

NOTICE: This application must be on file in the City Clerk's Office a minimum of 30 days prior to the d

t. 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: 10th ANNUAL ROTARY LOBS	STER	FEST 20)15	_
2.	Date of Event: 9 / 12 / 2015 If multiple days, Start Date:/				1
3.	Time Event will start to form: 6:00AM AM/PM Actual Start Time: 4:30	PM _{AM}	/PM Finish T	11:30F	PM AM/PN
4.	Name and complete address of Organization/Individual organizing the Event	:			
	MANITOWOC SUNRISRE ROTARY CLUB	_	Telephone #	[#] () 32	3_9811
	Name of organization, if applicable				
	PAUL ROEKLE Name (first, middle, and last) of individual organizing the Event	-	Business (if applicable	#(<u></u>) <u></u>	23_9811
	2325 VICTORIA DRIVE		(II applicate)	. 07 , 20	0 / 1944
	Street Address		of organizin	n/ ig	
	MANITOWOC, WI 54220		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. Als	so, please i	ndicate the dir	ection of the	route, if any,
	including all turns and the number of traffic lanes to be used. WASHINGTON	PARK			
	Will the event be held in a Manitowoc park or utilize any park facilities? Yes	□ No. W	/hich park? ₩	/ASHINGT	ON PARK
	Have you reserved the park for this purpose? Yes No If no, please conte	act the Pai	rks Departmen	t at (920) 680	6-3580.
	Does the event require streets to be closed? Yes No If yes, which street((s):			
					2
	Will the event be held indoors? Yes No If yes, what building? Buildi	ing Name à	& Street Addre	ess	
-					
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 Manit	towac Cou	nto Health De	narimoni	
		ionoc cou	niy Meuiin De	FEB	1 9 REC'E
	Will you be having a band or amplified music? Yes No				
	What is the estimated attendance at your event, including observers?				
	0	many veh	icles?		
	Do you require any special parking restrictions? Yes No If yes, what type	ne when	and where		
	20 you require any special parking restrictions. 100 11 yes, what typ	ro, mien,			

O:\w	pdocs\WEBSITE\Special Events App Form (2).doc					
DID	COMMON COUNCIL WAIVE FEES & REIMBUL	RSEMENT ? Yes No				
CO	MMON COUNCIL APPROVAL:		DATE:			
CO	MMITTEE RECOMMENDATION:		DATE:			
	Signature of Applicant:	alle	Date:			
	The undersigned agrees to indemnify and hold the C claims occurring during this event. It is further agreed sole risk of the undersigned, and that the City of Manit to any persons on the premises. The undersigned agr mischief or negligence. By signing, I acknowledge thave received, read and understand the Special Events. Policy and it is hereby incorporated by reference into the	d that all personal property of any kin towoc shall not be liable for any injury rees to be responsible for any damage hat I have authority to bind the sponso Policy and agree to be bound by all re	d brought on the premises shall be at the control of the control o			
	I understand the filing of this application does not organizers and participants must comply with all appli liquor licensing regulations. Fees for park facilities, permits are in addition to the fees submitted for the smay be cause for the denial of the event.	licable City ordinances, traffic rules, pa liquor licenses, tent and fireworks p	ark rules, state health laws, fire codes, and ermits, and other necessary licenses and			
10.	Legal Notice					
9.	Fees & Reimbursement: The standard fees for equipment extraordinary expenses for your event. To request a war	ment rental and licenses will apply. The aiver of the extraordinary expenses, ple	e City may also require reimbursement for case submit a letter detailing your request.			
	Do you have a plan in place to deal with medical emerg	gencies that may occur during your eve	ent? Yes No			
	Name of Security Coordinator	Phone # before event	()Phone # the day of the event			
	Is security needed for this event? Yes No					
	PAUL ROEKLE Name of Day-of coordinator	Phone # before event	Phone # the day of the event			
	Designated contact person for the event:	323 9811	323 9811			
	Do you have the correct level of insurance for your spe Please see the Special Events Insurance Form to ensur the City Clerk's Office at least 10 days before your eve	re you have the proper coverage. You r	nust submit the insurance certificate to			
8.	Safety and Security for Your Event:					
	Will alcoholic beverages be served/sold? Yes Nelease contact the City Clerk's Office at (920) 686-6950		will allow sale/service of beer and/or wine			
	What toilet facilities will be made available to your part Please describe the toilet facilities that will be provided FACILITIES - 6 PORTABLE RESTROOMS, 2	d, including their locations and the num				
	Will any fireworks or pyrotechnic devices be used duri Contact the Fire Department at (920) 686-6540 to secu		ge.			
	Will a tent or any other temporary structures be erected? Yes No					
	For help defining your parking, clean-up, and barricad	de needs, please contact the Departmen				
	Will any of the following services be required?	arricades Clean-up Street-swi	eeping			

