15-243

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: Manitowoc Sunrise Rotary Annual Run/Walk					
2.	Date of Event: 10 /17 /2015 If multiple days, Start Date:/					
3.	Time Event will start to form: 7:00AM AM/PM Actual Start Time: 9:00	DAM AM/PM Finish Time: 11:00AM AM/PM				
4.	Name and complete address of Organization/Individual organizing the Event					
	Manitowoc Sunrise Rotary					
	Name of organization, if applicable					
	Paul Roekle	Business # $\left(\frac{920}{\text{(if applicable)}}\right)\frac{323}{2}$				
	Name (first, middle, and last) of individual organizing the Event 2325 Victoria Drive	(11 applicable) 07 20 1944				
	Street Address	Date of Birth of organizing 07 / 20 / 1944				
	Manitowoc, WI 5420	individual				
	City, State, ZIP	_				
	Is the sponsoring organization a 501(c)(3) organization? Yes No					
5.	Email address of organizer: proekle@comcast.net					
6.	Location of the Event: Please attach a detailed map or diagram of your event. Al	so, please indicate the direction of the route, if any,				
	including all turns and the number of traffic lanes to be used. Lincoln Park, Ci	ity Sidewalks and Streets near Lincoln Park				
		Lincoln Park				
	Will the event be held in a Manitowoc park or utilize any park facilities? Tes Yes No Which park? Lincoln 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):					
	of Memorial Drive Between Waldo Blvd and Johnston Drive					
	Will the event be held indoors? Yes No If yes, what building? Cabin 1 Building Name & Street Address					
		ing Name & Street Address				
7.	Tell us about your Event:					
	Will food be prepared and/or served at the event? Yes No	FEB 1 9 REC'D				
	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?					
	0	v many vehicles? 50				
	Do you require any special parking restrictions? Yes No If yes, what ty	me when and where:				
	Do you require any special parking restrictions? The Yes Into It yes, what ty	/pe, when, and where.				

	Will any of the following services be required? For help defining your parking, clean-up, and barrica		1 0		
	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: Restrooms at Cabin 1 in Lincoln Park				
	Will alcoholic beverages be served/sold? Yes Please contact the City Clerk's Office at (920) 686-695		rill allow sale/service of beer and/or wine		
8.	Safety and Security for Your Event:				
	Do you have the correct level of insurance for your special Events Insurance Form to ensurance the City Clerk's Office at least 10 days before your events.	ure you have the proper coverage. You m	nust submit the insurance certificate to		
	Designated contact person for the event:	202 0044	202 0044		
	Paul Roekle	323 9811	323 9811		
	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 equip extraordinary expenses for your event. To request a w				
10.	Legal Notice				
	I understand the filing of this application does not organizers and participants must comply with all appliquor licensing regulations. Fees for park facilities, permits are in addition to the fees submitted for the may be cause for the denial of the event.	licable City ordinances, traffic rules, par , liquor licenses, tent and fireworks pe	k rules, state health laws, fire codes, and ermits, and other necessary licenses and		
	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:	this signed agreement.	02/19/2015		
	Signature of Applicant:	ML	Date:		
CO	MMITTEE RECOMMENDATION:		DATE:		
CO	MMON COUNCIL APPROVAL:		DATE:		
	COMMON COUNCIL WAIVE FEES & REIMBU				

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REQUEST FOR SPECIAL EVENTS PRIVILEGE

Today's Date: 2-19-2015 Request Date: 10-17-2015

Organization: Manitowoc Sunrise Rotary Club

Contact Person: Paul Roekle Address: 2325 Victoria Drive

Manitowoc, WI 54220 Cell: (920)323-9811

Re: Request for use of sidewalks and streets for 5K Run in and near Lincoln Park.

Manitowoc Sunrise Rotary Club requests permission to hold it's tenth annual run/walk event at and near Lincoln Park. The 5K run would be held on Saturday October 17, 2015 in the morning. We request to use the route described below for the 5K race.

The run would proceed at 9:00am. The start and finish would be in the Cabin # 1 picnic area. The area and Cabin 1 would be used for parking and registration.

From the starting line, the run would proceed south from the #1 picnic area to the park road and then follow the road past the zoo, loop out to the east sidewalk of North 8th Street, south on the sidewalk to Oak Street, east on Oak Street sidewalk to North 4th Street and south on North 4th Street sidewalk to Waldo Boulevard. We would then proceed east on Waldo to Memorial Drive, using the north sidewalk of Waldo, to the end of the sidewalk, proceeding on Waldo Boulevard to Memorial Drive, to Johnston Drive and then to East Park View Lane. We would follow west on East Park View to Reed Avenue. On Reed we would use the south sidewalk to enter the park at the petting zoo entrance, then into the zoo, proceeding out of the zoo main entrance, then following the road back to Picnic Area #1.. The race would finish within the park at the Cabin #1 picnic area.

