



CITY OF MANITOWOC

WISCONSIN, USA
www.manitowoc.org

May 15, 2024

Manitowoc County Drug Court
1010 S 8th Street
Manitowoc, WI 54220

RE: *Waiver of Fees – Lincoln Park Cabin 1 for annual Manitowoc County Drug Court Picnic on August 18, 2024*

Dear Event Organizer:

The above request was acted upon by the Special Events Committee at the meeting held on April 17, 2024, at which time the committee granted your request.

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

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

Very truly yours,

Mackenzie Reed
City Clerk / Deputy Treasurer

MR/jls

cc: Special Events Approval Group

WAIVER OF FEES APPROVAL FORM

APPROVAL DATE: 4/17/2024

RENTAL: Manitowoc County Drug Court Picnic

ORGANIZER: Manitowoc County Drug Court

E-MAIL ADDRESS: larsona@opd.wi.gov

RENTAL DATE: 8/18/2024

LOCATION/DESCRIPTION: Lincoln Park Cabin 1 for annual Manitowoc County Drug Court picnic

COMMITTEE CONCERNS:

WAIVER OF FEES: Granted

COMMITTEE DECISION:

APPROVE	DENY
Dan Koski / ch Courtney Hansen / ch Eric Nycz / ch Jason Freiboth / ch Todd Blaser / ch	

ITEMS TO INCLUDE IN LETTER:



CITY OF MANITOWOC
SPECIAL CONSIDERATION FOR WAIVER OF PART OR ALL FEES
FOR USE OF CITY FACILITIES OR EQUIPMENT

Organizations requesting special consideration for waiver of all or partial fees ordinarily charged to groups for the 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 Special Event Committee and/or the Public Infrastructure Committee and the organization will be notified by e-mail or letter of the decision. Organizations must be current on all financial accounts with the City of Manitowoc.

ALL QUESTIONS MUST BE ANSWERED

Name of event: Manitowoc County Drug Court Picnic

1. Name of club/organization making request Manitowoc County Drug Court (MCDC)
 Address 1010 S. 8th Street Telephone (920) 683-4467
 Email larsona@opd.wi.gov

2. Names of club officers: Name Address Telephone
 President NA
 Secretary NA
 Treasurer NA

3. Facility requested: Lincoln Park Cabin 1 # of people 50
 Equipment requested: NA

4. Specific dates and hours facility/equipment will be used: Date(s) August 18, 2024 Hrs. 4

5. Please explain your request, as to what fees you desire waived or reduced and reasons:
 We ask that the rental fee be waived. This is a community event for current drug court participants, past graduates, family & the treatment court team. The public is also welcome.

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 #7 is "yes," explain and list specific charges

9. What will revenues be used for?

10. Do you wish to meet personally with the Committee to discuss this request? Yes No

Signed [Signature] Date 4/16/24

Please attach any additional information which you feel will assist the committee in evaluating your request.