Manitowoc Parks & Recreation Departments

METROSTAGE REQUEST FORM

Name of individual, firm or organization making request MANITOWOC SUNRISE ROTARY LOBSTERFEST						
If club or organization, name of person responsible_PAUL ROEKLE						
Address 2325 VICTORIA DRIVE MANITOWOC, WI 54220 Telephone 920-323-9811						
<u>Purpose</u> : The Renter starts that he will use the premises rented hereunder for the following purpose and none other: (list organization if possible) ROTARY LOBSTERFEST Renter agrees to pay additional rental fee of \$300.00 in the event the premises are used for any purpose other than those stated in above.						
Which do you consider your group to be? a. Community b. Private Business c. Club/Organization_X d. Other, Please explain						
Rental Period: The Bandshell shall be rented to the Renter by the City on SEPTEMBER 12, 2015 for the period from 6:30AMAM/PM to 12:00AMM/PM on such date. It is understood that the Renter's responsibility to clean & restore the premises including garbage pickup must be completed within this period.						
POLICIES FEB 1 9 REC'U						
 Use of Facility The use of the bandshell is not allowed without prior approval of the Manitowoc Parks & Recreation Departments. Only officially approved vehicles are allowed within the park. A list of vehicles for entry into the park must accompany request for the use of the facility. It is understood that any City of Manitowoc police officer and any other authorized City of Manitowoc employee have the right to enter the rented premise at any time. The City of Manitowoc it not responsible for any articles left, lost or stolen on the rented premises. No admission fees, donations, contributions or other fare shall be collected or be permitted to be collected by the renter unless prior approval has been secured in writing from the Recreation Board. 						
Responsibility of User 1) The user will furnish all personnel & equipment necessary to run event. 2) The user is responsible to notify participants, spectators, and staff associated with the event of department policies & regulations. 3) It is the responsibility of the organization using the facility to obtain all necessary permits or licenses.						
required by City ordinance, resolution or state law, such as but not limited to alcohol, food, soda, etc The user agrees to provide the city with a certificate of liability insurance in the amount of \$300,000. No changes in the physical appearance of the area shall take place without prior approval of the Parks Manager.						
6) It shall be the responsibility of the renter to maintain the area including restrooms throughout the event and to restore all areas and facilities to the condition they were in prior to the event. The renter agrees to pay additional fees for damages or extra time required to clean and restore the facility.						
This amount will be determined by the Parks Department. 7) It shall be the responsibility of the renter to control spectators, vehicles, and all situations involved						

with the event. If necessary, additional deputies may be required.

8)

term of the request.

It is the responsibility of the user to have premises vacated by 10:00 PM each evening during the

Fees and charges

Groups/Organizations requesting special consideration for waiver of all or partial fees ordinarily charged to groups for use of City-owned facilities or equipment must fill out the Fee Waiver Request Form completely, at least 30 days in advance of the event. The request will be reviewed by the Parks and Recreation Committee, and the group or organization will be notified of approval or denial within 15 days of the Committee's decision.

- 1) The cost of the facility is \$50.00 per day
- 2) Renter agrees to pay the deposit fee at the time of making this application. Of a minimum of 20% of the total rental as breakage security which may later be applied to the base rental fee. The balance is due 24 hours prior to the rental date.
- 3) The daily fee is intended to cover the time period of 7:00 AM to 10:00 PM on the days indicated.

