

**NOTICE OF PUBLIC MEETING
VILLAGE OF MACKINAW CITY
COUNCIL CHAMBERS – VILLAGE HALL
102 South Huron Avenue
Phone: 436-5351**

7:00 P.M.

November 07, 2013

**AGENDA-REGULAR MEETING
MACKINAW CITY VILLAGE COUNCIL**

- I. Call to Order/Taking of Roll
- II. Pledge of Allegiance
- III. Approval of Agenda
- IV. Clerks Report
 - A. Approval of Minutes
 - 1. Regular Meeting of October 17, 2013
 - B. Bills
 - 1. Accounts Payable for November 07, 2013-\$62,838.92
 - C. Communications
- V. Manager Report/President Report/Department Head Monthly Reports
- VI. Public Comments-Agenda/Non Agenda Items
- VII. Old Business
- VIII. New Business:
 - A. Mackinaw Area historical Society Presentation [Informational]
 - B. Special Event Applications (11) [Action Item]
 - C. Emergency Dredging Application & Certificate for Payment [Action Item]
 - D. Village Manager Performance Evaluation –Closed Session [Roll Call] [Action Item]
- IX. Reports/Committees/Village Committees
 - A. Finance Sub Committee 10/29/2013 Trustee Planisek, Chair
- X. Closing Public Comments
- XI. Scheduling of Council Sub Committee Meetings
- XIII. Adjournment

All communication, petitions, etc. must be in the office of the Village Clerk by 12 o'clock noon on the Tuesday proceeding the first and third Thursday of every month to be on the

**THURSDAY November 7, 2013 -6:45 PM
FINANCE COMMITTEE-REVIEW BILLS**

UNAPPROVED
MINUTES REGULAR COUNCIL MEETING
MACKINAW CITY

7:00 P.M.

October 17, 2013

I. President Pro-Tem Richard Perlick called the meeting to order and with the following Trustees present – Robert Glenn, Belinda Mollen, Sandy Planisek, and Paul Michalak. Absent- President Jeff Hingston and Trustee Matt Yoder. Also present. Manager Adam Smith and Clerk Lana Jaggi.

Visitors – List Attached.

II. Pledge of Allegiance

III. Motion Planisek seconded Glenn to approve the agenda as presented. Voice vote – motion carried unanimously.

IV. Clerks Report

A. Approval of Minutes:

1. Motion Planisek seconded Glenn to approve the regular meeting minutes of October 03, 2013 as presented. Voice vote-motion carried unanimously.

2. Motion Mollen seconded Glenn to approve the closed session minutes of October 03, 2013 as presented. Voice vote-motion carried unanimously.

B. Bills:

1. Motion Planisek seconded Michalak to pay the bills for 10/17/2013 in the amount of \$55,055.51. Voice vote-motion carried unanimously.

C. Communications-none

V. Manager Report was submitted and placed on file.

VI. Public Comments, Agenda/Non Agenda Items

VII. Old Business-None

VIII. New Business

A. The Headlands International Dark Sky Park -Emmet Co.

Presentation update given by Emmet County Controller Lyn Johnson.

B. Motion Planisek seconded Mollen to execute the C2AE Proposal for Engineering Services for the MDEQ SAW Grant Funding Application in the amount of \$900.00. Voice vote-motion carried unanimously.

C. Motion Mollen seconded Glenn to pay off in full the 1980 Water Revenue Bond on January 1, 2014 in the amount of \$173.899.18. Voice vote-motion carried unanimously.

D. Motion Glenn seconded Mollen to submit the Ash Tree Replacement and funding request to the State of Michigan Governor and Legislators. Voice vote-motion carried unanimously.

E. Motion Mollen seconded Planisek to approve the Preliminary Engineering Study for the Mackinaw City Municipal Marina Dock Replacement Resolution and Agreement Addendum as presented by the Department of Natural Resources. Ayes-Glenn, Mollen, Perlick, Planisek, Michalak. Absent-Hingston, Yoder. Motion carried.

UNAPPROVED
MINUTES REGULAR COUNCIL MEETING
MACKINAW CITY

7:00 P.M.

October 17, 2013

Page 2

F. Motion Mollen seconded Glenn to approve the application for Tree City USA recertification and accept the Arbor Day Proclamation. Voice vote-motion carried unanimously.

IX. Reports/Committees/Village Commissions: None

X. Scheduling of Council Sub Committee Reports:

Motion Mollen seconded Planisek to schedule a Village Council Committee of the Whole for October 22, 2013 to be held at 7:00 PM, council chambers. Voice vote-motion carried unanimously.

Motion Planisek seconded Mollen to schedule a Finance Subcommittee Meeting for October 29, 2013 to be held at 10:00 AM, council chambers. Voice vote-motion carried unanimously.

XI. Closing Public Comments

XII. Adjournment: 8:01 PM

Respectfully submitted;

Richard Perlick; Pres. ProTem

Lana Jaggi; Clerk



Village of Mackinaw City

102 South Huron Avenue, P.O. Box 580, Mackinaw City, Michigan 49701

Telephone: (231) 436-5351 Fax: (231) 436-4166

www.mackinawcity.org village@mackinawcity.org

To: Mackinaw City Council
From: Adam R. Smith, Village Manager
Date: November 5, 2013
Re: Manager Report & Recommendations for November 7, 2013 Council Meeting

VIII. A. Mackinaw Area Historical Society – Presentation [Informational Item]

Ms. Susie Safford and Mr. William Marvin, MAHS Board, will provide an informational presentation regarding initiatives of the Mackinaw Area Historical Society.

VIII. B. Special Event Applications (11) [Action Item]

1. 2014-SE-010 3 Disciplines (Triathlon)
2. 2014-SE-011 Mackinaw Area Historical Society (Bridge Tour Raffle)
3. 2014-SE-012 Mackinaw City Chamber of Commerce (Winterfest)
4. 2014-SE-013 Mackinaw City Chamber of Commerce (Big Mac Bike Tour Spring)
5. 2014-SE-014 Mackinaw City Chamber of Commerce (Music in Mackinaw)*
6. 2014-SE-015 Mackinaw City Chamber of Commerce (Corvette Show)
7. 2014-SE-016 Mackinaw City Chamber of Commerce (Walk of Iron Inductee Ceremony)
8. 2014-SE-017 Mackinaw City Chamber of Commerce (Big Mac Bike Tour Fall)
9. 2014-SE-018 Mackinaw City Chamber of Commerce (Fall Festival)
10. 2014-SE-019 Michilimackinaw Voyagers (Fort Michilimackinac Pageant)
11. 2014-SE-020 Church of the Straits (Labor Day Service)

*Friday July 11, 2014 conflict noted.

VIII. C. Emergency Dredging Application & Certificate for Payment [Action Item]

The Emergency Dredging Project is in accordance with scheduled allowances with a minimum of fifteen percent (15%) of the project completed as of November 1, 2013. Kokosing Construction Co., Inc. has requested a partial payment of completed work. James Muschell, United Design Associates, Inc. has reviewed the figures and finds everything to be in order; the quantities shown in this estimate represent the work performed in accordance with the contract documents. Harbormaster Paquet has reviewed the partial payment estimate and agrees with Mr. Muschell's evaluation. I would recommend a motion to authorize partial project payment of \$17,482.50 to Kokosing Construction Co., Inc. for completed work on the project. *Please refer to the attached Application and Certificate for Payment for additional details.*

VIII. D. Village Manager Performance Evaluation [Roll Call][Action Item]

In accordance with the Open Meetings Act, closed sessions may be held by public bodies to consider a periodic personnel evaluation with a roll call vote (two-third majority is not required). Manager Smith is requesting a closed session for that purpose. Per Manager Smith's Employment



Agreement, Council shall review and evaluate the performance of manager at six-months during the first year and once annually before the end of each calendar year. This review and evaluation shall be in accordance with specific performance goals and similar criteria developed jointly by the Council and Manager. The evaluation itself is a verbal dialogue between the Council and Manager. Following the closed session, a motion is necessary indicating the overall outcome of the manager's evaluation (i.e. exceeds expectations; meets expectations; needs improvement).

DPW MONTHLY REPORT FOR OCTOBER

STREETS-Cold Patching of Streets.

Blading of Gravel Streets.

Gravel rd. shoulders.

Haul in sand for winter use.

Put out curb stakes for winter plowing.

Pick up bumpers.

Crack sealing in progress-(should be finished 1st week in Nov weather permitting.)

OTHER VILLAGE PROP.-Picking up leaves and brush.

Replace trees and repair electric boxes on South Huron Street.

Finish siding on rink building.

Painting barrels.

SIDE WALKS- Take out sidewalk East Jamet St. and fill with gravel for winter.

WATER- Repair two broken water shut offs on Lake Side Drive.

EQUIPMENT- Working on equipment getting ready for winter.

Work on Fire vehicles.

Work on Ambulance vehicles.

Work on Police vehicles.

WORKING ON BUDGET.

Other small jobs as they came along.

Village of Mackinaw City

Monthly Report – Water & Wastewater For October 2013

Routine Maintenance and Usage: Date Submitted 11-01-13

- Number of gallons pumped by water department during the month to date: 6.854 MG
- Number of gallons discharged by wastewater treatment plant during the month to date: 10.580 MG
- Number of water shutoffs during the month: Approx. 93
- Number of water turn-ons during the month: 0
- Number of new water service connections during the month: 0
- Number of new sewer service connections during the month: 0
- Continue to maintain plant operation to efficiently treat wastewater
- Submit wastewater report to the state of Michigan DEQ & EPA
- Continue to conduct operation to meet the village's national pollution discharge permit
- Continue lab operations that efficiently and accurately measure wastewater operation parameters
- Conduct daily monitoring of the village's eight wastewater lift stations to maintain efficiency and reliable pumping operations
- Continue to operate our water system to meet state and federal drinking water standards
- Perform daily monitoring of the village's four municipal water wells
- Coordinate and perform water analysis for quality and to maintain safety of drinking water
- Conduct routine maintenance to our water system
- Continue performing monthly checks and required testing of necessary safety equipment
- Exercise emergency backup equipment to ensure reliability

New and Continued Projects:

- Fall flushing program has been completed on our water system and tower
- The sewer department, DPW, village manager and C2AE conducted a meeting on the upcoming SAW program
- The water and sewer department has begun prepping the lift stations, wells and the treatment plant for the upcoming winter season
- RTI Laboratories reported on monitoring wells at our treatment plant (groundwater analysis) as required by DEQ
- The water department is busy conducting water turn-offs for our seasonal residential and commercial customers
- Submitted our annual biosolids report as required by the DEQ
- The water department continued to work on the safety program, which includes a variety of safety checks in both the water and wastewater departments and completed a MIOSHA Hazard Communication Training requirement. The department also completed a Michigan Municipal League safety survey
- Continue working on budget as well as capital improvements for the upcoming fiscal year, obtaining bids and pricing information on capital improvement projects
- Sewer department completed load tests on our large generators at the treatment plant
- The water department received a letter of approval on the status of our Well Head Protection program
- The Michigan Department of Environmental Quality conducted an inspection of our treatment plant, lab procedures, operating records, monitoring data and conducted tests with their mobile lab

Notable Events Affecting Water & Wastewater Department:

The village experienced one broken water service to one of our residential customers. One power loss event occurred at our Dujaunay lift station which required the use of a generator for about five hours.

**ARRESTS MADE BY THE MACKINAW CITY POLICE DEPARTMENT
YEAR TO DATE THROUGH OCTOBER 31**

| CRIME TYPE | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| CRIMES AGAINST PERSON | 11 | 7 | 10 | 16 | 6 | 3 |
| PROPERTY CRIMES | 15 | 15 | 23 | 15 | 17 | 11 |
| MORALS/DECENCY CRIMES | 18 | 20 | 29 | 20 | 10 | 11 |
| PUBLIC ORDER CRIMES | 56 | 75 | 107 | 72 | 87 | 127 |
| JUVENILE/MINOR | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 100 | 117 | 169 | 123 | 120 | 152 |

Citations Issued Year To Date 2013: 175

Citations Issued Year To Date 2012: 191

Citations Issued Year To Date 2011: 196

**COMPLAINTS RECEIVED BY THE MACKINAW CITY POLICE DEPARTMENT
YEAR TO DATE THROUGH OCTOBER 31**

| | <u>2008</u> | <u>2009</u> | <u>2010</u> | <u>2011</u> | <u>2012</u> | <u>2013</u> |
|---|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Traffic Crash: | | | | | | |
| Public Roadway | 47 | 56 | 46 | 50 | 40 | 50 |
| Private Property | 46 | 41 | 39 | 33 | 49 | 40 |
| Personal Injury Crash: | 5 | 2 | 1 | 7 | 4 | 4 |
| TOTAL | 98 | 99 | 86 | 90 | 93 | 94 |
| Breaking and Entering: | | | | | | |
| Business | 3 | 4 | 5 | 0 | 1 | 1 |
| Residence | 0 | 0 | 0 | 2 | 0 | 1 |
| Other | 0 | 0 | 2 | 2 | 0 | 0 |
| TOTAL | 3 | 4 | 7 | 4 | 1 | 2 |
| Larceny: | | | | | | |
| From Bldg./Veh./Pub. Place | 31 | 54 | 59 | 41 | 44 | 23 |
| Fail to Pay for Services | 24 | 14 | 5 | 5 | 5 | 15 |
| Bad Check/Fraud | 5 | 4 | 3 | 0 | 1 | 3 |
| TOTAL | 60 | 72 | 67 | 46 | 50 | 41 |
| Malicious Destruction of Property: | 10 | 13 | 9 | 10 | 11 | 6 |
| Domestic/Civil: | 29 | 44 | 51 | 50 | 75 | 66 |
| Assault: | 15 | 15 | 16 | 26 | 26 | 9 |
| Stolen Vehicle: | 0 | 3 | 0 | 0 | 1 | 0 |
| Reports Taken to Date: | 808 | 909 | 935 | 897 | 1120 | 1001 |

**MACKINAW CITY EMERGENCY MEDICAL SERVICE
MACKINAW CITY FIRE DEPARTMENT
Activity Report**

| EMS | | <u>2011</u> | <u>2012</u> | <u>2013</u> | <u>2014</u> | <u>2015</u> | <u>2016</u> |
|----------------------------|-----------|-------------|-------------|-------------|-------------|-------------|-------------|
| Runs | | | | | | | |
| | January | 29 | 21 | 17 | | | |
| | February | 18 | 26 | 26 | | | |
| | March | 28 | 18 | 22 | | | |
| | April | 28 | 33 | 26 | | | |
| | May | 31 | 36 | 40 | | | |
| | June | 28 | 51 | 43 | | | |
| | July | 66 | 50 | 67 | | | |
| | August | 66 | 69 | 59 | | | |
| | September | 42 | 37 | 47 | | | |
| | October | 25 | 23 | 39 | | | |
| | November | 24 | 23 | | | | |
| | December | 25 | 19 | | | | |
| TOTAL RUNS FOR YEAR | | 410 | 406 | 386 | 0 | 0 | 0 |

| MCFD | | <u>2011</u> | <u>2012</u> | <u>2013</u> | <u>2014</u> | <u>2015</u> | <u>2016</u> |
|----------------------------|-----------|-------------|-------------|-------------|-------------|-------------|-------------|
| Runs | | | | | | | |
| | January | 7 | 5 | 3 | | | |
| | February | 4 | 3 | 4 | | | |
| | March | 3 | 5 | 3 | | | |
| | April | 3 | 4 | 2 | | | |
| | May | 7 | 7 | 6 | | | |
| | June | 3 | 8 | 14 | | | |
| | July | 9 | 10 | 8 | | | |
| | August | 12 | 10 | 11 | | | |
| | September | 9 | 9 | 7 | | | |
| | October | 11 | 3 | 9 | | | |
| | November | 7 | 6 | | | | |
| | December | 4 | 2 | | | | |
| TOTAL RUNS FOR YEAR | | 79 | 72 | 67 | 0 | 0 | 0 |

| | | | | | | | |
|---------------------------------|-----------|-----------|-----------|-----------|----------|----------|----------|
| Training | | | | | | | |
| | January | 2 | 1 | 2 | | | |
| | February | 3 | 2 | 2 | | | |
| | March | 2 | 2 | 2 | | | |
| | April | 1 | 2 | 2 | | | |
| | May | 2 | 2 | 2 | | | |
| | June | 2 | 2 | 2 | | | |
| | July | 2 | 3 | 2 | | | |
| | August | 2 | 3 | 2 | | | |
| | September | 1 | 1 | 2 | | | |
| | October | 3 | 2 | 4 | | | |
| | November | 2 | 2 | | | | |
| | December | 1 | 0 | | | | |
| TOTAL TRAININGS FOR YEAR | | 23 | 22 | 22 | 0 | 0 | 0 |

MARINA MONTHLY REPORT

November 7, 2013

The dredging has finally started, Tuesday, November 5th. Permits for the long-range preliminary study project were sent out Tuesday to the DEQ.

RECREATION MONTHLY REPORT

On October 25th, 26th, and 27th 20 hockey games were played at the Mackinaw City Ice Rink as part of a bigger tournament in Sault Ste. Marie, Michigan. The Mackinaw City Skating Association has made their November 1st payment of \$11,000.00.

CDD
November 7, 2013

The office of the CDD has approved one Zoning Permit in the last month. This is for Quality Properties, 2013-ZP-011, for a meeting room addition at Mackinaw Beach and Bay All Suites Resort. The completion date for this project is May 31, 2014.

Also there is pre-application discussion taking place for a PUD, parcel ID# 012-V07-002-051-00, located at 201 S. Huron.

Numerous Right of Way permits have been issued this fall. These are necessary if someone will be obstructing the Public Right of Way in any manner during a project.

Facilities October, 2013 Report

The Facilities Department has been keeping busy in various ways. Jobs include, but are not limited to, the following tasks.

Regular Maintenance:

1. Daily cleaning of restrooms and facilities.
 - a. City hall
 - b. Trail Head Restrooms
 - c. Ducharme St. Restrooms
 - d. Ice Rink complex
2. Trash removal in the downtown area.
3. Facilities sidewalk maintenance (trash/paper removal).

Maintenance Projects:

1. Streets:
 - a. General cleaning and trash removal
 - b. Flower removal
 - c. Irrigation winterizing has been completed
 - d. Tree lights
 - e. Bush/tree trimming
 - f. Leaf cleanup
2. Parks:
 - a. General cleaning and trash removal
 - b. Flower removal and bed clean-up
 - c. Irrigation winterization has been completed
 - d. Special event set-up
 - e. Bush/tree trimming.
 - f. Leaf cleanup
3. Ice Rink Complex:
 - a. General cleaning (mostly on rain days or as needed)
 - b. Repairs to sound baffles and various other repairs

In the upcoming month, Facilities Crew tasks will include regular daily duties. Tree trimming/tree light repairs will continue and preparation for fall/winter will continue. Christmas decorations will begin going up approximately mid-month November.

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VILLAGE OF MACKINAW CITY
MACKINAW AREA HISTORICAL SOCIETY
HERITAGE VILLAGE
OPERATING PARTNERSHIP AGREEMENT

1. **PARTIES:** The Village of Mackinaw City, whose address is 102 Huron Avenue, Post Office Box 580, Mackinaw City, MI 49701 (hereinafter "VMC") agrees to enter into an OPERATING PARTNERSHIP AGREEMENT (hereinafter "Agreement") with the MACKINAW AREA HISTORICAL SOCIETY, whose mailing address is Post Office Box 999, Mackinaw City, MI 49701 (hereinafter "MAHS") for the use and operation of HERITAGE VILLAGE whose address is 1425 W. Central Avenue, Mackinaw City, MI 49701.
2. **FEES:** This being an equal partnership between the parties, no VMC annual fee will be assessed to MAHS. Nor shall MAHS collect fees from VMC for official VMC usage of Heritage Village facilities. Groups other than MAHS will be subject to VMC park usage fees. Fees for building and facility usage will be determined and collected by MAHS in conjunction with VMC. **EXCEPTIONS:** Group events in direct partnership with MAHS or VMC are exempt from fees. MAHS may determine the fee schedule for MAHS members. VMC may determine the usage fee schedule for VMC employees, including council and committees.
3. **OWNERSHIP:** It is understood that the entire parcel of land involved is owned by VMC. The buildings, structures, facilities, and other entities attached to the land are also owned by VMC when constructed, renovated, replicated or otherwise completed and placed into use. All artifacts, furnishings, materials, program tools, interpretive signs, equipment and any other contents or displays are owned by MAHS.
4. **ACCESS:** Either party to this agreement shall have unlimited access to the property unless restricted by a scheduled event, educational program, community usage, or school event. All MAHS programs, events, school visits, staffed days and other restricted entry dates will be recorded with the

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VMC receptionist as far in advance as practical. MAHS shall be notified by VMC of all VMC scheduled usage of Heritage Village.

5. **APPLICATIONS FOR USAGE:** No application for usage of Heritage Village will be required of MAHS. No application for use of buildings or other facilities within Heritage Village will be required of VMC. No application for usage will be required for functions involving direct partnerships with MAHS or VMC. All other groups must meet the requirements of VMC usage applications and MAHS facility applications.
6. **VMC RESPONSIBILITIES:** The responsibilities of VMC are as follows:
 - A. VMC will perform on a regularly scheduled basis those functions carried out at all VMC city parks. These include but are not limited to: rest room cleaning, (this does not include the pumping of the existing Porta Potties which is handled by MAHS), trash pickup, security patrols, snow removal, mowing (coordinated with MAHS), dust abatement (coordinated with MAHS) and minor repairs.
 - B. Provide utilities as required. Subsequent bills are the responsibility of VMC with the exception of telephone.
 - C. VMC will obtain all building permits.
 - D. VMC will be responsible for footings and foundations. Cost sharing, if required, to be decided on a case by case basis.
 - E. VMC will provide equipment and supplies as needed for the safe conduct of volunteer efforts.
 - F. Provide financial support for special projects agreed upon by VMC and MAHS.
7. **MAHS RESPONSIBILITIES:** The responsibilities of MAHS are as follows:
 - A. MAHS will locate, negotiate, move, properly restore or replicate historically significant structures subject to final approval by VMC.
 - B. MAHS will locate, negotiate, move and properly restore historically significant artifacts.
 - C. MAHS will develop and implement interpretive programs for all buildings, facilities and artifacts open or displayed to the public.

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- D. MAHS will be the sole manager of Heritage Village other than the specific roles of VMC.
 - E. MAHS will coordinate various park maintenance functions as specified in 6. A. above to relieve VMC costs and utilize volunteers.
 - F. MAHS will provide programs to utilize volunteers of all ages, particularly senior citizens, to create a sense of pride, ownership and community involvement.
 - G. MAHS will continually expand its appeal and programs for children through student outreach efforts to schools.
 - H. MAHS will work in conjunction with VMC on VMC or Mackinaw City Public Schools (MCPS) events through organization of volunteers. This includes but is not limited to The Historic Festival, Tractor Parade, Community Picnic, Cross Country Meets, Pumpkin and Cornfields, Children's Garden Program, and Fright Night.
 - I. MAHS will create, produce and distribute various forms of publicity to promote Heritage Village, Mackinaw City, Emmet County and Northern Michigan. They will also cooperate with TV, Video, and magazine producers to accomplish the same.
 - J. MAHS will maintain a current website, Facebook page, OnCell technology and other electronic applications to accomplish the goals in I above.
 - K. MAHS will develop, nurture and maintain partnerships with various governmental, educational, and civic organizations to promote Heritage Village, Mackinaw City, Emmet County and Northern Michigan.
8. FUNDING: In addition to the requirements mentioned in 6.A, VMC will budget a set amount from the general fund to carry out those functions in 6. C.D. and F. This amount will be determined yearly in the VMC budget process and be targeted at not less than \$10,000. MAHS will be responsible for general fundraising through donations, raffles, events, sales and other means deemed appropriate by the MAHS Board of Directors. This amount has exceeded \$100,000 for fiscal years 2011 and 2012. In addition, MAHS will maintain and fund an endowment account for the long range benefit of Heritage Village. Either party may apply for grants, both public and private, individually or jointly.

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9. **GOVERNANCE:** The governing bodies of Heritage Village shall be the VMC Village Council and the MAHS Board of Directors. Within this agreement, decisions may be made by their designated representatives. Matters occurring outside this agreement will be subject to approval by both the MAHS Board of Directors and the VMC Village Council.
10. **LIABILITY:** The same VMC liability that is in effect for all VMC parks and properties shall apply to Heritage Village. MAHS also shall be required to carry liability insurance (currently in force). Special events may require additional short term liability policies. Vendors, performers, contractors and groups using Heritage Village will be required to be bonded and carry their own liability policies.
11. **FINANCIAL LIABILITY:** No loans or long term debt will be incurred by MAHS specific to Heritage Village without approval of both the MAHS Board of Directors and the VMC Village Council. Expenses contracted by VMC specific to Heritage Village will not encumber MAHS. Expenses contracted by MAHS specific to Heritage Village will not encumber VMC. MAHS's yearend tax and financial statements submitted to The State of Michigan or the Federal Government (IRS) will be provided to VMC.
12. **INSURANCE:** All building structures will be insured against loss by VMC. All artifacts, contents, materials, documents and MAHS equipment will be insured by MAHS (currently in force).
13. **SECURITY:** Security measures for the entire property are the joint responsibility of VMC and MAHS. Specific security measures in effect and to be developed will not be listed in this agreement for confidentiality reasons.
14. **SEVERABILITY:** If any section, paragraph, clause or provision of this agreement shall be held invalid, the invalidity of such section, paragraph, clause, or provision shall not affect any other section, paragraph, clause or provision of this agreement.

15. REVIEW OF AGREEMENT: This OPERATING PARTNERSHIP AGREEMENT should be reviewed at a minimum of every five (5) years and may be reviewed at any time by written request from one governing body to the other.
16. TERMINATION OF AGREEMENT: Neither party identified in paragraph 1. may unilaterally terminate this agreement. Termination may be achieved by a majority vote of the MAHS Board of Directors and the VMC Village Council. In such case the Charter of the VMC and the by-laws of MAHS would govern dissolution.

