RECEIVED

Jack H

14-1329

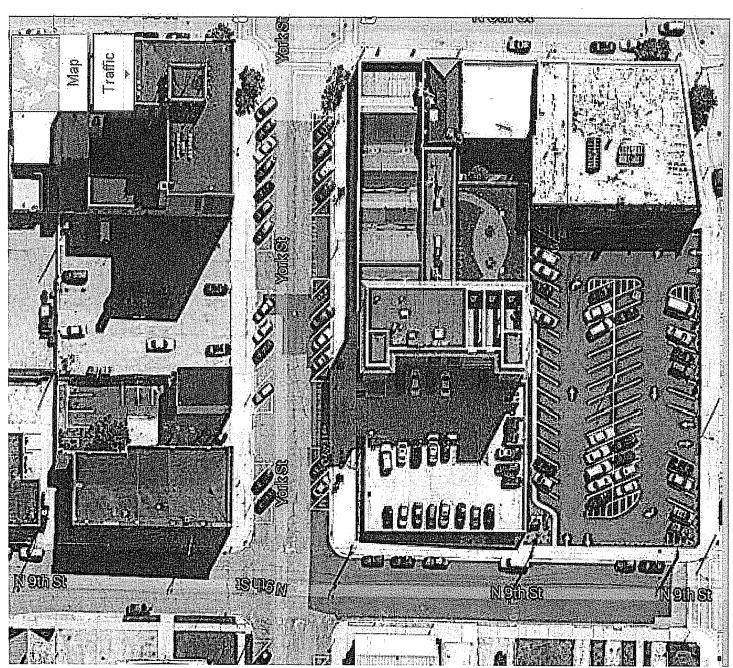
NOTICE: This application must be on file in the City Clerk's Office a minimum of 30 days prior to the Care of the event. Your Certificate of Insurance must be on file in the City Clerk's Office a minimum of 10 days prior to the date of the event.

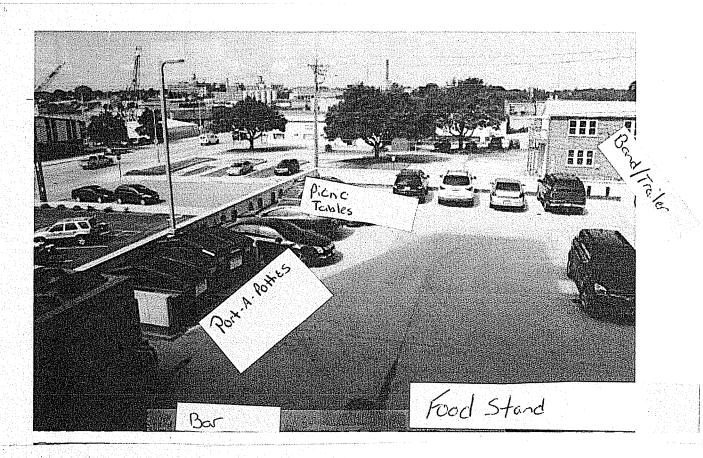
SPECIAL EVENTS APPLICATION FORM

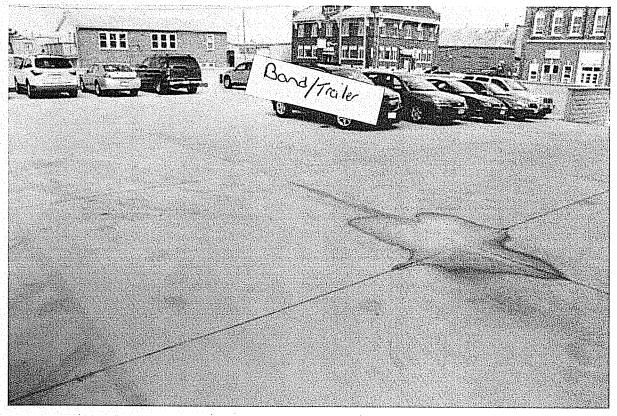
ι.	Name/Description of Event: United Way Manitowoc County Campaign Kickoff Block Me		
2.	Date of Event: \(\frac{\beta}{2} \ / \frac{9}{4} \ / \frac{14}{4} \] If multiple days, Start Date: \(\frac{1}{2} \ / \frac{1}{2} \] End Date: \(\frac{1}{2} \ / \frac{1}{2} \ / \frac{1}{2} \]		
3.	Time Event will start to form:AM/PM Actual Start Time:6AM/PM Finish Time:/O: 30AM/PM		
١.	Name and complete address of Organization/Individual organizing the Event:		
	Name of organization, if applicable Tason Adam Kakatsch Name (first, middle, and last) of individual organizing to The Waldo Blvd. Street Address Mailtowa, WI 54220 City, State, ZIP Telephone # (90) 680-8888 Telephone # (90) 680-8888 No + a Special Event - Reguest fapplicable) ate of Birth 10 / 11 / 78 for equipment. Telephone # (90) 680-8888		
τ.	Email address of organizer: jason @ unitedway manitowox county. org		
·•			
).	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. Please See a Hachments. The event		
Will be exclusive to Dermytology Associates parking lot. 80			
Will be exclusive to Desmutology Associates passing lot. 80x No road closures are being requested.			
	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): Waiver of Fee		
Request attached			
Will the event be held indoors? Yes No If yes, what building? Building Name & Street Address			
7.	Tell us about your Event:		
	Will the event be held indoors? Yes No If yes, what building? Building Name & Street Address 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? Yes No No No OFFICE OFFI		
	Will you be having a band or amplified music? Yes No		
	What is the estimated attendance at your event, including observers? 400 - 500		
	How many vendors will be at your event? 2 1 beer How many vehicles? 4 dec 5 - 200		
	How many vendors will be at your event? 2 Food How many vehicles? Utandees - 200 Vendors - 2003 Do you require any special parking restrictions? Yes No If yes, what type, when, and where:		

