



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

VILLAGE OF MACKINAW CITY COUNCIL AGENDA NOVEMBER 6, 2014 - 7:00 P.M. VILLAGE HALL

- I. CALL TO ORDER/TAKING OF ROLL/PLEDGE OF ALLEGIANCE**
- II. PRESENTATIONS AND RECOGNITIONS**
 - A. Emmet County Ambulance Service Presentation-Larry Cassidy
- III. APPROVAL OF AGENDA**
- IV. COUNCIL MINUTES**
 - A. Approval of the regular minutes for October 16, 2014
- V. PUBLIC COMMENTS**

Citizens wanting to address the Council can do so at this time. Persons addressing the Council are requested to give their name and address for the record when called on by the President.
- VI. PUBLIC HEARING AND SUBSEQUENT COUNCIL ACTION**
- VII. BUSINESS REPORTS AND RECOMMENDATIONS**
 - A. Special Event Applications (11)
 - B. Resolution to Establish Fines for Civil Infraction Citations [Action Item]
 - C. Planning Commission Ordinance No. 153-Amendment [Action Item]
 - D. MML Liability & Property Pool Board of Director Ballot [Action Item]
- VIII. ACCOUNTS PAYABLE**
 - A. Accounts Payable for November 06, 2014 [Action Item]
- IX. COMMITTEE/DEPARTMENT REPORTS**
 - A. Council Sub Committee Reports
 - 1. Public Safety
 - 2. Finance & Human Resource
 - 3. Ordinance and Policy
- X. CLOSED SESSION AND SUBSEQUENT COUNCIL ACTION**
- XI. ADJOURNMENT**



UNAPPROVED
MINUTES REGULAR COUNCIL MEETING
MACKINAW CITY

7:00 P.M.

October 16, 2014

I. CALL TO ORDER/TAKING OF ROLL/PLEDGE OF ALLEGIANCE

Pro Tem Richard Perlick called the meeting to order and with the following Trustees present – Robert Glenn, Matt Yoder, Sandy Planisek, and Paul Michalak. Absent- President Jeff Hingston and Trustee Belinda Mollen and Manager Adam Smith. Also present, Interim Manager David White, Attorney Ken Lane, Zoning Interim Fred Thompson Jr, and Clerk Lana Jaggi.

Visitors – List Attached.

Pledge of Allegiance

II PRESENTATIONS AND RECOGNITIONS

III. APPROVAL OF AGENDA

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

IV. COUNCIL MINUTES

A. Motion Planisek seconded Yoder to approve the regular meeting minutes of October 02, 2014 as presented. Voice vote-motion carried unanimously.
Motion Michalak seconded Glenn to approve the special meeting minutes of October 10, 2014 as presented with correction as noted. Voice vote-motion carried unanimously.

V. PUBLIC COMMENTS Agenda or Non Agenda

Dick Moehl-Village Resident

VI. PUBLIC HEARING AND SUBSEQUENT ACTION

VII. BUSINESS REPORTS AND RECOMMENDATIONS

A. Site Plan Review-2014-SP-007 Shepler Development

Motion Michalak seconded Yoder to approve site plan review 2014-SP-007 S Shepler Development subject to compliance with all professional services indentified inconsistencies between the site plan and zoning ordinance as identified. All site plan inconsistencies to be addressed and corrected on a final site plan and payment in full of all professional services fees is made prior to issuance of an approved zoning permit. Voice vote, motion carried unanimously.

B. Mackinaw City Municipal Marina Waterways Exit Strategy Letter

Motion Planisek seconded Yoder to approve and release the draft exit strategy letter for the Mackinaw City Municipal Marina to the Waterways Commission. Voice vote, motion carried unanimously.

UNAPPROVED
MINUTES REGULAR COUNCIL MEETING
MACKINAW CITY

7:00 P.M.

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October 10, 2014

C. Mackinaw City Proposal Letter to Operate Straits State Harbor

Motion Planisek seconded Glenn to approve and release draft letter to operate the Straits State Harbor to the Waterways Commission.

Voice vote, motion carried unanimously.

D. BS&A Software Timesheets Application

Motion Glenn seconded Planisek to approve the purchase of BS&A Timesheets application software in the amount of \$3,935.00. Voice vote, motion carried unanimously.

- VII. Motion Planisek seconded Glenn to approve the accounts payable for October 16, 2014 in the amount of \$37,073.57 Voice vote-motion carried unanimously.**

IX. COMMITTEE/DEPARTMENT REPORTS

X. CLOSED SESSION AND SUBSEQUENT COUNCIL ACTION

XI. ADJOURNMENT: 7:20 PM

Respectfully Submitted;

Richard Perlick, Pres. Pro Tem

Lana Jaggi, Clerk

To: Mackinaw City Council
From: David M. White, Interim Village Manager
Date: October 31, 2014
Re: Manager Report for November 6th 2014 Council Meeting

VII. A Special Event Applications {Action Item}

1. 2015-SE-003 Kozina-Klemm Wedding (6-13-15)
2. 2015-SE-006 Mackinaw City Mustang Stampede Car Show (7-10,11,12-2015)
3. 2015-SE-007 Mackinaw City Arts and Craft Show (6-27,28-2015)
4. 2015-SE-008 Mackinaw City Arts and Craft Show (8-22,23-2015)
5. 2015-SE-009 Fall Colors Bridge Run (10-9,10-2015)
6. 2015-SE-010 Memorial Day Bridge Run (5-22,23-2015)
7. 2015-SE-011 Corvette Crossroads Auto Show (8-21,22-2015)
8. 2015-SE-012 Big Mac Bike Tour (9-18,19,20-2015)
9. 2015-SE-013 Big Mac Bike Tour (10-12,13,14-2015)
10. 2015-SE-014 Walk of Iron Inductee Ceremony (8-7-2015)
11. 2015-SE-015 Fall Shoppers Festival/ Great Pumpkin Hunt (10-9,10,11,18-2015)
12. 2015-SE-016 Community Winter Fest (1-15,16,17,18-2015)
13. 2015-SE-017 Music in Mackinaw (6-27-7-3,4,7,14,17,18,21,24,25,28,31-2015) (8-15,18,22,25,29-2015)

B. Resolution to Establish Fines for Civil Infraction Citations,

This Resolution will allow the Village to establish fines on Civil Infractions, the Resolution must be adopted by Village Council for the fines to be enforceable. I would recommend approval of this resolution as currently there are Civil infractions that have no fine established to be enforceable.

C. Ordinance to Amend Section 14.002 of Part 14 of the Compiled Code of the Village of Mackinaw

The ordinance before the Council for consideration would amend the Planning Commission Composition from 7 members to 5 members. This amendment has been reviewed by Committee and individual committee members can share their thoughts. It is my understanding that this Amendment is being proposed as it has been difficult to fill vacant seats.

D. MML Liability and Property pool Board of Directors Ballot.

The Village of Mackinaw City is a member of the Liability and Property pool and has been provided a slate of board members to act upon. As there are only 3 candidates' for 3 positions I recommend approval of the slate presented.

Items not on Agenda:

1. McKinnon house on Central Avenue, This longstanding issue has been posted for Demolition. The property has been posted and the owners served by registered letter. The owners have been given two weeks to demolish the property. If they wish to appeal they can at the November 20 Council meeting. After hearing any appeal from the property owners the Council can order demolition of the property and put the cost on the tax bill if the demolition costs are not paid.
2. Leaf Pickup has been extended two weeks until November 14, 2014 weather permitting.

RECEIVED
10-21-14

lg

October 21, 2014

Members of the Village Council. I am sending you my letter of resignation from the Planning Commission. Much to my embarrassment I find that I should have resigned when I filed for public office. The planning commission ordinance is quite clear about that. See Article 14.002 section 2, subsection 2.

My thanks to you for allowing me to work on behalf of the Village.

Sincerely,



Robert R. Heilman

2015-SE-003

To Admin. Staff: 8-26-14
To Council: 11-2-14
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: Daniel Kozina & Amy Lynn Klemm TELEPHONE: (713) 206-(248) 770-2283
MAILING ADDRESS: 2604 Grandview Ave, Pittsburgh, PA, 15235
CONTACT NAME: Amy Klemm TELEPHONE: _____
E-MAIL ADDRESS: a.klemm@gmail.com CELL PHONE: (248) 770-2283

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Amy Klemm TELEPHONE: N/A
E-MAIL ADDRESS: a.klemm@gmail.com CELL PHONE: (248) 770-2283

EVENT INFORMATION

NAME OF EVENT: Kozina-Klemm Wedding Ceremony
PURPOSE OF EVENT: wedding ceremony

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

DATE(S): 6/13/2015 FROM 11:00 A.M. P.M. TO 6:00 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: Wawatom Park

ESTIMATED NUMBER OF ATTENDEES: 100 (guests will only be present 4:00-5:00)

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 3

ESTIMATE DATE/TIME FOR SET-UP: 11:00 am - 2:30 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 5:00 pm - 6:00 A.M. P.M.

Parking?

Fee - \$300.00
Proof of Ins -

PARADE PERMIT

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

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: N/A

Date and time Parade will start: N/A A.M. P.M.

Date and time Parade will end: N/A 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: 4:30 PM END: 5:00 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: ___ (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): N/A

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? N/A

EVENT LONG TERM PARKING: Will there be long term parking? Yes No
If yes, from date N/A 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: N/A
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 1
 CHAIRS - QUANTITY 125
 TABLES - QUANTITY 2

Knaffle Providing

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: guests will only be in park 4:00-5:00 so no portable restrooms are

Restroom Company Name: needed. 11:00-3:30 will be for set up only

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? 2015 only

Amy L. Klemm
Applicant Signature
Print name of applicant: Amy L. Klemm

8-5-14
Date

VILLAGE USE ONLY – Department representative please initial if approved

[~~MM~~] DPW [GW] FACILITY SERVICES
[RW] POLICE [FWT] FIRE [FWT] AMBULANCE
[SP] RECREATION

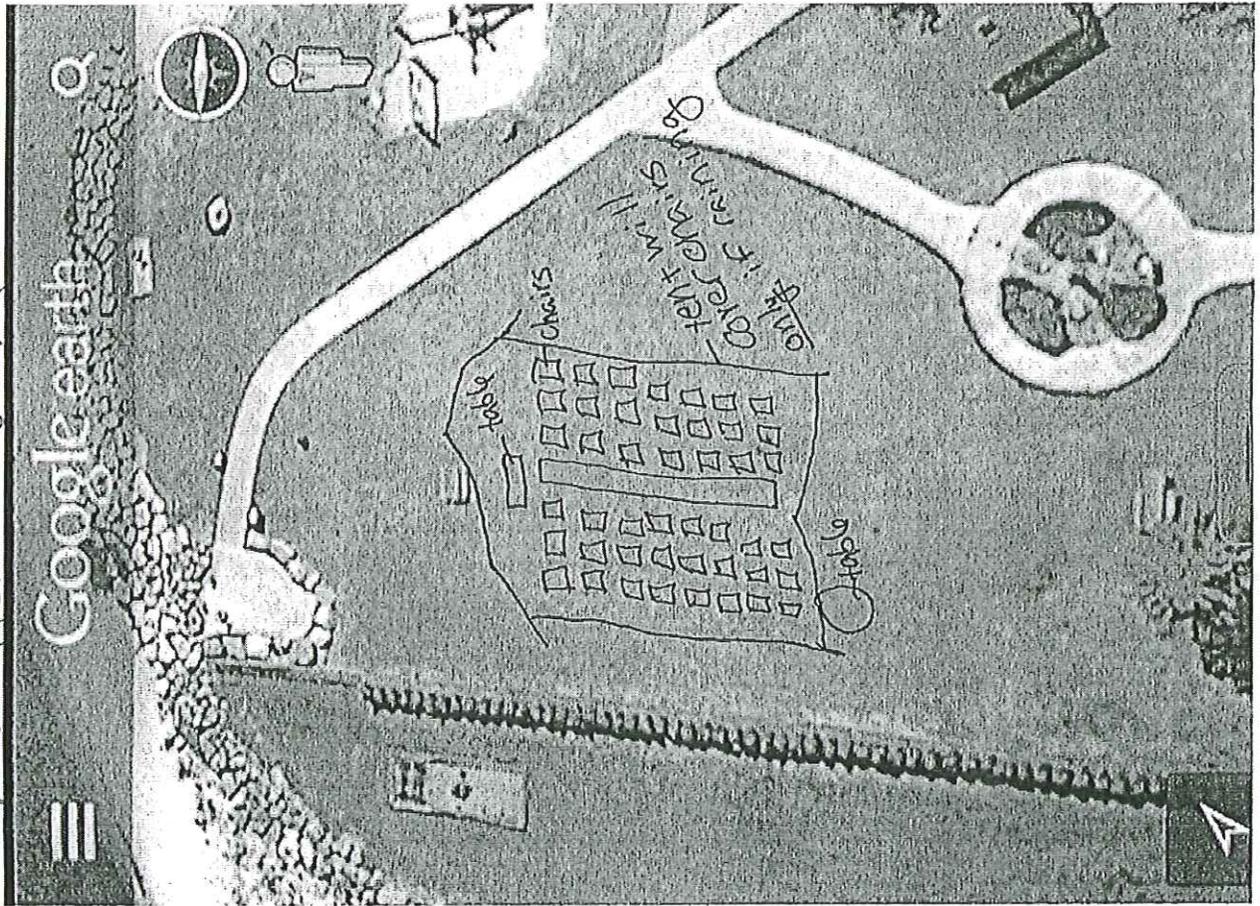
VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

