



MEMORANDUM

Date: July 31, 2014

To: Board of Public Works
From: Pamela A. Captain, City Attorney

RE: Application for Street Use Permit – Two-Wheel Tuesday

Under SEC. 7-8-1 of the Code of Ordinances, an application for a street use permit shall contain specific information including, “(2) If the proposed street use is to be conducted for, on behalf of, or by an organization, the name, address and telephone number of the headquarters of the organization and of the authorizing responsible heads of such organization” and “(7) The proposed use, described in detail, for which the Street Use Permit is requested.”

The application for the event “Two-Wheel Tuesday” does not contain the information required under paragraphs (2) or (7) of Menasha’s Code of Ordinances. The applicant listed is “The Locker Room” while this applicant verbally informed the common council that the event to be held is being conducted on behalf of the Fox Valley Humane Association. The paperwork that has been submitted does not correlate with the event that is being proposed to be held.

Additionally, under the Special Event Policy adopted by the Common Council the event that is being proposed qualifies as a special event. The applicant has been informed of this but has failed to follow the special event process.

The Special Events Policy and ordinance requirements for a Street Use Permit must be applied to each person/organization requesting a permit and/or holding a special event in the City of Menasha. To do otherwise, subjects the City to potential legal issues.

City of Menasha Special Event Policy

SPECIAL EVENT is defined as any planned occurrence on the public right-of-way or public premises including, but not limited to; parades, gatherings, festivals and athletic events. By nature these events have a greater impact on City services and resources than would have occurred had the event not taken place. Special events require multiple department involvement.

The City of Menasha wants any Special Event to be a success for organizers and participants alike. By providing for an organized application process, we hope to provide for the safety and well being of all community members.

APPLICATION Complete Special Event Agreement Packet must be returned to City Hall, 2nd Floor, Public Works/Parks & Recreation Departments at least 60 days prior to the event. This will allow time for all pertinent departments to review your event needs. A non – refundable fee of \$25 is due at the time your application is submitted. Please note that if you are holding an event in a park you will need to reserve the park prior to turning in your Special Events Application.

REVIEW OF APPLICATION Once your application is received and reviewed, someone from your group will be required to attend a meeting with the Special Events staff. You will be advised of the date and time. The appropriate departments will review the individual worksheets included in your Special Events Packet to ensure that all considerations have been identified and contingencies planned for.

APPROVAL OF APPLICATION Once your application has been reviewed and approved you will receive a Special Event Permit.

CERTIFICATE OF INSURANCE AND ENDORSEMENT If proof of insurance is required, Certificate of Insurance and Endorsement must be provided by the event sponsor. The **City of Menasha must be named as additional insured on both the Certificate of Insurance and the Endorsement.** (see exhibit 1) The sponsor shall hold the City, any of its employees and agents and facilities harmless against all claims, liability, loss, damage or expense incurred by the City for any damage or injury to person or property caused by or resulting from activities arising from the special event. **The Certificate of Insurance and the Endorsement must be submitted no later than 5 business days following approval of the special event, but in no case less than 30 days prior to the event.**

SPONSOR ADDITIONAL RESPONSIBILITIES If your event requires street closure, it is the event holder's responsibility to contact, Valley Transit at 920-832-5200 and Gold Cross Ambulance at 920-967-6077 to alert them to the street closure. It is also the event holder's responsibility to notify the property occupants affected by a street closure exceeding 30 minutes. Included in this packet is a form that can be used for notification.

FEES All events are required to pay a non-refundable deposit of \$25 at the time their application is turned in. Charges for park facilities, food sales permits, tent permit fees, firework fees, etc. are to be paid *IN ADDITION* to the Special Events application fee. Submittal of an event application does **NOT** reserve a park. The applicable fees due prior to your event are: temporary food service permits, temporary beer sales permit, carnival permit, tent fee inspection, fireworks permits and park rental fees. At the completion of your event, charges must be paid no more than 60 days from the date of the invoice. If this requirement is not met, further charges may be incurred.

NON-PROFIT ORGANIZATIONS AS EVENT HOLDERS Non-Profits hosting an event that is free and open to the public **may** receive up to a 50% discount on the total Special Event bill. By definition the Non-Profit group must be a registered 501(c)(3) or (4) organization and proof of this designation is required.

TERMINATION OF EVENT The City and its representative reserve the right to shut down a special event that is in progress if it is determined to be a safety hazard by the Police and/or Fire Departments and/or there is a violation of City Ordinances, State Statute, or the terms of the approved application have not been met. The Mayor and /or their designee may revoke an approved Special Event Permit if the applicant fails to comply in good faith with the provisions of the permit prior to the event date.

