

15-484

SPECIAL EVENTS APPLICATION FORM

NOTICE: THIS APPLICATION IS SUBJECT TO THE CITY CLERK'S OFFICE DETERMINING THE STATUS OF THE EVENT AND THE CITY CLERK'S OFFICE DETERMINING THE STATUS OF THE EVENT.

- 1. Name/Description of Event: 7th Annual Street Party
- 2. Date of Event: 07/25/15 If multiple days, Start Date: --- End Date: ---
- 3. Time Event will start to form: Approx 6am AM/PM Actual Start Time: Noon AM/PM Finish Time: Approx 10:30 AM/PM

4. Name and complete address of Organization/Individual organizing the Event:

The Fat Seagull
 Name of organization, if applicable

Debi Erickson
 Name (first, middle, and last) of individual organizing the Event

807 Quay Street
 Street Address

Manitowoc, WI 54220
 City, State, ZIP

Telephone # 920 242 6973

Business # 920 684-9123
 (if applicable)

Date of Birth 09/08/1957
 of organizing individual

- Is the sponsoring organization a 501(c)(3) organization? Yes No
- 5. Email address of organizer: ericksondebi@sbcglobal.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.
- Will the event be held in a Manitowoc park or utilize any park facilities? Yes No Which park? n/a
- 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): Quay Street from South 9th St. to South 8th St.
- 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? 200+
- How many vendors will be at your event? 0 How many vehicles? 0
- Do you require any special parking restrictions? Yes No If yes, what type, when, and where: _____

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

Will any fireworks or pyrotechnic devices be used during the event? Yes No
Contact the Fire Department at (920) 686-6540 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 outdoor units

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:

Debi Erickson
Name of Day-of coordinator

920, 242 6973
Phone # before event

() SAME
Phone # the day of the event

Is security needed for this event? Yes No

Debi Erickson
Name of Security Coordinator

() Same
Phone # before event

() Same
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

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: Debi Erickson

Date: 4-17-15

COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No

REQUEST FOR SPECIAL EVENTS PRIVILEGE
TYPE OR PRINT CLEARLY

TODAY'S DATE 04, 14, 15

REQUEST DATE(S) See Below

NAME/ORGANIZATION	<u>The Fat Seagull</u>
CONTACT PERSON	<u>Debi Erickson</u>
ADDRESS	<u>807 Quay Street</u>
CITY, STATE, ZIP	<u>Manitowoc WI 54220</u>
PHONE	<u>(920) 242-6973 OR (920) 684-9123</u>

DETAILED REQUEST (Attach additional sheets, maps, or drawings as applicable)

On the dates listed below we are requesting to have bands outside of The Fat Seagull. The Bands will be located in the parking lot on the west side of the building. We will fence off the front of the parking lot as to not allow access to minors. The dates & approximate times are as follows:

*** Sun. May 24	<u>2-6</u>	*** We are requesting (1) street closure this year on Sat. July 25 th for our 7 th Annual Street Party. We will have bands, food, Bean Bag Tosses, Charity Dunk Tank, etc. The past street parties were huge successes which brought many people to our downtown area with no incidents.
Sat. June 6	<u>4-8</u>	The closure would involve a small portion of Quay Street from approximately 10:30 pm. We will again barricade & fence the area as to not allow access to unattended minors. We appreciate your consideration & support.
Sat. June 13	<u>4-8</u>	
Sat. June 27	<u>4-8</u>	
Sat. July 11	<u>4-8</u>	
Fri. July 17	<u>4-10</u>	
*** Sat. July 25	<u>See Below</u>	
Sat. Aug 15	<u>4-8</u>	
Sat. Aug 22	<u>4-8</u>	
Sun. Sept 6	<u>4-8</u>	
Sat. Sept 12	<u>4-8</u>	
Sat. Sept 26	<u>4-8</u>	

~~***~~ See attached for Thursdays

I agree to indemnify and hold harmless the City of Manitowoc, its officers, employees and agents against 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 of the materials in City right-of-ways or for private use. Acts of the Applicant for which the City of Manitowoc is indemnified hereunder shall include, but specifically not be limited to, failure to adequately warn members of the public of the impending activity and dangers related to said activity.

Debi Erickson
Requestor Signature

Debi Erickson
Print Name

04, 14, 15
Date

Committee recommends: _____

RECEIVED

APR 13 2015

CITY CLERKS OFFICE

RE: Fat Seagull Street Party 7-25-15

REVIEWING DEPARTMENT RECOMMENDATION

Department to complete the form and return to the City Clerk ASAP, but not later than 14 days.
Your request was acted upon in accordance with the contents of this application with the following conditions

PARKS _____
(683-4537) _____

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature _____ Date ____/____/____

POLICE _____
(686-6500) _____

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature _____ Date ____/____/____

FIRE _____
(686-6500) _____

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature _____ Date ____/____/____

DPW _____
(683-4550) _____

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature _____ Date / /

POLICE
(686-6500) _____

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature _____ Date / /

FIRE
(686-6500) _____
_____ W/A _____

	N/A	NO CHARGE	CHARGE
LABOR _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

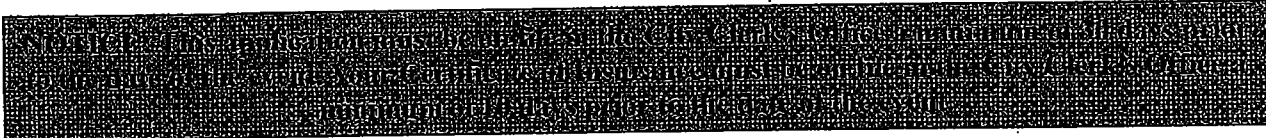
Dept. Head or Designee Signature [Signature] Date 4/14/15

DPW
(683-4550) _____

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Name of organization, if applicable: The Fat Seagull Telephone # 920 242 6973

Name (first, middle, and last) of individual organizing the Event: Debi Erickson Business # (if applicable) 920 684-9123

Street Address: 807 Quay Street Date of Birth of organizing individual: 09 08 1957

City, State, ZIP: Manitowoc, WI 54220

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

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Debi Erickson () 920,242,6973 () SAME
Name of Day-of coordinator Phone # before event Phone # the day of the event

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Signature of Applicant: Debi Erickson Date: 4-17-15

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<u>Sat Sept 12 4-8</u>	
<u>Sat Sept 26 4-8</u>	

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Debi Erickson
Requestor Signature

Debi Erickson
Print Name

04, 14, 15
Date

Committee recommends: _____

RECEIVED

APR 13 2015

CITY CLERKS OFFICE