This OPERATING PARTNERSHIP AGREEMENT is approved this 7th day of December, 2012.

MACKINAW AREA HISTORICAL SOCIETY
MAHS

By William F. Marvin

Title MAHS PRESIDENT

VILLAGE OF MACKINAW CITY

VMC

By Jeff Hington

Title Village President

COPY

SPECIAL EVENT APPLICATION
VILLAGE OF MACKINAW CITY
102 S. HURON AVENUE, MACKINAW CITY, MI 49701
(231) 436-5351

To Admin. Staff: 10-4-13
To Council: 11-7-13
Decision: Approved Denied
Minutes to Applicant: _____

Must be filled out in its entirety and returned to the Village Clerk's Office 45 days prior to the event.

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: 3 Disciplines TELEPHONE: 231-546-2229
MAILING ADDRESS: PO BOX 458 Gaylord, MI 49734
CONTACT NAME: Becky Willson TELEPHONE: 231-546-2229
E-MAIL ADDRESS: info@3disciplines.com CELL PHONE: 810-449-4144

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Kenny Krell TELEPHONE: 231-546-2229
E-MAIL ADDRESS: kenny@3disciplines.com CELL PHONE: 810-449-4144

EVENT INFORMATION

NAME OF EVENT: Mackinaw Multi-Sport
PURPOSE OF EVENT: Triathlon, Duathlon and 5k Run

Non-Profit For-Profit Village Operated/Sponsored Co-Sponsored

Marathon/Race Festival/Fair Arts & Crafts Show Other _____

DATE(S): 7/27/14 FROM 8:00 A.M. P.M. TO 2:00 A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.

RAIN DATE(S): _____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.

EVENT LOCATION: Waywatum Park and existing bike and run courses

ESTIMATED NUMBER OF ATTENDEES: 150 athletes

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 40

ESTIMATE DATE/TIME FOR SET-UP: 7/25 8:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 7/27 2:00 A.M. P.M.

1

2014SE-010

Called with Council date on 10/29/13

RECEIVED
10-2-13

Base Fee of \$300.00 is due
Amb. Stand-by Fee of \$300 is due
Ins. Certificate will be mailed-

PARADE PERMIT

Includes runs, walks, and other uses of the Village public right-of-way.

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: please see attached maps - same as past years

Date and time Parade will start: 7/27 8:00 A.M. P.M.

Date and time Parade will end: 7/27 12:30 A.M. P.M.

EVENT DETAILS

SITE MAP: All applicants must provide a drawing of the event area and are due at application. Site map must be legible, be pre approved by Village Staff, and include and/or identify the following, if applicable:

- Lot lines
- Fire Hydrants
- Tents
- Table and chair diagram
- Bicycle Routes (including route into and out of town)
- All bicycle events will utilize the Village's Hike and Bike Trail
- Label roads and closest cross roads
- Locate and label buildings
- Portable Restrooms
- Placement of food vendors
- Sidewalks
- Parking lots
- Ingress and egress points
- Parade Route
- All proposed modifications

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes No

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: 7:30am END: 12:30pm
(NO LATER THAN 10 P.M.)

FOOD VENDORS/CONCESSIONS: (Contact Emmet or Cheboygan County Health Department)
 Yes No Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No

- Provide Copy of Liquor Liability Insurance
See page 4 for required language naming the Village as an additional insured
- Provide Copy of Michigan Liquor Control License

If yes, describe measures to be taken to prohibit the sale of alcohol to minors: _____

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No

Date insurance binder provided: 30 days prior
See page 4 for required language naming the Village as an additional insured

WILL FIREWORKS BE APART OF EVENT: Yes No

- Provide Copy of Liability Insurance
- Provide Copy of Fireworks Permit
See page 4 for required language naming the Village as an additional insured

EVENT SIGNAGE: Village Council approval is required for any temporary signing in the public right-of-way, across a street or on Village property. Which of the following signs are requested for this event:

- "YARD" SIGNS - Number requested: ____ (Maximum size is 2' x2'. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)
- SIGNAGE AT EVENT SITE - Location(s): along run and bike routes

Description of signs: small chloroplast yard signs
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

VENDOR PARKING: Have you made arrangement for vendor parking? Yes No
If yes, where do you propose your vendors park? _____

EVENT LONG TERM PARKING: Will there be long term parking? Yes No
If yes, from date _____ to ending date: _____
Long term parking identified on the site map? Yes No

OVERNIGHT CAMPING: Will there be camping over night? Yes No
Name of Facility where camping: _____
If yes, from date: _____ to ending date: _____
Camp sites identified on the site map? Yes No

TENTS/CANOPIES/MISC: The Village of Mackinaw City does have tables and/or chairs available for rental. You will need to provide a diagram of the area for set up. Will the following be constructed or located in the event area?:

- BOOTHS – QUANTITY _____
- TENTS – QUANTITY³ _____
- Size _____
- CHAIRS – QUANTITY _____
- AWNINGS – QUANTITY _____
- TABLES – QUANTITY _____

Seating diagram for booths, awnings, tables and chairs provided with application: Yes No

PORTABLE RESTROOMS/TOILETS
Have you made arrangements to provide portable restroom facilities at your event? Yes No
If yes, total number of portable toilets: 2 Number of ADA accessible portable toilets: _____
If no, explain: _____

Restroom Company Name: Roses Septic
Address Street: _____
City: Cheboygan State: mi Zip: _____
Telephone Day: _____ Evening: _____ Fax: _____ Cell: _____

Equipment set up: Date: 9/25 Time: 3pm
Equipment pick up: Date: 9/28 Time: 8am
Portable restrooms identified on the site map? Yes No

APPLICATION CHECK LIST

A = Applicant V = Village

A **V**

- Completed Application
- Special Event Fee received on _____, receipt no _____ amount: \$ _____
- Event Map Received (includes detailed event layout for vendors, booths, portable restrooms, fire hydrants, parking, ingress, egress, roads, sidewalks, table and chair diagram, etc.)
- Bicycle Route Map (use of the Mackinaw City Bike Trail is required)
- Certificate of Insurance (listing the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701 as an additional insured)
- Ambulance Standby included with Application paid on _____, receipt no. _____ amount \$ _____
- Fireworks Permit (if applicable)
- Michigan Liquor Control Commission Special Event License (if applicable)
- Health Department Food Service License (if applicable)

If document is missing, please explain: Insurance will be sent closer to event payment will be made upon approval

The applicant and sponsoring organization understand and agrees to:

Provide a certificate of insurance with all coverage deemed necessary for the event, naming the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701, as an additional insured on all applicable policies and submit the certificate to the Village Clerk's Office no later than thirty (30) days prior to the event.

Comply with all Village Ordinances and Policies and applicable State laws, and acknowledges that the special event permit does not relieve the applicant or organization from meeting any application requirements of law or other public bodies or agencies.

Applicant and sponsoring organization further understands the approval of this special event may include additional requirements and/or limitations based on the Village's review of this application. The applicant and sponsoring organization understand that it may be necessary to meet with Village staff during, as well as after the event, for the review of this application and that Village Council approval is necessary.

Applicant understands that he/she is responsible for contacting the Michigan Liquor Control Commission and/or Cheboygan or Emmet County Health Department to secure all permits required for this event.

Applicant further agrees to defend, indemnify and hold harmless the Village of Mackinaw City, Michigan from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from this Special Event by reason of any damage to property, personal injury or bodily injury,

including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss cost of expense is caused in whole or in part by the negligence of the Village of Mackinaw City or by third parties, or by the agents, servants, employees or factors of any of them.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

The Village of Mackinaw City expressly reserves the right in its sole discretion to cancel a private event for Village purposes and the Site user agrees, as a term of its use of a site, to release and waive all claims of any kind (including a claim for consequential damages), against the Village, its officers or employees arising out of cancellation of the user's event.

Is this an annual event? Yes No
Is this event expected to occur next year? Yes No
How many years has this event occurred? 7 years

Kenny Krell
Applicant Signature
Print name of applicant: Kenny Krell

9-16-13
Date

VILLAGE USE ONLY – Department representative please initial if approved

[GW] DPW [GW] FACILITY SERVICES
[GW] POLICE [GW] FIRE [GW] AMBULANCE
[GW] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____
VILLAGE MANAGER

**AMBULANCE STANDBY REQUEST
VILLAGE OF MACKINAW CITY
102 S. Huron Avenue, Mackinaw City, MI 49701**

Contact Name: Becky Willson
Mailing Address: PO BOX 458
City Gaylord State MI Zip 49727
Home Phone no: 231-546-2229
Work/Cell Phone no: 810-577-3160 (Annmarie on site Contact)
Identify Name/Type of Event: Mackinaw Multi-Sport Race
Identify Address or Park for Event: Waywatum Park

Date(s) of event: 7/27/2014
Time for Standby: From 7:50am To 10am
Approximate number of participants: 150

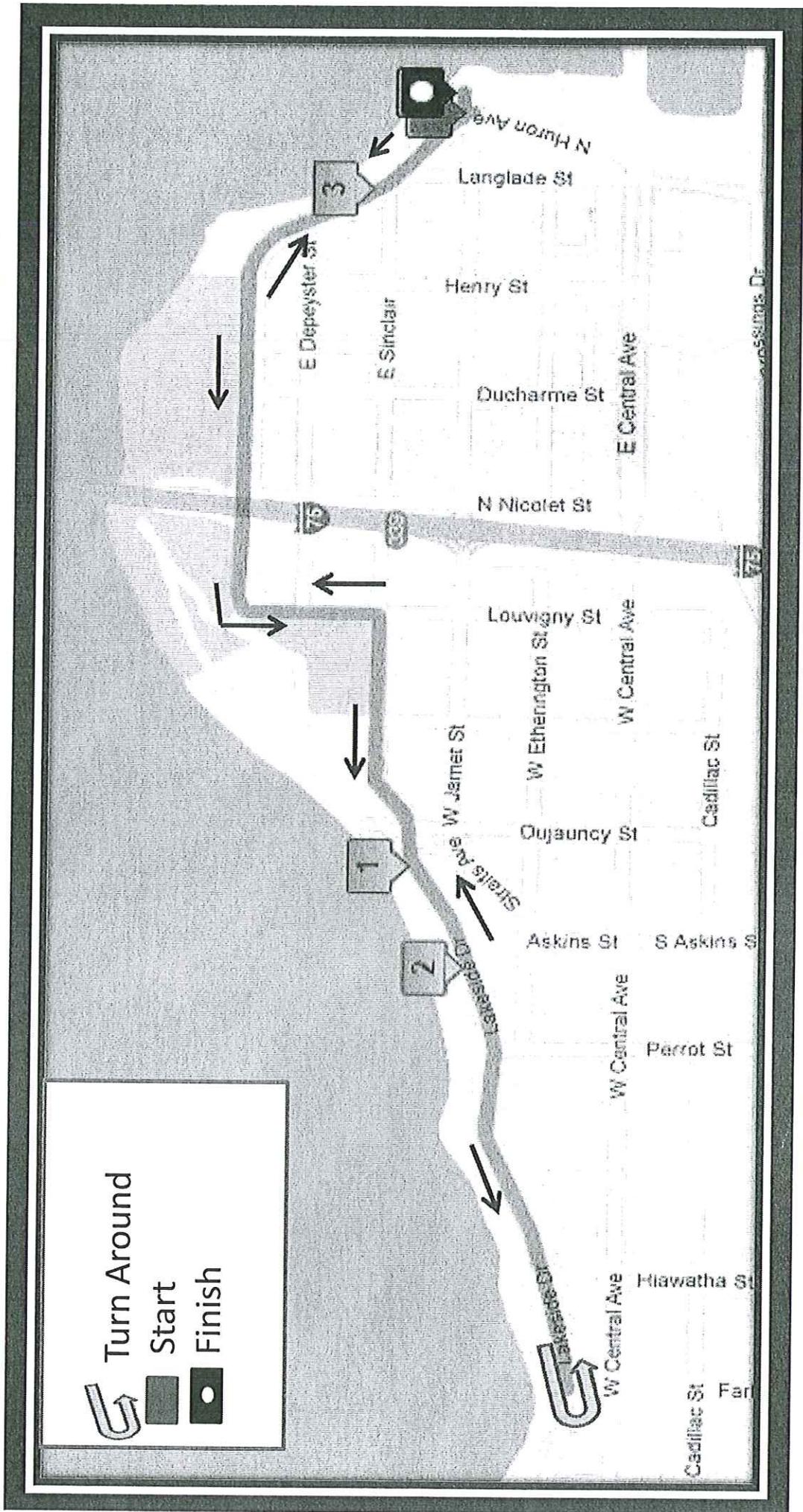
You must contact Fred Thompson, the Village's Ambulance Director, at 231-436-5351 two months prior to the event for final arrangements.

An ambulance standby fee of \$150 per hour, per event and is due at least two months prior to the event. Please make the check payable to the Village of Mackinaw City and send it along with this application to:

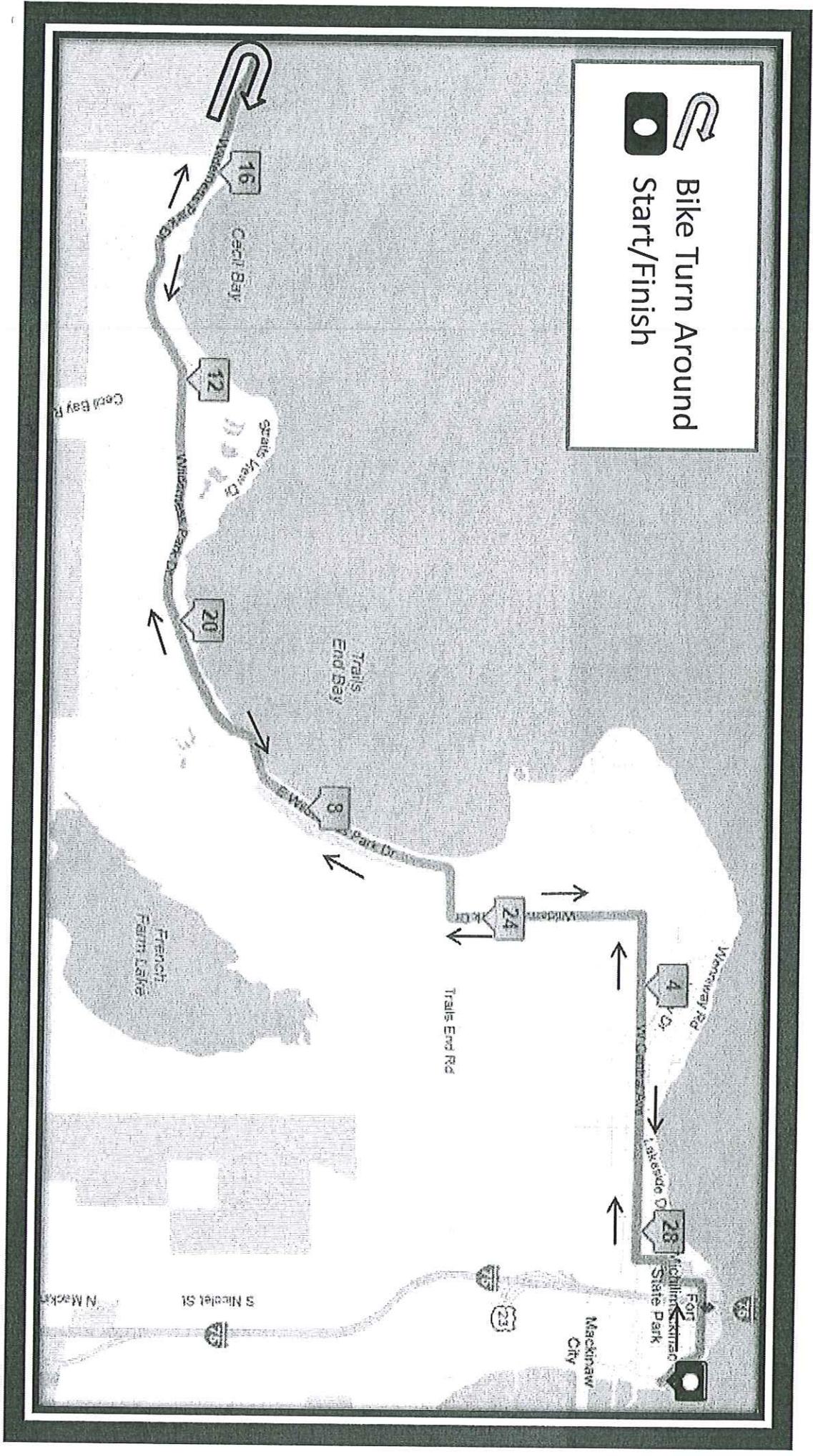
Village of Mackinaw City
Post Office Box 580
Mackinaw City, MI 49701

An ambulance will be provided on a standby basis during the event. We are staffed to provide emergency service, subject to medical control authority, on scene. Crew members can address minor medical conditions on site (i.e. blood pressure, sprains, fractures, etc.). We are not a mobile clinic.

Mackinaw 5K Run



Mackinaw 30K Bike



reception

From: Becky Willson [becky@3disciplines.com]
Sent: Wednesday, October 02, 2013 3:13 PM
To: reception
Subject: Event Application
Attachments: 14 Mackinaw Clty Event App 001.tif; Mackinaw Bike.pdf; Mackinaw Run.pdf

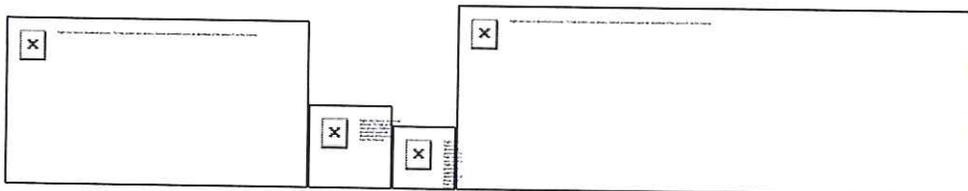
Attached is our event application. We had an issue with the EMS this past year, they never checked in with us during the event nor did we ever see them there. We paid the \$300 fee (which is the highest fee in Northern Michigan) and we tried to talk to them regarding the situation. They will not return our calls, if we are not going to be refunded our money we would at least like the credit applied to 2014. Can you please check in to that situation or pass this on to someone who can help us. If you need anything else from us for the 2014 event please let me know but everything will be the same as years past.

--

Dream, Believe, Achieve

Becky Willson
Office Manager
3 Disciplines Racing
Po Box 458
Gaylord, MI 49734
231.546.2229 office

www.3disciplines.com
www.your-results.com
www.multi-sportamerica.com
www.racedirectorservices.com



2014 SE-011

To Admin. Staff: 10-11-13

To Council: 11-7-13

Decision: Approved Denied

Minutes to Applicant: _____

**SPECIAL EVENT APPLICATION
VILLAGE OF MACKINAW CITY
102 S. HURON AVENUE, MACKINAW CITY, MI 49701
(231) 436-5351**

*Called with
Council date on 10/29/13*

Must be filled out in its entirety and returned to the Village Clerk's Office 45 days prior to scheduled event

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: Mackinaw Area Historical Society TELEPHONE: _____

MAILING ADDRESS: PO Box 999 Mackinaw City, MI 49701

CONTACT NAME: Susie Safford TELEPHONE: _____

E-MAIL ADDRESS: susiesafford@gmail.com CELL PHONE: 231 373 9793

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Susie Safford TELEPHONE: _____

E-MAIL ADDRESS: susiesafford@gmail.com CELL PHONE: 231 373 9793

EVENT INFORMATION

NAME OF EVENT: Bridge Tour Raffle Ticket sales

PURPOSE OF EVENT: sell raffle tickets to benefit MAHS

Non-Profit For-Profit Village Operated/Sponsored Co-Sponsored

Marathon/Race Festival/Fair Arts & Crafts Show Other _____

DATE(S): 5-24-14 ~~5-24-14~~ Memorial Day ^{Saturday} FROM 7:00 A.M. P.M. TO 9:00 A.M. P.M. *Marina Lawn*

Independence Day FROM 7:00 A.M. P.M. TO 9:00 A.M. P.M. *Marina Lawn*

Labor Day FROM 6:00 A.M. P.M. TO 2:00 A.M. P.M. *Conkling Park*

RAIN DATE(S): _____ FROM _____ A.M. P.M. TO _____ A.M. P.M.

_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.

EVENT LOCATION: Conkling Park, McGulpin Lighthouse, Marina Lawn

ESTIMATED NUMBER OF ATTENDEES: _____

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 2 volunteers at each table on each date

ESTIMATE DATE/TIME FOR SET-UP: same day 6 & 7:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: same day 9 & 2:00 A.M. P.M.

EVENT SIGNAGE: Village Council approval is required for any temporary signing in the public right-of-way, across a street or on Village property. Which of the following signs are requested for this event:

- "YARD" SIGNS** - Number requested: ____ (Maximum size is 2' x2'. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)
- SIGNAGE AT EVENT SITE** - Location(s): _____

Description of signs: 8 1/2 " x 11" Photo of Bridge from S Tower

(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

VENDOR PARKING: Have you made arrangement for vendor parking? Yes No

If yes, where do you propose your vendors park? _____

EVENT LONG TERM PARKING: Will there be long term parking? Yes No

If yes, from date _____ to ending date: _____

Long term parking identified on the site map? Yes No

OVERNIGHT CAMPING: Will there be camping over night? Yes No

Name of Facility where camping: _____

If yes, from date: _____ to ending date: _____

Camp sites identified on the site map? Yes No

TENTS/CANOPIES/MISC: The Village of Mackinaw City does have tables and/or chairs available for rental. You will need to provide a diagram of the area for set up. Will the following be constructed or located in the event area?:

BOOTHS – QUANTITY _____

Size _____

TENTS – QUANTITY _____

CHAIRS – QUANTITY _____

AWNINGS – QUANTITY _____

TABLES – QUANTITY _____

Seating diagram for booths, awnings, tables and chairs provided with application: Yes No

PORTABLE RESTROOMS/TOILETS

Have you made arrangements to provide portable restroom facilities at your event? Yes No

If yes, total number of portable toilets: _____ Number of ADA accessible portable toilets: _____

If no, explain: _____

Restroom Company Name: _____

Address Street: _____

City: _____ State: _____ Zip: _____

Telephone Day: _____ Evening: _____ Fax: _____ Cell: _____

Equipment set up: Date: _____ Time: _____

Equipment pick up: Date: _____ Time: _____

Portable restrooms identified on the site map? Yes No

APPLICATION CHECK LIST

A = Applicant V = Village

A V

- Completed Application
- Special Event Fee received on _____, receipt no _____
amount: \$ _____
- Event Map Received (includes detailed event layout for vendors, booths, portable restrooms, fire hydrants, parking, ingress, egress, roads, sidewalks, table and chair diagram, etc.)
- Bicycle Route Map (use of the Mackinaw City Bike Trail is required)
- Certificate of Insurance (listing the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701 as an additional insured)
- Ambulance Standby included with Application paid on _____, receipt no. _____
amount \$ _____
- Fireworks Permit (if applicable)
- Michigan Liquor Control Commission Special Event License (if applicable)
- Health Department Food Service License (if applicable)

If document is missing, please explain: single table approx 5 ft by 3 ft will be located away from high foot traffic but in proximity to tourist gathering

The applicant and sponsoring organization understand and agrees to:

Provide a certificate of insurance with all coverage deemed necessary for the event, naming the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701, as an additional insured on all applicable policies and submit the certificate to the Village Clerk's Office no later than thirty (30) days prior to the event.

Comply with all Village Ordinances and Policies and applicable State laws, and acknowledges that the special event permit does not relieve the applicant or organization from meeting any application requirements of law or other public bodies or agencies.

Applicant and sponsoring organization further understands the approval of this special event may include additional requirements and/or limitations based on the Village's review of this application. The applicant and sponsoring organization understand that it may be necessary to meet with Village staff during, as well as after the event, for the review of this application and that Village Council approval is necessary.

Applicant understands that he/she is responsible for contacting the Michigan Liquor Control Commission and/or Cheboygan or Emmet County Health Department to secure all permits required for this event.

Applicant further agrees to defend, indemnify and hold harmless the Village of Mackinaw City, Michigan from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from this Special Event by reason of any damage to property, personal injury or bodily injury,

including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss cost of expense is caused in whole or in part by the negligence of the Village of Mackinaw City or by third parties, or by the agents, servants, employees or factors of any of them.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

The Village of Mackinaw City expressly reserves the right in its sole discretion to cancel a private event for Village purposes and the Site user agrees, as a term of its use of a site, to release and waive all claims of any kind (including a claim for consequential damages), against the Village, its officers or employees arising out of cancellation of the user's event.

Is this an annual event? Yes No
Is this event expected to occur next year? Yes No
How many years has this event occurred? _____

Cecelia T. Waskiewicz
Applicant Signature
Print name of applicant: Cecelia T. Waskiewicz

10-10-2013
Date

VILLAGE USE ONLY – Department representative please initial if approved

[HW] DPW [RV] FACILITY SERVICES
[pen] POLICE [FW] FIRE [FW] AMBULANCE
[PP] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____
VILLAGE MANAGER

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

LOADER – MODEL _____ TOTAL MEN _____

TOTAL MAN HOURS _____

PICK UP TRUCKS _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER EQUIPMENT _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

TRASH RECEPTACLES – QUANTITY _____

BARRICADES – QUANTITY _____

TRAFFIC CONES – QUANTITY _____

PARKING SIGNS – QUANTITY _____

FENCING WATER ELECTRIC

RESTROOM CLEANING

OTHER _____

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

POLICE ESCORT NEEDED: Yes No LIQUOR APPLICATION RECEIVED AND REVIEWED: Yes No

SITE MAP APPROVED: Yes No

MACKINAW CITY FIRE DEPARTMENT

APPROVED

DENIED

STREET CLOSURES: Yes No (use attached map to outline proposed closures)

Street closure date/time: ____/____/____ A.M. P.M.