The race itself would take approximately 20 to 40 minutes. We would temporarily have to control traffic on Memorial Drive, Johnston Drive and East Park View Lane.

The following times are approximate:

9:00AM: Start Run

9:04AM: Picnic area #2 to **Zoo:**

9:10AM:Zoo to North 8th Street:

9:12AM: North 8th Street to Oak Street:

9:14AM: Oak Street to **North 5th Street** 9:15AM: North 5th Street to **Waldo Blvd**:

9:20AM: Waldo Blvd to Johnston Drive:

9:23AM: Johnston Drive to East ParkView Lane:

9:25AM: East Park View Lane to Reed Ave:

9:26AM: Reed Ave to Petting Zoo:

9:31AM: Petting Zoo to Finish at #2 Picnic Area:

FEB 1 9 RECT

The 5K run will be divided into age groups with fees charged for registration. Prior to October 1, the fee would be \$17.00 per person and after October 1, the fee would be \$20.00. The funds raised will be used for Rotary sponsored community youth projects and local scholarships.

Manitowoc Sunrise Rotary Foundation is a 501(c)(3) tax exempt organization.

Thank you for your consideration of this event. For any questions, I can be contacted at the following numbers:

Cell: 920-323-9811 Proekle@comcast.net

aul Cache 2/19/2015

Paul Roekle

MANITOWOC PARKS DEPARTMENT

FEB 1 9 RECOSPECIAL 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 MANITOWOC SUNRISE ROTARY CLUB Address 2325 VICTORIA DRIVE, MANITOWOC, WI 54220 Telephone 920-323-9811					
2.	Names of club officers:NameAddressTelephonePresidentROXANNA STRAWN1051B MADISON STREET920-686-6150					
	Secretary JUDY SCHMIDT 2103 RICHMOND AVE 920-683-2482					
	Treasurer MICHELLE BUDYSZ 1226 SOUTH 26 STREET 920-769-0433					
3.	Facility requested: CABIN 1 @ LINCOLN PARK					
	Equipment requested:					
4.	Specific dates and hours facility/equipment will be used: Date OCTOBER 17, 2015 Hrs. 6:00AM-12:00AM					
5.	Please explain your request, as to what fees you desire waived or reduced and reasons. REQUEST ALL FEES TO WAIVED, NON PROFIT FUND RAISER TO BENEFIT LOCAL CLUB PROJECTS					
6.	Which do you consider your group to be? A. Community service B. Non-profit_X 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? YesX No					
8.	If #7 is "yes," explain and list specific charges REGISTRATION FEE COLLECTED FROM ENTRANT,\$20.00 PER PERSON					
9.	What will revenues be used for? LOCAL SCHOLARSHIPS AND YOUTH PROJECTS					
10.	Do you wish to meet personally with the Board/Committee to discuss this request? Yes NoX If "yes," please provide the following information of individual to contact: PAUL ROEKLE Address Address Telephone					
Signed_	Jaul Cauke PAUL ROEKLE proekle@comcast.net 920-323-9811 Date_2/19/2015					
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. 35th St., Manitowoc, WI					
Commi	ttee Action: Approved Denied Date					

FEB 1 9 REC'D

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 LINCO	OLN PARK, CABIN	1			
Number of People 200 D	ATE DESIRED <u>10/</u> 2	17/2015 TIME REQUESTED <u>7:00AM - 12;00PM</u> Be Specific			
WHAT WILL THE EQUIPME	NT/FACILITY BE U	JSED FOR? 10TH ANNUAL ROTARY RUN/WALK			
PERSON WHO WILL BE RESPONSIBLE PAUL ROEKLE TELEPHONE 920-323-9811 PERSON MAKING REQUEST PAUL ROEKLE					
		DRESS <u>2325 VICTORIA DRIVE, MANITOWOC WI 5</u> 4220			
WHO WILL BE BILLED IF TI					
TO SEE THE SERVICE		ITOWOC, WI 54220			
claims occurring during the term It is further agreed that a undersigned and that the City sh person on the premises.	n of this contract. All property of any kin hall not be liable for a to be responsible for	alless for any and all damage, claims or personal injury and brought on the premises shall be at the sole risk of the any injury, loss or damage to said property or injury to any any damage caused to said building, property or equipment			
A DDD OVED	DATE	(Person Responsible)			
APPROVED	DATE	DATE			
Parks or Reco	reation Manager	DATE			
ATTENDENT(S)		START TIME:			