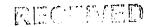
SPECIAL EVENT COMMITTEE DENIAL FORM

DENIAL DATE: 4/16/2025 RENTAL: Breakfast on the Farm ORGANIZER: Mtwc Co Dairy Promotion E-MAIL ADDRESS: bill@neumannag.com **RENTAL DATE: 6/8/2025** LOCATION/DESCRIPTION: Requested waiver of fees of city picnic tables at 9429 US Highway 151 COMMITTEE CONCERNS: This event is outside the city of Manitowoc and does not fit the criteria for a waiver of fees. **COMMITTEE DECISION: APPROVE DENY** Courtney Hansen /ec Todd Blaser /ec Jason Freiboth /ec Dan Koski /ec Eric Nycz /ec ITEMS TO INCLUDE IN LETTER:





CITY OF MANITOWOC - DPI SPECIAL CONSIDERATION FOR WAIVER OF PART OR ALL FEES FOR USE OF CITY FACILITIES OR EQUIPMENT CITY

ONVOLUMENT NO ALONG

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 Special Event Committee and/or the Public Infrastructure Committee and the group or organization will be notified by e-mail or letter of their decision(s). Groups or organizations must be current on all financial accounts with the City of Manitowoc in order to be considered for a waiver of any fees.

ALL QUESTIONS MUST BE ANSWERED

| Application 1. | Name 4823 Thunder Road Whitelaw WI 54247 Address Name of club/organization making request Miwe Co dai Club/organization: 4823 Thunder Road Whitelaw Wi 5424 Address Facility requested: Equipment requested: a lot of picnic tables Specific dates and hours facility/equipment will be used. Please explain your request, as to what fees you desire | 7 920 973-6729 Phone d: Datc(s)6-8-25 | bill@neumannaq.com F.mail 920 973-6729 Phone bill@neumannaq.com F.mail # of people Hrs. 8 til noon |
|---------------------------------|---|--|---|
| 1. | Name of club/organization making requestMtwc Co dai Club/organization: 4823 Thunder Road Whitelaw Wi 5424 Address Facility requested: Equipment requested: a lot of picnic tables Specific dates and hours facility/equipment will be used. Please explain your request, as to what fees you desire | 7 920 973-6729 Phone d: Datc(s)6-8-25 | 920 973-6729 Phone nu bill@neumannag.com Email # of people |
| | Name of club/organization making request Miwe Co dai Club/organization: 4823 Thunder Road Whitelaw Wi 5424 Address Facility requested: Equipment requested: a lot of picnic tables Specific dates and hours facility/equipment will be used. Please explain your request, as to what fees you desire | 7 920 973-6729 Phone d: Datc(s)6-8-25 | bill@neumannag.com Email # of people |
| | Club/organization: 4823 Thunder Road Whitelaw Wi 5424 Address Facility requested: Equipment requested: a lot of picnic tables Specific dates and hours facility/equipment will be used. Please explain your request, as to what fees you desire | 7 920 973-6729 Phone d: Datc(s)6-8-25 | bill@neumannag.com Email # of people |
| 2. | Facility requested: Equipment requested: a lot of picnic tables Specific dates and hours facility/equipment will be use Please explain your request, as to what fees you desire | Phone d: Date(s) <u>6-8-25</u> | Email # of people |
| 2. | Facility requested: Equipment requested: a lot of picnic tables Specific dates and hours facility/equipment will be use Please explain your request, as to what fees you desire | Phone d: Date(s) <u>6-8-25</u> | # of people |
| 2. | Equipment requested: a lot of picnic tables Specific dates and hours facility/equipment will be use Please explain your request, as to what fees you desire | - | |
| | Specific dates and hours facility/equipment will be use Please explain your request, as to what fees you desire | - | Hrs, 8 til noon |
| | Please explain your request, as to what fees you desire | - | Hrs. 8 til noon |
| 3. | Please explain your request, as to what fees you desire | | |
| 4. | Please explain your request, as to what fees you desire waived or reduced and the reason you believe you are entitled to a waiver we are non profit for the promotion of the dairy industry in the county | | |
| 5. | 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 | | |
| 6. | Will money be collected, tickets sold, concessions sold or money raised in conjunction with the event?YesNo | | |
| 7. | If #6 is "yes," explain and list specific charges and anticipated revenues | | |
| 8. | What will revenues be used for? cover the cost of the event, any profit will be used for promotion | | |
| 9. | Do you wish to meet personally with the Committee to | further explain your rec | nuest? Yes No |
| 10. | Insurance requirements: The City reserves the right to require a Certificate of Insurance evidencing coverage with sufficient limits listing the City as an additional insured as well as an Additional Insured Policy endorsement accompanying the Certificate of Insurance. Said certificates must be turned in to the City Clerk no less than 30 calendar days prior to the event. | | |
| indemni occurred of any p | otice and Submission: I understand the filing of this application do fy and hold the City of Manitowoc harmless for any and all damages I during this event. The undersigned agrees to be responsible for any erson or party. By signing, I acknowledge that I have the authority to I, read and understand the guidglines set forth in this application. Bell There are | , claims or personal injuries the damage caused to said facilit | nat may occur or are alleged to have y or equipment by mischief or negligence |

Please attach any additional information which you feel will assist the committee in evaluating your request.