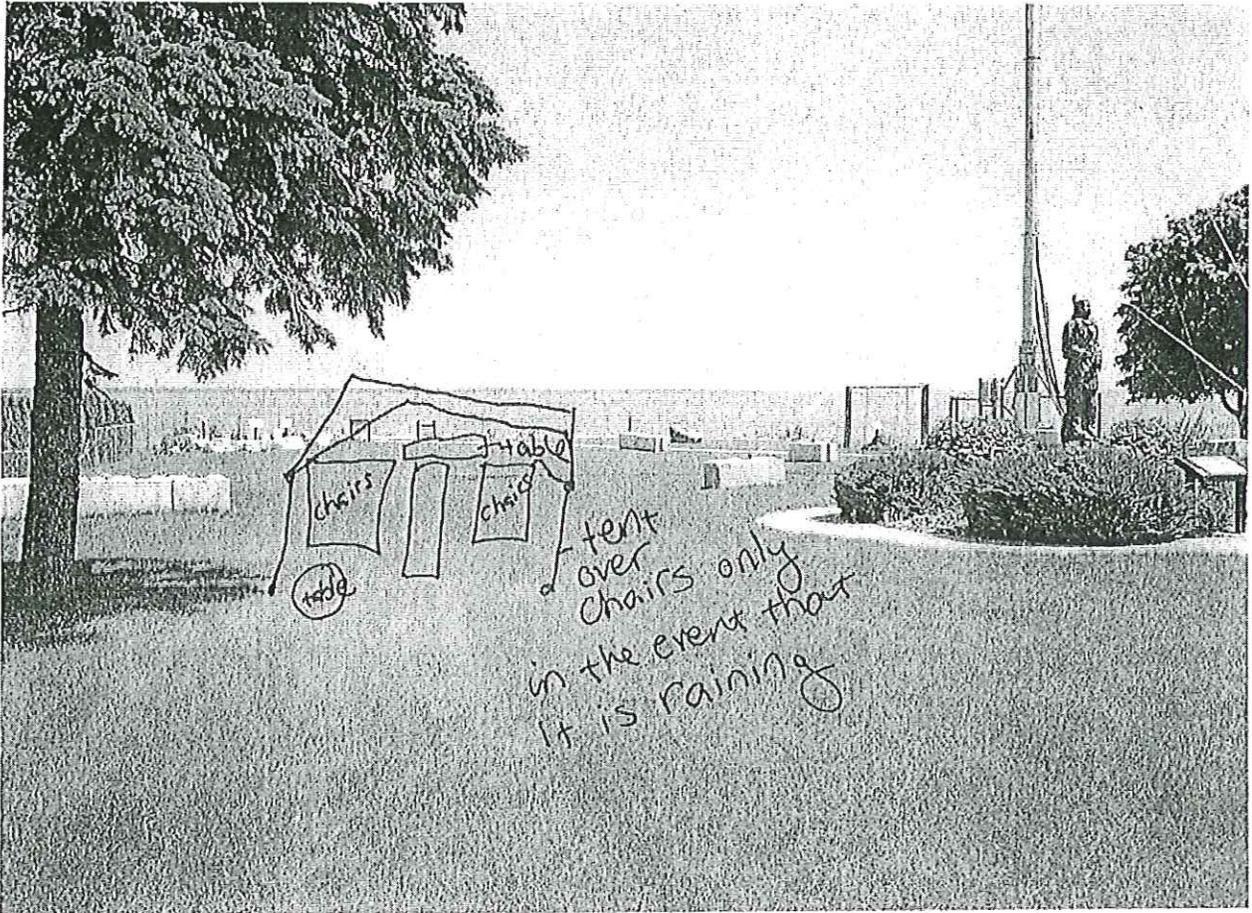
CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____
VILLAGE MANAGER

fw PARKING - ?

Wawatam Park





Wawatam Park (taken August 6, 2014)

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

FACILITY RENTAL APPLICATION

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

APPLICATION DUE 45 DAYS PRIOR TO THE EVENT

Identify Facility: Recreation Center (Please specify) Upstairs _____ Downstairs _____ Rink _____

Showers Only _____

Pavillion Alexander Henry Park Heritage Village Other Wawatam Park

Will you need to rent table and chairs? Number of Table(s) x \$10.50 2 Number of Chair(s) x \$1.50 100

Name/Type of Event: Wedding Ceremony

Name of Applicant/Contact: Amy Klemm + Daniel Kozina

Mailing Address: 2604 Grandview Ave.

City Pittsburgh State PA Zip 15235

Phone no. (248) 778-2283 Cell No.: (713) 206-3784 Email: aklemm@gmail.com

Applicant's Group Name (if different): N/A

Mailing address (if different): _____

City _____ State _____ Zip _____

Phone no. (if different): _____ Fax: _____

Event Date(s) and Time(s): Date: 6-13-15 From 12:00 pm To 6:00 pm

Date: _____ From _____ To _____

Date: _____ From _____ To _____

How many people will be attending event?: 105

Is this a Non-Profit Organization?: Yes No

Will there be any goods sold during the event?: Yes No

If yes, what items will be sold: _____

Will there be a tent installed? Yes No If yes, you must contact the Village prior to tent installation and provide the name, address and telephone number of the tent installation company: (tent will only be used in the event of inclement weather)

Provide name, address, and telephone of Catering Service, if any?: N/A

Provide proof of liability insurance at least two weeks prior to the event (if waived, indicate yes: YES)
(Those waived are The Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701)

Will liquor be served? Yes No If yes, approval must be obtained from State Liquor Control prior to the event. You are required to provide the Village with proof of insurance and bond. If there is a caterer involved, a copy of their bond and insurance must be provided.

Applicant acknowledges they are responsible for any and all damage incurred to the Village's facility, and they are responsible for keeping the grounds clean, and any installation of any tents must be coordinated by Village personnel prior to installation.

Signature: Amy Klemm Print Name: Amy Klemm DATE 7-29-14

Amy Klemm

Sent from my iPhone

On Sep 26, 2014, at 3:34 PM, reception <reception@mackinawcity.org> wrote:

Good afternoon Amy, The question has been asked concerning parking at Wawatam Park. It is limited at the park itself. Do you have any arrangements made yet? If so, please send us a drawing or plan. Thank you, Janelle

①

Janelle Bancroft
Village of Mackinaw City
102 S. Huron Avenue
Mackinaw City, MI 49701
Tel: (231) 436-5351
Fax: (231) 436-4166
reception@mackinawcity.org

reception

From: Amy Klemm [alklemm@gmail.com]
Sent: Thursday, October 16, 2014 11:04 AM
To: reception
Subject: Re: Parking

Hello Janelle,

4 Pastor Wallis cannot provide me with a letter until much closer to the actual time of the wedding since he does not know yet if they will have a wedding at the church and need the parking space for their own event. He told me to call back in April of next year.
As far as the shuttles, we are not ordering them, but I know that some hotels offer complimentary shuttles that would let people off close to the area of the park.
If it would be helpful, I can send you a screenshot of our website where we explain the parking situation to our guests, and that they should not plan on parking at Wawatam itself.

Best,
Amy Klemm

On Oct 13, 2014, at 9:32 AM, reception <reception@mackinawcity.org> wrote:

Good morning Amy, Please have Pastor Wallis submit a letter approving the parking of your wedding guests and/or proof of a shuttle on order for that day. Thank you, Janelle

3
Janelle Bancroft
Village of Mackinaw City
102 S. Huron Avenue
Mackinaw City, MI 49701
Tel: (231) 436-5351
Fax: (231) 436-4166
reception@mackinawcity.org

From: Amy Klemm [mailto:alklemm@gmail.com]
Sent: Wednesday, October 01, 2014 4:23 PM
To: reception
Subject: Re: Parking

Hello Janelle,

2
This email is to let you know in writing what we are telling our guests in regards to parking for our wedding at Wawatam park. We have a wedding website and we are recommending guests to either park somewhere else in town, take a shuttle from their hotels, and I am also contacting The Church of the Straights pastor Dave Wallis to see if we can use their parking lot that day provided that they do not also have a wedding that day. We know that parking is limited at Wawatam, and have therefore let our guests know not to expect to park there. Please let me know if you have any further questions regarding our application.

Best,

2015-SF-006

To Admin. Staff: 10-3-14
To Council: 11-6-14
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: DEBRA SPENCE TELEPHONE: 231-436-5664
E-MAIL ADDRESS: DEB@MACKINAWCITY.COM CELL PHONE: 231-420-8862

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: DEBRA SPENCE TELEPHONE: 231-420-8862
E-MAIL ADDRESS: DEB@MACKINAWCITY.COM CELL PHONE: 231-420-8862

EVENT INFORMATION

NAME OF EVENT: MACKINAW CITY MUSTANG STAMPEDE (CAR SHOW)
PURPOSE OF EVENT: _____

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

DATE(S): 7/10/2015 FROM 8:00 A.M. P.M. TO 7:00 A.M. P.M.
7/11/2015 FROM 8:00 A.M. P.M. TO 10:00 A.M. P.M.
7/12/2015 FROM 10:00 A.M. P.M. TO 4:00 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 (SAT) ARNOLD LOT IN FRONT OF HARBOR FRI,SAT,SUN

ESTIMATED NUMBER OF ATTENDEES: UNKOWN

WILL YOU UTILIZE SHOWERS: Yes No

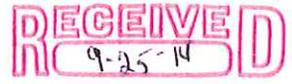
ESTIMATED NUMBER OF VOLUNTEERS: 5

ESTIMATE DATE/TIME FOR SET-UP: 7/10/2015 8:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 7/12/2015 4:00 A.M. P.M.

*WAS
4:00PM
IN '14*

Parade - 7-11-15 @ 5:30 PM Fee = Free
Conkling Park - 7-11-15 1 Fee 50.00
+DPW Fees



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: SOUTH HURON / CENTRAL / NICOLET TO BRIDGE ENTRANCE

Date and time Parade will start: 7/11/2015 5:30 A.M. P.M.

Date and time Parade will end: 7/11/2015 6:30 APPROX 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
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- 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: 5:00 P.M. END: 10:00 P.M.
(NO LATER THAN 10 P.M.)

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

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: _____

WILL PROVIDE TEMPORARY LIQUOR LICENSE 3 DAYS PRIOR TO 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: 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): IN FRONT OF PARK ONE AT SOUTH END AND ONE AT NORTH END

Description of signs: YARD SIGNS 24X24 / BANNERS

(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 _____ 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 UNKNOWN

TENTS – QUANTITY _____

Size 10X10

CHAIRS – QUANTITY NA

AWNINGS – QUANTITY _____

TABLES – QUANTITY NA

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: MI Zip: 49721

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

Equipment set up: Date: 7/10/2015 Time: AFTERNOON

Equipment pick up: Date: 7/13/2015 Time: EVENING

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? APPROX 2

DEBRA SPENCE

Digitally signed by DEBRA SPENCE
DN: cn=DEBRA SPENCE, c=MACKINAW AREA VISITORS BUREAU, ou=EXECUTIVE DIRECTOR,
email=DEB@MACKINAWCITY.EDU, cn=S
Date: 2014.09.23 11:58:28 -0400

9/23/2015

Applicant Signature

Date

Print name of applicant: DEBRA SPENCE

VILLAGE USE ONLY – Department representative please initial if approved

[*MS*] DPW [*CS*] FACILITY SERVICES
[*PS*] POLICE [*FS*] FIRE [*AS*] AMBULANCE
[*RS*] 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 4 OFFICERS FOR TRAFFIC CONTROL 1730 - LAST CAR ONTO BRIDGE

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

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

No

TRAFFIC CONTROL

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

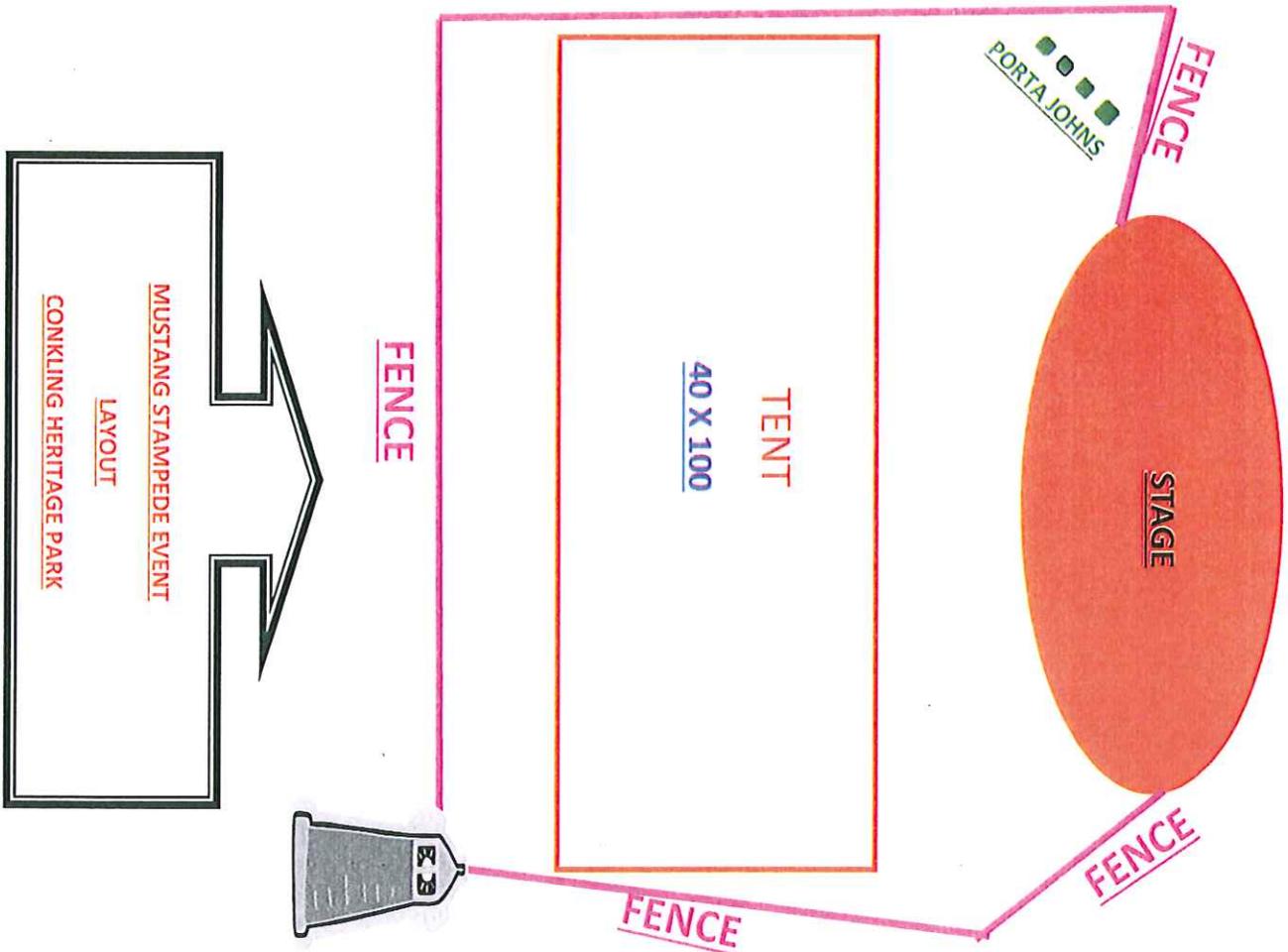
RECREATION DEPARTMENT

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



POSSIBLE VENDORS

RESTROOMS

LAYOUT IS SUBJECT TO CHANGE DO TO LOCATION OF SPRINKLERS AND SOUND BOOTH VISIBILITY. TENT AND FENCE MAY MOVE FORWARD OR BACKWARDS OR POSSIBLY PUT ON AN ANGLE TO ACCOMMODATE THESE SCENARIOS. LAY OUT WILL REMAIN WITHIN GENERAL AREA INDICATED IN SITE PLAN.