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No			
CO	MMON COUNCIL APPROVAL: DATE:		
CO	COMMITTEE RECOMMENDATION:DATE:		
	Signature of Applicant: //Ocy / Ocener Date: Le/10/14		
	The undersigned agrees to indemnify and hold the City of Manitowoc harmless for any and all damage claims or personal injudicians occurring during this event. It is further agreed that all personal property of any kind brought on the premises shall be at 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 injute only persons on the premises. The undersigned agrees to be responsible for any damage caused to said facility or equipment mischief or negligence. By signing, I acknowledge that I have authority to bind the sponsoring organization and acknowledge the 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.		
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, liquor licensing regulations. Fees for park facilities, liquor licenses, tent and fireworks permits, and other necessary licenses 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.			
10.	Legal Notice		
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		
	Do you have a plan in place to deal with medical emergencies that may occur during your event? Yes No		
	Name of Security Coordinator () () Phone # before event Phone # the day of the event		
	Is security needed for this event? Yes No		
	Tason Kakutsch Name of Day-of coordinator (920) 682 - 8888 Phone # before event (920) 323 - 3521 Phone # the day of the event		
	the City Clerk's Office at least 10 days before your event. Designated contact person for the 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		
8.	Safety and Security for Your Event:		
Will alcoholic beverages be served/sold? Yes No If yes, a "Special Class B" license will allow sale/service of be Please contact the City Clerk's Office at (920) 686-6950 to obtain a license.			
	What toilet facilities will be made available to your participants? Indoor Noutdoor Please describe the toilet facilities that will be provided, including their locations and the number of units: At least 2 port a power will be in the parking lot		
	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.		
	Will a tent or any other temporary structures be erected? Yes No		
	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.		

The event will be exclusive to Dermatalogy exclusive to Dermatalogy Associates parking lot (801 York St.). No load (losules ave being requested)







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

Groups or 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 Parks & Recreation Committee and the group or organization will be notified within 15 days of submitted request.

A CURRENT FINANCIAL REPORT FOR THE PREVIOUS TWO (2) YEARS INDICATING ALL EXPENSES AND ALL REVENUES OF THE GROUP/ORGANIZATION MUST ACCOMPANY THIS FORM PRIOR TO THE COMMITTEE REVIEWING THE REQUEST.

	ALL QUESTIONS MUST BE ANSWERED
1.	Name of club/organization making request <u>United Way Manitowook County</u> Address <u>21 E. Waldo Blud. Manitowook</u> Telephone (920) 682-8888
2.	Names of club officers: Name President Kristin Kracaul 1011 Washington St. Suite 1 Manihowac
	Secretary Tracy Geenen 21 E. Waldo Blud. Manihoroc (920) 682-8888
	Treasurer Peter Toonen 2400 S. 44H St. Manifowoc
3.	Facility requested:
	Equipment requested: garbage (ans (20), picnic tables (12), barricades (2)
4.	Specific dates and hours facility/equipment will be used: Date $8/9/14$ Hrs. 5
5.	Please explain your request, as to what fees you desire waived or reduced and reasons. We ale a non-profif and all proceeds from the event will be put towards the annual
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 Water, soda beer, hamburgers, and brats ranging from #2 to #5. Raffle rickets will also be sold.
9.	What will revenues be used for? Revenues will be put towards the 2014 United Way Campaign Fund.
10.	Do you wish to meet personally with the Board/Committee to discuss this request? Yes No If "yes," please provide the following information of individual to contact: Name
Signed	Trough weeken Date 6/11/14
Please	attach any additional information which you feel will assist the committee in evaluating your request.
When 6	completed, this form is to be returned to the Manitowoc Parks Department, 2655 S. 35 th St., Manitowoc, WI
Commi	ttee Action: Approved Denied Date

MANITOWOC PARKS & RECREATION DEPARTMENTS EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED	EQUIPMENT REQUESTED (Be Specific)		
SB Diamonds	Garbage Cans		
BB Diamonds	Picnic Tables		
Soccer Field	Benches		
Tennis Courts - How Many?	Other		
Pool	Staging		
AREA REQUESTED			
	TIME REQUESTED 4pm - 10:30pn Be Specific		
WHAT WILL THE EQUIPMENT/FACILITY BE USEI	FOR? United Way Manitowac Count		
Campaign Kick-Off Block Pa	My		
PERSON WHO WILL BE RESPONSIBLE TRACY L.	Geeken TELEPHONE (920) 682-888		
PERSON MAKING REQUEST Tracy L.	Geenen		
TELEPHONE (920) 682-8888 ADDRI	Geener Ess 21 E. Waldo Blvd. Masitowac		
WHO WILL BE BILLED IF THERE ARE ANY CHARGES			
NAME <u>United Why Manifowood</u> ADDRESS <u>21 E. Wajdo Bl</u> vd.	Manifowal, W.S. 54220		
claims occurring during the term of this contract. It is further agreed that all property of any kind by undersigned and that the City shall not be liable for any is person on the premises.			
by mischief or negligence.	damage caused to said building, property or equipment		
CHARGES SIGNED Wee	(Person Responsible)		
APPROVED DATE VIII	(Person Responsible)		
Dowles on Doorsotion Manager	DATE		
Parks or Recreation Manager			
ATTENDENT(S)	START TIME:		