

Parks & Rec  
Public Infra  
9-15-14

14-1891

**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: HarvestFest + Manitowalker
- 2. Date of Event: 10 / 4 / 14 If multiple days, Start Date: TT End Date: TT
- 3. Time Event will start to form: 8 AM/PM Actual Start Time: 9 AM/PM Finish Time: 5 AM/PM
- 4. Name and complete address of Organization/Individual organizing the Event:

Mainly Manitowoc, Inc  
Name of organization, if applicable

Telephone # (920) 242-3245

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

Business # (      )      -      (if applicable)

PO Box 2202  
Street Address

Date of Birth      /      /      of organizing individual

Manitowoc, WI 54221-2202  
City, State, ZIP

*Waiver of fee request attached*

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

5. Email address of organizer: info@mainlymanitowoc.com

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. downtown Manitowoc

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 Street  
between 7th & 8th Street

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 *possibly*

What is the estimated attendance at your event, including observers? 500

How many vendors will be at your event? 4-8 How many vehicles? 0

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 possibly by individual vendors

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 downtown business + public facilities

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:

\_\_\_\_\_  
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: Jamie Zoster Date: 9/10/14

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

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

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ?  Yes  No



805 Quay Street • Manitowoc, WI 54220  
Phone: 920-652-0372 • Fax: 920-652-0657

Website: [mainlymanitowoc.com](http://mainlymanitowoc.com)

**September 10, 2014**

**Mayor Justin Nickels  
City Clerk Jennifer Hudon  
City of Manitowoc  
900 Quay St.  
Manitowoc, WI 54220**

**Dear Mayor Nickels and City Clerk Hudon:**

**I am writing to you and the City Council for approval to host HarvestFest and the Manitowalker Volkswalk in the downtown district on Saturday, October 4th. This will include sidewalk sales in the Main Street area marked on the enclosed map.**

**We are also requesting use of Burger Boat Park and the placement of a checkpoint station in Lincoln Park Zoo. Enclosed is a copy of the Volkswalk map from last year. This year's route will be the same.**

**We are also requesting the closure of Franklin Street between 7<sup>th</sup> and 8<sup>th</sup> Streets, and the use of various City equipment listed on the Manitowoc Park and Recreation Department Equipment & Facility Request Form (sent to the Parks and Recreation Department) and the Special Events Application Form.**

**Please also consider authorizing the use of electrical outlets in Burger Park and the Library.**

**We greatly appreciate you taking the time to consider these requests. We look forward to your approval and working with the various departments on the specific logistics.**



**Respectfully,**

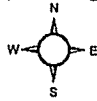
A handwritten signature in black ink, appearing to read 'Patricia Roth', written in a cursive style.