NOTICE

VENDORS

DRIVE

MUSTANG STAMPEDE
STRAITS HARBOR LAYOUT
(ARNOLD LOT)

CARS DISPLAYED

DRIVE

CARS DISPLAYED

NOTICE
SITE PLAN SUBJECT TO CHANGE
SLIGHTLY AS TO NOT
HINDER SPRINKLER SYSTEMS OR
TRAFFIC FLOW



REGISTRATION TENT

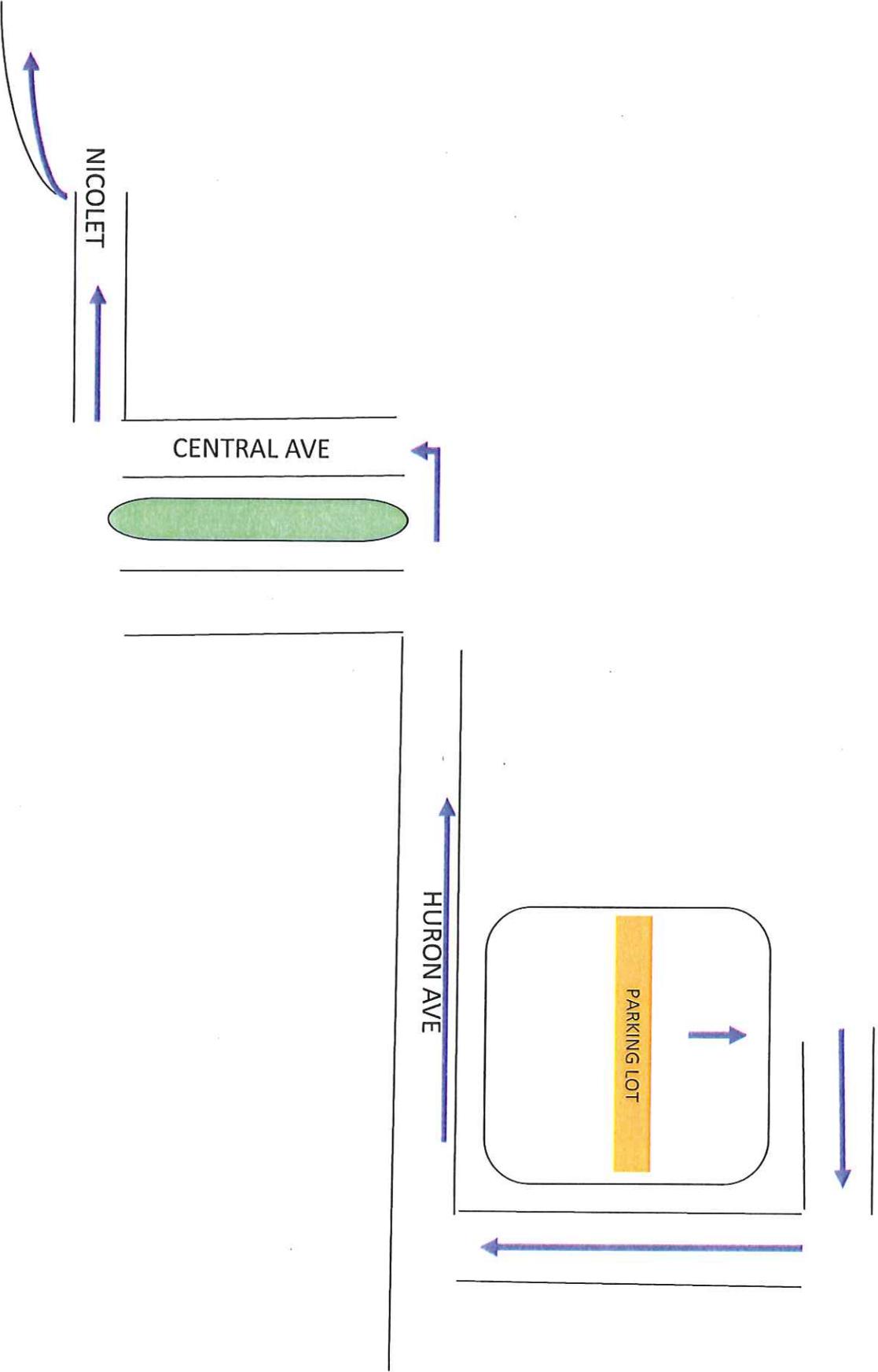
VENDORS AND SPONSOR DISPLAY

DRIVE



DRIVE

**PARADE ROUTE
FOR MUSTANG PARADE**



X

2015-SE-007

To Admin. Staff: 10-3-14
To Council: 11-6-14
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: DEBRA SPENCE TELEPHONE: 231-436-5664
E-MAIL ADDRESS: DEB@MACKINAWCITY.COM CELL PHONE: 231-420-8862

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: DEBRA SPENCE TELEPHONE: 231-420-8862
E-MAIL ADDRESS: DEB@MACKINAWCITY.COM CELL PHONE: 231-420-8862

EVENT INFORMATION

NAME OF EVENT: MACKINAW CITY ARTS & CRAFT SHOW

PURPOSE OF EVENT: _____

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

DATE(S): 6/27/2015 FROM 10:00 A.M. P.M. TO 7:00 A.M. P.M.
6/28/2015 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 OR LOT NEXT TO MACKINAC BAY TRADING

ESTIMATED NUMBER OF ATTENDEES: _____

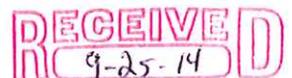
WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 2

ESTIMATE DATE/TIME FOR SET-UP: 6/26/2015 2:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 6/28/2015 3:00 A.M. P.M.

*Conkling Park - 2 days @ \$50/day = \$100.00
+ DPW fees
plus fees for vendors*



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: 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): IN FRONT OF PARK ONE AT SOUTH END AND ONE AT NORTH END

Description of signs: YARD SIGNS 24X24 / 2- 3'X18"X5' METAL 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? STRAITS STATE HARBOR

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 UNKNOWN
Size 10X10
- 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: 4 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: 6/26/2015 Time: AFTERNOON

Equipment pick up: Date: 6/28/2015 Time: EVENING

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? APPROX 16

DEBRA SPENCE

Digitally signed by DEBRA SPENCE
DN: cn=DEBRA SPENCE, c=USA, ou=VILLAGE OF MACKINAW CITY, o=VILLAGE OF MACKINAW CITY, email=DEBRA.SPENCE@MACKINAWCITY.COM, cn=US
Date: 2014.09.23 11:59:28 -0400

9/23/2015

Applicant Signature

Date

Print name of applicant: DEBRA SPENCE

VILLAGE USE ONLY – Department representative please initial if approved

[*MS*] DPW [*CS*] FACILITY SERVICES
[*RS*] POLICE [*RS*] FIRE [*RS*] 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 LOCATION?

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 & AUGUST CRAFT SHOW SITE PLAN

South Huron

LAY OUT IS SUBJECT TO NUMBER OF VENDORS AND SPRINKLER SYSTEMS. PLEASE BE ADVISED THAT LAYOUT IS SUBJECT TO CHANGE FOR THESE REASONS.

WILL NOT EXCEED PARK AREA AND WILL NOT HINDER STAGE AREA

LOCATION SUBJECT TO CHANGE DEPENDING ON VENDOR ATTENDEES (but will be in general area)

Porta Johns

LAY OUT IS SUBJECT TO NUMBER OF VENDORS AND SPRINKLER SYSTEMS. PLEASE BE ADVISED THAT LAYOUT IS SUBJECT TO CHANGE FOR THESE REASONS.

WILL NOT EXCEED PARK AREA AND WILL NOT HINDER STAGE AREA

Vendor Unloading Area

X

2015-SE-008

To Admin. Staff: 10-3-14
To Council: 11-6-14
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: DEBRA SPENCE TELEPHONE: 231-436-5664
E-MAIL ADDRESS: DEB@MACKINAWCITY.COM CELL PHONE: 231-420-8862

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: DEBRA SPENCE TELEPHONE: 231-420-8862
E-MAIL ADDRESS: DEB@MACKINAWCITY.COM CELL PHONE: 231-420-8862

EVENT INFORMATION

NAME OF EVENT: MACKINAW CITY ARTS & CRAFT SHOW

PURPOSE OF EVENT: _____

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

DATE(S): 8/22/2015 FROM 10:00 A.M. P.M. TO 7:00 A.M. P.M.
8/23/2015 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 OR LOT NEXT TO MACKINAC BAY TRADING

ESTIMATED NUMBER OF ATTENDEES: _____

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 2

ESTIMATE DATE/TIME FOR SET-UP: 8/21/2015 2:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 8/23/2015 3:00 A.M. P.M.

Conkling Park - 2 days @ \$50/day = \$100.00
+ DPW Fees
Vendor fees =



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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Lot lines | <input type="checkbox"/> Label roads and closest cross roads | <input type="checkbox"/> Sidewalks |
| <input type="checkbox"/> Fire Hydrants | <input type="checkbox"/> Locate and label buildings | <input type="checkbox"/> Parking lots |
| <input checked="" type="checkbox"/> Tents | <input type="checkbox"/> Portable Restrooms | <input type="checkbox"/> Ingress and egress points |
| <input type="checkbox"/> Table and chair diagram | <input type="checkbox"/> Placement of food vendors | <input type="checkbox"/> Parade Route |
| <input type="checkbox"/> Bicycle Routes (including route into and out of town) | | <input type="checkbox"/> All proposed modifications |
| <input type="checkbox"/> 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): IN FRONT OF PARK ONE AT SOUTH END AND ONE AT NORTH END

Description of signs: YARD SIGNS 24X24 / 2- 3'X18"X5' METAL 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? STRAITS STATE HARBOR

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 UNKNOWN TENTS – QUANTITY _____
Size 10X10 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: MI Zip: 49721

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

Equipment set up: Date: 8/21/2015 Time: AFTERNOON

Equipment pick up: Date: 8/23/2015 Time: EVENING

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? APPROX 16 _____

DEBRA SPENCE

Digitally signed by DEBRA SPENCE
DN: cn=DEBRA SPENCE, o=MACKINAW AREA VISITORS BUREAU, ou=EXECUTIVE DIRECTOR,
email=DEB@MACKINAWCITY.COM, c=US
Date: 2014.09.23 11:59:28 -0400

9/23/2015

Applicant Signature

Date

Print name of applicant: DEBRA SPENCE

VILLAGE USE ONLY – Department representative please initial if approved

[*MS*] DPW [*CS*] FACILITY SERVICES
[*RS*] POLICE [*FS*] FIRE [*AS*] AMBULANCE
[*AS*] 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): LOCATION? _____

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 & AUGUST
CRAFT SHOW
SITE PLAN

LAYOUT IS SUBJECT TO NUMBER OF VENDORS AND SPRINKLER SYSTEMS. PLEASE BE ADVISED THAT LAYOUT IS SUBJECT TO CHANGE FOR THESE REASONS.

WILL NOT EXCEED PARK AREA AND WILL NOT HINDER STAGE AREA

LOCATION SUBJECT TO CHANGE DEPENDING ON VENDOR ATTENDEES (but will be in general area)

Porta Johns

LAYOUT IS SUBJECT TO NUMBER OF VENDORS AND SPRINKLER SYSTEMS. PLEASE BE ADVISED THAT LAYOUT IS SUBJECT TO CHANGE FOR THESE REASONS.

WILL NOT EXCEED PARK AREA AND WILL NOT HINDER STAGE AREA

South Huron

Vendor Unloading Area

7

2015-SK-009

To Admin. Staff: 10-3-14
To Council: 11-6-14
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: DEBRA SPENCE TELEPHONE: 231-436-5664
E-MAIL ADDRESS: DEB@MACKINAWCITY.COM CELL PHONE: 231-420-8862

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: DEBRA SPENCE TELEPHONE: 231-420-8862
E-MAIL ADDRESS: _____ 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): OCT 9 2015 FROM 2:00 A.M. P.M. TO 9:00 A.M. P.M.
OCT 10 2015 FROM 6:00 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.

EVENT LOCATION: MACKINAW CITY REC CENTER

ESTIMATED NUMBER OF ATTENDEES: 400-600

WILL YOU UTILIZE SHOWERS: Yes No

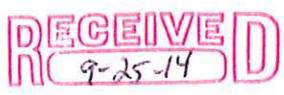
ESTIMATED NUMBER OF VOLUNTEERS: 3

ESTIMATE DATE/TIME FOR SET-UP: OCT 9 2:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: OCT 10 12:00 A.M. P.M.

Rec Center - Fee = \$500/day =
? (unknown) Table/Chair Rental 1
? Amb Standby 2hrs/\$150hr =
PD Fees and DPW fees to be added

\$1,000.00
?
??
\$1,000.00



PARADE PERMIT

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

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: _____

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

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

EVENT DETAILS

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

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

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes No

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

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

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

Yes No Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No

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

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

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No

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

WILL FIREWORKS BE APART OF EVENT: Yes No

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

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

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

SIGNAGE AT EVENT SITE - Location(s): _____

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

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

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

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

If yes, from date _____ to ending date: _____

Long term parking identified on the site map? Yes No

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

Name of Facility where camping: _____

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

Camp sites identified on the site map? Yes No

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

BOOTHS – QUANTITY _____

Size _____

TENTS – QUANTITY _____

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? 7 YEARS

DEBRA SPENCE

Digitally signed by DEBRA SPENCE
DN: cn=DEBRA SPENCE, o=MACINAW AREA VISITORS BUREAU, ou=EXECUTIVE DIRECTOR,
email=DEBRA@MACINAWCITY.COM, c=US
Date: 2014.09.24 13:47:42 -0400

9/23/2014

Applicant Signature

Date

Print name of applicant: DEBRA SPENCE

VILLAGE USE ONLY – Department representative please initial if approved

[MS] DPW [GS] FACILITY SERVICES
[PS] POLICE [FS] FIRE [AS] AMBULANCE
[RP] RECREATION

VILLAGE 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 2 NEEDED FOR TRAFFIC CONTROL 0600 - END

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

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

No TRAFFIC CONTROL

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: DEBRA SPENCE
Mailing Address: 10800 US 23 HWY
City MACKINAW CITY State MI Zip 49701
Home Phone no: 231-436-5664
Work/Cell Phone no: 231-420-8862
Identify Name/Type of Event: FALL COLORS BRIDGE RUN (RACE)
Identify Address or Park for Event: BRIDGE EXIT

Date(s) of event: OCTOBER 10 2015
Time for Standby: From 7:00 A.M. To 9:00 A.M.
Approximate number of participants: 400-600

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

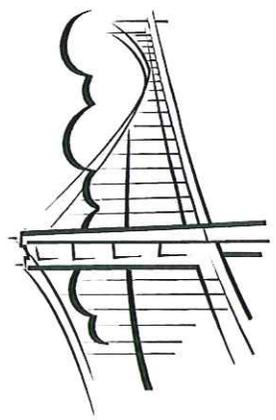
An ambulance standby fee of \$150 per hour, per event and is due at least two months prior to the event. Please make the check payable to the Village of Mackinaw City and send it along with this application to:

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.

