

NOTICE OF PUBLIC MEETING
VILLAGE OF MACKINAW CITY
COUNCIL CHAMBERS – VILLAGE HALL
102 South Huron Avenue

Phone: 436-5351

7:00 P.M.

December 04, 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 November 21, 2013
 - B. Bills
 1. Accounts Payable for December 04, 2013-\$283,384.24
 - C. Communications
 1. Mackinaw City Skating Association Letters (2)
- V. Manager Report/President Report/Department Head Reports
- VI. Public Comments-Agenda/Non Agenda Items
- VII. Old Business
- VIII. New Business:
 - A. Water Tank Maintenance Contract – Utility Service Co., Inc. [Action Item]
 - B. Annual Resolution to Adjust MERS Benefit Contribution [Roll Call] [Action Item]
 - C. Barbra Street Pump Station Project - Final Payment [Action Item]
 - D. Special Events Application (11) [Action Items]
 - E. Fiscal Year 2015 Budget Meetings Calendar [Action Item]
- IX. Reports/Committees/Village Committee
Ordinance Sub Committee Report-Trustee P. Michalak, 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 agenda.
WEDNESDAY December 04, 2013 -6:45 PM
FINANCE COMMITTEE-REVIEW BILLS

UNAPPROVED
MINUTES REGULAR COUNCIL MEETING
MACKINAW CITY

November 21, 2013

7:00 P.M.

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

Visitors – List Attached.

II. Pledge of Allegiance

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

IV. Clerks Report

A. Approval of Minutes:

1. Motion Planisek seconded Mollen to approve the regular meeting minutes of November 07, 2013 with two corrections. Voice vote-motion carried unanimously.

2. Motion Glenn seconded Perlick to approve the Closed Session minutes of November 07, 2013 as presented. Voice vote-motion carried unanimously.

B. Bills:

1. Motion Planisek seconded Glenn to pay the bills for 11/21/2013 in the amount of \$6836.67. Voice vote-motion carried unanimously.

C. Communications

Holiday Invitation to McGulpin Point Lighthouse Open House

V. Manager Report submitted and placed on file.

Manager Smith briefed council regarding the employee benefit meeting for all full time Village employees presented by EBA, Inc.

VI. Public Comments, Agenda/Non Agenda Items

VII. Old Business-None

VIII. New Business

A. Motion Mollen seconded Michalak to approve the resolution and SAW Grant Agreement as presented. Ayes- Glenn, Mollen, Hingston, Planisek, Perlick, Michalak. Absent -Yoder. Motion carried.

B. Motion Mollen seconded Glenn to approve Penny Vance-McGaffin, Marian Harrison and Jane Magers to the Downtown Development Authority Board. Voice vote-motion carried unanimously.

C. Motion Mollen seconded Planisek to accept the Proclamation of Pres. Jeff Hingston celebrating lifelong resident Florence Tracey's 90th Year Tribute. Voice vote-motion carried unanimously. Pres. Hingston then presented Mrs. Tracey the Proclamation.

D. Motion Mollen seconded Glenn to reschedule the regular council meeting to be held on December 5, 2013 to December 4, 2013 at 7:00 PM. Voice vote-motion carried unanimously.

UNAPPROVED
MINUTES REGULAR COUNCIL MEETING
MACKINAW CITY

7:00 P.M.

November 21, 2013

Page 2

E. Motion Planisek seconded Perlick to approve the resolution to extend moratorium on wells. Voice vote-motion carried unanimously. Ayes-Mollen, Hingston, Planisek, Perlick, Michalak. Absent Yoder. Motion carried. Voice vote-motion carried unanimously.

F. Motion Planisek seconded Mollen to approve 2014-2015 Council Priorities and Sub Committee structure. Voice vote-motion carried unanimously.

IX. Reports/Committees/Village Commissions:
Ordinance Sub Committee Report was submitted by Trustee Michalak and placed on file.

X. Scheduling of Council Sub Committee Reports:
Tuesday, December 03, 2013 Council Committee of the Whole
Work Session-Village Council Procedure Document

XI. Closing Public Comments

XII. Adjournment: 8:10 PM

Respectfully submitted;

Jeff Hingston; President

Lana Jaggi; Clerk

INVOICE NUMBER	DESCRIPTION	AMOUNT	VENDOR NAME
1255	PAVEMENT MARKINGS	8,375.00	APM LLC
231436535111	AT&T MONTHLY	2,560.30	AT&T
231436709811	MARINA FAX CC MACHINE	50.63	AT&T
11/19/2013	HEATHCARE TRAINING	268.00	AUDIE'S RESTAURANT
01-036720-1 FINAL	1982 LOAN PAYOFF	173,899.18	BERKADIA G
12/25/2013	AUTO PARTS	808.34	CHEBOYGAN CARQUEST
11/14/2013	ELECTRIC	13,026.27	CONSUMERS ENERGY
1222	DEFIB PAPER	42.48	CPR CONNECTION OF NOR
762410	CHRISTMAS DECOR	832.60	DONNA BEACH/D&D ENTER
10/11-11/13/13	HEAT	388.52	DTE ENERGY
12 01 2013	AMB LICENSE RENEWAL 2014	100.00	ELIZABETH KOSORSKI
11252013	PARTS	153.68	ETNA SUPPLY
11210	SHIPPING	6.73	FORT FUDGE SHOP, INC.
9305277833	STEEL ENCLOSURE	58.25	GRAINGER
9301392560	MONITOR	369.25	GRAINGER
9305106875	MOINTOR	399.60	GRAINGER
20135917	COMPUTER SERVICE	1,075.00	I.T. RIGHT
20135733	COMPUTER SERVICE	1,999.00	I.T. RIGHT
11/25/2013	PARTS	1,289.10	INLAND TRANSMISSION
2013831	SIGN	104.70	MACKINAW ART & SIGN
2013 WINTER TAX	MCLOTT PROPERTY TAX	282.75	MACKINAW TOWNSHIP TRE
12-0132 #3	FINAL PAY FOR BARBARA STREET MAVERICK	27,763.15	MAVERICK CONSTRUCTION
10640201	LIABILITY PROPERTY AUTO INSURANCE	43,132.00	MICHIGAN MUNICIPAL LI
2014 DUES	DUES 2014	50.00	MICHIGAN MUNICIPAL TR
20140750	ANNUAL MEMBERSHIP	205.60	MISS DIG SYSTEM, INC.
330625	CALIBRATORS	249.80	NORTH CENTRAL LABORAT
72460	RANDOM DRUG TEST	75.75	OMS COMPLIANCE SERVIC
52420	RADIO SERVICE	30.00	OTEC RADIO COMM. EQUI
52419	RADIO SERVICE	134.00	OTEC RADIO COMM. EQUI
0124209	26 WEEKS OF PAPER	89.40	PETOSKEY NEWS REVIEW
7466392	OFFICE SUPPLIES	187.64	QUILL CORPORATION
7472200	OFFICE SUPPLIES	154.21	QUILL CORPORATION
7277850	OFFICE SUPPLIES	301.93	QUILL CORPORATION
847145	BOTTOMLAND PERMIT	1,504.00	STATE OF MICHIGAN
846582	ANNUAL PERMIT NPDES	400.00	STATE OF MICHIGAN
002747	PARTS	35.42	TAYLOR POWER & SUPPLY
002748	PARTS	21.98	TAYLOR POWER & SUPPLY
3503	CUTTING EDGE	1,136.00	TED FESTERLING LLC
201797	DEGREASER	1,234.95	USA BLUE BOOK
MIMA025-2014	CLOCK MAINTANENCE	580.00	VERDIN COMPANY
00146	PERSONAL PROPERTY TAX TRAILS END RD	9.03	WAWATAM TOWNSHIP
		283,384.24	

Mackinaw City Skating Association

November 26, 2013

507 W Central Avenue

Mackinaw City, Michigan 49701

Dear Village Council Members,

We are hereby requesting negotiations to be completed and access granted to the Mackinaw City Skating Rink beginning August 15, 2014 through March 15, 2015 for the 2014-2015 season. It is our intention to offer hockey camps and other training programs to skaters from our association as well as teams at more advanced levels immediately prior to the beginning of the season. We would also like to utilize the facility and surrounding grounds as a potential fundraising venue.

Thank you for your attention to this matter and you may contact me with any further questions or concerns regarding the feasibility of this request.

Sincerely,

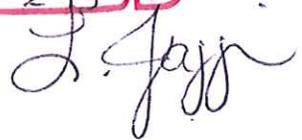


Carlo Pelaccio

President

Mackinaw City Skating Association

RECEIVED
12-2-13



RECEIVED
12-2-13

S. J. J.

Form **8868**
(Rev. January 2013)
Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. X
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. MACKINAW CITY SKATING ASSOC. INC.	Employer identification number (EIN) or 38-3141553
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 596	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MACKINAW CITY	MI 49701

Enter the Return code for the return that this application is for (file a separate application for each return).

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► TIFFANY KIPER

Telephone No. ► (231) 436-5224 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0000. If this is for the whole group, check this box. . If it is for part of the group, check this box. and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 12/15/2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year _____ or

► tax year beginning 5/1/2012 and ending 4/30/2013

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Mackinaw City Skating Association

November 26, 2013

507 W Central Avenue

Mackinaw City, Michigan 49701

Dear Village Council Members,

We are hereby requesting to be included on the agenda for the upcoming village council meeting on December 4th in order to present discussion regarding placement of a memorial in honor of skater Jeremy Corbin. Thank you for your attention to this matter.

Sincerely,

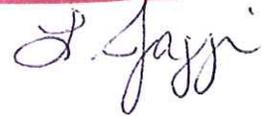


Carlo Pelaccio

President

Mackinaw City Skating Association

RECEIVED
12-2-13





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: December 2, 2013
Re: Manager Report & Recommendations for December 4, 2013 Council Meeting



VIII. A. Water Tank Maintenance Contract – Utility Service Co., Inc. [Action Item]

As follow-up to the October 3, 2013 water tower assessment and asset management presentation to Council, attached is a proposed Utility Service Co., Inc. Water Tank Maintenance Contract for your consideration. As identified in the recently adopted 2014-2015 Council Priorities, the water tower maintenance plan is a Tier 1 Priority. Mr. Mike Trombly, Water Systems Consultant, Utility Services Company, Inc. will be present to address questions and concerns regarding the proposed full service maintenance program of the Village water tower. As you are aware, the program allows for precise projections of future water tower maintenance expenses over a ten (10) year period. The initial renovation costs are spread over a five-year term with zero-percent (0%) interest in conjunction with the annual maintenance fee. Water/Wastewater Superintendent Rivera and I are recommending adoption of the full service maintenance program in conjunction with the Fiscal Year 2015 Budget (beginning March 1, 2014). Pending Council action, exterior and interior renovations of the water tower will be completed during the 2014 construction season. A motion is necessary to execute the Utility Service Co., Inc. Water Tank Maintenance Contract as presented subject to final legal review. Alternatively, water tower maintenance would require other contracted services. *Please refer to attached condition assessment, company profile and draft Water Tank Maintenance Contract.*

VIII. B. Annual Resolution to Adjust MERS Benefit Contribution [Roll Call][Action Item]

Annual Resolution For Changing Municipal Employees' Retirement System (MERS) Benefits for employer and employee rates per current Police Officers Labor Council (POLC) Collective Bargaining Agreement (CBA). Pension, Section 11.1 – Retirement Plan, "Effective 3-1-09 Employer's costs and contribution to this plan shall be limited to 10.0% of gross wages per year, with employees responsible for any remainder." Pending resolution action, the 2014 Employee (EE) Contribution Rate effective March 1, 2014 is 5.76% and Employer (ER) Contribution Rate effective March 1, 2014 is 10.0%. I recommend adoption of the Resolution For Changing MERS Benefits as presented. Alternatively, the 2014 contribution rates would default to 5.24% (EE) and 10.52% (ER). A motion is necessary to take action on the annual Resolution For Changing MERS Benefits. *Please refer to attached draft Resolution For Changing MERS Benefits.*



VIII. C. Barbra Street Pump Station Project – Final Payment

[Action Item]

The Barbara Street Pump Station Force Main Improvements Project is complete and in accordance with scheduled allowance. Maverick Construction Inc. has requested final payment of completed work. Larry Fox, C2AE, has reviewed the figures and finds everything to be in order subject to Contract Change Order #1 in the net amount of \$13,087.00; the quantities shown in the payment request represent the work performed in accordance with the contract documents.

Water/Wastewater Superintendent Rivera has reviewed the final payment request and agrees with Mr. Fox's evaluation. I would recommend a motion to authorize final project payment adjusted for Contract Change Order #1 in the amount of \$27,763.15 to Maverick Construction Inc. for completed work of the project in accordance with contract documents. Alternatively, payment would be withheld resulting in nonconformance of contract documents. *Please refer to the attached Change Order No. 1, Engineers Certificate for Payment #3 and Contractor Pay Application #3.*

VIII. D. Special Event Applications (11)

[Action Items]

1. 2014-SE-014 Addition Mackinaw City Chamber of Commerce (Music in Mackinaw)
2. 2014-SE-022 Mackinaw Area Visitors Bureau (Mackinaw Mustang Stampede)
3. 2014-SE-023 Mackinaw Area Visitors Bureau (Memorial Weekend Fireworks)
4. 2014-SE-024 Mackinaw Area Visitors Bureau (Mackinaw Memorial Bridge Run)
5. 2014-SE-025 Mackinaw Area Visitors Bureau (Mackinaw City Arts & Craft Show-June)
6. 2014-SE-026 Mackinaw Area Visitors Bureau (Mackinaw City Arts & Craft Show-Aug.)
7. 2014-SE-027 Mackinaw Area Visitors Bureau (Fall Colors Fireworks)
8. 2014-SE-028 Mackinaw Area Visitors Bureau (Fall Colors Bridge Run)
9. 2014-SE-029 Mackinaw Crossings (Hopps of Fun)
10. 2014-SE-030 Mackinaw Crossings (Mackinaw Crossings Sidewalk Sales)
11. 2014-SE-031 Mackinaw Crossings (Zoo De Mack Finish Line Party)

Please refer to attached Special Events Applications.

VIII. E. Fiscal Year 2015 Budget Meetings Calendar

[Action Item]

Item reserved for the scheduling of Committee of the Whole and Sub-committee budget workshops throughout the month of January 2014. Anticipated FY2015 Budget Public Hearing and Budget Adoption to be February 6, 2014 (March 1, 2014 to begin FY15 Budget Year).

Acceptance and Placement of Memorial and Donation Items at Municipal Facilities

[Informational Item]

Please be advised that I recommend the Village develop a municipal policy regarding memorials and donations prior to the placement of any future memorial and/or donation items at municipal facilities. Such a policy is necessary to establish eligibility, types, placement, location, record keeping, liability, removal, disposal, maintenance, implied services, reoccurring costs and etc. of memorial and donation items.

Village of Mackinaw City Recreation Center Ice Surface Access Date [Informational Item]

Please be advised that I recommend that Council assign the Village of Mackinaw City Recreation Center ice surface access date discussion to either the Facilities and Streets or Parks and Recreation Council Sub-committee for a recommendation back to Council regarding said access.

**ARRESTS MADE BY THE MACKINAW CITY POLICE DEPARTMENT
YEAR TO DATE THROUGH NOVEMBER 30**

CRIME TYPE	2008	2009	2010	2011	2012	2013
CRIMES AGAINST PERSON	13	9	10	16	6	4
PROPERTY CRIMES	15	16	23	15	17	11
MORALS/DECENCY CRIMES	18	20	29	20	10	11
PUBLIC ORDER CRIMES	58	79	108	72	93	129
JUVENILE/MINOR	0	0	0	0	0	0
TOTAL	104	124	170	123	126	155

Citations Issued Year To Date 2013: 180
Citations Issued Year To Date 2012: 199
Citations Issued Year To Date 2011: 198

**COMPLAINTS RECEIVED BY THE MACKINAW CITY POLICE DEPARTMENT
YEAR TO DATE THROUGH NOVEMBER 30**

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Traffic Crash:						
Public Roadway	48	57	48	54	40	55
Private Property	47	42	41	33	49	40
Personal Injury Crash:	6	2	1	7	4	4
TOTAL	101	101	90	94	93	99
Breaking and Entering:						
Business	3	4	5	0	2	2
Residence	0	0	0	2	0	1
Other	0	0	2	2	0	0
TOTAL	3	4	7	4	2	3
Larceny:						
From Bldg./Veh./Pub. Place	31	55	60	42	46	23
Fail to Pay for Services	27	14	5	5	5	17
Bad Check/Fraud	5	4	3	0	2	3
TOTAL	63	73	68	52	53	43
Malicious Destruction of Property:	10	15	9	11	11	7
Domestic/Civil:	29	46	51	52	76	70
Assault:	17	16	16	26	26	10
Stolen Vehicle:	0	3	0	0	1	0
Reports Taken to Date:	854	954	966	940	1171	1063

**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	25			
	December	25	19				
	TOTAL RUNS FOR YEAR	410	406	411	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	5			
	December	4	2				
	TOTAL RUNS FOR YEAR	79	72	72	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	2			
	December	1	0				
	TOTAL TRAININGS FOR YEAR	23	22	24	0	0	0

Village of Mackinaw City
Monthly Report – Water & Wastewater For November 2013

Routine Maintenance and Usage: Date Submitted 12-02-13

- Number of gallons pumped by water department during the month to date: 3.676 MG
- Number of gallons pumped to the wastewater treatment plant during the month to date: 6..540 MG
- Number of water shutoffs during the month: Approx. 75
- 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:

- The sewer department continued working on the SAW program with the village manager to prepare for the opening of the application period.
- The water and sewer department continues to finish the winterization process for the lift stations, wells and the treatment plant.
- The water department continued to work on the safety program, which includes a variety of safety checks in both the water and wastewater departments.
- Continue working on budget as well as capital improvements for the upcoming fiscal year, working in coordination with the clerk, treasurer, and village manager.
- As a result of recommendations from the recent DEQ inspection, the sewer department has made a few small purchases to replace outdated lab equipment.

Notable Events Affecting Water & Wastewater Department:

The village experienced two power outages during the month of November, one of which required the use of a mobile generator. The DPW repaired three water service shutoff valves during the month.

Dpw Monthly Report For Nov.

Streets-Blade gravel streets.

Cold patch.

Start winter snow plowing and sanding.

Other Village Prop.- Shut down Ducharme St. restrooms.

Redoing bike racks.

Water- Repair water shutoff South Huron St.

Repair water line on Lake Side Drive.

Equipment- Working on equipment.

Winterize Fire Boat.

Other small jobs- storm clean up.

Working on Budget.

MARINA MONTHLY REPORT

December 2, 2013

The dredging at the marina is going slowly. Monday, November 25th and half a day on Tuesday was used to change a cable on their crane. The project manager told me on Monday he thinks they have removed about 2,300 – 2,400 cubic yards. He hopes they will be finished this Friday, December 6th. Charlie Socolovitch, the diver we have work on the bubbler system, checked the system on November 27th and I looked at it this past Monday, December 2nd and there is extensively damage that will have to be repaired. This is something that was unavoidable.

RECREATION MONTHLY REPORT

The Mackinaw City Skating Association played 6 games at the rink in November. They had 3 drop in hockey nights. There are more games scheduled in December, as well as, a family fun night.

**Facilities
November, 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. Ice Rink complex (Zamboni as needed, trash removal)
 - d. Martin Building
2. Trash removal in the downtown area.
3. Facilities sidewalk maintenance (Snow shoveling/Ice removal).

Maintenance Projects:

1. Streets:
 - a. General cleaning and trash removal
 - b. Tree lights
 - c. Bush/tree trimming
 - d. Snow removal
2. Village Property/Special Events:
 - a. General cleaning and trash removal
 - b. Special event set-up
 - c. Christmas Decorations
3. Ice Rink Complex:
 - a. General cleaning
 - b. Repairs to sound baffles and various other repairs
- 4 Parks:
 - a. Picnic table Removal/repairs
 - b. Bench Removal/Repairs

In the upcoming month, Facilities Crew tasks will include regular daily duties. Snow removal will take place as needed. Crew layoffs will take place on December 11th for the winter months. Winter maintenance projects will begin (equipment repairs, etc)

December 4, 2013

CDD Report

The Zoning Department has been quiet this past month. We do have two requests for rezoning that are being worked on, with a possible third.

