

15-401

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

RECEIVED

- 1. Name/Description of Event: Sputnikfest MAR 12 2015
- 2. Date of Event: 09 / 12 / 2015 If multiple days, Start Date: ___/___/___ End Date: ___/___/___
- 3. Time Event will start to form: 8:00 AM AM/PM Actual Start Time: 12:00 PM AM/PM Finish Time: 11:00 PM AM/PM
- 4. Name and complete address of Organization/Individual organizing the Event:

Rahr-West Art Museum

Name of organization, if applicable

Telephone # (___) ___ - ___

Greg Vadney

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

Business # (920) 686 - 3090
(if applicable)

610 N. 8th Street

Street Address

Date of Birth ___/___/___
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: gvadney@manitowoc.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. corner of N. 8th and Park Streets

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): N. 8th from State to St. Claire and Park Street from 7th to 9th

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? 3000

How many vendors will be at your event? unknown How many vehicles? n/a

Do you require any special parking restrictions? Yes No If yes, what type, when, and where: parking on only one side of N. 9th from State to St. Clair

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 **Bathrooms in**
Please describe the toilet facilities that will be provided, including their locations and the number of units: the Rahr-West Museum and 6 portable units outside

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:

Greg Vandey

Name of Day-of coordinator

() 686 3090
Phone # before event

() 645 7227
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

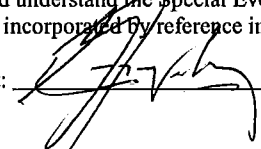
Do you have a plan in place to deal with medical emergencies that may occur during your event? Yes No

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: 

Date: 3/12/2015

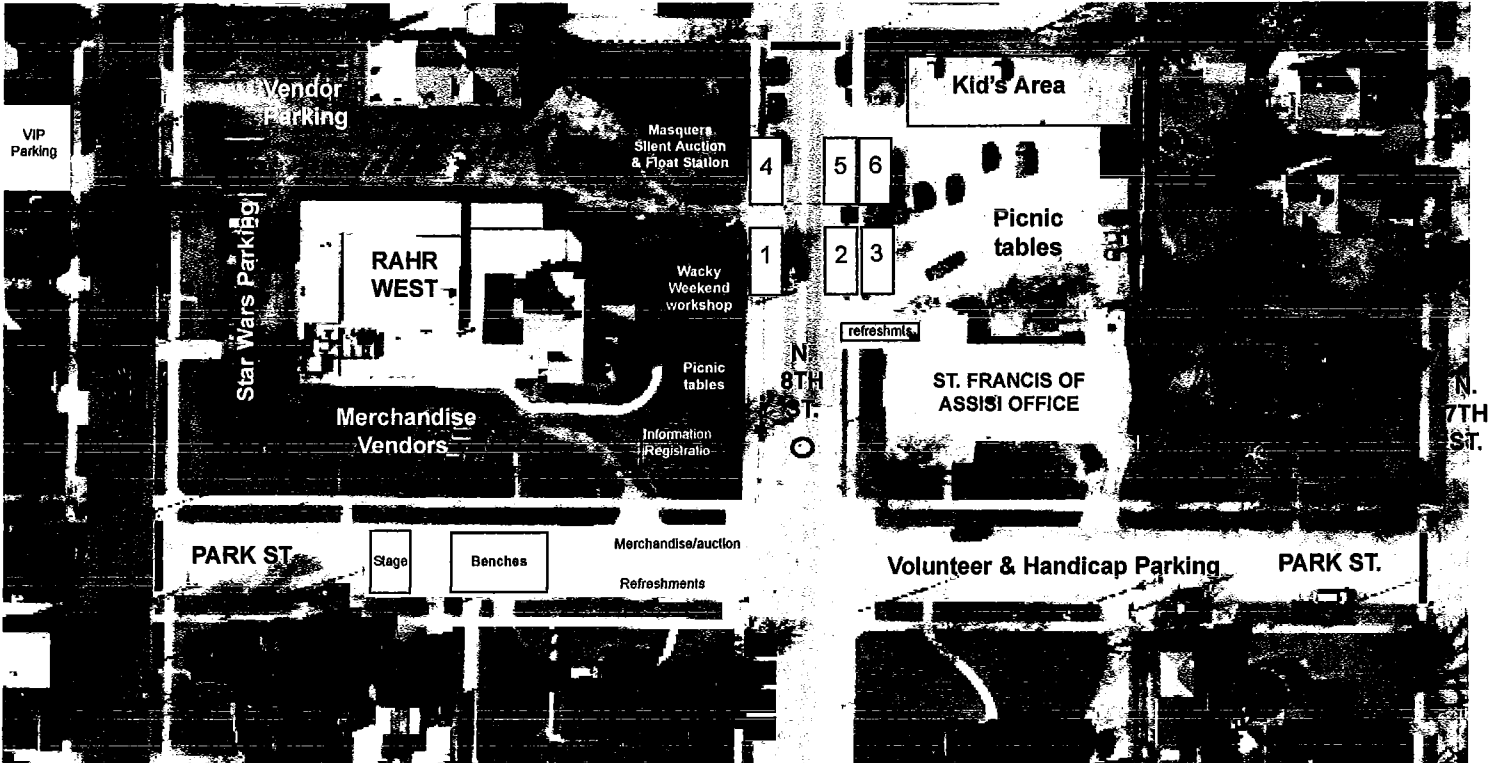
COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No