SEE Emmet Co.

**MEMORIAL BRIDGE RACE
&
FALL COLORS BRIDGE RACE**



EXIT 339

WATER STATION

JAMET ST

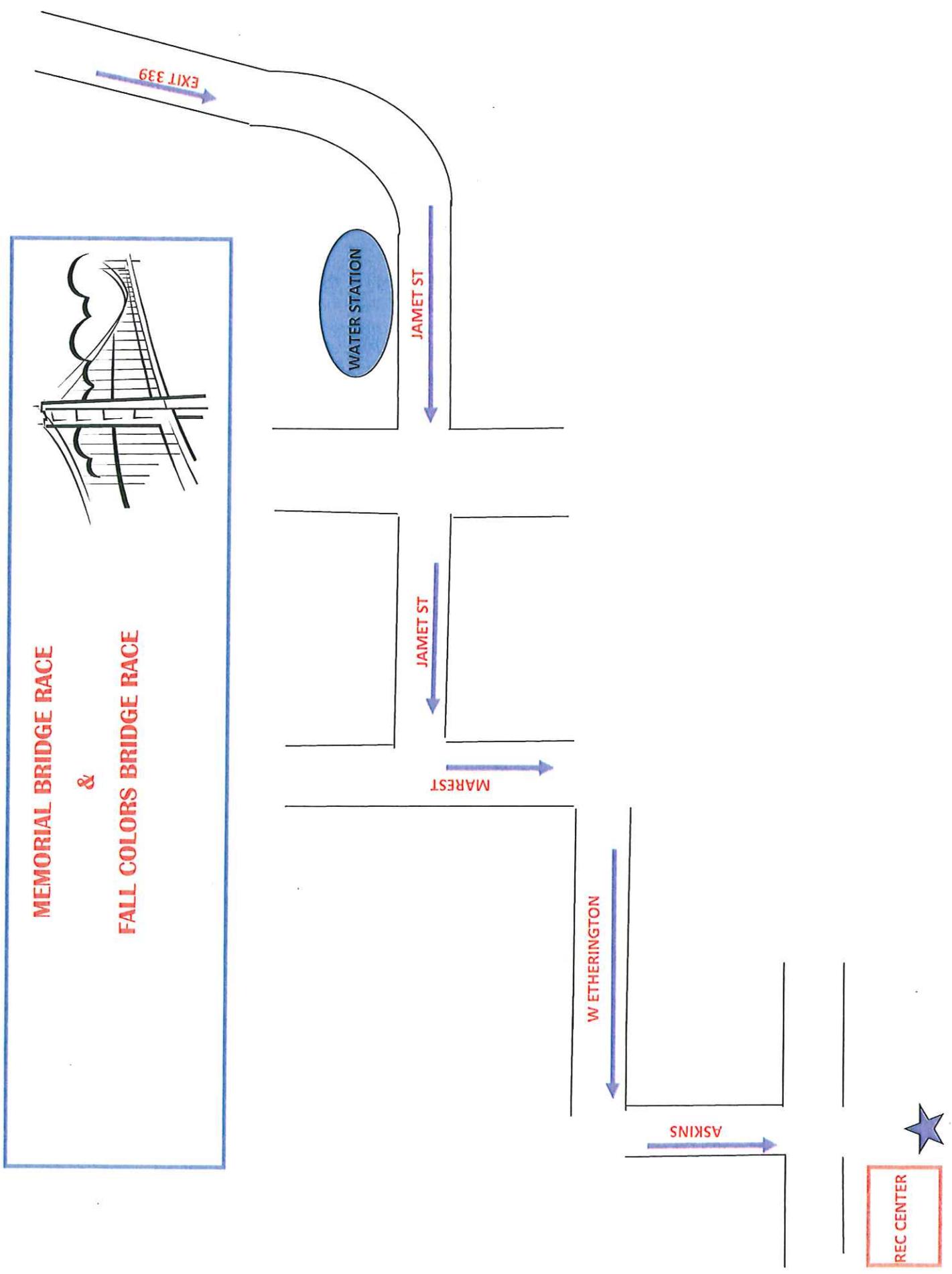
JAMET ST

MAREST

W ETHERINGTON

ASKINS

REC CENTER



X

2015-SE-010

To Admin. Staff: 10-3-14
To Council: 11-6-14
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: 1-231-436-5664
MAILING ADDRESS: 10800 W US 23 HWY
CONTACT NAME: DEBRA SPENCE TELEPHONE: 231-436-5664
E-MAIL ADDRESS: DEB@MACKINAWCITY.COM CELL PHONE: 231-420-8862

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: DEBRA SPENCE TELEPHONE: 231-420-8862
E-MAIL ADDRESS: DEB@MACKINAWCITY.COM CELL PHONE: 231-4208862

EVENT INFORMATION

NAME OF EVENT: MEMORIAL DAY BRIDGE RUN
PURPOSE OF EVENT: _____

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

DATE(S): 5/22/2015 FROM 2:00 A.M. P.M. TO 9:00 A.M. P.M.
5/23/2015 FROM 4:00 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.

EVENT LOCATION: MACKINAW CITY REC CENTER

ESTIMATED NUMBER OF ATTENDEES: 600-800

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 4

ESTIMATE DATE/TIME FOR SET-UP: 5/22/2015 2:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 5/23/2015 11:00 A.M. P.M.

Tables & Chairs?

Rec Center Fee = \$500/day \$1,000.00
? Amb. Stand by 2 hrs / \$150/hr
PD Fees and DPW Fees to be added \$1,000.00

RECEIVED
9-25-14

PARADE PERMIT

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

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: _____

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

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

EVENT DETAILS

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

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

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes No

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

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

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

Yes No Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No

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

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

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No

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

WILL FIREWORKS BE APART OF EVENT: Yes No

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

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

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

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

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

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

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

If yes, from date _____ to ending date: _____

Long term parking identified on the site map? Yes No

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

Name of Facility where camping: _____

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

Camp sites identified on the site map? Yes No

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

BOOTHS – QUANTITY _____

Size _____

TENTS – QUANTITY _____

CHAIRS – QUANTITY UNKNOWN _____

AWNINGS – QUANTITY _____

TABLES – QUANTITY UNKNOWN _____

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? 12

DEBRA SPENCE
Applicant Signature
Print name of applicant: DEBRA SPENCE

9/23/2014
Date

VILLAGE USE ONLY – Department representative please initial if approved

[MS] DPW [CS] FACILITY SERVICES
[Per] 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 _____
- TRAFFIC CONES – QUANTITY _____
- FENCING WATER ELECTRIC
- OTHER _____
- BARRICADES – QUANTITY _____
- PARKING SIGNS – QUANTITY _____
- RESTROOM CLEANING

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times 2 OFFICERS FOR TRAFFIC CONTROL 0600-END

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: DEBRA SPENCE

Mailing Address: 10800 US 23 HWY

City MACKINAW CITY State MI Zip 49701

Home Phone no: 231-436-5664

Work/Cell Phone no: 231-420-8862

Identify Name/Type of Event: MEMORIAL BRIDGE RUN (RACE)

Identify Address or Park for Event: BRIDGE EXIT

Date(s) of event: MAY 23, 2015

Time for Standby: From 6:30 A.M. To 8:30 A.M.

Approximate number of participants: 600-800

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

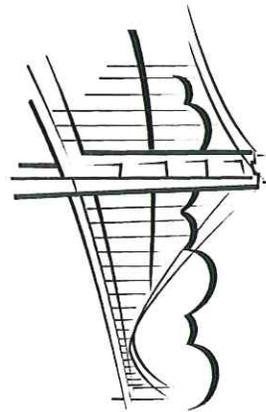
An ambulance standby fee of \$150 per hour, per event and is due at least two months prior to the event. Please make the check payable to the Village of Mackinaw City and send it along with this application to:

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.



**MEMORIAL BRIDGE RACE
&
FALL COLORS BRIDGE RACE**



EXIT 339

JAMET ST

WATER STATION

JAMET ST

MAREST

W ETHERINGTON

ASKINS

REC CENTER



2015-SE-011

To Admin. Staff: 10-3-14

To Council: 11-6-14

Decision: Approved Denied

Minutes to Applicant: _____

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

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

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: Mackinaw City Chamber of Commerce

TELEPHONE: 231 436-5574

MAILING ADDRESS: P.O.Box 856

CONTACT NAME: Dawn Edwards

TELEPHONE: 231 436-5574

E-MAIL ADDRESS: dedwards@mackinawchamber.com

CELL PHONE: 231 420-2979

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Dawn Edwards or Kelly Vieau

TELEPHONE: not office

E-MAIL ADDRESS: kelly@mackinawchamber.com

CELL PHONE: 231 818-6750

EVENT INFORMATION

NAME OF EVENT: 2015 Corvette Crossroads Auto Show

PURPOSE OF EVENT: Tourism traffic on a off weekend

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

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

DATE(S): Aug 21 FROM 10 A.M. P.M. TO 8 A.M. P.M.

Aug 22 FROM 6:30 A.M. P.M. TO 7:30 A.M. P.M.

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

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

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

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

EVENT LOCATION: Mackinaw-Mall-Crossings-Back-Lot-

ESTIMATED NUMBER OF ATTENDEES: (250 Vettes) 1,000

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 25

ESTIMATE DATE/TIME FOR SET-UP: 6:30 Aug 22 6:30 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 7:30 Aug 22 7:30 A.M. P.M.

RECEIVED
9-30-14

Parade No fees for non profit + DPW Fees

* This [#] event is essential to the Operational Cost to Run the
MC Chamber of Commerce -
? PARADE PERMIT Would committee consider \$1.00 per car in
Parade - We get from 125 - 175 cars that
participate - we count
them for the Bridge
Ride.

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

POLICE ESCORT NEEDED: Yes No Vette Lead Car

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

No parade fee for Non-profit

PROPOSED ROUTE: Mall lot - East to Huron Ave - Left and Left
to Central Ave, Right to Nicolet St, Left on Bridge
we have (Vested People at Mall exit, Huron turn = Central turn)

Date and time Parade will start: 7:00 pm A.M. P.M.

Date and time Parade will end: 7:20 pm 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: 9am END: 4 pm
(NO LATER THAN 10 P.M.)

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

Yes No Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No

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

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

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No

Date insurance binder provided: _____ will update after approval
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: 10 (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): Mall - Uette Show Saturday

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? N/A

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

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

BOOTHS – QUANTITY _____
Size _____
 AWNINGS – QUANTITY 2 - in Mall parking lot
 TENTS – 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: 1 Number of ADA accessible portable toilets: no/village

If no, explain: _____
Restroom Company Name: Rose's Septic Service
Address Street: 4296 Levering Rd
City: Cheboygan State: MI Zip: 49721
Telephone Day: 231 627-3662 Evening: _____ Fax: _____ Cell: _____

Equipment set up: Date: Aug 21 Time: 3 pm
Equipment pick up: Date: Aug 24 Time: 3 pm
Portable restrooms identified on the site map? Yes No

APPLICATION CHECK LIST

A = Applicant V = Village

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

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

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

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

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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? 1991 -

Dawn Edwards
Applicant Signature
Print name of applicant: Dawn Edwards

Sept 29, 14
Date

VILLAGE USE ONLY – Department representative please initial if approved	
[<u>MM</u>] DPW	[<u>CV</u>] FACILITY SERVICES
[<u>PCW</u>] POLICE	[<u>FS</u>] FIRE [<u>PA</u>] AMBULANCE
[<u>DP</u>] 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 4 OFFICERS FOR TRAFFIC CONTROL 1900-LAST CAR ONTO BRIDGE

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

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

No TRAFFIC CONTROL

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 Restaurant Map
 Restaurants listed by number

See other side for
Valuable Coupons!

