

Parks + Rec  
7-21-14

14-1382

**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.**

P.I.

**SPECIAL EVENTS APPLICATION FORM**

- 1. Name/Description of Event: Balloon Glow
- 2. Date of Event: 8 / 15 / 14 If multiple days, Start Date:      /      /      End Date:      /      /
- 3. Time Event will start to form: 3 AM/PM Actual Start Time: 5 AM/PM Finish Time: 10 AM/PM
- 4. Name and complete address of Organization/Individual organizing the Event:

Mainly Manitowoc, Inc Telephone # (920) 652 0372  
 Name of organization, if applicable

     Business # (    ) same  
 Name (first, middle, and last) of individual organizing the Event (if applicable)

805 Quay St. Date of Birth      /      /       
 Street Address of organizing individual

Manitowoc, WI 54220  
 City, State, ZIP

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

5. Email address of organizer: janie.zastrow@mainlymanitowoc.com

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. Quay Street between 7th + 8th street and adjacent parking lot

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): Quay Street between 7th + 8th st

Will the event be held indoors?  Yes  No If yes, what building? w/ Waiver of Fee Request.  
 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? 1000

How many vendors will be at your event? 6-8 (TBD) How many vehicles? 0 (but dependent on food vendors)

Do you require any special parking restrictions?  Yes  No If yes, what type, when, and where: no parking in Quay St. parking lot across from the library on Friday after 3pm

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: \_\_\_\_\_

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:

Jamie Zastraw  
Name of Day-of coordinator

(920) 652-0372  
Phone # before event

(920) 242-3245  
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

**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: Jamie Zastraw

Date: 6/16/2014

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

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

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ?  Yes  No



824 S. 8th Street • Manitowoc, WI 54220  
Phone: 920-652-0372 • Fax: 920-652-0657

Website: [mainlymanitowoc.com](http://mainlymanitowoc.com)

June 16, 2014

Mayor Justin Nickels  
City Clerk Jennifer Hudon  
City of Manitowoc  
900 Quay St.  
Manitowoc, WI 54220

RECEIVED

JUN 18 2014

CITY CLERKS OFFICE

Dear Mayor Nickels and City Clerk Hudon:

I am writing to you and the City Council for approval to host the Balloon Glow in the downtown area along the riverfront. This activity will be held from 5pm until 10pm on Friday, August 15th. It will include the hot air balloon display, music, food, beverages, and a few merchandise vendors. This will be a fun family summer event that is free for attendees.

We need to request a number of items and services from the City in order to fulfill our intended plans. I have attached Special Event Application, Equipment and Facility Request Form, and Special Consideration for Waiver of Fees form. Appropriate license forms for beverages will follow. A Certificate of Insurance will be sent by our insurance company. Please consider the following:

- As a sublicense to the license agreement between the City of Manitowoc and Riverland Agricultural, use of the property on the southside of the river owned by Riverland Agricultural on Friday, August 15th
- Use of picnic tables, trash cans, and band shell as listed on request form
- Use of electrical outlets in Burger Boat Park and possibly the library
- Use of barricades and possibly orange cones
- Police Department staff to provide traffic control, if necessary

We greatly appreciate you taking the time to consider and expedite these requests. We look forward to your approval and working with the various departments on the specific logistics.

Respectfully,

Jamie Zastrow  
Executive Director

MANITOWOC PARKS & RECREATION DEPARTMENTS  
EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

SB Diamonds \_\_\_\_\_

BB Diamonds \_\_\_\_\_

Soccer Field \_\_\_\_\_

Tennis Courts - How Many? \_\_\_\_\_

Pool \_\_\_\_\_

EQUIPMENT REQUESTED (Be Specific)

Garbage Cans 20 (TBP)

Picnic Tables 10

Benches 20

Other \_\_\_\_\_

Staging Wenger Band Wagon

AREA REQUESTED

Quay Street between 7th & 8th

Number of People \_\_\_\_\_

DATE DESIRED 8/15/14

TIME REQUESTED 3pm

Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Ballon Glow

PERSON WHO WILL BE RESPONSIBLE Jamie Zastraw

TELEPHONE 652-0377

PERSON MAKING REQUEST Same

TELEPHONE Same

ADDRESS 805 Quay St.

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Mainly Manitowoc, Inc.

ADDRESS 805 Quay St. Manitowoc, WI 53220

**PROVISIONS:**

The undersigned agrees to hold the City harmless for any and all damage, claims or personal injury claims occurring during the term of this contract.

It is further agreed that all property of any kind brought on the premises shall be at the sole risk of the undersigned and that the City shall not be liable for any injury, loss or damage to said property or injury to any person on the premises.

The undersigned agrees to be responsible for any damage caused to said building, property or equipment by mischief or negligence.

CHARGES \_\_\_\_\_

SIGNED Jamie Zastraw

(Person Responsible)

APPROVED \_\_\_\_\_

DATE 6/10/2014

DATE \_\_\_\_\_

Parks or Recreation Manager

ATTENDENT(S) \_\_\_\_\_

START TIME: \_\_\_\_\_

**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 Mainly Manitowoc, Inc  
Address 805 Quay St. Telephone 652-0372
2. Names of club officers: Name Address Telephone  
President Patricia Roth  
Secretary Tony Fadden  
Treasurer Justin Wallace
3. Facility requested: n/a
- Equipment requested: Wenger Band Wagon, park benches, picnic tables, barricades
4. Specific dates and hours facility/equipment will be used: Date 8/15/14 Hrs. 6
5. Please explain your request, as to what fees you desire waived or reduced and reasons. reduction of rental fees for equipment in order for our organization to better cover costs & allow for event proceeds to be utilized for our downtown revitalization program
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 concessions sold
9. What will revenues be used for? support the operations + activities of the Main Street program
10. Do you wish to meet personally with the Board/Committee to discuss this request? Yes \_\_\_\_\_ No if necessary  
If "yes," please provide the following information of individual to contact:  
Name Jamie Zastrow Address 805 Quay St Telephone 652-0372  
Signed Jamie Zastrow Date 6/10/2014

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

**When completed, this form is to be returned to the Manitowoc Parks Department, 2655 S. 35<sup>th</sup> St., Manitowoc, WI 54220.**

Committee Action: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

RE: Balloon Glow

Friday Aug 15, 2014 5-10pm

**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) Refilling of LP tanks should be done in secured area remote from crowd and traffic if occurring on site

	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 6/19/14

**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"/>

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_