**Patricia Roth  
Board President**

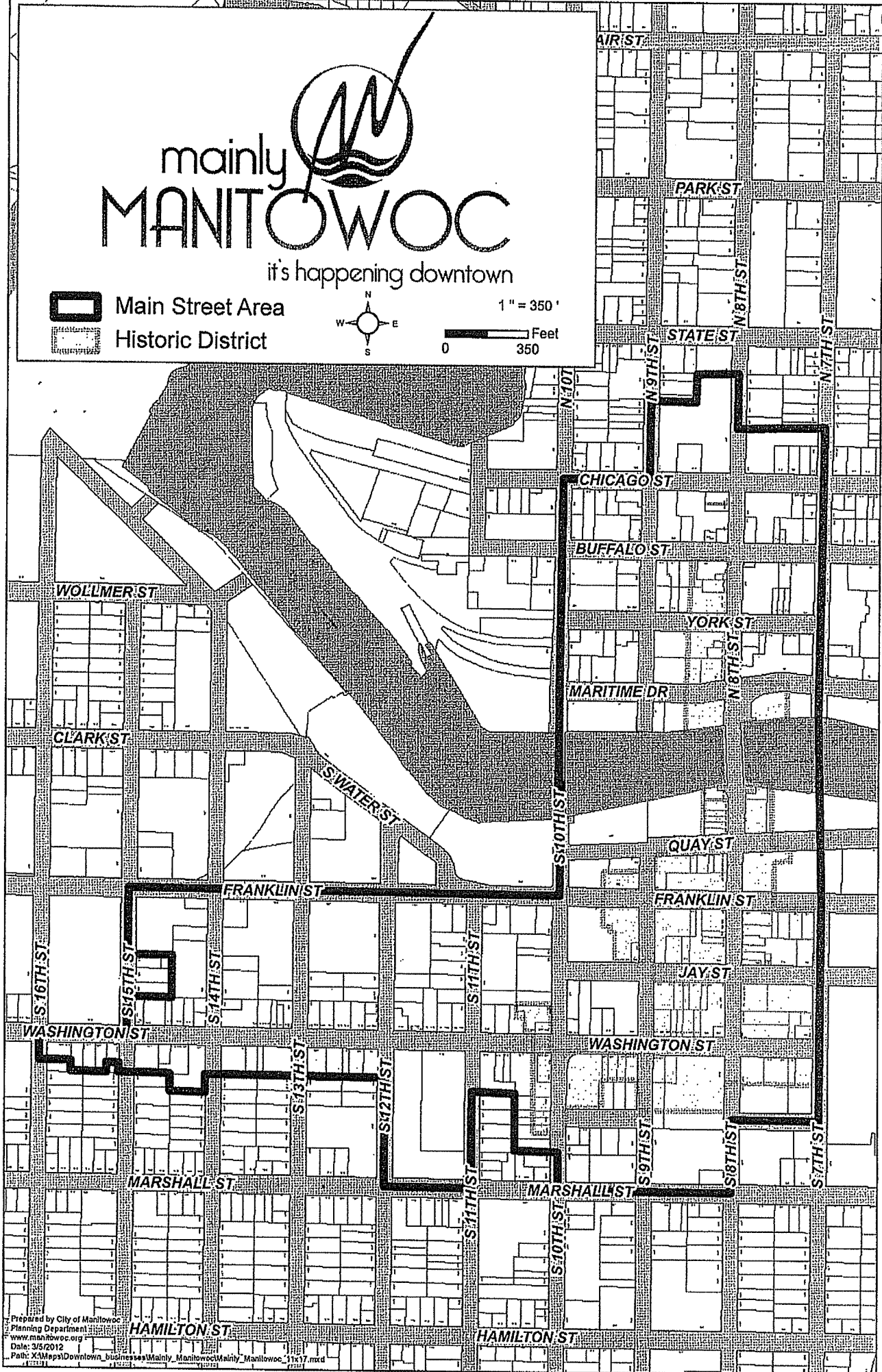
# mainly MANITOWOC

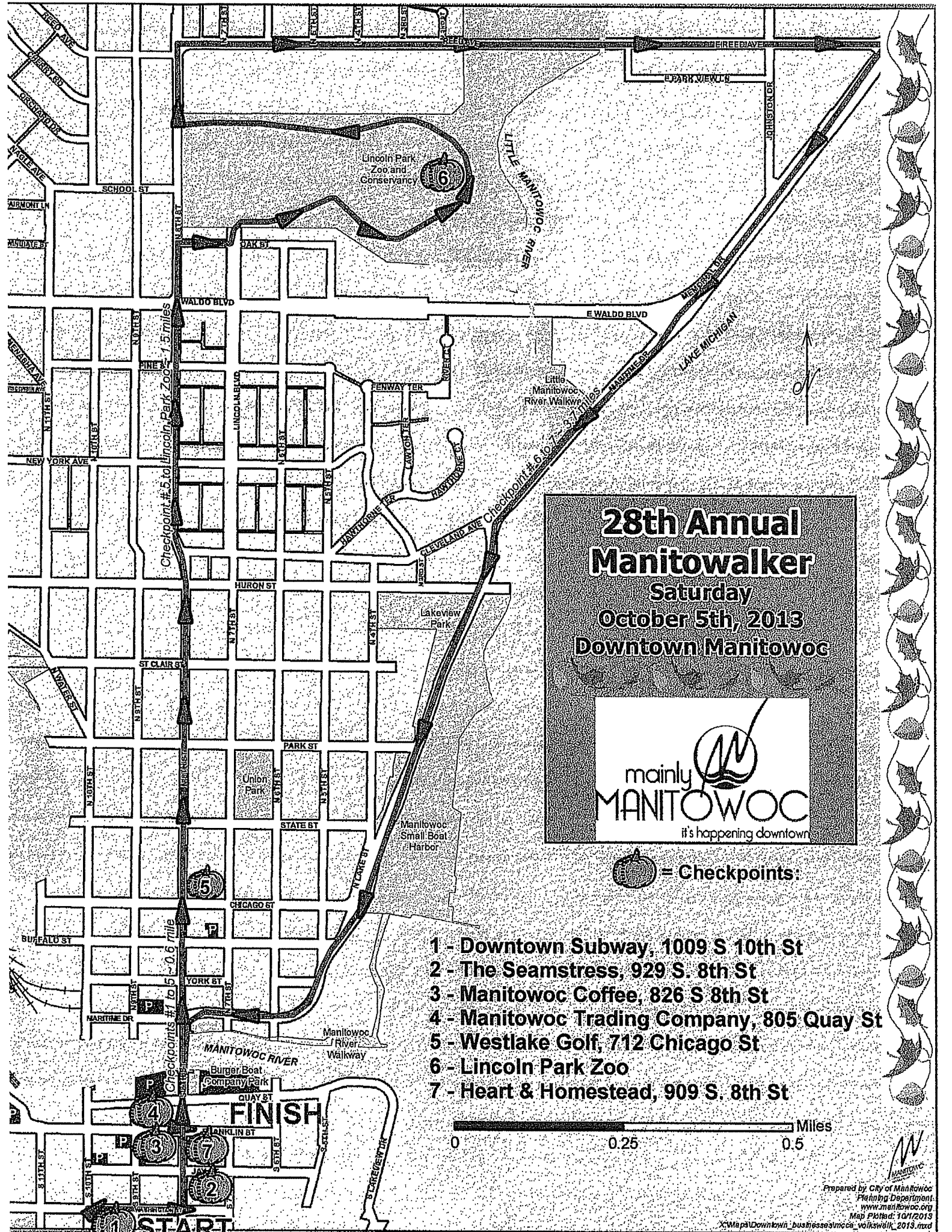
it's happening downtown

-  Main Street Area
-  Historic District



1" = 350'



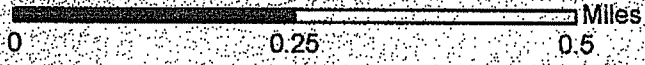


**28th Annual  
Manitowalker**  
 Saturday  
 October 5th, 2013  
 Downtown Manitowoc

mainly  
**MANITOWOC**  
it's happening downtown

= Checkpoints:

- 1 - Downtown Subway, 1009 S 10th St
- 2 - The Seamstress, 929 S. 8th St
- 3 - Manitowoc Coffee, 826 S 8th St
- 4 - Manitowoc Trading Company, 805 Quay St
- 5 - Westlake Golf, 712 Chicago St
- 6 - Lincoln Park Zoo
- 7 - Heart & Homestead, 909 S. 8th St



**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 Mainly Manitowoc, Inc.  
Address PO Box 2202 Telephone \_\_\_\_\_
  
2. Names of club officers: 

Name	Address	Telephone
President <u>Patricia Roth</u>	_____	_____
Secretary <u>Tony Fadden</u>	_____	_____
Treasurer <u>Justin Wallace</u>	_____	_____
  
3. Facility requested: \_\_\_\_\_  
Equipment requested: picnic tables, garbage cans, barricades
  
4. Specific dates and hours facility/equipment will be used: Date 10/4/14 Hrs. 8am-5pm
  
5. Please explain your request, as to what fees you desire waived or reduced and reasons. reduction of rental fees for equipment in order for our organization to better cover costs. This event does not generate significant proceeds.
  
6. Which do you consider your group to be?  
A. Community service  B. Non-profit  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  No \_\_\_\_\_
  
8. If #7 is "yes," explain and list specific charges vendor fees, sponsorship
  
9. What will revenues be used for? event marketing + expenses
  
10. Do you wish to meet personally with the Board/Committee to discuss this request? Yes \_\_\_\_\_ No \_\_\_\_\_ if necessary  
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. 35<sup>th</sup> St., Manitowoc, WI 54220.**

Committee Action: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_