTED (Be Specific)

Garbage Cans _____
Picnic Tables 10
Benches _____
Other _____
Staging _____

AREA REQUESTED

Number of People 0 DATE DESIRED _____ TIME REQUESTED _____
Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? United Way Day of Caring
& Comcast Cares

PERSON WHO WILL BE RESPONSIBLE Amber Daugs TELEPHONE 920-645-9467

PERSON MAKING REQUEST Amber Daugs

TELEPHONE 920-645-9467 ADDRESS 108 Riverview Dr. Manitowoc

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Grow It Forward Inc.
ADDRESS 108 Riverview Dr. Manitowoc

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 \$150 SIGNED Amber A. Daugs
(Person Responsible)

APPROVED _____ DATE _____

Parks or Recreation Manager DATE _____

ATTENDENT(S) _____ START TIME: _____

RECEIVED

FEB 26 REC'D

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 Grow It Forward Inc. Address 108 Riverview Dr. Telephone 920-645-9467

2. Names of club officers: Name Address Telephone President Michael Pearson 2631 Goodwin Rd 242-8966 Secretary Amber Daugs 108 Riverview Dr 645-9467 Treasurer Dayna Kennedy Hwy 310 973-8876

3. Facility requested: -

Equipment requested: 10 picnic tables

4. Specific dates and hours facility/equipment will be used: Date 4/25/15 - 4/26/15 Hrs. 8am-8pm

5. Please explain your request, as to what fees you desire waived or reduced and reasons. Picnic table fees United Way Day of Caring & Comcast cares = all fees waived

6. Which do you consider your group to be? A. Community service B. Non-profit X 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 X

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 Board/Committee to discuss this request? Yes No X If "yes," please provide the following information of individual to contact: Name Address Telephone

Signed Amber Daugs Date 2/26/15

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