Planning Commission will meet on December 12, 2013.



Utility Service Co., Inc.

Water Tank Maintenance Contract

Owner: Village of Mackinaw
Mackinaw, Michigan

Tank Size/Name: 200,000 Gallon Pedisphere – North Huron Tank

Location: North Huron Drive

Date Prepared: November 20, 2013



WATER TANK MAINTENANCE CONTRACT

This Contract entered into by and between the **Village of Mackinaw, whose business address is 102 South Huron Avenue, Mackinaw, Michigan 49701** (hereinafter referred to as "the Owner") and Utility Service Co., Inc., whose business address is 1230 Peachtree Street, NE, Suite 1100, 11th Floor – Promenade II Building, Atlanta, GA 30309 (hereinafter referred to as "the Company").

Therefore, in consideration of the mutual promises contained herein and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged by the Owner and the Company, the parties agree as follows:

The Owner agrees to engage the Company to provide the professional service needed to maintain its **200,000** gallon water storage tank located at **North Huron Drive, Mackinaw, Michigan 49701** (hereinafter "tank").

1. Company's Responsibilities. This Contract outlines the Company's responsibility for the care and maintenance of the above described water storage tank. Care and maintenance include the following:

- A. The Company will annually inspect and service the tank. The tank and tower will be thoroughly inspected to ensure that the structure is in a sound, watertight condition.
- B. Biennially, beginning with the first washout/inspection, the tank will be completely drained and cleaned to remove all mud, silt, and other accumulations that might be harmful to the tank or its contents. After cleaning is completed, the interior will be thoroughly inspected and disinfected prior to returning the tank to service; however, the Owner is responsible for draining and filling the tank and conducting any required testing of the water. A written report will be mailed to the Owner after each inspection.
- C. The Company shall furnish engineering and inspection services needed to maintain and repair the tank and tower during the term of this Contract. The repairs include: steel parts, expansion joints, water level indicators, sway rod adjustments, and manhole covers/gaskets.

D. The Company will clean and repaint the interior and/or exterior of the tank at such time as complete repainting is needed. The need for interior painting is to be determined by the thickness of the existing liner and its protective condition. When interior repainting is needed, procedures as outlined in A.W.W.A.-D102 specifications for cleaning and coating of potable water tanks will be followed. Only material approved for use in potable water tanks will be used on any interior surface area. The need for exterior painting is to be determined by the appearance and protective condition of the existing paint. At the time the exterior requires repainting, the Company agrees to paint the tank with the same color paint and to select a coating system which best suits the site conditions, environment, and general location of the tank. When painting is needed, all products and procedures will be equal to, or exceed the requirements of the **State of Michigan**, the American Water Works Association, and the Society for Protective Coatings as to surface preparation and coating materials.

E. A lock will be installed on the roof hatch of the tank.

F. The Company will provide emergency services, when needed, to perform all repairs covered under this Contract. Reasonable travel time must be allowed for the repair unit to reach the tank site.

G. The Company will furnish pressure relief valves, if requested by the Owner, so that the Owner can install the valves in its water system while the tank is being serviced.

H. The Company will furnish current certificates of insurance coverage to the Owner.

J. Mixing System Installation and Service.

1. The Company shall install an active mixing system in the Tank.

2. The particular unit that will be installed in the Tank is a NSF Approved PAX active mixing system along with its component parts.

3. The Company will annually inspect and service the active mixing system. The active mixing system will be thoroughly inspected to ensure that the active mixing system is good working condition.

4. The Company shall furnish engineering and inspection services needed to maintain and repair the active mixing system during the term of this Contract.

K. Chemical Clean Service.

1. During the washout/inspections, the Company will apply an NSF 60 approved chemical cleaning agent to the interior walls and floor surfaces of the Tank to treat mineral build-up and bio-film that form on the interior tank surfaces.

2. Contract Price/Annual Fees. The tank shall receive an exterior renovation, interior wet renovation, interior dry renovation, mixing system installation, and repairs prior to the end of Contract Year 1. The first five (5) annual fees shall be \$65,257.00 per Contract Year. The annual fee for Contract Year 6 and each subsequent annual fee shall be \$28,899.00 per Contract Year; however, in Contract Year 9 and each third anniversary thereafter, the annual fee shall be adjusted to reflect the current cost of service. The adjustment of the annual fee shall be limited to a maximum of 5% per annum. All applicable taxes are the responsibility of the Owner and are in addition to the stated costs and fees in this Contract. A "Contract Year" shall be defined as each consecutive 12-month period following the first day of the month in which the Contract is executed by the Owner and each subsequent 12-month period thereafter during the time the Contract is in effect. For example, if a contract was signed by an Owner on April 17, 2012, Contract Year 1 for that contract would be April 1, 2012 to March 31, 2013, and Contract Year 2 for that contract would be April 1, 2013 to March 31, 2014 and so on.

3. Payment Terms. The annual fee for Contract Year 1, plus all applicable taxes, shall be due and payable upon completion of the initial exterior and interior renovations. Each subsequent annual fee, plus all applicable taxes, shall be due and payable on the first day of each Contract Year, thereafter. Beginning in Contract Year 2, the annual fee can be paid either monthly, quarterly, semiannually, or annually. Owner shall circle the preferred billing frequency. If the Owner does not choose a preferred billing frequency, the Owner will be billed quarterly. Furthermore, if the Owner elects to terminate this Contract prior to remitting the first five (5) annual fees, then unpaid balance of the first five (5) annual fees shall be due and payable within thirty (30) days of the Company's receipt of the Owner's Notice to Terminate.

4. Structure of Tank. The Company is accepting this tank under program based upon its existing structure and components. *Any modifications to the tank, including antenna installations, shall be approved by Utility Service Co., Inc., prior to installation and may warrant an increase in the annual fee.*

5. Environmental, Health, Safety, or Labor Requirements. The Owner hereby agrees that future mandated environmental, health, safety, or labor requirements as well as changes in site conditions at the tank site which cause an increase in the cost of tank maintenance will be just cause for modification of this Contract. Said modification of this Contract will reasonably reflect the increased cost of the service with a newly negotiated annual fee.

The parties agree that the Company's annual fees are based on the Owner's representation that the work to be performed under this Contract is not subject to prevailing wage requirements. The Owner agrees to notify the Company immediately, if the Company's work is (or will become) subject to prevailing wage requirements, so that the Company may submit revised amounts for annual fees.

6. Excluded Items. This Contract does NOT include the cost for and/or liability on te part of the Company for: (1) repair or replacement of the insulated fill pipe; (2) disposal of any hazardous waste materials; (3) resolution of operational problems or structural damage due to cold weather; (4) repair of structural damage due to antenna installations or other attachments for which the tank was not originally designed; (5) resolution of operational problems or repair of structural damage or site damage caused by physical conditions below the surface of the ground; (6) negligent acts of Owner's employees, agents or contractors; (7) damages, whether foreseen or unforeseen, caused by the Owner's use of pressure relief valves; (8) repairs to the foundation of the tank; (9) other conditions which are beyond the Owner's and Company's control, including, but not limited to: acts of God and acts of terrorism. Acts of terrorism include, but are not limited to, any damage to the tank or tank site which results from unauthorized entry of any kind to the tank site or tank.

7. Termination. The Owner shall have the right to continue this Contract for an indefinite period of time providing payment of the annual fees is in accordance with the terms herein. This Contract is subject to termination by the Owner only if written notice of intent to terminate is received by the Company ninety (90) days prior to the first day of the upcoming Contract Year. Notice of Termination is to be delivered by registered mail to Utility Service Co., Inc., Attention: Customer Service, P O Box 1350, Perry, Georgia 31069, and signed by three (3) authorized voting officials of the Owner's management and/or Commissioners.

8. Assignment. The Owner may not assign or otherwise transfer all or any of its interest under this Contract without the prior written consent of the Company. If the Company agrees to the assignment, the Owner shall remain responsible under this Contract, until its assignee assumes in full and in writing all of the obligations of the Owner under this Contract.

9. Indemnification. THE COMPANY AGREES TO INDEMNIFY THE OWNER AND HOLD THE OWNER HARMLESS FROM ANY AND ALL CLAIMS, DEMANDS, ACTIONS, DAMAGES, LIABILITY, AND EXPENSE IN CONNECTION WITH LOSS OF LIFE, PERSONAL INJURY, AND/OR DAMAGE TO PROPERTY BY REASON OF ANY ACT, OMISSION, OR REPRESENTATION OF THE COMPANY OR ITS SUBCONTRACTORS, AGENTS, OR EMPLOYEES. IN TURN, THE OWNER AGREES TO INDEMNIFY THE COMPANY AND HOLD THE COMPANY HARMLESS FROM ANY AND ALL CLAIMS, DEMANDS, ACTIONS, DAMAGES, LIABILITY, AND EXPENSE IN CONNECTION WITH LOSS OF LIFE, PERSONAL INJURY, AND/OR DAMAGE TO PROPERTY BY REASON OF ANY ACT, OMISSION, OR REPRESENTATION OF THE OWNER OR ITS CONTRACTORS, AGENTS, OR EMPLOYEES. THE INDEMNIFICATION PROVIDED IN THIS PARAGRAPH DOES NOT AFFECT THE COMPANY'S LIMITATIONS OF LIABILITY SET FORTH IN OTHER PARAGRAPHS OF THIS CONTRACT.

10. Assignment of Receivables. The Company reserves the right to assign any outstanding receivables from this Contract to its Bank or other Lending Institutions as collateral for any loans or lines of credit.

11. Miscellaneous Items. No modifications, amendments, or alterations of this Contract may be made except in writing signed by all the parties to this Contract. No failure or delay on the part of any party hereto in exercising any power or right hereunder shall operate as a waiver thereof. The parties expressly warrant that the individuals who sign below are authorized to bind them.

12. Entire Agreement. This Agreement constitutes the entire agreement of the parties and supersedes all prior communications, understandings, and agreement relating to the subject matter hereof, whether oral or written.

13. Visual Inspection Disclaimer. This Contract is based upon a visual inspection of the Tank. The Owner and the Company hereby acknowledge and agree that a visual inspection is intended to assess the condition of the Tank for all patent defects. If latent defects are identified once the tank has been drained for repairs, the Owner agrees and acknowledges that the Company shall not be responsible to repair the latent defects unless the Owner and the Company renegotiate the annual fees. The definition of a "latent defect" shall be any defect of the Tank which is not easily discovered (e.g., corrosion of the floor plates, damage to the roof of the tank which is not clearly visible during the visual inspection, etc.).

This Contract signed this _____ day of _____, _____.

OWNER:

COMPANY:

Village of Mackinaw

Utility Service Co., Inc.

By: _____

By: _____

Title: _____

Title: _____

Print Name: _____

Print Name: _____

Witness: _____

Witness: _____

Seal:

Seal:



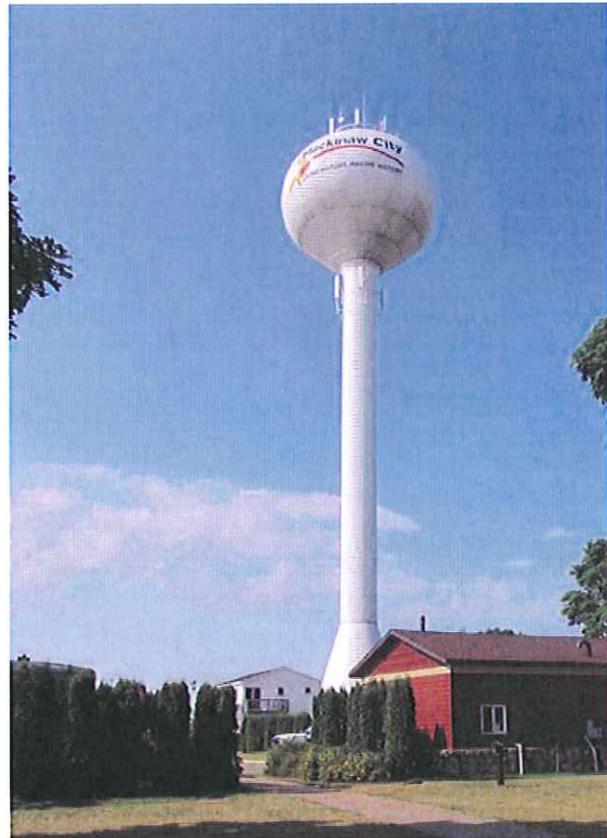
Utility Service Co.

I N C O R P O R A T E D

1300 Cherry Log Ct.
Gaylord, MI 49735
(616) 460-2246
Fax (478) 987-2991

Village of Mackinaw City North Huron Ave Water Tower Condition Assessment

Mackinaw City, MI



Prepared For:
Pat Rivera
Water & WW Superintendent

Prepared By:
Mike Trombly
Water Systems Consultant

December 28, 2012

Summary & Recommendations

A Condition Assessment was completed by "Utility Service Company" on the Mackinaw City Water Tower on July 12, 2012. The purpose of this assessment was to determine the condition of the **coatings and structure**, and evaluate the tank for compliance with current **sanitation guidelines, safety & security** regulations.

Typically, coating "life-cycles" on this type of steel water vessel starts to rapidly degrade after 12 to 15 years. Some of the coating systems on the Village Water Tower are showing evidence of degradation due to age.

Exterior Coatings

The most cost effective way to maintain the steel water storage exterior is to be *pro-active* and protect the steel from corrosion. "Overcoating" the tank exterior is the most cost effective process for renovation, as long as the current coating adhesion can support the weight and stress of more paint. Having to "abrasive blast" and remove the exterior coating down to the bare steel could more than DOUBLE the cost of renovation.

The exterior coating system on the Village Water Tower was completely removed by abrasive blast cleaning (drape containment) back in 2000. The adhesion of the current coating is good and could support a 2-coat overcoat process sometime within the next few years. However, the exterior paint contains clear-coat and would have to be "brush/scarified" to properly prepare the surface for overcoating. Due to the site location and proximity to homes and businesses, drape containment would be recommended.

Interior Coatings

The interior "wet" coating renovation process typically includes abrasive blasting to bare steel at the end of its life-cycle (12 - 15 years). Again, being *pro-active* in maintaining the tank interior "wet" coating system is not only more cost effective, it helps to stabilize water quality.

The Interior "wet" Coating System on the Village Water Tower was relined in 1996 (17 years old). It is showing evidence that it is approaching the end of its life-cycle and should be replaced sometime within the next 1-2 years. Minor ice damage on the tank sidewalls and corrosion along the roof weld seams was evident.

The Interior "dry" coating system is showing signs of flash corrosion primarily on the platforms, bowl area and riser access tube where condensation is prevalent. Spot tooling and overcoating the interior dry area with 1-coat of epoxy is recommended.

Repairs

Upgrade the "Tube" Safety Climb System to Flex Cable. The Roof Vent should also be upgraded to a frost/freeze proof design. The roof access hatch will be replaced with a 30" diameter lockable design. Foundation will be re-grouted and sealed with epoxy.

Active Mixing System & Chemical Cleaning

It is recommended to add a PAX Active Mixing System and "patented chemical cleaning" to the schedule of work. This will eliminate ice damage and minimize Biofilm build-up. It will also help to stabilize overall water quality.

Village Water Tower

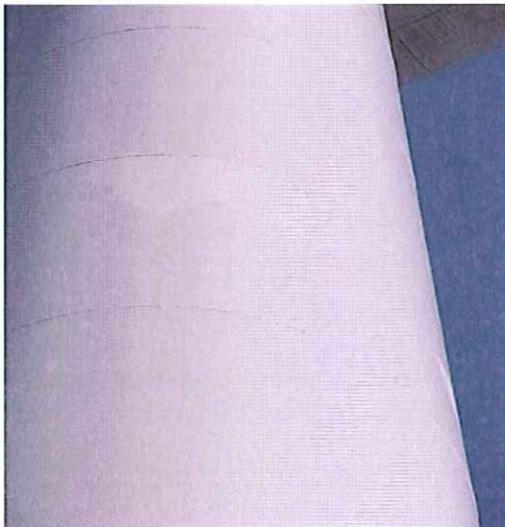
Capacity: 200,000 Gallons / Built: 1981

Last Renovation: 2000 Exterior (blast & contain)
1996 Interior Wet

USC Condition Assessment July 12, 2012



EXTERIOR



Missed or Faded Clear-coat

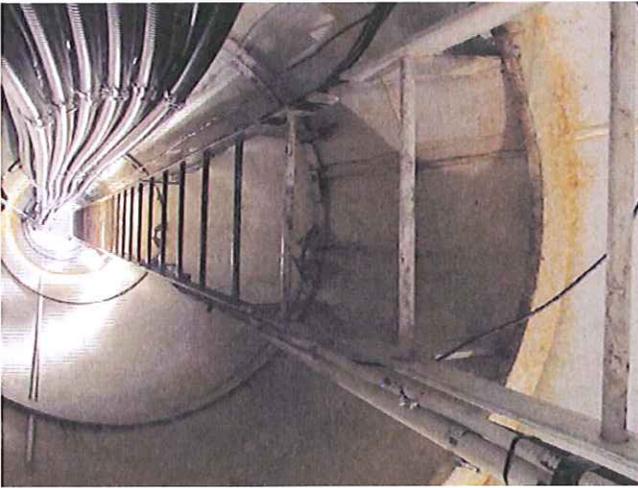


Paint and Seal Foundation

Recommendation: Within four years; Brush/Scarify surface to remove clear-coat and re-apply two coats of compatible Tnemec coatings. Retrace logos. Drape Containment recommended due to site constraints. ALL ANTENNAS MUST BE REMOVED.



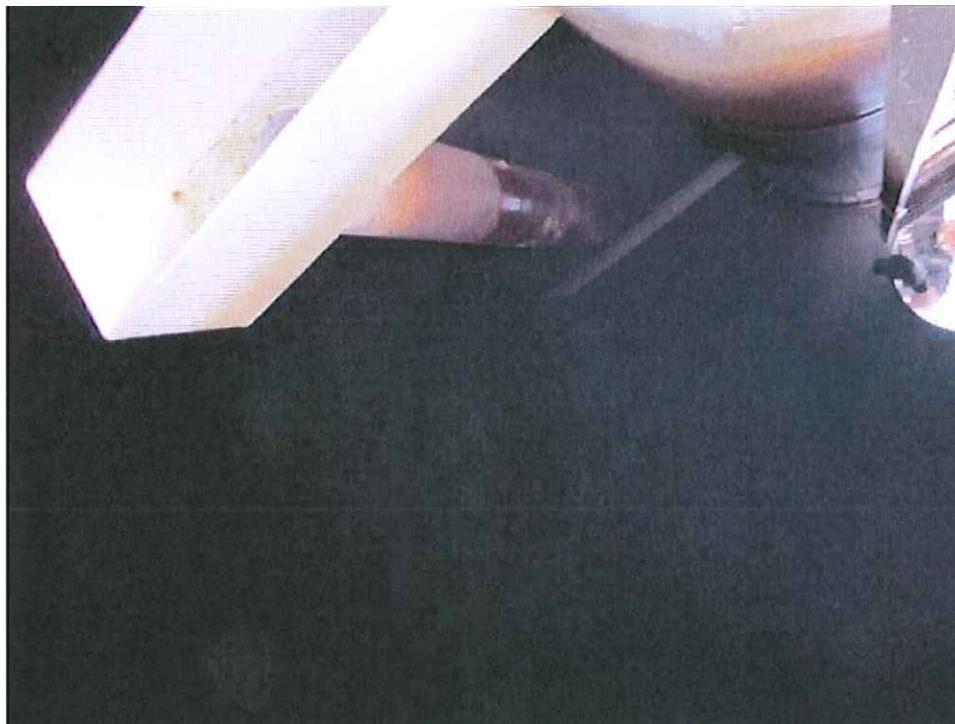
INTERIOR DRY AREA

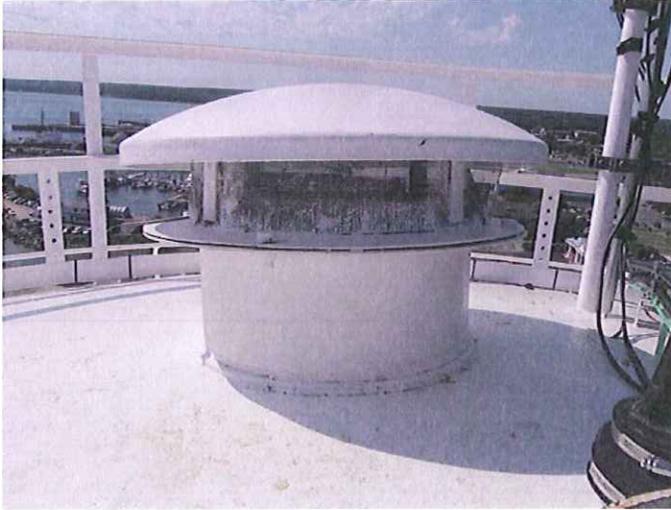


Recommendation: Within four years; Spot-tool interior dry area and apply 1-coat of epoxy to 100% of the interior dry surface.