Uette Show
Lake Huron

Parade Route
Sat
7pm



Mackinaw City
Michigan

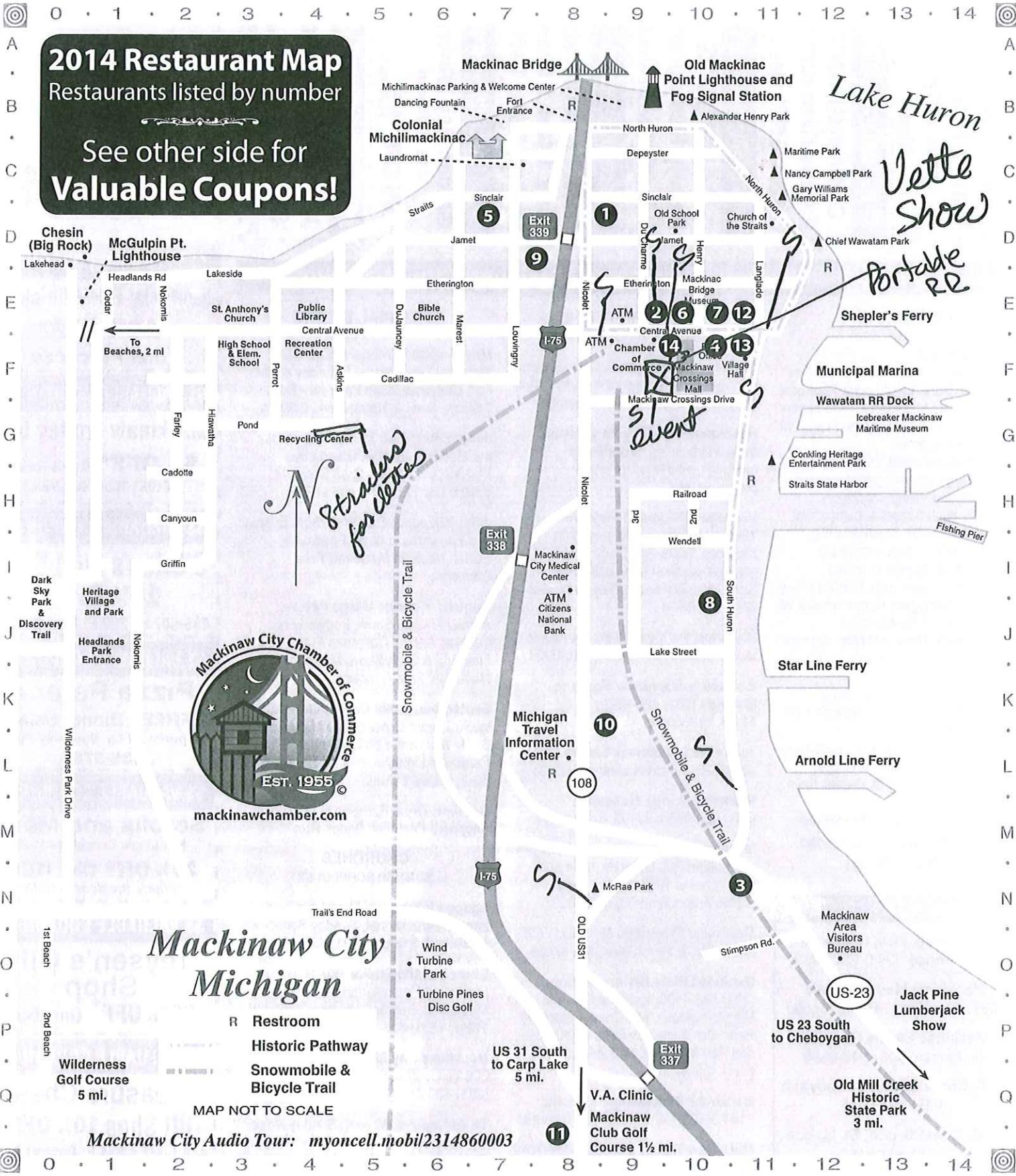
- R Restroom
- Historic Pathway
- Snowmobile & Bicycle Trail

MAP NOT TO SCALE

Mackinaw City Audio Tour: myoncell.mobil/2314860003

- | | | | |
|-----------------------------------|----------|--|----------|
| 1. Audie's Restaurant* | 436-5744 | 8. Mackinaw Pastie & Cookie Co. | 436-5113 |
| 2. BC Pizza* | 436-5500 | 9. Mackinaw Pastie & Cookie Co. at the Bridge* | 436-8202 |
| 3. Blue Water Grill & Bar | 436-7818 | 10. Mancino's* | 436-7474 |
| 4. Cunningham's Family Restaurant | 436-8821 | 11. Neath the Birches | 436-5401 |
| 5. Darrow's Family Restaurant | 436-5514 | 12. Pancake Chef* | 436-5578 |
| 6. Kentucky Fried Chicken | 436-5491 | 13. Pizza Palace | 436-5788 |
| 7. Kevhole Bar & Grill* | 436-7911 | 14. Scalawags | 436-7777 |

2014 Restaurant Map
 Restaurants listed by number
 See other side for
Valuable Coupons!



- | | | | |
|--|----------|--|----------|
| 1. Audie's Restaurant* | 436-5744 | 8. Mackinaw Pastie & Cookie Co..... | 436-5113 |
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| 3. Blue Water Grill & Bar..... | 436-7818 | 10. Mancino's* | 436-7474 |
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| 5. Darrow's Family Restaurant..... | 436-5514 | 12. Pancake Chef*..... | 436-5578 |
| 6. Kentucky Fried Chicken..... | 436-5491 | 13. Pizza Palace..... | 436-5788 |
| 7. Keyhole Bar & Grill*..... | 436-7911 | 14. Scalawags..... | 436-7777 |

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/30/2014

PRODUCER (231) 436-5053
Barnett France
P.O. Box 489
402 Lake St
Mackinaw City, MI 49701-

INSURED
GREATER MACKINAW CITY CHAMBER OF CO
PO BOX 856
MACKINAW CITY MI 49701-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: AUTO OWNERS	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	33573177-05	08/04/2013	08/04/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		08/04/2014	08/04/2015	MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$		/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER		/ /	/ /	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
ADDL INSURED IS TO READ VILLAGE OF MACKINAW CITY, ITS VILLAGE COUNCIL, BOARDS AND COMMISSIONS, CITIZENS, EMPLOYEES & AGENTS, 102 S HURON ST, MACKINAW CITY, MI 49701 for Spring 2014 Bike Tour, Fall 2014 Fall Bike Tour, 2014 Corvette Show, MUSIC IN MACKINAW, WINTERFEST, TWO ADDITIONAL DATES FOR MUSIC IN MACKINAW JUNE 21ST & JUNE 28TH

To be updated

CERTIFICATE HOLDER

(231) 436-5351 (231) 436-4166

Village of Mackinaw City
102 South Huron Ave
P O Box 580
Mackinaw City MI 49701-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Belinda Madala

2015-SE-012

To Admin. Staff: 10-3-14

To Council: 11-6-14

Decision: Approved Denied

Minutes to Applicant: _____

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

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

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: Mackinaw City Chamber of Commerce

TELEPHONE: 231 436-5574

MAILING ADDRESS: P.O. Box 856

CONTACT NAME: Dawn Edwards

TELEPHONE: 231 436-5574

E-MAIL ADDRESS: dedwards@mackinawchamber.com

CELL PHONE: 231 420-2979

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Dawn Edwards or Kelly Vieau

TELEPHONE: not office

E-MAIL ADDRESS: kelly@mackinawchamber.com

CELL PHONE: 231 818-6750

EVENT INFORMATION

NAME OF EVENT: 2015 Big Mac Showline Bike Tour - Fall

PURPOSE OF EVENT: To promote health & tourism in Northern MI - Mackinaw

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

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

DATE(S): Sept 18 FROM 12 A.M. P.M. TO 8 A.M. P.M.

Sept 19 FROM 6:30 A.M. P.M. TO 4:30 A.M. P.M.

Sept 20 FROM 6:30 A.M. P.M. TO 7 A.M. P.M.

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

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

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

EVENT LOCATION: Mackinaw City Reception & Conference Center -

ESTIMATED NUMBER OF ATTENDEES: 350 St Anthony

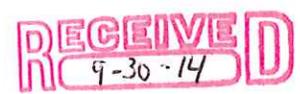
WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 40 riders + family

ESTIMATE DATE/TIME FOR SET-UP: Sept 18 11 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: Sept 19 4 A.M. P.M.

+ DPW Fees
Traffic Control Fees for PD



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: 12 (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): St Anthony Church westbound Central
for bike route, Cyc officials area, end of Central/Nicole St & city entrance
Description of signs: Big mac Showline Bike tour. Chamber of Commerce.
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

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

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

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

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

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

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

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

Portable restrooms identified on the site map? Yes No
Barcade @ trail turn to grass - to road.
Sheple's Cars Park there & block
bicycles exit
↳ remove posts at trail

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,

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 SUNDAY 0700 1 OFFICER TRAFFIC CONTROL FORT LOT TO BRIDGE

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

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

No TRAFFIC CONTROL

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)

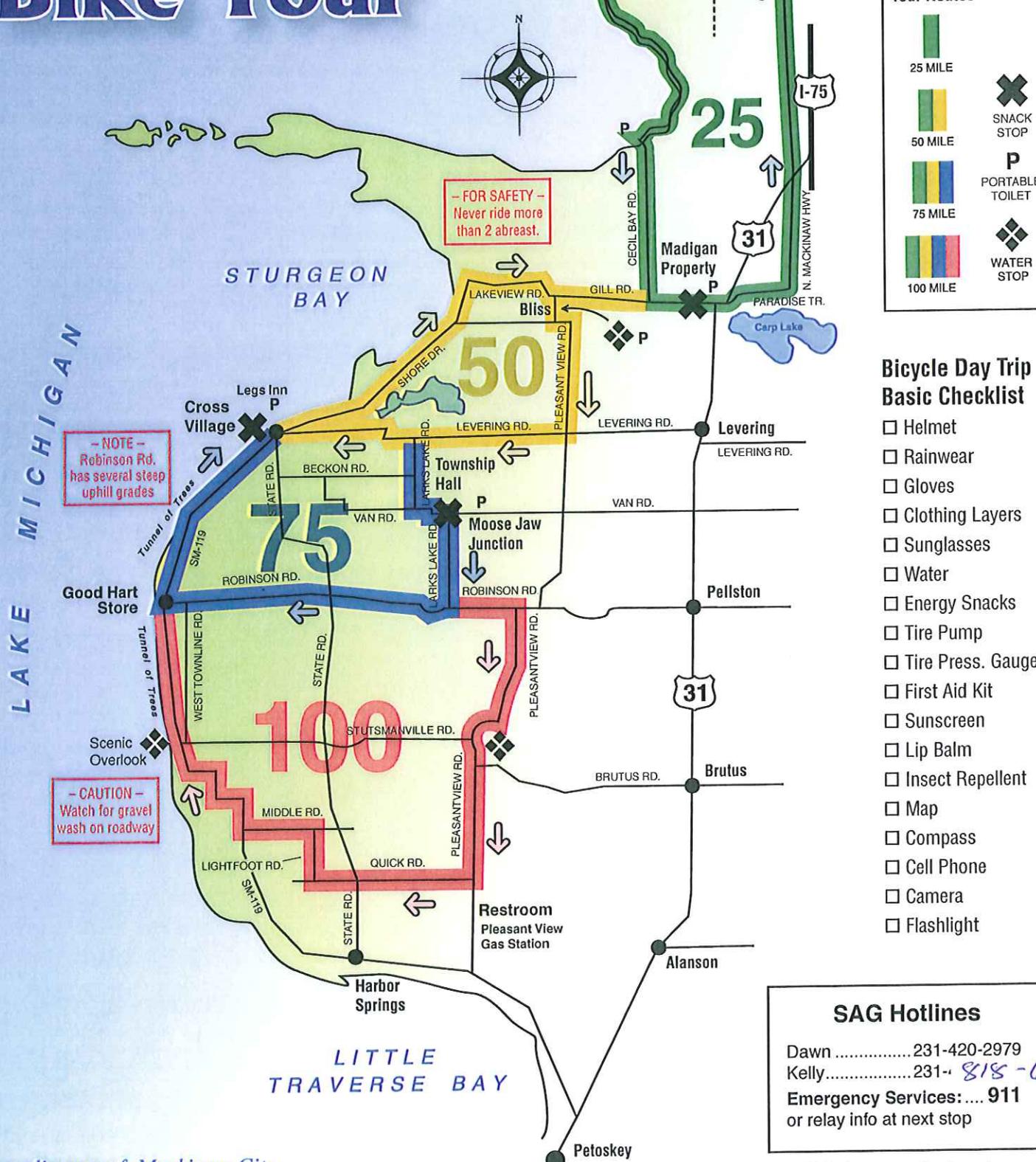
PORTABLE RESTROOMS: Yes No (identified on map)

SITE MAP APPROVED: Yes No

Big Mac Shoreline Bike Tour



St. Anthony Center
 Fort Sunday line up for Bridge Ride 6:30AM



- FOR SAFETY -
 Never ride more than 2 abreast.

- NOTE -
 Robinson Rd. has several steep uphill grades

- CAUTION -
 Watch for gravel wash on roadway

KEY

Tour Routes

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

Other Symbols:

- ✕ SNACK STOP
- P PORTABLE TOILET
- ◆ WATER STOP

Bicycle Day Trip Basic Checklist

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

SAG Hotlines

Dawn 231-420-2979
 Kelly 231- 818-6775

Emergency Services: 911
 or relay info at next stop

Compliments of Mackinaw City Chamber of Commerce - 2014

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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/30/2014

PRODUCER (231) 436-5053
Barnett France
 P.O. Box 489
 402 Lake St
 Mackinaw City, MI 49701-
 INSURED
GREATER MACKINAW CITY CHAMBER OF CO
 PO BOX 856
MACKINAW CITY MI 49701-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: AUTO OWNERS	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

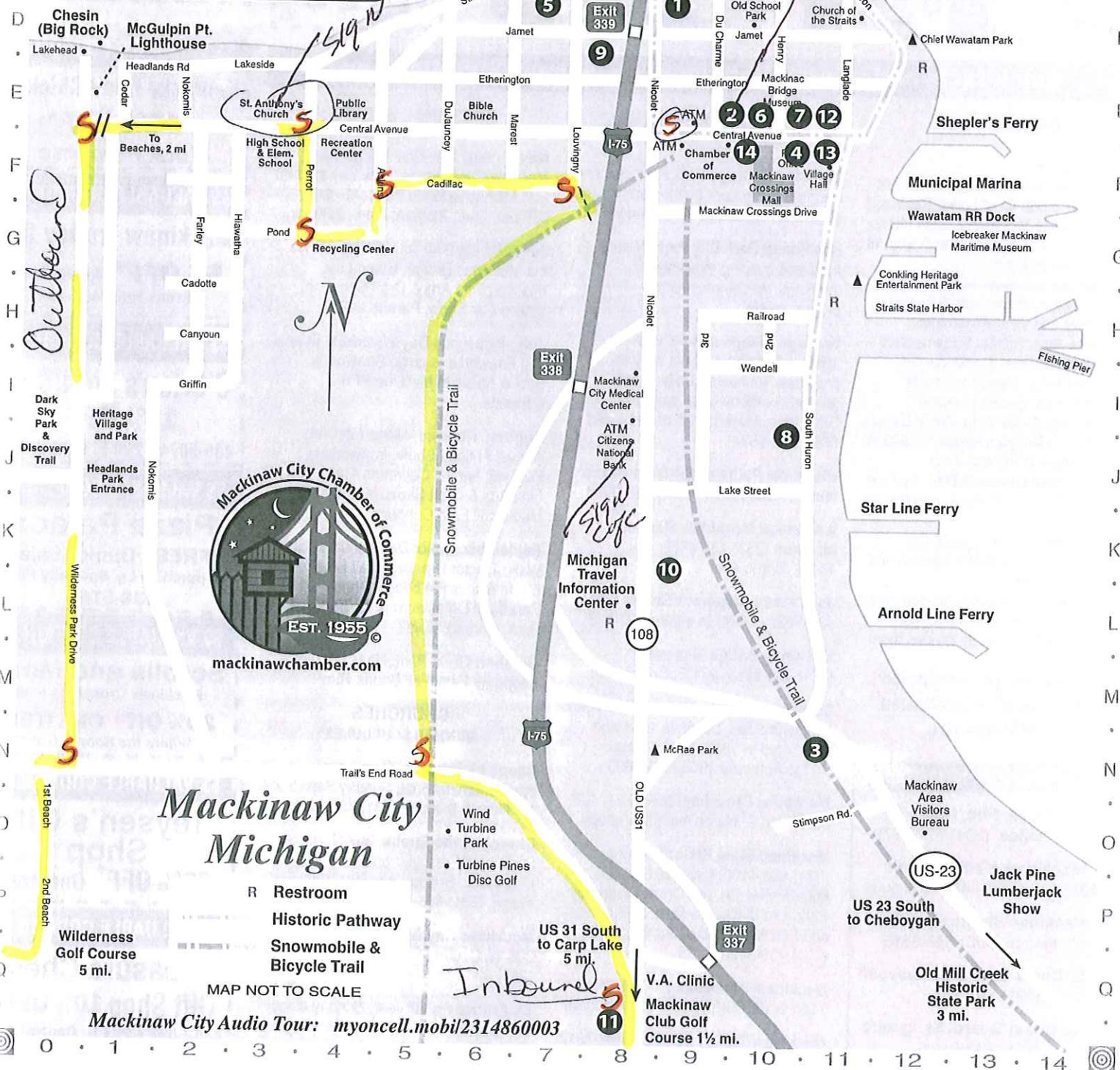
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	33573177-05	08/04/2013	08/04/2014	EACH OCCURRENCE	\$ 1,000,000
				08/04/2014	08/04/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
				/ /	/ /	MED EXP (Any one person)	\$ 5,000
				/ /	/ /	PERSONAL & ADV INJURY	\$ 1,000,000
				/ /	/ /	GENERAL AGGREGATE	\$ 2,000,000
				/ /	/ /	PRODUCTS - COMP/OP AGG	\$ 2,000,000
		AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO		/ /	/ /	BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS		/ /	/ /		
		<input type="checkbox"/> NON-OWNED AUTOS		/ /	/ /		
		GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO		/ /	/ /	OTHER THAN EA ACC	\$
				/ /	/ /	AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY		/ /	/ /	EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE		/ /	/ /		\$
		<input type="checkbox"/> RETENTION \$		/ /	/ /		\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		/ /	/ /	E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. DISEASE - EA EMPLOYEE	\$
		OTHER		/ /	/ /	E.L. DISEASE - POLICY LIMIT	\$