Street re-open date/time: ____/____/____ A.M. P.M.

SITE MAP APPROVED: Yes No

RECREATION DEPARTMENT

APPROVED

DENIED

SHOWERS: Yes No

TABLES: Yes No Quantity: _____

CHAIRS: Yes No Quantity: _____

CAMPING: Yes No (identified on map)

LONG TERM PARKING: Yes No (identified on map)

PORTABLE RESTROOMS: Yes No (identified on map)

SITE MAP APPROVED: Yes No



October 10, 2013

The Mackinaw Area Historical Society (MAHS) asks permission to sell Bridge Tour Raffle tickets for 2014 on the three major holidays (Memorial Day, Independence Day, and Labor day) at Conkling Park, and McGulpin Lighthouse. MAHS would establish a single folding table with two folding chairs. The table would hold an 8 ½ x 11 inch picture of the bridge from the tower and a cash box. Two volunteers would be selling the tickets.

Memorial Day: A table would be placed in Conkling Park where people would be gathering for festivities. We would also put a table at the McGulpin Lighthouse.

Independence Day: A table would be placed in Conkling Park where people would be gathering for fireworks. We would also put a table at the McGulpin Lighthouse.

Labor Day: The table would be placed out of the way in Conkling Park where Labor Day bridge walkers would be lining up to board a bus for the walk.

Sincerely,

Susie Safford

MAHS President

To Admin. Staff: 10-15-13
To Council: 11-7-13
Decision: Approved Denied
Minutes to Applicant: _____

Called Dawn to let Chamber know of Council date 10-29-13 (7 Apps)

**SPECIAL EVENT APPLICATION
VILLAGE OF MACKINAW CITY
102 S. HURON AVENUE, MACKINAW CITY, MI 49701
(231) 436-5351**

Must be filled out in its entirety and returned to the Village Clerk's Office 45 days prior to scheduled event

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: Mackinaw City Chamber of Commerce TELEPHONE: 231-436-5574
MAILING ADDRESS: P.O. Box 856, Mackinaw City, MI 49701
CONTACT NAME: Dawn Edwards TELEPHONE: 231-436-5574
E-MAIL ADDRESS: dedwards@mackinawchamber.com CELL PHONE: 231-420-2979

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Kelly Vieau or Dawn Edwards TELEPHONE: 231-436-5574
E-MAIL ADDRESS: kelly@mackinawchamber.com or dedwards@mackinawchamber.com CELL PHONE: 231-420-6904 or 231-420-2979

EVENT INFORMATION

NAME OF EVENT: Community Winterfest 2014
PURPOSE OF EVENT: Winter weekend showcase & Community Fun

- Non-Profit For-Profit Village Operated/Sponsored Co-Sponsored
 Marathon/Race Festival/Fair Arts & Crafts Show Other _____

DATE(S): January 16 FROM 10 A.M. P.M. TO 5 A.M. P.M.
17 FROM 10 A.M. P.M. TO 9 A.M. P.M.
18 FROM 9 A.M. P.M. TO 9 A.M. P.M.
19 FROM 10 A.M. P.M. TO 3 A.M. P.M.

RAIN DATE(S): _____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.

EVENT LOCATION: Various sponsored locations around Mackinaw city
ESTIMATED NUMBER OF ATTENDEES: 1500

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 30

ESTIMATE DATE/TIME FOR SET-UP: _____ A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: _____ A.M. P.M.

Snow dependant for setup what of event.
1
10-16-13 received Ins.
SnowBlock
Outboard
Race
Kids Slides

PARADE PERMIT

Includes runs, walks, and other uses of the Village public right-of-way.

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: _____

Date and time Parade will start: _____ A.M. P.M.

Date and time Parade will end: _____ A.M. P.M.

EVENT DETAILS

SITE MAP: All applicants must provide a drawing of the event area and are due at application. Site map must be legible, be pre approved by Village Staff, and include and/or identify the following, if applicable:

- Lot lines
- Fire Hydrants
- Tents
- Table and chair diagram
- Bicycle Routes (including route into and out of town)
- All bicycle events will utilize the Village's Hike and Bike Trail
- Label roads and closest cross roads
- Locate and label buildings
- Portable Restrooms @ *Deplers*
- Placement of food vendors
- Sidewalks
- Parking lots
- Ingress and egress points
- Parade Route
- All proposed modifications

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes No

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: 9 AM Sat END: 4 PM Sat, after race
(NO LATER THAN 10 P.M.)

FOOD VENDORS/CONCESSIONS: (Contact Emmet or Cheboygan County Health Department)

Yes No Provide Copy of Health Department Food Service License

No one has signed up yet -

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No

- Provide Copy of Liquor Liability Insurance
See page 4 for required language naming the Village as an additional insured
- Provide Copy of Michigan Liquor Control License

If yes, describe measures to be taken to prohibit the sale of alcohol to minors: _____

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No

Date insurance binder provided: _____
See page 4 for required language naming the Village as an additional insured

WILL FIREWORKS BE APART OF EVENT: Yes No

- Provide Copy of Liability Insurance
- Provide Copy of Fireworks Permit
See page 4 for required language naming the Village as an additional insured

EVENT SIGNAGE: Village Council approval is required for any temporary signing in the public right-of-way, across a street or on Village property. Which of the following signs are requested for this event:

"YARD" SIGNS - Number requested: 8 (Maximum size is 2' x2'. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)

SIGNAGE AT EVENT SITE - Location(s): Date / Sponsor Locations
Outhouse race - entrances to city - at events.
Description of signs: Event Descriptors/Times - @ Locations
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

VENDOR PARKING: Have you made arrangement for vendor parking? Yes No
If yes, where do you propose your vendors park? _____

EVENT LONG TERM PARKING: Will there be long term parking? Yes No
If yes, from date _____ to ending date: _____
Long term parking identified on the site map? Yes No

OVERNIGHT CAMPING: Will there be camping over night? Yes No
Name of Facility where camping: _____
If yes, from date: _____ to ending date: _____
Camp sites identified on the site map? Yes No

TENTS/CANOPIES/MISC: The Village of Mackinaw City does have tables and/or chairs available for rental. You will need to provide a diagram of the area for set up. Will the following be constructed or located in the event area?:

BOOTHS - QUANTITY _____
Size _____
 AWNINGS - QUANTITY _____
 TENTS - QUANTITY _____
 CHAIRS - QUANTITY _____
 TABLES - QUANTITY _____

Seating diagram for booths, awnings, tables and chairs provided with application: Yes No

PORTABLE RESTROOMS/TOILETS Village Provides for Event
Have you made arrangements to provide portable restroom facilities at your event? Yes No
If yes, total number of portable toilets: 1 Number of ADA accessible portable toilets: _____
If no, explain: _____

Restroom Company Name: Rose Seplic
Address Street: _____
City: Chub State: mi Zip: 49721
Telephone Day: _____ Evening: _____ Fax: _____ Cell: _____

Equipment set up: Date: Jan 17 Time: 4 PM
Equipment pick up: Date: Jan 20 Time: 12 PM
Portable restrooms identified on the site map? Yes No

APPLICATION CHECK LIST

A = Applicant V = Village

A V

- Completed Application
- Special Event Fee received on _____, receipt no _____
amount: \$ _____
- Event Map Received (includes detailed event layout for vendors, booths, portable restrooms, fire hydrants, parking, ingress, egress, roads, sidewalks, table and chair diagram, etc.)
- Bicycle Route Map (use of the Mackinaw City Bike Trail is required)
- Certificate of Insurance (listing the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701 as an additional insured) *Barnett* ^{up/village}
- Ambulance Standby included with Application paid on _____, receipt no. _____
amount \$ _____
- Fireworks Permit (if applicable)
- Michigan Liquor Control Commission Special Event License (if applicable)
- Health Department Food Service License (if applicable)

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

Provide a certificate of insurance with all coverage deemed necessary for the event, naming the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701, as an additional insured on all applicable policies and submit the certificate to the Village Clerk's Office no later than thirty (30) days prior to the event.

Comply with all Village Ordinances and Policies and applicable State laws, and acknowledges that the special event permit does not relieve the applicant or organization from meeting any application requirements of law or other public bodies or agencies.

Applicant and sponsoring organization further understands the approval of this special event may include additional requirements and/or limitations based on the Village's review of this application. The applicant and sponsoring organization understand that it may be necessary to meet with Village staff during, as well as after the event, for the review of this application and that Village Council approval is necessary.

Applicant understands that he/she is responsible for contacting the Michigan Liquor Control Commission and/or Cheboygan or Emmet County Health Department to secure all permits required for this event.

Applicant further agrees to defend, indemnify and hold harmless the Village of Mackinaw City, Michigan from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from this Special Event by reason of any damage to property, personal injury or bodily injury,

including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss cost of expense is caused in whole or in part by the negligence of the Village of Mackinaw City or by third parties, or by the agents, servants, employees or factors of any of them.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

The Village of Mackinaw City expressly reserves the right in its sole discretion to cancel a private event for Village purposes and the Site user agrees, as a term of its use of a site, to release and waive all claims of any kind (including a claim for consequential damages), against the Village, its officers or employees arising out of cancellation of the user's event.

Is this an annual event? Yes No
Is this event expected to occur next year? Yes No
How many years has this event occurred? 1992 21 years

MC Chamber of Commerce 10-11-13
Applicant Signature Date
Print name of applicant: DEdwards

VILLAGE USE ONLY – Department representative please initial if approved

[RV] DPW [RV] FACILITY SERVICES
[pew] POLICE [fw] FIRE [fw] AMBULANCE
[pp] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____

VILLAGE MANAGER

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

LOADER – MODEL _____ TOTAL MEN _____

TOTAL MAN HOURS _____

PICK UP TRUCKS _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER EQUIPMENT _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

TRASH RECEPTACLES – QUANTITY _____

BARRICADES – QUANTITY _____

TRAFFIC CONES – QUANTITY _____

PARKING SIGNS – QUANTITY _____

FENCING WATER ELECTRIC

RESTROOM CLEANING

OTHER _____

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

POLICE ESCORT NEEDED: Yes No LIQUOR APPLICATION RECEIVED AND REVIEWED: Yes No

SITE MAP APPROVED: Yes No

MACKINAW CITY FIRE DEPARTMENT

APPROVED

DENIED

STREET CLOSURES: Yes No (use attached map to outline proposed closures)

Street closure date/time: ____/____/____ A.M. P.M.

Street re-open date/time: ____/____/____ A.M. P.M.

SITE MAP APPROVED: Yes No

RECREATION DEPARTMENT

APPROVED

DENIED

SHOWERS: Yes No

TABLES: Yes No Quantity: _____

CHAIRS: Yes No Quantity: _____

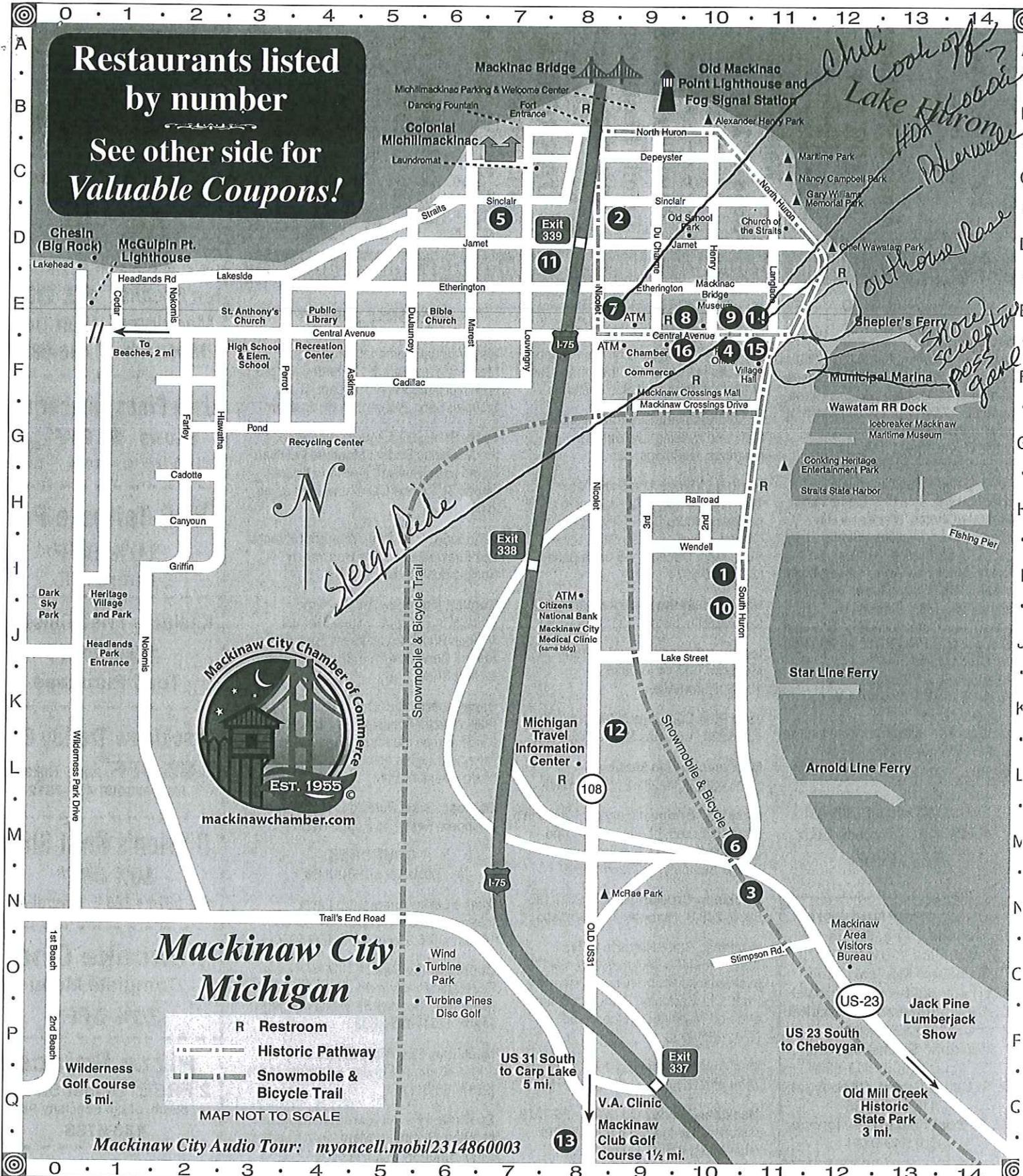
CAMPING: Yes No (identified on map)

LONG TERM PARKING: Yes No (identified on map)

PORTABLE RESTROOMS: Yes No (identified on map)

SITE MAP APPROVED: Yes No

**Restaurants listed
by number**
See other side for
Valuable Coupons!



**Mackinaw City
Michigan**

- R Restroom
- Historic Pathway
- Snowmobile & Bicycle Trail

MAP NOT TO SCALE
Mackinaw City Audio Tour: myoncell.mobil2314860003

- | | | | |
|--|----------|---|----------|
| 1. Admiral's Table & Restaurant & Lounge..... | 436-5687 | 9. Keyhole Bar & Grill* | 436-7911 |
| 2. Audie's Restaurant* | 436-5744 | 10. Mackinaw Pastie & Cookie Co..... | 436-5113 |
| 3. Blue Water Grill & Bar | 436-7818 | 11. Mackinaw Pastie & Cookie Co. at the Bridge* | 436-8202 |
| 4. Cunningham's Family Restaurant | 436-8821 | 12. Mancino's* | 436-7474 |
| 5. Darrow's Family Restaurant..... | 436-5514 | 13. Neath the Birches | 436-5401 |
| 6. Embers Restaurant | 436-5773 | 14. Pancake Chef * | 436-5578 |
| 7. Jr's Tailgate Pub & Two Amigos Mexican Kitchen* | 436-8540 | 15. Pizza Palace..... | 436-5788 |
| 8. Kentucky Fried Chicken | 436-5491 | 16. Scalawags..... | 436-7777 |

*Open all year All phone nos. AREA CODE (231)

2014 SE-013

To Admin. Staff: 10-15-13
To Council: 11-7-13
Decision: Approved Denied
Minutes to Applicant: _____

**SPECIAL EVENT APPLICATION
VILLAGE OF MACKINAW CITY
102 S. HURON AVENUE, MACKINAW CITY, MI 49701
(231) 436-5351**

Must be filled out in its entirety and returned to the Village Clerk's Office 45 days prior to scheduled event

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: Mackinaw City Chamber of Commerce TELEPHONE: 231-436-5574
MAILING ADDRESS: P.O. Box 856, Mackinaw City, MI 49701
CONTACT NAME: Dawn Edwards TELEPHONE: 231-436-5574
E-MAIL ADDRESS: dedwards@mackinawchamber.com CELL PHONE: 231-420-2979

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Kelly Vieau or Dawn Edwards TELEPHONE: 231-436-5574
E-MAIL ADDRESS: kelly@mackinawchamber.com or dedwards@mackinawchamber.com CELL PHONE: 231-420-6904 or 231-420-2979

EVENT INFORMATION

NAME OF EVENT: Big Mac Shoreline Bike Tour - Spring 2014
PURPOSE OF EVENT: To promote health & tourism in Northern Mich/ MC area

- Non-Profit For-Profit Village Operated/Sponsored Co-Sponsored
 Marathon/Race Festival/Fair Arts & Crafts Show Other _____

DATE(S): June 13 FROM 12 A.M. P.M. TO 8 A.M. P.M.
14 FROM 6:30 A.M. P.M. TO 4:30 A.M. P.M.
15 FROM 6:30 A.M. P.M. TO 7 A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.

RAIN DATE(S): _____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.

EVENT LOCATION: Recreation Complex/4 routes/back down paved trail

ESTIMATED NUMBER OF ATTENDEES: 245

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 30

ESTIMATE DATE/TIME FOR SET-UP: June 13 11 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: June 14 4 A.M. P.M.

10-16-13 received Ins.

PARADE PERMIT

Includes runs, walks, and other uses of the Village public right-of-way.

POLICE ESCORT NEEDED: Yes No

Yes No

Optional Sunday 6:55 AM to Mack. Bridge entrance, otherwise Sean Stiner leads them.

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: one block from Ford Mich. parking to bridge entrance

Date and time Parade will start: _____ A.M. P.M.

Date and time Parade will end: _____ A.M. P.M.

EVENT DETAILS

SITE MAP: All applicants must provide a drawing of the event area and are due at application. Site map must be legible, be pre approved by Village Staff, and include and/or identify the following, if applicable:

- Lot lines
- Fire Hydrants
- Tents
- Table and chair diagram
- Bicycle Routes (including route into and out of town)
- All bicycle events will utilize the Village's Hike and Bike Trail
- Label roads and closest cross roads
- Locate and label buildings
- Portable Restrooms
- Placement of food vendors
- Sidewalks
- Parking lots
- Ingress and egress points
- Parade Route
- All proposed modifications

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes No

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: _____ END: _____
(NO LATER THAN 10 P.M.)

FOOD VENDORS/CONCESSIONS: (Contact Emmet or Cheboygan County Health Department)

Yes No Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No

- Provide Copy of Liquor Liability Insurance
See page 4 for required language naming the Village as an additional insured
- Provide Copy of Michigan Liquor Control License

If yes, describe measures to be taken to prohibit the sale of alcohol to minors: _____

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No

Date insurance binder provided: _____
See page 4 for required language naming the Village as an additional insured

WILL FIREWORKS BE APART OF EVENT: Yes No

- Provide Copy of Liability Insurance
 - Provide Copy of Fireworks Permit
- See page 4 for required language naming the Village as an additional insured

EVENT SIGNAGE: Village Council approval is required for any temporary signing in the public right-of-way, across a street or on Village property. Which of the following signs are requested for this event:

"YARD" SIGNS - Number requested: 12 (Maximum size is 2' x2'. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)

SIGNAGE AT EVENT SITE - Location(s): Rec center area, west bound Central Ave.
for bike route, CJC office area, end of Central/Norold St & City entrance
Description of signs: Big Mac Shoreline Bike Tour
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

N/A **VENDOR PARKING:** Have you made arrangement for vendor parking? Yes No
If yes, where do you propose your vendors park? _____

EVENT LONG TERM PARKING: Will there be long term parking? Yes No
If yes, from date _____ to ending date: _____
Long term parking identified on the site map? Yes No

OVERNIGHT CAMPING: Will there be camping over night? Yes No
Name of Facility where camping: _____
If yes, from date: _____ to ending date: _____
Camp sites identified on the site map? Yes No

N/A **TENTS/CANOPIES/MISC:** The Village of Mackinaw City does have tables and/or chairs available for rental. You will need to provide a diagram of the area for set up. Will the following be constructed or located in the event area?:

BOOTHS – QUANTITY _____ **TENTS – QUANTITY** _____
Size _____ **CHAIRS – QUANTITY** _____
 AWNINGS – QUANTITY _____ **TABLES – QUANTITY** _____

Seating diagram for booths, awnings, tables and chairs provided with application: Yes No

N/A **PORTABLE RESTROOMS/TOILETS**
Have you made arrangements to provide portable restroom facilities at your event? Yes No
If yes, total number of portable toilets: _____ Number of ADA accessible portable toilets: _____
If no, explain: _____
Restroom Company Name: _____
Address Street: _____
City: _____ State: _____ Zip: _____
Telephone Day: _____ Evening: _____ Fax: _____ Cell: _____
Equipment set up: Date: _____ Time: _____
Equipment pick up: Date: _____ Time: _____
Portable restrooms identified on the site map? Yes No

**at trail turn ^{off} to Rec Center - Barcade Shepler Cars from parking at exit of trail - block bicycles*

APPLICATION CHECK LIST

A = Applicant

V = Village

A

V

Completed Application

Special Event Fee received on _____, receipt no _____
amount: \$ _____

Event Map Received (includes detailed event layout for vendors, booths, portable restrooms, fire hydrants, parking, ingress, egress, roads, sidewalks, table and chair diagram, etc.)

Bicycle Route Map (use of the Mackinaw City Bike Trail is required)

Certificate of Insurance (listing the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701 as an additional insured) *Barnett*

Ambulance Standby included with Application paid on _____, receipt no. _____
amount \$ _____

Fireworks Permit (if applicable)

Michigan Liquor Control Commission Special Event License (if applicable)

Health Department Food Service License (if applicable)

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

Provide a certificate of insurance with all coverage deemed necessary for the event, naming the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701, as an additional insured on all applicable policies and submit the certificate to the Village Clerk's Office no later than thirty (30) days prior to the event.

Comply with all Village Ordinances and Policies and applicable State laws, and acknowledges that the special event permit does not relieve the applicant or organization from meeting any application requirements of law or other public bodies or agencies.

Applicant and sponsoring organization further understands the approval of this special event may include additional requirements and/or limitations based on the Village's review of this application. The applicant and sponsoring organization understand that it may be necessary to meet with Village staff during, as well as after the event, for the review of this application and that Village Council approval is necessary.

Applicant understands that he/she is responsible for contacting the Michigan Liquor Control Commission and/or Cheboygan or Emmet County Health Department to secure all permits required for this event.

Applicant further agrees to defend, indemnify and hold harmless the Village of Mackinaw City, Michigan from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from this Special Event by reason of any damage to property, personal injury or bodily injury,

including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss cost of expense is caused in whole or in part by the negligence of the Village of Mackinaw City or by third parties, or by the agents, servants, employees or factors of any of them.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

The Village of Mackinaw City expressly reserves the right in its sole discretion to cancel a private event for Village purposes and the Site user agrees, as a term of its use of a site, to release and waive all claims of any kind (including a claim for consequential damages), against the Village, its officers or employees arising out of cancellation of the user's event.

Is this an annual event? Yes No

Is this event expected to occur next year? Yes No

How many years has this event occurred? 1995 18 years

Mc Chamber of Commerce
Blawn Edwards

Applicant Signature

Print name of applicant: Blawn Edwards

10-11-13
Date

VILLAGE USE ONLY – Department representative please initial if approved

[kw] DPW [CV] FACILITY SERVICES
[pw] POLICE [kw] FIRE [kw] AMBULANCE
[dp] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____
VILLAGE MANAGER

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

LOADER – MODEL _____ TOTAL MEN _____

TOTAL MAN HOURS _____

PICK UP TRUCKS _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER EQUIPMENT _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

TRASH RECEPTACLES – QUANTITY _____

BARRICADES – QUANTITY _____

TRAFFIC CONES – QUANTITY _____

PARKING SIGNS – QUANTITY _____

FENCING WATER ELECTRIC

RESTROOM CLEANING

OTHER _____

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

POLICE ESCORT NEEDED: Yes No LIQUOR APPLICATION RECEIVED AND REVIEWED: Yes No

SITE MAP APPROVED: Yes No

MACKINAW CITY FIRE DEPARTMENT

APPROVED

DENIED

STREET CLOSURES: Yes No (use attached map to outline proposed closures)

Street closure date/time: ____/____/____ A.M. P.M.

Street re-open date/time: ____/____/____ A.M. P.M.