APPROVED BY CITY OF MENASHA COMMON COUNCIL ON 1/4/11



Application was signed on May 20, 2014

STREET USE APPLICATION



Event: Two-Wheel Tuesday
Sponsored by: The Locker Room
Responsible Person: Frederick A. Schroeder
Address: 800 Plank Rd. Menasha, WI 54952
Email Address: thelockerroombar@hotmail.com
Street Route: 300 Block of Manitowoc St.
Description of Use (attach map)

Street Use Date: 8/17/14
Start Time: 6:00 P.M.
End Time: 9:00 P.M.
Number of Units: 0
(Parades)

Liability Insurance has been secured in the amount of \$ 1,000,000.00 with the City of Menasha named as the additional insured. This is primary insurance.
Insurance Company: Society Insurance Policy No. 15261
(Attached are samples of the certificate of insurance and endorsement; each naming the City of Menasha as additional insured)

Date: Aug 26th, 14 Applicant's Signature: [Signature]

PCR 7912

Permit Fee: Each application for a Street Use Permit shall be accompanied by a fee of \$25.00 along with a Special Event Fee of \$25.00. Please make checks payable to City of Menasha.

Note to events planning to use City Parks and/or greenspace: Any multi-day event or event which plans to sell beer and/or wine to the public must appear before the Parks and Recreation Board.

TO BE COMPLETED BY CITY STAFF (Revised February 4, 2013)

Scheduled Park & Recreation Board Review Date:
Not Required: [checked] Approved: Denied:

Scheduled Common Council Review Date: 8-18-14
Approved: Denied:

APPROVAL:

Police Dept. Fire Dept. Public Works Dept. City Attorney



CERTIFICATE OF LIABILITY INSURANCE

LOCKE01

OP ID: MK

DATE (MMDD/YYYY)

07/25/14

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ADEMINO & ASSOCIATES INC DAVID ADEMINO 1001 TRUMAN P O BOX 99 KIMBERLY, WI 54136-0099	920-734-3110	CONTACT NAME:	
	920-734-6027	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED THE LOCKER ROOM HOT BRASS LLC dba 800 PLANK RD MENASHA, WI 54952		INSURER A: SOCIETY INSURANCE	15261
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		X	TRM 529484	08/18/14	08/18/15	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			TRM 529484	08/18/14	08/18/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DEF RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

EVENT: TWO WHEEL TUESDAY'S MOTORCYCLE SHOW.

CERTIFICATE HOLDER

CANCELLATION

MENAS-1

CITY OF MENASHA
140 MAIN ST
MENASHA, WI 54952

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

David M. Ademino

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SOCIETY INSURANCE, a mutual company

THIS POLICY IS NON-ASSESSABLE

**BUSINESSOWNERS POLICY DECLARATIONS
RENEWAL CERTIFICATE**

Insured's Name and Mailing Address HOT BRASS LLC DBA THE LOCKER ROOM 800 PLANK RD MENASHA WI 54952-2924	Policy No. TRM 529484
	INCEPTION (Mo. Day Yr.)(12:01 AM Standard Time at your mailing address) 08/18/14
	EXPIRATION (Mo. Day Yr.) 08/18/15

<input type="checkbox"/> 'X' IF SUPPLEMENTAL DECLARATION
<input checked="" type="checkbox"/> SUPPLEMENTAL DECLARATION

Business Description: TAVERN	Form of Business: LTD LIAB COMPANY
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In return for the payment of the premium and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

DESCRIBED PREMISES	Forms Applicable: <input checked="" type="checkbox"/> Special
Premis. No. Bldg. No.	Location Mortgage Holder Name and Address

SEE ATTACHED SUPPLEMENTAL DECLARATIONS

SEE ATTACHED SCHEDULE

PROPERTY	PREMS. NO.	BLDG. NO.	PREMS. NO.	BLDG. NO.	PREMS. NO.	BLDG. NO.
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SEE ATTACHED SUPPLEMENTAL DECLARATIONS

Deductible \$ **SEE ATTACHED SUPPLEMENTAL DECLARATIONS**

OPTIONAL COVERAGES

SEE ATTACHED SUPPLEMENTAL DECLARATIONS

LIABILITY AND MEDICAL PAYMENTS

Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual Period. Please refer to paragraph D.4. of the Businessowners Liability Coverage Form.

	Limits of Insurance
Liability and Medical Expenses	\$ 1,000,000
Medical Expenses	\$ 5,000 per person
Fire Legal Liability	\$ 100,000 any one fire or explosion

TERRORISM PREMIUM CHARGE	\$ 0
FIRE SURCHARGE	\$
TOTAL PREMIUM	\$ 3,932 PAYABLE: Quarterly
	Direct Bill

FORMS AND ENDORSEMENTS: SEE ATTACHED SCHEDULE

COUNTERSIGNATURE DATE 07/23/14	AGENCY AT 1001 Truman PO Box 99 Kimberly, WI 54136-0099	AGENT AND NUMBER Ademino & Associates Ins Agency Inc 00205
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THESE DECLARATIONS, TOGETHER WITH THE COVERAGE FORM(S), COMMON POLICY CONDITIONS AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

THE ABOVE NUMBERED POLICY IS RENEWED FOR A PERIOD OF ONE YEAR. THIS CERTIFICATE IS SUBJECT TO ALL THE TERMS, CONDITIONS, FORMS AND ENDORSEMENTS ATTACHED TO THE POLICY OR TO THIS CERTIFICATE.