to be updated

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 ADDL INSURED IS TO READ VILLAGE OF MACKINAW CITY, ITS VILLAGE COUNCIL, BOARDS AND COMMISSIONS, CITIZENS, EMPLOYEES & AGENTS, 102 S HURON ST, MACKINAW CITY, MI 49701 for Spring 2014 Bike Tour, Fall 2014 Fall Bike Tour, 2014 Corvette Show, MUSIC IN MACKINAW, WINTERFEST, TWO ADDITIONAL DATES FOR MUSIC IN MACKINAW JUNE 21ST & JUNE 28TH

CERTIFICATE HOLDER	CANCELLATION
(231) 436-5351 Village of Mackinaw City 102 South Huron Ave P O Box 580 Mackinaw City MI 49701-	(231) 436-4166 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Belenita Nallen</i>

2014 Restaurant Map
 Restaurants listed by number
 See other side for
Valuable Coupons!



**Mackinaw City
 Michigan**

- R Restroom
- Historic Pathway
- Snowmobile & Bicycle Trail

Mackinaw City Audio Tour: myoncell.mobil2314860003

- 1. Audie's Restaurant* 436-5744
- 2. BC Pizza* 436-5500
- 3. Blue Water Grill & Bar 436-7818
- 4. Cunningham's Family Restaurant 436-8821
- 5. Darrow's Family Restaurant..... 436-5514
- 6. Kentucky Fried Chicken 436-5491
- 7. Keyhole Bar & Grill* 436-7911

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

2015-SE-013

To Admin. Staff: 10-3-14
To Council: 11-6-14
Decision: Approved Denied
Minutes to Applicant: _____

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

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

SPONSORING ORGANIZATION INFORMATION

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

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Dawn Edwards or Kelly Vieau TELEPHONE: not office
E-MAIL ADDRESS: kelly@mackinawchamber.com CELL PHONE: 231 818-6750

EVENT INFORMATION

NAME OF EVENT: 2015 Big Mac Shoreline Bike Tour Spring
PURPOSE OF EVENT: To promote health & tourism in Northern Michigan

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

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

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

EVENT LOCATION: Mackinaw City Reception & Conference Center - St.

ESTIMATED NUMBER OF ATTENDEES: 250 riders plus family's Anthony

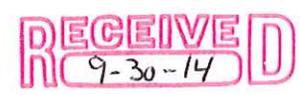
WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 30

ESTIMATE DATE/TIME FOR SET-UP: June 12 11 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: June 13 4 A.M. P.M.

+ Set-up DPW Fees
PD Traffic 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: _____ END: _____
(NO LATER THAN 10 P.M.)

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

Yes No Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No

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

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

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No

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

WILL FIREWORKS BE APART OF EVENT: Yes No

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

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

"YARD" SIGNS - Number requested: 12 (Maximum size is 2' 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): St. Anthony Church, west bound Central Ave. for bike route, C of C office area, end of Central Ave / Nicole St + City Chamber of Commerce offices
Description of signs: Big Mac Shoreline Bike Tour entrance
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

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

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

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

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

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

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

N/A PORTABLE RESTROOMS/TOILETS

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

If no, explain: _____
Restroom Company Name: _____
Address Street: _____
City: _____ State: _____ Zip: _____
Telephone Day: _____ Evening: _____ Fax: _____ Cell: _____

Equipment set up: Date: _____ Time: _____

Equipment pick up: Date: _____ Time: _____

Portable restrooms identified on the site map? Yes No

* Baracade @ trail 3 turn to grass-to road @ 2000 ft. Sheplew cars park there + block bike exit. - Point at Trail Turn

APPLICATION CHECK LIST

A = Applicant V = Village

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

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

Is this an annual event? Yes No
Is this event expected to occur next year? Yes No
How many years has this event occurred? 1995 20 years

Dawn Edwards
Applicant Signature
Print name of applicant: Dawn Edwards

Sept 29, 14
Date

VILLAGE USE ONLY – Department representative please initial if approved

[MEH] DPW [GV] FACILITY SERVICES
[PEW] POLICE [FW] FIRE [HW] AMBULANCE
[RP] 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 _____
- PICK UP TRUCKS _____ TOTAL MEN _____
- OTHER EQUIPMENT _____ TOTAL MEN _____

TOTAL MAN HOURS _____
TOTAL MAN HOURS _____
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 _____
- TRAFFIC CONES – QUANTITY _____
- FENCING WATER ELECTRIC
- OTHER _____

BARRICADES – QUANTITY _____
 PARKING SIGNS – QUANTITY _____
 RESTROOM CLEANING

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times 0700 SUNDAY 1 OFFICER TRAFFIC CONTROL FORT LOT TO BRIDGE

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

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

No TRAFFIC CONTROL

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: _____

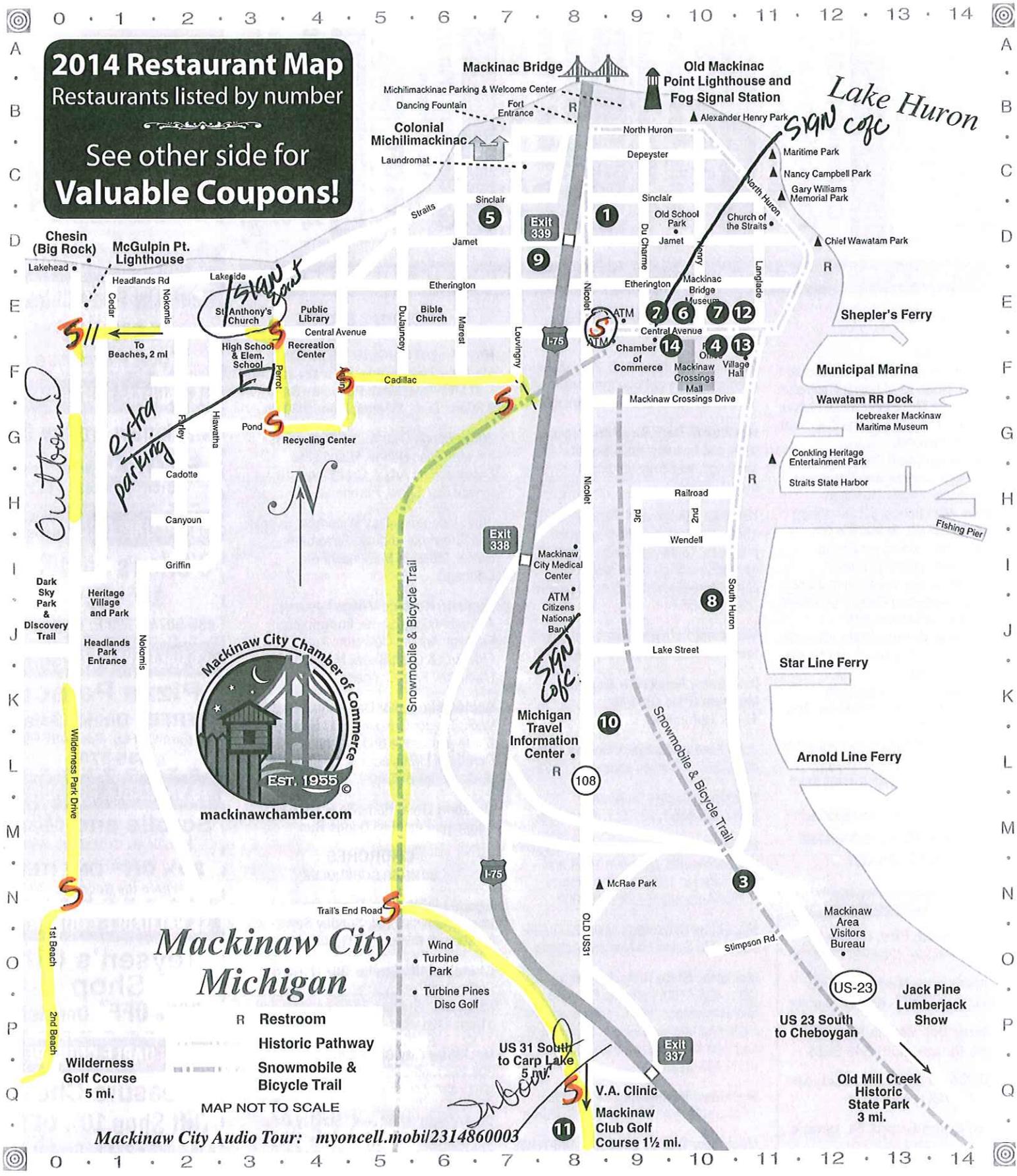
CAMPING: Yes No (identified on map)

LONG TERM PARKING: Yes No (identified on map)

PORTABLE RESTROOMS: Yes No (identified on map)

SITE MAP APPROVED: Yes No

2014 Restaurant Map
 Restaurants listed by number
 See other side for
Valuable Coupons!



Mackinaw City Michigan

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

Mackinaw City Audio Tour: myoncell.mobil2314860003

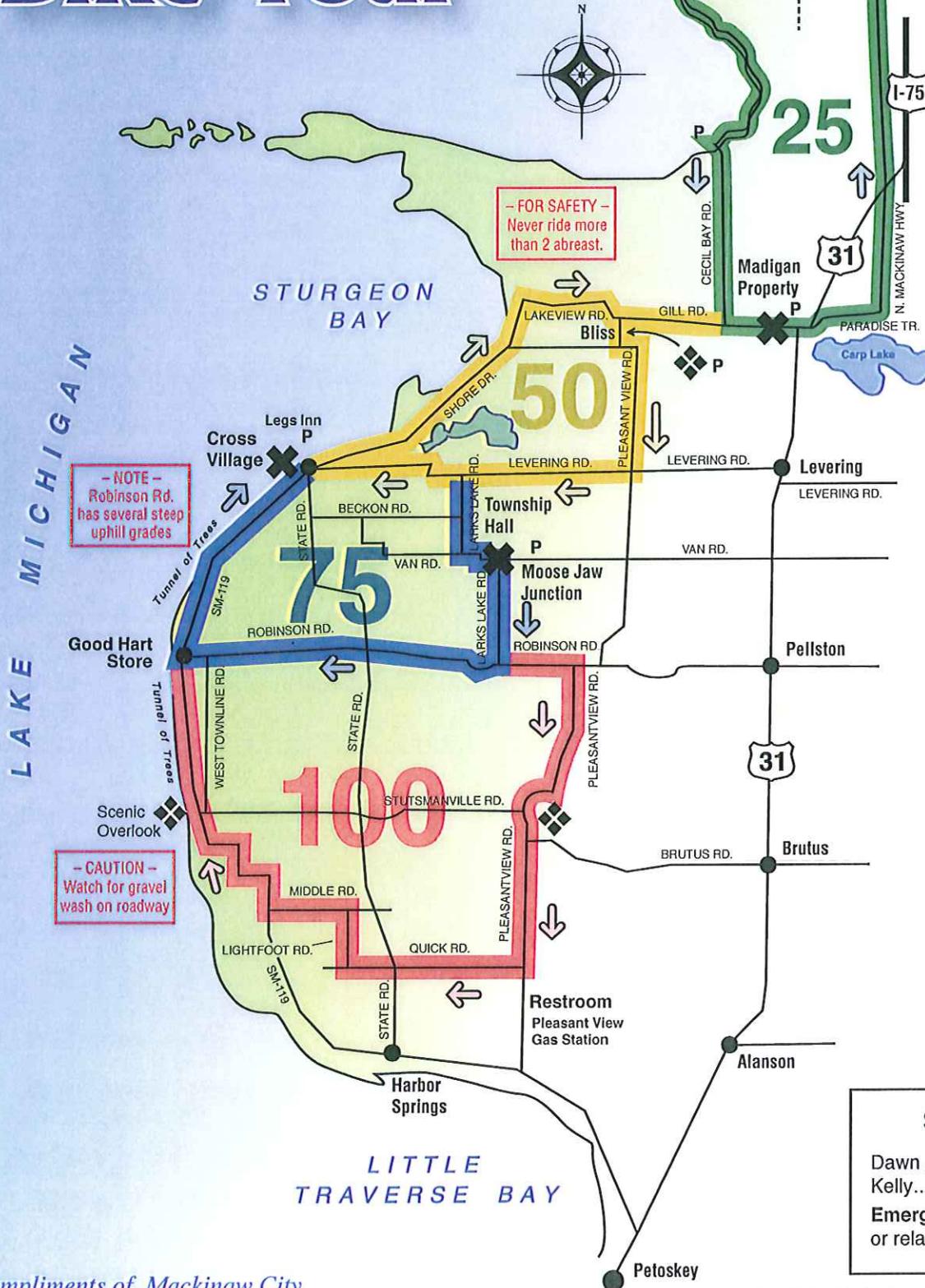
- | | | | |
|---|----------|--|----------|
| 1. Audie's Restaurant* | 436-5744 | 8. Mackinaw Pastie & Cookie Co..... | 436-5113 |
| 2. BC Pizza* | 436-5500 | 9. Mackinaw Pastie & Cookie Co. at the Bridge* | 436-8202 |
| 3. Blue Water Grill & Bar | 436-7818 | 10. Mancino's* | 436-7474 |
| 4. Cunningham's Family Restaurant | 436-8821 | 11. Neath the Birches | 436-5401 |
| 5. Darrow's Family Restaurant..... | 436-5514 | 12. Pancake Chef * | 436-5578 |
| 6. Kentucky Fried Chicken | 436-5491 | 13. Pizza Palace..... | 436-5788 |
| 7. Keyhole Bar & Grill* | 436-7911 | 14. Scalawags..... | 436-7777 |