SITE MAP APPROVED: Yes No

RECREATION DEPARTMENT

APPROVED

DENIED

SHOWERS: Yes No

TABLES: Yes No Quantity: _____

CHAIRS: Yes No Quantity: _____

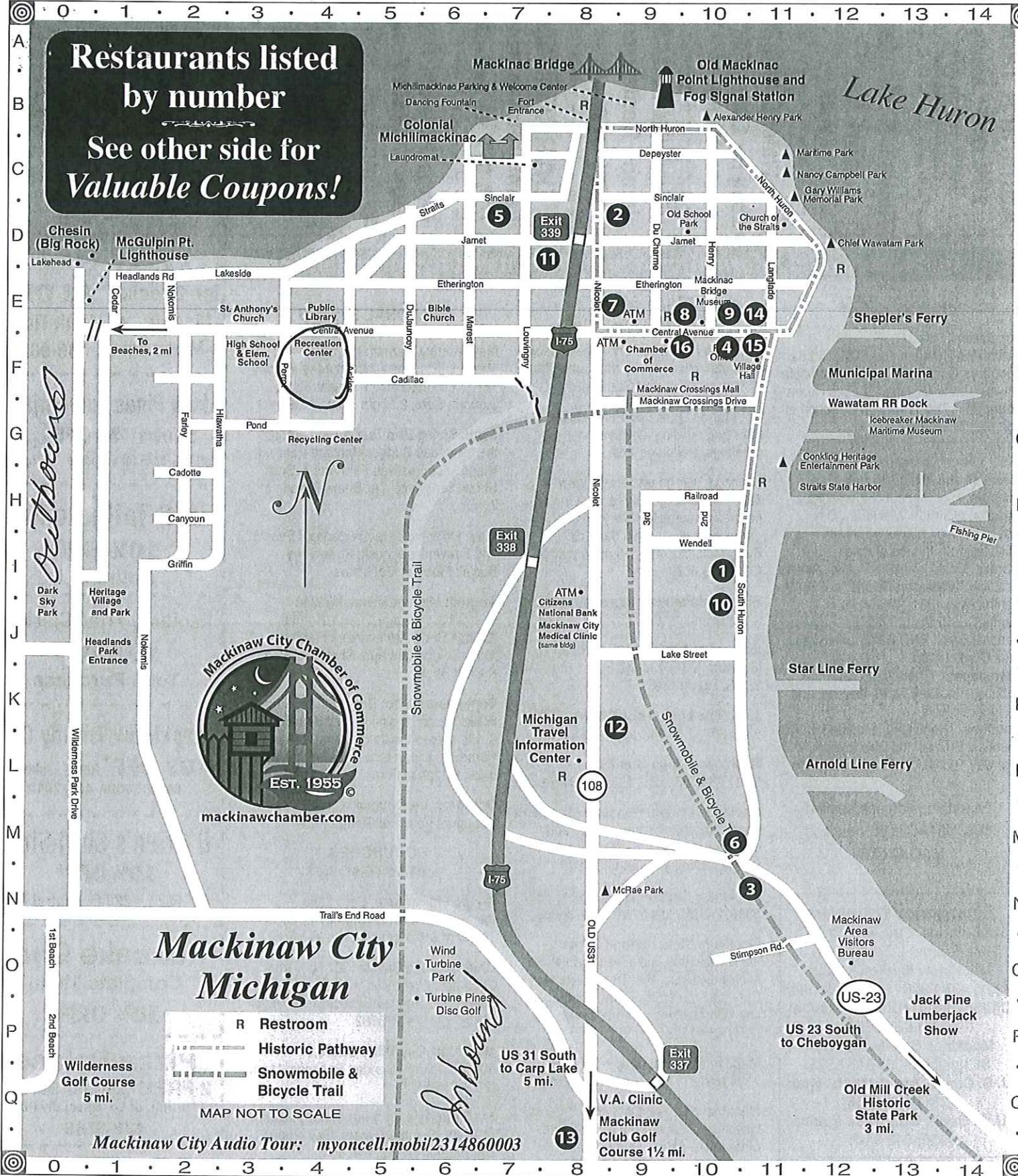
CAMPING: Yes No (identified on map)

LONG TERM PARKING: Yes No (identified on map)

PORTABLE RESTROOMS: Yes No (identified on map)

SITE MAP APPROVED: Yes No

**Restaurants listed
by number**
See other side for
Valuable Coupons!



**Mackinaw City
Michigan**

R Restroom
Historic Pathway
Snowmobile & Bicycle Trail

MAP NOT TO SCALE

Mackinaw City Audio Tour: myoncell.mobil/2314860003

- | | | | |
|--|----------|--|----------|
| 1. Admiral's Table & Restaurant & Lounge..... | 436-5687 | 9. Keyhole Bar & Grill* | 436-7911 |
| 2. Audie's Restaurant* | 436-5744 | 10. Mackinaw Pastie & Cookie Co..... | 436-5113 |
| 3. Blue Water Grill & Bar | 436-7818 | 11. Mackinaw Pastie & Cookie Co. at the Bridge*..... | 436-8202 |
| 4. Cunningham's Family Restaurant | 436-8821 | 12. Mancino's* | 436-7474 |
| 5. Darrow's Family Restaurant..... | 436-5514 | 13. Neath the Birches | 436-5401 |
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| 8. Kentucky Fried Chicken | 436-5491 | 16. Scalawags..... | 436-7777 |

*Open all year All phone nos. AREA CODE (231)

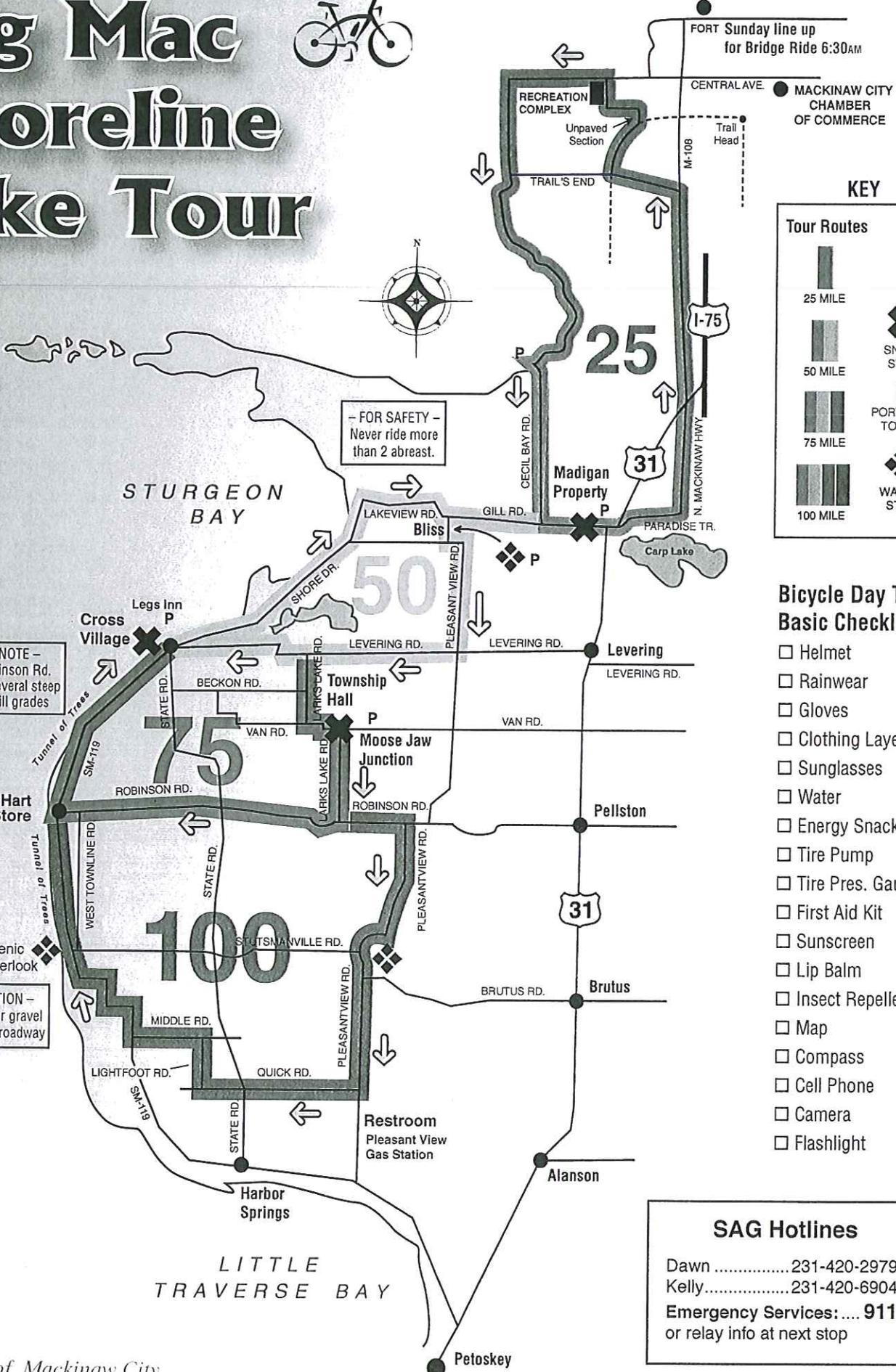
Big Mac Shoreline Bike Tour

LAKE MICHIGAN

- NOTE -
Robinson Rd.
has several steep
uphill grades

- CAUTION -
Watch for gravel
wash on roadway

- FOR SAFETY -
Never ride more
than 2 abreast.



KEY

Tour Routes

-  25 MILE
-  50 MILE
-  75 MILE
-  100 MILE

-  SNACK STOP
-  PORTABLE TOILET
-  WATER STOP

Bicycle Day Trip Basic Checklist

- Helmet
- Rainwear
- Gloves
- Clothing Layers
- Sunglasses
- Water
- Energy Snacks
- Tire Pump
- Tire Pres. Gauge
- First Aid Kit
- Sunscreen
- Lip Balm
- Insect Repellent
- Map
- Compass
- Cell Phone
- Camera
- Flashlight

SAG Hotlines

Dawn 231-420-2979
 Kelly..... 231-420-6904

Emergency Services: 911
 or relay info at next stop

Compliments of Mackinaw City Chamber of Commerce - 2013

PLEASE NOTE: Cell phone service is not consistent throughout the area.

Big Mac Shoreline Bike Tour

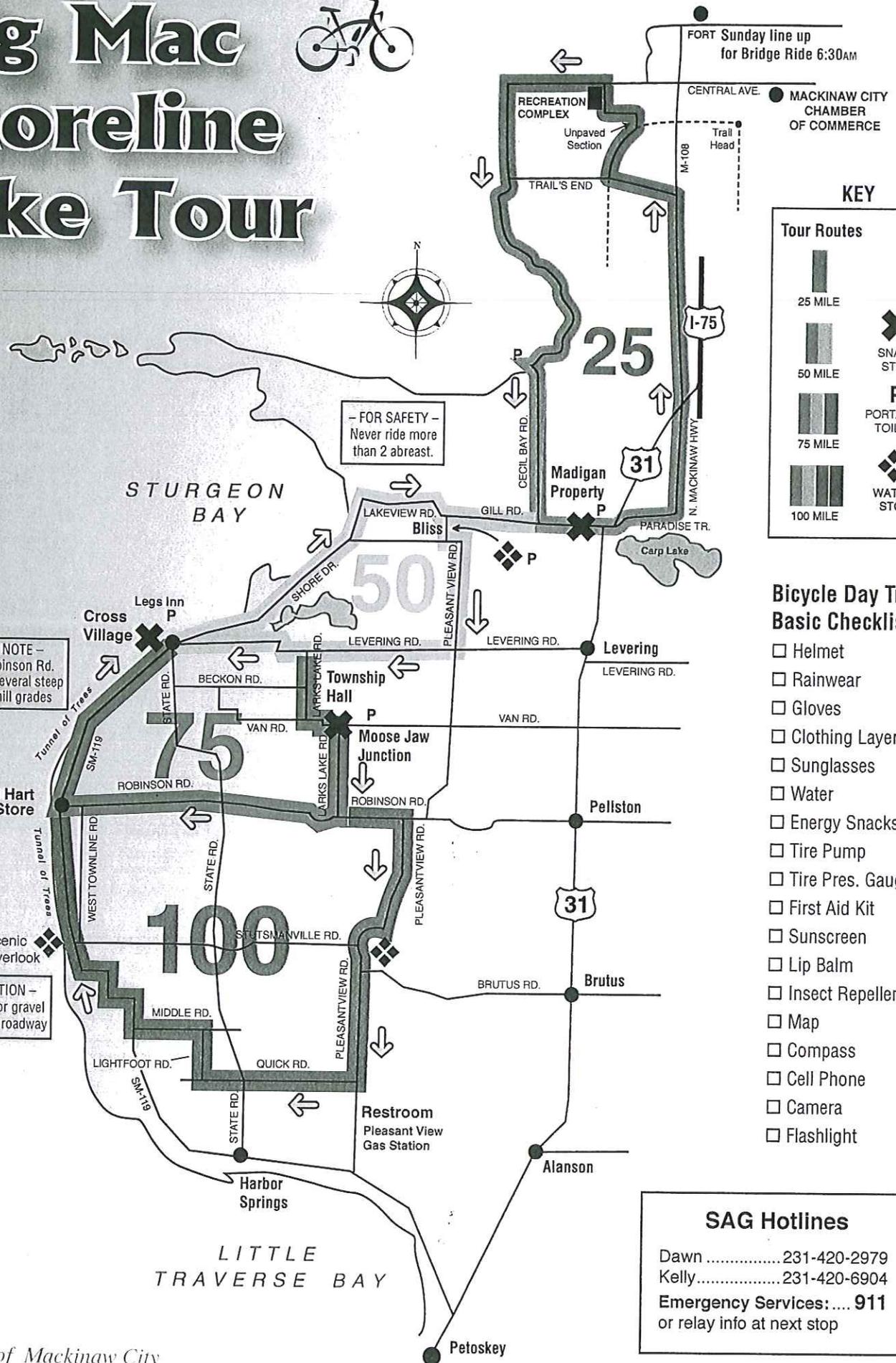


LAKE MICHIGAN

- NOTE -
Robinson Rd.
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uphill grades

- CAUTION -
Watch for gravel
wash on roadway

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Never ride more
than 2 abreast.



KEY

Tour Routes

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Bicycle Day Trip Basic Checklist

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- Tire Pres. Gauge
- First Aid Kit
- Sunscreen
- Lip Balm
- Insect Repellent
- Map
- Compass
- Cell Phone
- Camera
- Flashlight

SAG Hotlines

Dawn231-420-2979
Kelly.....231-420-6904
Emergency Services:.... 911
or relay info at next stop

Compliments of Mackinaw City
Chamber of Commerce - 2013

PLEASE NOTE: Cell phone service is not
consistent throughout the area.



"BIG MAC" SHORELINE SPRING & FALL SCENIC TOURS

25 MILE • 50 MILE • 75 MILE • 100 MILE ROUTES

SATURDAY, JUNE 14, 2014 • SATURDAY, SEPTEMBER 13, 2014

The "Big Mac" Tour is designed as a recreational tour, it is not a race, but a test of stamina and a chance for families to enjoy this popular sport together at their own pace. While in Northern Michigan, we invite you to take in the many attractions in Mackinaw City, take a day trip to Mackinac Island or cross the Mackinac Bridge to explore Michigan's Upper Peninsula.

••••• TO ENTER •••••

The Bike Tour registration fee is \$20.00 (\$25.00 after the registration deadline through the day of the tour). There is no charge for children riding in approved child bike carrier, BUT please register them. You MUST ride the bike tour in order to ride the Mackinac Bridge. There is a \$20.00 fee to ride over the Bridge. Please read the Bridge ride rules carefully.

••••• TEE SHIRT ORDERS •••••

T-shirts are **sold separately**. Only pre-ordered and pre-paid shirts are guaranteed during packet pick-up if ordered by Friday, May 30, 2014 for the Spring Tour and by Friday, September 5, 2014 for the Fall Tour. Please be sure to fill in the correct information on the grid. T-shirts ordered after the deadline will be subject to availability. Chamber not responsible for unclaimed T-shirts after 12 noon on event day.

••••• ROUTE FOR BIKE TOUR •••••

Upon check in you will receive a full page color map of the route. All locations of the snack and beverage stops, along with restrooms are marked for you. Please note the times the snack stops will be open: Larks Lake until 11:30 a.m., Cross Village/Legs Inn until 2:00 p.m. and Madigan's Lawn until 3:30 p.m.

A light lunch including hot dogs, veggies, potato salad, chips & cookies will be provided (included in the registration fee) at the Mackinaw Recreation Complex from 11:00 a.m. to 3:00 p.m.

Colored coordinated directional arrows/stakes will be posted at all turns and on surface roads whenever possible.

••••• SAFETY FIRST •••••

Safety is our primary concern. Please obey all traffic laws and regulations. Helmets are mandatory. We also suggest you carry water and bug spray.

Riders should wear bright clothing for general visibility and safety. Dress in layers and bring a wind breaker.

If you are accompanied by a personal SAG Wagon, make sure it stays off the routes and meets you only at snack stops. Only "Big Mac" SAG wagons should share the tour routes with the riders. We welcome volunteer SAG Wagons...give us a call.

SAG Wagons, distinguished by flashing emergency lights and a sign, will be available along the routes. First attention will go to those whose bicycles have had irreparable breakdowns and for the rider who is ill or injured.

••••• EMERGENCIES •••••

First-aid kits will be available at snack stops and aboard SAG Wagons. We will also be assisted by area Emergency Medical Services EMT's & Tri-County HAM Radio Operators.

••••• QUESTIONS? •••••

Call the Mackinaw City Chamber of Commerce at (231) 436-5574 to receive FREE Mackinaw Travel information. For additional questions visit our website at:

www.mackinawchamber.com.

••••• SCHEDULE OF EVENTS FOR 2014 •••••

••••• SPRING TOUR •••••

FRIDAY, JUNE 13

1:00 - 8:00 p.m. Pre-registration at Mackinaw Recreation Complex located at 501 West Central Avenue.

SATURDAY, JUNE 14

7:00 - 9:00 a.m. Registration at Recreation Complex on West Central Avenue for those who have not registered or picked up their packets. All tours depart by 9:00 a.m. 100 mile riders must depart by 7:00 a.m. from the Recreation Complex.

SUNDAY, JUNE 15

6:30 a.m. The ride across the Mighty Mackinac Bridge is only for those who rode the Bike Tour on Saturday and signed the insurance waiver. Line up is at the Fort Michilimackinac parking lot. Helmets are mandatory. You must be 13 years old or older.

7:00 a.m. Riders will depart, led by the Mackinac Bridge Authority.

See Rules on back.

••••• FALL TOUR •••••

FRIDAY, SEPTEMBER 12

1:00 - 8:00 p.m. Pre-registration at Mackinaw Recreation Complex located at 501 West Central Avenue.

SATURDAY, SEPTEMBER 13

7:00 - 9:00 a.m. Registration at Recreation Complex on West Central Avenue for those who have not registered or picked up their packets. All tours depart by 9:00 a.m. 100 mile riders must depart by 7:00 a.m. from the Recreation Complex.

SUNDAY, SEPTEMBER 14

6:30 a.m. The ride across the Mighty Mackinac Bridge is only for those who rode the Bike Tour on Saturday and signed the insurance waiver. Line up is at the Fort Michilimackinac parking lot. Helmets are mandatory. You must be 13 years old or older.

7:00 a.m. Riders will depart, led by the Mackinac Bridge Authority.

See Rules on back.

2014-SF-014

To Admin. Staff: 10-15-13
To Council: 11-7-13
Decision: Approved Denied
Minutes to Applicant: _____

SPECIAL EVENT APPLICATION
VILLAGE OF MACKINAW CITY
102 S. HURON AVENUE, MACKINAW CITY, MI 49701
(231) 436-5351

Must be filled out in its entirety and returned to the Village Clerk's Office 45 days prior to scheduled event

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: Mackinaw City Chamber of Commerce TELEPHONE: 231-436-5574
MAILING ADDRESS: P.O. Box 856, Mackinaw City, MI 49701
CONTACT NAME: Dawn Edwards TELEPHONE: 231-436-5574
E-MAIL ADDRESS: dedwards@mackinawchamber.com CELL PHONE: 231-420-2979

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Kelly Vieau or Dawn Edwards TELEPHONE: 231-436-5574
E-MAIL ADDRESS: kelly@mackinawchamber.com or dedwards@mackinawchamber.com CELL PHONE: 231-420-6904 or 231-420-2979

EVENT INFORMATION

NAME OF EVENT: Community/Village Music in Mackinaw 2014
PURPOSE OF EVENT: _____

Non-Profit For-Profit Village Operated/Sponsored Co-Sponsored
 Marathon/Race Festival/Fair Arts & Crafts Show Other _____

DATE(S): July 4, 5, 11 FROM 8 A.M. P.M. TO 9 A.M. P.M.
12, 18, 19, 25, 26 FROM _____ A.M. P.M. TO _____ A.M. P.M.
Aug 1, 2, 9, 16 FROM _____ A.M. P.M. TO _____ A.M. P.M.
23, 30 FROM _____ A.M. P.M. TO _____ A.M. P.M.

RAIN DATE(S): _____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.

EVENT LOCATION: Roth Performance Shell - Conkling, Heritage Park

ESTIMATED NUMBER OF ATTENDEES: 300-500

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 2

ESTIMATE DATE/TIME FOR SET-UP: _____ A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: _____ A.M. P.M.

10-16-13 received Ins.

PARADE PERMIT

Includes runs, walks, and other uses of the Village public right-of-way.

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: _____

Date and time Parade will start: _____ A.M. P.M.

Date and time Parade will end: _____ A.M. P.M.

EVENT DETAILS

SITE MAP: All applicants must provide a drawing of the event area and are due at application. Site map must be legible, be pre approved by Village Staff, and include and/or identify the following, if applicable:

- Lot lines
- Fire Hydrants
- Tents
- Table and chair diagram
- Bicycle Routes (including route into and out of town)
- All bicycle events will utilize the Village's Hike and Bike Trail
- Label roads and closest cross roads
- Locate and label buildings
- Portable Restrooms
- Placement of food vendors
- Sidewalks
- Parking lots
- Ingress and egress points
- Parade Route
- All proposed modifications

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes No

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: 8 PM END: 9 PM
(NO LATER THAN 10 P.M.)

FOOD VENDORS/CONCESSIONS: (Contact Emmet or Cheboygan County Health Department)

Yes No Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No

- Provide Copy of Liquor Liability Insurance
See page 4 for required language naming the Village as an additional insured
- Provide Copy of Michigan Liquor Control License

If yes, describe measures to be taken to prohibit the sale of alcohol to minors: _____

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No

Date insurance binder provided: _____
See page 4 for required language naming the Village as an additional insured

*Village sponsored
co-sponsor*

WILL FIREWORKS BE APART OF EVENT: Yes No

- Provide Copy of Liability Insurance
- Provide Copy of Fireworks Permit
See page 4 for required language naming the Village as an additional insured

EVENT SIGNAGE: Village Council approval is required for any temporary signing in the public right-of-way, across a street or on Village property. Which of the following signs are requested for this event:

"YARD" SIGNS - Number requested: 8 (Maximum size is 2' x 2'. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)

SIGNAGE AT EVENT SITE - Location(s): Concerts 8pm Tues & Sats.

Name of Group: _____

Description of signs: Chairs donation at Shell

(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

Other: 2 professional tent A-frame men signs for buildings *event.*

VENDOR PARKING: Have you made arrangement for vendor parking? Yes No

If yes, where do you propose your vendors park? _____
*1st Crossing of Central
1st Corner of Union/Central
Village St,
Manning
Dude*

EVENT LONG TERM PARKING: Will there be long term parking? Yes No

If yes, from date _____ to ending date: _____

Long term parking identified on the site map? Yes No

OVERNIGHT CAMPING: Will there be camping over night? Yes No

Name of Facility where camping: _____

If yes, from date: _____ to ending date: _____

Camp sites identified on the site map? Yes No

TENTS/CANOPIES/MISC: The Village of Mackinaw City does have tables and/or chairs available for rental. You will need to provide a diagram of the area for set up. Will the following be constructed or located in the event area?:

BOOTHS - QUANTITY _____

TENTS - QUANTITY _____

Size _____

CHAIRS - QUANTITY _____

AWNINGS - QUANTITY _____

TABLES - QUANTITY _____

Seating diagram for booths, awnings, tables and chairs provided with application: Yes No

PORTABLE RESTROOMS/TOILETS

Have you made arrangements to provide portable restroom facilities at your event? Yes No

If yes, total number of portable toilets: _____ Number of ADA accessible portable toilets: _____

If no, explain: _____

Restroom Company Name: _____

Address Street: _____

City: _____ State: _____ Zip: _____

Telephone Day: _____ Evening: _____ Fax: _____ Cell: _____

Equipment set up: Date: _____ Time: _____

Equipment pick up: Date: _____ Time: _____

Portable restrooms identified on the site map? Yes No

APPLICATION CHECK LIST

A = Applicant V = Village

- A V
 Completed Application
- Special Event Fee received on _____, receipt no _____
amount: \$ _____
- Event Map Received (includes detailed event layout for vendors, booths, portable restrooms, fire hydrants, parking, ingress, egress, roads, sidewalks, table and chair diagram, etc.)
- Bicycle Route Map (use of the Mackinaw City Bike Trail is required)
- Certificate of Insurance (listing the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701 as an additional insured) *Barnat* *w/ Village*
- Ambulance Standby included with Application paid on _____, receipt no. _____
amount \$ _____
- Fireworks Permit (if applicable)
- Michigan Liquor Control Commission Special Event License (if applicable)
- Health Department Food Service License (if applicable)

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

Provide a certificate of insurance with all coverage deemed necessary for the event, naming the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701, as an additional insured on all applicable policies and submit the certificate to the Village Clerk's Office no later than thirty (30) days prior to the event.

Comply with all Village Ordinances and Policies and applicable State laws, and acknowledges that the special event permit does not relieve the applicant or organization from meeting any application requirements of law or other public bodies or agencies.

Applicant and sponsoring organization further understands the approval of this special event may include additional requirements and/or limitations based on the Village's review of this application. The applicant and sponsoring organization understand that it may be necessary to meet with Village staff during, as well as after the event, for the review of this application and that Village Council approval is necessary.

Applicant understands that he/she is responsible for contacting the Michigan Liquor Control Commission and/or Cheboygan or Emmet County Health Department to secure all permits required for this event.

