

SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 7/27/2022

EVENT NAME: Waiver of fees: Manitowoc County Fair

ORGANIZER: Manitowoc County Expo - Jennell Shelton

E-MAIL ADDRESS: jennellshelton@manitowoccountywi.gov

EVENT DATE: August 24-28, 2022

NEW OR RECURRING: recurring

LOCATION/DESCRIPTION: Manitowoc County Expo is asking for a waiver of fees to use 18 barriers and portable stop signs during the Manitowoc County Fair. Four-way intersection sign to be at Vista and Expo Dr, and Rapids Rd and Frontage Rd. Traffic assistance to be provided Friday and Saturday nights.

COMMITTEE CONCERNS:

COMMITTEE DECISION:

APPROVE	DENY
Dan Koski /ec Jason Russ /ec Jason Frieboth /ec Courtney Hansen /ec Kim Lynch /ec	

COUNCIL ACTION REQUIRED:

ITEMS TO INCLUDE IN LETTER:

RECEIVED
MAY 7 2022
CITY OF MANITOWOC

**CITY OF MANITOWOC - DEPARTMENT OF PUBLIC INFRASTRUCTURE
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 Special Event Committee and/or the Public Infrastructure Committee and the group or organization will be notified by e-mail or letter of their decision(s). A financial report for the previous two (2) years indicating all expenses and all revenues of the group/organization may be requested by the committee. Groups or organizations must be current on all financial accounts with the City of Manitowoc.

ALL QUESTIONS MUST BE ANSWERED

Name of event: Manitowoc County Fair

1. Name of club/organization making request Manitowoc County Expo
Address 4921 Expo Dr, PO Box 1011, Manitowoc Telephone 920-683-4378

2. Names of club officers: Name Address Telephone
President _____
Secretary _____
Treasurer _____

3. Facility requested: _____
Equipment requested: 18 Barriers - picked up no later than Friday, August 19.

4. Specific dates and hours facility/equipment will be used: Date(s) August 24-28 Hrs. _____

5. Please explain your request, as to what fees you desire waived or reduced and reasons: Waiver of Fees for use of the 18 barriers.

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 _____

9. What will revenues be used for? _____

10. Do you wish to meet personally with the Committee to discuss this request? Yes _____ No
If "yes," please provide the following information of individual to contact:

Name _____ Address _____ Telephone _____
Signed [Signature] Date March 25, 2022

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