Big Mac Shoreline Bike Tour



McRee & Conf Center - St Anthony

FORT Sunday line up
for Bridge Ride 6:30AM



KEY

Tour Routes	
	25 MILE
	50 MILE
	75 MILE
	100 MILE
	SNACK STOP
	PORTABLE TOILET
	WATER STOP

Bicycle Day Trip Basic Checklist

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

SAG Hotlines

Dawn 231-420-2979
 Kelly 231- 818- 6756
Emergency Services: ... 911
 or relay info at next stop

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/30/2014

PRODUCER (231) 436-5053

Barnett France

P.O. Box 489

402 Lake St

Mackinaw City, MI 49701-

INSURED

GREATER MACKINAW CITY CHAMBER OF CO

PO BOX 856

MACKINAW CITY MI 49701-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: AUTO OWNERS

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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

INSR ADD'L LTR (INSRD)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	33573177-05	08/04/2013	08/04/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		08/04/2014	08/04/2015	MED EXP (Any one person) \$ 5,000
			/ /	/ /	PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		/ /	/ /	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		/ /	/ /	PRODUCTS - COMPIOP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO		/ /	/ /	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS		/ /	/ /	
	<input type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	
	GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO		/ /	/ /	OTHER THAN EA ACC \$
	EXCESS/UMBRELLA LIABILITY		/ /	/ /	AUTO ONLY: AGG \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	EACH OCCURRENCE \$
	<input type="checkbox"/> DEDUCTIBLE		/ /	/ /	AGGREGATE \$
	<input type="checkbox"/> RETENTION \$		/ /	/ /	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		/ /	/ /	E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. DISEASE - EA EMPLOYEE \$
	OTHER		/ /	/ /	E.L. DISEASE - POLICY LIMIT \$
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

ADDL INSURED IS TO READ VILLAGE OF MACKINAW CITY, ITS VILLAGE COUNCIL, BOARDS AND COMMISSIONS, CITIZENS, EMPLOYEES & AGENTS, 102 S HURON ST, MACKINAW CITY, MI 49701 for Spring 2014 Bike Tour, Fall 2014 Fall Bike Tour, 2014 Corvette Show, MUSIC IN MACKINAW, WINTERFEST, TWO ADDITIONAL DATES FOR MUSIC IN MACKINAW JUNE 21ST & JUNE 28TH

To be updated

CERTIFICATE HOLDER

(231) 436-5351

(231) 436-4166

Village of Mackinaw City

102 South Huron Ave

P O Box 580

Mackinaw City MI 49701-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Belinda Miller

2015-SEP-14

To Admin. Staff: 10-3-14
To Council: 11-6-14
Decision: Approved Denied
Minutes to Applicant: _____

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

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

SPONSORING ORGANIZATION INFORMATION

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

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Dawn Edwards or Kelly Vieau - Sara Jaggi TELEPHONE: not office
E-MAIL ADDRESS: kelly@mackinawchamber.com CELL PHONE: 231 818-6750

EVENT INFORMATION

NAME OF EVENT: 2015 Walk & Iron Inductee Ceremony 2015 Village/Cham
PURPOSE OF EVENT: Welcome Ironworkers/Brist

Non-Profit For-Profit Village Operated/Sponsored Co-Sponsored - This is Not -
 Marathon/Race Festival/Fair Arts & Crafts Show Other _____

DATE(S): Aug 7 FROM 3 A.M. P.M. TO 3:45 A.M. P.M.

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

EVENT LOCATION: Village Walk of Iron - N. Huron ave.
ESTIMATED NUMBER OF ATTENDEES: 50

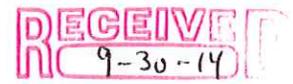
WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 4

ESTIMATE DATE/TIME FOR SET-UP: Aug 7 _____ A.M. P.M.

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

+ DPW fees 1



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: 8:45 END: 9:30
(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
See page 4 for required language naming the Village as an additional insured
- Provide Copy of Fireworks Permit

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

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

SIGNAGE AT EVENT SITE - Location(s): Walk of Sun - Welcome & Induct Parade Sat 10 AM (Ironworker event)

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

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

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

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

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

BOOTHS - QUANTITY _____
Size _____
 AWNINGS - QUANTITY _____
 TENTS - QUANTITY _____
 CHAIRS - QUANTITY 30 chairs + one ad Black
 TABLES - QUANTITY _____ microphone we provide

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

Place bricks at least one week prior to event - Place additional bricks by snowfall.

APPLICATION CHECK LIST

A = Applicant V = Village

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

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

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

Dawn Edwards
Applicant Signature
Print name of applicant: Dawn Edwards

Sept 29, 14
Date

VILLAGE USE ONLY – Department representative please initial if approved

[ME] DPW [CV] FACILITY SERVICES
[PEW] POLICE [FW] FIRE [FW] 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: _____

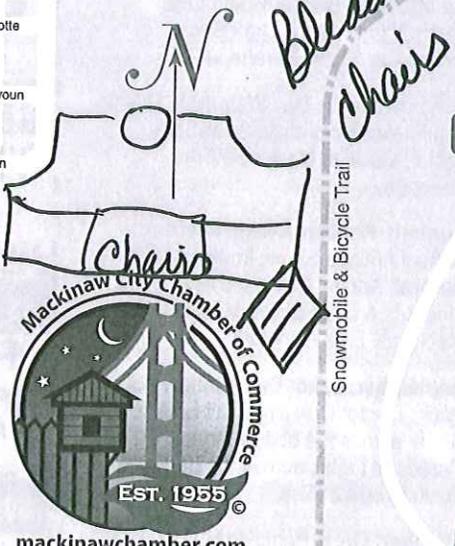
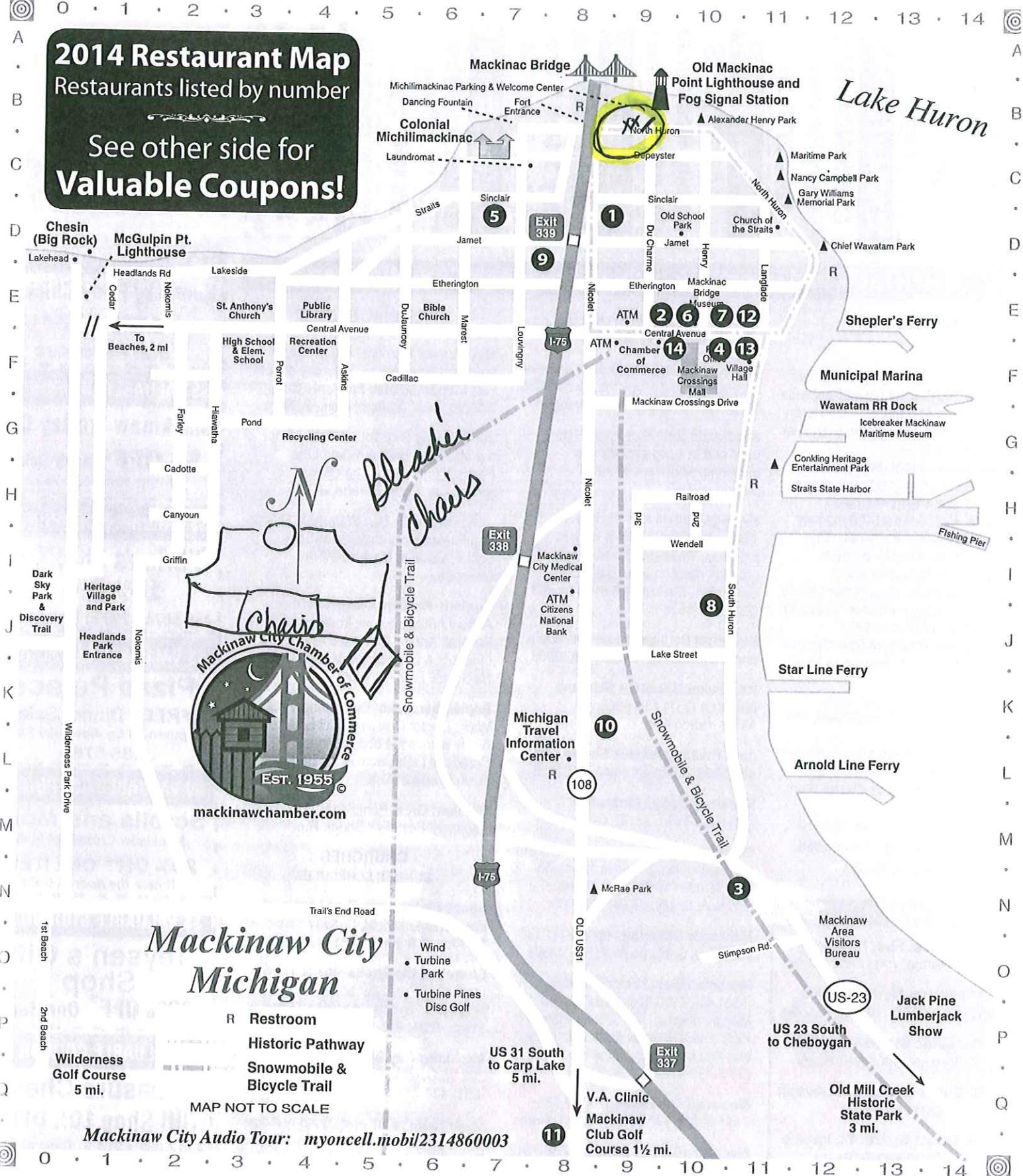
CAMPING: Yes No (identified on map)

LONG TERM PARKING: Yes No (identified on map)

PORTABLE RESTROOMS: Yes No (identified on map)

SITE MAP APPROVED: Yes No

2014 Restaurant Map
 Restaurants listed by number
 See other side for
Valuable Coupons!



Mackinaw City Michigan

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

Mackinaw City Audio Tour: myoncell.mobil2314860003

- 1. Audie's Restaurant* 436-5744
- 2. BC Pizza* 436-5500
- 3. Blue Water Grill & Bar 436-7818
- 4. Cunningham's Family Restaurant 436-8821
- 5. Darrow's Family Restaurant..... 436-5514
- 6. Kentucky Fried Chicken 436-5491
- 7. Keyhole Bar & Grill* 436-7911

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

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

X

2015-SE-015

To Admin. Staff: 10-3-14
To Council: 11-6-14
Decision: Approved Denied
Minutes to Applicant: _____

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

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

SPONSORING ORGANIZATION INFORMATION

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

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Dawn Edwards or Kelly Vieau TELEPHONE: not office
E-MAIL ADDRESS: kelly@mackinawchamber.com CELL PHONE: 231 818-6750

EVENT INFORMATION

NAME OF EVENT: 2015 Fall Shoppers Festival/Great Pumpkin Hunt
PURPOSE OF EVENT: Fall Tourism - Retails Promo

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

DATE(S): Oct 9 FROM 10-10 A.M. P.M. TO 10 A.M. P.M.
FS Fest Oct 18 FROM 10-10 A.M. P.M. TO 10 A.M. P.M.
Pump Oct 9 FROM 10-10 A.M. P.M. TO 10 A.M. P.M.
Hunt Oct 9, 10, 11 FROM 10-5 A.M. P.M. TO 5 A.M. P.M.
RAIN DATE(S): _____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.