2015 Sputnikfest Grounds layout

-  Food Vendor Booths
-  Street Barricade
-  Power Box
-  Porta Potties



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 Bahr-West Art Museum
Address 610 N. 8th St Telephone 920-686-3090

 2. Names of club officers: Name Address Telephone
President Greg Vadney
Secretary _____
Treasurer _____

 3. Facility requested: _____
Equipment requested: Stage, Benches, Picnic tables, Ticket booth

 4. Specific dates and hours facility/equipment will be used: Date 9-12-15 Hrs. 12-11

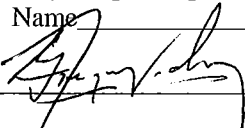
 5. Please explain your request, as to what fees you desire waived or reduced and reasons. All fees should be waived since this is a City Event

 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 Food, Refreshments, Children Activities, Raffle, Merchandise

 9. What will revenues be used for? City Operations

 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  Date 3/12/2015

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. 35th St., Manitowoc, WI 54220.

Committee Action: Approved _____ Denied _____ Date _____

RE: Sputnikfest 9-12-15

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 ____/____/____

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PARKS
(683-4537) _____

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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) Fire Department will need to perform an inspection of the tent prior to event.

	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 3/13/15

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 / /

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SPECIAL EVENTS APPLICATION FORM RECEIVED

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4. Name and complete address of Organization/Individual organizing the Event:

Rahr-West Art Museum
Name of organization, if applicable
Greg Vadney
Name (first, middle, and last) of individual organizing the Event
610 N. 8th Street
Street Address
Manitowoc, WI 54220
City, State, ZIP

Telephone # (___) ___ - ___
Business # (920) 686 - 3090
(if applicable)
Date of Birth ___/___/___
of organizing individual

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

5. Email address of organizer: gvadney@manitowoc.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. corner of N. 8th and Park Streets

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): N. 8th from State to St. Claire and Park Street from 7th to 9th

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
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Do you require any special parking restrictions? Yes No If yes, what type, when, and where: parking on only one side of N. 9th from State to St. Clair

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Please describe the toilet facilities that will be provided, including their locations and the number of units: Bathrooms in
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Designated contact person for the event:

Greg Vandey

Name of Day-of coordinator

() 686 3090
Phone # before event

() 645 7227
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.

