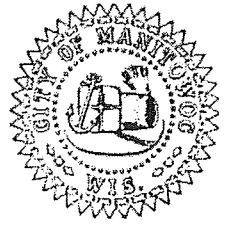




CITY OF MANITOWOC

WISCONSIN, USA

www.manitowoc.org



September 13, 2018

Colleen Homb
702 State St.
Manitowoc, WI 54220


RE: Magical Trolley Ride to the North Pole – December 7 & 8, 2018 – WAIVER OF FEES

Dear Ms. Homb:

Your request for the use of traffic control equipment in order to block parking stalls for trolleys on the north side of Franklin Street between S. 8th and S. 9th Streets on December 7 & 8, 2018, for the Magical Trolley Ride to the North Pole event, was acted upon by the Special Events Committee at the meeting of Wednesday, September 12, 2018. At said meeting the Committee unanimously granted your request.

If you have any questions, please contact me at 920-686-6950.

Very truly yours,



Deborah Neuser
City Clerk

DN:mrk

cc: Chief of Police Nick Reimer
Fire Chief Todd Blaser
Chad Scheinoha, Operations Division Mgr.
Billy Hutterer, Streets Team Leader
Karen Dorow, Business Manager

Deborah Neuser, CMC, City Clerk
CITY HALL • 900 Quay Street • Manitowoc, WI 54220-4543
Phone (920) 686-6950 • Fax (920) 686-6959 • dneuser@manitowoc.org

SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 9/12/2018

EVENT NAME: FEE WAIVER - Magical Trolley Ride to the North Pole

ORGANIZER: Lakeshore CAP - Colleen Homb

EVENT DATE: Dec. 7&8, 2018

NEW OR RECURRING: Recurring

LOCATION/DESCRIPTION: Use of traffic control equipment in order to block parking stalls for trolleys on the north side of Franklin St. betw. S 8th & 9th

ESTIMATED CITY COSTS:

POLICE	
FIRE	
PARKS	
RECREATION	
STREETS	147
TOTAL DEPT. COSTS	147

ESTIMATED EVENT HOLDER CHARGES:

LATE APPL. FEE (<60 days)	
DELIVERY CHARGES	75
(if delivery requested)	
WAIVED -ROOM TAX	222
NON-WAIV. STAKE PERMIT	

COMMITTEE CONCERNS:

COMMITTEE DECISION:

APPROVE

DENY

Tms
Colleen Homb
AS

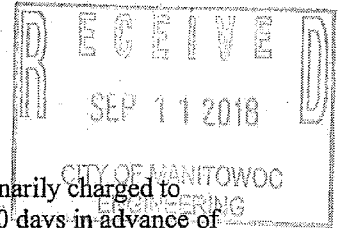
COUNCIL ACTION REQUIRED:

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ITEMS TO INCLUDE IN LETTER:

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CITY OF MANITOWOC - PARKS DIVISION
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 Public Infrastructure 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

Name of event: Magical Trolley Ride to the North Pole

1. Name of club/organization making request Lakeshore CAP Inc. of Wisconsin
Address PO Box 2315, Manitowoc, WI 54220 Telephone 920-682-3737

2. Names of club officers: Name Address Telephone
President Interim CEO-Colleen Homb PO Box 2315, Manitowoc, WI 920-682-3737
Secretary CASA Director-Julies Ribley PO Box 2315, Manitowoc, WI 920-682-3737
Treasurer _____

3. Facility requested: Parking spaces on North side of Franklin Street
Equipment requested: barricades and cones

4. Specific dates and hours facility/equipment will be used: Date 12/7 and 12/8 Hrs. 2-7pm

5. Please explain your request, as to what fees you desire waived or reduced and reasons.
We are requesting all fees to be waived. Funds spent on this expense to not end up going to the programs this fundraiser is supporting. If waived it is additional financial support staying within Lakeshore CAP programs that benefit the residents of Manitowoc County.

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?
Yes X No _____

8. If #7 is "yes," explain and list specific charges Tickets are \$28/adult and \$23/child. Tickets include the entire event which is a trolley trip to the North Pole (Holiday Inn) to see Santa, do crafts, games and other family friendly activities.