Applicant further agrees to defend, indemnify and hold harmless the Village of Mackinaw City, Michigan from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from this Special Event by reason of any damage to property, personal injury or bodily injury,

including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss cost of expense is caused in whole or in part by the negligence of the Village of Mackinaw City or by third parties, or by the agents, servants, employees or factors of any of them.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

The Village of Mackinaw City expressly reserves the right in its sole discretion to cancel a private event for Village purposes and the Site user agrees, as a term of its use of a site, to release and waive all claims of any kind (including a claim for consequential damages), against the Village, its officers or employees arising out of cancellation of the user's event.

Is this an annual event? Yes No
Is this event expected to occur next year? Yes No
How many years has this event occurred? 1994 - 19 years

MC Chamber of Commerce 10-11-13
Applicant Signature Date
Print name of applicant: D Edwards

VILLAGE USE ONLY – Department representative please initial if approved

[RV] DPW [GV] FACILITY SERVICES
[FW] POLICE [FW] FIRE [FW] AMBULANCE
[JP] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____
VILLAGE MANAGER

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

LOADER – MODEL _____ TOTAL MEN _____

TOTAL MAN HOURS _____

PICK UP TRUCKS _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER EQUIPMENT _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

TRASH RECEPTACLES – QUANTITY _____

BARRICADES – QUANTITY _____

TRAFFIC CONES – QUANTITY _____

PARKING SIGNS – QUANTITY _____

FENCING WATER ELECTRIC

RESTROOM CLEANING _____

OTHER Turn off sprinkles at show time -

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

POLICE ESCORT NEEDED: Yes No LIQUOR APPLICATION RECEIVED AND REVIEWED: Yes No

SITE MAP APPROVED: Yes No

MACKINAW CITY FIRE DEPARTMENT

APPROVED

DENIED

STREET CLOSURES: Yes No (use attached map to outline proposed closures)

Street closure date/time: / / A.M. P.M.

Street re-open date/time: / / A.M. P.M.

SITE MAP APPROVED: Yes No

RECREATION DEPARTMENT

APPROVED

DENIED

SHOWERS: Yes No

TABLES: Yes No Quantity: _____

CHAIRS: Yes No Quantity: _____

CAMPING: Yes No (identified on map)

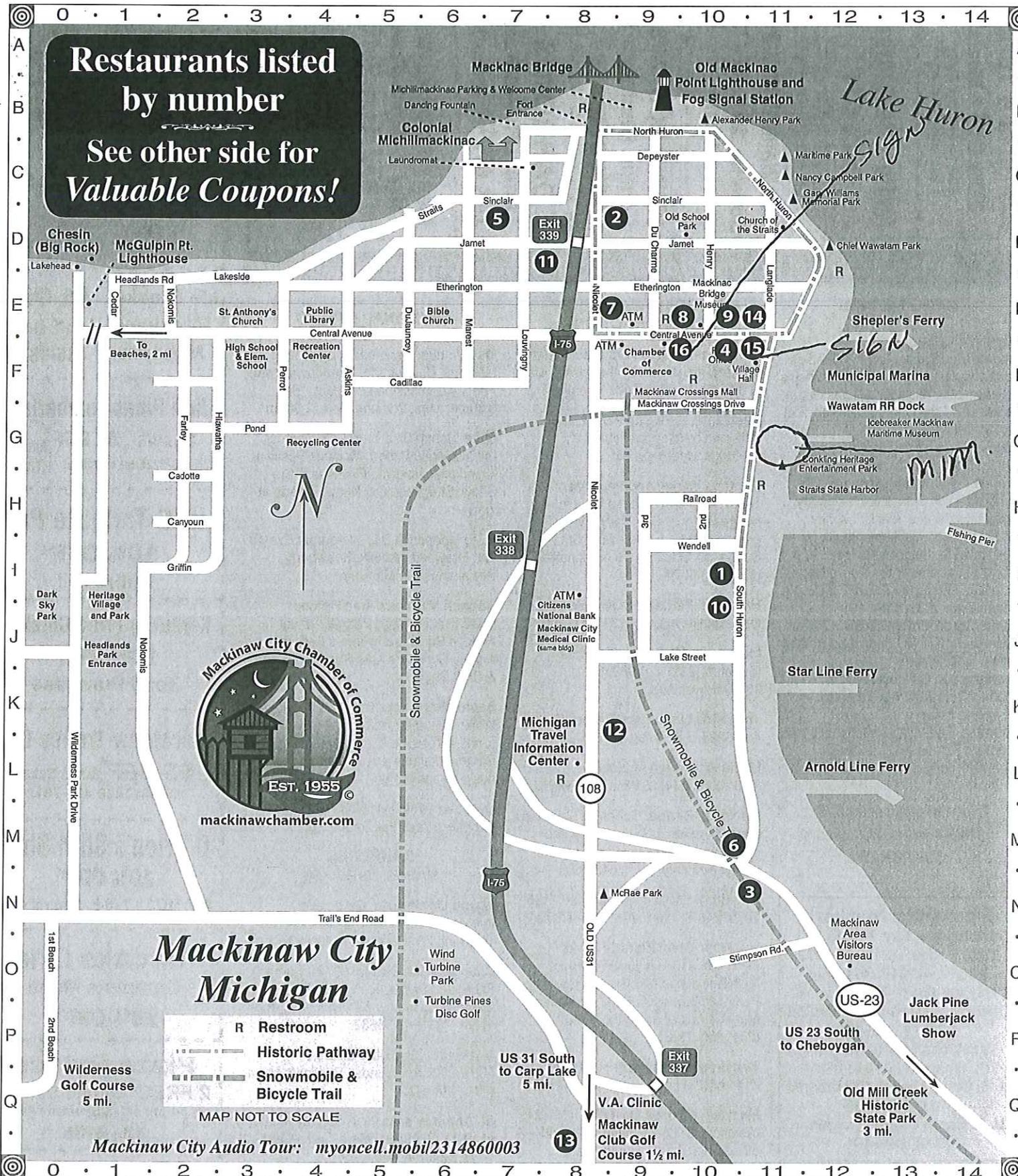
LONG TERM PARKING: Yes No (identified on map)

PORTABLE RESTROOMS: Yes No (identified on map)

SITE MAP APPROVED: Yes No

Restaurants listed by number

See other side for
Valuable Coupons!



Mackinaw City Michigan

R Restroom
Historic Pathway
Snowmobile & Bicycle Trail
 MAP NOT TO SCALE

Mackinaw City Audio Tour: myoncell.mobil2314860003

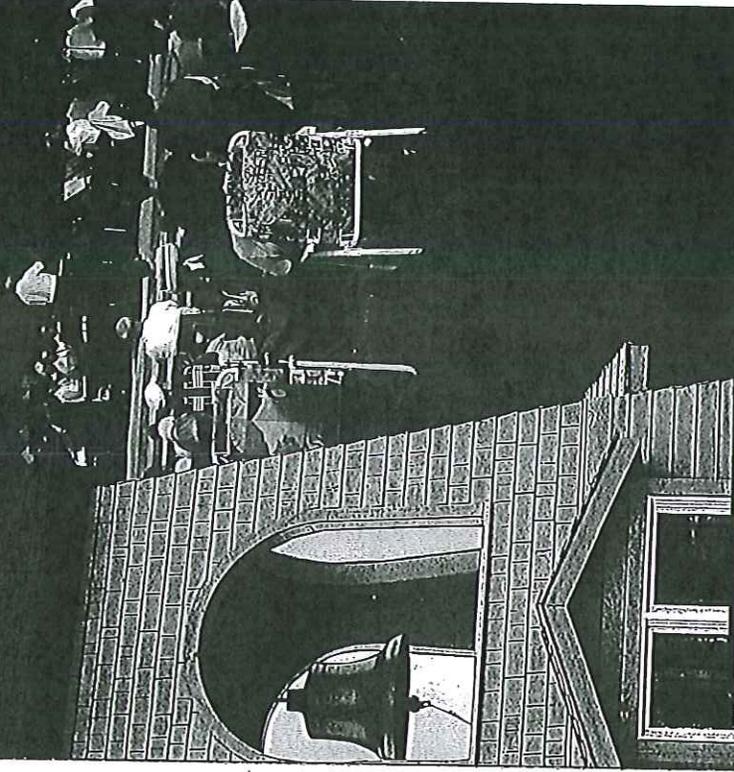
- | | | | |
|--|----------|---|----------|
| 1. Admiral's Table & Restaurant & Lounge..... | 436-5687 | 9. Keyhole Bar & Grill* | 436-7911 |
| 2. Audie's Restaurant* | 436-5744 | 10. Mackinaw Pastie & Cookie Co..... | 436-5113 |
| 3. Blue Water Grill & Bar | 436-7818 | 11. Mackinaw Pastie & Cookie Co. at the Bridge* | 436-8202 |
| 4. Cunningham's Family Restaurant | 436-8821 | 12. Mancino's* | 436-7474 |
| 5. Darrow's Family Restaurant..... | 436-5514 | 13. Neath the Birches | 436-5401 |
| 6. Embers Restaurant | 436-5773 | 14. Pancake Chef * | 436-5578 |
| 7. Jr's Tailgate Pub & Two Amigos Mexican Kitchen* | 436-8540 | 15. Pizza Palace..... | 436-5788 |
| 8. Kentucky Fried Chicken | 436-5491 | 16. Scalawags..... | 436-7777 |

*Open all year All phone nos. ARFA CODE (231)

Tuesdays and Saturdays 8:00 PM

In Conkling Heritage Park

MUSIC IN MACKINAW



for more information

Call 231-436-5574

mackinawchamber.com

To Admin. Staff: 10-15-13
To Council: 11-7-13
Decision: Approved Denied
Minutes to Applicant: _____

**SPECIAL EVENT APPLICATION
VILLAGE OF MACKINAW CITY
102 S. HURON AVENUE, MACKINAW CITY, MI 49701
(231) 436-5351**

Must be filled out in its entirety and returned to the Village Clerk's Office 45 days prior to scheduled event

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: Mackinaw City Chamber of Commerce TELEPHONE: 231-436-5574
MAILING ADDRESS: P.O. Box 856, Mackinaw City, MI 49701
CONTACT NAME: Dawn Edwards TELEPHONE: 231-436-5574
E-MAIL ADDRESS: dedwards@mackinawchamber.com CELL PHONE: 231-420-2979

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Kelly Vieau or Dawn Edwards TELEPHONE: 231-436-5574
E-MAIL ADDRESS: kelly@mackinawchamber.com or dedwards@mackinawchamber.com CELL PHONE: 231-420-6904 or 231-420-2979

EVENT INFORMATION

NAME OF EVENT: Cornell Crossroads Auto Show 2014

PURPOSE OF EVENT: Tourism traffic to City

- Non-Profit For-Profit Village Operated/Sponsored Co-Sponsored
 Marathon/Race Festival/Fair Arts & Crafts Show Other _____

DATE(S): Aug 22 FROM 10 A.M. P.M. TO 8 A.M. P.M.
23 FROM 6:30 A.M. P.M. TO 7:30 A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.

RAIN DATE(S): _____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.

EVENT LOCATION: Aug 22- Registration @ Chamber office. Aug 23 Mall

ESTIMATED NUMBER OF ATTENDEES: 500-800 plus 250 visitors Parking lot

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 12

ESTIMATE DATE/TIME FOR SET-UP: Aug 22 4 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: Aug 23 7:30 A.M. P.M.

10-16-13 received Ins.

PARADE PERMIT

Includes runs, walks, and other uses of the Village public right-of-way.

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: from Mall to Huron to Central to Nicolet to Bridge

Date and time Parade will start: Aug 23 6:50 A.M. P.M.

Date and time Parade will end: Aug 23 7:15 A.M. P.M.

EVENT DETAILS

SITE MAP: All applicants must provide a drawing of the event area and are due at application. Site map must be legible, be pre approved by Village Staff, and include and/or identify the following, if applicable:

- Lot lines
- Fire Hydrants
- Tents
- Table and chair diagram
- Bicycle Routes (including route into and out of town)
- All bicycle events will utilize the Village's Hike and Bike Trail
- Label roads and closest cross roads
- Locate and label buildings
- Portable Restrooms
- Placement of food vendors
- Sidewalks
- Parking lots
- Ingress and egress points
- Parade Route
- All proposed modifications

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes No

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: 9 AM END: 4 PM
(NO LATER THAN 10 P.M.)

FOOD VENDORS/CONCESSIONS: (Contact Emmet or Cheboygan County Health Department)
 Yes No Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No
 Provide Copy of Liquor Liability Insurance
See page 4 for required language naming the Village as an additional insured
 Provide Copy of Michigan Liquor Control License

If yes, describe measures to be taken to prohibit the sale of alcohol to minors: _____

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No
Date insurance binder provided: _____
See page 4 for required language naming the Village as an additional insured

WILL FIREWORKS BE APART OF EVENT: Yes No
 Provide Copy of Liability Insurance
 Provide Copy of Fireworks Permit
See page 4 for required language naming the Village as an additional insured

EVENT SIGNAGE: Village Council approval is required for any temporary signing in the public right-of-way, across a street or on Village property. Which of the following signs are requested for this event:

"YARD" SIGNS - Number requested: 6 (Maximum size is 2' x2'. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)

SIGNAGE AT EVENT SITE - Location(s): Mal parking lot
Sign @ Central / Nicolet
Description of signs: Corvette Show
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

VENDOR PARKING: Have you made arrangement for vendor parking? Yes No
If yes, where do you propose your vendors park? behind their booth

EVENT LONG TERM PARKING: Will there be long term parking? Yes No
If yes, from date _____ to ending date: _____
Long term parking identified on the site map? Yes No

OVERNIGHT CAMPING: Will there be camping over night? Yes No
Name of Facility where camping: _____
If yes, from date: _____ to ending date: _____
Camp sites identified on the site map? Yes No

TENTS/CANOPIES/MISC: The Village of Mackinaw City does have tables and/or chairs available for rental. You will need to provide a diagram of the area for set up. Will the following be constructed or located in the event area?:

BOOTHS - QUANTITY _____
Size _____
 TENTS - QUANTITY _____
 CHAIRS - QUANTITY _____
 AWNINGS - QUANTITY _____
 TABLES - QUANTITY _____

Seating diagram for booths, awnings, tables and chairs provided with application: Yes No

PORTABLE RESTROOMS/TOILETS

Have you made arrangements to provide portable restroom facilities at your event? Yes No
If yes, total number of portable toilets: 1 Number of ADA accessible portable toilets: _____

If no, explain: _____

Restroom Company Name: Rose Septic

Address Street: _____

City: Charboygan State: mi Zip: 49721

Telephone Day: _____ Evening: _____ Fax: _____ Cell: _____

Equipment set up: Date: Friday Time: 4 PM

Equipment pick up: Date: Sun or Mon Time: 12 PM

Portable restrooms identified on the site map? Yes No

APPLICATION CHECK LIST

A = Applicant V = Village

A V

- Completed Application
- Special Event Fee received on _____, receipt no _____
amount: \$ _____
- Event Map Received (includes detailed event layout for vendors, booths, portable restrooms, fire hydrants, parking, ingress, egress, roads, sidewalks, table and chair diagram, etc.)
- Bicycle Route Map (use of the Mackinaw City Bike Trail is required)
- Certificate of Insurance (listing the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701 as an additional insured)
- Ambulance Standby included with Application paid on _____, receipt no. _____
amount \$ _____
- Fireworks Permit (if applicable)
- Michigan Liquor Control Commission Special Event License (if applicable)
- Health Department Food Service License (if applicable)

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

Provide a certificate of insurance with all coverage deemed necessary for the event, naming the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701, as an additional insured on all applicable policies and submit the certificate to the Village Clerk's Office no later than thirty (30) days prior to the event.

Comply with all Village Ordinances and Policies and applicable State laws, and acknowledges that the special event permit does not relieve the applicant or organization from meeting any application requirements of law or other public bodies or agencies.

Applicant and sponsoring organization further understands the approval of this special event may include additional requirements and/or limitations based on the Village's review of this application. The applicant and sponsoring organization understand that it may be necessary to meet with Village staff during, as well as after the event, for the review of this application and that Village Council approval is necessary.

Applicant understands that he/she is responsible for contacting the Michigan Liquor Control Commission and/or Cheboygan or Emmet County Health Department to secure all permits required for this event.

Applicant further agrees to defend, indemnify and hold harmless the Village of Mackinaw City, Michigan from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from this Special Event by reason of any damage to property, personal injury or bodily injury,

including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss cost of expense is caused in whole or in part by the negligence of the Village of Mackinaw City or by third parties, or by the agents, servants, employees or factors of any of them.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

The Village of Mackinaw City expressly reserves the right in its sole discretion to cancel a private event for Village purposes and the Site user agrees, as a term of its use of a site, to release and waive all claims of any kind (including a claim for consequential damages), against the Village, its officers or employees arising out of cancellation of the user's event.

Is this an annual event? Yes No

Is this event expected to occur next year? Yes No

How many years has this event occurred? 1991 24 yrs

Mc Chamber of Commerce
Applicant Signature
Print name of applicant: JO Edwards

10-11-13
Date

VILLAGE USE ONLY – Department representative please initial if approved

[ku] DPW [GW] FACILITY SERVICES
[pew] POLICE [ku] FIRE [ku] AMBULANCE
[pp] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____
VILLAGE MANAGER

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

LOADER – MODEL _____ TOTAL MEN _____

TOTAL MAN HOURS _____

PICK UP TRUCKS _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER EQUIPMENT _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

TRASH RECEPTACLES – QUANTITY _____

BARRICADES – QUANTITY _____

TRAFFIC CONES – QUANTITY _____

PARKING SIGNS – QUANTITY _____

FENCING WATER ELECTRIC

RESTROOM CLEANING

OTHER _____

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

POLICE ESCORT NEEDED: Yes No LIQUOR APPLICATION RECEIVED AND REVIEWED: Yes No

SITE MAP APPROVED: Yes No

MACKINAW CITY FIRE DEPARTMENT

APPROVED

DENIED

STREET CLOSURES: Yes No (use attached map to outline proposed closures)

Street closure date/time: ____/____/____ A.M. P.M.

Street re-open date/time: ____/____/____ A.M. P.M.

SITE MAP APPROVED: Yes No

RECREATION DEPARTMENT

APPROVED

DENIED

SHOWERS: Yes No

TABLES: Yes No Quantity: _____

CHAIRS: Yes No Quantity: _____

CAMPING: Yes No (identified on map)

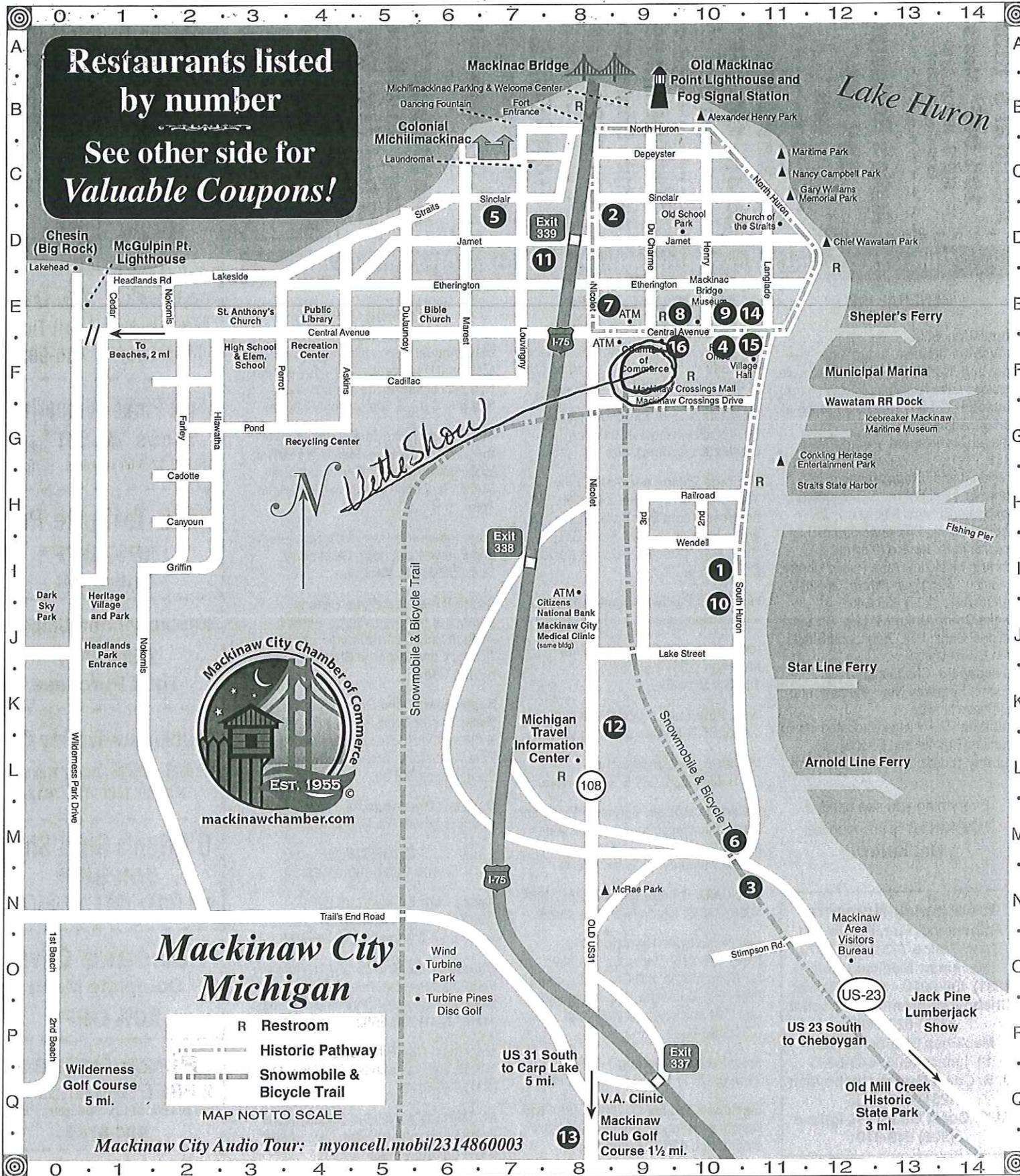
LONG TERM PARKING: Yes No (identified on map)

PORTABLE RESTROOMS: Yes No (identified on map)

SITE MAP APPROVED: Yes No

Restaurants listed by number

See other side for
Valuable Coupons!



Mackinaw City Michigan

- R Restroom
- Historic Pathway
- Snowmobile & Bicycle Trail

MAP NOT TO SCALE

Mackinaw City Audio Tour: myoncell.mobil2314860003

- | | | | |
|---|----------|--|----------|
| 1. Admiral's Table & Restaurant & Lounge..... | 436-5687 | 9. Keyhole Bar & Grill* | 436-7911 |
| 2. Audie's Restaurant* | 436-5744 | 10. Mackinaw Pastie & Cookie Co..... | 436-5113 |
| 3. Blue Water Grill & Bar | 436-7818 | 11. Mackinaw Pastie & Cookie Co. at the Bridge*..... | 436-8202 |
| 4. Cunningham's Family Restaurant | 436-8821 | 12. Mancino's* | 436-7474 |
| 5. Darrow's Family Restaurant..... | 436-5514 | 13. Neath the Birches | 436-5401 |
| 6. Embers Restaurant..... | 436-5773 | 14. Pancake Chef * | 436-5578 |
| 7. Jr's Tailgate Pub & Two Amigos Mexican Kitchen*..... | 436-8540 | 15. Pizza Palace..... | 436-5788 |
| 8. Kentucky Fried Chicken | 436-5491 | 16. Scalawags..... | 436-7777 |

*Open all year All phone nos. AREA CODE (231)

Corvette Show
 Lot layout
 MacCrossings Mall

S
W
E
N

TO Nicolet
ST.

Restrooms

Private
 DNR LOT
 no vettes

41 SPACES

* With
 packets

22 SPACES

8 SPACES

22 SPACES

9 SPACES

19 SPACES

9 SPACES

19 SPACES

9 SPACES

16 SPACES

9 SPACES

MALL

MALL

MALL

MALL

MALL

MALL

MALL

HANDICAP

HANDICAP

SKARKY'S
 MACKINAW'S

OUTFITTERS

NOTE -
 1-space
 per car -

Registration / Patrick

restroom

Mall restrooms - Food Court

TO Huron Ave

MacCrossings Mall
 1500 S
 HOFFS
 Corvett
 Drive

* w/o packets

WEEKEND EVENTS YOU WON'T WANT TO MISS!!

Friday, August 22

10:00 AM-6:00 PM - Registration/Package Pickup - Chamber Office - 226 E. Central Avenue (next to Scalawags).

6:00 - 9:00 PM - Free Live Entertainment - Mackinaw Crossings Mall entertainment stage. Drink specials at the "Caboose" at the dusk laser light show.



****CHECKERED FLAG SAVINGS****
all weekend at participating businesses

Saturday, August 23

9:00 AM - Registration/Package Pickup - Mackinaw Crossings Mall Parking Lot

10:00 AM-2:00 PM Corvette Crossroads Auto Show - Mackinaw Crossings Mall Parking Lot. All registered Corvettes on display. People's Choice Judging.

10:00 AM - 2:00 PM - Vette Shop Walk - Free to all registered Corvette owners and family. Prizes awarded at 2:30 PM.

3:00 PM - Show Awards Presentation - Mackinaw Crossings Mall Parking Lot

4:00-6:00 PM - Enjoy a dinner at one of many fine restaurants.

6:00 PM - Mackinac Bridge Parade LINE-UP - Facing West Mackinaw Crossings Mall Parking Lot

7:00 PM - Mackinac Bridge Parade - FREE TO ALL REGISTERED CORVETTES, otherwise \$5.00 per Vette. Return on your own.

10:00 AM - 7:00 PM - Mackinaw City Fine Arts & Crafts Show - Conkling Heritage Park, S. Huron Ave.

6:00 PM - 9:00 PM - Free Live Entertainment - at the Mackinaw Crossings Mall entertainment stage.

Sunday, August 24

10:00 AM - 3:00 PM - Mackinaw City Fine Arts & Crafts Show - Conkling Heritage Park, S. Huron Ave.

