SPECIAL EVENT COMMITTEE APPROVAL FORM

DATE: 6/29/2015

EVENT NAME: Fat Seagull Outdoor Music Festival

EVENT DATE: 9/12/2015

NEW OR RECURRING: Recurring

LOCATION/DESCRIPTION: Partnering with Music Without Boundaries to provide several bands

outside. Closure of Quay St from S 8th to S 9th. Extension of premise.

ESTIMATED CITY COSTS:		ESTIMATED EVENT HOLDER CH	IARGES:
STREETS	12000119	LATE APPL. FEE	
PARKS	0	LICENSES	
RECREATION		STAKE PERMIT	
FIRE	0	DELIVERY CHARGES	
POLICE	0	(if delivery requested)	,
TOTAL	120,0.119	TOTAL COLLECTED	
COMMITTEE CONCERNS:			
•			
COMMITTEE DECISION:			
APPROVE		DENY	
Osgar Dick			
6// —			
		•	
Kallet I Mille Dood			
	2.44		

Copy to: Clerk

ITEMS TO INCLUDE IN LETTER:

City of Manitowoc SPECIAL EVENTS APPLICATION FORM

NOTE CERTAINS application must be turned in to the Parks Office a minimum of AltiAy speto, to

JUN I 8 RECT

the date of the event. Your Cealificate of fustion remusic be on all single City (slepters) in car. miliminimajett) daviegidio eto dicedate ofenceavenetti vondhave questions-please seccific Special ikvens Guidelines & Policy (o) ad Brotzeontacts 12/2015 If multiple days, Start Date: End Date: Include dates and times needed for setup and take down / cleanup. Time Event will Begin Setup: 6,00 AMPM Actual Start Time: 2.00 AMPM Finish Time: 9,00 AMPM Name and Complete Address of Organization/Individual Organizing the Event: onal Name of organization responsible for eve Telephone # PRIOR TO event (920) 242-6993 Name (first, middle, and last) of event organizer Contact name DURING event (if different) CKSondebi@sbcglobal.1 of event organizer City, State, Zip Is the sponsoring organization a 501(c)(3) organization? Yes No 5. Location of the Event: Generally describe your event and its purpose and attach a DETAILED map or diagram of your event. Also, indicate the direction of the route, if any, including all turns and the number of traffic lanes to be used. Maps of the City and its parks are available online at www.manitowoc.org. Will the event be held in a Manitowoc park or utilize any park facilities? Yes Which park? What park facilities will be needed (buildings, tennis courts, ball diamonds, disc golf courses, etc.)? Have you reserved the park &/or park facilities? Yes No If no, please contact the Parks Division at (920) 686-3580. Does the event require streets to be closed? Yes No If yes, which street(s): It is YOUR RESPONSIBILITY to provide federally approved traffic control items; however they may be rented from the Streets & Sanitation Division. Will the event be held on the sidewalk?

6.	Mariners Trail Permit: Will any portion of the Mariners Trail be used? Yes You Yes, where on the trail will the event begin: Where on the trail will the event end:	OF TWO HIVE	Per les resultion	_
	When use of the trail is requested, consideration is given to how the public's use of the traclean up, as well as other services provided by a City staff may be billed on a cost-recove a copy of event liability insurance naming BOTH CITIES as co-insured at least 10 d "exclusive use" of the trail and the general public must be allowed to share the perm	ry basis. The event orga ays prior to the event. I	nizer must provide	

This agreement is made and entered into by and between the Cities of Two Rivers and Manitowoc, Wisconsin, hereinafter called "City" and the above-named individual, hereinafter called "Permittee." The parties agree as follows: Bookings must be made no earlier than 12 months in advance. The Permittee understands his/her responsibility is to set up, clean up and restore premises within the time period listed above.

Limitation of Use; Permittee agrees that the number of persons on the rented premises during the rental period shall not exceed the capacity of the facility and that no intoxicating liquor or fermented malt beverages shall be served to minors. Permittee agrees to use premises rented for the purpose stated above and no other. In the event this Limitation of Use is not complied with, Permittee shall be charged and agrees to pay a fee of \$200.

