

# CITY OF MANITOWOC

WISCONSIN, USA  
www.manitowoc.org

3



April 27, 2017

101 WIXX  
Corey Carter  
1420 Bellevue St.  
Green Bay, WI 54331

RE: WIXX "Dells Drop" Dells Cards Giveaway

Dear Corey:

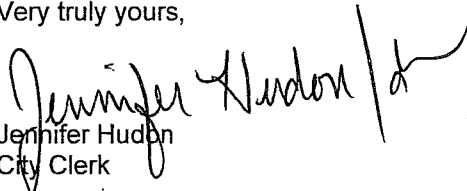
Your request for permission to host a Wisconsin Dells Cards giveaway on May 25, 2017, at Citizen Park, was acted upon by the Special Events Committee at the meeting on April 24, 2017.

At said meeting, the Committee approved your request.

The telephone number to arrange for Police Department assistance with your event is 686-6573.

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

Very truly yours,

  
Jennifer Hudon  
City Clerk

JH:dan

cc: Chief of Police Nick Reimer  
Fire Chief Todd Blaser  
Randy Junk, Operations Division Mgr. (Streets)  
Chad Scheinoha, Operations Division Mgr. (Cemetery/Parks)  
Karen Dorow, Business Manager



# SPECIAL EVENT COMMITTEE APPROVAL FORM

**MEETING DATE:** 4/24/2017

**EVENT NAME:** WIXX Dells Drop-Dells Cards Giveaway

**ORGANIZER:** 101 WIXX - Corey Carter

**EVENT DATE:** 5/25/2017

**NEW OR RECURRING:** Recurring

**LOCATION/DESCRIPTION:** Giveaway of WI Dells Card outside of Aquatic Center entrance at CP

**ESTIMATED CITY COSTS:**

POLICE	0
FIRE	
PARKS	0
RECREATION	
STREETS	0
<b>TOTAL</b>	<b>0</b>

**ESTIMATED EVENT HOLDER CHARGES:**

LATE APPL. FEE (<60 days)	100
STAKE PERMIT	
DELIVERY CHARGES	
<i>(if delivery requested)</i>	
<b>TOTAL E.H. CHARGES</b>	<b>100</b>
 <b>GRAND TOTAL</b>	 <b>100</b>

**COMMITTEE CONCERNS:**

**COMMITTEE DECISION:**

APPROVE

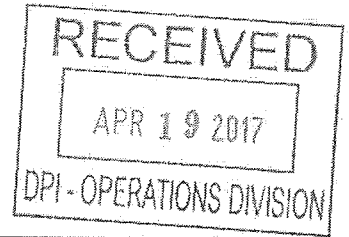
DENY

*T.M.B.*  
*[Handwritten signatures]*  
*SCOT J. CARTER*

**COUNCIL ACTION REQUIRED:**

**ITEMS TO INCLUDE IN LETTER:**

City of Manitowoc  
SPECIAL EVENTS APPLICATION FORM



**NOTICE:** This application must be turned in to the Parks Office a minimum of 60 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. If you have questions, please see the Special Event Guidelines & Policy for a list of contacts.

- 1. Name/Description of Event: WIXX "Dells Drop" Dells Cards Giveaway
- 2. Date of Event: 5/25/17 If multiple days, Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_  
Include dates and times needed for setup and take down / cleanup.
- 3. Time Event will Begin Setup: 4:30p AM/PM  Actual Start Time: 5:00p AM/PM  Finish Time: 6:00 AM/PM
- 4. Name and Complete Address of Organization/Individual Organizing the Event:

101 WIXX  
Name of organization responsible for event  
Corey D. Carter Telephone # PRIOR TO event (920) 435-3771  
Name (first, middle, and last) of event organizer  
Corey Carter Telephone # DURING event (920) 609-9195  
Contact name DURING event (if different)  
1420 Bellevue St.  
Street Address  
Green Bay, WI 54311 E-mail address Corey.carter@wixx.com  
City, State, Zip of event organizer

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

- 5. Location of the Event: Generally describe your event and its purpose and attach a DETAILED map or diagram of your event. Also, indicate the direction of the route, if any, including all turns and the number of traffic lanes to be used. Maps of the City and its parks are available online at [www.manitowoc.org](http://www.manitowoc.org).

