SPECIAL EVENT COMMITTEE APPROVAL FORM

LOCATION/DESCRIPTION: A .5K fundraiser geared towards people who do not like to run; short

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0 666 **NEW OR RECURRING: New**

ESTIMATED EVENT HOLDER CHARGES:

LATE APPL. FEE (<60 days)

DELIVERY CHARGES

(if delivery requested)

walk/run, food, muscial entertainment, & alcoholic beverages served; use of Lincoln Park fieldhouse & cabin 1 with closure of park road & parking lot; use of traffic control equipment & parks equipment

EVENT NAME: Lakeshore CAP 0.5K (a race for the rest of us) ORGANIZER: Lakeshore CAP, Inc. of Wisconsin - Colleen Homb

MEETING DATE: 4/24/2019

EVENT DATE: 8/17/2019

POLICE **FIRE**

PARKS

ESTIMATED CITY COSTS:

RECREATION WAIVED -ROOM TAX 932 **STREETS** 141 **TOTAL DEPT. COSTS** 807 **NON-WAIV. STAKE PERMIT COMMITTEE CONCERNS: COMMITTEE DECISION: APPROVE DENY COUNCIL ACTION REQUIRED:** Closure of Lincoln Park roadway between Fieldhouse & Cabin 1 ITEMS TO INCLUDE IN LETTER: Copy to: Clerk

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City of Manitowoc SPECIAL EVENTS APPLICATION FORM

NOTICE: This application must be turned in to the Parks Office a minimum of 60 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. If you have questions, please see the Special Event Guidelines & Policy for a list of contacts.

Name/Description of Event: Lakeshore CAP 0.5 Date of Event: 08/17/2019 If multiple days, Start	
If multiple days, Start Include dates and times needed for setup and take down / c	Date: End Date:
Time Event will Begin Setup: 7:00 am AM/PM Actual S	
Name and Complete Address of Organization/Individual O	rganizing the Event:
Lakeshore CAP Inc. of Wisconsin	<u></u>
Name of organization responsible for event	0206069705
Colleen Marie Homb	Telephone # PRIOR TO event (9206868705
Name (first, middle, and last) of event organizer	0006454766
	Telephone # DURING event (9206451766
Contact name DURING event (if different)	
702 State Street PO Box 2315	
Street Address	
Manitowoc, WI 54220	E-mail address_colleenh@lakeshorecap.org
City, State, Zip	of event organizer
Is the sponsoring organization a 501(c)(3) organization? Yes	es ONo
Location of the Event: Generally describe your event and it	es No s purpose and attach a DETALLED map or diagram of your event, turns and the number of traffic lanes to be used. Maps of the City
Location of the Event: Generally describe your event and it Also, indicate the direction of the route, if any, including all and its parks are available online at www.manitowoc.org. The .5k is a fundraiser for Lakeshore CAP. anyone who has a sense of humor and ma short walk/run, food, musical entertainment Participants would check in near the Field	It is a play on a 5k and is geared towards y not like to run. The event will include a very t and alcoholic beverages will be served. House. The starting line would be in the lid travel into the park, turning left and ending at
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6. Mariners Trail Permit:

Will any portion of the Mariners Trail be used? Yes No

If yes, where on the trail will the event begin:

Where on the trail will the event end:

When use of the trail is requested, consideration is given to how the public's use of the trail will be affected. Set up / take down and clean up, as well as other services provided by a City staff may be billed on a cost-recovery basis. The event organizer must provide a copy of event liability insurance naming BOTH CITIES as co-insured at least 10 days prior to the event. Permits do not allow "exclusive use" of the trail and the general public must be allowed to share the permitted areas.