mittag aggregate shide by the myles and association	contained in this agreement	
rmittee agrees to abide by the rules and regulations	contained in this agreement.	
POTT CENTERONEY mature of City of Iwo Rivers designee:	in a spirit	
	MARKET CONTRACTOR OF THE PERSON OF THE PERSO	
Tell Us About Your Event:	$n \sim 2$	
hat is the estimated attendance at your event, inclu	ding observers?	
ow many vendors will be at your event?	How many vehicles? 40	
o you require any special parking restrictions?	Yes If yes, what type, when, and where:	
	<u> </u>	
arking on grassy areas of a park is not allowed wit	hout prior approval. Contact the Police Department if traffic contro	ol is needed.
fill food be prepared and/or served at the event?	Ver No	
u are responsible for obtaining any necessary per	nits for food from the Manitowoc County Health Department.	
ill you be having a band or amplified music?	Yes No	
ill a loudspeaker or similar electric sound amplific	ation system be used outdoors? Ves \ \ No	
	AT V DOLOX. 2000 DW	
ill the City need to provide any special electrical as yes, please describe:	ssistance or lighting (of ball diamonds, etc.)? Yes No	
yes, please describe.		
ntact the Parks Division at 686-3580 with question	40	
nucl the Larks Division at 000-3300 with question	110	
ill any of the following services be required?		
or help defining your parking, clean-up,& traffic co	ontrol needs, please contact the Streets & Sanitation Division at (920	0) 686-6550.
ill any fireworks or pyrotechnic devices be used du	uring the event? Yes No	
yes, contact the Fire Department at (920) 686-654	10 to secure the proper permits for firework usage.	
ill animals be present at the event? Yes No ey will be located.	If yes, please indicate what types of animals, how many are expect	ted, and where
sy will be located.		
hat toilet facilities will be made available to your p		
and demands at a sain a feathful at a seit to a seit de		
ease describe the tollet facilities that will be provid	ed, including their locations and the number of units:	
ease describe the totlet facilities that will be provid		for
inside — 2 Po	ed, including their locations and the number of units: The Rots in NW corner of the contract	four
inside — a for	ta Pots in NW corner o No If yes, a "Special Class B" license will allow sale/service of be	, ,

cket booths, outdoor	$ time \sum_{i=1}^{n} (x_i - x_i)^2 = 1$	X		X	No Charge	=	No Charge
	\sim						
an. Dr. a cal		X		X	\$33.00 \$15.00	_	
ent, 10'x10' ent, 10'x20'	— <u> </u>	X		X X	\$30.00 \$35.00	=	
curity stanchions		X	/	X	\$ 5.00	=	
sers, platform		Χ.		X	\$15.00	=	Description
enie tables		X		X_	\$7.00	=	
rk benches		X		\mathbf{X}	\$7.00	==	
equet tables, 8'		X		X	\$5.00	=	<u> </u>
urks Division Equipment (6	86-3580): <i>L</i>	o NO	T count any p	icnic i	tables, garbago	e can	s, etc. already located at the park.
ther (list items and amount	s)						
		X		X	\$3.00	=	Description
- ` '		X X	_3_	X	\$3.00	=	O Description 11 O A
affic signs (Portable)	2	X	_3	X	\$3.00	. =	18 Description Road Closed
		X		X	\$2.00	==	Description
min orbito		X		X	\$2.00	=	Description
affic signs		X		X	\$2.00	=	Description
Post driver/pounde	r	X		X	No Charge	=	No Charge
Rolls Posts		X		X	No Charge	=	No Charge
ow fence		X	•	х	\$4.00	=	
fety vests		X	-	X	No charge	=	No Charge
28"		X		X	\$1.50	. =	· · · · · · · · · · · · · · · · · · ·
18"		X		X	\$1.50	=	
nes							
annelizer Drums		X		X	\$3.00	=	
Rail type-short		X		X	\$2.00	=	
Rail type-long		X		X	\$2.00	=	
8'	7	X X	_3	X	\$4.00	=	84
3'	1	X	3	X	\$3.00	=	Q Flashers
2'		X	•	X	\$3.00	=	Flashers
arricades	# Needed		# OI Days		COSIDAY		Total
	# Needed		# of Davs*	·	Cost/Day		Total
eets & Sanitation Division	<u>Equipment</u>	<u>(686-3</u>	<u>3580):</u>				
	٠						
ease indicate the total nu	mber of iten	ns rea	uested:				
					1 4	_	
	 				11/14		
Please indicate where ar	nd when the	items s	should be deliv	ered:	VIVV		
ouiside of feturii flours a	ina without s	signme	g mem m.				·
Sanitation office or with outside of return hours a				loadii	ng at the time o	of reti	urn. It is unacceptable to drop off rental materials
and returned weekdays l	between 7:00	J'A.M.	and 2:30 P.M.	It is	the renter's re-	spons	sibility to sign in all materials in the Streets &
To make arrangements t	o nick up the	e itemš	vourselves, p	lease	contact the Par	ks D	ivision at 686-3580. All items must be picked up
delivery/pickup by Cit	v personnel	is nee	ded. Delivery	fees	are based on to	otal re	ental costs.
Equipment rental charge	es will annly	unless	a waiver of so	me o	r all fees is an	orove	ed. A non-waiyable delivery fee will be charged if
Equipment Needed for	Your Even	t:					•
Do you require a w	aiver of the	restric	tion to serve al	cohol	l in a park? L	_]Yes	s DNo
			Y 1				see # stattached

^{*}Include the day of return but not the day of pickup/delivery. Items must be picked/returned weekdays between 7:00 am and 2:30 pm.