Citizen Park → just outside pool entrance

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

What park facilities will be needed (buildings, tennis courts, ball diamonds, disc golf courses, etc.)?  
just parking lot and sidewalk in front of pool entrance

Have you reserved the park &/or park facilities?  Yes  No If no, please contact the Parks Division at (920) 686-3580.

Does the event require streets to be closed?  Yes  No If yes, which street(s): \_\_\_\_\_

It is YOUR RESPONSIBILITY to provide federally approved traffic control items; however they may be rented from the Streets & Sanitation Division.

Will the event be held on the sidewalk?  Yes  No



6. Mariners Trail Permit:

Will any portion of the Mariners Trail be used?  Yes  No

If yes, where on the trail will the event begin: \_\_\_\_\_  
Where on the trail will the event end: \_\_\_\_\_

When use of the trail is requested, consideration is given to how the public's use of the trail will be affected. Set up / take down and clean up, as well as other services provided by a City staff may be billed on a cost-recovery basis. **The event organizer must provide a copy of event liability insurance naming BOTH CITIES as co-insured at least 10 days prior to the event. Permits do not allow "exclusive use" of the trail and the general public must be allowed to share the permitted areas.**

This agreement is made and entered into by and between the Cities of Two Rivers and Manitowoc, Wisconsin, hereinafter called "City" and the above-named individual, hereinafter called "Permittee." The parties agree as follows: Bookings must be made no earlier than 12 months in advance. The Permittee understands his/her responsibility is to set up, clean up and restore premises within the time period listed above.

Limitation of Use: Permittee agrees that the number of persons on the rented premises during the rental period shall not exceed the capacity of the facility and that no intoxicating liquor or fermented malt beverages shall be served to minors. Permittee agrees to use premises rented for the purpose stated above and no other. In the event this Limitation of Use is not complied with, Permittee shall be charged and agrees to pay a fee of \$200.

Permittee agrees to abide by the rules and regulations contained in this agreement.

**FOR OFFICE USE ONLY:**  
Signature of City of Two Rivers designee: \_\_\_\_\_ Date: \_\_\_\_\_

7. Tell Us About Your Event:

What is the estimated attendance at your event, including observers? 500+

How many vendors will be at your event? 0 How many vehicles? 300-500

Do you require any special parking restrictions?  Yes  No If yes, what type, when, and where: \_\_\_\_\_

*Parking on grassy areas of a park is not allowed without prior approval. Contact the Police Department if traffic control is needed.*

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

Will a loudspeaker or similar electric sound amplification system be used outdoors?  Yes  No  
If yes, what hours: 4:30p-6:00pm

Will the City need to provide any special electrical assistance or lighting (of ball diamonds, etc.)?  Yes  No  
If yes, please describe: \_\_\_\_\_

*Contact the Parks Division at 686-3580 with questions.*

Will any of the following services be required?  Clean-up  Street-sweeping  
*For help defining your parking, clean-up, & traffic control needs, please contact the Streets & Sanitation Division at (920) 686-6550.*

Will any fireworks or pyrotechnic devices be used during the event?  Yes  No  
*If yes, contact the Fire Department at (920) 686-6540 to secure the proper permits for firework usage.*

Will animals be present at the event?  Yes  No If yes, please indicate what types of animals, how many are expected, and where they will be located. \_\_\_\_\_

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: \_\_\_\_\_

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.*

In the case of a premise with a current alcohol license, do you need an extension of your premise?  Yes  No If yes, give a detailed explanation under #5.