This agreement is made and entered into by and between the Cities of Two Rivers and Manitowoc, Wisconsin, hereinafter called "City" and the above-named individual, hereinafter called "Permittee." The parties agree as follows: Bookings must be made no earlier than 12 months in advance. The Permittee understands his/her responsibility is to set up, clean up and restore premises within the time period listed above.

listed above.	ianas na na na na panatany is	was ap, com up and restore premises an	and the time period
capacity of the facility and that no intoxica	ting liquor or fermented malt	ented premises during the rental period shall beverages shall be served to minors. Permi this Limitation of Use is not complied with,	ttee agrees to use
Permittee agrees to abide by the rules and r	regulations contained in this	ngreement.	
FOR OFFICE USE ONLY: Signature of City of Two Rivers designee:		Date:	
. Tell Us About Your Event: What is the estimated attendance at your e	vent, including observers? T	his is the first year we think	Partition II
How many vendors will be at your event?	2-4	How many vehicles? We think are	ound 100
Do you require any special parking restrict	tions? Yes No If y	es, what type, when, and where:	
Parking on grassy areas of a park is not a	llowed without prior approva	al. Contact the Police Department if traffic o	control is needed.
Will food be prepared and/or served at the	event? (Yes No		
You are responsible for obtaining any nece	essary permits for food from t	the Manitowoc County Health Department.	
Will you be having a band or amplified mu	asic? Yes No		
Will a loudspeaker or similar electric soun If yes, what hours: 3pm-10pm	d amplification system be use	ed outdoors? Yes No	
Will the City need to provide any special e If yes, please describe:	electrical assistance or lightin	g (of ball diamonds, etc.)? Yes No	
Contact the Parks Division at 686-3580 wi	th auestions		
Will any of the following services be requi	ired? Clean-up Stre	ect-sweeping e contact the Streets & Sanitation Division a	ut (920) 686-6550.
Will any fireworks or pyrotechnic devices If yes, contact the Fire Department at (92)	be used during the event? 0) 686-6540 to secure the pro	Yes No oper permits for firework usage.	
Will animals be present at the event? they will be located	es No If yes, please ind	icate what types of animals, how many are e	expected, and where
What toilet facilities will be made available	le to your participants 1	ndoor Outdoor	
		heir locations and the number of units: ery successful we will obtain port-a-pottie	es as well.
Will alcoholic beverages be served/sold? Please contact the City Clerk's Office at (9.)		ecial Class B" license will allow sale/service nse.	of beer and/or wine

In the case of a premise with a current alcohol license, do you need an extension of your a detailed explanation under #5.	premise? O'res ONO If yes, give	r
Do you require a waiver of the restriction to serve alcohol in a park?	alcohol is allowed	J
Annual No. 3 of Co. Norm Friends	at Lincoln Park	

8. Equipment Needed for Your Event:

Equipment rental charges will apply unless a waiver of some or all fees is approved. A nan-waivable delivery fee will be charged if delivery/olekun by City persannel is needed. Delivery fees are based on total rental costs.

To make arrangements to pick up the items yourselves, please contact the Parks Division at 686-3580. All items must be picked up and returned weekdays between 7:00 A.M. and 2:30 P.M. It is the renter's responsibility to sign in all materials in the Streets & Sanitation office or with a Parks staff member prior to unloading at the time of return. It is unacceptable to drop off rental materials outside of return hours and without signing them in.

Please indicate where and when the items should be delivered:

Please Indicate the total number of Items requested:

Streets & Sanitation Division Equipment (686-3580);