25th ANNUAL

CORVETTE CROSSROADS 2014



AUTO SHOW

August 23

Mackinaw Crossings Mall
Parking Lot
248 S. Huron Avenue
Mackinaw City, Michigan 49701

Mackinaw City Chamber
P.O. Box 856
Mackinaw City, MI 49701
www.mackinawchamber.com



Sponsored by:
Mackinaw City Chamber of Commerce Members
(231) 436-5574
E-mail: info@mackinawchamber.com
www.mackinawchamber.com

JOIN US FOR A WEEKEND OF FAMILY FUN!

2014-SE-016

To Admin. Staff: 10-15-13
To Council: 11-7-13
Decision: Approved Denied
Minutes to Applicant: _____

SPECIAL EVENT APPLICATION
VILLAGE OF MACKINAW CITY
102 S. HURON AVENUE, MACKINAW CITY, MI 49701
(231) 436-5351

Must be filled out in its entirety and returned to the Village Clerk's Office 45 days prior to scheduled event

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: Mackinaw City Chamber of Commerce TELEPHONE: 231-436-5574
MAILING ADDRESS: P.O. Box 856, Mackinaw City, MI 49701
CONTACT NAME: Dawn Edwards TELEPHONE: 231-436-5574
E-MAIL ADDRESS: dedwards@mackinawchamber.com CELL PHONE: 231-420-2979

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Kelly Vieau or Dawn Edwards / Sara Jaggi TELEPHONE: 231-436-5574
E-MAIL ADDRESS: kelly@mackinawchamber.com or dedwards@mackinawchamber.com CELL PHONE: 231-420-6904 or 231-420-2979

EVENT INFORMATION

NAME OF EVENT: Walk of Iron Inductees Ceremony Village/Chamber ²⁰¹⁴
PURPOSE OF EVENT: Welcome new workers / bricks

Non-Profit For-Profit Village Operated/Sponsored Co-Sponsored

Marathon/Race Festival/Fair Arts & Crafts Show Other _____

DATE(S): Aug 8 FROM 3 A.M. P.M. TO 3:45 A.M. P.M.

FROM _____ A.M. P.M. TO _____ A.M. P.M.

FROM _____ A.M. P.M. TO _____ A.M. P.M.

FROM _____ A.M. P.M. TO _____ A.M. P.M.

RAIN DATE(S): _____ FROM _____ A.M. P.M. TO _____ A.M. P.M.

FROM _____ A.M. P.M. TO _____ A.M. P.M.

EVENT LOCATION: Village Walk of Iron n. Huron ave.

ESTIMATED NUMBER OF ATTENDEES: 200

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 4

ESTIMATE DATE/TIME FOR SET-UP: Aug 8 1 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: Aug 8 4 A.M. P.M.

10-16-13 received Ins.

PARADE PERMIT

Includes runs, walks, and other uses of the Village public right-of-way.

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: _____

Date and time Parade will start: _____ A.M. P.M.

Date and time Parade will end: _____ A.M. P.M.

EVENT DETAILS

SITE MAP: All applicants must provide a drawing of the event area and are due at application. Site map must be legible, be pre approved by Village Staff, and include and/or identify the following, if applicable:

- Lot lines
- Fire Hydrants
- Tents
- Table and chair diagram
- Bicycle Routes (including route into and out of town)
- All bicycle events will utilize the Village's Hike and Bike Trail
- Label roads and closest cross roads
- Locate and label buildings
- Portable Restrooms
- Placement of food vendors
- Sidewalks
- Parking lots
- Ingress and egress points
- Parade Route
- All proposed modifications

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes No

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: _____ END: _____
(NO LATER THAN 10 P.M.)

FOOD VENDORS/CONCESSIONS: (Contact Emmet or Cheboygan County Health Department)

Yes No Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No

- Provide Copy of Liquor Liability Insurance
See page 4 for required language naming the Village as an additional insured
- Provide Copy of Michigan Liquor Control License

If yes, describe measures to be taken to prohibit the sale of alcohol to minors: _____

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No

Date insurance binder provided: _____ *Village event*
See page 4 for required language naming the Village as an additional insured

WILL FIREWORKS BE APART OF EVENT: Yes No

- Provide Copy of Liability Insurance
- Provide Copy of Fireworks Permit
- See page 4 for required language naming the Village as an additional insured

EVENT SIGNAGE: Village Council approval is required for any temporary signing in the public right-of-way, across a street or on Village property. Which of the following signs are requested for this event:

"YARD" SIGNS - Number requested: 4 (Maximum size is 2' x2'. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)

SIGNAGE AT EVENT SITE - Location(s): Walk of Iron - Welcome
Industries - Parade Sat 10 AM Ironworkers event
Description of signs: _____
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

N/A **VENDOR PARKING:** Have you made arrangement for vendor parking? Yes No
If yes, where do you propose your vendors park? _____

EVENT LONG TERM PARKING: Will there be long term parking? Yes No
If yes, from date _____ to ending date: _____
Long term parking identified on the site map? Yes No

OVERNIGHT CAMPING: Will there be camping over night? Yes No
Name of Facility where camping: _____
If yes, from date: _____ to ending date: _____
Camp sites identified on the site map? Yes No

TENTS/CANOPIES/MISC: The Village of Mackinaw City does have tables and/or chairs available for rental. You will need to provide a diagram of the area for set up. Will the following be constructed or located in the event area?:

BOOTHS - QUANTITY _____
Size _____
 AWNINGS - QUANTITY _____
 TENTS - QUANTITY _____
 CHAIRS - QUANTITY 75 / Bleachers?
 TABLES - QUANTITY Microphone
Tape off new Bucks
ask Greg V.

Seating diagram for booths, awnings, tables and chairs provided with application: Yes No

PORTABLE RESTROOMS/TOILETS
Have you made arrangements to provide portable restroom facilities at your event? Yes No
If yes, total number of portable toilets: _____ Number of ADA accessible portable toilets: _____
If no, explain: _____

Restroom Company Name: _____
Address Street: _____
City: _____ State: _____ Zip: _____
Telephone Day: _____ Evening: _____ Fax: _____ Cell: _____
Equipment set up: Date: _____ Time: _____
Equipment pick up: Date: _____ Time: _____
Portable restrooms identified on the site map? Yes No

A. Place bricks one week before event.

B. Place additional Bricks from Event Prior to Snowfall

APPLICATION CHECK LIST

A = Applicant V = Village

- | <u>A</u> | <u>V</u> | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Completed Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Special Event Fee received on _____, receipt no _____ amount: \$ _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Event Map Received (includes detailed event layout for vendors, booths, portable restrooms, fire hydrants, parking, ingress, egress, roads, sidewalks, table and chair diagram, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Bicycle Route Map (use of the Mackinaw City Bike Trail is required) |
| <input type="checkbox"/> | <input type="checkbox"/> | Certificate of Insurance (listing the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701 as an additional insured <i>(Village)</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Ambulance Standby included with Application paid on _____, receipt no. _____ amount \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Fireworks Permit (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Michigan Liquor Control Commission Special Event License (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Health Department Food Service License (if applicable) |

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

Provide a certificate of insurance with all coverage deemed necessary for the event, naming the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701, as an additional insured on all applicable policies and submit the certificate to the Village Clerk's Office no later than thirty (30) days prior to the event.

Comply with all Village Ordinances and Policies and applicable State laws, and acknowledges that the special event permit does not relieve the applicant or organization from meeting any application requirements of law or other public bodies or agencies.

Applicant and sponsoring organization further understands the approval of this special event may include additional requirements and/or limitations based on the Village's review of this application. The applicant and sponsoring organization understand that it may be necessary to meet with Village staff during, as well as after the event, for the review of this application and that Village Council approval is necessary.

Applicant understands that he/she is responsible for contacting the Michigan Liquor Control Commission and/or Cheboygan or Emmet County Health Department to secure all permits required for this event.

Applicant further agrees to defend, indemnify and hold harmless the Village of Mackinaw City, Michigan from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from this Special Event by reason of any damage to property, personal injury or bodily injury,

including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss cost of expense is caused in whole or in part by the negligence of the Village of Mackinaw City or by third parties, or by the agents, servants, employees or factors of any of them.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

The Village of Mackinaw City expressly reserves the right in its sole discretion to cancel a private event for Village purposes and the Site user agrees, as a term of its use of a site, to release and waive all claims of any kind (including a claim for consequential damages), against the Village, its officers or employees arising out of cancellation of the user's event.

Is this an annual event? Yes No
Is this event expected to occur next year? Yes No
How many years has this event occurred? 6

Applicant Signature
Print name of applicant: _____

Date

VILLAGE USE ONLY – Department representative please initial if approved

[*kw*] DPW [*GL*] FACILITY SERVICES
[*pw*] POLICE [*fw*] FIRE [*fw*] AMBULANCE
[*DP*] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____

VILLAGE MANAGER

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

LOADER – MODEL _____ TOTAL MEN _____

TOTAL MAN HOURS _____

PICK UP TRUCKS _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER EQUIPMENT _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

TRASH RECEPTACLES – QUANTITY _____

BARRICADES – QUANTITY _____

TRAFFIC CONES – QUANTITY _____

PARKING SIGNS – QUANTITY _____

FENCING WATER ELECTRIC

RESTROOM CLEANING

OTHER _____

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If you please describe & include times _____

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

POLICE ESCORT NEEDED: Yes No LIQUOR APPLICATION RECEIVED AND REVIEWED: Yes No

SITE MAP APPROVED: Yes No

MACKINAW CITY FIRE DEPARTMENT

APPROVED

DENIED

STREET CLOSURES: Yes No (use attached map to outline proposed closures)

Street closure date/time: ____/____/____ A.M. P.M.

Street re-open date/time: ____/____/____ A.M. P.M.

SITE MAP APPROVED: Yes No

RECREATION DEPARTMENT

APPROVED

DENIED

SHOWERS: Yes No

TABLES: Yes No Quantity: _____

CHAIRS: Yes No Quantity: _____

CAMPING: Yes No (identified on map)

LONG TERM PARKING: Yes No (identified on map)

PORTABLE RESTROOMS: Yes No (identified on map)

SITE MAP APPROVED: Yes No

**Restaurants listed
by number**
See other side for
Valuable Coupons!



**Mackinaw City
Michigan**

- R Restroom
- Historic Pathway
- Snowmobile & Bicycle Trail

MAP NOT TO SCALE

Mackinaw City Audio Tour: myoncell.mobi/2314860003

- | | | | |
|---|----------|---|----------|
| 1. Admiral's Table & Restaurant & Lounge..... | 436-5687 | 9. Keyhole Bar & Grill* | 436-7911 |
| 2. Audie's Restaurant* | 436-5744 | 10. Mackinaw Pastie & Cookie Co..... | 436-5113 |
| 3. Blue Water Grill & Bar | 436-7818 | 11. Mackinaw Pastie & Cookie Co. at the Bridge* | 436-8202 |
| 4. Cunningham's Family Restaurant | 436-8821 | 12. Mancino's* | 436-7474 |
| 5. Darrow's Family Restaurant..... | 436-5514 | 13. Neath the Birches | 436-5401 |
| 6. Embers Restaurant..... | 436-5773 | 14. Pancake Chef * | 436-5578 |
| 7. Jr's Tailgate Pub & Two Amigos Mexican Kitchen*..... | 436-8540 | 15. Pizza Palace..... | 436-5788 |
| 8. Kentucky Fried Chicken | 436-5491 | 16. Scalawags..... | 436-7777 |

*Open all year. All phone nos. AREA CODE (231)

To Admin. Staff: 10-15-13
To Council: 11-7-13
Decision: Approved Denied
Minutes to Applicant: _____

SPECIAL EVENT APPLICATION
VILLAGE OF MACKINAW CITY
102 S. HURON AVENUE, MACKINAW CITY, MI 49701
(231) 436-5351

Must be filled out in its entirety and returned to the Village Clerk's Office 45 days prior to scheduled event

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: Mackinaw City Chamber of Commerce TELEPHONE: 231-436-5574
MAILING ADDRESS: P.O. Box 856, Mackinaw City, MI 49701
CONTACT NAME: Dawn Edwards TELEPHONE: 231-436-5574
E-MAIL ADDRESS: dedwards@mackinawchamber.com CELL PHONE: 231-420-2979

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Kelly Vieau or Dawn Edwards TELEPHONE: 231-436-5574
E-MAIL ADDRESS: kelly@mackinawchamber.com or dedwards@mackinawchamber.com CELL PHONE: 231-420-6904 or 231-420-2979

EVENT INFORMATION

NAME OF EVENT: Big Mac Shoreline Bike Tour Fall 2014
PURPOSE OF EVENT: Promote trails, healthy tourism, weekend stay

- Non-Profit For-Profit Village Operated/Sponsored Co-Sponsored
 Marathon/Race Festival/Fair Arts & Crafts Show Other _____

DATE(S): Sept 12 FROM 12 A.M. P.M. TO 8 A.M. P.M. Reg.
13 FROM 6:30 A.M. P.M. TO 4:30 A.M. P.M. Ride
14 FROM 6:30 A.M. P.M. TO 7 A.M. P.M. Budge

RAIN DATE(S): _____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.

EVENT LOCATION: Recreation Center / 4 routes / return paved trail

ESTIMATED NUMBER OF ATTENDEES: 400

WILL YOU UTILIZE SHOWERS: Yes No
ESTIMATED NUMBER OF VOLUNTEERS: 30

ESTIMATE DATE/TIME FOR SET-UP: Sept 12 12 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 14 4:30 A.M. P.M.

10-16-13 received Inv.

PARADE PERMIT

Includes runs, walks, and other uses of the Village public right-of-way.

POLICE ESCORT NEEDED: Yes

No

optional

Dean Steiner/Budgy can lead likes of officer is busy.

PARADE ROUTE PROVIDED WITH APPLICATION: Yes

No

PROPOSED ROUTE: 1 block from Fort to entrance 339.

Dean Steiner can lead bikes

Date and time Parade will start: _____

6:50 A.M. P.M.

Date and time Parade will end: _____

_____ A.M. P.M.

EVENT DETAILS

SITE MAP: All applicants must provide a drawing of the event area and are due at application. Site map must be legible, be pre approved by Village Staff, and include and/or identify the following, if applicable:

- Lot lines
- Fire Hydrants
- Tents
- Table and chair diagram
- Bicycle Routes (including route into and out of town)
- All bicycle events will utilize the Village's Hike and Bike Trail
- Label roads and closest cross roads
- Locate and label buildings
- Portable Restrooms
- Placement of food vendors
- Sidewalks
- Parking lots
- Ingress and egress points
- Parade Route
- All proposed modifications

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes

No

TYPE OF MUSIC PROPOSED: Live

Amplification

Recorded

Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: _____

END: _____

(NO LATER THAN 10 P.M.)

FOOD VENDORS/CONCESSIONS: (Contact Emmet or Cheboygan County Health Department)

Yes

No

Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes

No

Provide Copy of Liquor Liability Insurance

See page 4 for required language naming the Village as an additional insured

Provide Copy of Michigan Liquor Control License

If yes, describe measures to be taken to prohibit the sale of alcohol to minors: _____

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes

No

Date insurance binder provided: _____

See page 4 for required language naming the Village as an additional insured

WILL FIREWORKS BE APART OF EVENT: Yes

No

Provide Copy of Liability Insurance

Provide Copy of Fireworks Permit

See page 4 for required language naming the Village as an additional insured

EVENT SIGNAGE: Village Council approval is required for any temporary signing in the public right-of-way, across a street or on Village property. Which of the following signs are requested for this event:

"YARD" SIGNS - Number requested: 12 (Maximum size is 2' x2'. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)

SIGNAGE AT EVENT SITE - Location(s): Rec. Center bike route, all city entrances
P&C office area, Central Nicolet
Description of signs: _____
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

N/A **AVENDOR PARKING:** Have you made arrangement for vendor parking? Yes No
If yes, where do you propose your vendors park? _____

EVENT LONG TERM PARKING: Will there be long term parking? Yes No
If yes, from date _____ to ending date: _____
Long term parking identified on the site map? Yes No

OVERNIGHT CAMPING: Will there be camping over night? Yes No
Name of Facility where camping: _____
If yes, from date: _____ to ending date: _____
Camp sites identified on the site map? Yes No

N/A **TENTS/CANOPIES/MISC:** The Village of Mackinaw City does have tables and/or chairs available for rental. You will need to provide a diagram of the area for set up. Will the following be constructed or located in the event area?:

BOOTHS – QUANTITY _____ **TENTS – QUANTITY** _____
Size _____ **CHAIRS – QUANTITY** _____
 AWNINGS – QUANTITY _____ **TABLES – QUANTITY** _____

Seating diagram for booths, awnings, tables and chairs provided with application: Yes No

N/A **PORTABLE RESTROOMS/TOILETS**
Have you made arrangements to provide portable restroom facilities at your event? Yes No
If yes, total number of portable toilets: _____ Number of ADA accessible portable toilets: _____
If no, explain: _____

Restroom Company Name: _____
Address Street: _____
City: _____ State: _____ Zip: _____
Telephone Day: _____ Evening: _____ Fax: _____ Cell: _____
Equipment set up: Date: _____ Time: _____
Equipment pick up: Date: _____ Time: _____
Portable restrooms identified on the site map? Yes No

APPLICATION CHECK LIST

A = Applicant V = Village

A

V

- Completed Application
- Special Event Fee received on _____, receipt no _____
amount: \$ _____
- Event Map Received (includes detailed event layout for vendors, booths, portable restrooms, fire hydrants, parking, ingress, egress, roads, sidewalks, table and chair diagram, etc.)
- Bicycle Route Map (use of the Mackinaw City Bike Trail is required)
- Certificate of Insurance (listing the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701 as an additional insured)
- Ambulance Standby included with Application paid on _____, receipt no. _____
amount \$ _____
- Fireworks Permit (if applicable)
- Michigan Liquor Control Commission Special Event License (if applicable)
- Health Department Food Service License (if applicable)

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

Provide a certificate of insurance with all coverage deemed necessary for the event, naming the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701, as an additional insured on all applicable policies and submit the certificate to the Village Clerk's Office no later than thirty (30) days prior to the event.

Comply with all Village Ordinances and Policies and applicable State laws, and acknowledges that the special event permit does not relieve the applicant or organization from meeting any application requirements of law or other public bodies or agencies.

Applicant and sponsoring organization further understands the approval of this special event may include additional requirements and/or limitations based on the Village's review of this application. The applicant and sponsoring organization understand that it may be necessary to meet with Village staff during, as well as after the event, for the review of this application and that Village Council approval is necessary.

Applicant understands that he/she is responsible for contacting the Michigan Liquor Control Commission and/or Cheboygan or Emmet County Health Department to secure all permits required for this event.

Applicant further agrees to defend, indemnify and hold harmless the Village of Mackinaw City, Michigan from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from this Special Event by reason of any damage to property, personal injury or bodily injury,

including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss cost of expense is caused in whole or in part by the negligence of the Village of Mackinaw City or by third parties, or by the agents, servants, employees or factors of any of them.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

The Village of Mackinaw City expressly reserves the right in its sole discretion to cancel a private event for Village purposes and the Site user agrees, as a term of its use of a site, to release and waive all claims of any kind (including a claim for consequential damages), against the Village, its officers or employees arising out of cancellation of the user's event.

Is this an annual event? Yes No

Is this event expected to occur next year? Yes No

How many years has this event occurred? 1995 18 years

MC Chamber of Commerce
Applicant Signature
Print name of applicant: D Edwards

10-11-13
Date

VILLAGE USE ONLY – Department representative please initial if approved

[EV] DPW [EV] FACILITY SERVICES
[EV] POLICE [EV] FIRE [EV] AMBULANCE
[EV] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____

VILLAGE MANAGER

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

LOADER – MODEL _____ TOTAL MEN _____

TOTAL MAN HOURS _____

PICK UP TRUCKS _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER EQUIPMENT _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

TRASH RECEPTACLES – QUANTITY _____

BARRICADES – QUANTITY _____

TRAFFIC CONES – QUANTITY _____

PARKING SIGNS – QUANTITY _____

FENCING WATER ELECTRIC

RESTROOM CLEANING

OTHER _____

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

POLICE ESCORT NEEDED: Yes No LIQUOR APPLICATION RECEIVED AND REVIEWED: Yes No

SITE MAP APPROVED: Yes No

MACKINAW CITY FIRE DEPARTMENT

APPROVED

DENIED

STREET CLOSURES: Yes No (use attached map to outline proposed closures)

Street closure date/time: ____/____/____ A.M. P.M.

Street re-open date/time: ____/____/____ A.M. P.M.

SITE MAP APPROVED: Yes No

RECREATION DEPARTMENT

APPROVED

DENIED

SHOWERS: Yes No

TABLES: Yes No Quantity: _____

CHAIRS: Yes No Quantity: _____

CAMPING: Yes No (identified on map)

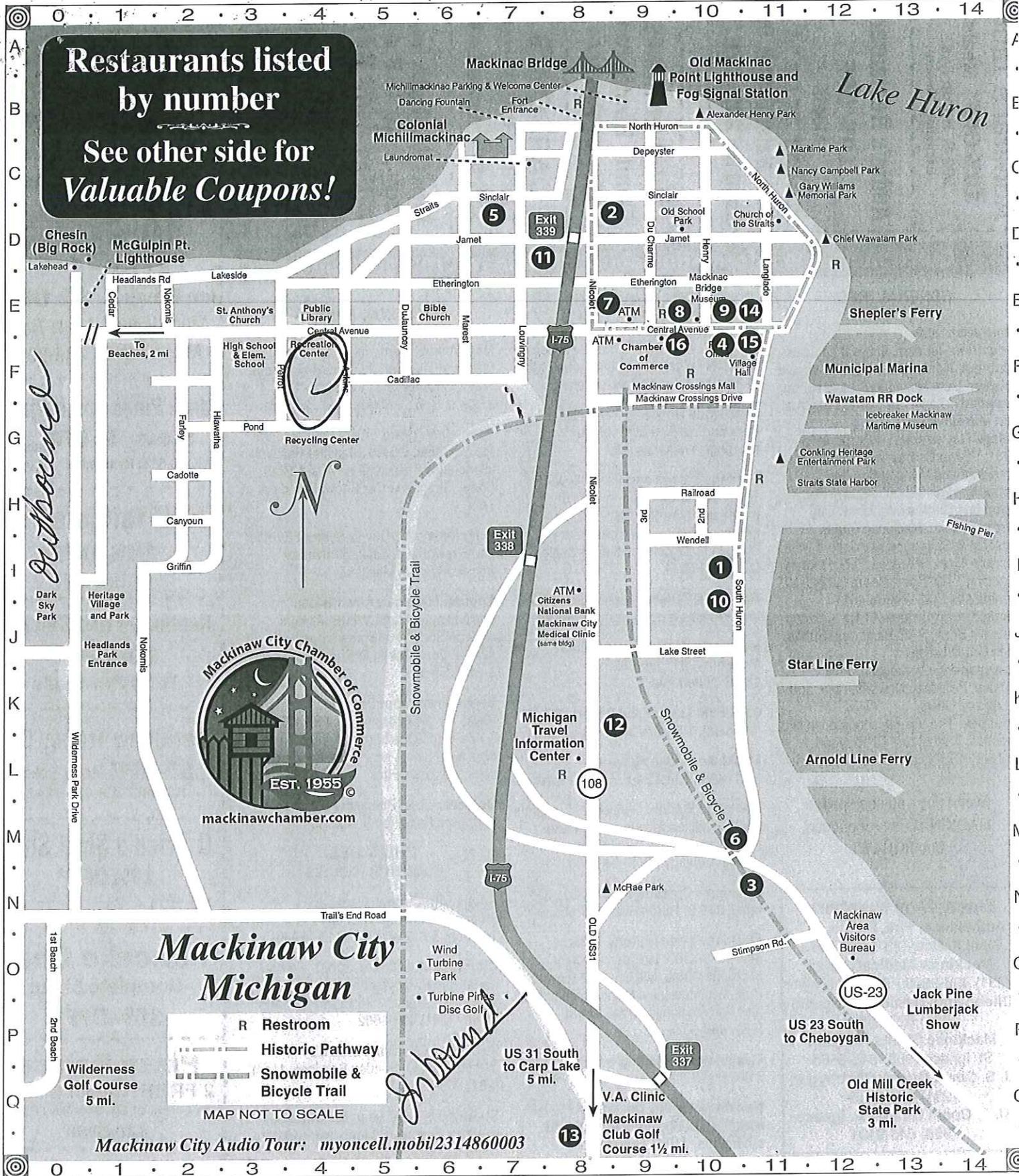
LONG TERM PARKING: Yes No (identified on map)

PORTABLE RESTROOMS: Yes No (identified on map)

SITE MAP APPROVED: Yes No

Restaurants listed by number

See other side for
Valuable Coupons!



