920 reter 635

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: Damination (heer Softball Tournament			
2.	Date of Event: 4 / 25 / 15 If multiple days, Start Date:/			
3.	Time Event will start to form: 8.00 AMPM Actual Start Time:	AM/PM Finish Time: 8-00 AM(PM)		
4.	Name and complete address of Organization/Individual organizing the Event:			
	Name of organization, if applicable	374 13.5 7 Telephone # ( <u>920)</u> (1994) (1994)		
	Name (first, middle, and last) of individual organizing the Event	Business # (1 <u>20</u> ) <u>629-5190</u> (if applicable)		
	911 Buffalo St Street Address	Date of Birth <u>Z</u> / <u>Z8</u> / <u>89</u> of organizing individual		
	Manytowoc WT S4220 City, State, ZIP			
	Is the sponsoring organization a 501(c)(3) organization?  Yes No			
5.	Email address of organizer: JUSAN 60 kg			
6.	Location of the Event: Please attach a detailed map or diagram of your event. Also including all turns and the number of traffic lanes to be used.			
	Will the event be held in a Manitowoc park or utilize any park facilities? Yes No Which park? WSt field			
Have you reserved the park for this purpose? Yes No If no, please contact the Parks Department at (920) 686				
	Does the event require streets to be closed? Yes No If yes, which street(s			
	ill the event be held indoors? Yes No If yes, what building? Building Name & Street Address			
7.	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 You			
	What is the estimated attendance at your event, including observers?			
	How many vendors will be at your event? 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:			
	Will alcoholic beverages be served/sold? Yes No If yes, a "Special Class B" license will al Please contact the City Clerk's Office at (920) 686-6950 to obtain a license.	llow sale/service of beer and/or wine.		
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 (920) 374 - 1357 Phone # before event	(92) <u>874</u> - <u>1357</u> Phone # the day of the event		
	Is security needed for this event? Yes Vo			
	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 claims occurring during this event. It is further agreed that all personal property of any kind be sole risk of the undersigned, and that the City of Manitowoc shall not be liable for any injury, lost to any persons on the premises. The undersigned agrees to be responsible for any damage camischief or negligence. By signing, I acknowledge that I have authority to bind the sponsoring have received, read and understand the Special Events Policy and agree to be bound by all require Policy and it is hereby incorporated by reference into this signed agreement.	rought on the premises shall be at the so or damage to said property or injury used to said facility or equipment by g organization and acknowledge that I rements as stated in the Special Events		
	Signature of Applicant: D	Pate: 4-14-15		
С	COMMITTEE RECOMMENDATION:	DATE:		
С	COMMON COUNCIL APPROVAL:	DATE:		
D	DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No			

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