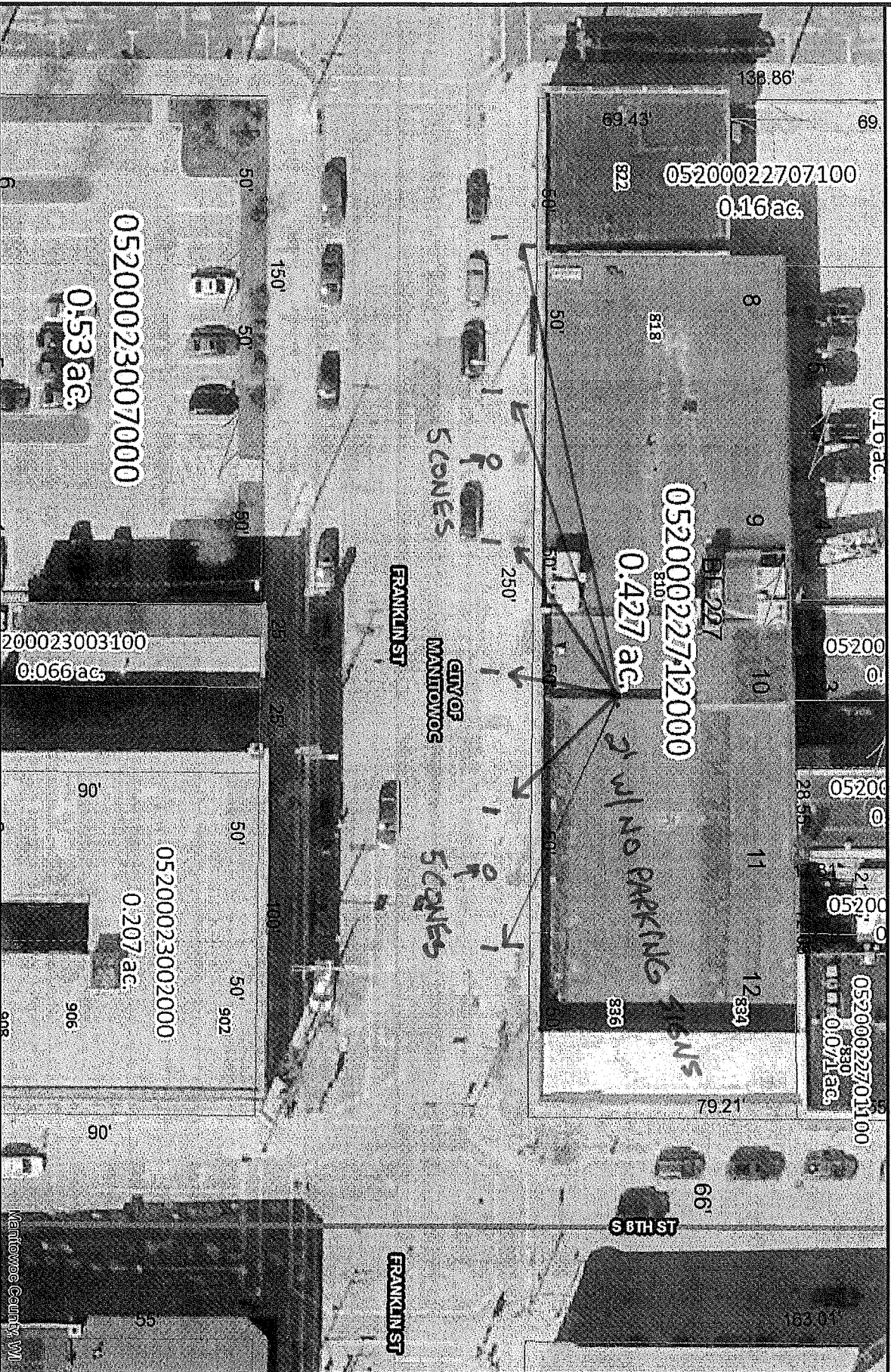
9. What will revenues be used for? To support programs at Lakeshore CAP that work with at-risk families and children.

10. Do you wish to meet personally with the Committee to discuss this request? Yes _____ No x
If "yes," please provide the following information of individual to contact:
Name _____ Address _____ Telephone _____

Signed Colleen Homb

Date 9/11/18

Printed from Advanced Access GIS Viewer



Author:
Date Printed: 11/30/2017



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