

SPECIAL EVENT COMMITTEE APPROVAL FORM

Date: 06/01/15

Event Name: Krazy Daze

Event Date: July 10-12, 2015

Location/Description: City sidewalks & Burger Boat Park, band or amplified music, Franklin St. closed from S 8th to S 7th, no alcoholic beverages sold

Estimated City Costs of Services Requested:

Estimated Special Event Holder Charges:

Streets: \$215.50 518.50
 Parks: \$40 56.00
 Recreation: _____
 Fire: _____
 Police: _____

Licenses: _____
 Delivery Charges: \$125.00
 (If City Staff delivery is requested)

Total: \$255.50 879.50

Total: \$125.00

Committee Concerns:

- None from Parks, PD, FD or Streets

Committee Decision: ~~allow~~ ~~for~~ ~~safe~~ ~~pedestrian~~ ~~and~~ ~~wheelchair~~ 40" of sidewalk must be passable to allow for safe pedestrian and wheelchair movement

Approve	Deny
<p><i>ODick</i> <i>Todd H</i> <i>JS</i> <i>W...</i></p>	

Council Action Required: _____

RECEIVED
APR 27 2015

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: Krazy Daze
- 2. Date of Event: ___/___/___ If multiple days, Start Date: 07 / 10 / 15 End Date: 07 / 12 / 15
- 3. Time Event will start to form: ___ AM/PM Actual Start Time: ___ AM/PM Finish Time: ___ AM/PM →
Daily times
- 4. Name and complete address of Organization/Individual organizing the Event: _____

Manitowoc City Center Association {MCCA}
 Name of organization, if applicable

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

909 S. 8th St.
 Street Address

Manitowoc, WI 54220
 City, State, ZIP

Telephone # (___) 901 - 6999

Business # (___) 920 - 686 - 1121
 (if applicable)

Date of Birth 08 / 28 / 56
 of organizing individual

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

5. Email address of organizer: heart_h@sbcglobal.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. City Sidewalks as needed by participating businesses

Will the event be held in a Manitowoc park or utilize any park facilities? Yes No Which park? Burger 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): Franklin (8th - 7th)

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? 1000

How many vendors will be at your event? 10? How many vehicles? ?

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: _____
at participating businesses and public places i.e. library, etc.

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:
Cathy Karl () 901 6999 () 901 6999
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: Cathy Karl Date: 4-28-15

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

RECEIVED

APR 27 2015

CITY CLERKS OFFICE

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 Manitowoc City Center Association (MCCA)
Address P.O. Box 845 Telephone pres. Cathy Karl 901-6999
 2. Names of club officers:

Name	Address	Telephone
President <u>Cathy Karl</u>	<u>Heart & Homestead</u>	<u>901-6999 / 686-1121</u>
Secretary <u>Barb Gelhausen</u>	<u>The Seamstress</u>	<u>686-9259</u>
Treasurer <u>Pat Mecca</u>	<u>Grape, Grain & Bean</u>	<u>682-8828</u>
 3. Facility requested: Burger Park/electricity?
Equipment requested: Barricades, picnic tables, benches, garbage cans
 4. Specific dates and hours facility/equipment will be used: Date 7/10-10-6 7/11 Hrs. 8-5 7/2 12-4
 5. Please explain your request, as to what fees you desire waived or reduced and reasons. Any \$ All, since this event is for the Downtown Business owners/tax payers
 6. Which do you consider your group to be?
A. Community service _____ B. Non-profit X C. Private business _____
D. Club or organization X 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 Vendor fees, sponsorships to offset costs of advertising, insurance, etc.
 9. What will revenues be used for? As above ↗
 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 Cathy Karl Date 4-28-15

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

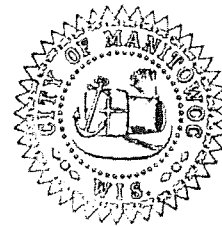
When completed, this form is to be returned to the Manitowoc Parks Department, 2655 S. 35th St., Manitowoc, WI 54220.

Committee Action: Approved _____ Denied _____ Date _____



CITY OF MANITOWOC

WISCONSIN, USA
www.manitowoc.org



June 9, 2015

Ms. Cathy Karl
Manitowoc City Center Association
909 S. 8th St.
Manitowoc, WI 54220

RE: Krazy Daze - July 10-12, 2015

Dear Ms. Karl:

Your special events request for permission to have sidewalk sales on July 10, 11 & 12, 2015 for Krazy Daze; and, further requesting (1) use of Burger Boat Park, (2) closure of Franklin Street between 7th and 8th, (3) use of various City equipment for Krazy Daze, as detailed therein, (4) use of electrical outlets in Burger Park, and waiver of fees was acted upon by the Special Events Committee on June 1, 2015. At said meeting the Committee unanimously approved your request.

Please note that 40" of sidewalk must be passable to allow for safe pedestrian and wheelchair movement.

For use of barricades or orange cones, please contact the Department of Public Works at 686-6550 prior to 2:30 P.M. between Monday and Friday. For pick up and return of materials, please stop at Department of Public Works office. **If you are closing off a street, you shall provide traffic control barricades.**

For the use of the bandshell, benches, trash barrels, etc., please contact the Parks Department at 686-6518.

To obtain information on obtaining a permit for the sale of food items, please contact the Manitowoc County Health Department at 920-683-4155.

At least 10 days prior to your event, in accordance with City policy, please have your insurance agent submit a certificate of insurance along with additional insured endorsement to my office to evidence your organization's liability insurance coverage. To expedite, please fax to 920-686-6959 or e-mail to dneuser@manitowoc.org. Special Events Insurance Requirements are also enclosed.

Jennifer Hudon, MPA, City Clerk/Deputy Treasurer
CITY HALL · 900 Quay Street · Manitowoc, WI 54220-4543
Phone (920) 686-6950 · Fax (920) 686-6959 · jhudon@manitowoc.org

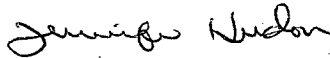


Ms. Cathy Karl
Manitowoc City Center Association
909 S. 8th St.
Manitowoc, WI 54220

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If you have any questions, please contact me at 920-686-6950.

Very truly yours,



Jennifer Hudon
City Clerk

JH:dan

cc: Chief of Police Tony Dick
Fire Chief Todd Blaser
Randy Junk, Operations Division Mgr. (Streets)
Chad Scheinoha, Operations Division Mgr. (Cemetery/Parks)
Karen Dorow, Business Manager