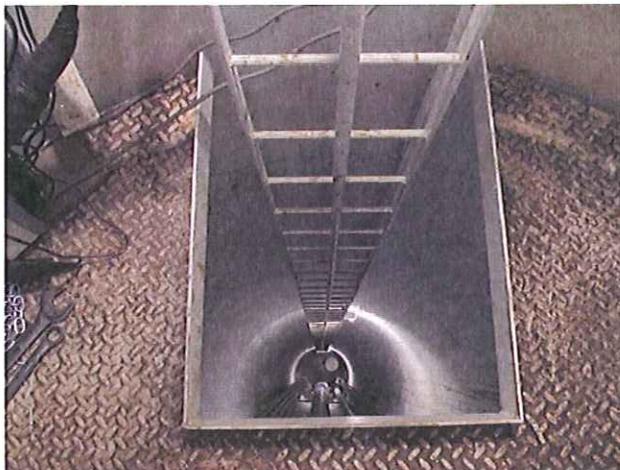
**Interior "Wet" Relined in 1996
Blast & Reline with NSF Epoxy 100% within a year.**



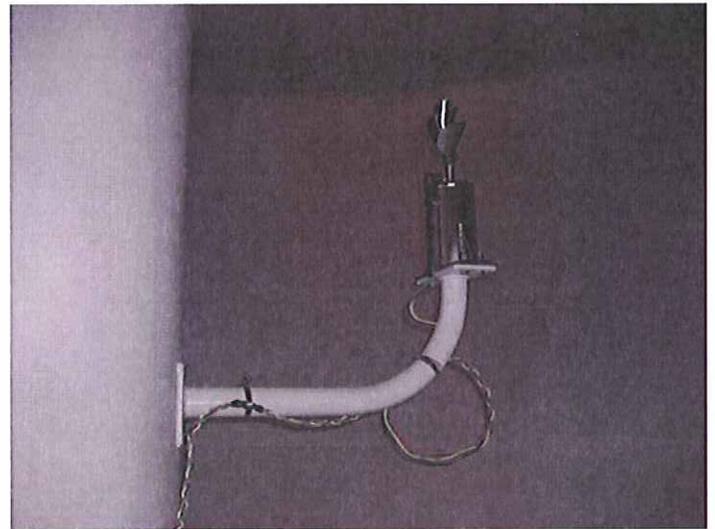


**Upgrade Vent to Frost/Freeze Proof Replace Roof Access Hatch to 30"
"Lockable"**

REPAIRS



**Upgrade Safety Climb
to Flex-Cable**



**Install PAX Mixing System
and add Biofilm Chemical
Cleaning to Washouts**

UTILITY SERVICE

535 COURTNEY HODGES BOULEVARD
P O BOX 1350
PERRY, GA 31069
TEL 800.223.3695
FAX 478.987.2991



»» PRODUCTS & SERVICES ««

Utility Service Co., Inc.

- **Full Service Asset Management Maintenance Programs**
- **WaterMix – The Right Mix for Cleaner Water**



Utility Service Communications Co., Inc.

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COMPANY PROFILE

USCI serves the domestic potable water industry with a mission to...

Provide comprehensive and highly valued solutions for potable water quality management through asset management programs for potable water tanks by the application of unique technologies and professional maintenance programs. We shall accomplish this by utilizing proven programs combined with the development of new and innovative products and services resulting in total solutions for the owners of potable water distribution systems.

Utility Service Co. Inc. began business in 1963 and covers most of the 48 contiguous states with plans to expand into remaining states. USCI's Corporate Headquarters, located at 535 Courtney Hodges Blvd., Perry, Georgia 31069, is the epicenter of ten service facilities strategically located nationally. Over forty sales representatives serve from their respective territorial sales offices.

The holding company for USCI, USG GA, LLC, has several operating divisions:

- Utility Service Co., Inc. (USCI) through its full service asset management maintenance programs and branded product offering of WaterMix maintains potable water tanks and offers solutions for the entire water complex.
- Utility Service Communications Co., Inc. (USCCI) provides management services for water tanks utilized to house cellular antennas.

The above divisions operate autonomously – and as integrated units – with the USCI executive management team coordinating activities to ensure complete and complementary services for our customers.

UTILITY SERVICE CO., INC. (USCI)

Since 1963, USCI has provided a full range of potable water tank maintenance services. Traditional maintenance options carry limited guarantees and warranties. As a result, maintenance is shared: the service provider *maintains* the tank for a specific need and the owner *maintains* future ownership risks.

In 1985, USCI initiated an option to permit the tank owner to transfer these future risks of ownership: the full service asset management maintenance program. Our background and experience with all tank styles and sizes permits us to comfortably accept all risks. Nationwide, we protect over 6,000 tanks with our full service asset management maintenance program.

These long-term professional maintenance programs are naturally based on long-term relationships with our customers – relationships based on a partnership with a consultative philosophy as a means to solve problems.

USCI FULL SERVICE WATER TANK MANAGEMENT MAINTENANCE PROGRAM
IS GASB 34 COMPLIANT

Further testament to the program’s effectiveness: USCI is the only company that allows our customers to meet and keep compliance with the GASB 34 modified approach for asset management. We satisfy GASB 34’s requirements for the tank owner:

1. The use of an asset management system to maintain all aspects of tank maintenance, and...
2. On file documentation to show asset preservation at or above the initial declared condition level.

The American Public Works Association recommends the modified approach, as opposed to the traditional depreciation accounting system, because depreciation schedules are not required and assets net value can remain at higher levels.

In addition to providing the tank owner the option of choosing the modified approach for accounting, our full service asset management maintenance program provides additional distinct tangible benefits as described on the following pages.

BENEFITS OF FULL SERVICE ASSET MANAGEMENT MAINTENANCE PROGRAMS

I. Benefit: REGULAR AND SYSTEMATIC MAINTENANCE:

Since USCI has the responsibility to maintain the water tank from the date of contract signing, we mitigate our risk by performing a series of annualized tasks. Among these are annual inspections to determine the current condition of the water tank. Visual engineering inspections alternating annually with washout and disinfectant inspections are conducted by our highly trained personnel.

- Visual Engineering Inspections determine:
 - i. Conditions of the exterior and interior coatings.
 - ii. Compliance with all safety and sanitary regulations.
 - iii. Verification of the tank’s structural integrity.
 - iv. Functionality of all security measures to protect the tank.
 - v. Needed repairs and touchups.

A detailed report with appropriate photographs of the inspection will be sent to the tank owner as soon as possible after completion of the inspection.

▪ Washout and Disinfection Inspections:

These detailed inspections also address the above five areas with emphasis on the tank's interior after draining for cleaning and disinfecting.

The tank owner is responsible for draining the tank. If requested, USCI will provide a pressure relief valve and technical assistance in planning for water availability during the tank's down time. USCI's crew removes all sediment and sludge that has collected in the tank and pressure washes accessible areas of the tank's interior. Once the tank has been cleaned, the crew completes most needed repairs and touch-ups. Should supplemental repairs be required, needed corrective actions are noted and scheduled for completion as soon as possible.

The final stage of this process is replacement of the man-way gaskets and disinfection of the interior per AWWA C652 Chlorination Method 2. The tank is now ready to be placed back in service and filled with water by the owner.

A detailed report of the inspection findings together with appropriate photographs will be provided to the tank owner as soon as possible. This report documents the tank's conditions and provides proof of regulatory compliances for various state agencies.

2. *Benefit:* PERPETUAL TANK PROTECTION:

In addition to the regular and systematic maintenance outlined above, we stand ready to provide needed repairs at any time with no additional charges. These repairs include any emergencies, repairs identified by the owner between our inspections, and repairs identified during inspections but not completed at the time of the inspection.

Scheduling needed repairs use the following criteria:

- Routine repairs within 30 days of identification of need.
- Emergency (crucial) repairs at once*.
- Graffiti:
 - Unsightly graffiti will be scheduled for paint over as soon as possible.
 - Offensive graffiti, by definition, is an emergency repair and will be rectified immediately.

3. *Benefit:* FUTURE RENOVATIONS:

The needs for tank coating renovations (interior and exterior) result from close examinations during the annual inspections. We notify the tank owner well in advance of our plans in order to ensure adequate time to make the tank ready for service as well as to consider the tank owners preferences re timing based on seasonal or other considerations.

* Our intent is to respond within 24 hours when reported during a normal business day.

USCI provides a pressure relief valve as well as technical services to assist in planning for water availability during down time for the tank.

The exteriors and interiors will be cleaned and repainted at such time as complete repainting is needed for both the protection of the tank and cosmetic reasons. As a general rule, exterior renovations are projected every eight to ten years and interior renovations are projected every ten to twelve years. Painting touchups are routinely scheduled as needed during the systematic inspections.

These renovations and touchups come with the maintenance program without additional charges.

4. *Benefit:* SECURITY MEASURES:

We install and maintain anti-climb devices on ladders and locks on the roof hatches to prevent unauthorized access by vandals or other intruders. Regular maintenance and replacements of screens prevent unwanted intrusion by insects, bugs, birds or other pests.

In addition, our maintenance reports – plus the backup records in our offices – provide useful data for state inspectors to demonstrate compliance to official regulations.

5. *Benefit:* EASE OF BUDGETING:

Your total costs are defined in the contract; hence, you know in advance your costs for all maintenance activities for your water tank. As a reminder of these costs, we send budget year information annually to assist your budgeting efforts. In order to arrive in time for customers' budgeting efforts, these reminders are normally mailed to the tank owner six months prior to the beginning of their respective fiscal year.

Each tank qualifying for the full service maintenance program has a defined annual base fee unique to the specific tank. Should initial renovation or repairs be required to qualify an existing tank for the full service asset management maintenance program, the initial annual fees shall be adjusted with the initial renovation and repairs charges identified. Once paid, the fees revert to the base fee for that specific tank.

The full service asset management maintenance program contract clearly defines the annual base fee. This fee remains constant for a three (3) year time period with adjustments not to exceed 5% annually. Adjusted fees are then constant for another three years.

All full service asset management maintenance programs are one (1) year agreements, which can be extended indefinitely by the tank owner on an evergreen basis. This means the contract will be automatically renewed unless the tank owner notifies USCI in writing of their intent to cancel the agreement. Please note that USCI cannot cancel the

agreement unless the tank owner fails to remit the annual fee. Hence, the risk is ours! The tank owner now has the next very important benefit.

6. Benefit: PEACE OF MIND:

The above benefits translate into peace of mind resulting from years of reliable and clean water tanks for the tank owner's water usage customers, their visitors and all elected and all appointed managers and officials. Peace of mind results from:

- One annual fee providing all the above benefits including resources to enable future renovations detailed in paragraph #3 above.
- An asset management maintenance program to protect the tank for decades to come.
- Knowledge that your records are available "24/7/365" from our portal web-based access to monitor your tank service histories.

In summary, the full service asset management maintenance programs provide the following tangible benefits:

1. REGULAR AND SYSTEMATIC MAINTENANCE
2. PERPETUAL TANK PROTECTION
3. FUTURE RENOVATIONS
4. SECURITY MEASURES
5. EASE OF BUDGETING
6. PEACE OF MIND

BEYOND WATER TANK PRESERVATION AND PROTECTION

Our long-term partnerships with our customers support our mission to provide highly valued services for the management of the entire water complex. Regulations increasingly force water system managers to look for new tools to meet tighter requirements. We continually expand product offerings focusing on *solutions* deemed of high value for potable water systems.

We combine patented technologies with our expertise in providing full service tank management maintenance services for water managers to meet and exceed stringent regulations. The result: clean water.

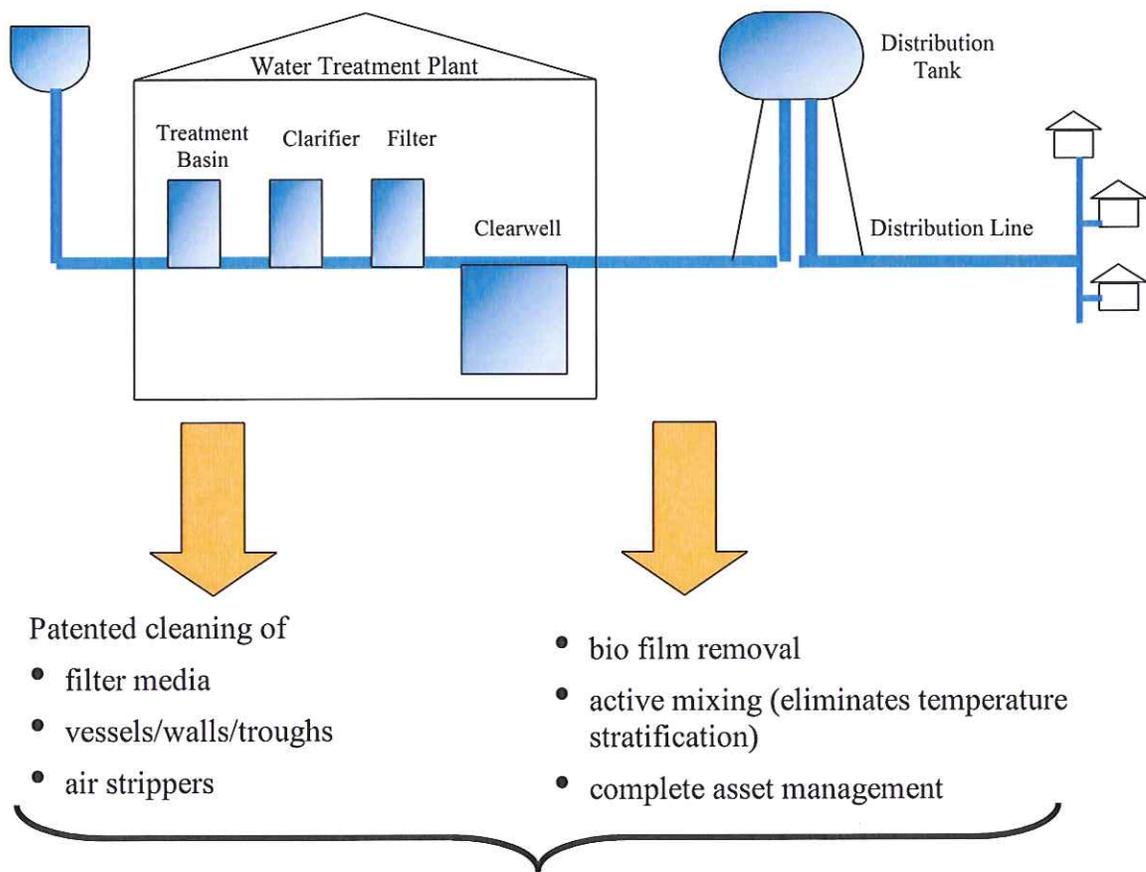
Our solutions come as a comprehensive package:



WATERMIX – THE RIGHT MIX FOR CLEANER WATER

WaterMix combines unique technologies with professional services for the entire water system *resulting in cleaner water*. Figure 1 depicts the WaterMix model.

Figure 1
WaterMix Solutions for the Entire System



OBJECTIVES OF WATERMIX SOLUTIONS FOR THE ENTIRE SYSTEM:

- Minimize sources that react with chlorine and chloramines (organics and microbiological growth) for resulting improved stability of the chlorine residual and reduced chlorine demand.
- Increased filter plant performance by periodically removing organic accumulations on the filter media.
- Reduce formation of DBPs through removal of bio-film in the storage tank.
- Maintain the water storage tank via the GASB 34 compliant asset management maintenance program.
- Eliminate thermal stratification utilizing an active mixer in the storage tank.
- Achieve: cleaner water, more stable operations and reduced risks of non compliance.

With WaterMix Solutions for the entire system there is no “weak link” in the system or in the approach for managing water quality!

No Weak Links for Cleaner Water

Both Glasses Contain “Cleanest” Water



Which Glass Quenches Your Thirst?

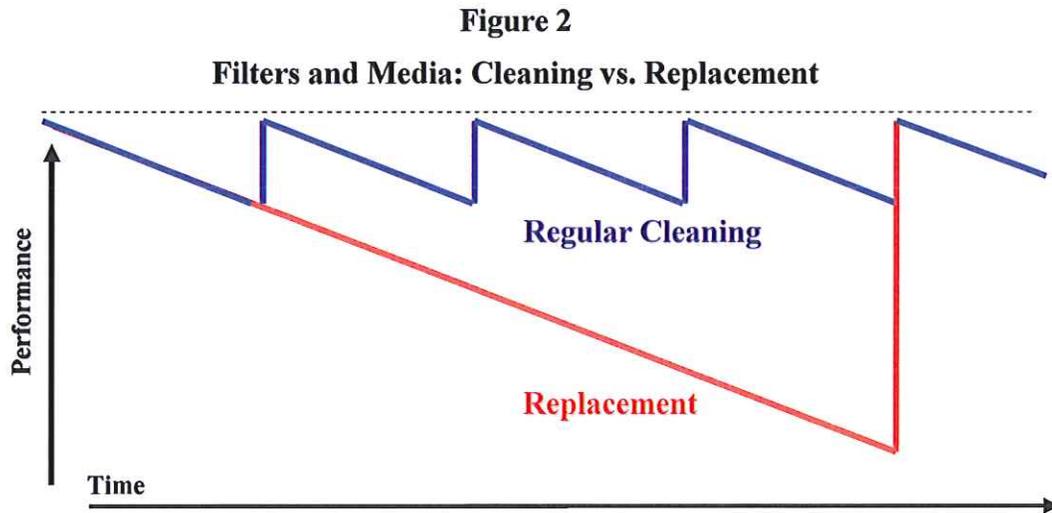
Does Your System Have a “Weak Link”?

In order to accomplish the above objectives, we proudly offer a comprehensive package of products and services to address the maintenance and management of the water complex:

- WATER FILTER PLANT MEDIA RESTORATION AND MAINTENANCE
- PERIODIC BIO-FILM REMOVAL IN THE WATER STORAGE TANK
- ELIMINATION OF THERMAL STRATIFICATION AND ON-GOING EQUIPMENT MAINTENANCE

WATER FILTER PLANT MEDIA RESTORATION AND MAINTENANCE

Utilizing patented products for gravity and pressure filters, our services remove mineral deposits, lime scale and biofilm from the filter media, vessel walls, under drains and troughs and air stripping towers are cleaned. This initial cleaning reconditions components, but peak performances require on-going maintenance with regular cleaning. Figure 2 demonstrates performance over time for on-going cleaning versus replacement.



In most cases removing residue returns media to near original condition. Cleaning improves performance, utilization, and throughput because of the reduction of backwash frequency; hence, system capacity increases. Another benefit is the minimization, and potential elimination, of loss of media during the backwash. Deposits cause media volume to “grow.” Hence, a portion of this volume growth is lost during backwashes. Additionally, volume growth results in lost efficiency as media densities become more similar.

Regular maintenance results in both cost effective and optimum performances. Figure 3 below depicts filter media before and after cleaning.

Figure 3
Filter Media, Before & After Cleaning



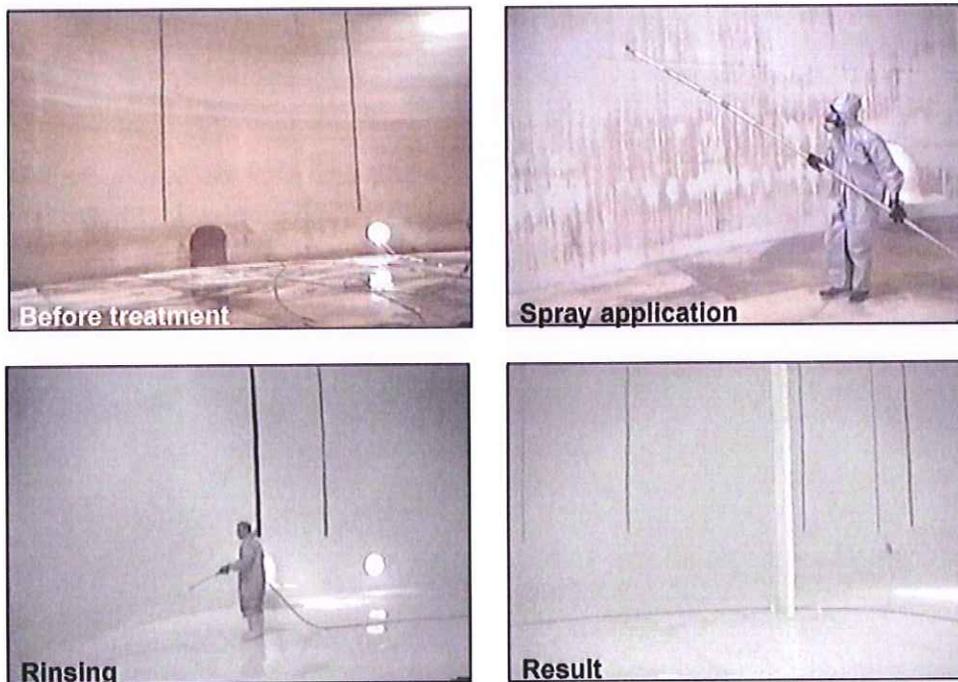
PERIODIC BIO-FILM REMOVAL IN THE WATER STORAGE TANK

USCI evaluated several methods for cleaning the interior of water tanks and developed a proven, patented and NSF certified technology. Our goal: to remove mineral buildup together with bio-film that forms on the interior tank surface. Benefits of this cleaning:

- Reduced disinfectant costs.
- Maintain higher chlorine residuals.
- Minimize DBPs.
- Reduced nitrification.
- Enhanced aesthetics.

Figure 4 shows the cleaning and bio-film removal on the inside of a water tank.

Figure 4
Cleaning and Bio-film Removal



Courtesy Blue Earth Labs LLC

ELIMINATION OF THERMAL STRATIFICATION AND ON-GOING EQUIPMENT MAINTENANCE

Without proper mixing of the water in the tank, sudden large draws, such as broken mains or a large fire, risks pulling old and low quality water into the system. An active (24/7) mixing system addresses water dynamics and assures continual water movement during storage and proper displacement during usages. This continuous mixing also minimizes icing during winter months. On-going equipment maintenance program ensures the mixer is fully operational 24/7/365.

Figure 5 demonstrates a schematic of the layers of water typically in a water tank without proper mixing. Figure 6 shows a diagram of the mixer together with the mixer's attributes.

Figure 5

Schematic of Thermal Stratification of Water in a Typical Tank

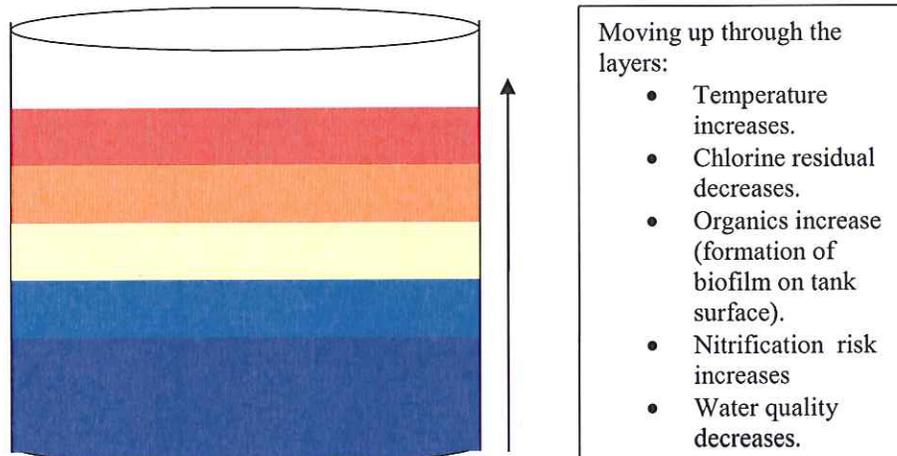


Figure 6

PAX Mixer – The Active Solution

Specifically Designed for Tanks:

- All stainless steel construction
- Biomimicry design
- NSF certified
- No hatch modifications
- No attachments to tank
- Easy installation
- Highly efficient mixing



UTILITY SERVICE COMMUNICATIONS CO., INC.

The burgeoning cellular telephone industry generates continual needs for antenna sites. Water tanks are obvious choices to house these antennas, but the tank owner is potentially subject to both unscrupulous negotiators and improper installations.

Our experience in maintaining tanks together with first hand knowledge of the consequences of improper antenna installations and our awareness and appreciation of the importance of safety measures based upon OSHA requirements led to the establishment of Utility Service Communications Co., Inc. (USCCI) to professionally address antenna installations.

USCCI PRIORITIES

Our concern is for the tank and for the tank owner. Any ancillary structure mounted on a water tank should not interfere with the tank's main purpose of supplying water to the community. Additionally, ancillary structures, such as antennas, should not interfere with future maintenance activities including presenting safety hazards to those providing maintenance services. Hence, our priorities:

1. Protect the structural integrity of the tank.
2. Correct serious safety hazards resulting from improper installations.
3. Minimize the antenna's impact on tank maintenance costs.
 - a. Apply correct standards to new installations.
 - b. Retrofit improper installations to meet standards.
4. Design systems with aesthetic appeal.
5. Market and manage tanks for maximum revenue.
 - a. Seek multiple carriers for each tank.
 - b. Negotiate favorable leasing terms.
 - c. Manage site re terms of agreement(s).

These priorities are the focus of our site management services programs.

SITE MANAGEMENT SERVICES

USCCI addresses revenue and antenna system management issues through a professional site management agreement. This agreement relieves the tank owner of the need for resources to manage ongoing issues and provides our expertise for optimum results with the following benefits for the tank owner:

- **NATIONAL MARKETING PROGRAMS.**
By marketing to telecommunication companies, network developers, and site acquisition firms, USCCI will keep your site visible in the marketplace. In addition, national advertising and site guide listings will help promote your water tank site.

- **CONTRACT NEGOTIATIONS.**
Agreements with telecommunication companies tend to be lengthy and complex. USCCI will negotiate a fair agreement which protects the tank for its primary purpose while providing income for the owner.
- **DESIGN AND INSTALLATION ENGINEERING REVIEWS.**
Engineering analysis, good design practice and professional installation are the keys to successful antennae placement on tanks. USCCI will review the design and the finished installation to ensure a quality installation that protects your tank.
- **ONGOING CONTRACT MANAGEMENT.**
Once the initial agreement is reached, ongoing issues require careful attention. Changing government rules and regulations require constant monitoring. Each new carrier requires coordination with existing licensees and revisions of the site safety plan.
- **REGULATORY COMPLIANCE.**
Antennae placements can be subject to FCC, OSHA and FAA regulations. In addition, water tanks can be subject to a variety of local and national standards. USCCI will ensure your tank is protected and that the tank and antennae installation meet the necessary standards and regulations.
- **ADMINISTRATIVE SERVICES.**
Billing, collections and reporting issues are all handled by USCCI thus eliminating the need for additional resources or paperwork by the tank owner.

PEOPLE OF USCI

USCI employs over 250 individuals dedicated to managing and maintaining water storage tanks. Collaborative teams include highly qualified experts in accounting, project management and technology development.

This section presents a brief synopsis of credentials and backgrounds for the executive management team, in-house engineers, field inspectors and selected employees with industry specific qualifications.

▪ EXECUTIVE MANAGEMENT

The dimension of the USCI management team encompasses broad and diverse backgrounds with concentrations on both water tank maintenance and business disciplines. This management transcends to our customers' water tanks with assurance of optimally maintained water tanks from a professional growing company with a long-term perspective.

INDIVIDUAL AND EDUCATION:

POSITION AND BACKGROUND:

Dominique Demessence

Chief Executive Officer

- Agbar

John Flaughter

- BS, University of Alabama at Birmingham

President, USG GA, LLC

- Nexeco Solutions, VP Chemicals
- Silleker, VP Sales and Marketing

Don Belcher

- BS, Ceramic Engineering – Georgia Institute of Technology

Senior Vice President, Operations

- Imerys North America Ceramics, Sr. Manager of Operations
- ECC International, Plant Manager
- Southdown Cement, Production/Process Engineer
- Harbison Walker Refractory, Supervisor, Production and Maintenance

Ismael Olmedo

Chief Financial Officer &

Senior Vice President, General Services

- Agbar

Marcos Ruiz

Senior Vice President, Business Development

- Agbar

Paul Meschino, P.E.

Senior Vice President, Network Asset Management

<p>Shane Albritton</p> <ul style="list-style-type: none"> ▪ JD, Walter F. George School of Law ▪ BBA, Finance & Real Estate, University of Georgia 	<p>Vice President, Legal & Risk Management</p> <ul style="list-style-type: none"> ▪ Walker, Hulbert, Gray, Byrd & Christy, LLP, Associate
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▪ VICE PRESIDENTS AND DIRECTORS

INDIVIDUAL AND EDUCATION:

POSITION AND BACKGROUND:

Kirt Ervin, P. E.

- BS, Civil Engineering, Washington University

Vice President, Water Quality Services

- St. Louis County Water Company, System Operations Engineer
- Production Engineer

David Forrester

- BS, Civil Engineering, Georgia Institute of Technology

Vice President, Southern Region

- General Manager, Tank Maintenance
- Vice-President Operations, Utility Service Communications, Inc.
- K. T. Mining Inc., General Manager

Massie Hughes

Vice President, Central Region

Tommy Raye

- BS, Animal Science, University of Georgia
- MS, Biology, Auburn University

Vice President, West Region

- Vice President Sales, Southwest Region
- Regional Manager, Southern Region
- National Recruiting Services Inc., Owner/President
- Georgia Institute of Technology, U. S. Naval Academy, Texas Christian University, Auburn University – Assistant Football Coach
- U. S. Army, Infantry

George Shannon

Vice President, North Region

Jeff George (VP)

- BS, Criminal Justice – Valdosta State University

Director, Sales - South Region

- VP Sales, Southern Region
- Sales Representative and VP Sales (1992 – 2007)
- Kellwood Corporation, Merchandising Manager
- Thomaston Mills, Sales Representative

Tom Stechmann

Director, Sales – Central Region

- Sales Representative, Upper Midwest

John Snodgrass

Director, Sales – West Region

	<ul style="list-style-type: none"> ▪ Regional Manager, Upper Midwest Region ▪ Sales Representative, Upper Midwest Region
Marty Mazzella	Director, Sales – North Region <ul style="list-style-type: none"> ▪ Sales Representative, Northern Region
<hr/>	
Eddy Turner (VP)	Director, Industrial Sales <ul style="list-style-type: none"> ▪ Imerys, Director, Business Development & Governmental Affairs ▪ ECC International, Director, International Sales
<hr/>	
Jonathon Cato (VP)	Director, Tank Operations
<ul style="list-style-type: none"> ▪ BS, Textile Engineering, Georgia Institute of Technology 	<ul style="list-style-type: none"> ▪ General Manager, Contracting Division, USCI ▪ Thiele Kaolin Company, Chemical Process Engineer
<hr/>	
Rob Weaver	Director, Operations – South Region
<ul style="list-style-type: none"> ▪ BS, Industrial Engineering, Southern Polytechnic & State University ▪ Industry Specific Education ^{*(see footnote)} 	<ul style="list-style-type: none"> ▪ Engineering Technical Manager ▪ Hargis Railcar, Engineering Manager ▪ Meadows Barnett, Engineering Project Manager
<hr/>	
Brad Winkeler, P.E.	Director, Operations – Central Region
<ul style="list-style-type: none"> ▪ BS, Mechanical Engineering, Southern Illinois University at Edwardsville 	<ul style="list-style-type: none"> ▪ Key Accounts Engineer / Manager in the Midwest ▪ Red Bud Industries, Engineer
<hr/>	
Mike Farnsworth	Director, Operations – West Region
<hr/>	
John Sullivan	Director, Operations – North Region
<hr/>	
Randy Moore (VP)	Director, Market Development
<ul style="list-style-type: none"> ▪ BS, Metallurgical Engineering, University of Missouri – Rolla ▪ MS, Engineering Management, University of Missouri – Rolla ▪ MBA, University of Missouri, St. Louis 	<ul style="list-style-type: none"> ▪ Vice President, Market Development and Vice President, New Tanks and Financial Services Division ▪ Vice President, Sales for North Central Region ▪ Sales Representative ▪ Tnemec Co., Inc., Principal Sales Representative Missouri and Southern Illinois. ▪ St. Joe Minerals Corporation, Assistant Sales Manager for Lead and Zinc ▪ Lewis Pump & Valve Co., International Sales Engineer
<hr/>	

* SSPC-C-3 Competent Person Certified for De-leading Industrial Structures; Certified in Lead Exposure in Construction; Lead Certified in VA, MD, MO, LA, IN; Certified in Radio Frequency and Microwave Radiation; Certified in T-11 Rigging and Staging of Industrial Structures; Certified in Lead Abatement – St. Louis University; ITC Certified for Lead Abatement Project Designer

- **IN-HOUSE ENGINEERS**

The engineering department’s responsibilities include creating renovation specifications for over 1,000 water tanks per year, inspection services, coatings performance review, and environmental compliance.

INDIVIDUAL AND EDUCATION:

POSITION AND BACKGROUND:

Carwin Avant
 ▪ BS, Materials Engineering & Ceramics Engineering, Georgia Institute of Technology

Production Engineer
 ▪ Owner, Private Business

Jonathon Cato (VP)
 ▪ BS, Textile Engineering, Georgia Institute of Technology

Director, Tank Operations
 ▪ General Manager, Contracting Division, USCI
 ▪ Thiele Kaolin Company, Chemical Process Engineer

Curt Dimsdale
 ▪ BS, Electrical Engineering, Southern Polytechnic & State University

Production Engineer
 ▪ Sales Representative
 ▪ Project Engineer
 ▪ COMMTECH, Inc., Field Engineer, Project Manager
 ▪ Blue Moon BMW Motorcycles, General Manager

Kirt Ervin, P. E.
 ▪ BS, Civil Engineering, Washington University

Vice President, Water Quality Services
 ▪ St. Louis County Water Company, System Operations Engineer
 ▪ Production Engineer

David Forrester
 ▪ BS, Civil Engineering, Georgia Institute of Technology

Vice President, Southern Region
 ▪ General Manager, Tank Maintenance
 ▪ Vice-President Operations, Utility Service Communications, Inc.
 ▪ K. T. Mining Inc., General Manager

Arthur Krudener, P. E.
 ▪ BS, Civil Engineering, Clemson University

Manager, Technical Service, Utility Service Leasing
 ▪ Ridge Runner Painting Co., General Manager
 ▪ Brown Steel, Contracting Engineer
 ▪ Corrpro Companies, Inc., Co-Founder & Regional Manager
 ▪ Pittsburgh Des Moines Steel Co, District Sales Mgr

Paul Meschino, P.E.

Senior Vice President, Network Asset Management

Jason Saylor, P.E.
 ▪ BS, Civil Engineering, Pennsylvania State University

Director of Engineering, Utility Service Group

- | | |
|---|---|
| <p>Rob Weaver</p> <ul style="list-style-type: none"> ▪ BS, Industrial Engineering, Southern Polytechnic & State University ▪ Industry Specific Education ^{*(see footnote)} | <p>Director, Operations – South Region</p> <ul style="list-style-type: none"> ▪ Engineering Technical Manager ▪ Hargis Railcar, Engineering Manager ▪ Meadows Barnett, Engineering Project Manager |
|---|---|

- | | |
|---|---|
| <p>Brad Winkeler, P.E.</p> <ul style="list-style-type: none"> ▪ BS, Mechanical Engineering, Southern Illinois University at Edwardsville | <p>Director, Operations – Central Region</p> <ul style="list-style-type: none"> ▪ Key Accounts Engineer / Manager in the Midwest ▪ Red Bud Industries, Engineer |
|---|---|

▪ FIELD INSPECTORS

USCI accepts full responsibility of water storage tanks accepted in our full service maintenance program. Hence, we have developed a dedicated professional group of inspectors reporting to our Engineering Technical Manager.

This group is responsible for the quality of maintenance and renovation work performed. Because we have long-term obligations, we must ensure the highest quality work from both our perspective as well as the customers' viewpoint.

Hence, our inspectors display a high standard of excellence to demand quality work from the crews actually working on the tank. These inspectors' high standards result from training and many years of experience.

ALPHABETICAL LISTING BY STATES

INSPECTOR	AREAS OF RESPONSIBILITY	YEARS OF EXPERIENCE
Doug Brandt	IL, MO, KY, TN, WI, IN, OH, VA	9
Dan Burgess	AZ, CA, NM	3
Doug Byrd	GA, AL, SC, TN, FL	24
Michael Cooke	LA	
Tony Garner	AZ, CA, NM	15
Scott Harris	MS, LA, AR, TN, AL	27
Gene Holder	AR, LA, MS	10
Caleb Jackson	AR, LA	3
Jeremy Jashinski	WI, MI, MN, IA	3
Craven Knight	FL	8
Keith Landrum	TX, NM, LA	42
Bryan Morrow	FL, GA, AL, OH, PA, DE, NJ	12
Jamie Murray	NC, SC, VA, MD, PA, DE	15
Gary Pace	TX	32
Larry Palmer	GA, AL, MS, SC, NC, TN, VA, FL	13
Mark Paul	KS, CO, MO, AR, NE, OK	11
Clint Pritchard	NC, SC, TN, VA, PA, MD, KY, DE	8
James Reinneck	IL, MO, IA, IN	12
Josh Waid	GA, AL, SC, TN, FL	7
Jerry Whiddon	Special Projects	33
Mike Winkler	IL, MO, IA, IN, MI, OH	3

* SSPC-C-3 Competent Person Certified for De-leading Industrial Structures; Certified in Lead Exposure in Construction; Lead Certified in VA, MD, MO, LA, IN; Certified in Radio Frequency and Microwave Radiation; Certified in T-11 Rigging and Staging of Industrial Structures; Certified in Lead Abatement – St. Louis University; ITC Certified for Lead Abatement Project Designer

NORTHEASTERN STATES

<u>INSPECTOR</u>	<u>AREAS OF RESPONSIBILITY</u>	<u>YEARS OF EXPERIENCE</u>
William Cobb	CT, MA, ME, NH, NJ, NY, PA, RI, VT	6
Geoffrey Hall	CT, MA, ME, NH, NJ, NY, PA, RI, VT	24
Craig Henderson	CT, MA, ME, NH, NJ, NY, PA, RI, VT	5
Kenneth Lunetta	CT, MA, ME, NH, NJ, NY, PA, RI, VT	30
Chad Merithew	CT, MA, ME, NH, NJ, NY, PA, RI, VT	10
David Merithew	CT, MA, ME, NH, NJ, NY, PA, RI, VT	32
Marc Merithew	CT, MA, ME, NH, NJ, NY, PA, RI, VT	28
Ryan Simpson	CT, MA, ME, NH, NJ, NY, PA, RI, VT	1

▪ **EMPLOYEES WITH INDUSTRY SPECIFIC QUALIFICATIONS**

Many USCI employees have special credentials from both training, e.g. NACE/ASTM certification, and practical experience achieved from work within the industry. All these employees are available to assist others for any special situation or circumstance.

NACE/ASTM CERTIFICATION

<u>INDIVIDUAL</u>	<u>CERTIFICATION</u>	<u>STATUS</u>
Shane Bell	#27553	Level 2
Doug Brandt	#17697	Level 2
Dan Burgess	#27552	Level 2
Doug Byrd	#17409	Level 2
Billy Cobb	#27243	Level 1
Kirt Ervin	#17354	Level 3 – Certified
Tony Garner	#17359	Level 2
Geoffrey Hall	#10144	Level 3 – Certified
Bill Hammond	#7839	Level 3 – Certified
Scott Harris	#17703	Level 1
Craig Henderson	#27245	Level 1
Gene Holder	#27247	Level 3 - Certified
Caleb Jackson	#32840	Level 1
Daren Jackson	#5084	Level 3 – Certified
Jackie Jackson	#27246	Level 3 - Certified
Tony Kyne	#27559	Level 2
Kenneth Lunetta	#3199	Level 3 – Certified
Dean Marantis	#25334	Level 1
Chad Merithew	#8874	Level 2
David Merithew	#3201	Level 1
Marc Merithew	#27561	Level 3 – Certified
Angelo Missos	#25335	Level 3 – Certified
Bryan Morrow	#9135	Level 3 – Certified
Jamie Murray	#17367	Level 3 - Certified
Robert O’Neil	#22072	Level 2
Gary Pace	#614	Level 3 – Certified
Mark Paul	#17706	Level 2
Clint Pritchard	#17409	Level 3 – Certified
Tommy Raye	#27563	Level 3 - Certified
James Reinneck	#27251	Level 3 - Certified
Jeff Simpkins	#24842	Level 3 – Certified
Ryan Simpson	#27564	Level 2
Andrew Smith	#27253	Level 3 - Certified

John Snodgrass	#17369	Level 3 – Certificated
John Sullivan	#1275	Level 1
Josh Waid	#17429	Level 2
Rob Weaver	#17372	Level 3 – Certificated
Nathan West	#24846	Level 3 - Certificated
Jerry Whiddon	#17710	Level 2
Brad Winkeler	#27255	Level 3 – Certificated
Michael Winkeler	#27565	Level 2

WATER INDUSTRY WORK EXPERIENCE

<u>INDIVIDUAL</u>	<u>USCI POSITION</u>	<u>BACKGROUND</u>
Tommy Angelle	Sales Representative, Louisiana	Louisiana Rural Water, Board of Directors. Carencro, LA, Mayor for 28 years.
Russ Brown	Sales Representative, Pennsylvania	Silver Springs Township Authority, PA, Chairman.
Dan Kitchen	Sales Representative, Southern Michigan	South Central Michigan Water Association, Chairman, President 2010 AWWA Young Professionals, Co-Chairman 2009 - 2011
Bob Matthey	Sales Representative, Ohio	Village of Chauncey, OH, Mayor.
Randy Moore	Director, Market Development	Missouri Safe Drinking Water Commission, Served as Commissioner. Voting Member AWWA D102 Revision Task Force.
Michael Olesen	Sales Representative, Wisconsin	Watertown Water Commission, Manager for 21 years. AWWA, Committee Chair. George Warren Fuller Award recipient. Published three papers
Mike Polster	Sales Representative, Indiana	Board of Directors for Alliance of Indiana Rural Water
John Snodgrass	Director, Sales – West Region	AWWA Young Professionals, Iowa Rural Water Conference Committee
Mike Trombly	Sales Representative, Northern Michigan	Michigan AWWA Upper Peninsula Coordinating Committee, Chairman Michigan Rural Water Conference Committee

▪ **USCI PEOPLE ARE TRAINED FOR SAFETY**

We work in a dangerous environment and recognize that safety is critical to our success and to the well being of our employees. For these reasons the USCI safety program is top priority for our senior management.

David Waters, Safety Manager, leads our program, and we engage The Lovelace Group for consulting and to assist in the comprehensive annual OSHA training program. David Waters experience spans 20+ years with five years in tank building and tank painting and over 15 years in safety and fall protection including international assignments. Chris Lovelace, renowned in the industry, possesses world class qualifications.

All employees climbing and working on tanks while performing their duties are required to attend the ten hour annual training and to pass thorough examinations on the following topics:

- | | | |
|---------------------|------------------------------|-------------------------|
| √ Confined Space | √ Lead Exposure | √ Hazard Communications |
| √ CPR Techniques | √ Noise Protection | √ Working over Water |
| √ Electrical Safety | √ Radio Frequency Safety | |
| √ Fall Protection | √ Respiratory Protection | |
| √ First Aid | √ Toxic Metal Health Hazards | |
| √ Flammable Liquids | √ Vehicle Safety | |

CAPABILITIES OF USCI

Proper service for our customers requires investments in physical assets as well as the people resources outlined in the early pages of this document. Our people are supported by state of the art technological resources and backed by the physical resources of modern equipment and offices.

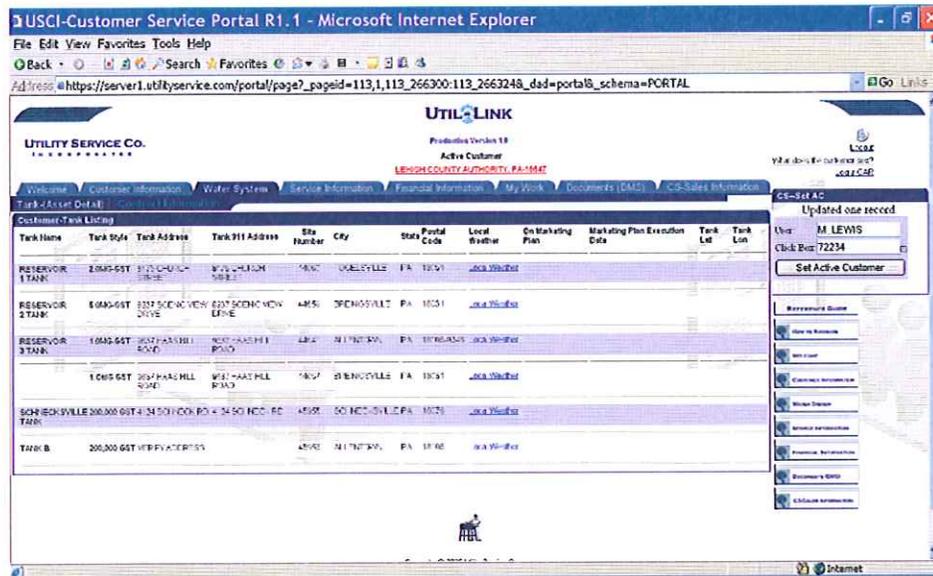
▪ TECHNOLOGICAL RESOURCES

Modern technology is critical to transferring information to and from both our people and our customers. State of the art tools are provided to each representative and each inspector, all of whom have powerful laptop computers, digital cameras and hand-held GPS units. Corporate office support is just a “click” away.

The USCI investment in the Oracle Corporation data processing system provides us with unsurpassed capabilities to provide information to our people on an immediate basis. This gives representatives, service centers and management a complete “360^o” view of all aspects of our relationships with the customer.

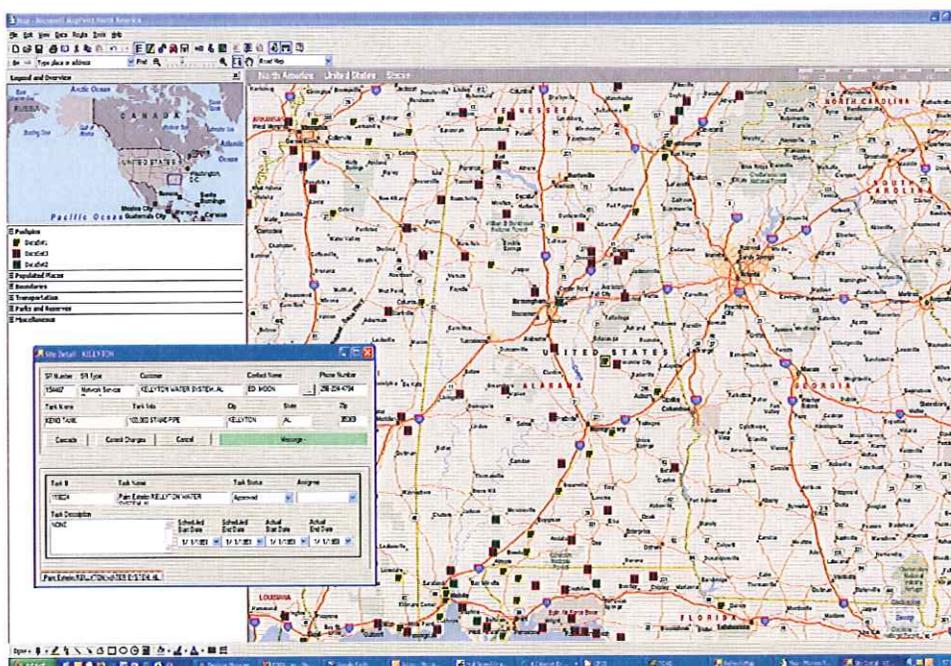
This capability is also available to our customers through Oracle's portal program to permit access to readily available information at their "finger-tips." Below is a "screen shot" of the customer portal whereby customers may access information regarding their water tanks via the internet 24/7.

CUSTOMER PORTAL SCREEN

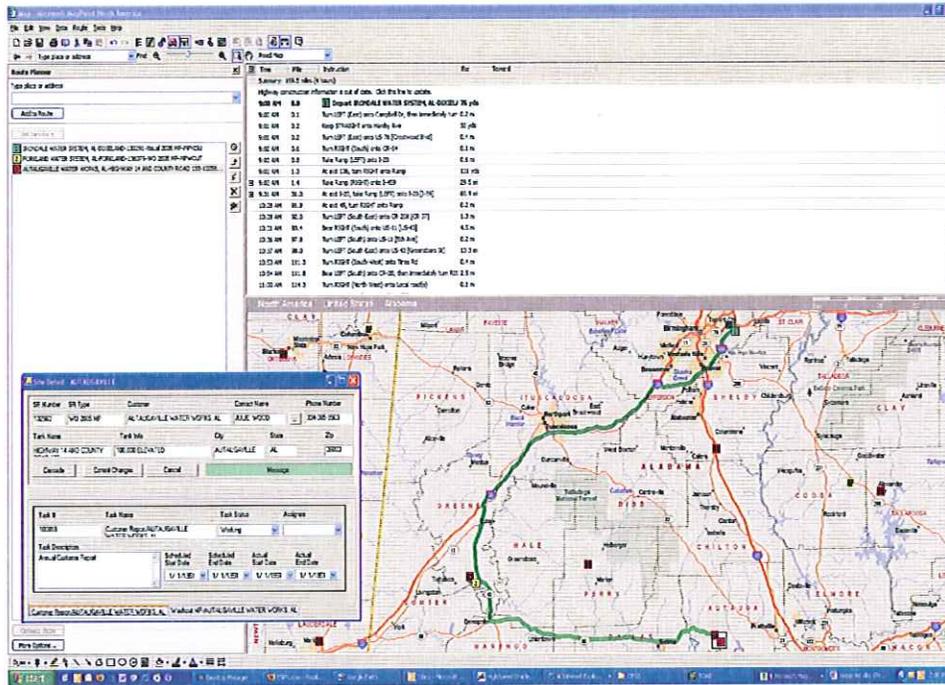


Below are two additional "screen shots" of our system. The first permits our management to geographically monitor all work tasks in a given region for a particular time period. The second shows our scheduling personnel's ability to logically plan service routes by mapping our routes to customer tank locations.

WORK TASKS



SERVICE ROUTES



■ DEPARTMENTAL RESOURCES

USCI people developed their respective expertise through extensive training and background experiences from industry – some within the water industry and others from outside. The combined knowledge permits us to recognize water industry requirements; then, we provide best practices for optimum services.

Our focus for the tank owner extends to customer service, marketing, accounting, project management teams and our sales departments. Another resource of critical interest by our customers is our insurance coverage

CUSTOMER SERVICE

Three full time customer service representatives work with both internal and external customers to ensure full and complete satisfaction for the tank owner. Internally, our customer service people are assigned territories on a geographic basis in order to optimally support the respective sales representatives and to become “customer aware” of issues in these sales areas. Their focuses include all internal departments and all company locations for full understanding of the needs until complete resolution for all customer issues.

As their external customer (the tank owner) focus evolves, the *reactive* posture morphs into a *proactive* stance to provide tank owners useful and timely information. Proactively, we provide periodic fiscal information to assist customers' budgeting efforts and personalized documented reports of our tank inspections, paintings and renovations. In addition, we survey tank owners' regarding work satisfaction for these inspections and renovations. Finally, results from these surveys are shared with our management for their goal of *continuous improvement* for USCI.

MARKETING

Closely aligned with customer service is our marketing staff. Sales and customer service personnel address individual customer needs; the marketing staff addresses these issues broadly in order to develop strategies to satisfy future water industry needs.

Additionally, our staff of two full time marketing representatives monitors the markets for new tanks and assists our sales representatives and management in their promotions and support of customers and specific water associations.

ACCOUNTING

Our accounting staffs' proficiency is demonstrated by their support of GASB 34 through our asset management reporting service, an essential requirement for GASB 34. This service is available as part of our full service maintenance program to enable our customers to meet and maintain compliance with the GASB 34 modified approach. This accomplishment is one of many for this group of ten full time employees.

Utilizing the Oracle data processing system, the department manages in excess of 90,000 cost allocations through AP, payroll and other transaction sources per year. 30,000 invoices are generated annually including consolidated invoicing for customers' tanks under the maintenance program. The department utilizes a detailed project costing and revenue tracking module and a fully functional fixed assets management module. A hard close is achieved by the fifth business day each month; the department has consistently received an unqualified opinion by our auditors within 45 days of the fiscal year end.

PROJECT MANAGEMENT

Our service center managers plan, monitor and control the course and development of work on tanks; the home office oversees all efforts to ensure proper support. Most service centers' production managers have excess of twenty years experience in water tank maintenance at the project management level.

These project managers and staff run 18 or more jobs concurrently throughout the year. Responsibilities include ordering supplies for the crews, scheduling deliveries to the jobs, managing crew schedules, collecting and handling wastes, and updating project schedules and timelines within the Oracle data management computer system.

INSURANCE COVERAGE

The magnitude of the above jobs, crews and staff generate an enormous need for insurance resources. USCI utilizes the most reputable names in the industry – Travelers, Cincinnati and A. I. Specialty. Notably, our unmatched pollution liability coverage is \$10,000,000, an unprecedented sum for the industry.

Our insurance agent(s): Attn: Ms. Lindsay Eiler
Marsh USA, Inc.
P. O. Box 1966, 44 Whippany Road
Morristown, New Jersey 07962
973.401.5209

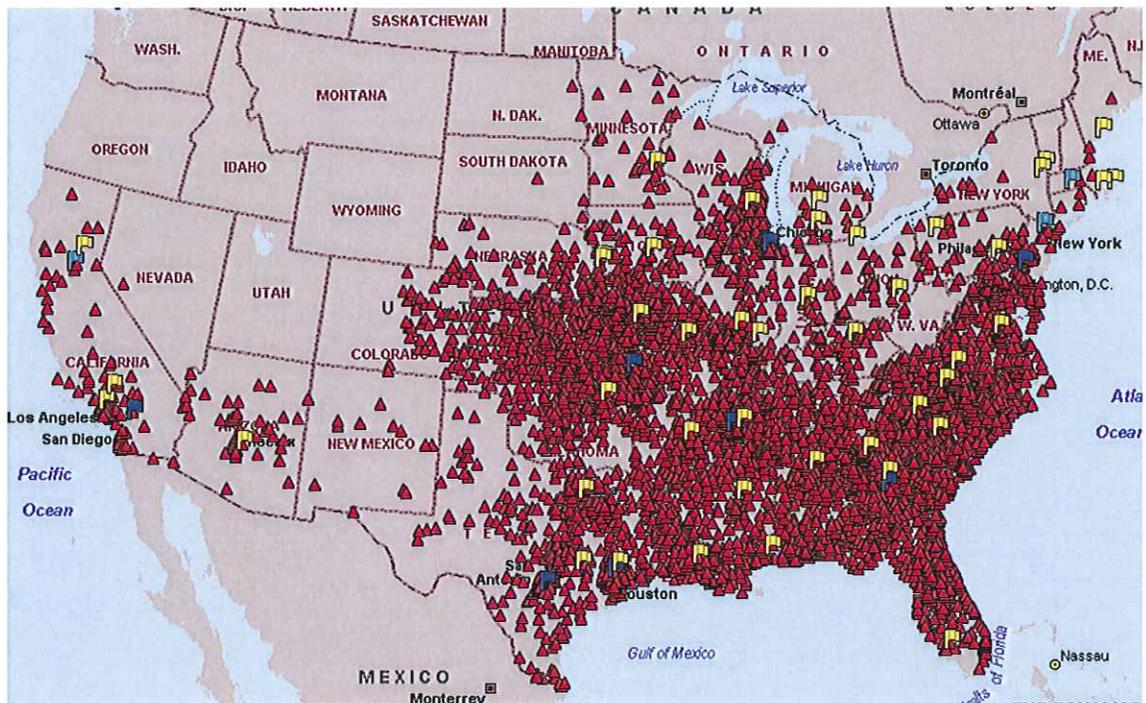
For pollutions Liability and Professional Liability:
Attn: Ms. Anne Theodore
Senn, Dunn, Marsh and Roland, LLC
P. O. Box 9375
Greensboro, North Carolina 27429 – 0375
336.272.7161

SALES

All representatives are trained to inspect tanks for identification of conditions in need of maintenance services. Our sales representatives are unmatched in their experiences and knowledge of the industry; we also lead our industry in the total number of sales representatives serving the potable water tank industry. Additionally, our sales representatives live in their respective territories; hence, they possess a quick response capability to each and every customer.

The map below depicts our customers, sales representative locations and service center locations.

LOCATIONS
CUSTOMERS, SALES REPRESENTATIVES AND SERVICE CENTERS



LEGEND:

-  SERVICE CENTERS
-  SERVICE CENTERS UNDER DEVELOPMENT
-  SALES LOCATIONS
-  CUSTOMER LOCATIONS

▪ PHYSICAL RESOURCES

Just as our people and performances are impressive, our physical resources are unmatched in the industry. These resources include an expanded corporate office, ten service center locations and advanced equipment for supporting the efforts of our people resources.

CORPORATE OFFICE

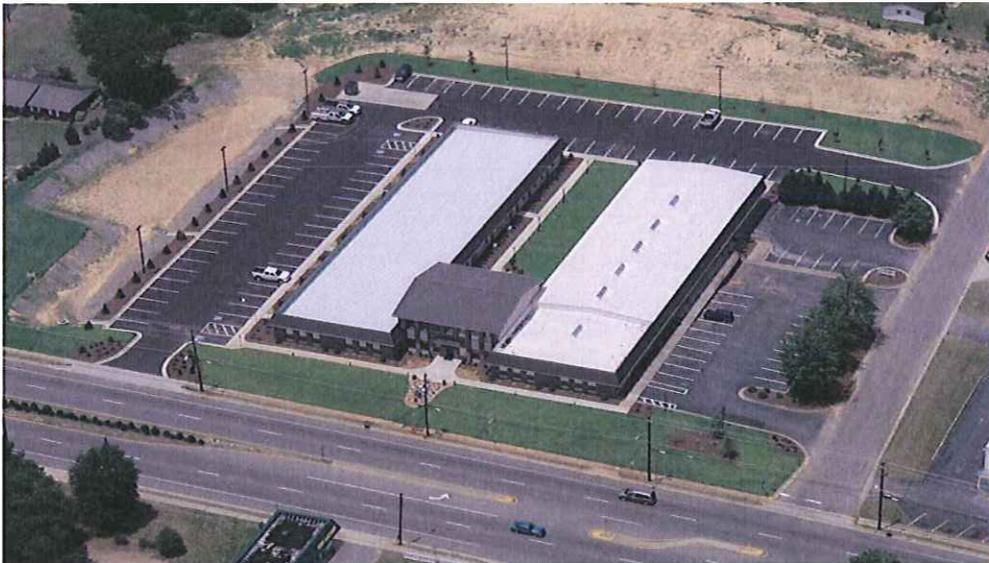
HEADQUARTERS
ATLANTA, GEORGIA

USCI's Corporate Headquarters Office is located on the 17th Floor of the Promenade II Building on Peachtree Street NE in Midtown Atlanta.



