

14-2598

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: ICE ON 8TH
- 2. Date of Event: 27 DEC 14 If multiple days, Start Date: / / End Date: / /
- 3. Time Event will start to form: AM (AM/PM) Actual Start Time: 7:00 AM/PM Finish Time: 9:00 (AM/PM)
- 4. Name and complete address of Organization/Individual organizing the Event:

MAINLY MANITOWOC

Telephone # (920) 645-4927

Name of organization, if applicable:

Business # () -
(if applicable)

cl BARRY NELSON

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

Date of Birth 22 DEC 70

824 S. 8TH (MANITOWOC TRADING)

Street Address

Date of Birth of organizing individual

MTWC 54220

City, State, ZIP

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

5. Email address of organizer: jamie.zastaw@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. CORNERS OF 8TH STREET AND WASHINGTON, JAY, FRANKLIN AND QUAY

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):

NOV 19 2014

Will the event be held indoors? Yes No If yes, what building? CITY CLERKS OFFICE
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? A FEW DOZEN (30) SPECTATORS BUT OBSERVED BY 100'S OF PASSENGERS BY

How many vendors will be at your event? 0 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 NONE
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 ICE/SNOW SCULPTURE

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 NONE
Please describe the toilet facilities that will be provided, including their locations and the number of units: _____

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:

BARRY NELSON (920) 645-4927 () _____ - _____
Name of Day-of coordinator Phone # before event Phone # the day of the event

Is security needed for this event? Yes No

N/A () _____ - _____ () _____ - _____
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: Do Nelson Date: 12 NOV 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

November 4, 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 Ice on 8th in the downtown district on Saturday, December 27th, 2014. This will include ice and snow carving near the corners of S. 8th Street and Quay, Franklin, Jay and Washington.

We are requesting use of sidewalk space at the aforementioned intersections in a limited manner similar to the way previously authorized flower pots are done.

The event will not cause closure of any sidewalks. No power tools will be used.

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,

Patricia Roth
Board President

RE: ICE on 84h 12-27-14

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 ____/____/____