

15-346

**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: The First Annual Sub Fest
- 2. Date of Event: \_\_\_\_/\_\_\_\_/\_\_\_\_ If multiple days, Start Date: 07 / 10 / 15 End Date: 07 / 12 / 15
- 3. Time Event will start to form: 7 AM AM/PM Actual Start Time: 9 AM AM/PM Finish Time: 10 PM AM/PM
- 4. Name and complete address of Organization/Individual organizing the Event:

Wisconsin Maritime Musum  
 Name of organization, if applicable

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

75 Maritime Drive  
 Street Address

Manitowoc WI 54220  
 City, State, ZIP

Telephone # (920) 684 - 0218

Business # (920) 684 - 0218  
 (if applicable)

Date of Birth 01 / 05 / 56  
 of organizing individual

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

- 5. Email address of organizer: rjohnson@wisconsinmaritime.org
- 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. This event includes activities at the Maritime Museum, Rahr Rahr-West Art Museum, Capitol Civic Center. maps and layouts are being worked on and will be coordinated with input from all required City departments.

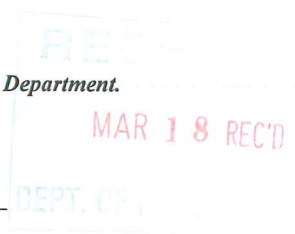
Will the event be held in a Manitowoc park or utilize any park facilities?  Yes  No Which park? \_\_\_\_\_

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): \_\_\_\_\_

Will the event be held indoors?  Yes  No If yes, what building? see above venues  
 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? 5,000 to 6,000
  - How many vendors will be at your event? @ 15-20 How many vehicles? \_\_\_\_\_
  - Do you require any special parking restrictions?  Yes  No If yes, what type, when, and where: to be determined



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: \_\_\_\_\_

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:  
Rolf Johnson 920 684 0218 323 2180  
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: [Signature] Date: 3/17/15

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

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

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ?  Yes  No

**PUBLIC USE OF WENGER BANDWAGON FORM**  
**City Of Manitowoc - Parks Department**  
2655 S 35<sup>th</sup> Street, Manitowoc, WI 54220 • 920-686-3580

FEB 24 REC'D

Basic pre-tax charges for the use of the bandwagon shall be \$115.00 for one day and \$50.00 for each additional day. Fees are due at the time of application. In addition to these charges, any user of the bandwagon shall also be billed for and required to pay all labor and equipment costs incurred by the Parks Department to facilitate the rental of the band wagon (generally \$500 for weekday setup/takedown). Should any damages occur to the band wagon during its use, any such damages shall be chargeable to the user above and beyond the charges provided for above.

Any organization using said bandwagon shall carry insurance in the amount of \$100,000.00 liability for injuries to any one person and not less than \$300,000.00 liability for injuries from any one accident, and in the sum of not less than \$50,000.00 on account of any accident resulting in the destruction of or injury to property, all with the condition that the parties will indemnify and hold harmless the City of Manitowoc in any action resulting from the use thereof. The aforementioned insurance is to be approved by the City Attorney.

All requests for the use of the bandwagon shall be made to the Manager of the Parks Department at least seven days prior to the use of same, who will refer same to the Parks & Recreation Committee. Such request may be granted by the Parks & Recreation Committee when said request does not interfere with the scheduled use of the bandwagon or work program of the park crews.

The bandwagon shall not be removed from the City limits without the approval of the Parks & Recreation Committee.

Resolution dated May 20, 1974, amended May 19, 1980

The following WISCONSIN MARITIME MUSEUM requests the use of the above bandwagon for  
(individual or group)  
the date(s) 7/10, 7/11, 7/12 2015 for SUB FEST!  
(event name or purpose)

I have read the above conditions, understand and agree to them.

Date: 2/24/15

Signature: [Signature]

Printed name: ROLF E JOHNSON

Address: 75 MARITIME DRIVE

Phone: 920-684-0218

.....  
\_\_\_\_\_ Approved \_\_\_\_\_ Parks Manager or Designee

\_\_\_\_\_ Denied \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Amount Due (Delivery rate + rental rate plus extra hours, if applicable)

MANITOWOC PARKS & RECREATION DEPARTMENTS  
EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

SB Diamonds \_\_\_\_\_  
BB Diamonds \_\_\_\_\_  
Soccer Field \_\_\_\_\_  
Tennis Courts - How Many? \_\_\_\_\_  
Pool \_\_\_\_\_

EQUIPMENT REQUESTED (Be Specific)

Garbage Cans @ 20-30  
Picnic Tables @ 30-40  
Benches @ 60-80  
Other I NEED CITY'S ADVICE ON ABOVE NUMBERS  
Staging WENIGER BANDWAGON

AREA REQUESTED MARITIME MUSEUM CAMPUS

Number of People \_\_\_\_\_ DATE DESIRED \_\_\_\_\_ TIME REQUESTED \_\_\_\_\_  
Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? \_\_\_\_\_

FIRST ANNUAL SUBS FEST

PERSON WHO WILL BE RESPONSIBLE ROLF JOHNSON TELEPHONE 684-0218

PERSON MAKING REQUEST ROLF JOHNSON

TELEPHONE 684 0218 ADDRESS 75 MARITIME DR

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME WISCONSIN MARITIME MUSEUM  
ADDRESS 75 MARITIME DRIVE MANITOWOC 54220

**PROVISIONS:**

The undersigned agrees to hold the City harmless for any and all damage, claims or personal injury claims occurring during the term of this contract.  
It is further agreed that all property of any kind brought on the premises shall be at the sole risk of the undersigned and that the City shall not be liable for any injury, loss or damage to said property or injury to any person on the premises.  
The undersigned agrees to be responsible for any damage caused to said building, property or equipment by mischief or negligence.

CHARGES \_\_\_\_\_ SIGNED \_\_\_\_\_  
(Person Responsible)

APPROVED \_\_\_\_\_ DATE 3/17/15

\_\_\_\_\_  
Parks or Recreation Manager DATE \_\_\_\_\_

ATTENDENT(S) \_\_\_\_\_ START TIME: \_\_\_\_\_