^{**}The bandwagon shall not be removed from the City limits without the approval of the Park & Recreation Committee and must be delivered/setup by City Personnel.

If you are requesting delivery/pickup by City personnel, the following non-waivable delivery fees will apply.

DELIVERY FEES	
Total Cost of Items Rented	Delivery Fee
\$0.00 - \$100.00	\$ 50.00
\$100.01 - \$250.00	\$ 75.00
\$250.01 - \$500.00	\$125.00
\$500.00 - \$1,000.00	\$250.00
\$1,000.01 and above	\$350.00

Delivery fees will be adjusted based on actual items rented.

Will any of these items (or items of similar nature) be erected or placed on the event grounds?
Tent or canopy Fence Yes No Nothing Staked Into Ground
Fence Yes No NOTTING SIWEU ITTO GOOD GOOD GOOD GOOD GOOD GOOD GOOD G
Sign Yes No Bounce house Yes No If electric, where will item be plugged in?
Other Yes No If electric, where will item be plugged in?
If yes for any, give a detailed explanation under #5.
11 Yes for any, give a detailed explanation under nox
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 AND
required endorsements to the City Clerk's Office at least 10 days before your event.
Do you need assistance from the Police or Fire Departments? Yes No If yes, please describe:
Dobi Ficio KERN app 242 6973 927-242-6973
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? XYes \(\simega\) No
Do you have a plan in place to deal with medical emergencies that may occur during your event? Yes \(\bigcap \) No The City reserves the right to require a detailed written plan.
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12. 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, temporary beer/wine licenses, stake 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.

Date of birth of applicant	1.08,1951	o · o	
Signature of Applicant:	Deli M.	Euchson ate:	ar ang paramang at ang at

So	REQUEST FOR SPECIAL EVENTS PRIVILEGE TYPE OR PRINT CLEARLY 19 12 2015
700	TODAY'S DATE 6, 1, 2015 REQUEST DATE(S) 09, 12, 2015
	NAME/ORGANIZATION The FOT Seagull CONTACT PERSON Debi Erickson ADDRESS SOT QUEY St. CITY, STATE, ZIP Waritowoc, WI 54220 PHONE (920) 242-6973
	DETAILED REQUEST (Attach additional sheets, maps, or drawings as applicable) We are requesting to have more street Closure this summer on Saturday Sentember 12th from approximately (am until 10:00 pm. We dere northering with Music without Boundaries and will have several Bands Outside during the day tearly evening. The day will conclude to the music without boundaries traval Music Restival to music without boundaries traval Music Restival to Musicians from other areas to one venue. We are excited to be part of this sestival took from the your consideration to support to your consideration to support the closure would involve a small portion of Quays the will bornically thereof Minors.
	I agree to indemnify and hold harmless the City of Manitowoc, its officers, employees and agents against
	I agree to indemnify and hold harmless the City of Manitowoc, its officers, employees and agents agents agents agents agents and agents and agents and costs, including actual attorneys fees, resulting from or arising any and all liability for injuries, damages and costs, including actual attorneys fees, resulting from or arising out of any actions of the Applicant, its agents, employees or subcontractors related in any way to the use out of any actions of the Applicant for which the City of

Manitowoc is indemnified hereunder shall include, but specifically not be limited to, failure warn members of the public of the impending activity and dangers related to said activity.

Committee recommends:

CITY CLERK CITY OF MANITOWOC 900 QUAY ST. MANITOWOC, WI 54220

9th St -Commence to Cx BAND Entrance & Cox Pag JXX+1 South 8th St

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Fat Seggull Outdoor Mu REVIEWING DEPARTME	NT RECOMMENDATION	
POLICE		<u></u>
(686-6500)		
·		· · · · · · · · · · · · · · · · · · ·
DEPT. CHARGES		
LABOR	OTHER	
EQUIP	TOTAL	
Dept. Head or Designee Signature	Date	
FIRE		
(686-6500)		<u> </u>
	·	
DEPT. CHARGES		
LABOR	OTHER	
EQUIP.	TOTAL	
Dept. Head or Designee Signature	Date	
PARKS		
(686-3580)		
· · · · · · · · · · · · · · · · · · ·		
DIVISION CHARGES	FEES D	UE BY ORGAN
RENTAL	LATE APPL. FEE	
OTHER	STAKE PERMIT	
TOTAL	TOTAL	
Dept. Head or Designee Signature	Date	<u> </u>
REC.		
DIVISION CHARGES		
RENTAL		
OTHER		
TOTAL		•
Dept. Head or Designee Signature	Date	
STREETS		
(686-6550)		
DIVISION CHARGES		
OTHER		