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Signature of Applicant: _____

Date: 3/12/2015

COMMITTEE RECOMMENDATION: _____

DATE: _____

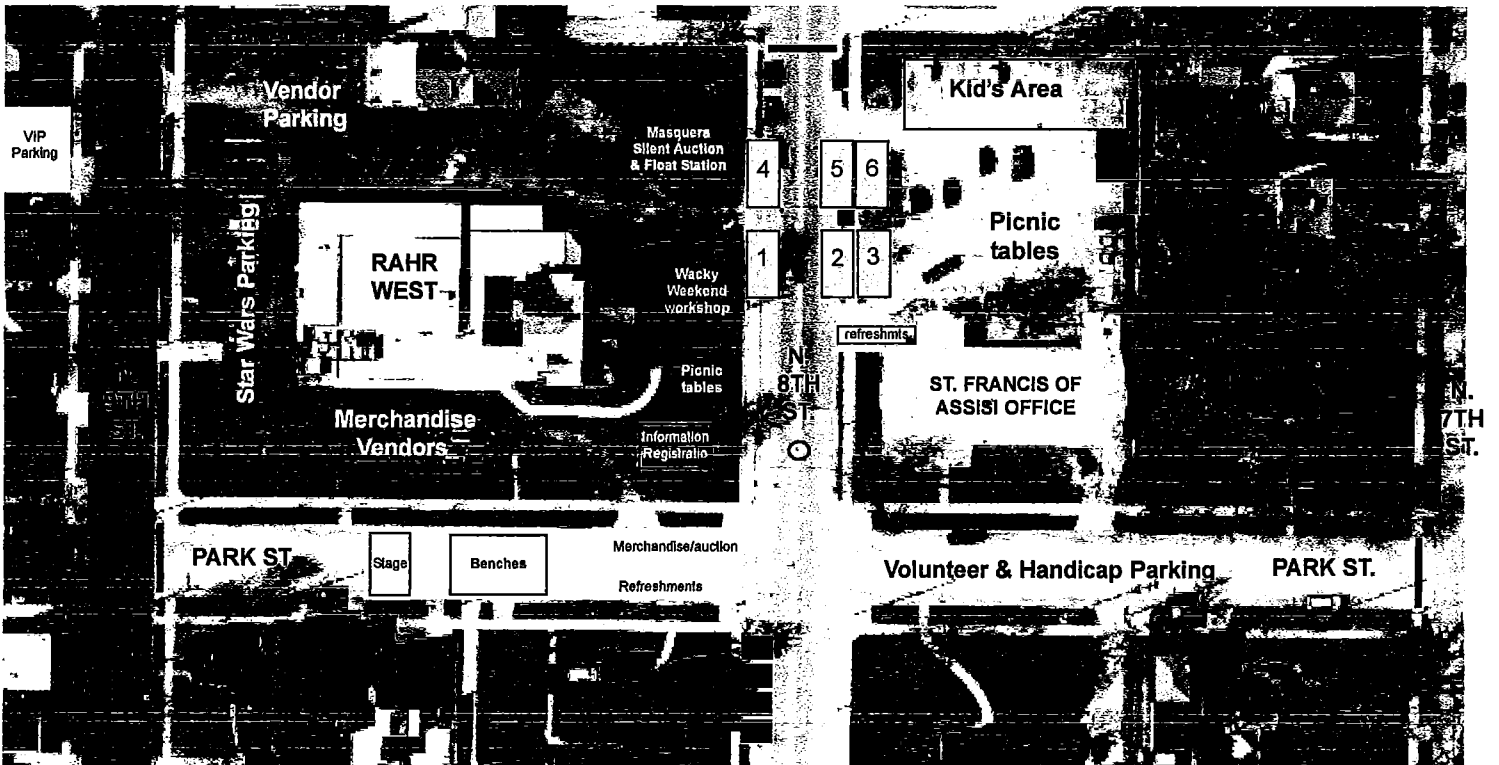
COMMON COUNCIL APPROVAL: _____

DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No

2015 Sputnikfest Grounds layout

-  Food Vendor Booths
-  Street Barricade
-  Power Box
-  Porta Potties



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 Bahr-West Art Museum
Address 610 N. 8TH ST Telephone 920-686-3090

 2. Names of club officers: Name Address Telephone
President Greg Vadney
Secretary _____
Treasurer _____

 3. Facility requested: _____
Equipment requested: Stage, Benches, Picnic tables, Ticket booth

 4. Specific dates and hours facility/equipment will be used: Date 9-12-15 Hrs. 12-11

 5. Please explain your request, as to what fees you desire waived or reduced and reasons. All fees should be waived since this is a City Event

 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 Food, Refreshments, Children Activities, Raffle, Merchandise

 9. What will revenues be used for? City Operations

 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 [Signature] Date 3/12/2015

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. 35th St., Manitowoc, WI 54220.

Committee Action: Approved _____ Denied _____ Date _____

RE: Sputnikfest 9-12-15

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 Benches - \$180 rent / \$75 delivery, Picnic tables
(683-4537) \$150 rental / \$300 delivery, Canopies \$40 rental /
\$100 delivery + setup, ticket booth \$50, trash cans

\$895 total

		N/A	NO CHARGE	CHARGE
LABOR	<u>\$475 delivery + setup</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT	<u>\$420</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature Karen Owen Date 3/16/15

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)

MAR 13 REC'D

		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 ____/____/____

RE: Sputnikfest 9-12-15

REVIEWING DEPARTMENT RECOMMENDATION

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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) _____ MAR 13 REC'D

	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) DPW will deliver setup and remove traffic control
for requested streets. No charge for event.

	N/A	NO CHARGE	CHARGE
LABOR <u>8 hrs @ \$33.65/hr 4 hrs @ \$50.48</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT <u>6 hrs @ \$14.80/hr</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS <u>cones/barricades/signs \$420.00</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature Ray J. K Date 3/17/15

RE: Sputnikfest 9-12-15

REVIEWING DEPARTMENT RECOMMENDATION

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(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 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 D.C. Perner Date 3, 17, 15

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"/>
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Dept. Head or Designee Signature _____ Date / /

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SPECIAL EVENTS APPLICATION FORM

RECEIVED

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Rahr-West Art Museum

Name of organization, if applicable

Greg Vadney

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

610 N. 8th Street

Street Address

Manitowoc, WI 54220

City, State, ZIP

Telephone # (___) ___ - ___

Business # (920) 686 - 3090
(if applicable)

Date of Birth ___/___/___
of organizing individual

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

5. Email address of organizer: gvadney@manitowoc.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. corner of N. 8th and Park Streets

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How many vendors will be at your event? unknown How many vehicles? n/a

Do you require any special parking restrictions? Yes No If yes, what type, when, and where: parking on only one side of N. 9th from State to St. Clair

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: Bathrooms in
the Rahr-West Museum and 6 portable units outside

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:

Greg Vandey

Name of Day-of coordinator

() 686 3090
Phone # before event

() 645 7227
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

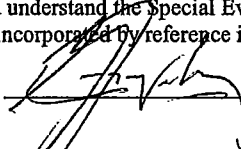
9. Fees & Reimbursement: The standard fees for equipment rental and licenses will apply. The City may also require reimbursement for extraordinary expenses for your event. To request a waiver of the extraordinary expenses, please submit a letter detailing your request.