SOCIETY INSURANCE, a mutual company

BUSINESSOWNERS SUPPLEMENTAL DECLARATIONS

Policy Number: TRM 529484

Named Insured: HOT BRASS LLC DBA

Policy Effective Date: 08/18/14

DESCRIPTION OF PREMISES - ADDRESSES

Premis. No.	Bldg. No.	Address
1	1	800 PLANK RD MENASHA, WI

DESCRIPTION OF PREMISES - OCCUPANCY

Premis. No.	Bldg. No.	Occupancy	Construction	Protection
1	1	TAVERN	FRAME	2

COVERAGES PROVIDED

Premis. No.	Bldg. No.	Coverage	Limit of Insurance	Automatic Increase in Insurance	Deductible	Value
1	1	BUS PER PROP	162,200	4%	1,000	RC
1	1	BLDG PROP OTH	380,700	4%	1,000	RC
1	1	RENTAL VALUE				

OPTIONAL COVERAGES

Premis. No.	Bldg. No.	Coverage	Limits	Deductible
1	1	ADDITIONAL INSURED		1
1	1	NON-OWNED & HIRED AUTO		
1	1	ADD'L INSURED PRIM NON-LESSOR		1

Mortgage Holders - See Attached Schedule

SOCIETY INSURANCE, a mutual company

ADDITIONAL INTEREST – PROPERTY

POLICY # TRM 529484
HOT BRASS LLC DBA
THE LOCKER ROOM
800 PLANK RD
MENASHA WI 54952-2924

AGENT Ademino & Associates Ins Agency Inc
00205

GOOSE DREAMS LLC
800 PLANK RD
MENASHA, WI 54952

TBP-18 - WI - Loc #1

Lenders Loss Payable - Paragraph B

HORICON BANK
PO BOX 126
HORICON, WI 53032

WI - Loc #1
BP1203

Mortgagee

HORICON BANK
PO BOX 126
HORICON, WI 53032

WI - Loc #1

NOTE TO ADDITIONAL INTEREST: YOUR RIGHT TO COVERAGE UNDER
THIS POLICY IS LIMITED. READ SPECIFIC TERMS AND CONDITIONS
RELATING TO YOUR INTEREST FOR DETAILS.

SOCIETY INSURANCE, a mutual company

COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL SCHEDULE

Policy Number: TRM 529484

Effective Date: 08/18/14

Expiration Date: 08/18/15

Limits: Occurrence
\$ 1,000,000

General Aggregate
\$ 2,000,000

Products/Completed Operations Aggregate
\$ 2,000,000

Agent # 00205

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops	Prem./ Ops.	Prod./ Comp. Ops.
PREM NO. 001 TAVERN	16941	GROSS SALES			796	60
PREM NO. 001 HALL Including Products and/or Completed Operations	44276	AREA			125	INCL

SOCIETY INSURANCE, a mutual company

ADDITIONAL INSURED – LIABILITY

POLICY # TRM 529484
HOT BRASS LLC DBA
THE LOCKER ROOM
800 PLANK RD
MENASHA WI 54952-2924

AGENT Ademino & Associates Ins Agency Inc
00205

GOOSE DREAMS LLC
800 PLANK RD
MENASHA, WI 54952

TBP-18 - WI - Loc #1

CITY OF MENASHA
140 MAIN ST
MENASHA, WI 54952-3151

SAI44 - WI - Loc #1

NOTE TO ADDITIONAL INSURED: YOUR RIGHT TO COVERAGE UNDER THIS
POLICY IS LIMITED. READ SPECIFIC TERMS AND CONDITIONS RELATING
TO YOUR INTEREST FOR DETAILS.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - PRIMARY NONCONTRIBUTORY -
LIMITED FORM**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization (Additional Insured):

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED is amended to include as an additional insured any person or organization shown in the Schedule as an additional insured. That entity shall be covered only for liability for bodily injury or property damage that is imputed to it as a result of your actions or conduct. In no event shall the additional insured receive any greater or additional coverage, or any greater or additional limits of liability than you receive under this policy.

If the name of the person or organization stated above includes any architect, engineer or surveyor, the following applies:

The insurance with respect to such architects, engineers or surveyors does not apply to "bodily injury", "property damage", "personal injury" or "advertising injury" arising out of the rendering of or the failure to render any professional services by or for you, including:

- a. The preparing, approving or failing to prepare or approve amps, drawings, opinions, reports, surveys, change orders, designs or specifications; and

b. Supervisory inspection or engineering services.

If a written contract between you and the additional insured specifically requires that this insurance be primary, then the insurance afforded by this endorsement is primary insurance and we will not seek contribution from any other insurance available to the additional insured named in this schedule unless the other insurance is provided by a contractor other than the named insured. Then we will share with that other insurance by the method described below.

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

If no contract between you and the additional insured requires that this insurance be primary, then the coverage granted to the additional insured under this endorsement shall be excess over any other valid and collectible insurance.

This endorsement provides no coverage to the additional insured for any liabilities arising out of the claimed negligence of the additional insured, or out of the claimed negligence of any entities other than the Named Insured.