ADMINISTRATIVE SUPPORT
PERRY, GEORGIA

The expanded facility houses all central offices including executive, accounting, operations, sales and customer service. This 38,000 square foot facility includes all modern office capabilities. The photograph below shows the 2007 expansion that more than doubled former office space.



SERVICE CENTERS

Ten service centers are strategically located in eight states around the country in order to serve all customers on a timely basis. These centers are located in Georgia, North Carolina, Texas [3], Kansas, Arkansas, California, Illinois and Maryland. Photographs of three of these facilities are shown below.

PERRY, GEORGIA



MADISON, NORTH CAROLINA



PROCTOR, ARKANSAS



ASSOCIATED EQUIPMENT

Our service centers perform almost 1,000 major water tank renovations annually including approximately 100 complete lead abatement projects. This type and magnitude of work require significant and varied resources. Equipment includes T.E.P.E. drape/containment systems, 40,000 cfm dust collectors, 40 feet flat bed trailers, road tractors, diesel vacuum systems, bulk trailers, 16 feet enclosed trailers, heavy duty pickup trucks, welding equipment and various other type equipment as depicted in the table below.

TABLE OF SELECTED EQUIPMENT

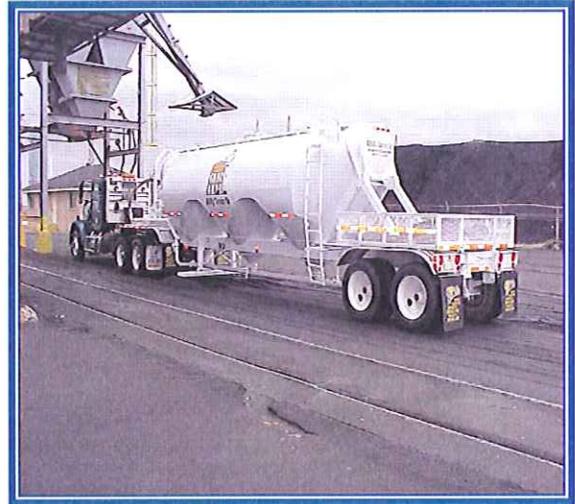
Equipment	Quantity
40,000 CFM Dust Collectors	7
Titan Industrial Vacuum Systems	5
T.E.P.E. Containment Systems	19
Decontamination Clean-Up Units	7
22 tons Bulk Abrasives Transport Trailers	40+
Road Tractors	15
Rail Cars for Bulk Abrasives Transport	9
Service Trucks	100+
Steel Grit Blast Units	7

Photographs of some of the above equipment used for containment renovations together with selected equipment and warehoused supplies follow:

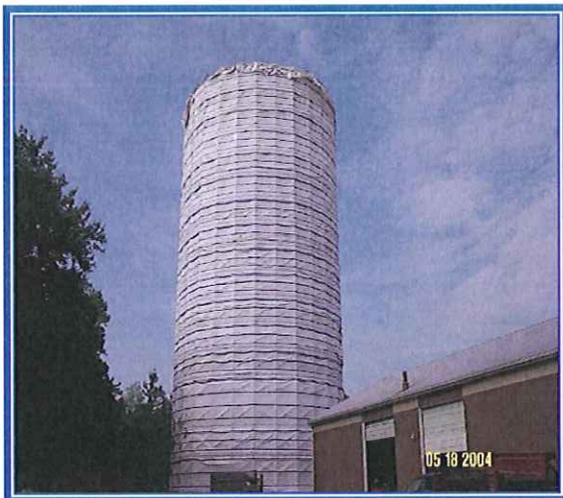
RAIL CARS FOR BULK ABRASIVES TRANSPORT



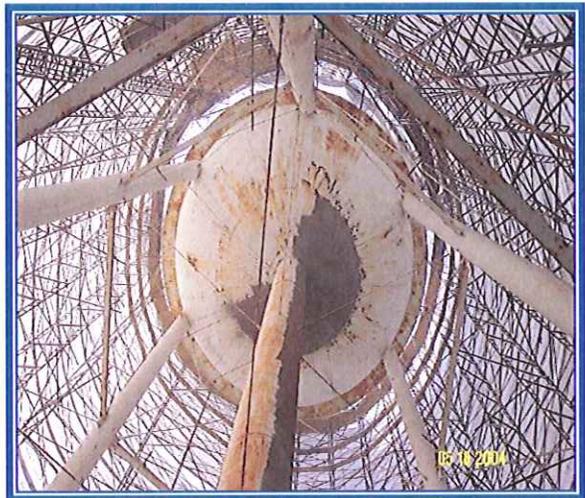
TRAILERS FOR BULK ABRASIVES TRANSPORT



WATER TANK DURING CONTAINMENT RENOVATION (OUTSIDE VIEW)



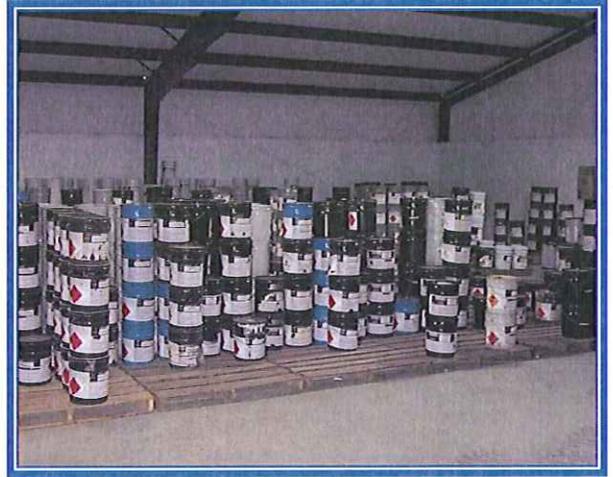
WATER TANK DURING CONTAINMENT RENOVATION (INTERIOR VIEW)



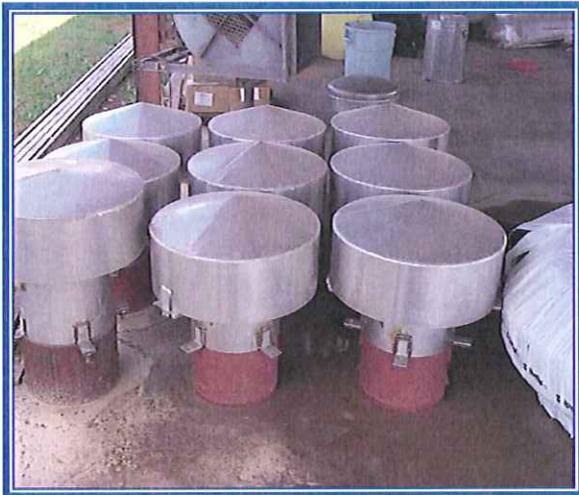
EQUIPMENT BLAST RIG



WAREHOUSED PAINT



WAREHOUSED VENTS



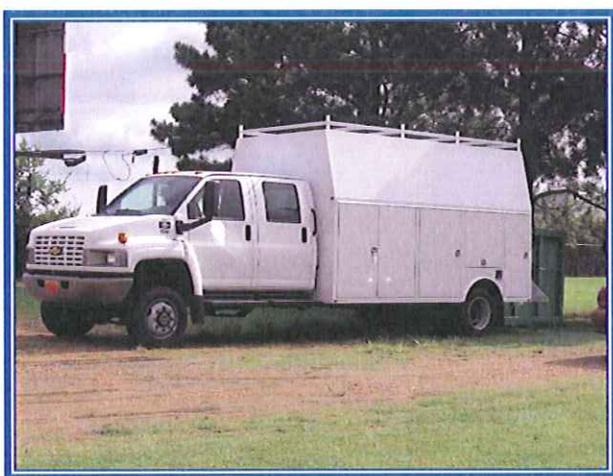
COLD WEATHER SPECIALIZED VENT



TRADITIONAL SERVICE TRUCK



EFFICIENT MODERN SERVICE TRUCK



CONCLUDING COMMENTS

This document briefly describes Utility Service Holding Co., Inc. in terms of our organizational structure with a focus on the products and services provided to our customers – owners and operators of potable water systems. This description acknowledges our people, who make our business function, together with the resources available to our people for service to our customers.

We recognize the requirements of our customers are dynamic. We shall continue our mastery of high valued asset management of potable water tanks with the goal of providing total solutions for our customers' entire water distribution systems.

We welcome questions and comments as well as the opportunity to elaborate on our capabilities.

Please direct any questions to:

CUSTOMER SERVICE DEPARTMENT
UTILITY SERVICE CO., INC.
P. O. BOX 1350
535 COURTNEY HODGES BLVD.
PERRY, GA 31069
800.223.3695
www.utilityservice.com

**RESOLUTION FOR CHANGING MERS BENEFITS
(OTHER THAN DB COMPONENT OF HYBRID PROGRAM)**



In accordance with the MERS Plan Document of 1996, the VILLAGE OF MACKINAW CITY 160601 A1
 _____ (Participating Municipality)
 _____ adopts the following benefits for: MACKINAW CITY POLICE DEPARTMENT
 _____ (Municipality No.) _____ (Reporting Unit No., MERS Division No. and Name)

A "division" is defined as an employee or group of employees covered by the same benefit programs **and** the same employee contribution program. Each division has a specific MERS number and name, such as "Div. 10, General-Admin.," and is part of a Reporting Unit, such as: "01."

Supporting Supplemental Valuation is dated NA

BENEFIT MULTIPLIER

From _____ To _____ Effective Date _____
 (Current Benefit Multiplier) (New Benefit Multiplier)

Provisions for Earlier Normal Retirement

- F50/25 F50/30 F(N)-Years and Out (Specify number of years) _____
 F55/15 F55/20 F55/25 F55/30

Effective Date _____

EMPLOYEE CONTRIBUTION RATE

New Rate EE 5.76% ER 10%
 Effective Date MARCH 1, 2014

**ADDITIONAL BENEFITS
AFFECTING FUTURE RETIREES**

- FAC 3 FAC 5 V-6 V-8 V-10 RS - 50%
 D-2 E-2 DROP+ with _____ %
 Effective Date _____

RETIREE COST-OF-LIVING BENEFIT PROGRAMS FOR CURRENT RETIREES

- E Standard E-1
 E - Other (Specify Factor _____ Adjustment Years _____)

Effective Date _____

WINDOW PERIOD (If applicable)

From _____ To _____
 (Date) (Date)

I CERTIFY THAT THE ABOVE WAS ADOPTED BY VILLAGE COUNCIL 12/04/2013
 _____ Governing Body _____ Date of Meeting
VILLAGE MANAGER
 _____ Title _____ Date
 Authorized Signature

NOTE: Standard/Nonstandard Benefit Provisions—Attach page fully describing provision(s), and (1) a complete copy of the fully executed collective bargaining agreement and a certified copy of official minutes where the collective bargaining agreement or this Resolution was adopted, or (2) a copy of the arbitration or mediation decision. If further information is needed, please contact MERS Employer Services Division at 1 (800) 767-6377.



123 West Main Street
 Suite 200
 Gaylord, MI 49735
 P: 989.732.8131
 F: 989.732.2714
 www.c2ae.com

Transmittal

Project #: 12-0132
Project: Barbara St Pump Station
 Pump Station and Force
 Main Improvements

Date: November 21, 2013

C2AE Submittal #:
Specification Section:

Specification Title:
Project Manager LMF

To: Mr. Adam R. Smith
 Village of Mackinaw City
 102 S. Huron Ave
 Mackinaw City, MI 49701

Distribution:

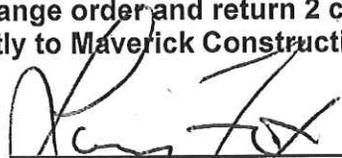
- Enclosures:**
- Attached
 - Change Order
 - Specifications
 - Report
 - Shop Drawings
 - Under Separate Cover
 - Other Pay Request
 - Letter
 - Submittal Review
 - Plans

Quantity	Description/Document Title
3	Change Order No. 1
1	Engineers Certificate for Payment #3
1	Contractor Pay Application #3
1	Consent of Surety to Final Payment
1	Contractor's Affidavit
5	Full Unconditional Waivers of Lien

Action Requested:

- For Review
- For Your Use
- As Requested
- Revise and Resubmit
- For Bids Due _____
- No Exception Taken
- Exception As Noted
- Rejected
- See Comment Sheet for Notations
- Resubmit _____ Copies for Review
- Submit _____ Copies for Distribution
- Return _____ Corrected Prints
- Other _____

Notes: Attached is all of the information to process a final change order and final payment for the Force Main contract. Please sign all 3 copies of the change order and return 2 copies to me. Please approve the final pay request and send payment directly to Maverick Construction.



 Larry M. Fox, P.E.
 C2AE

(If enclosures are not as noted, kindly notify us at once)



123 West Main Street
 Suite 200
 Gaylord, MI 49735
 P: 989.732.8131
 F: 989.732.2714
 www.c2ae.com

Engineer's Certificate

Number 3

C2AE FILE No. 12-0132

for work
 performed during the period
 May 31, 2013
 through
 September 30, 2013

Sheet 1 of 1

CONTRACTOR: Maverick Construction, Inc.
 1114 North State Street
 St. Ignace, MI 49781

PROJECT: Barbara Street Pump Station
 Force Main Improvements

TOTAL EARNED ON CONTRACT: \$ 203,336.00
 Retention \$ 0

ORIGINAL CONTRACT PRICE: \$ 216,423.00
 Contract Change Order \$ -13,087.00

OTHER DEDUCTIONS: \$ 0

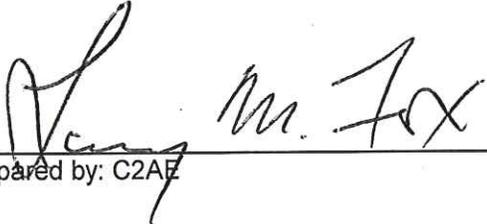
REVISED CONTRACT PRICE: \$ 203,336.00

NET TOTAL DUE: \$ 203,336.00

TOTAL APPROVED
 PREVIOUS CERTIFICATES: \$ 175,572.85

ORIGINAL COMPLETION DATE: June 7, 2013

BALANCE DUE: \$ 27,763.15


 Prepared by: C2AE

Reviewed by: Engineer/Architect

Approved by:

Contractor's Application For Payment No. 3 Final

Application Period: 9/2013	Application Date: 9/24/2013	
To (Owner): Village Of Mackinaw City	From (Contractor): Maverick Construction Inc.	Via (Engineer) C2AE
Project: Barbara Street Pump Station Force Main Improvements	Contract:	
Owner's Contract No.:	Contractor's Project No.: 1310	Engineer's Project No.: 12-0132

APPLICATION FOR PAYMENT Change Order Summary

Approved Change Orders	Additions	Deductions
Number 1		13,087.00
TOTALS		
NET CHANGE BY		
CHANGE ORDERS		

1. ORIGINAL CONTRACT PRICE	\$	216,423.00
2. Net change by Change Orders	\$	(13,087.00)
3. CURRENT CONTRACT PRICE (Line 1 ± 2)	\$	203,336.00
4. TOTAL COMPLETED AND STORED TO DATE (Column F on Progress Estimate)	\$	203,336.00
5. RETAINAGE:		
a. ___ % x \$ ___ Work Completed	\$	0
b. ___ % x \$ ___ Stored Material	\$	0
c. Total Retainage (Line 5a + Line 5b)	\$	0
6. AMOUNT ELIGIBLE TO DATE (Line 4 - Line 5c)	\$	203,336.00
7. LESS PREVIOUS PAYMENTS (Line 6 from prior Application)	\$	175,572.85
8. AMOUNT DUE THIS APPLICATION	\$	27,763.15
9. BALANCE TO FINISH, PLUS RETAINAGE (Column G on Progress Estimate + Line 5 above)	\$	0.00

CONTRACTOR'S CERTIFICATION

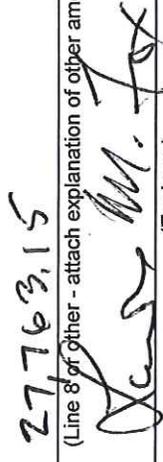
The undersigned Contractor certifies that: (1) all previous progress payments received from Owner on account of Work done under the Contract have been applied on account to discharge Contractor's legitimate obligations incurred in connection with Work covered by prior Applications for Payment; (2) title of all Work, materials and equipment incorporated in said Work or otherwise listed in or covered by this Application for Payment will pass to Owner at time of payment free and clear of all Liens, security interests and encumbrances (except such as are covered by a Bond acceptable to Owner indemnifying Owner against any such Liens, security interest or encumbrances); and (3) all Work covered by this Application for Payment is in accordance with the Contract Documents and is not defective.

