

## City of Racine Parks, Recreation & Cultural Services Public Event Application

Play
Every Day.

(For new events/returning with significant changes)

please select all that apply: Crosswalk Park, 317 Main St. Harris Plaza, 605 Grand Ave.	Lockwo	Park, 2200 Doman ood Park, 4300 Grad nent Square, 502 M	celand Blvd.	☐ Root River Pathwa☐ Sam Johnson Park☐ Stage-on-Wheels	
☐ Island Park, 1704 Liberty St.☐ Lake Michigan Pathway	North B	Beach Park, 1501 Mi g Park, 800 Pershin	chigan Blvd.	Other	
Name of the Organization	TOSE	Felix	020		
Address 704 R Daytime Phone	Cell Phone	Ave City/ (262) 994	State Ro	cine U' Zip	5340
Alternate Contact Maria Fe	<u>se</u>	(262) 994-	8960 Em	- I a	1 (20ghail
Event Organizer is an: (C) Is the applicant organization a not-	Individual Proprieto		ATTIC* CC	Other	
(*Please attach a proof of your not-fo		C Yes*	C No	Anna Control of the C	
STEP 3: EVENT INFORMATION  Event Name Memorial	111	in at the	0	Expected Attendance	SO O
Date(s) of Event $5-27/5-$ Set-up Date $5-2/(6-$	28/5-29 Z 2-627 Set-up S			Am End Time	81 20 pm
Tear-down Date 5-30 =	2623 Tear-dov	vn Start Time	5100 Au	Set-up End Time	8100 pm
Does your event require you to be i	n the park before 8 a.	m. and after 10 p.m	n.? XYes II N	lo	0.00pm
STEP 4: RUN/WALK INFORMATION Does the route include any portion Run/Walk route map included?	Run/Walk Step-off of the City bicycle part	time	Total	# of Aid Stations	
How will the route be marked? (i.e. s	staff/volunteers at tur	ns, signs staked in g	grass along the r	oute, etc.)	
STEP 5: STAGE-ON-WHEELS INFOR	RMATION				
Delivery Location		Street Address			7in
	. 254-24	W. A. C.			Zip
Delivery Date Delivery	Time	Pick-up Date	Dick	in Time	
Delivery Date Delivery Open/Close/Use Information: Date:	Time	Pick-up Date	Pick- pening Time	up Time Closing Time	

STEP 6:	ADDITIONAL INFORMATION	
1) Has	this event been previously held in a City of Racine park?  vent NameLocation	yes no
	vent Name Location	,
2) Will	you be selling, serving, and/or sampling beer and/or wine at your event?	yes Zno
3) Will	you be selling, serving, and/or sampling food/beverages at your event?	yes 🗌 no
4) Will	you have amplified sound at this event?	yes no
5) Will #	you have any temporary structures such as tents, stages, inflatables at this event?	yes 🗌 no
6) Will	of tents/canopies Size of tents/canopies your event feature vendors?	yes no
7) Will	your event include the use of portable toilets? (# of portable toilets)	yes no
8) Does	s your event include animals, exhibitions or petting zoos?	yes no
9) Will	you be posting advertisement for your event within the City of Racine Parks?	yes no
10) Willy	your event require Monument Square Drive to be closed?	yes pao
11) Willy	your event require use of the electrical services?	yes no
City P	Payee/Organization Gato's Enterprise ATTN Marie Idress 704 Romayna Ave RM/FLR/STE/UNIT  State Wi Zip Code 534	02
The event best of his.	ION SIGNATURE  organizer/applicant hereby certifies that all of the information provided within and for this permit application /her knowledge. The applicant understands falsification of information may result in termination of use/perm enial of future use of park facilities. Applicant certifies he/she has read and understands the <i>Public Event Plannin</i>	
The application reserved prior to the	ant agrees to have an authorized representative in attendance at the event at all times the event is in progress remises to ensure that the event is conducted in a safe and orderly manner. Applicant agrees to pay City for PR e first park use date and within 30 days following the date of invoice the cost of overtime expenses incurred by C cation of this permit.	, who shall supervise the
Applicant h volunteers death, or p permit hold	DEFIGURE PROPERTY OF LIABILITY  Thereby covenants Not To Sue and agrees to Indemnify, Defend, and Hold Harmless City, its departments, officers from and against any and all costs (no limitation), damages, expenses, attorneys fees, or liability for personare roperty damage, of any character and to any person or property, regardless of cause, arising out of the acts of cause, expenses, its officers, employees, agents, volunteer workers, participants in said Event or frequenter in the application and issued permit.	l injuries, bodily injuries,
I have read realize I am	this release and waiver of liability, fully understanding its terms, and understand that I have given up substar not required to sign the Release. Falsification of information on the application will result in forfeiture of up to \$200	itial rights by signing it. I
		-15-Z02Z
	7	( )
	a Limited Liability Company, all partners must provide a signature:	5-27
	Partner: Men Fell Date:       Date:     Date:     Date:     Date:     Date:     Date:     Date:     Date:     Date:     Date:     Date:     Date:     Date:   Date:   Date:     Date:   Date	5-22
Signature of Signature of	Partner:	5-22
Signature of Signature of OFFICE USE	Partner: Title: Date: Date:	5-22
Signature of Signature of OFFICE USE	Partner:	122 NX appendion & CULTURAL OR



## City of Racine Parks, Recreation & Cultural Services Public Event Application

Play Every Day.