Additional Fees

- 1) Attendant Fee- A department attendant may be on duty when the facility is occupied. The current attendant rate per hour will be charged for the time spent at the event. Renter is responsible for the attendance and must follow his/her suggestions or directions.
- 2) Park Benches- If available, benches may be used for the event for a fee of \$5.25 + tax per bench.

PROVISIONS

The approval of this request is based upon the condition that the user agrees to indemnify and hold harmless the City from any accident or injuries to participants, spectators, and/or persons connected with the use of requested facilities or equipment.

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 the premises.

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

This document signed on below date by authorized representative of the user and the lessee indicates that agreement is understood and will be adhered to by both parties.

Do you desire park benches? X Yes, # of benche		
Signed Signed Signed Proekle@comcomcast.net 920-323-9	811 Date02/19/2015	
(Person Responsible)		
Terms or Conditions		
Amount of rent to be charged	Deposit Received: \$	
Approved/Denied(Parks Manager)	Date	

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

FEB 1 9 REC'D

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					
	Address	20 110 101 (1) 121 (1) 2, 1	Tele	phone_920-323-3011		
2.		club officers: <u>Name</u> ROXANNA STRAWN	<u>Address</u> 1051B MADISON STREET	<u>Telephone</u> 920-686-6150		
	Secretary	JUDY SCHMIDT	2103 RICHMOND AVE	920-683-2482		
	Treasurer	MICHELLE BUDYSZ	1226 SOUTH 26 STREET	920-769-0433		
3.	Facility red	quested: WASHING	GTON PARK AND METRO STAGE			
	Equipment requested:					
4.	Specific dates and hours facility/equipment will be used: Date SEPTEMBER 12, 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-profitX 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_X No					
8.	If #7 is "yes," explain and list specific charges_TICKETS TO BE SOLD FOR LOBSTER DINNER @ \$40.00 PER_TICKET					
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 No_X If "yes," please provide the following information of individual to contact: PAUL ROEKLE Address Address Telephone					
Signed Saul Lakk PAUL ROEKLE proekle@comcast.net 920-323-9811 Date 02/19/2015						
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 th St., Manitowoc , WI 54220.						
Commi	ttee Action	Approved	Denied	Date		

MANITOWOC PARKS & RECREATION DEPARTMENTS EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED		EQUIPMENT I	REQUESTED (Be Specific)
SB Diamonds		Garbage Cans _	10
BB Diamonds		Picnic Tables	15
Soccer Field		Benches 40 FENCE POS 20 BARRIERS,	10 STS, 1 FENCE POST DRIVER, ORANGE PLASTIC SECURITY FENCE 1 ICE CHEST FREEZER, 1 TEMPORARY POWER PEDESTAL,
Tennis Courts - How Many?		Other 2 10 X 10 TENT	TS
Pool		Staging	
AREA REQUESTED WASHING	GTON PARK AND ME	TRO STAGE	
Number of People 900 DATI	E DESIRED <u>09/12/201</u>	5 TIME RI	EQUESTED <u>6;00AM - 12:00PM</u> Be Specific
WHAT WILL THE EQUIPMENT/	FACILITY BE USED F	FOR? LOBSTE	RFEST EVENT
PERSON WHO WILL BE RESPON	NSIBLE PAUL ROEK	LE	_TELEPHONE <u>920-323-9811</u>
PERSON MAKING REQUEST	PAUL ROEKLE		
TELEPHONE 920-323-9811	ADDRESS	S 2325 VICTOR	RIA DRIVE, MANITOWOC WI 54220
WHO WILL BE BILLED IF THER	E ARE ANY CHARGE	ES	
NAME <u>ROTAY CLUBS: N</u> ADDRESS <u>2325 VICTORI</u>			FEB 1 9 REC'D
claims occurring during the term of It is further agreed that all pr undersigned and that the City shall r person on the premises. The undersigned agrees to be by mischief or negligence. CHARGES	this contract. Toperty of any kind broughot be liable for any injustice responsible for any dark SIGNED Foul DATE02/19/2015	ght on the premisery, loss or damage mage caused to see (Person Res	ses shall be at the sole risk of the ge to said property or injury to any aid building, property or equipment PAUL ROEKLE
Parks or Recreation	on Manager		
ATTENDENT(S)			START TIME: