



CITY OF MANITOWOC

WISCONSIN, USA
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May 24, 2017

Discover Eastern Wisconsin Disc Golf
James E. Van Lanen, Applicant
4121 Martin Lane
Two Rivers, WI 54241

RE: Silver Cup XVII Amateurs Disc Golf Tournament, July 14-16, 2017

Your request for for use of the concession stand (& fieldhouse basement in case of weather emergency only) was acted upon by the Special Events Committee at the meeting on Monday, May 22, 2017.

Your event was approved.

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.

Very truly yours,

Jennifer Hudon
City Clerk

JH:dan

cc: Chief of Police Nick Reimer
Fire Chief Todd Blaser
Randy Junk, Operations Division Mgr. (Streets)
Chad Scheinoha, Operations Division Mgr. (Cemetery/Parks)
Karen Dorow, Business Manager



SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 5/22/2017

EVENT NAME: Silver Cup Pro Disc Golf Tournament

ORGANIZER: Discover Eastern WI Disc Golf - Jim Van Lanen Jr

EVENT DATE: Jul 14-16, 2017

NEW OR RECURRING: Recurring

LOCATION/DESCRIPTION: Disc golf tournament, use of concession stand (& fieldhouse basement in case of weather emergency only)

ESTIMATED CITY COSTS:

POLICE	0
FIRE	0
PARKS	555
RECREATION	
STREETS	0
TOTAL	555

ESTIMATED EVENT HOLDER CHARGES:

LATE APPL. FEE (<60 days)	
STAKE PERMIT	
DELIVERY CHARGES	
(if delivery requested)	
TOTAL E.H. CHARGES	0
GRAND TOTAL	555

COMMITTEE CONCERNS:

COMMITTEE DECISION:

APPROVE

DENY

Lyman
Todd Rose
Scott Zientek

COUNCIL ACTION REQUIRED:

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ITEMS TO INCLUDE IN LETTER:

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RECEIVED

MAY 15 2017

DPI - OPERATIONS DIVISION

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: Silver Cup XVII Professionals Disc Golf Tournament
2. Date of Event: 07 / 14 / 17 If multiple days, Start Date: 07 / 14 / 17 End Date: 07 / 16 / 17
3. Time Event will start to form: 7am AM/PM Actual Start Time: 9am AM/PM Finish Time: 8pm AM/PM
4. Name and complete address of Organization/Individual organizing the Event:

Discover Eastern Wisconsin Disc Golf

Telephone # (920) 629 9997

Name of organization, if applicable

James E Van Lanen Jr

Business # () -
(if applicable)

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

4121 Martin Lane

Date of Birth 02 / 06 / 63
of organizing
individual

Street Address

Two Rivers, WI 54241

City, State, ZIP

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

5. Email address of organizer: discgolf@discoverwisc.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. Disc golf tournament for all professional skill levels, affiliated with Wisconsin Disc Golf Tour, Professional Disc Golf Association A-Tier Super Tour event. We have 3 days for all divisions. Using outdoor concession area, restrooms & fieldhouse only for emergency shelter.

Will the event be held in a Manitowoc park or utilize any park facilities? ☒ Yes ☐ No Which park? Silver Creek 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): Disc golf course will be closed during event rounds and open before and after.

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? 300 per day

How many vendors will be at your event? 3-5 How many vehicles? 150

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: _____

fieldhouse

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:

James Van Lanen Jr

Name of Day-of coordinator

920 629 9997
() -
Phone # before event

920 629 9997
() -
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: 05/01/2017

COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? ☐ Yes ☐ No