	# <u>Needed</u>	# of Days*	Cost/Day		Total
Barricades					
2'	x	x	\$3.00 =	=	Flashers
3°	x	X	\$3.00		Flashers
8'	<u>s</u>	5 x	\$4.60	3	32
Rail type-long	x	x	\$2.00 =	=	
Rail type-short	x		\$2.00	=	
Channelizer Drums	—	x		3	
Cones	··	''	45.00		
18"	x	x	\$1.50	=	
28"	10 X	3	*	-	15
***					_
Safety vests	x	x	No charge	-	No Charge
Snow fence			****		
Rolls	x	x	4 1.00	0	
Posts	x	x	***		No Charge
Post driver/pounde	r X	x	rio aime	=	No Charge
Traffic signs	x	x	\$2.00	3	Description
	X	x	\$2.00	∍	Description
	x	x	\$2.00	=	Description
Traffic signs (Portable)	x	x	\$3.00 =	-	Description
	x	X			Description
		x	II	3	Description
Other (list items and amount					
· · · · · · · · · · · · · · · · · · ·					
Parks Division Equipment (<u>886-3580);</u> <i>Do NO</i>	T count any picnic t			etc. already located at the park.
Banquet tables, 8'	<u>• x</u>	3x	U	=	No. 190
Park benches	x	X	\$7. 00 =		
Picnic tables	10 X	3 x	\$7.00 =	=	3 20
Risera, platform	X	x	\$15.00	7	Description
Security stanchions	x	x	\$ 5.00	3	
Tent, 10'x10'	x	x	230.00	-	
Tent. 10'x20'	x	x	\$35.00	8	·
Ticket booths, outdoor	\overline{x}	x			
Trash cans	10 X	국	•	8	No Charge
Wenger portable bandwagon		~ <u>~</u>	110 CHE-00		_
horsene centraston	, 33,60 ···	x	\$240.00	_	0 10 2 20
Other (list items and amount		^	3210.00	_	OEE 23129 -
		TOTAL RENTA	L CHARGES	•	-18 7

^{*}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	

Delivery fees will be adjusted based on actual items rented.

	PENTELL INCOMING WHITE	CO DOCTO ON RECORD RESERVE	I EHIEM.	
9.	event organizer is responsi	ble for ensuring Diggers	atake nermit fee ner event, if any its Hotline is contacted a minimum of (crected or placed on the event grounds	
	Tent or canopy	O Yes O No	, ,	
	Fence	O Yes O No		
	Sign	O Yes O No		
	Bounce house	O Yes O No 1	If electric, where will item be plugged	în?
	Other	_ Ŏ Yes Ŏ № 1	lf electric, where will item be plugged	in?
	If yes for any, give a d	etalled explanation under	r#5.	
10.	Safety and Security for You	er Event:		
	Do you have the correct leve		cific event? Yes No	
		s Insurance Form to ensur	e you have the proper coverage. You a	must submit the insurance certificate AND
	Do you need assistance from	the Police or Fire Departr	ments? Yes No If yes, please	describe:
	Colleen Homb		(920) 645 . 1768	(920 ₎ 645 1768
	Name of Security Coordinate)r	Phone # before event	Phone # the day of the event
	Do won have a plan in place t	a deal with medical emem	encies that may occur during your eve	ont? OVer ONe
	The City reserves the right to			
11.		bursement for extraording	ary expenses. Charges will apply fo	for all rentals and licenses will apply. The or lost, stolen, or damaged equipment
	is a waiver of some or all fee	s requested? Yes	No	
	If yes, please explain w	nat fees you desire waived	or reduced and the reason(s):	
	We are requesting a walve	r of all fees. This increases t	he amount of funds raised that will support	the work of Lakeshore CAP in the community.
	Yes No	•	egistration fees charged, or money rais	sed in conjunction with the event?
	If yes, explain and list a		at has yet to be determined. We ti	nink \$30/person. There will also be a
	mer foe to amese ti	he food and entertainme		mm Annhainnir Illain am ann na a
	This is our first year	100 22 apies of acod au	all of which will be used to suppor	t Lakeshara CAD a con amfit that

This is our first year, we hope to raise \$5,000 all of which will be used to support Lakeshore CAP, a non-profit that focuses on eliminating poverty through food security, parenting education, secure housing and child development. Please attach any additional information which you feel will assist the committee in evaluating your request. The City reserves the right to request a current financial report for the previous two years indicating all expenses and all revenues of the group/organization.

12. 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, temporary been/wine licenses, stake 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.

Date of birth of applicar	₁₁ 10 <i>2</i> 9 1977
Signature of Applicant:	Colleen Homb

Digitally signed by Colleen Homb Date: 2019.04.11 17:58:36 -05'00' Date: 4/11/19

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