Do you require a waiver of the restriction to serve alcohol in a park?  Yes  No

**8. Equipment Needed for Your Event:**

Equipment rental charges will apply unless a waiver of some or all fees is approved. A non-waivable delivery fee will be charged if delivery/pickup by City personnel is needed. Delivery fees are based on total rental costs.

To make arrangements to pick up the items yourselves, please contact the Parks Division at 686-3580. All items must be picked up and returned weekdays between 7:00 A.M. and 2:30 P.M. It is the renter's responsibility to sign in all materials in the Streets & Sanitation office or with a Parks staff member prior to unloading at the time of return. It is unacceptable to drop off rental materials outside of return hours and without signing them in.

Please indicate where and when the items should be delivered:

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Please indicate the total number of items requested:

Streets & Sanitation Division Equipment (686-3580):

	<u># Needed</u>		<u># of Days*</u>		<u>Cost/Day</u>		<u>Total</u>	
Barricades								
2'	_____	X	_____	X	\$3.00	=	_____	Flashers _____
3'	_____	X	_____	X	\$3.00	=	_____	Flashers _____
8'	_____	X	_____	X	\$4.00	=	_____	
Rail type-long	_____	X	_____	X	\$2.00	=	_____	
Rail type-short	_____	X	_____	X	\$2.00	=	_____	
Channelizer Drums	_____	X	_____	X	\$3.00	=	_____	
Cones								
18"	_____	X	_____	X	\$1.50	=	_____	
28"	_____	X	_____	X	\$1.50	=	_____	
Safety vests	_____	X	_____	X	No charge	=	No Charge	
Snow fence								
Rolls	_____	X	_____	X	\$4.00	=	_____	
Posts	_____	X	_____	X	No Charge	=	No Charge	
Post driver/pounder	_____	X	_____	X	No Charge	=	No Charge	
Traffic signs	_____	X	_____	X	\$2.00	=	_____	Description _____
	_____	X	_____	X	\$2.00	=	_____	Description _____
	_____	X	_____	X	\$2.00	=	_____	Description _____
Traffic signs (Portable)	_____	X	_____	X	\$3.00	=	_____	Description _____
	_____	X	_____	X	\$3.00	=	_____	Description _____
	_____	X	_____	X	\$3.00	=	_____	Description _____
Other (list items and amounts)	_____							

Parks Division Equipment (686-3580): Do NOT count any picnic tables, garbage cans, etc. already located at the park.

Banquet tables, 8'	_____	X	_____	X	\$5.00	=	_____	
Park benches	_____	X	_____	X	\$7.00	=	_____	
Picnic tables	_____	X	_____	X	\$7.00	=	_____	
Risers, platform	_____	X	_____	X	\$15.00	=	_____	Description _____
Security stanchions	_____	X	_____	X	\$ 5.00	=	_____	
Tent, 10'x10'	_____	X	_____	X	\$30.00	=	_____	
Tent, 10'x20'	_____	X	_____	X	\$35.00	=	_____	
Ticket booths, outdoor	_____	X	_____	X	\$15.00	=	_____	
Trash cans	_____	X	_____	X	No Charge	=	No Charge	
Wenger portable bandwagon, 35x8'**	_____	X	_____	X	\$240.00	=	_____	
Other (list items and amounts)	_____							

**TOTAL RENTAL CHARGES** \_\_\_\_\_

\*Include the day of return but not the day of pickup/delivery. Items must be picked/returned weekdays between 7:00 am and 2:30 pm.

\*\*The bandwagon shall not be removed from the City limits without the approval of the Park & Recreation Committee and must be delivered/setup by City Personnel.

If you are requesting delivery/pickup by City personnel, the following non-waivable delivery fees will apply.

DELIVERY FEES	
Total Cost of Items Rented	Delivery Fee
\$0.00 - \$100.00	\$ 50.00
\$100.01 - \$250.00	\$ 75.00
\$250.01 - \$500.00	\$125.00
\$500.00 - \$1,000.00	\$250.00
\$1,000.01 and above	\$350.00

Delivery fees will be adjusted based on actual items rented.