## NARRATIVE, SCHEDULE, ROUTE/SITE MAP, STAGE-ON-WHEELS

Please provide a brief narrative of the event. If your event is a new event, provide a detailed "Letter of Request" on a separate sheet of paper:

<b>EVENT SCHEDULE</b> The schedule begins when eve the park is available for regular	nt set-up starts and ends when clean-up of the event area is complete, all equipment is removed ar use.
General: set-up, hours Vending: when vendor Music/Performance: sta Displays, Exhibits, Dem	activities planned for the event, including but not limited to: of operation, teardown/clean-up, leave park s will set-up, hours of operation, teardown/clean-up, leave park age set-up, performance schedule, teardown/clean-up, leave park onstrations: set-up, open hours, teardown/clean-up, leave park when staging starts, start time(s), end time(s), set-up, clean-up, leave park
Example: 8:00 a.m.	Example: Set-up
5-26 8:00 A	
5-27 10:00 1 5-30 8:00 A	17 0. pm 3 cl
lease attach a detailed event	route/site map and/or Stage-on-Wheels placement map.
ite map should include, but is n	ot limited to, the following: s for wheelchairs Placement of Vehicles

If the event includes a run/walk component on City streets, the approval of the City of Racine Parks, Recreation, & Cultural Services department for the use of the park *does not imply approval of the proposed route*. Routes need to be approved through Department of Public Works and City of Racine Police Department.

Stages

Vendors

Temporary structures

Exit location for fenced outdoor events

Garbage and recycling receptacles

Event perimeter

Fencing

What impact do you anticipate your event will have on the residents/businesses in the areas surrounding the park? Consider things such as noise, parking, traffic, etc. What plans do you have to minimize these impacts?

I feel there will be	parking and we will not be open
There is plenty of	parking and we will not be open
very late.	

To whom it may concern,

I am writing this letter of request as I am interested in obtaining a permit for the parking lot located west of the North Beach Oasis in order to have a Memorial Day weekend carnival. The dates we are interested in doing this event would be; May 27th, 28th and the 29th. I have spoken with Mark Lake Enterprises and they are interested in working with me to make this happen pending approval from the city.

The carnival will focus mainly on children rides for smaller kids. I feel this would be beneficial to the community and all involved. It would bring something positive and fun for the kids, parents and grandparents to celebrate at the beach.

Thank you for your time and consideration.

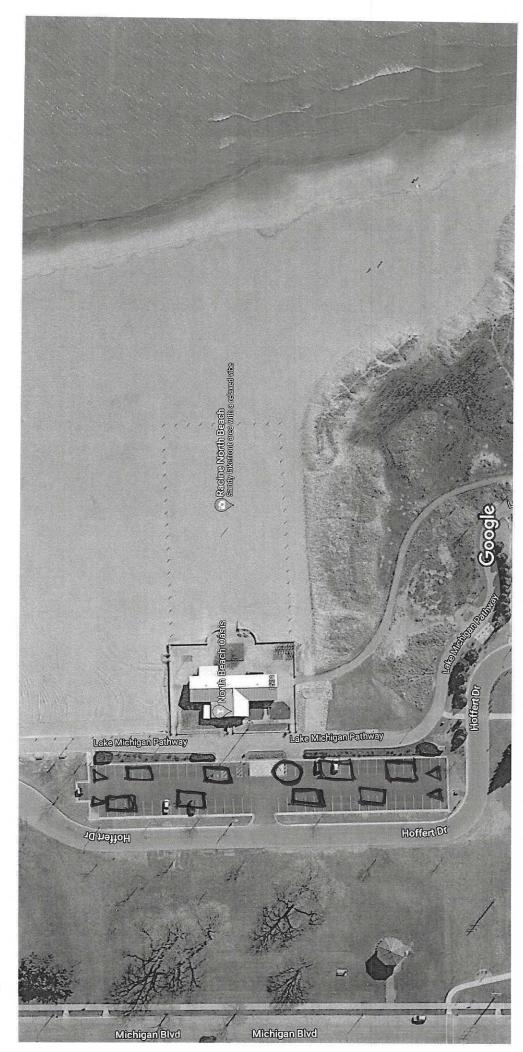
Best Regards.

Jose Felix

imfelix1972@gmail.com

262-994-2907

Recy'd 122 JMK



50 ft Imagery ©2022 CNES / Airbus, Maxar Technologies, U.S. Geological Survey, Map data ©2022

0 - Rides
A - Portable Toilets
O - Concession Stand