



CITY OF MANITOWOC

WISCONSIN, USA

www.manitowoc.org

October 14, 2019



Nichole Cogswell
Lakeshore Tae Kwon Do
823 B Jay St.
Manitowoc, WI 54220

RE: *Waiver of Fees – Kickathon Fundraiser – Senior Center – October 26, 2019*

Dear Ms. Cogswell:

Your request for a waiver of fees for the use of the Senior Center for a Kickathon fundraiser on October 25, 2019 was acted upon by the Special Event Committee at the meeting on October 9, 2019. At said meeting the Committee unanimously granted your request.

When listing sponsors for your event, please consider listing the City of Manitowoc since some or all fees have been waived for the event.

If you have any questions, please contact me at 920-686-6950.

Very truly yours,

Deborah Neuser
City Clerk

DN:mrk

cc: Chief of Police Nick Reimer
Fire Chief Todd Blaser
Chad Scheinoha, Operations Division Mgr.
Billy Hutterer, Streets Team Leader
Karen Dorow, Business Manager

Deborah Neuser, CMC, City Clerk
CITY HALL • 900 Quay Street • Manitowoc, WI 54220-4543
Phone (920) 686-6950 • Fax (920) 686-6959 • dneuser@manitowoc.org

SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 10/9/2019

EVENT NAME: FEE WAIVER: Lakeshore Tae Kwon Do Fundraiser / Kickathon

ORGANIZER: Lakeshore Tae Kwon Do - Nichole Cogswell

EVENT DATE: 10/26/2019

NEW OR RECURRING: New

LOCATION/DESCRIPTION: Use of Senior Center for 3 hours for a kickathon fundraiser for the Vince Lombardi Cancer Center

ESTIMATED CITY COSTS:

POLICE	
FIRE	
PARKS	
RECREATION	80
STREETS	
TOTAL DEPT. COSTS	80

ESTIMATED EVENT HOLDER CHARGES:

LATE APPL. FEE (<60 days)	
DELIVERY CHARGES	
<i>(if delivery requested)</i>	
WAIVED -ROOM TAX	80
NON-WAIV. STAKE PERMIT	

COMMITTEE CONCERNS:

COMMITTEE DECISION:

APPROVE

DENY

[Handwritten signatures]

COUNCIL ACTION REQUIRED:

ITEMS TO INCLUDE IN LETTER:

When listing sponsors for your event, we ask that you consider listing the City of Manitowoc since some or all fees have been waived for the event.

**MANITOWOC PARK & RECREATION DEPARTMENT
SPECIAL CONSIDERATION FOR WAIVER OF PART OR ALL FEES
FOR USE OF CITY FACILITIES OR EQUIPMENT**

001 04 2019

Groups/Organizations requesting special consideration for waiver of all or partial fees ordinarily charged to groups for 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 Park and 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 or Organization making request Lakeshore Tae Kwon Do
Address 823 B Jay St. Manitowoc, WI Telephone 920-686-0421

2. Names of Club Officers:

Name	Address	Telephone
President <u>Mark Weber</u>	<u>823 B Jay St</u>	<u>686 0421</u>
Secretary _____	_____	_____
Treasurer _____	_____	_____

3. Facility requested: Senior Center
Equipment requested: Chairs

4. Specific Dates and Hours facility/equipment will be used: Date 10/26/19 Hrs. 3

5. Please explain your request, as to what fees you desire waived or reduced and reasons.
rental fee - this is a fundraiser/kickathon - 0 prof. + is gained

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 Yes, explain and list specific charges Ø

9. What will revenues be used for? No revenues

10. Do you wish to meet personally with the Board/Committee to discuss this request? Yes _____ No
If yes, please provide the following information of individual to contact.
Name Nichole Cogswell Address 1521 Hamilton St Telephone 920-242-3575

Signed [Signature] Date 10-3-19
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 Recreation Department, 930 North 18th Street, Manitowoc, WI 54220.

Committee Action: Approved _____ Denied _____ Date _____
Explanation _____



**Manitowoc Senior Center
& Recreation Department**
3330 Custer Street
Manitowoc, WI 54220
920-686-3060

Manitowoc Senior Center Facility Rental Agreement

Please return completed form and applicable fees to our office at least 10 days prior to event.

