

*Parks Rec  
10-20-14*

*14-2114*

### SPECIAL EVENTS APPLICATION FORM

- 1. Name/Description of Event: 29th Annual Walk for Kindness
- 2. Date of Event: 09 / 05 / 2015 If multiple days, Start Date:      /      /      End Date:      /      /
- 3. Time Event will start to form: 0830  AM  PM Actual Start Time: 1000  AM  PM Finish Time: 1130  AM  PM
- 4. Name and complete address of Organization/Individual organizing the Event:

Lakeshore Humane Society

Telephone # ( 920 ) 860 - 1169

Name of organization, if applicable

Melissa Jacquart

Business # ( 920 ) 684 - 5401  
(if applicable)

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

1551 N. 8th Street

Date of Birth 07 / 26 / 1982  
of organizing individual

Street Address

Manitowoc, WI 54220

City, State, ZIP

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

5. Email address of organizer: mjacquart@comcast.net

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. Walk headquarters will be at the Lakeshore Humane Society. Walk route will utilize sidewalks, no lane closures required.

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

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? approximately 200

How many vendors will be at your event? 0 How many vehicles? approximately 75-100

Do you require any special parking restrictions?  Yes  No If yes, what type, when, and where: The parking lane on east side of 1500 block of north 8th street blocked for the morning of the event.

*cc: Public Inpro*

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: \_\_\_\_\_

Single stall bathroom located inside shelter.

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:

Melissa Jacquart  
Name of Day-of coordinator

860 1169  
(920) \_\_\_\_\_  
Phone # before event

860 1169  
(920) \_\_\_\_\_  
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.

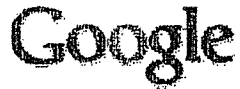
Signature of Applicant: Melissa Jacquart

Date: 10/10/14

COMMITTEE RECOMMENDATION: \_\_\_\_\_ DATE: \_\_\_\_\_

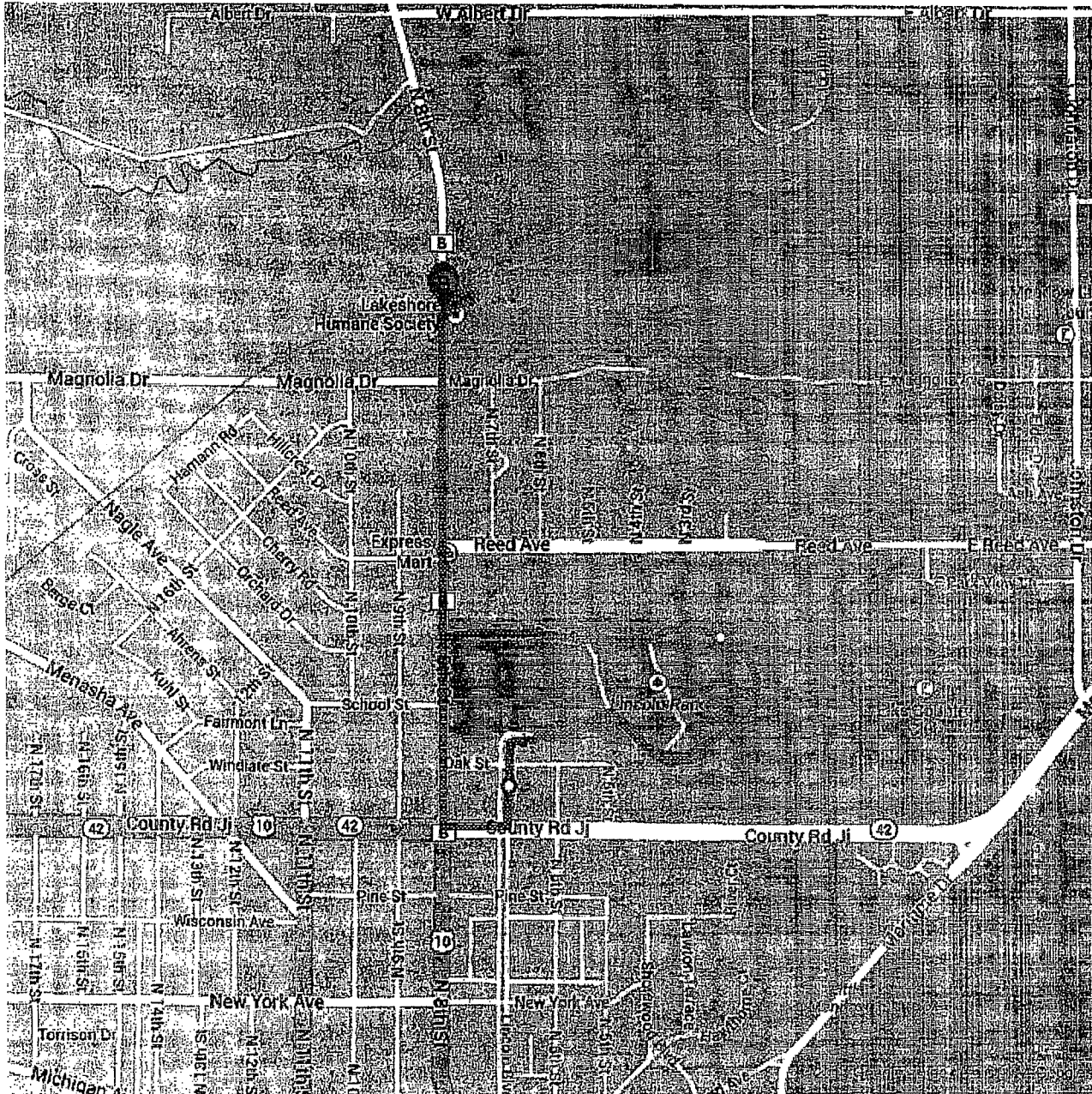
COMMON COUNCIL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ?  Yes  No



Directions to N 8th St  
2.2 mi – about 44 mins

Walking directions are in beta.  
Use caution – This route may be missing sidewalks or pedestrian paths.





**Lakeshore Humane Society Inc**  
1551 N 8th St, Manitowoc, WI 54220

1. Head south on N 8th St toward Magnolia Dr go 0.4 mi  
total 0.4 mi  
About 9 mins



2. Turn left onto Lincoln Park Rd  
About 14 mins



3. Turn left to stay on Lincoln Park Rd  
About 2 mins

go 0.1 mi  
total 1.3 mi



4. Turn left onto Lincoln Blvd  
About 59 secs



5. Turn left to stay on Lincoln Blvd  
About 2 mins

go 0.1 mi  
total 1.5 mi



6. Turn right onto County Rd J  
About 2 mins



7. Turn right onto N 8th St  
About 14 mins

go 0.7 mi  
total 2.2 mi



N 8th St

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2014 Google

Directions weren't right? Please find your route on [maps.google.com](https://maps.google.com) and click "Report a problem" at the bottom left.

RE: Lakeshore Humane Society Walk for Kindness 9-5-15

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_