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: _____



Date: _____

3/12/2015

COMMITTEE RECOMMENDATION: _____

DATE: _____

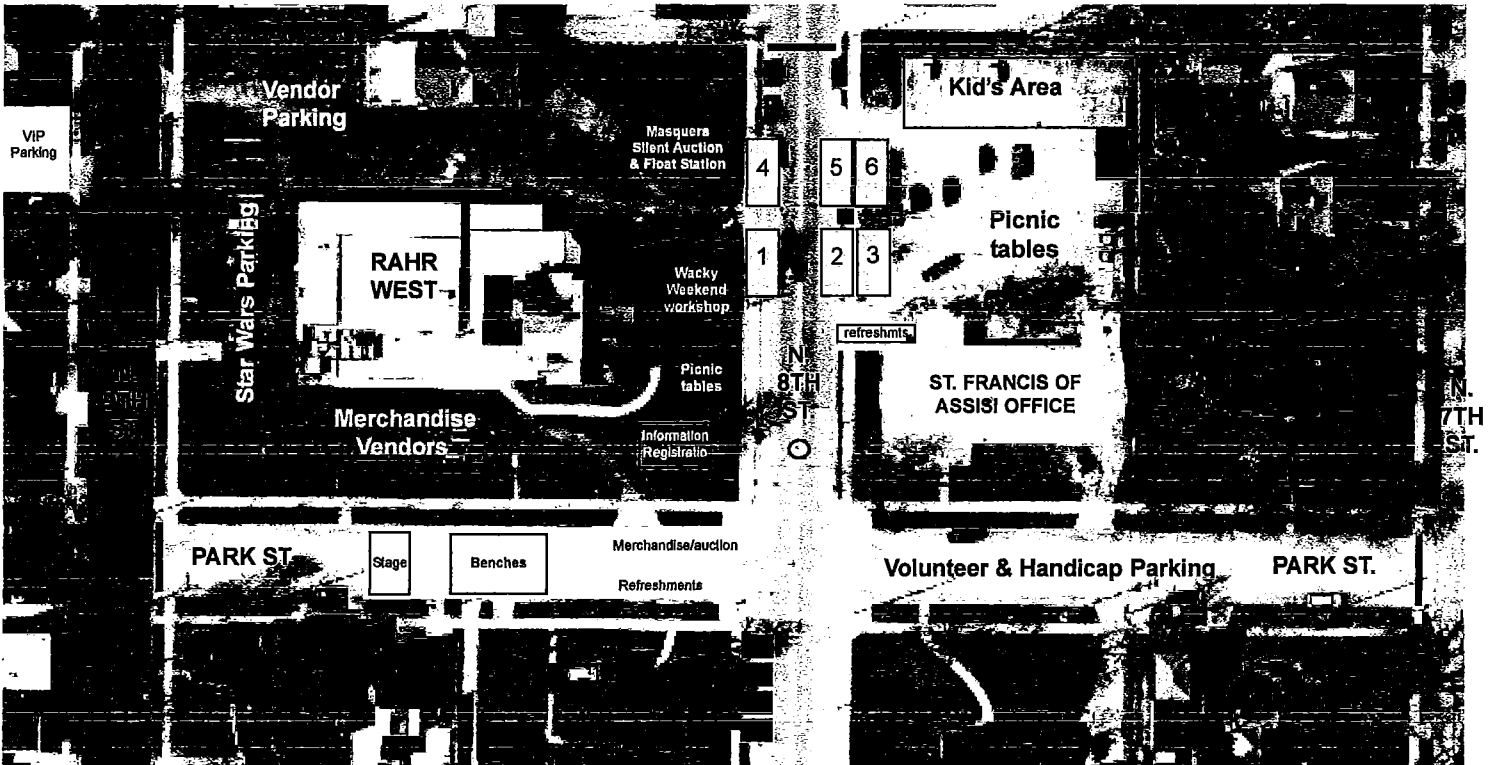
COMMON COUNCIL APPROVAL: _____

DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No

2015 Sputnikfest Grounds layout

-  Food Vendor Booths
-  Street Barricade
-  Power Box
-  Porta Pottles



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 Bahr-West Art Museum
Address 610 N. 8TH ST Telephone 920-686-3090
 2. Names of club officers:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
President	<u>Greg Vadney</u>	
Secretary		
Treasurer		
 3. Facility requested: _____
Equipment requested: Stage, Benches, Picnic tables, Ticket booth
 4. Specific dates and hours facility/equipment will be used: Date 9-12-15 Hrs. 12-11
 5. Please explain your request, as to what fees you desire waived or reduced and reasons. All fees should be waived since this is a City Event
 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 Food, Refreshments, Children Activities, Raffle, Merchandise
 9. What will revenues be used for? City Operations
 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 [Signature] Date 3/12/2015

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. 35th St., Manitowoc, WI 54220.

Committee Action: Approved _____ Denied _____ Date _____