9. Stake Permit: There is a \$50.00 NON-WAIVABLE stake permit fee per event, if any items will be staked into the ground. The event organizer is responsible for ensuring Diggers Hotline is contacted a minimum of three business days before set-up. Will any of these items (or items of similar nature) be erected or placed on the event grounds?

Tent or canopy  Yes  No  
 Fence  Yes  No  
 Sign  Yes  No  
 Bounce house  Yes  No If electric, where will item be plugged in? \_\_\_\_\_  
 Other \_\_\_\_\_  Yes  No If electric, where will item be plugged in? \_\_\_\_\_

If yes for any, give a detailed explanation under #5.

10. 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 AND required endorsements to the City Clerk's Office at least 10 days before your event.*

Do you need assistance from the Police or Fire Departments?  Yes  No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
 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

*The City reserves the right to require a detailed written public safety plan.*

11. Fees & Reimbursement: Unless waived by the Special Event Committee, the standard fees for all rentals and licenses will apply. The City may also require reimbursement for extraordinary expenses. Charges will apply for lost, stolen, or damaged equipment. Stake Permit Fees, License Fees and Delivery Fees will not be waived.

Is a waiver of some or all fees requested?  Yes  No

If yes, please explain what fees you desire waived or reduced and the reason(s): \_\_\_\_\_

Will money be collected, tickets or concessions sold, registration fees charged, or money raised in conjunction with the event?

Yes  No

If yes, explain and list specific charges Monetary Donations for the WXX Christmas Wish Fund.

What are your estimated revenues and what will the revenues be used for? Less than \$200

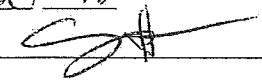
Please attach any additional information which you feel will assist the committee in evaluating your request. The City reserves the right to request a current financial report for the previous two years indicating all expenses and all revenues of the group/organization.

12. 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, temporary beer/wine licenses, stake 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.

Date of birth of applicant 4 / 12 / 78

Signature of Applicant: 

Date: 4/18/17



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
04/18/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services Central, Inc. Green Bay WI Office 111 N. Washington Street, Suite 300 P. O. Box 23004 Green Bay WI 54305-3004 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (920) 437-7123      FAX (A/C. No.): (920) 431-6345		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Midwest Communications, Inc. 904 Grand Ave. Wausau WI 54403-6420 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> ACUITY, A Mutual Insurance Company		14184
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

**COVERAGES**      **CERTIFICATE NUMBER: 570066175089**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			K82726 Package	01/01/2017	01/01/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			K82726 Package	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION			K82726 Package	01/01/2017	01/01/2018	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	K82726 Package	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE-EA EMPLOYEE \$100,000 E.L. DISEASE-POLICY LIMIT \$500,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 RE: WIXX WI DELLS CARDS "DELLS DROP", MAY 25, 2017  
 THE CITY OF MANITOWOC AND ITS OFFICERS, COUNCIL MEMBERS, AGENTS, EMPLOYEES, AND AUTHORIZED VOLUNTEERS ARE ADDITIONAL INSURED TO THE ABOVE GENERAL LIABILITY, AUTOMOBILE AND UMBRELLA POLICIES IN REGARD TO THE REFERENCED EVENT. ENDORSED POLICIES WILL INCLUDE A 30 DAY NOTICE OF CANCELLATION/NONRENEWAL FOR ANY REASON OTHER THAN NONPAYMENT OF PREMIUM, PROVIDE TO THOSE PARTIES INDICATED IN THE WRITTEN CONTRACT.

<b>CERTIFICATE HOLDER</b>  CITY OF MANITOWOC 900 QUAY STREET MANITOWOC WI 54220 USA	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>Aon Risk Services Central, Inc.</i>
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Holder Identifier :

Certificate No : 570066175089