- | | | | |
|--|----------|---|----------|
| 1. Admiral's Table & Restaurant & Lounge..... | 436-5687 | 9. Keyhole Bar & Grill* | 436-7911 |
| 2. Audie's Restaurant* | 436-5744 | 10. Mackinaw Pastie & Cookie Co..... | 436-5113 |
| 3. Blue Water Grill & Bar | 436-7818 | 11. Mackinaw Pastie & Cookie Co. at the Bridge* | 436-8202 |
| 4. Cunningham's Family Restaurant | 436-8821 | 12. Mancino's* | 436-7474 |
| 5. Darrow's Family Restaurant..... | 436-5514 | 13. Neath the Birches | 436-5401 |
| 6. Embers Restaurant..... | 436-5773 | 14. Pancake Chef * | 436-5578 |
| 7. Jr's Tailgate Pub & Two Amigos Mexican Kitchen* | 436-8540 | 15. Pizza Palace..... | 436-5788 |
| 8. Kentucky Fried Chicken | 436-5491 | 16. Scalawags..... | 436-7777 |

*Open all year All phone nos. AREA CODE (231)

Big Mac Shoreline Bike Tour

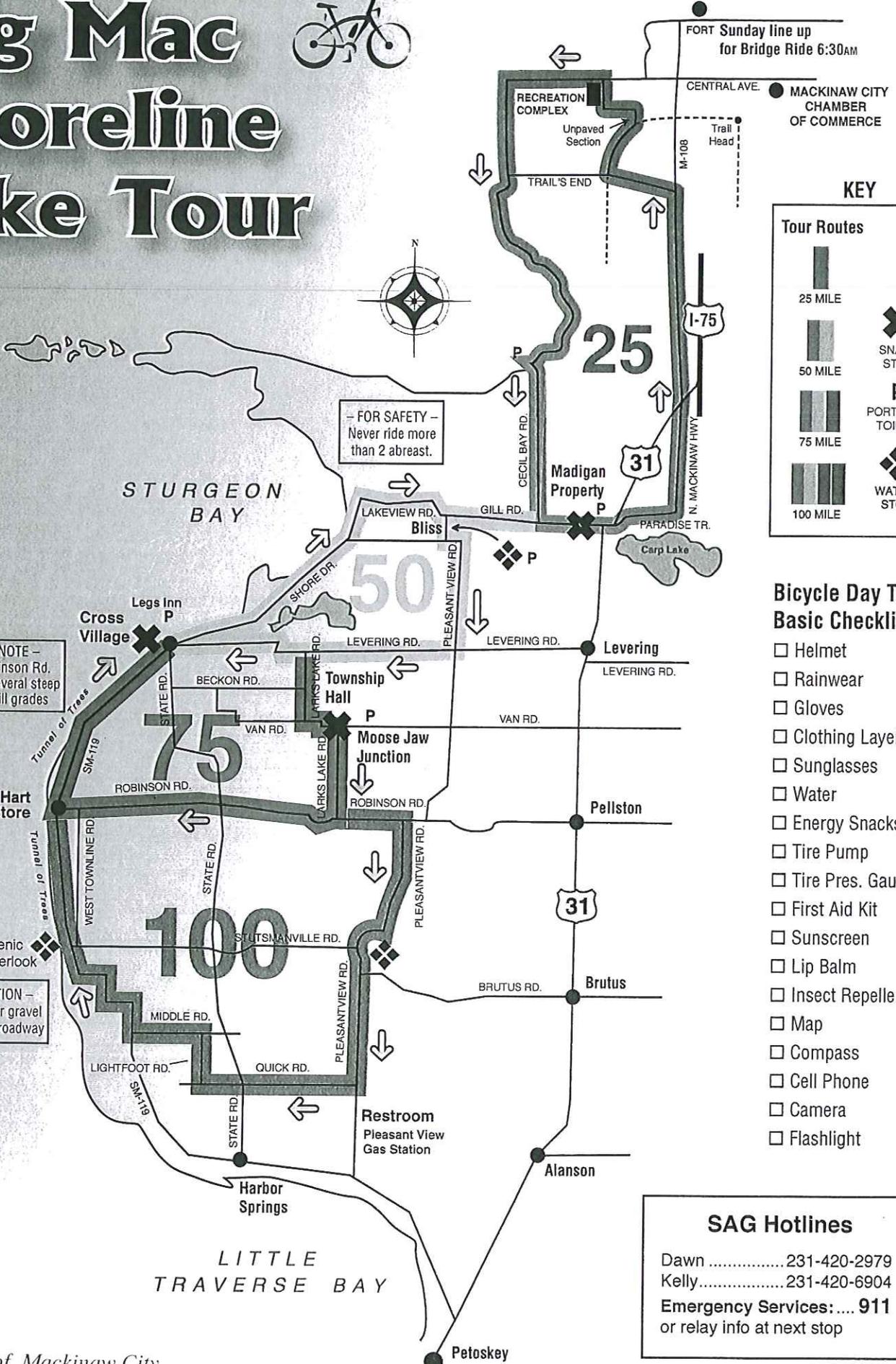


LAKE MICHIGAN

- NOTE -
Robinson Rd.
has several steep
uphill grades

- CAUTION -
Watch for gravel
wash on roadway

- FOR SAFETY -
Never ride more
than 2 abreast.



KEY

Tour Routes

- 25 MILE
- 50 MILE
- 75 MILE
- 100 MILE
- SNACK STOP
- PORTABLE TOILET
- WATER STOP

Bicycle Day Trip Basic Checklist

- Helmet
- Rainwear
- Gloves
- Clothing Layers
- Sunglasses
- Water
- Energy Snacks
- Tire Pump
- Tire Pres. Gauge
- First Aid Kit
- Sunscreen
- Lip Balm
- Insect Repellent
- Map
- Compass
- Cell Phone
- Camera
- Flashlight

SAG Hotlines

Dawn 231-420-2979
 Kelly..... 231-420-6904
Emergency Services:.... 911
 or relay info at next stop

Compliments of Mackinaw City
Chamber of Commerce - 2013

PLEASE NOTE: Cell phone service is not
consistent throughout the area.

2014-SE-018

To Admin. Staff: 10-15-13
To Council: 11-7-13
Decision: Approved Denied
Minutes to Applicant: _____

SPECIAL EVENT APPLICATION
VILLAGE OF MACKINAW CITY
102 S. HURON AVENUE, MACKINAW CITY, MI 49701
(231) 436-5351

Must be filled out in its entirety and returned to the Village Clerk's Office 45 days prior to scheduled event

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: Mackinaw City Chamber of Commerce TELEPHONE: 231-436-5574
MAILING ADDRESS: P.O. Box 856, Mackinaw City, MI 49701
CONTACT NAME: Dawn Edwards TELEPHONE: 231-436-5574
E-MAIL ADDRESS: dedwards@mackinawchamber.com CELL PHONE: 231-420-2979

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Kelly Vieau or Dawn Edwards TELEPHONE: 231-436-5574
E-MAIL ADDRESS: kelly@mackinawchamber.com or dedwards@mackinawchamber.com CELL PHONE: 231-420-6904 or 231-420-2979

EVENT INFORMATION

NAME OF EVENT: Fall Shoppers Festival - Great Pumpkin Hunt ²⁰¹⁴
PURPOSE OF EVENT: Fall Tourism Retailers Promos.

- Non-Profit For-Profit Village Operated/Sponsored Co-Sponsored
 Marathon/Race Festival/Fair Arts & Crafts Show Other _____

DATE(S): Oct 10-12 FROM 9 A.M. P.M. TO 9 A.M. P.M. GPH
Oct 18-19 FROM 9 A.M. P.M. TO 9 A.M. P.M. FSF

FROM _____ A.M. P.M. TO _____ A.M. P.M.

RAIN DATE(S): _____ FROM _____ A.M. P.M. TO _____ A.M. P.M.

FROM _____ A.M. P.M. TO _____ A.M. P.M.

EVENT LOCATION: Around mc retail, services, rest. & attractio

ESTIMATED NUMBER OF ATTENDEES: 200 + 500

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: N/A

ESTIMATE DATE/TIME FOR SET-UP: _____ A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: _____ A.M. P.M.

10-16-13 Received Ins

PARADE PERMIT

Includes runs, walks, and other uses of the Village public right-of-way.

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: _____

Date and time Parade will start: _____ A.M. P.M.

Date and time Parade will end: _____ A.M. P.M.

EVENT DETAILS

SITE MAP: All applicants must provide a drawing of the event area and are due at application. Site map must be legible, be pre approved by Village Staff, and include and/or identify the following, if applicable:

- Lot lines
- Fire Hydrants
- Tents
- Table and chair diagram
- Bicycle Routes (including route into and out of town)
- All bicycle events will utilize the Village's Hike and Bike Trail
- Label roads and closest cross roads
- Locate and label buildings
- Portable Restrooms
- Placement of food vendors
- Sidewalks
- Parking lots
- Ingress and egress points
- Parade Route
- All proposed modifications

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes No

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: _____ END: _____
(NO LATER THAN 10 P.M.)

FOOD VENDORS/CONCESSIONS: (Contact Emmet or Cheboygan County Health Department)

Yes No Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No

- Provide Copy of Liquor Liability Insurance
See page 4 for required language naming the Village as an additional insured
- Provide Copy of Michigan Liquor Control License

If yes, describe measures to be taken to prohibit the sale of alcohol to minors: _____

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No

Date insurance binder provided: _____
See page 4 for required language naming the Village as an additional insured

Just Sheebs-

WILL FIREWORKS BE APART OF EVENT: Yes No

- Provide Copy of Liability Insurance
- Provide Copy of Fireworks Permit
See page 4 for required language naming the Village as an additional insured

EVENT SIGNAGE: Village Council approval is required for any temporary signing in the public right-of-way, across a street or on Village property. Which of the following signs are requested for this event:

"YARD" SIGNS - Number requested: 4 (Maximum size is 2' x2'. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)

SIGNAGE AT EVENT SITE - Location(s): Chamber office / Central / Motel
Signage at Weekend drop location TBA

Description of signs: _____
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

VENDOR PARKING: Have you made arrangement for vendor parking? Yes No
If yes, where do you propose your vendors park? _____

EVENT LONG TERM PARKING: Will there be long term parking? Yes No
If yes, from date _____ to ending date: _____
Long term parking identified on the site map? Yes No

OVERNIGHT CAMPING: Will there be camping over night? Yes No
Name of Facility where camping: _____
If yes, from date: _____ to ending date: _____
Camp sites identified on the site map? Yes No

TENTS/CANOPIES/MISC: The Village of Mackinaw City does have tables and/or chairs available for rental. You will need to provide a diagram of the area for set up. Will the following be constructed or located in the event area?:

BOOTHS – QUANTITY _____ **TENTS – QUANTITY** _____
Size _____ **CHAIRS – QUANTITY** _____
 AWNINGS – QUANTITY _____ **TABLES – QUANTITY** _____

Seating diagram for booths, awnings, tables and chairs provided with application: Yes No

PORTABLE RESTROOMS/TOILETS
Have you made arrangements to provide portable restroom facilities at your event? Yes No
If yes, total number of portable toilets: _____ Number of ADA accessible portable toilets: _____
If no, explain: _____

Restroom Company Name: _____
Address Street: _____
City: _____ State: _____ Zip: _____
Telephone Day: _____ Evening: _____ Fax: _____ Cell: _____
Equipment set up: Date: _____ Time: _____
Equipment pick up: Date: _____ Time: _____
Portable restrooms identified on the site map? Yes No

APPLICATION CHECK LIST

A = Applicant V = Village

- A V Completed Application
- Special Event Fee received on _____, receipt no _____
amount: \$ _____
- Event Map Received (includes detailed event layout for vendors, booths, portable restrooms, fire hydrants, parking, ingress, egress, roads, sidewalks, table and chair diagram, etc.)
- Bicycle Route Map (use of the Mackinaw City Bike Trail is required)
- Certificate of Insurance (listing the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701 as an additional insured)
- Ambulance Standby included with Application paid on _____, receipt no. _____
amount \$ _____
- Fireworks Permit (if applicable)
- Michigan Liquor Control Commission Special Event License (if applicable)
- Health Department Food Service License (if applicable)

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

Provide a certificate of insurance with all coverage deemed necessary for the event, naming the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701, as an additional insured on all applicable policies and submit the certificate to the Village Clerk's Office no later than thirty (30) days prior to the event.

Comply with all Village Ordinances and Policies and applicable State laws, and acknowledges that the special event permit does not relieve the applicant or organization from meeting any application requirements of law or other public bodies or agencies.

Applicant and sponsoring organization further understands the approval of this special event may include additional requirements and/or limitations based on the Village's review of this application. The applicant and sponsoring organization understand that it may be necessary to meet with Village staff during, as well as after the event, for the review of this application and that Village Council approval is necessary.

Applicant understands that he/she is responsible for contacting the Michigan Liquor Control Commission and/or Cheboygan or Emmet County Health Department to secure all permits required for this event.

Applicant further agrees to defend, indemnify and hold harmless the Village of Mackinaw City, Michigan from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from this Special Event by reason of any damage to property, personal injury or bodily injury,

including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss cost of expense is caused in whole or in part by the negligence of the Village of Mackinaw City or by third parties, or by the agents, servants, employees or factors of any of them.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

The Village of Mackinaw City expressly reserves the right in its sole discretion to cancel a private event for Village purposes and the Site user agrees, as a term of its use of a site, to release and waive all claims of any kind (including a claim for consequential damages), against the Village, its officers or employees arising out of cancellation of the user's event.

Is this an annual event? Yes No

Is this event expected to occur next year? Yes No

How many years has this event occurred? 1988 26 yrs.

Mackinaw Chamber of Commerce

Applicant Signature

Print name of applicant: A Edwards

10-11-13

Date

VILLAGE USE ONLY – Department representative please initial if approved

[KN] DPW [GV] FACILITY SERVICES
[PW] POLICE [kw] FIRE [kw] AMBULANCE
[DP] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____

VILLAGE MANAGER

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

LOADER – MODEL _____ TOTAL MEN _____

TOTAL MAN HOURS _____

PICK UP TRUCKS _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER EQUIPMENT _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

TRASH RECEPTACLES – QUANTITY _____

BARRICADES – QUANTITY _____

TRAFFIC CONES – QUANTITY _____

PARKING SIGNS – QUANTITY _____

FENCING WATER ELECTRIC

RESTROOM CLEANING

OTHER _____

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

POLICE ESCORT NEEDED: Yes No LIQUOR APPLICATION RECEIVED AND REVIEWED: Yes No

SITE MAP APPROVED: Yes No

MACKINAW CITY FIRE DEPARTMENT

APPROVED

DENIED

STREET CLOSURES: Yes No (use attached map to outline proposed closures)

Street closure date/time: ____/____/____ A.M. P.M.

Street re-open date/time: ____/____/____ A.M. P.M.

SITE MAP APPROVED: Yes No

RECREATION DEPARTMENT

APPROVED

DENIED

SHOWERS: Yes No

TABLES: Yes No Quantity: _____

CHAIRS: Yes No Quantity: _____

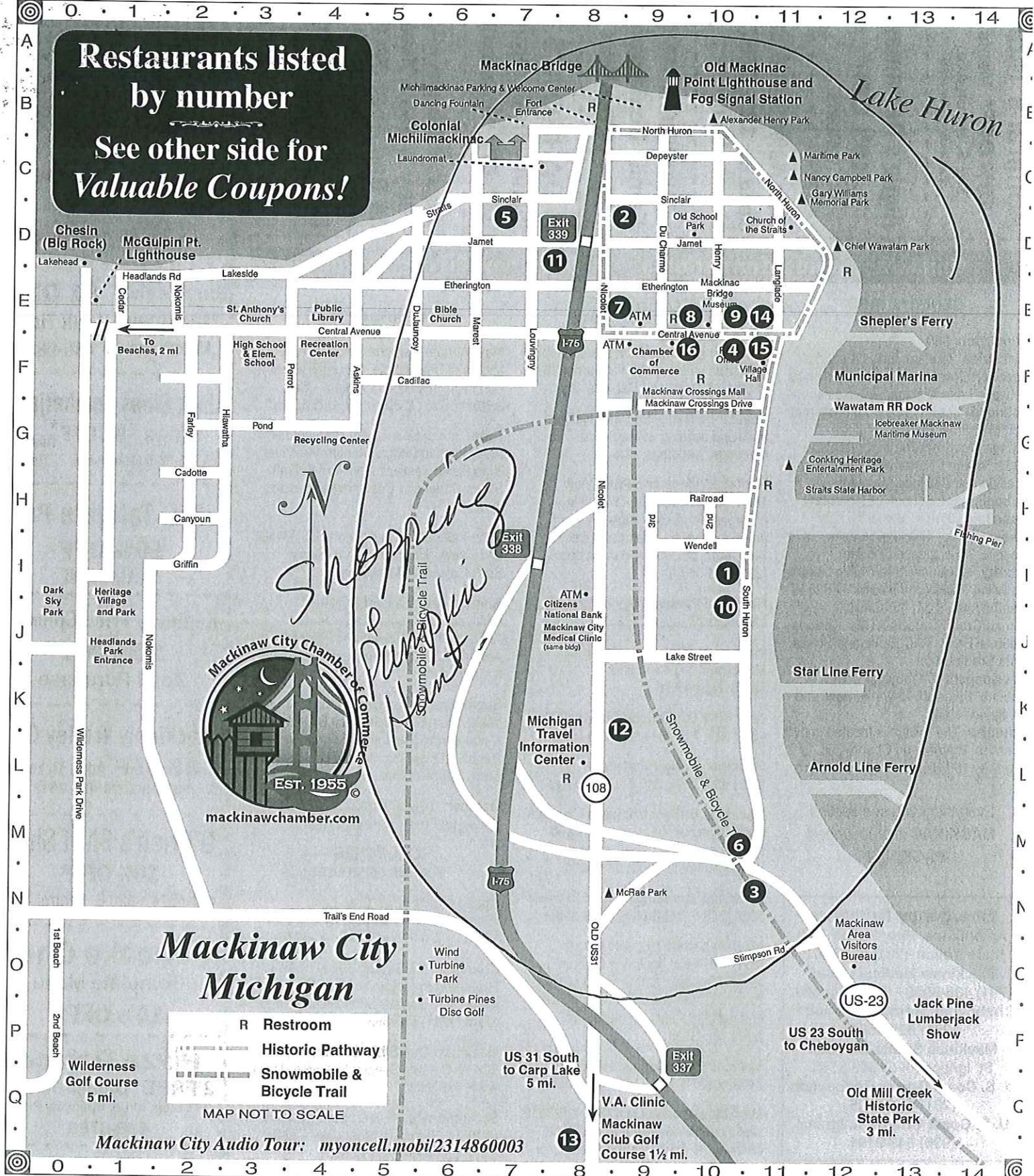
CAMPING: Yes No (identified on map)

LONG TERM PARKING: Yes No (identified on map)

PORTABLE RESTROOMS: Yes No (identified on map)

SITE MAP APPROVED: Yes No

**Restaurants listed
by number**
See other side for
Valuable Coupons!



- 1. Admiral's Table & Restaurant & Lounge..... 436-5687
- 2. Audie's Restaurant* 436-5744
- 3. Blue Water Grill & Bar 436-7818
- 4. Cunningham's Family Restaurant 436-8821
- 5. Darrow's Family Restaurant..... 436-5514
- 6. Embers Restaurant 436-5773
- 7. Jr's Tailgate Pub & Two Amigos Mexican Kitchen*..... 436-8540
- 8. Kentucky Fried Chicken 436-5491

- 9. Keyhole Bar & Grill* 436-7911
- 10. Mackinaw Pastie & Cookie Co..... 436-5113
- 11. Mackinaw Pastie & Cookie Co. at the Bridge* 436-8202
- 12. Mancino's* 436-7474
- 13. Neath the Birches 436-5401
- 14. Pancake Chef * 436-5578
- 15. Pizza Palace..... 436-5788
- 16. Scalawags..... 436-7777

*Open all year All phone nos. AREA CODE (231)

| Number | BUSINESS | | BUSINESS | Number |
|--------|---|--|---------------------------------|--------|
| | Aaron Murdick's Fudge | | Mancino's Pizza & Grinders | |
| | Admiral's Table | | Marshall's Fudge & Candy Co. | |
| | Audie's | | Momentum of Mackinaw | |
| | B.C Pizza | | Oak Tree Gifts | |
| | Candy Corner/Windjammer Gifts | | O'Brien's Shirt Shop | |
| | Coffman Hardware | | Pancake Chef | |
| | Great Lakes Bear Factory | | Pizza Palace | |
| | Great Lakes Lighthouse Keepers Assoc. | | Scalawag's Whitefish & Chips | |
| | Hunt's Mackinaw Pastie & Cookie Co. | | Scrolls & More | |
| | Hunt's Mackinaw Pastie & Cookie Co. by the Bridge | | Souvenirs Marugo | |
| | Icebreaker Mackinaw Maritime Museum | | Star Line Ferry | |
| | Island Bookstore | | Strait to the Pantry | |
| | Keyhole Bar & Grill | | Teysen's Gallery | |
| | Krueger's Fish Market | | Teysen's Gift and Moccisin Shop | |
| | Mackenzie's on the Ave. | | Trails End General Store | |
| | Mackinaw City Kite & Toy Shop | | Treasure Chest Gift Shop | |
| | Mackinaw Clothing | | Paws Fur Fun | |
| | MaMa Mia's | | | |

2014-SE-019

To Admin. Staff: 10-28-13
To Council: 11-7-13
Decision: Approved Denied
Minutes to Applicant: _____

SPECIAL EVENT APPLICATION
VILLAGE OF MACKINAW CITY
102 S. HURON AVENUE, MACKINAW CITY, MI 49701
(231) 436-5351

Confirmed thru
e-mail - date to
Council 10-29-13

Must be filled out in its entirety and returned to the Village Clerk's Office 45 days prior to scheduled event

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: Michilimackinaw Voyagers TELEPHONE: 231-537-4851
MAILING ADDRESS: PO. Box 95, Leaning Mt 49755
CONTACT NAME: Candy Snider TELEPHONE: 231-537-4851
E-MAIL ADDRESS: Sniderconst@centurylink.net CELL PHONE: 231-120-8297

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Fannell Thompson TELEPHONE: _____
E-MAIL ADDRESS: _____ CELL PHONE: _____

EVENT INFORMATION

NAME OF EVENT: Fort Michilimackinaw Pageant

PURPOSE OF EVENT: Historical re-enactment

- Non-Profit For-Profit Village Operated/Sponsored Co-Sponsored
 Marathon/Race Festival/Fair Arts & Crafts Show Other _____

DATE(S): May 23 FROM 4:00 A.M. P.M. TO May 27 A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.

RAIN DATE(S): _____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.

EVENT LOCATION: Grounds & Pavilion behind High School

ESTIMATED NUMBER OF ATTENDEES: 50-75

WILL YOU UTILIZE SHOWERS: Yes No School Showers

ESTIMATED NUMBER OF VOLUNTEERS: _____

ESTIMATE DATE/TIME FOR SET-UP: May 23 4:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: May 27 6:00 A.M. P.M.

Need Ins. Cert,

PARADE PERMIT

Includes runs, walks, and other uses of the Village public right-of-way.

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: _____

Date and time Parade will start: _____ A.M. P.M.

Date and time Parade will end: _____ A.M. P.M.

EVENT DETAILS

SITE MAP: All applicants must provide a drawing of the event area and are due at application. Site map must be legible, be pre approved by Village Staff, and include and/or identify the following, if applicable:

- Lot lines
- Fire Hydrants
- Tents
- Table and chair diagram
- Bicycle Routes (including route into and out of town)
- All bicycle events will utilize the Village's Hike and Bike Trail
- Label roads and closest cross roads
- Locate and label buildings
- Portable Restrooms
- Placement of food vendors
- Sidewalks
- Parking lots
- Ingress and egress points
- Parade Route
- All proposed modifications

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes No

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: _____ END: _____
(NO LATER THAN 10 P.M.)

FOOD VENDORS/CONCESSIONS: (Contact Emmet or Cheboygan County Health Department)
 Yes No Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No

- Provide Copy of Liquor Liability Insurance
See page 4 for required language naming the Village as an additional insured
- Provide Copy of Michigan Liquor Control License

If yes, describe measures to be taken to prohibit the sale of alcohol to minors: _____

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No

Date insurance binder provided: _____
See page 4 for required language naming the Village as an additional insured

WILL FIREWORKS BE APART OF EVENT: Yes No

- Provide Copy of Liability Insurance
- Provide Copy of Fireworks Permit
See page 4 for required language naming the Village as an additional insured

EVENT SIGNAGE: Village Council approval is required for any temporary signing in the public right-of-way, across a street or on Village property. Which of the following signs are requested for this event:

"YARD" SIGNS - Number requested: _____ (Maximum size is 2' x2'. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)

SIGNAGE AT EVENT SITE - Location(s): _____

Description of signs: _____
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

VENDOR PARKING: Have you made arrangement for vendor parking? Yes No
If yes, where do you propose your vendors park? _____

EVENT LONG TERM PARKING: Will there be long term parking? Yes No
If yes, from date _____ to ending date: _____

Long term parking identified on the site map? Yes No

OVERNIGHT CAMPING: Will there be camping over night? Yes No

Name of Facility where camping: _____

If yes, from date: _____ to ending date: _____

Camp sites identified on the site map? Yes No

TENTS/CANOPIES/MISC: The Village of Mackinaw City does have tables and/or chairs available for rental. You will need to provide a diagram of the area for set up. Will the following be constructed or located in the event area?:

BOOTHS - QUANTITY _____
Size _____

TENTS - QUANTITY 20

CHAIRS - QUANTITY _____

AWNINGS - QUANTITY _____

TABLES - QUANTITY _____

Seating diagram for booths, awnings, tables and chairs provided with application: Yes No

PORTABLE RESTROOMS/TOILETS

Have you made arrangements to provide portable restroom facilities at your event? Yes No

If yes, total number of portable toilets: 1 Number of ADA accessible portable toilets: _____

If no, explain: _____

Restroom Company Name: Rose Septic

Address Street: _____

City: Cheboygan State: MI Zip: 49755

Telephone Day: _____ Evening: _____ Fax: _____ Cell: _____

Equipment set up: Date: May 25 Time: _____

Equipment pick up: Date: May 27 Time: _____

Portable restrooms identified on the site map? Yes No

APPLICATION CHECK LIST

A = Applicant V = Village

- | | |
|-------------------------------------|--|
| <u>A</u> | <u>V</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Completed Application |
| <input type="checkbox"/> | <input type="checkbox"/> Special Event Fee received on _____, receipt no _____ amount: \$ _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Event Map Received (includes detailed event layout for vendors, booths, portable restrooms, fire hydrants, parking, ingress, egress, roads, sidewalks, table and chair diagram, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> Bicycle Route Map (use of the Mackinaw City Bike Trail is required) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Certificate of Insurance (listing the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701 as an additional insured) |
| <input type="checkbox"/> | <input type="checkbox"/> Ambulance Standby included with Application paid on _____, receipt no. _____ amount \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Fireworks Permit (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> Michigan Liquor Control Commission Special Event License (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> Health Department Food Service License (if applicable) |

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

Provide a certificate of insurance with all coverage deemed necessary for the event, naming the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701, as an additional insured on all applicable policies and submit the certificate to the Village Clerk's Office no later than thirty (30) days prior to the event.

