



SPECIAL EVENT COMMITTEE APPROVAL FORM

Date: 06/01/15

Event Name: Community Fitness Event

Event Date: 08/08/15

Location/Description: Metro Stage and concrete/surrounding grass areas, sampling of fitness group classes (Zumba, R.I.P.P.E.D., PiYo, Insanity)

Estimated City Costs of Services Requested:

Estimated Special Event Holder Charges:

Streets: _____

Licenses: _____

Parks: \$50 Metro Stage Rental

Delivery Charges: _____

Recreation: _____

Fire: _____

(No alcohol served)

Police: _____

Total: \$50.00

Total: _____

Committee Concerns:

- None from Parks, FD, or Streets (~~no sheet from PD~~) or PD

Committee Decision:

Approve	Deny

Council Action Required: _____

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.

SPECIAL EVENTS APPLICATION FORM

1. Name/Description of Event: Community Fitness Event
2. Date of Event: 8 / 8 / 15 If multiple days, Start Date: / / End Date: / /
3. Time Event will start to form: 8:00 (AM/PM) Actual Start Time: 8:00 (AM/PM) Finish Time: 11:00 (AM/PM)
4. Name and complete address of Organization/Individual organizing the Event:

Manitowoc TR YMCA
Name of organization, if applicable

Telephone # (920) 242-5053

Kari Backhaus
Name (first, middle, and last) of individual organizing the Event

Business # () -
(if applicable)

205 Maritime Dr.
Street Address

Date of Birth 3 / 28 / 1985
of organizing individual

MAY 05 REC'D
DEPT. OF PUBLIC WORKS

Mtwe, WI 54220
City, State, ZIP

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

5. Email address of organizer: kbackhaus@mtwymca.org
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. Metro Stage in Washington Park - Concrete and surrounding grass areas

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

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):

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? 50
- How many vendors will be at your event? 0 How many vehicles? 4
- 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: _____

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:

Kari Backhaus (920) 242-5053 () -
Name of Day-of coordinator Phone # before event 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: Kari L. Backhaus Date: 4.29.15

COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No

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

MAY 9 5 RECD

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 Manitowoc TR YMCA
 Address 205 Maritime Dr Telephone 920-242-5053
 2. Names of club officers: Name Address Telephone
 President _____
 Secretary _____
 Treasurer _____
 3. Facility requested: Metro Stage - Washington Park
 Equipment requested: -
 4. Specific dates and hours facility/equipment will be used: Date 8/8/15 Hrs. 8-11 am
 5. Please explain your request, as to what fees you desire waived or reduced and reasons. Offer a free fitness event to the community
 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? A sampling of Fitness Group Fitness Classes: Zumba, R.I.P.P.E.D., P.Yo, INSTANITY
 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 _____ Address _____ Telephone _____
- Signed Kari L. Backhaus Date 4.29.15

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

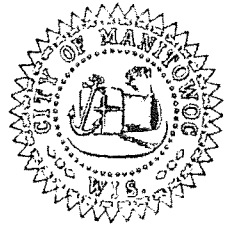
When completed, this form is to be returned to the Manitowoc Parks Department, 2655 S. 35th St., Manitowoc, WI 54220.

Committee Action: Approved _____ Denied _____ Date _____



CITY OF MANITOWOC

WISCONSIN, USA
www.manitowoc.org



June 9, 2015

Kari Backhaus
Manitowoc Two Rivers YMCA
205 Maritime Drive
Manitowoc, WI 54220

RE: Community Fitness Event – August 8, 2015

Dear Ms. Backhaus:

Your special event request to hold Community Fitness Event on August 8, 2015 at Washington Park and use of MetroStage and request for waiver of fees, was acted upon by the Special Event Committee on June 1, 2015. At said meeting the Committee unanimously approved your request.

At least 10 days prior to your event, in accordance with City policy, please have your insurance agent submit a certificate of insurance along with additional insured endorsement to my office to evidence your organization's liability insurance coverage. To expedite, please fax to 920-686-6959 or e-mail to dneuser@manitowoc.org. Special Events Insurance Requirements are also enclosed.

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 Tony Dick
Fire Chief Todd Blaser
Randy Junk, Operations Division Mgr. (Streets)
Chad Scheinoha, Operations Division Mgr. (Cemetery/Parks)
Karen Dorow, Business Manager

Jennifer Hudon, MPA, City Clerk/Deputy Treasurer
CITY HALL · 900 Quay Street · Manitowoc, WI 54220-4543
Phone (920) 686-6950 · Fax (920) 686-6959 · jhudon@manitowoc.org