By:  Robert A. Fraser

Date: 9/23/2013

11/19/13

Payment of: \$ 27,763.15
(Line 8 of other - attach explanation of other amount)

is recommended by:  M. Fox (Engineer) 11/21/13 (Date)

Payment of: \$ _____
(Line 8 of other - attach explanation of other amount)

is approved by: _____ (Owner) _____ (Date)

Approved by: _____ Funding Agency (if applicable) _____ (Date)



Engineering
Architecture
Planning

Village of Mackinaw City
Barbara Street Pump Station and Force Main Project
Engineer's Certificate Number 3
11/19/2013

123 W Main Street, Suite 200
Gaylord, MI 49735
P: (989) 732-8131
F: (989) 732-2714
info@c2ae.com
www.c2ae.com

Item #	Item Description	Current Approved Quantity	Unit	As-Bid Unit Price	Previous Quantity	Certificate No. 3 Quantity	Period End 09.30.13 Amount	Cum. Total Quantity To Date	Amount To Date
1	Mobilization	1	LSUM	\$10,000.00	1.00		\$0.00	1.00	\$10,000.00
2	Traffic Control	1	LSUM	\$3,500.00	1.00		\$0.00	1.00	\$3,500.00
3	Silt Fence	20	LFT	\$6.00	20.00		\$0.00	20.00	\$120.00
4	HMA, 13A	38	TON	\$154.00		38.00	\$5,852.00	38.00	\$5,852.00
5	22A Aggregate Base (6 inch CIP)	264	SYD	\$6.00	174.00	90.00	\$540.00	264.00	\$1,584.00
6	Concrete Curb & Gutter (match existing type)	0	LFT	\$28.00			\$0.00	0.00	\$0.00
7	Guard Posts for By-Pass Piping	2	EACH	\$1,200.00		2.00	\$2,400.00	2.00	\$2,400.00
8	Install Wetwell Vent Pipe	1	LSUM	\$1,500.00		1.00	\$1,500.00	1.00	\$1,500.00
9	10" dia. Plug Valve w/box	1	EACH	\$2,400.00	1.00		\$0.00	1.00	\$2,400.00
10	Exterior Piping Improvements @ Wetwell	1	LSUM	\$11,000.00	0.50	0.50	\$5,500.00	1.00	\$11,000.00
11	Force Main, 10" dia., Directional Drill	2290	LFT	\$63.00	2290.00		\$0.00	2290.00	\$144,270.00
12	Force main Air Release/In-Line Cleanout Manhole	1	EACH	\$16,000.00	1.00		\$0.00	1.00	\$16,000.00
13	Connect FM to Exist Manhole	1	LSUM	\$3,000.00	1.00		\$0.00	1.00	\$3,000.00
14	Site Restoration (3" topsoil, seed and mulch)	140	SYD	\$4.00	140.00		\$0.00	140.00	\$560.00
901	Repair Sewer at Pump Station	1	LSUM	\$1,150.00		1.00	\$1,150.00	1.00	\$1,150.00
							Amount Earned This Pay Request		\$203,336.00
							Less Retainage		\$0.00
							Sub-Total		\$203,336.00
							Less Previous Payments		\$175,572.85
							PAY THIS REQUEST:		\$27,763.15

Submitted By: 

Date: 11-19-13



Lansing, MI Grand Rapids, MI
 Gaylord, MI Escanaba, MI
 Kalamazoo, MI Canton, NY
 P: 866.454.3923 www.c2ae.com

Contract Change Order #1

Project Name: Barbara Street Pump Station and Force Main Improvements
Client/Owner: Village of Mackinaw City
County, Michigan: Emmet & Cheboygan Counties, Michigan

Contractor: Maverick Construction
 1114 North State Street
 St. Ignace, MI 49781

Original Contract Price: _____ \$216,423.00

Previous Revised Contract Price: _____ \$216,423.00

Description of Change:

Item Number	Description	Previous Qty	Final Qty	Qty Change	Unit	Unit Price	Total	
							Add (+)	Deduct (-)
Quantity Adjustments								
1	Mobilization	1	1	0	LSUM	\$10,000.00		
2	Traffic Control	1	1	0	LSUM	\$3,500.00		
3	Silt Fence	60	20	-40	LFT	\$6.00		-\$240.00
4	HMA, 13A	97	38	-59	TON	\$154.00		-\$9,086.00
5	22A Aggregate Base (6 inch CIP)	555	264	-291	SYD	\$6.00		-\$1,746.00
6	Concrete Curb & Gutter (match existing type)	20	0	-20	LFT	\$28.00		-\$560.00
7	Guard Posts for By-Pass Piping	2	2	0	EACH	\$1,200.00		
8	Install Wetwell Vent Pipe	1	1	0	LSUM	\$1,500.00		
9	10" dia. Plug Valve w/box	1	1	0	EACH	\$2,400.00		
10	Exterior Piping Improvements @ Wetwell	1	1	0	LSUM	\$11,000.00		
11	Force Main, 10" dia., Directional Drill	2305	2290	-15	LFT	\$63.00		-\$945.00
12	Forcemain Air Release/In-Line Cleanout Manhole	1	1	0	EACH	\$16,000.00		
13	Connect FM to Exist Manhole	1	1	0	LSUM	\$3,000.00		
14	Site Restoration (3" topsoil, seed and mulch)	555	140	-415	SYD	\$4.00		-\$1,660.00
New Items								
901	Repair Sewer At Pump Station per Village Direction	0	1	1	LSUM	\$ 1,150.00	\$1,150.00	

_____ \$1,150.00 -\$14,237.00

Original Completion Date: June 7, 2013

Net Change: -\$13,087.00

Revised Completion Date: June 7, 2013

Revised Contract Price: \$203,336.00

Reason for Change:

Balance contract quantities to as-constructed quantities, and pay for extra work in Items 909 - 919.

Recommended By: _____



 Engineer

Date: 7/1/13

Accepted By: _____



 Contractor

Date: 8/9/13

Authorized By: _____

Owner _____

Date: _____

Addition to
2014-SE-014
Approved 11-13-13

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: DANN EDWARDS TELEPHONE: 231-436-5574
E-MAIL ADDRESS: dedwards@mackinawchamber.com CELL PHONE: 231-420-2979

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Joann Ical TELEPHONE: 231-436-5626
E-MAIL ADDRESS: joannpleal@gmail.com CELL PHONE: 443-603-5366

EVENT INFORMATION

NAME OF EVENT: GOETHE'S GROOVE CONNECTION, GERMANY

PURPOSE OF EVENT: MUSIC IN MACKINAW CONCERT - 20 to 25 piece BIG BAND

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

DATE(S): JULY 16, 2014 FROM 8:00 A.M. P.M. TO 9:00 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: ROTH PERFORMANCE SHELL; CONKLING HERITAGE PARK

ESTIMATED NUMBER OF ATTENDEES: 300 - 500

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 4

ESTIMATE DATE/TIME FOR SET-UP: 6 PM A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 9:30 A.M. P.M.

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
CO-SPONSORED

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): NAME OF GROUP, DAY & TIME ON CHANGEABLE LETTER SIGN

Description of signs: CHAIR DONATION AT STAGE AREA

(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.) ~~OTHER-~~ ^{TWO}

~~PROFESSIONAL A-FRAME~~ MINUM SIGNS AT CROSSINGS MALL, CORNER OF CENTRAL & HORON
BY HOST FAMILIES

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

If yes, where do you propose your vendors park? MUSICIANS WILL BE DROPPED OFF

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) *w/original MinM application from Chamber*
- 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 *part of Month*
Is this event expected to occur next year? Yes No
How many years has this event occurred? 1994-19 years

MACKINAW AREA CHAMBER OF COMMERCE 11/20/2013
Applicant Signature Date
Print name of applicant: Alawn Edwards

VILLAGE USE ONLY – Department representative please initial if approved

[KN] DPW [CV] FACILITY SERVICES
[PW] POLICE [FW] FIRE [AW] AMBULANCE
[AP] 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 SPRINKLER SYSTEM DURING EVENING OF

SITE MAP APPROVED: Yes No

PERFORMANCE

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

2014 SE-022

To Admin. Staff: 11-6-13

To Council: 12-5-13

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 Area Visitors Bureau TELEPHONE: 231-436-5664

MAILING ADDRESS: 10800 US 23 Hwy Mackinaw City, MI 49701

CONTACT NAME: Dyana McVey/ Deb Spence TELEPHONE: 231-436-5664

E-MAIL ADDRESS: dyana@mackinawcity.com CELL PHONE: 231-420-8437

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Dyana McVey/Deb Spence TELEPHONE: 231-420-8437

E-MAIL ADDRESS: dyana@mackinawcity.com CELL PHONE: 231-420-8862

EVENT INFORMATION

NAME OF EVENT: Mackinaw Mustang Stampede - Golden Anniversary

PURPOSE OF EVENT: _____

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

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

DATE(S): 7/17/2014 FROM 2:00 A.M. P.M. TO 10:00 A.M. P.M.

7/18/2014 FROM 10:00 A.M. P.M. TO 10:00 A.M. P.M.

7/19/2014 FROM 10:00 A.M. P.M. TO 10:00 A.M. P.M.

7/20/2014 FROM 10:00 A.M. P.M. TO 3:00 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

ESTIMATED NUMBER OF ATTENDEES: _____

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 4

ESTIMATE DATE/TIME FOR SET-UP: 7/17/2014 2:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 7/20/2014 3:00 A.M. P.M.

*Ins Cert on file
Liquor Control*

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: 1:00 pm END: 10:00 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: 25 (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): Event and Sponsor Banners

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: 4 Number of ADA accessible portable toilets: _____
If no, explain: _____

Restroom Company Name: Rose Septic

Address Street: _____
City: Cheboygan State: _____ Zip: _____

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

Equipment set up: Date: 7/17/2014 Time: _____

Equipment pick up: Date: 7/21/2014 Time: _____

Portable restrooms identified on the site map? Yes No

APPLICATION CHECK LIST

A = Applicant V = Village

- | <u>A</u> | <u>V</u> |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Completed Application |
| <input type="checkbox"/> | <input type="checkbox"/> Special Event Fee received on _____, receipt no _____
amount: \$ _____ |
| <input 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) |
| <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? 0

Applicant Signature
Print name of applicant: _____

Date

VILLAGE USE ONLY – Department representative please initial if approved	
[<i>HN</i>] DPW	[<i>CA</i>] FACILITY SERVICES
[<i>PEW</i>] POLICE	[<i>JS</i>] FIRE [<i>KS</i>] AMBULANCE
[<i>DP</i>] 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): — No ADDITIONAL OFFICERS NECESSARY UNLESS A PARADE IS INVOLVED

PARADE ROUTE RECEIVED AND APPROVED: Yes No WHICH IS NOT INDICATED

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

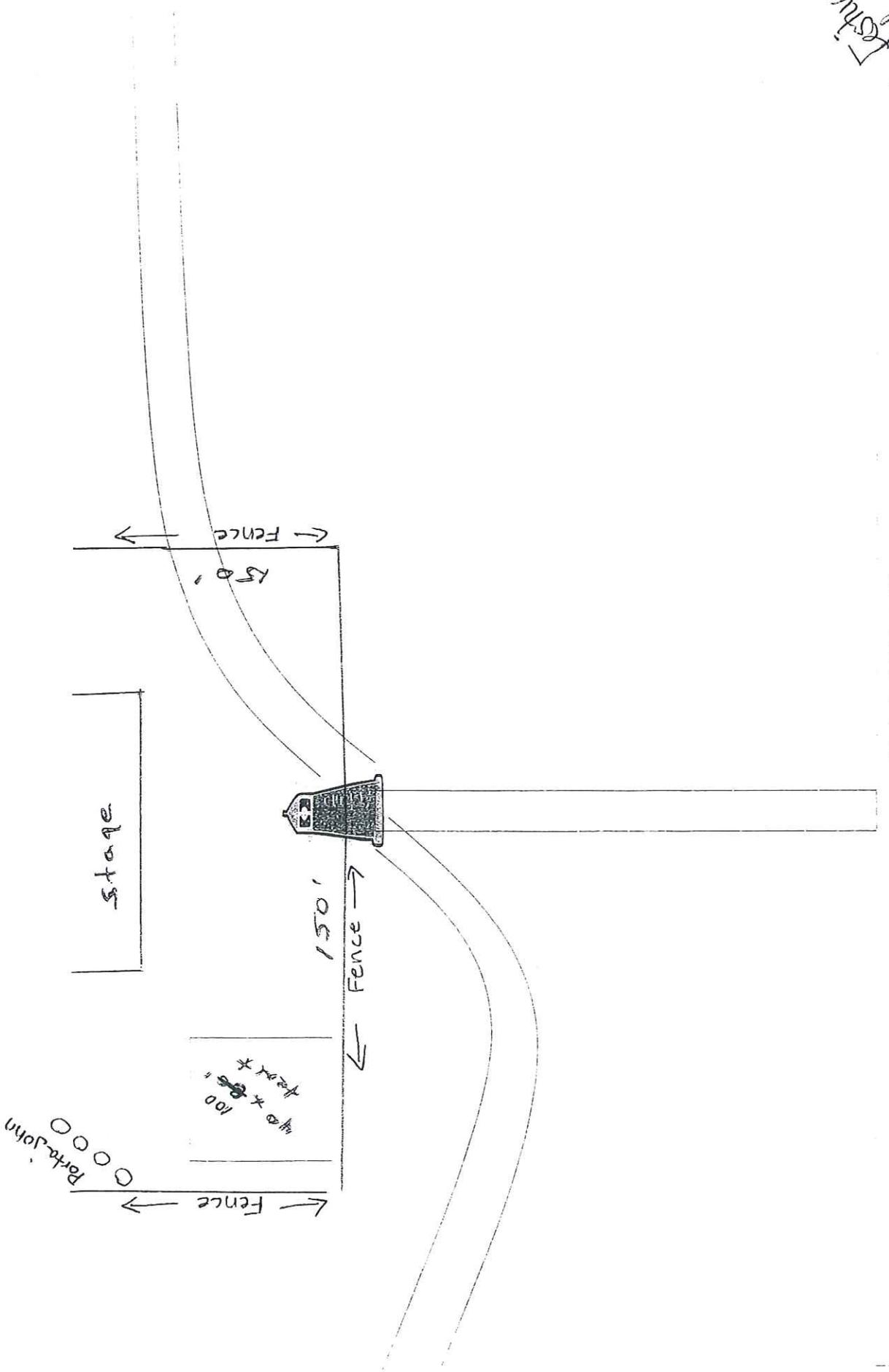
DENIED

- 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

SOUL + STARS

Music Festival
Downtown



PARKING

stage

150'

150'

100 x 80 feet

Pete John

Fence

Fence

Fence

To Admin. Staff: 11-6-13
To Council: 12-5-13
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 Area Visitors Bureau TELEPHONE: 231-436-5664
MAILING ADDRESS: 10800 US 23 Hwy
CONTACT NAME: Dyana McVey TELEPHONE: 231-436-5664
E-MAIL ADDRESS: dyana@mackinawcity.com CELL PHONE: 231-420-8862

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Dyana McVey/ Deb Spence TELEPHONE: 231-420-8437
E-MAIL ADDRESS: dyana@mackinawcity.com CELL PHONE: 231-420-8862

EVENT INFORMATION

NAME OF EVENT: Memorial Fireworks

PURPOSE OF EVENT: _____

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

DATE(S): 05/24/2014 FROM dusk 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.
_____ 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: State Dock

ESTIMATED NUMBER OF ATTENDEES: _____

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: _____

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

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

Ins. Cert. on file

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** _____
- AWNINGS – QUANTITY** _____
- CHAIRS – 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? 11 years

Applicant Signature
Print name of applicant: Debra Spence Mackinaw Area Visitors Bureau

Date

VILLAGE USE ONLY – Department representative please initial if approved

[MS] DPW [CS] FACILITY SERVICES
[RW] POLICE [VS] FIRE [RS] AMBULANCE
[BP] 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

2014-SE-024

To Admin. Staff: 11-6-13
To Council: 12-5-13
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 Area Visitors Bureau TELEPHONE: 231-436-5664
MAILING ADDRESS: 10800 US 23 Hwy Mackinaw City 49701
CONTACT NAME: Dyana McVey/ Deb Spence TELEPHONE: 231-436-5664
E-MAIL ADDRESS: dyana@mackinawcity.com CELL PHONE: 231-420-8862

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Dyana McVey/ Deb Spence TELEPHONE: 231-420-8437
E-MAIL ADDRESS: dyana@mackinawcity.com CELL PHONE: 231-420-8862

EVENT INFORMATION

NAME OF EVENT: Mackinaw Memorial Bridge Run
PURPOSE OF EVENT: _____

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

DATE(S): 5/23/2014 FROM 2:00 A.M. P.M. TO 9:00 A.M. P.M.
5/24/2014 FROM 4:30 A.M. P.M. TO 12:00 A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.

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: Across Bridge/ Rec Center

ESTIMATED NUMBER OF ATTENDEES: 700/850

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 4

ESTIMATE DATE/TIME FOR SET-UP: 5/23/2014 2:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 5/24/2014 12:00 A.M. P.M.

Ins. Cert. on file

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: North side of Bridge to Mackinaw City Rec Center/ will need officer to cross runners in front of Rec Center from approx. 6:00 a.m. - 8:00 a.m.

Date and time Parade will start: 5/24/2014 5:00 A.M. P.M.

Date and time Parade will end: 5/24/2014 8:00 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 _____

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? 11

10/25/2014

Applicant Signature
Print name of applicant: Debra Spence

Date

VILLAGE USE ONLY – Department representative please initial if approved

[KS] DPW [DS] FACILITY SERVICES
[PSW] POLICE [KS] FIRE [KS] AMBULANCE
[SP] 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 1 EXTRA - Z TRAFFIC POINTS

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

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

Contact Name: Dyana McVey/ Deb Spence
Mailing Address: 10800 US 23 Hwy
City Mackinaw City State Mi Zip 49701
Home Phone no: wk. 231-436-5664
Work/Cell Phone no: 231-420-8437 / 231-420-8862
Identify Name/Type of Event: Race
Identify Address or Park for Event: Bridge Exit

Date(s) of event: 5/24/2014
Time for Standby: From 6:00 a.m. To 8:00 a.m.
Approximate number of participants: 700-850

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.

2014-SE-025

To Admin. Staff: 11-6-13
To Council: 12-5-13
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 Area Visitors Bureau TELEPHONE: 231-436-5664
MAILING ADDRESS: 10800 W. US 23 Hwy
CONTACT NAME: Dyana McVey/Deb Spence TELEPHONE: 231-436-5664
E-MAIL ADDRESS: dyana@mackinawcity.com CELL PHONE: 231-420-8862

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Dyana McVey/ Deb Spence TELEPHONE: 231-420-8437
E-MAIL ADDRESS: dyana@mackinawcity.com CELL PHONE: 231-420-8862

EVENT INFORMATION

NAME OF EVENT: Mackinaw City Arts & Crafts Show

PURPOSE OF EVENT: _____

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

DATE(S): 06/28/2014 FROM 10:00 A.M. P.M. TO 7:00 A.M. P.M.
06/29/2014 FROM 10:00 A.M. P.M. TO 3:00 A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.

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

ESTIMATED NUMBER OF ATTENDEES: _____

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 2

ESTIMATE DATE/TIME FOR SET-UP: 06/27/2014 2:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 6/29/2014 3:00 A.M. P.M.

Ins. Cert. on file

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

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: 25 (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): front of park

Description of signs: corrugated plastic signs 18x24 for yard signs / event sight sign 2- 3'x18"
(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? Straits State Harbor

EVENT LONG TERM PARKING: Will there be long term parking? Yes No
If yes, from date 6/27/2013 to ending date: 6/29/2014
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 10 x10
- TENTS – QUANTITY** 90-120
- AWNINGS – QUANTITY** _____
- CHAIRS – 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: 4 Number of ADA accessible portable toilets: _____
If no, explain: _____

Restroom Company Name: Rose Septic
Address Street: _____
City: Cheboygan State: _____ Zip: _____
Telephone Day: _____ Evening: _____ Fax: _____ Cell: _____
Equipment set up: Date: 6/27/2014 Time: _____
Equipment pick up: Date: 6/30/2014 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.

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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? 14 years

Applicant Signature
Print name of applicant: _____

Date

VILLAGE USE ONLY – Department representative please initial if approved

[KN] DPW [GV] FACILITY SERVICES
[pew] POLICE [hwt] FIRE [hwt] AMBULANCE
[SP] 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

Mackinaw City Arts & Craft Show

June 2014

Show Hours:

Saturday:

10:00 am - 7:00 pm

Sunday:

10:00 am - 3:00 pm



Porta Johns

South Huron

15	16
13	14

41	42
----	----

11	12
9	10

27	28
25	26

39	40
37	38

53	54
51	52

7	8
5	6

23	24
21	22

35	36
33	34

49	50
47	48

3	4
1	2

19	20
17	18

31	32
29	30

45	46
43	44

68	69
66	67

74
73

64	65
62	63

72
71
70

61	
59	60

57	58
55	56

Vendor Unloading Area



November 14, 2013

1. **Arts and Crafts** sign an example of what we will use for all events. They would state what the event is the date, times and location it is taking place. They are corrugated with wire frames. Size is 24" x 18"
2. The **Music Festival** sign is another example like the Arts and Crafts sign. They state what event is the dates, times and where it will take place. Also corrugated with wire frames.
3. The iron **Arts and Crafts** Show sign would be placed at Conkling Heritage Park and there will be 2 of them.

P I G R O A S T

MACKINAW CITY

MUSIC FESTIVAL

KARAOKE CONTEST

6-10

JULY 19

2-10

JULY 20

CONKLING HERITAGE PARK

B E E R

T E N T

Battery Backup
1300-140
10
3 AVR

\$144



2014-SE-026

To Admin. Staff: 11-6-13

To Council: 12-5-13

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 Area Visitors Bureau

TELEPHONE: 231-436-5664

MAILING ADDRESS: 10800 W. US 23 Hwy

CONTACT NAME: Dyana McVey

TELEPHONE: 231-436-5664

E-MAIL ADDRESS: dyana@mackinawcity.com

CELL PHONE: 231-420-8862

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Dyana McVey/ Deb Spence

TELEPHONE: 231-420-8437

E-MAIL ADDRESS: dyana@mackinawcity.com

CELL PHONE: 231-420-8862

EVENT INFORMATION

NAME OF EVENT: Mackinaw City Arts & Crafts Show

PURPOSE OF EVENT: _____

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

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

DATE(S): 08/23/2014 FROM 10:00 A.M. P.M. TO 7:00 A.M. P.M.

08/24/2014 FROM 10:00 A.M. P.M. TO 3:00 A.M. P.M.

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

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

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

ESTIMATED NUMBER OF ATTENDEES: _____

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 2

ESTIMATE DATE/TIME FOR SET-UP: 08/22/2014 2:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 08/24/2014 3:00 A.M. P.M.

