

Public Input  
Public Rec  
3-3-14

14-134

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: Run for Shelter 5K (1st Annual)
- 2. Date of Event: 5 / 3 / 14 If multiple days, Start Date:     /     /     End Date:     /     /
- 3. Time Event will start to form: 0800  AM  PM Actual Start Time: 0900  AM  PM Finish Time: 1130  AM  PM
- 4. Name and complete address of Organization/Individual organizing the Event:

Lakeshore Humane Society  
Name of organization, if applicable

Melissa Marie Jacquart  
Name (first, middle, and last) of individual organizing the Event

1551 N 8th Street  
Street Address

Manitowoc WI 54220  
City, State, ZIP

Telephone # (920) 860-1119

Business # (920) 684-5461  
(if applicable)

Date of Birth 07 / 26 / 1982  
of organizing individual

Is the sponsoring organization a 501(c)(3) organization?  Yes  No

- 5. Email address of organizer: mjac1982@comcast.net
- 6. Location of the Event: Please attach a detailed map or diagram of your event. Also, please indicate the direction of the route, if any, including all turns and the number of traffic lanes to be used. Run will start at the Humane Society and follow the proposed course shown on the maps included. Portion of course will wind through Lincoln Park.

Will the event be held in a Manitowoc park or utilize any park facilities?  Yes  No Which park? Lincoln

Have you reserved the park for this purpose?  Yes  No *per Sandy @ Parks Dept. no need to reserve if filling this form. 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): Portion of Memorial Drive along the Club (no sidewalks in this area) - possibly block outer lane (shown on incl. map) and portion of Reed Avenue intersection as marked on map

Block Portion of Magnolia Drive for finish line

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? 100-200
  - How many vendors will be at your event? 0 How many vehicles? approx. 50
  - Do you require any special parking restrictions?  Yes  No If yes, what type, when, and where: No parking along 8th street between Magnolia Dr. + Lincoln Park entrance. (east side of street only) during race hours

to block Magnolia Drive for finish lines

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 inflatable finish line

Will any fireworks or pyrotechnic devices be used during the event?  Yes  No  
Contact the Fire Department at (920) 686-5540 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: \_\_\_\_\_

2 units provided by Maynar located in parking lot of shelter

Will alcoholic beverages be served/sold?  Yes  No If yes, a "Special Class B" license will allow sale/service of beer and/or wine.  
Please contact the City Clerk's Office at (920) 686-6950 to obtain a license.

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:

Melissa Jacquart  
Name of Day-of coordinator

(920) 8100 - 1169  
Phone # before event

(920) 8100 - 1169  
Phone # the day of the event

Is security needed for this event?  Yes  No

\_\_\_\_\_  
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

Will be requesting stand-by ambulance

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 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.

Signature of Applicant: Melissa Jacquart

Date: 2/18/14

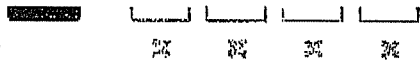
COMMITTEE RECOMMENDATION: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMON COUNCIL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ?  Yes  No

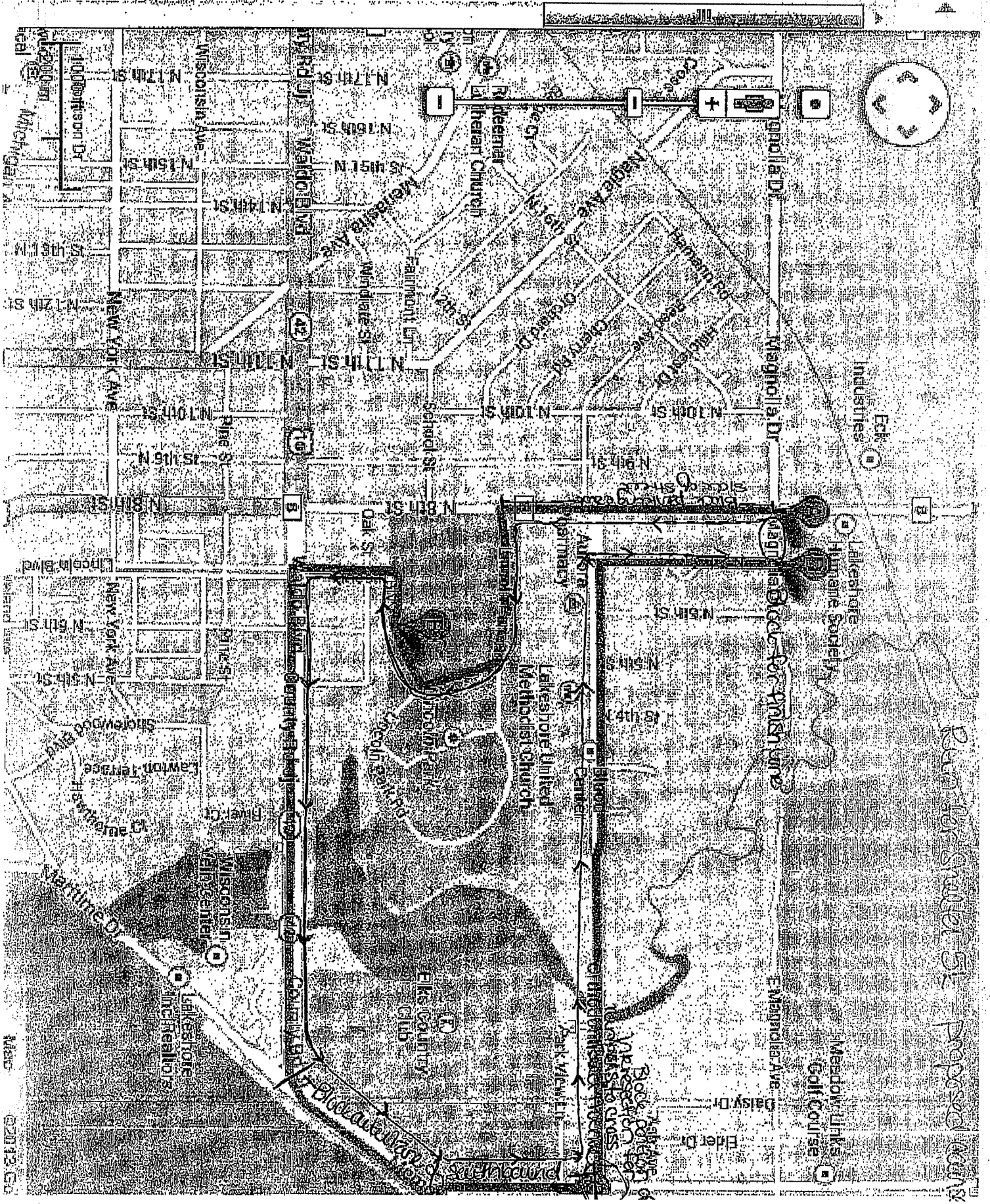
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