## SPECIAL EVENT COMMITTEE APPROVAL FORM

APPROVAL DATE:	2/5/2025		
RENTAL:	<b>AMVETS Memorial Day Pic</b>	nic	
ORGANIZER:	David Soukup		
E-MAIL ADDRESS:			
RENTAL DATE:	5/26/2025		
LOCATION/DESCRIPTION:	Use of Wenger Bandwagor	n and one set of risers	
COMMITTEE CONCERNS:			
COMMITTEE DECISION:			
	APPROVE	DENY	
	Todd Blaser /ec		
	Eric Nycz /ec		
	Dan Koski /ec		
	Jason Freiboth /ec		
ITEMS TO INCLUDE IN LETTER:			



## CITY OF MANITOWOC – DEPARTMENT OF TOURISM JAN 3 1 2025 SPECIAL CONSIDERATION FOR WAIVER OF PART OR ALL FEES FOR USE OF CITY FACILITIES OR EQUIPMENT OF MARKETING

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 Special Event Committee and/or the Public Infrastructure Committee and the group or organization will be notified by e-mail or letter of their decision(s). A financial report for the previous two years indicating all expenses and all revenues of the group/organization may be requested by the committee. Groups or organizations must be current on all financial accounts with the City of Manitowoc. For more information about park facilities, equipment for special events and/or the City of Manitowoc Special Event Guidelines and Policy for events on City property, visit www.manitowoc.org/parks.

Name of event: Amuzts	MEMORIAL (	DAY PIGNIC		)
1. Name of club/organizat	ion making request_	Amuets Poer 99	1	
Address 43/0 Co	NROB ST	Tele	phone 920 6	84-65 27
2. Names of club officers:	Name	Address	<u>Tele</u>	phone
President <u>DENNIS</u>	C.HERER	3415 S 158T	ી અંદી	323-0/34
Secretary Joe Schi	ncot	2324 5 2187	920	262-8417
Treasurer 5046 R	518terer	4334 Country	CN 920	242-3388
3. Facility requested: <u>\</u>	wender Bandl	VAGON	# of people	
Equipment requested: _	ISET OF RI	8ERS		
				* 1
4. Date & time facility/equ	nipment will be used	MEMORIAL Date(s) MAY 26,		47 -5° PM
5. Please explain your req	uest, as to what fees	you desire waived or redu	iced and reasons.	SET- UP AND
TAKE DOWN FE	es as Past	PRAction		
6. Which do you consider A. Community service	your group to be? B. No	n-profit <u>¥</u> C.	. Private business	
D. Club or organization	n E. Oth	er, please explain <del>U€ l€ l</del>	RANG ORGANI	ZATION

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 WILL HAVE FEE FOR FOOD
	AND BEUGRAGES
9.	What will revenues be used for? REUEWURS USED FOR COMMUNITY SERVICE
	PROGRAMS AND FOR VETERANS PROGRAMS AND VETERAM NEEDS
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 (DAU 10 & SOURLY Email NONE Phone # 920 993-28-28
under: ordina tempo	erstand the filing of this application does not ensure approval of a fee waiver or of the event. I also stand that all Special Event organizers and participants must comply with all applicable municipal ances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulations. Fees for orary beer/wine licenses, stake and firework permits, and other necessary licenses and permits are non-ble. I further understand that an incomplete application may be cause for denial of the waiver.
or pers brough liable agrees signin receiv require	ndersigned agrees to indemnify and hold the City of Manitowoc harmless for any and all damage claims sonal injury claims occurring during this event. It is further agreed that all personal property of any kind ht on City property shall be at the sole risk of the undersigned, and that the City of Manitowoc shall not be for injury, loss or damage to said property or injury to any persons on the premises. The undersigned is to be responsible for any damage caused to said facility or equipment by mischief or negligence. By ag, I acknowledge that I have authority to bind the sponsoring organization and acknowledge that I have red, read, and understand the Special Events Guidelines and Policy and agree to be bound by all ements as stated in the Special Events Guidelines and Policy, and it is hereby incorporated by reference his signed agreement.
Signe	d Die Belieberger Date 30 JAN 25

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

When completed, return this form to:

City of Manitowoc – Tourism Department 900 Quay St., Manitowoc, WI 54220 E-mail: tourism@manitowoc.org

Fax: 920-686-6525 Phone: 920-686-3508