Date Required: Mon Tue Wed Thur Fri Sat Sun 10/26/19
Month / Date / Year

Time Required:

From: 12:00pm AM/PM To: 3:00pm AM/PM Event Start Time: 1:00pm

*(Set-up and clean-up times must be included in hours.)

Total Hours Required: 3

Estimated Attendance: 50

Name of Person/Group: Lakeshore Tae Kwon Do

Community Group Government Agency Club/Organization Other: _____

Name of Contact Person (if different from above) Nichole Cogswell

Address: 872 B Jay Street City: Manitowoc State: wi Zip: 54220

Phone Number: 920-242-3575 Alternate Phone: 920-686-0421

Email: cogsnr10@gmail.com

Type of Function: kick a thon event, raising money for Vince Lombardi Cancer Center

Area Requested: (See reverse side for more detail)

*Fees: \$50 1-3 hours + \$10 each addl. hour

- North Assembly Room
- Center Assembly Room
- South Assembly Room









*Fees: \$25 1-3 hours + \$10 each addl. hour

- Class Room
- Sewing Room
- Coffee Shop
- Social Room
- Conference Room
- Kitchen (adjacent to South Assembly & Coffee Shop)

*Additional Fee: \$10 per hour attendant fee if booked outside of normal business hours of Monday through Friday 8:00am – 4:00pm. You will be billed for this portion after the rental.

Additional Equipment Requested:

- TV/VCR/DVD [\$10 per event]
- Coffee Pots [\$10 per event]
- Overhead/LCD Projector (located in the center assembly) [\$25 per event]
- Microphone/Podium (available in center and south assembly) [no charge]

Room	Additional Information		Room	Additional Information	
North Assembly	10ft long tables available. 124 max capacity.		Social Room	Room has 7-60" round tables (set for 28 ppl) 40 max capacity.	
Center Assembly	10ft long tables available Stage, Screen, and DVD projector 139 max capacity.		Class Room	5-10ft long tables available. 40 max capacity.	
South Assembly	9-60" round tables + 1-10ft long table. (set for 64 ppl) 112 max capacity.		Sewing Room	3-10ft long tables. Room set up in conference style. 25 max capacity.	
Coffee Shop	Room has 6-3.5ft round tables (set for 24 ppl) 24 max capacity.		Conference Room	Small conference room, one table. 12 max capacity.	
Kitchen	Stove/Oven, Microwave, Refrigerator, Sink, Stainless Steel Counters				

This rental agreement is made and entered into by and between the City of Manitowoc, Wisconsin, hereinafter called "City" and the above-named individual, hereinafter called "Renter". The parties agree as follows: The Renter understands his/her responsibility is to set up, clean up and restore premises within the time period listed above. Renter agrees to hold the City harmless for any and all damages, 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 Renter and that the City shall not be liable for any injury, loss or damage to said property or injury to any persons on the premises. Renter agrees to be responsible for any damages incurred to City. Damages incurred to the property will be billed to the Renter. NC (initial)

Rental fees shall be charged in accordance with the fees and charges schedule listed on the reverse side of this application. Rental fees must be paid at the time of registration. Attendant fee (if applicable) will be billed and due upon receipt and should be made payable to the Manitowoc Senior Center.

Signature: Nichole Cogswell Dated: 09/30/2019
 Print Name: Nichole Cogswell

Office use only:		Total
Room Fee: up to 3 hour	Assembly Rm \$50 / Other \$25	\$ 50.00
Add'l Room Fee: up to 3 hours	Assembly Rm \$50 / Other \$25	\$
Additional hours: after 3 hrs	\$10 per hour x _____ hrs	\$
Additional Equipment Fee	*indicated on reverse side	\$
TOTAL DUE at time of request	Date Paid:	\$ # 80.00 Chk/CC/Cash
Attendant Fee (to be billed)	<u>3</u> hrs x \$10.00/hr	Attendant Fee Total
Date Billed:	Date Paid:	\$ 30.00

Please return this form to the Manitowoc Senior Center/Recreation Department located at 3330 Custer Street, Manitowoc, WI 54220 (920) 686-3060. Business Hours: M-F 8am-4pm