

SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 9/5/2023

EVENT NAME: Celebration of Life - Rob Roseff

ORGANIZER: Denise Roseff

E-MAIL ADDRESS: denise.roseff@gmail.com

EVENT DATE: 9/9/2023

NEW OR RECURRING: new

LOCATION/DESCRIPTION: Celebration of life for Rob Roseff (Gumby). There will be a celebration at Chewy's and block party using part of Buffalo Street in front of the bar.

COMMITTEE CONCERNS:

COMMITTEE DECISION:

APPROVE	DENY
Shawn Alfred /email Todd Blaser /email Courtney Hansen /email Jason Freiboth /email Eric Nycz /email Dan Koski /email	

COUNCIL ACTION REQUIRED:

Road closure of Buffalo Street from 7th Street to 8th Street from 1-10 p.m.

ITEMS TO INCLUDE IN LETTER:

Do not place any items in the street that are not able to be quickly and easily moved in the event that emergency services are needed. Organizer is responsible for obtaining written approval for a street closure from the affected property owners and/or residents.



City of Manitowoc

SPECIAL EVENT PERMIT APPLICATION

DOWNLOAD FORM

Download the PDF Special Event Application to your computer or network drive, open with Adobe Reader and fill in. We do not recommend using any web browser to open the form as most have issues with fillable PDF Forms. If you do not have Adobe Reader installed on your computer, you may download the latest version free of charge: <http://get.adobe.com/reader/otherversions>

APPLICANT INFORMATION

Business/Org Name _____

Name of Applicant DENISE ROSEFF

Street Address 2102 RICHMOND AVE

Mailing Address _____
(if different)

City, State, Zip MANITOWOC, WI 54220

Primary Phone 920-889-6045

Cell Phone 920-889-6045

Email DENISE.ROSEFF@GMAIL.COM

Wisconsin Tax Exempt

ON SITE CONTACT INFORMATION

During Event

On-Site Contact BARB -CHEWYS

On-Site Cell Phone # 920-901-7203

On-Site Security Contact Name _____

On-Site Security Contact Phone # _____

EVENT INFORMATION

Event Description and Map with Event Setup and Parking Required (Some maps available online)

Missing Map/Drawing



CELEBRATION OF LIFE FOR ROB ROSEFF.
BARB FROM CHEWYS WILL PROVIDE A MAP

Event Name CELEBRATION OF LIFE - ROB ROSEFF

Public Event YES NO

Location 215 N 8TH ST
MANITOWOC, WI 54220

Estimated Total Attendance _____

Estimated Attendance _____
from outside City of Manitowoc

Staging Area _____

Event Website _____

Event Date(s) SATURDAY SEPTEMBER 9, 2023

Event Start Time 1 AM PM

Event End Time 10 AM PM

Setup Date(s) _____

Setup Start Time 8 AM PM

Teardown Date(s) 09/09/2023

Teardown End Time 12 AM PM

(Event to be cleaned by 9 a.m. on day following the event)

FACILITY REQUESTS

- Facility Location _____
- Mariner's Trail FROM _____
TO _____
- Athletic Field(s) Request _____
- Special Power Requirements _____
- Special Lighting _____
(ex. ball diamonds)
- ADA Accommodations _____

VENDORS & MONEY EXCHANGE

- Alcohol Sales Request for Extension of Premises
 Class B License
- Alcohol Served End Time _____
- Beverage or Food Sales
- Merchandise Sales
- Vendor(s) How many _____
- Collecting Money Donations
- Charging Admissions On-Site
- Credit Card Sales/Transactions
- Expected Revenue _____
- Revenue to be used for _____

ROUTE

Route map must be submitted with application

- Road Closure Describe location(s) + time(s) BUFFALO STREET BETWEEN 7TH & 8TH STREET - BARB FROM CHEWYS WILL PROVIDE A MAP
- Timed Route
- Road Crossing Describe where + if assistance needed
- Course Marking Describe type
- Sidewalk Describe usage

EVENT STRUCTURES

Site map must be submitted with application

- Staking Structures into Ground (greater than 6")
- Fencing
- Bounce House # _____
- Portable Restrooms # _____
- Signs/Banners # _____
- Carnival Rides # _____
- Dumpster # _____
- Stage # _____
- Tent # _____ Size _____
- Other # _____ Describe _____

EVENT FEATURES

- Animals # _____ Type _____
- Fireworks - Time _____
- Drone # _____
- Lights/Spotlights # _____

SOUND

- Amplified Sound
- Start Time _____ AM PM
- End Time _____ AM PM
- Type of Sound _____

EQUIPMENT REQUESTS

Fees will be calculated based on organizer's meeting with the Special Event Committee. After event is approved, changes to equipment orders are subject to non-refundable fees. Photos and more information about rental items can be found at www.manitowoc.org.

DELIVERY DATE _____ TIME _____ AM PM LOCATION _____
PICKUP DATE _____ TIME _____ AM PM Place Items in original drop-off location after event.

**Indicate Quantities on Line*

GAMES

- Bean Bag Toss _____
- Ring Toss _____
- Sports Kit _____

STAGING / RISERS

- RISERS – 4' x 8' Wooden Platforms
6" H _____ 12" H _____ 18" H _____
- Staging – 8'x12' _____
- Portable Bandwagon – 35'x8' _____

TABLES & SEATING (Do NOT count any tables, benches, etc. already located at the park or in a facility)

- Banquet tables – 8'x40" _____
- Benches – 4' wooden _____
- Bleachers – 15'x5' portable _____
- Chairs – metal, folding _____
- Picnic Tables – 6' wooden _____
- Picnic Tables – 8' wooden, ADA accessible _____

TENTS

- Tent – 10'x 20' _____

TRAFFIC CONTROL ITEMS

- Barricades – 2' _____
- Barricades – 3' _____
- Barricades – 8' _____
- Barricades – 12' rail-type _____
- Channelizer drums – 3' reflective _____
- Cones – 18" _____
- Cones – 28" reflective _____
- Delineators – 42" reflective _____
- Parking posts with concrete base – 42" H (rope or tape not included) _____
- Traffic signs (sign only – typically placed on barricades)
 - Road Closed _____
 - Road Closed Ahead _____
 - _____
 - _____

MISCELLANEOUS ITEMS

- Disc golf basket – portable _____
- Grill – 2' x 3' portable, outdoor _____
- P.A. system – microphone, sound board, 2 speakers with stands _____
- Post pounder / driver _____
- Power pedestal – portable _____
- Safety vests _____
- Security stanchions _____
- Snow fence – 50' rolls – plastic _____ wooden _____
- Snow fence – posts _____
- Ticket booths – outdoor _____
- Trash barrels _____
- Other _____

VEHICLES

Parking must be included on site map

Expected number of vehicles _____

Where do you plan to park vehicles _____

Are there any special parking considerations _____
(VIP, ADA, Security, Emergency Vehicles, etc)

SAFETY & SECURITY

The City requires security based on attendance

Do you need assistance from: Police Dept Fire Dept/Ambulance

Describe _____

Date/Time _____

Location _____

Other than dialing 911, do you have a plan in place to deal with medical emergencies that may occur? YES NO
(If so, please attach)

ADDITIONAL QUESTIONS

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

Do you have any questions/comments/additional requests?

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, temporary beer/wine licenses, stake 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 Guidelines and 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.

Date of birth of applicant 5 / 18 / 1966

Signature of Applicant: DENISE ROSEFF Date: 09/1/2023

E-MAIL

PRINT