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: Shipbuilders Credit UNION Presents (Alashore WEE									
2.	Date of Event:/ If multiple days, Start Date: 8/1/14 End Date: 8/3/14									
3.	Time Event will start to form: 8 AMPM Actual Start Time: 5:00 AM/PM inish Time: Mi dais LAM/PM									
4.	Name and complete address of Organization/Individual organizing the Event:									
	LAKESHORE WEEKEND Name of organization, if applicable RANDY HEINZEN Name (first, middle, and last) of individual organizing the Event 2002 MAASHALL ST. Street Address MANITOWOL WI 54240 City, State, ZIP Telephone # (920) 683 - 3202 Business # () (if applicable) Date of Birth of organizing individual									
	Is the sponsoring organization a 501(c)(3) organization? Yes No									
5.	Email address of organizer: randy e heinzen financial, com									
6.										
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): Requesting the park of the parks Department at (920) 686-3580.										
										Does the event require streets to be closed? X Yes No If yes, which street(s): Requesting ONE LANE IN Each Direction on Maritime Orive For Sunday marring only
										Will the event be held indoors? Yes No If yes, what building? 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?									
	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:									

COM	MMON COUNCIL APPROVAL:				DATE:		
		, i) \		40			
CO	MMITTEE RECOMMENDATION:		V				
	Signature of Applicant:	er tt	2	Da	ate: 7-19	<u>، من</u>	201
	Policy and it is hereby incorporated by refer	rence into this sig	ned agreement.			•	
	mischief or negligence. By signing, I ackr have received, read and understand the Spe	nowledge that I h	ave authority to bind t	he sponsoring	organization a	nd acknov	vledge
	claims occurring during this event. It is further agreed that all personal property of any kind brought on the premises shall be a 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 it to any persons on the premises. The undersigned agrees to be responsible for any damage caused to said facility or equipment						
	The undersigned agrees to indemnify and claims occurring during this event. It is fin	hold the City of	Manitowoc harmless	for any and	all damage clai	ms or per	rsonal
	liquor licensing regulations. Fees for park permits are in addition to the fees submitte may be cause for the denial of the event.	c facilities, liquored for the Specia	r licenses, tent and fir	reworks permi	its, and other n	ecessary	licens
	I understand the filing of this application organizers and participants must comply w						
10.	Legal Notice						
9.	extraordinary expenses for your event. To re-						
	Do you have a plan in place to deal with medical emergencies that may occur during your event? Yes No Fees & Reimbursement: The standard fees for equipment rental and licenses will apply. The City may also require reimbursement.						
	F 1	dical emorganois	,		1		
	JEH Schernetzle Name of Security Coordinator	er	(920) 323 - 73 Phone # before even	<u>ssd</u>	Phone # the	る - フ。	event
	Is security needed for this event? Yes	No					
	Name of Day-of coordinator	:	Phone # before even	nt	Phone # the o	lay of the	event
<	Randy Heinzen		(%) <u>683</u> - <u>o</u> Phone # before even	202	(920)323 Phone # the c	-64	OC
	Designated contact person for the event:			n rijika	la la v		1
	Please see the Special Events Insurance Fo the City Clerk's Office at least 10 days befo	rm to ensure you	have the proper cover	age. You must	submit the insur	rance cerț	ificate
	Do you have the correct level of insurance	for your specific o	event? Yes No				
8.	Safety and Security for Your Event:				,		
P	Please contact the City Clerk's Office at (920)	686-6950 to obt	ain a license.	ncense win a	now sale/servic	e or beer	anu/oi
٠	Will alcoholic beverages be served/sold?						
	15 Poetable B					Spui	Œ
, I	What toilet facilities will be made available t Please describe the toilet facilities that will b	to your participan e provided, inclu	ts? Indoor Outling their locations and	utdoor I the number o	of units:		
	Contact the Fire Department at (920) 686-6			-			
	Will any fireworks or pyrotechnic devices b						
•	Will a tent or any other temporary structures	s be erected?	Yes No				
	For help defining your parking, clean-up, an		,	epartment of l	Public Works at	(920) 686	5-6550