Comply with all Village Ordinances and Policies and applicable State laws, and acknowledges that the special event permit does not relieve the applicant or organization from meeting any application requirements of law or other public bodies or agencies.

Applicant and sponsoring organization further understands the approval of this special event may include additional requirements and/or limitations based on the Village's review of this application. The applicant and sponsoring organization understand that it may be necessary to meet with Village staff during, as well as after the event, for the review of this application and that Village Council approval is necessary.

Applicant understands that he/she is responsible for contacting the Michigan Liquor Control Commission and/or Cheboygan or Emmet County Health Department to secure all permits required for this event.

Applicant further agrees to defend, indemnify and hold harmless the Village of Mackinaw City, Michigan from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from this Special Event by reason of any damage to property, personal injury or bodily injury.

including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss cost of expense is caused in whole or in part by the negligence of the Village of Mackinaw City or by third parties, or by the agents, servants, employees or factors of any of them.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

The Village of Mackinaw City expressly reserves the right in its sole discretion to cancel a private event for Village purposes and the Site user agrees, as a term of its use of a site, to release and waive all claims of any kind (including a claim for consequential damages), against the Village, its officers or employees arising out of cancellation of the user's event.

Is this an annual event? Yes No
Is this event expected to occur next year? Yes No
How many years has this event occurred? 50+

Cindy Snider
Applicant Signature
Print name of applicant: Cindy Snider

10-28-13
Date

VILLAGE USE ONLY - Department representative please initial if approved

DPW FACILITY SERVICES
 POLICE FIRE AMBULANCE
 RECREATION

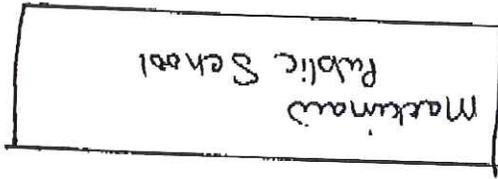
VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ VILLAGE MANAGER DATE: _____

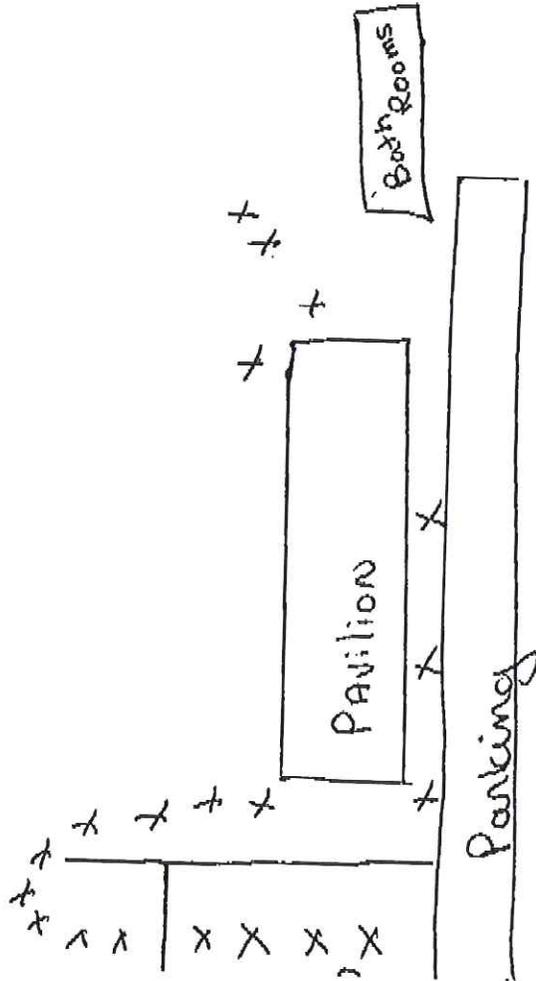
- N -

Central



W.

X = Camping Sites



S-Perrot St.

Parking

Baseball Field

1

2014-SF-020

To Admin. Staff: 10-30-13
To Council: 11-7-13
Decision: Approved Denied
Minutes to Applicant: _____

SPECIAL EVENT APPLICATION
VILLAGE OF MACKINAW CITY
102 S. HURON AVENUE, MACKINAW CITY, MI 49701
(231) 436-5351

Must be filled out in its entirety and returned to the Village Clerk's Office 45 days prior to scheduled event

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: Church of the Straits TELEPHONE: 231-436-8682
MAILING ADDRESS: 307 N. Huron Ave., PO Box 430, Mackinaw City MI 49701
CONTACT NAME: Elizabeth Clemens TELEPHONE: _____
E-MAIL ADDRESS: Bettyjob8@gmail.com CELL PHONE: 231-290-0369

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Elizabeth Clemens TELEPHONE: _____
E-MAIL ADDRESS: bettyjob8@gmail.com CELL PHONE: 231-290-0369

EVENT INFORMATION

NAME OF EVENT: Labor Day Sunday Service @ the Park
PURPOSE OF EVENT: Church Service

Non-Profit For-Profit Village Operated/Sponsored Co-Sponsored

Marathon/Race Festival/Fair Arts & Crafts Show Other _____

DATE(S): 8/31/2014 FROM 9:00 A.M. P.M. TO 1:00 A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.

RAIN DATE(S): _____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.

EVENT LOCATION: Conkling Heritage Park / Roth Perf. Shell
ESTIMATED NUMBER OF ATTENDEES: 150-200? (lawn seating)

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 4-6

ESTIMATE DATE/TIME FOR SET-UP: 8/31/2014 9:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 8/31/2014 1:00 A.M. P.M.

need cert. of Ins.

PARADE PERMIT

Includes runs, walks, and other uses of the Village public right-of-way.

POLICE ESCORT NEEDED: Yes No

n/a

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: _____

Date and time Parade will start: _____ A.M. P.M.

Date and time Parade will end: _____ A.M. P.M.

EVENT DETAILS

SITE MAP: All applicants must provide a drawing of the event area and are due at application. Site map must be legible, be pre approved by Village Staff, and include and/or identify the following, if applicable:

- Lot lines
- Fire Hydrants
- Tents
- Table and chair diagram
- Bicycle Routes (including route into and out of town)
- All bicycle events will utilize the Village's Hike and Bike Trail
- Label roads and closest cross roads
- Locate and label buildings
- Portable Restrooms
- Placement of food vendors
- Sidewalks
- Parking lots
- Ingress and egress points
- Parade Route
- All proposed modifications

n/a

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes No

* will make contact Mike Fornes to operate sound system as in the past.

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: 10 a.m. END: 12:30 p.m.
(NO LATER THAN 10 P.M.)

FOOD VENDORS/CONCESSIONS: (Contact Emmet or Cheboygan County Health Department)

Yes No Provide Copy of Health Department Food Service License

n/a

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No

- Provide Copy of Liquor Liability Insurance
See page 4 for required language naming the Village as an additional insured
- Provide Copy of Michigan Liquor Control License

If yes, describe measures to be taken to prohibit the sale of alcohol to minors: _____

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No

will provide after approval.

Date insurance binder provided: _____
See page 4 for required language naming the Village as an additional insured

WILL FIREWORKS BE APART OF EVENT: Yes No

- Provide Copy of Liability Insurance
- Provide Copy of Fireworks Permit
See page 4 for required language naming the Village as an additional insured

EVENT SIGNAGE: Village Council approval is required for any temporary signing in the public right-of-way, across a street or on Village property. Which of the following signs are requested for this event:

"YARD" SIGNS - Number requested: ___ (Maximum size is 2' x 2'. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)

SIGNAGE AT EVENT SITE - Location(s): Changeable letter sign
already on site

Description of signs: _____
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

VENDOR PARKING: Have you made arrangement for vendor parking? Yes No n/a
If yes, where do you propose your vendors park? _____

EVENT LONG TERM PARKING: Will there be long term parking? Yes No n/a
If yes, from date _____ to ending date: _____

Long term parking identified on the site map? Yes No

OVERNIGHT CAMPING: Will there be camping over night? Yes No n/a
Name of Facility where camping: _____

If yes, from date: _____ to ending date: _____

Camp sites identified on the site map? Yes No

TENTS/CANOPIES/MISC: The Village of Mackinaw City does have tables and/or chairs available for rental. You will need to provide a diagram of the area for set up. Will the following be constructed or located in the event area?:

BOOTHS – QUANTITY _____ TENTS – QUANTITY _____

Size _____ CHAIRS – QUANTITY _____

AWNINGS – QUANTITY _____ TABLES – QUANTITY _____

Seating diagram for booths, awnings, tables and chairs provided with application: Yes No n/a

PORTABLE RESTROOMS/TOILETS

Have you made arrangements to provide portable restroom facilities at your event? Yes No n/a

If yes, total number of portable toilets: _____ Number of ADA accessible portable toilets: _____

If no, explain: _____

Restroom Company Name: _____

Address Street: _____

City: _____ State: _____ Zip: _____

Telephone Day: _____ Evening: _____ Fax: _____ Cell: _____

Equipment set up: Date: _____ Time: _____

Equipment pick up: Date: _____ Time: _____

Portable restrooms identified on the site map? Yes No

APPLICATION CHECK LIST

A = Applicant V = Village

A V
 Completed Application

n/a Special Event Fee received on _____, receipt no. (non-profit)
amount: \$ _____

n/a Event Map Received (includes detailed event layout for vendors, booths, portable restrooms, fire hydrants, parking, ingress, egress, roads, sidewalks, table and chair diagram, etc.)

n/a Bicycle Route Map (use of the Mackinaw City Bike Trail is required)

will provide Certificate of Insurance (listing the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701 as an additional insured)

n/a Ambulance Standby included with Application paid on _____, receipt no. _____
amount \$ _____

n/a Fireworks Permit (if applicable)

n/a Michigan Liquor Control Commission Special Event License (if applicable)

n/a Health Department Food Service License (if applicable)

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

Provide a certificate of insurance with all coverage deemed necessary for the event, naming the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701, as an additional insured on all applicable policies and submit the certificate to the Village Clerk's Office no later than thirty (30) days prior to the event.

Comply with all Village Ordinances and Policies and applicable State laws, and acknowledges that the special event permit does not relieve the applicant or organization from meeting any application requirements of law or other public bodies or agencies.

Applicant and sponsoring organization further understands the approval of this special event may include additional requirements and/or limitations based on the Village's review of this application. The applicant and sponsoring organization understand that it may be necessary to meet with Village staff during, as well as after the event, for the review of this application and that Village Council approval is necessary.

Applicant understands that he/she is responsible for contacting the Michigan Liquor Control Commission and/or Cheboygan or Emmet County Health Department to secure all permits required for this event.

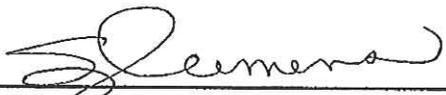
Applicant further agrees to defend, indemnify and hold harmless the Village of Mackinaw City, Michigan from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from this Special Event by reason of any damage to property, personal injury or bodily injury,

Including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss cost of expense is caused in whole or in part by the negligence of the Village of Mackinaw City or by third parties, or by the agents, servants, employees or factors of any of them.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

The Village of Mackinaw City expressly reserves the right in its sole discretion to cancel a private event for Village purposes and the Site user agrees, as a term of its use of a site, to release and waive all claims of any kind (including a claim for consequential damages), against the Village, its officers or employees arising out of cancellation of the user's event.

Is this an annual event? Yes No
Is this event expected to occur next year? Yes No
How many years has this event occurred? 7?


Applicant Signature
Print name of applicant: Elizabeth Clemens

10/30/2013
Date

VILLAGE USE ONLY - Department representative please initial if approved

[EV] DPW [GV] FACILITY SERVICES
[AW] POLICE [LS] FIRE [WA] AMBULANCE
[AD] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____
VILLAGE MANAGER

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

LOADER - MODEL _____ TOTAL MEN _____

TOTAL MAN HOURS _____

PICK UP TRUCKS _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER EQUIPMENT _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

TRASH RECEPTACLES - QUANTITY _____

BARRICADES - QUANTITY _____

TRAFFIC CONES - QUANTITY _____

PARKING SIGNS - QUANTITY _____

FENCING WATER ELECTRIC

RESTROOM CLEANING

OTHER _____

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

POLICE ESCORT NEEDED: Yes No LIQUOR APPLICATION RECEIVED AND REVIEWED: Yes No

SITE MAP APPROVED: Yes No

MACKINAW CITY FIRE DEPARTMENT

APPROVED

DENIED

STREET CLOSURES: Yes No (use attached map to outline proposed closures)

Street closure date/time: ____/____/____ A.M. P.M.

Street re-open date/time: ____/____/____ A.M. P.M.

SITE MAP APPROVED: Yes No

RECREATION DEPARTMENT

APPROVED

DENIED

SHOWERS: Yes No

TABLES: Yes No

Quantity: _____

CHAIRS: Yes No

Quantity: _____

CAMPING: Yes No (Identified on map)

LONG TERM PARKING: Yes No (Identified on map)

PORTABLE RESTROOMS: Yes No (Identified on map)

SITE MAP APPROVED: Yes No

reception

From: Elizabeth Clemens [bettyjo68@gmail.com]
Sent: Wednesday, October 30, 2013 3:15 PM
To: reception
Subject: S.E.A. for Church of the Straits
Attachments: DOC103013-003.pdf

Hi, Janelle

Please find attached the Special Event App from the Church of the Straits for Labor Day Sunday at Conkling Heritage Park in the Roth Performance Shell for our annual Labor Day Sunday Service at the Park. The date of this event is August 31, 2014.

Please place this on the upcoming Village Council Agenda for approval to be held on November 5, 2013.

Let me know if you need anything further. We will provide the liability insurance binder after it has been approved.

Thank you!!!

Elizabeth Clemens
231-290-0369

APPLICATION AND CERTIFICATE FOR PAYMENT

PROJECT: EMERGENCY DREDGING
 VILLAGE OF MACKINAW CITY
 103 S. HURON AVENUE
 MACKINAW CITY, MICHIGAN

ARCHITECT: UNITED DESIGN ASSOCIATES, INC.
 111 N. MAIN STREET, CHEBOYGAN, MI. 49721
 ARCHITECT'S PROJECT NO: 2013-05

TO: (Owner)
 VILLAGE OF MACKINAW CITY
 102 S. HURON AVENUE
 MACKINAW CITY, MICHIGAN

CONTRACTOR: KOKOSING CONSTRUCTION COMPANY, INC.

CONTRACT FOR: EMERGENCY DREDGING

APPLICATION DATE: NOV. 01, 2013 APPLICATION NO: ONE

ATTN: MR. ADAM R. SMITH

PERIOD FROM: SEPT. 5, 2013 TO: NOV. 01, 2013

Application is made for Payment, as shown below, in connection with the Contract.
 Continuation Sheet, AIA Document G702A, is attached.

The present status of the account for this Contract is as follows:

| CHANGE ORDER SUMMARY | | ADDITIONS \$ | DEDUCTIONS \$ |
|--|---------------|--------------|---------------|
| Change Orders approved in previous months by Owner - | TOTAL | | |
| Subsequent Change Orders | Approved Date | | |
| 1 | 0/0 | \$ - | \$ - |
| TOTALS | | \$ - | \$ - |
| Net Change by Change Orders | | \$ - | \$ - |

ORIGINAL CONTRACT SUM \$ 126,795.00

Net Change by Change Orders \$ -

CONTRACT SUM TO DATE \$ 126,795.00

TOTAL COMPLETED & STORED TO DATE (Column G on G702A) \$ 19,425.00

RETAINAGE 10% or as noted in Column I on G702A \$ 1,942.50

TOTAL EARNED LESS RETAINAGE \$ 17,482.50

LESS PREVIOUS CERTIFICATES FOR PAYMENT

CURRENT PAYMENT DUE \$ 17,482.50

BALANCE TO FINISH, PLUS RETAINAGE \$ 109,312.50

Subscribed and sworn to before me this 4th day of November, 2013
 Notary Public: *J. Landon*

By: *James E. Murschell* Date: 11-4-2013 My commission expires:

In accordance with the Contract and this Application for Payment the Contractor is entitled to payment in amount shown above.

Owner: VILLAGE OF MACKINAW CITY

J. LANDON
 Notary Public - Michigan
 Cheboygan County
 My Commission Expires Sep 23, 2020
 Acting in the County of Cheboygan

By: *James E. Murschell* Date: 11/4/2013
 This Certificate is not negotiable. It is payable only to the payee named herein and its issuance, payment and acceptance are without prejudice to any rights of the Owner or Contractor under their Contract.

Date:

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing CONTRACTOR'S signed Certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

APPLICATION NUMBER: ONE

Use Column I on Contracts where variable retainage for line items may apply.

ARCHITECT'S PROJECT NO: 2013-05

| ITEM NO. | DESCRIPTION OF WORK B | SCHEDULED VALUE C | WORK COMPLETED | | STORED MATERIALS F | TOTAL COMPLETED AND STORED TO DATE G(D+E+F) | BALANCE TO FINISH H(C-G) | RETAINAGE I |
|----------|--------------------------|----------------------|---------------------|--------------------|-----------------------|--|-----------------------------|----------------|
| | | | Previous Apps. D | This Applica. E | | | | |
| 1 | MOB/DEMOBILIZATION | \$ 5,500.00 | | \$ 3,850.00 | | \$ 3,850.00 | \$ 1,650.00 | \$ 385.00 |
| 2 | SOIL EROSION/SEDIMENT | \$ 3,800.00 | | \$ 3,800.00 | | \$ 3,800.00 | - | \$ 380.00 |
| 3 | GENERAL CONDITIONS | \$ 1,100.00 | | \$ 275.00 | | \$ 275.00 | 825.00 | \$ 27.50 |
| 4 | BONDS & INSURANCE | \$ 6,100.00 | | \$ 6,100.00 | | \$ 6,100.00 | - | \$ 610.00 |
| 5 | SILT/TURBIDITY CURTAIN | \$ 10,800.00 | | \$ 5,400.00 | | \$ 5,400.00 | 5,400.00 | \$ 540.00 |
| 6 | DREDGE TO -8' LWD | \$ 59,235.00 | | | | \$ - | 59,235.00 | - |
| 7 | DESIGNATED DISPOSAL | \$ 40,260.00 | | | | \$ - | 40,260.00 | - |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
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| 17 | | | | | | | | |
| 18 | | | | | | | | |
| 19 | | | | | | | | |
| 20 | | | | | | | | |
| 21 | | | | | | | | |
| 22 | | | | | | | | |
| 24 | ORIGINAL CONTRACT PRICE | \$ 126,795.00 | | | | | | |
| 25 | C.O. #1 | \$ - | | \$ - | | \$ - | | \$ - |
| 26 | | | | | | | | \$ - |
| 27 | | | | | | | | \$ - |
| 28 | | | | | | | | \$ - |
| | SUB TOTAL OR TOTAL | \$ 126,795.00 | \$ - | \$ 19,425.00 | \$ - | \$ 19,425.00 | \$ 107,370.00 | \$ 1,942.50 |

User: LANA

EXP CHECK RUN DATES 11/07/2013 - 11/07/2013

DB: Mackinaw City

BOTH JOURNALIZED AND UNJOURNALIZED

OPEN

| INVOICE NUMBER | DESCRIPTION | AMOUNT | VENDOR NAME |
|------------------|-------------------------------------|-----------|-----------------------|
| DUES | ANNUAL DUES TREE CITY 2014 | 15.00 | ARBOR DAY FOUNDATION |
| 24955 | SERVICE ICE RINK | 220.00 | ARNOLD'S REFRIGERATIO |
| 231436535110 | AT&T MONTHLY | 2,599.78 | AT&T |
| 231436709810 13 | MARINA FAX/CREDIT CARD MACHINE | 50.60 | AT&T |
| 287242628779 | CELL PHONES | 188.64 | AT&T MOBILITY |
| 29347271 | DIGITAL HEATER | 153.96 | BLUE TARP FINANCIAL |
| 10312013 | FEE | 39.00 | CAPITAL ONE BK(USA), |
| 10222013 | MARINA CABLE | 469.58 | CHARTER COMMUNICATION |
| 10/25/2013 | SUPPLIES | 1,924.39 | CHEBOYGAN CARQUEST |
| 10/28/2013 | STATUE WRAP | 141.07 | CHEBOYGAN LUMBER CENT |
| 53097 | MCLOTT ET AL TITLE SEARCH | 1,304.75 | CHEBOYGAN TITLE AGENC |
| 10/31/2013 | SUPPLIES | 205.18 | COFFMAN HARDWARE |
| 10312013 | ELECTRIC | 19,755.99 | CONSUMERS ENERGY |
| 20527 | GARAGE DOOR SPRINGS | 137.80 | CONTRACTORS SUPPLY, I |
| 20541 | POLICE DOOR CABLE | 6.88 | CONTRACTORS SUPPLY, I |
| 14242 | FALL 2013 NEWSLETTER | 619.81 | CROSSROADS INDUSTRIES |
| 14904 | FITTINGS | 12.99 | DOC'S PLUMBING & HEAT |
| 13492 | FESTIVAL SIGN | 390.95 | DORNBOS SIGN & SAFETY |
| 1 | POLICE ATTORNEY | 3,989.58 | ERIC J. KAISER |
| S100894717.001 | CURB BOX | 67.30 | ETNA SUPPLY |
| 100803791.001 | TOOLS/FLARES/DRILL | 1,232.25 | ETNA SUPPLY |
| 100888329.001 | DRILL SHARPEN | 30.00 | ETNA SUPPLY |
| 35768 | DPW PICK UP PARTS | 345.35 | FERNELIUS TOYOTA-CHRY |
| 11 05 2013 | FRINGE REIMBURSEMENT ACCT | 6,000.00 | FLEX PLAN/CITIZENS NA |
| 11781 | TREES | 1,367.00 | JIM HOFFMAN'S SONS |
| 846503 | SUPPLIES | 81.55 | KSS ENTERPRISES-PETOS |
| 1010132 | BLADE | 17.40 | LEVERING SPORTS |
| 10/01/2013 STATE | 605 POND GARBAGE | 538.00 | LITTLE TRAVERSE DISPO |
| 450 POND ST | DUMPSTER WATER SHED ROOF FIX | 360.00 | LITTLE TRAVERSE DISPO |
| 4232013 | DRUG TEST PATIENT #77711617 | 40.00 | MACKINAC STRAITS HEAL |
| 2013821 | P.C. NAME PLATES | 26.40 | MACKINAW ART & SIGN |
| 10312013 | 2013-2014 YEARBOOLD AD | 40.00 | MACKINAW CITY PUBLIC |
| 10302013 | DISTILLED WATER W/S TESTING | 154.80 | MACKINAW IGA |
| 10372 | TIRE SPACEL | 100.00 | MANNING'S NORTHERN TI |
| 21326 | SERVICE CALL HEAT COUNCIL CHAMBER | 75.00 | MATT'S PLUMBING |
| 21329 | TRAILHEAD BATH HOUSE | 2,485.00 | MATT'S PLUMBING |
| 318928 | BUBBLER PART | 89.70 | MERCER CO. |
| 15463 | WINTER SHUT DOWN MARINA | 600.00 | MERCER CO. |
| 158985 | REMINGTON | 305.00 | MICHIGAN POLICE EQUIP |
| OE641A | OFFICE PAPER | 66.00 | NATIONAL OFFICE PRODU |
| #09-372-131021 | REC PLAN UPDATE | 1,704.60 | NEMCOG |
| 71043722 | ROAD SALT | 2,326.11 | NORTH AMERICAN SALT C |
| 439744 | POLICE UNIFORM | 136.64 | NYE UNIFORM COMPANY |
| 439975 | POLICE UNIFORM | 124.00 | NYE UNIFORM COMPANY |
| N08423 | STREET SWEEPER PARTS | 7,403.71 | POWERPLAN |
| 10 08 2013 | SEWER MAIN SHORES | 66.85 | PRESQUE ISLE ELECTRIC |
| 6395298 | OFFICE SUPPLIES | 89.09 | QUILL CORPORATION |
| 6444833 | OFFICE SUPPLIES | 177.67 | QUILL CORPORATION |
| 6764366 | OFFICE SUPPLIES | 129.90 | QUILL CORPORATION |
| 393991123 | MANAGER CELL PHONE | 55.00 | SPRINT |
| 837627 | COMM PUBLIC WATER SUPPLY ANNUAL FEE | 765.60 | STATE OF MICHIGAN |
| 908767 | DRYWALL FINISHERS | 21.98 | STRAITS BUILDING CENT |
| 192 | UP-EMS TRAIN DAY | 60.00 | SUSANNE M. THOMPSON |
| A0021518 | AMB LICENSE RENEWAL | 150.00 | SUSANNE M. THOMPSON |
| 10312013 | MONTHLY GAS BILLS | 3,381.07 | VPS CONVENIENCE STORE |
| | | 62,838.92 | |

COMMITTEE REPORT

COMMITTEE: Finance DATE: October 29, 2013

PRESENT: _____ ABSENT: _____

AGENDA ITEMS: Work flow understanding

REPORT: Lana Jaggi and Patty Pepler explained the office work flow for Cash Receipts, Cash Disbursement, and Payroll.

The procedures for these functions are written out by the auditors but we did not have those reports at the time of the meeting. They were requested.

We discussed our Funds - discussing which can be combined, which can be eliminated, and which need to be added.

We discussed other data collection and aggregating needs. Staff is working on putting the financial files into more useful order.

COMMITTEE DATA BASE SUMMARY INFORMATION

ITEM

STATUS / RECOMMENDATION

None at this time.