

Parks Rec  
1-5-15

15-030

**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: Shelltrack / fat bike race
- 2. Date of Event: 01/31/15 If multiple days, Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_
- 3. Time Event will start to form: 8am AM/PM Actual Start Time: 10am AM/PM Finish Time: 4pm AM/PM
- 4. Name and complete address of Organization/Individual organizing the Event:

Broken Spoke Bike Studio  
Name of organization, if applicable

George Matthew Kapitz  
Name (first, middle, and last) of individual organizing the Event

1010 Washington St  
Street Address

Manitowoc WI 54220  
City, State, ZIP

Telephone # (920) 652-0950

Business # (920) 645-1626  
(if applicable)

Date of Birth 01/20/82  
of organizing individual

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

- 5. Email address of organizer: georgesbike@gmail.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. Silver Creek Park.

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

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? Silver Creek fire house  
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? 100
  - How many vendors will be at your event? 5 How many vehicles? 50
  - 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: Silver Creek  
Silver Moose

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:

George Kapitz (920) 645-1626 ( ) 645-1626  
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: [Signature] Date: 12/17/14

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

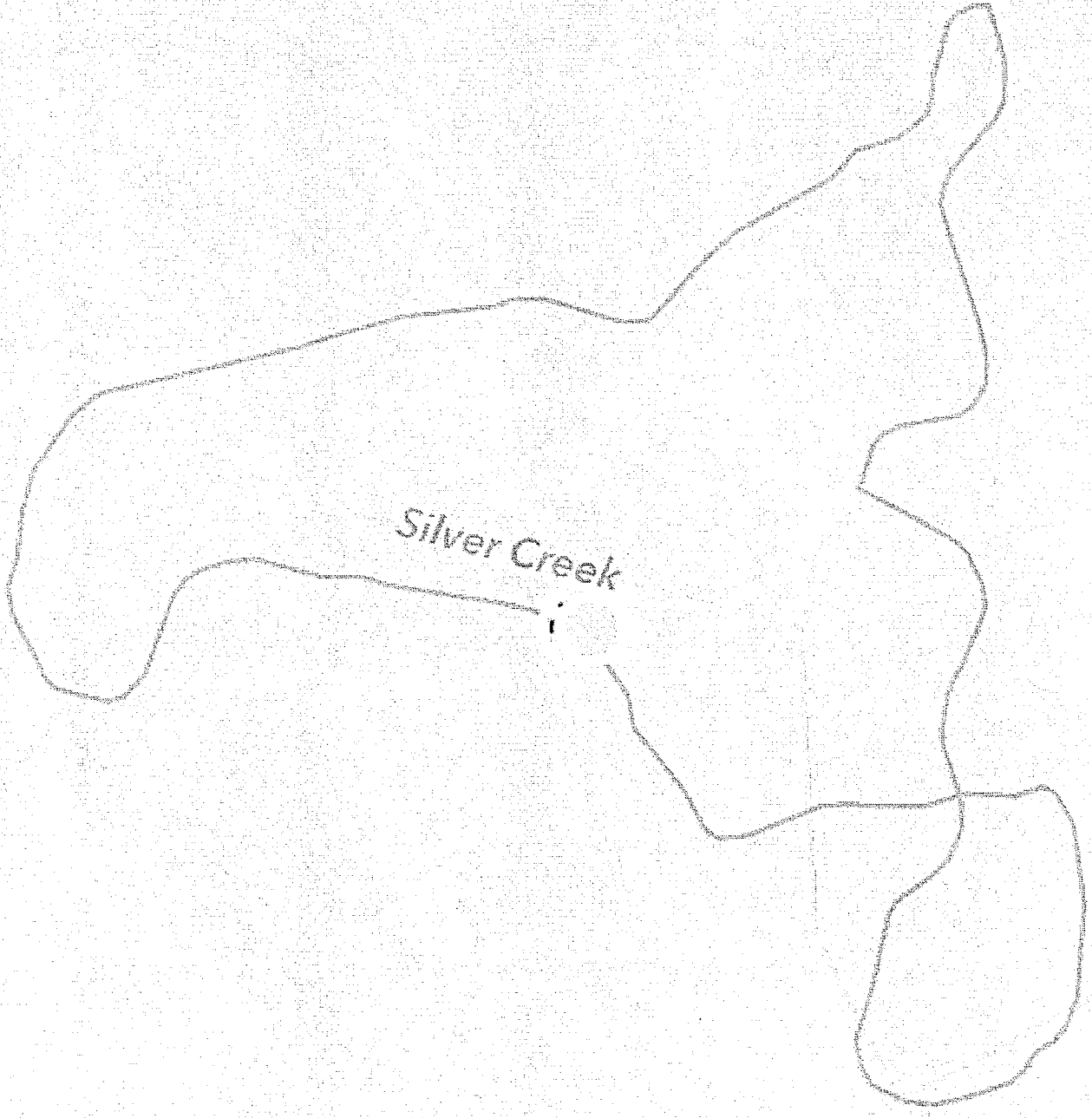
COMMON COUNCIL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ?  Yes  No

S 10th

S 10th St

College St



Silver Creek

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 Broken Spoke Bike Studio  
Address 1010 Washington St Telephone (920) 652-0950
  2. Names of club officers: Name Address Telephone  
President \_\_\_\_\_  
Secretary \_\_\_\_\_  
Treasurer \_\_\_\_\_
  3. Facility requested: Silver Creek <sup>Field</sup> ~~Club~~ House.  
Equipment requested: \_\_\_\_\_
  4. Specific dates and hours facility/equipment will be used: Date 01/31/15 Hrs. 8am - 4pm
  5. Please explain your request, as to what fees you desire waived or reduced and reasons. \_\_\_\_\_
  6. Which do you consider your group to be?  
A. Community service \_\_\_\_\_ B. Non-profit \_\_\_\_\_ C. Private business X  
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 X No \_\_\_\_\_
  8. If #7 is "yes," explain and list specific charges Entry fee, Cover Cost of event
  9. What will revenues be used for? If any, will be put towards next race.
  10. Do you wish to meet personally with the Board/Committee to discuss this request? Yes \_\_\_\_\_ No X  
If "yes," please provide the following information of individual to contact:  
Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_
- Signed [Signature] Date 12/17/14

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: Shelltrack / Fat Bike Race - Silver Creek 1-31-15

**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"/>

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