Ins. Cert. on file

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

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: 25 (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): front of park

Description of signs: Corrugated plastic signs 18 x 24 for yard signs/ event sight sign 2- 3' x 18"
(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** 90 - 120

Size 10 x 10

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: Rose Septic

Address Street: _____

City: Cheboygan State: MI Zip: 49721

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

Equipment set up: Date: 08/22/2014 Time: _____

Equipment pick up: Date: 08/25/2014 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.

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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? 14 years

Applicant Signature
Print name of applicant: Debra Spence Mackinaw Area Visitors Bureau

Date

VILLAGE USE ONLY – Department representative please initial if approved

[KS] DPW [GV] FACILITY SERVICES
[pw] POLICE [KA] FIRE [KS] 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

Mackinaw City Arts & Craft Show

August 2014

Show Hours:

Saturday:

10:00 am - 7:00 pm

Sunday:

10:00 am - 3:00 pm

72	70
71	69

8	7
6	5

4	3
2	1

26	25
----	----

24	23
22	21

20	19
18	17

16	15
14	13

12	11
10	9

39

38	37
36	35

34	33
32	31

30	29
28	27

51	50
49	48

47	46
45	44

43	42
41	40

61	60
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59	58
57	56

55	54
53	52

68

67	66
----	----

65	64
63	62

78	77
----	----

76	75
74	73

86	85
84	83

82	81
80	79



Porta Johns

South Huron

Vendor Unloading Area

2014-SE-027

To Admin. Staff: 11-6-13
To Council: 12-5-13
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 Area Visitors Bureau TELEPHONE: 231-436-5664
MAILING ADDRESS: 10800 US 23 Hwy, Mackinaw City 49701
CONTACT NAME: Dyana McVey / Deb Spence TELEPHONE: 231-436-5664
E-MAIL ADDRESS: dyana@mackinawcity.com CELL PHONE: 231-420-8862

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Dyana McVey / Deb Spence TELEPHONE: 231-420-8437
E-MAIL ADDRESS: dyana@mackinawcity.com CELL PHONE: 231-420-8862

EVENT INFORMATION

NAME OF EVENT: Fall Colors Fireworks

PURPOSE OF EVENT: _____

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

DATE(S): 10/11/2014 FROM 9:30 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.
_____ 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: State Dock

ESTIMATED NUMBER OF ATTENDEES: _____

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: _____

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

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

Ins. Cert. on file

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 _____ **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

- | | |
|--------------------------|--|
| <u>A</u> | <u>V</u> |
| <input type="checkbox"/> | <input type="checkbox"/> Completed Application |
| <input type="checkbox"/> | <input type="checkbox"/> Special Event Fee received on _____, receipt no _____
amount: \$ _____ |
| <input 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) |
| <input type="checkbox"/> | <input type="checkbox"/> Ambulance Standby included with Application paid on _____, receipt no. _____
amount \$ _____ |
| <input type="checkbox"/> | <input checked="" 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 years

Applicant Signature
Print name of applicant: _____

Date

VILLAGE USE ONLY – Department representative please initial if approved

[KN] DPW [CW] FACILITY SERVICES
[pcw] POLICE [WT] FIRE [W] AMBULANCE
[AP] 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

2014-SE-028

Check Dates w/Ice Rink

To Admin. Staff: 11-6-13
To Council: 12-5-13
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 Area Visitors Bureau TELEPHONE: 231-436-5664
MAILING ADDRESS: 10800 US 23 Hwy, Mackinaw City, 49701
CONTACT NAME: Dyana McVey / Deb Spence TELEPHONE: 231-436-5664
E-MAIL ADDRESS: dyana@mackinawcity.com CELL PHONE: 231-420-8437

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Dyana McVey / Deb Spence TELEPHONE: 231-420-8437
E-MAIL ADDRESS: dyana@mackinawcity.com CELL PHONE: 231-420-8862

EVENT INFORMATION

NAME OF EVENT: Fall Colors Bridge Run
PURPOSE OF EVENT: _____

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

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

DATE(S): 10/10/2014 FROM 4:00 A.M. P.M. TO 9:00 A.M. P.M.
10/11/2014 FROM 5:00 A.M. P.M. TO 11:00 A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.

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: Mackinaw City Ice Rink/ Rec Center

ESTIMATED NUMBER OF ATTENDEES: 400-600

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 4

ESTIMATE DATE/TIME FOR SET-UP: 10/10/2014 2:00 A.M. P.M.

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

Ins. Cert on file

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: North side of Bridge to Mackinaw City Rec Center will need officer to cross runners in front of Rec Center from approx. 8:00 a.m. to 10:00 a.m.

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** _____
- 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

- | | |
|--------------------------|--|
| <u>A</u> | <u>V</u> |
| <input type="checkbox"/> | <input type="checkbox"/> Completed Application |
| <input type="checkbox"/> | <input type="checkbox"/> Special Event Fee received on _____, receipt no _____
amount: \$ _____ |
| <input 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) |
| <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 years

Applicant Signature
Print name of applicant: _____

Date

VILLAGE USE ONLY – Department representative please initial if approved

[*KV*] DPW [*GV*] FACILITY SERVICES
[*PCW*] POLICE [*FB*] FIRE [*VA*] AMBULANCE
[*HP*] RECREATION
concern over scheduling conflict
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 | EXTRA - 2 TRAFFIC POINTS

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

To Admin. Staff: 11-6-13
To Council: 12-5-13
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 Crossings TELEPHONE: 231-436-5036
MAILING ADDRESS: PO Box 370 Mackinaw City MI 49701
CONTACT NAME: SARAH GRANT TELEPHONE: 231-436-5036
E-MAIL ADDRESS: Sarah@mackinawcrossings.com CELL PHONE: 231-420-2047

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: SARAH GRANT TELEPHONE: 231-436-5036
E-MAIL ADDRESS: Sarah@mackinawcrossings.com CELL PHONE: 231-420-2047

EVENT INFORMATION

NAME OF EVENT: Hopp's of Fun
PURPOSE OF EVENT: Bring people to Mackinaw

*Providing own Tables
and chairs 11-6-13*

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

DATE(S): Sept 5 FROM 5:00 A.M. P.M. TO 12:00 A.M. P.M.
Sept 6 FROM 1:00 A.M. P.M. TO 12:00 A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
RAIN DATE(S): _____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.

I would like to keep the tent open until 12am Music will stop outside at 10:00pm

EVENT LOCATION: Depot Parking lot

ESTIMATED NUMBER OF ATTENDEES: 2000

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 0

ESTIMATE DATE/TIME FOR SET-UP: Sept 4 10:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: Sept 7 10:00 A.M. P.M.

*Need Ins Cert.
Liquor Control*

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: 1:00 END: 10:00
(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): Main entrance(s) to Mackinaw
Crossings "Hoppers of Fun" Signs (5)

Description of signs: banner signs put up on 9/4/13
(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 4
 CHAIRS - QUANTITY 250
 AWNINGS - QUANTITY _____
 TABLES - QUANTITY 40

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: 5 Number of ADA accessible portable toilets: 2

If no, explain: _____

Restroom Company Name: Roses Septic Service

Address Street: _____

City: _____ State: _____ Zip: _____

Telephone Day: 975-113 Evening: _____ Fax: _____ Cell: _____

Equipment set up: Date: 9/6/13 Time: 10:00 am

Equipment pick up: Date: 9/7/13 Time: 10:00 am

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,

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? 17

[Signature]
Applicant Signature
Print name of applicant: DANIEL GRANT

11/6/13
Date

VILLAGE USE ONLY – Department representative please initial if approved

[MM] DPW [GW] FACILITY SERVICES
[PCW] POLICE [FW] FIRE [FW] AMBULANCE
[PP] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____
VILLAGE MANAGER

PD: OK IF CONDITION IN RE TO MUSIC ENDING @ 2200
IS ABIDED BY PCW

MACKINAW CROSSINGS

- All New Free Nightly Laser Show
- FREE Entertainment
- Something for Everyone
- Over 50 Unique Specialty Shops, Dining, Entertainment and Attractions

Hops of Fun

- 39 CLOTHING CONNECTION
- 40 MACKINAW KIDS
- 41 UTOPIA SALON AND SPA
- 42 MACKINAW MANOR
- 43 ICE CREAM DREAMS
- 44/45 MACKINAW CLEARANCE
- 46 SUN OPTICS SUNGLASSES
- 47 ISSU

No parking signs along road

- DOWNTOWN** ↑
- 1A TEYSEN'S GIFT AND MOCCASIN SHOP
 - 1B TEYSEN'S GALLERY
 - 2 FOREVER '20
 - 3 HARBOR WEAR
 - 4,5,6 ENCHANTED KNIGHTS

- 21 KILWIN'S CHOCOLATES AND ICE CREAM
- 26 FISH SHACK
- 27 RESTROOMS
- 28 DUGOUT DINER
- 29 FUSTINI'S OILS AND VINEGARS
- 30 MACKINAW TRAIL WINERY
- 30A DOWN HOME UP NORTH

MARINA →

Huron Street

LASER SHOW

STAGE

RESTROOMS

FOOD COURT

Parking

- 31 TRIP TONIC-5D
- 32 NICHOLAS TASTING ROOM
- 34 ALICE'S KANDY AND KORN
- 35 WHISTLING MOOSE GALLERY
- 36 U.S. APPAREL
- 37 CORA'S ELEPHANT EARS
- 38 MACKINAW ARTS CENTER

only good street level

- 49 SUGAR DADDY'S
- 50 EXPRESS YOURSELF JEWELRY
- 51 MACKENZIE'S
- 52 MICHIGAN MEMORIES - OLD TIME PHOTO

Central Avenue

- 7 ARTIST'S CORNER
- 8 MURDICK'S FUDGE
- 9/10 STRAIT TO THE PANTRY
- 11 GREAT LAKES BEAR FACTORY
- 12 SCROLLS AND MORE
- 13 SHARKY'S MACKINAW OUTFITTERS
- 16/17 HOUSE OF GLASS
- 18 COURTYARDS CINEMAS
- 20/54 MONSTER TEEZ
- 22 CANADA STORE
- 23 TO BEAD OR NOT TO BEAD
- 24 TRUE NORTH BOOKS/PAWS FOR FUN /TOP HATS
- 25 DEL SOI

- #1A
- #1B
- #2

- #3
- #4-6

- #7
- #8
- #9
- #10
- #11
- #12

SHARKY'S MACKINAW OUTFITTERS #13

PLAY CENTER

- #14
- #15
- #16
- #17
- #20
- #21
- #22
- #23
- #24
- #25
- #26
- #27
- #28
- #29
- #30
- #30A
- #31
- #32
- #33
- #34
- #35
- #36
- #37
- #38
- #39
- #40
- #41
- #42
- #43
- #44
- #45
- #46
- #47
- #48
- #49
- #50
- #51
- #52
- #53
- #54

Parking

Mackinaw Crossings Drive

COURTYARDS CINEMAS #18

Historic Depot Restaurant #53

stage

To Admin. Staff: 11-6-13
To Council: 12-5-13
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 Crossings TELEPHONE: 231-436-5030
MAILING ADDRESS: PO Box 370 Mackinaw City MI 49701
CONTACT NAME: SARAH GRANT TELEPHONE: 231-436-5030
E-MAIL ADDRESS: Sarah@mackinawcrossings.com CELL PHONE: 231-420-2047

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: SARAH GRANT TELEPHONE: 231-436-5030
E-MAIL ADDRESS: Sarah@mackinawcrossings.com CELL PHONE: 231-420-2047

EVENT INFORMATION

NAME OF EVENT: Mackinaw Crossings Sidewalk Sales
PURPOSE OF EVENT: Generate more revenue for tenants

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

DATE(S): 8-15 FROM 10:00 A.M. P.M. TO 8:00 A.M. P.M.
8-16 FROM 10:00 A.M. P.M. TO 8:00 A.M. P.M.
8-17 FROM 10:00 A.M. P.M. TO 8:00 A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.

RAIN DATE(S): 8-29 FROM 10:00 A.M. P.M. TO 8:00 A.M. P.M.
8-30 FROM 10:00 A.M. P.M. TO 8:00 A.M. P.M.

EVENT LOCATION: Mackinaw Crossings

ESTIMATED NUMBER OF ATTENDEES: 800

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 0

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

ESTIMATE DATE/TIME FOR CLEAN-UP: N/A _____ 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 *Normal Storage entertainment*

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: 2:00 END: 10:00
(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): 3 banner signs at each sign
One hung on Central Ave

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

Each Store able to put out 2 tables or 2 racks or a combo of each. Will not obstruct traffic

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? 3


Applicant Signature _____
Print name of applicant: SAM H GRANT

10/23/13
Date

VILLAGE USE ONLY – Department representative please initial if approved

[PN] DPW [FW] 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 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

2014-SE-031

To Admin. Staff: 11-6-13
To Council: 12-5-13
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 Crossings TELEPHONE: 231-436-5030
MAILING ADDRESS: PO Box 370 Mackinaw City MI 49701
CONTACT NAME: SARAH GRANT TELEPHONE: 231-436-5030
E-MAIL ADDRESS: Sarah@mackinawcrossings.com CELL PHONE: 231-420-2047

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: SARAH GRANT TELEPHONE: Same
E-MAIL ADDRESS: Same CELL PHONE: _____

EVENT INFORMATION

NAME OF EVENT: Zoo-De-Mack Finish Line Party
PURPOSE OF EVENT: Finish line party

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

DATE(S): May 17 FROM 12:00 A.M. P.M. TO 10:00 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: Mackinaw Crossings Depot parking lot
ESTIMATED NUMBER OF ATTENDEES: 3500

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 0

ESTIMATE DATE/TIME FOR SET-UP: May 16 1:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: May 18 10:00 A.M. P.M.

Need Ins Cert.
Liquor Control

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: 12:00 END: 10:00
(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: Checking ID's at gate

Snow fence around event

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): 3 banners at each entrance

Description of signs: Zoo to mark finish line party with arrows
(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
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 2
 CHAIRS - QUANTITY 250
 AWNINGS - QUANTITY _____
 TABLES - QUANTITY 30

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: 5 Number of ADA accessible portable toilets: 1
If no, explain: _____

Restroom Company Name: Roses Septic Service
Address Street: 4296 Levering Road
City: Cheboygan State: MI Zip: 49721
Telephone Day: 231-627-3662 Evening: _____ Fax: _____ Cell: 231-420-2047

Equipment set up: Date: May 17 Time: 8:00
Equipment pick up: Date: May 18 Time: 10:00

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? 4

Applicant Signature [Signature] Date 10/23/13
Print name of applicant: SAM GRANT

VILLAGE USE ONLY – Department representative please initial if approved

[MG] DPW [GV] FACILITY SERVICES
[pmw] POLICE [fw] FIRE [sw] 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 NORMAL STAFF CAN HANDLE

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

MACKINAW CROSSINGS

- All New Free Nightly Laser Show
- FREE Entertainment
- Something for Everyone
- Over 50 Unique Specialty Shops, Dining, Entertainment and Attractions

Zoo De Mack

- 39 CLOTHING CONNECTION
- 40 MACKINAW KIDS
- 41 UTOPIA SALON AND SPA
- 42 MACKINAW MANOR
- 43 ICE CREAM DREAMS
- 44/45 MACKINAW CLEARANCE
- 46 SUN OPTICS SUNGLASSES
- 47 ISSU

Orange Snow
face

DOWNTOWN

- 1A TEYSEN'S GIFT AND MOCCASIN SHOP
- 1B TEYSEN'S GALLERY
- 2 FOREVER 20
- 3 HARBOR WEAR
- 4,5,6 ENCHANTED KNIGHTS

- 21 KILWIN'S CHOCOLATES AND ICE CREAM
- 26 FISH SHACK
- 27 RESTROOMS
- 28 DUGOUT DINER
- 29 FUSTINI'S OILS AND VINEGARS
- 30 MACKINAW TRAIL WINERY
- 30A DOWN HOME UP NORTH

MARINA

Huron Street

LASER SHOW

STAGE

Parking

- 31 TRIP TONIC-5D
- 32 NICHOLAS TASTING ROOM
- 34 ALICE'S KANDY AND KORN
- 35 WHISTLING MOOSE GALLERY
- 36 U.S. APPAREL
- 37 CORA'S ELEPHANT EARS
- 38
- 39
- 40
- 41
- 42
- 43
- 44
- 45
- 46
- 47

Central Avenue

- 7 ARTIST'S CORNER
- 8 MURDICK'S FUDGE
- 9/10 STRAIT TO THE PANTRY
- 11 GREAT LAKES BEAR FACTORY
- 12 SCROLLS AND MORE
- 13 SHARKY'S MACKINAW OUTFITTERS
- 16/17 HOUSE OF GLASS
- 18 COURTYARDS CINEMAS
- 20/54 MONSTER TEEZ
- 22 CANADA STORE
- 23 TO BEAD OR NOT TO BEAD
- 24 TRUE NORTH BOOKS/ PAWS FUR FUN / TOP HATS
- 25 DEL SOL

#1A

#1B

#2

#3

#4-6

#25

#24

#23

#22

#21

#27

#28

#29

#30

#30A

#7

#8

#9

#10

#11

#12

#16

#17

#14

#15

#13

#18

#20

#54

#52

#53

ATM

PLAY CENTER

RESTROOMS

FOOD COURT

Historic Depot Restaurant #53

- 49 SUGAR DADDY'S
- 50 EXPRESS YOURSELF JEWELRY
- 51 MACKENZIE'S
- 52 MICHIGAN MEMORIES - OLD TIME PHOTO
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60

Mackinaw Crossings Drive

Parking

SHARKY'S MACKINAW OUTFITTERS #13

COURTYARDS CINEMAS #18

No Parking
NO KIDS

reception

From: Sarah [Sarah@mackinawcrossings.com]
Sent: Monday, November 11, 2013 10:48 AM
To: reception
Subject: FW: Zoo De Mac

Hi! This is the response from our insurance company. This is how I normally handle the events. Please let me know what you would like me to do. Thank you!

From: Joe Breed [mailto:JBreed@bkcinurance.com]
Sent: Monday, November 11, 2013 7:34 AM
To: Sarah
Subject: RE: Zoo De Mac

Sarah,

For this event as well as the Zoo De Mac, we need to write those separate General Liability and Liquor Liability insurance policies that we discussed earlier this year. Auto –Owners Insurance Company doesn't provide the coverage for anything related to a beer tent so although we managed to slip under the deadline for the insurance last year, we won't be able to this year. So, we can provide the coverage the Village is requesting (Liquor Liability and General Liability, with Additional Insured status for the Village) but typically these wouldn't be put together until closer to these event dates. Maybe you can put a note on the applications to the Village that advise the insurance certificates will be provided at a date closer to the event?

Joe

*Joseph A. Breed, CPCU, ARM, LIC
BKC Insurance*

Email: jbreed@bkcinurance.com
Phone: 231-627-4381
Fax: 231-627-5171

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From: Sarah [mailto:Sarah@mackinawcrossings.com]
Sent: Thursday, November 07, 2013 11:05 AM
To: Joe Breed
Subject: Zoo De Mac

Hi! If you scroll down you will see the Zoo-De-Mack form. I need it for this as well. Thank you!

COMMITTEE REPORT

COMMITTEE: Ordinance

DATE: December 2, 2013

AGENDA ITEMS: 1.) Ordinance for the Protection of Village Parks and Property,

PRESENT: A. Smith (Village Mgr.), S. Planisek, R. Perlick, P. Michalak

ABSENT: _____

PUBLIC ATTENDEES: _____

REPORT:

- 1.) Review Language Associated with Proposed Draft Ordinance for the Protection of Village Parks and Property.

COMMITTEE DATABASE SUMMARY INFORMATION

ITEM **STATUS/RECOMMENDATION**

- 1.) Committee review of elements and language of the draft ordinance associated with the proposed Ordinance for the Protection of Village Parks and Property will be consolidated for the next scheduled committee meeting prior to full council consideration. At this time, ordinance language refined to address artifacts, markings, and structures.