

Parks Rec
10-6-14

RECEIVED
SEP 16 2014

14-1961

CITY CLERK'S OFFICE
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: Roncalli 48th Annual Cross Country Invite
- 2. Date of Event: 09 / 12 / 2015 If multiple days, Start Date: ___/___/___ End Date: ___/___/___
- 3. Time Event will start to form: 6am AM/PM Actual Start Time: 10am AM/PM Finish Time: 2pm AM/PM
- 4. Name and complete address of Organization/Individual organizing the Event:

Roncalli High School

Telephone # (___) 686 - 8148

Name of organization, if applicable

Dave Mueller

Business # (___) ___ - ___
(if applicable)

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

2000 Mirro Drive

Date of Birth ___/___/___
of organizing individual

Street Address

Manitowoc, WI 54220

City, State, ZIP

Waiver of Fee Request attached.

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

5. Email address of organizer: dmueller@roncallijets.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. softball field, concessions building
parking lot next to softball field for bus and spectator parking, all roads and trails in the park
cabin #1

Will the event be held in a Manitowoc park or utilize any park facilities? Yes No Which 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? concessions and cabin #1
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? 300-400 at CC Invite

How many vendors will be at your event? _____ How many vehicles? 100 - 10 bus's

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: _____
just the toilets at the concessions stand

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:

Dave Mueller

Name of Day-of coordinator

() 323 0286
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: Dave L Mueller

Date: 9-16-14

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 Roncalli High School
Address 2000 Mirror Drive Telephone 920-686-8148
2. Names of club officers: Name Address Telephone
President Dave Mueller 2000 Mirror Drive 920-686-8148
Secretary _____
Treasurer Lincoln Park
3. Facility requested: SB Diamond, concessions stand, roads + trails, cabin #1-
Equipment requested: 12 garbage cans by SB diamond
4. Specific dates and hours facility/equipment will be used: Date 9-12-15 Hrs. 6am-2pm
5. Please explain your request, as to what fees you desire waived or reduced and reasons. all areas used - fees waived - hosting high school cross country event
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 X No _____
8. If #7 is "yes," explain and list specific charges Concessions sold - gatorade, water hot dogs
9. What will revenues be used for? offset high school athletic budget items for cross country teams
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 _____ Date _____

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 _____

MANITOWOC PARKS & RECREATION DEPARTMENTS
EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

SB Diamonds Lincoln Park

BB Diamonds _____

Soccer Field _____

Tennis Courts - How Many? _____

Pool _____

EQUIPMENT REQUESTED (Be Specific)

Garbage Cans 12 cans by SB Field

Picnic Tables _____

Benches _____

Other _____

Staging _____

AREA REQUESTED Lincoln Park SB diamond, Concession Stand, roads + trails, cabin #1

Number of People 300 DATE DESIRED 9-12-15 TIME REQUESTED 6am - 2pm
Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? 48th Annual Cross Country
Invite

PERSON WHO WILL BE RESPONSIBLE Dave Mueller TELEPHONE 920-323-0286

PERSON MAKING REQUEST Dave Mueller

TELEPHONE 920-686-8148 ADDRESS 2000 Mirror Drive

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Roncalli High School
ADDRESS 2000 Mirror Drive Manitowoc WI

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.

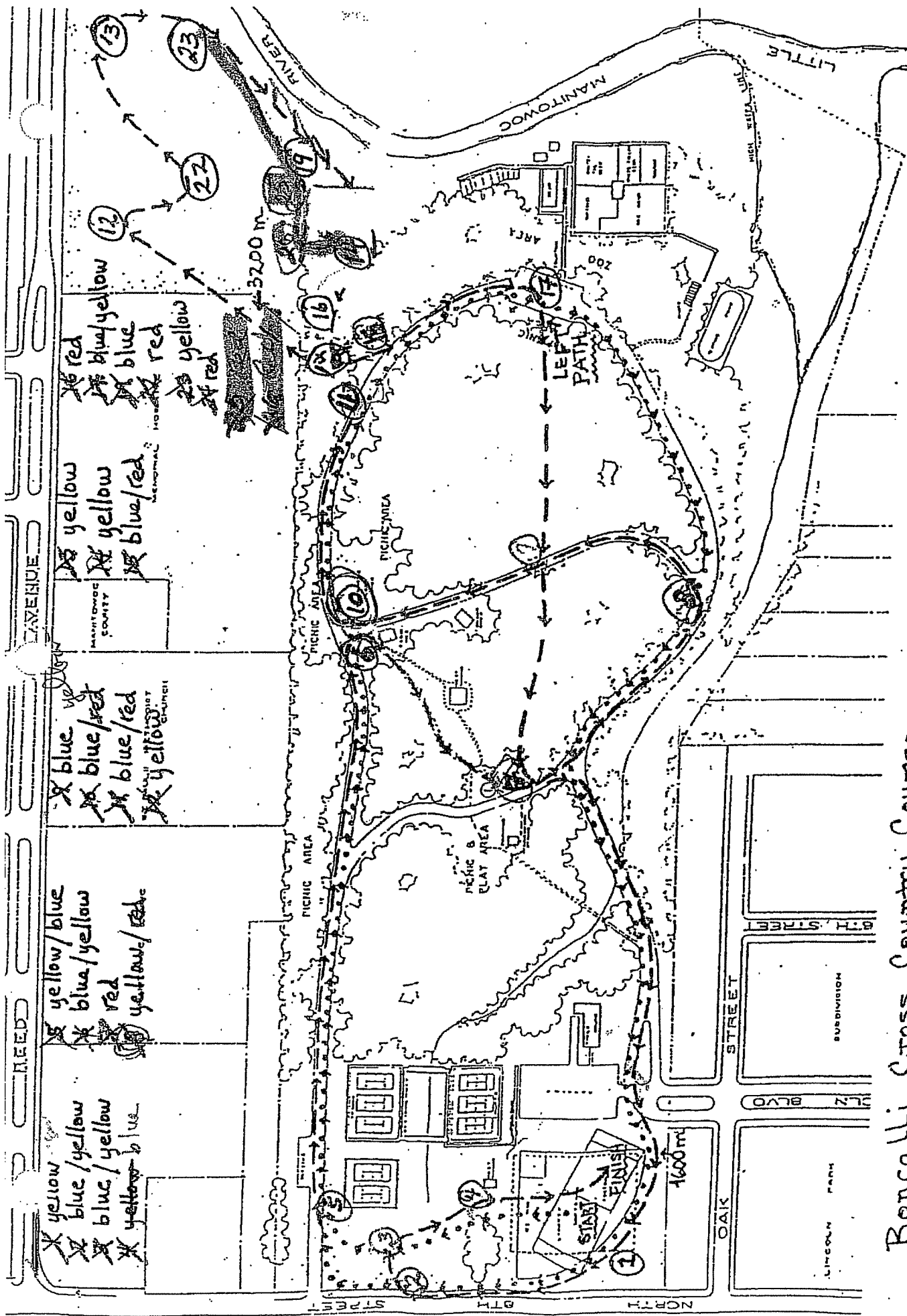
The undersigned agrees to be responsible for any damage caused to said building, property or equipment by mischief or negligence.

CHARGES _____ SIGNED Dail J Mull
(Person Responsible)

APPROVED _____ DATE 9-16-14

Parks or Recreation Manager DATE _____

ATTENDENT(S) _____ START TIME: _____



Roncalli Cross Country Course
 Lincoln Park, Manitowoc, WI
 Boys 5000 meter Course

..... → First loop
 ———→ second loop

RE: Roncalli Cross Country Invite 9-12-2015

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 ____/____/____