EVENT LOCATION: Around MC Retail Services

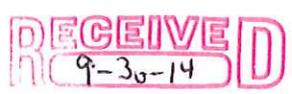
ESTIMATED NUMBER OF ATTENDEES: _____

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 4

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

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



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

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

SIGNAGE AT EVENT SITE - Location(s): Signs in Windows
Sign at Chamber

Description of signs: Fall Fest - Pumpkin Hunt
(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

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 *updates upon approval*

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

APPLICATION CHECK LIST

A = Applicant V = Village

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

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

Is this an annual event? Yes No

Is this event expected to occur next year? Yes No

How many years has this event occurred? 1988 27 years

Dawn Edwards
Applicant Signature

Sept 29, 14
Date

Print name of applicant: Dawn Edwards

VILLAGE USE ONLY – Department representative please initial if approved

[ME] DPW [GV] FACILITY SERVICES
[pew] POLICE [pk] FIRE [pk] 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)

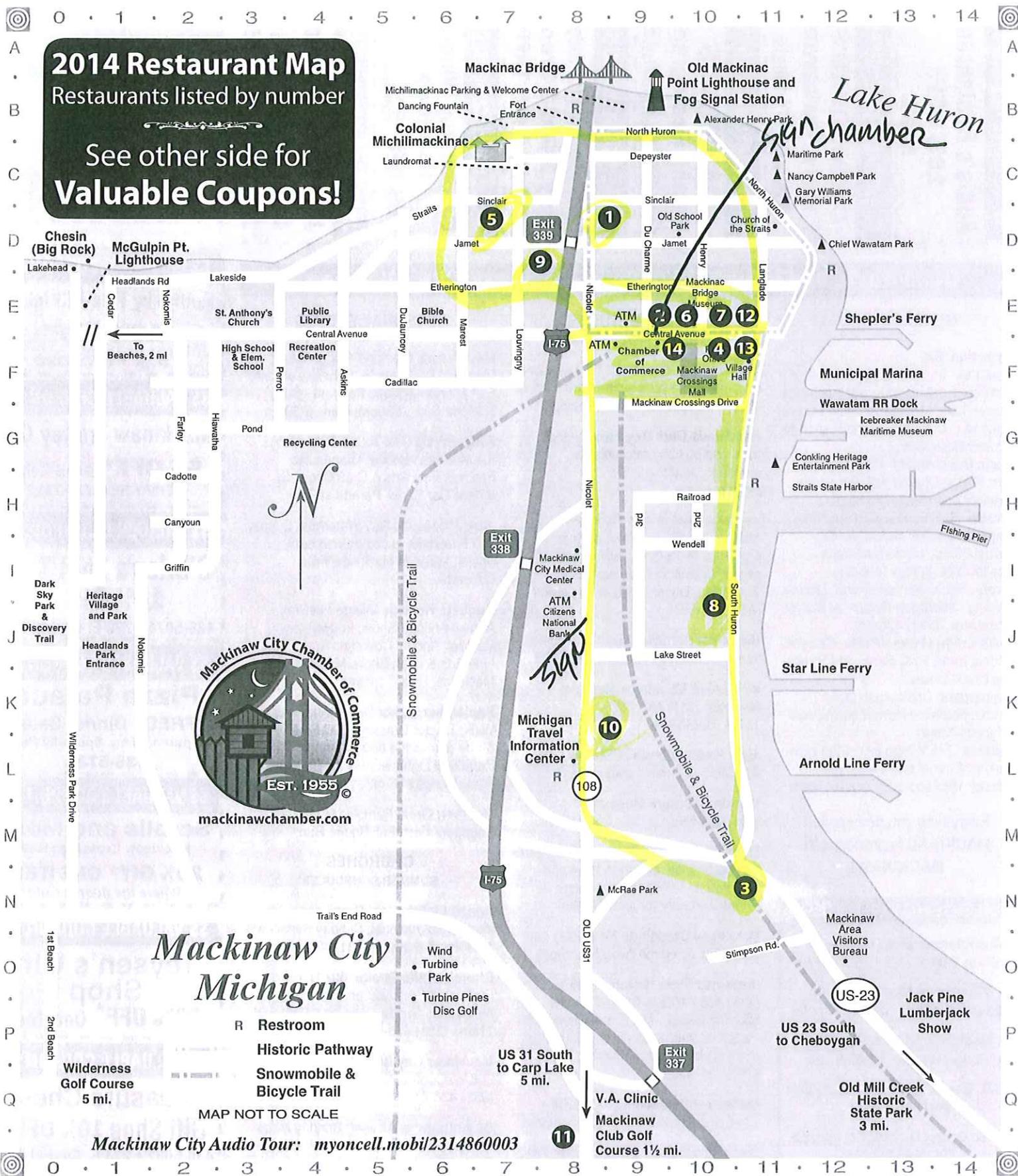
PORTABLE RESTROOMS: Yes No (identified on map)

SITE MAP APPROVED: Yes No

2014 Restaurant Map

Restaurants listed by number

See other side for
Valuable Coupons!



Mackinaw City Michigan

- R Restroom
- Historic Pathway
- Snowmobile & Bicycle Trail

MAP NOT TO SCALE

Mackinaw City Audio Tour: myoncell.mobi/2314860003

- | | | | |
|-----------------------------------|----------|--|----------|
| 1. Audie's Restaurant* | 436-5744 | 8. Mackinaw Pastie & Cookie Co. | 436-5113 |
| 2. BC Pizza* | 436-5500 | 9. Mackinaw Pastie & Cookie Co. at the Bridge* | 436-8202 |
| 3. Blue Water Grill & Bar | 436-7818 | 10. Mancino's* | 436-7474 |
| 4. Cunningham's Family Restaurant | 436-8821 | 11. Neath the Birches | 436-5401 |
| 5. Darrow's Family Restaurant | 436-5514 | 12. Pancake Chef* | 436-5578 |
| 6. Kentucky Fried Chicken | 436-5491 | 13. Pizza Palace | 436-5788 |
| 7. Keyhole Bar & Grill* | 436-7911 | 14. Scalawags | 436-7777 |

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

2015-SE-016

To Admin. Staff: 10-3-14
To Council: 11-6-14
Decision: Approved Denied
Minutes to Applicant: _____

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

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

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: Mackinaw City Chamber of Commerce TELEPHONE: 231 436-5574
MAILING ADDRESS: P.O.Box 856
CONTACT NAME: Dawn Edwards TELEPHONE: 231436-5574
E-MAIL ADDRESS: dedwards@mackinawchamber.com CELL PHONE: 231420-2979

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Kelly Vieau or Dawn Edwards TELEPHONE: not in office
E-MAIL ADDRESS: kelly@mackinawchamber.com CELL PHONE: 231 818-6750

EVENT INFORMATION

NAME OF EVENT: Community Winterfest 2015
PURPOSE OF EVENT: Winter weekend showcase of Up North Fun

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

DATE(S): January 15 FROM 10 A.M. P.M. TO 9 A.M. P.M.
January 16 FROM 10 A.M. P.M. TO 11 A.M. P.M.
January 17 FROM 9 A.M. P.M. TO 11 A.M. P.M.
January 18 FROM 10 A.M. P.M. TO 5 A.M. P.M.

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

EVENT LOCATION: Non Village property around Mackinaw City- see map

ESTIMATED NUMBER OF ATTENDEES: aprox 2,000

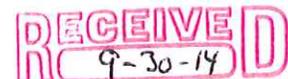
WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 50

ESTIMATE DATE/TIME FOR SET-UP: _____ outhouse race and snow sculpting per snow daylight hours A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: _____ after events- per schedules A.M. P.M.

+ Snow placement
+ DPW



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 *at Sheplers - Race*

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: 10 am END: 5pm
(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

[Handwritten signature]

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

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

SIGNAGE AT EVENT SITE - Location(s): Each event site- ie: Sheplers- outhouse race, Snow blocks- Mackinaw Bay Trading Company lawn, Chili cookoff

Description of signs: tells of event- possible times

(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? N/A

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

If yes, from date _____ to ending date: _____

Long term parking identified on the site map? Yes No

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

Name of Facility where camping: _____

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

Camp sites identified on the site map? Yes No

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

BOOTHS – QUANTITY _____

Size _____

AWNINGS – QUANTITY _____

TENTS – QUANTITY _____

CHAIRS – QUANTITY _____

TABLES – QUANTITY _____

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

PORTABLE RESTROOMS/TOILETS

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

If yes, total number of portable toilets: one Number of ADA accessible portable toilets: no

If no, explain: use of Village Restrooms

Restroom Company Name: Rose's Septic Service

Address Street: 4296 Levering Rd

City: Cheboygan State: MI Zip: 49721

Telephone Day: 231 627-3662 Evening: _____ Fax: _____ Cell: _____

Equipment set up: Date: January 16 Time: day

Equipment pick up: Date: January 19 Time: day

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) *Barrett Insurance*
- Ambulance Standby included with Application paid on _____, receipt no. _____
amount \$ _____
- Fireworks Permit (if applicable)
- Michigan Liquor Control Commission Special Event License (if applicable)
- Health Department Food Service License (if applicable)

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

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

Applicant Signature
Print name of applicant: _____

Date

VILLAGE USE ONLY – Department representative please initial if approved

[MM] DPW [CV] FACILITY SERVICES
[per] POLICE [per] FIRE [per] 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: _____

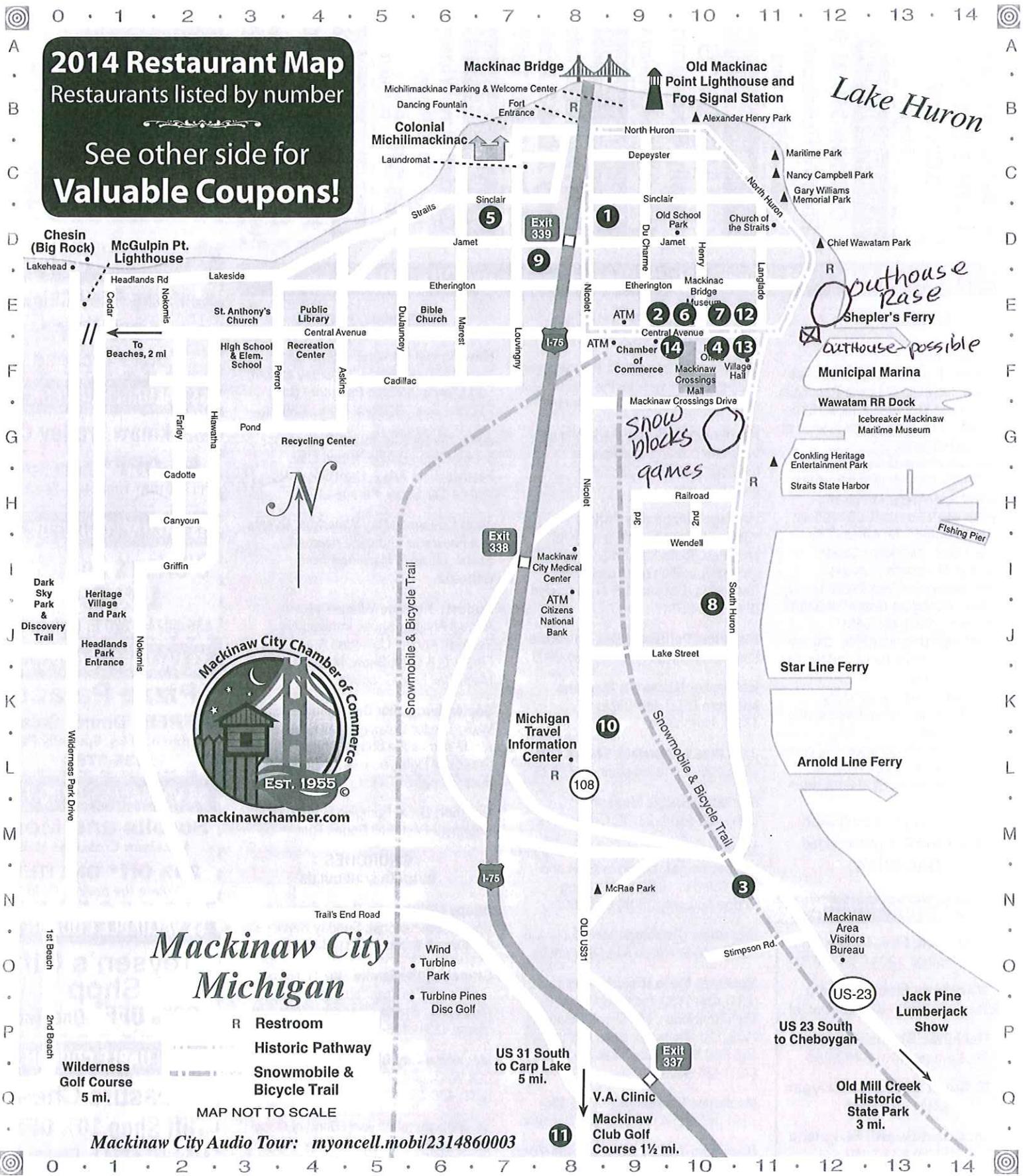
CAMPING: Yes No (identified on map)

LONG TERM PARKING: Yes No (identified on map)

PORTABLE RESTROOMS: Yes No (identified on map)

SITE MAP APPROVED: Yes No

2014 Restaurant Map
 Restaurants listed by number
 See other side for
Valuable Coupons!



Mackinaw City Michigan

- R Restroom
- Historic Pathway
- Snowmobile & Bicycle Trail

Mackinaw City Audio Tour: myoncell.mobil231486003

1. Audie's Restaurant*	436-5744	8. Mackinaw Pastie & Cookie Co.....	436-5113
2. BC Pizza*	436-5500	9. Mackinaw Pastie & Cookie Co. at the Bridge*	436-8202
3. Blue Water Grill & Bar	436-7818	10. Mancino's*	436-7474
4. Cunningham's Family Restaurant	436-8821	11. Neath the Birches	436-5401
5. Darrow's Family Restaurant.....	436-5514	12. Pancake Chef *	436-5578
6. Kentucky Fried Chicken	436-5491	13. Pizza Palace.....	436-5788
7. Kouhelo Bar & Grill*	436-7011	14. Scalawags.....	436-7777

Locations Subject to Change

WINTERFEST 2014 SCHEDULE OF EVENTS- Mackinaw City

Thursday, January 16

Pre-Winterfest Shopping & Dining

MC Library— "Winter reading list" & beverage
Thurs-11-5, Fri 11-5, Sat 10-2

Indoor Ice Skating (byos)
Recreation Center 3-5

Audie's Restaurant

Free coffee or hot cocoa with purchase & WF Pin

O'Reilly's Irish Pub / Dixie Saloon

Hickory Smoked BBQ Ribs
(all 3 days of Winterfest)

Friday, January 17

MCAAC Art Exhibit Reception & Show

Reception: 3-4:30 pm
at Mackinaw Clothing

Pageant Fish Fry- Pancake Chef

4:00-7pm

Ice Hockey Tournament Bantam AA

Fri, Sat and Sunday

DJ & Dancing- Racers Reception

Dixie Saloon - 10:00 PM - 2 AM

Saturday, January 18

8:00 AM - 2:00 PM

Ice Fishing Contest on Paradise Lake

\$ Cash Prizes—Adults and Children welcome!
\$15 entry fee with Winterfest pin.
Hosts: Friends of Paradise Lake.

Registration at Paradise Lake Marina, Carp Lake.

(event is safe ice depth dependant)

Saturday, January 18

"Marina Mountain" Kids Snow Slide

Art Exhibit 10-5- Mackinaw Clothing

10:30 AM - 1:30 PM

Warming House

Pancake Chef - Sponsor

Free Hot Cocoa & Coffee with Winterfest Pin.

10:15AM - 1:15 PM

Poker Walk- New Location BC Pizza

Registration and awards-Hosts- The Paradise
Lake Association

Prizes awarded at 1:30 PM. Must be present to win

11:00AM - 1:00 PM

Chili Cook-Off

Jr's Tailgate Pub, Central Nicolet St's.

Ambassador Hosts

Awards 12:35

Winterfest Buttons Available Here

11:30PM - 2:00 PM

Sleigh/Wagon Rides w/ WF pin

Boarding at Marshall's Fudge.

Sponsored by: Marshall's Fudge & Mackinaw
Clothing

12:15 PM- 1:30 PM

Outdoor Games all Ages-New Location

Central Ave Playground/Arnold Line Park-Sponsors:
Pinecrest Village, Mackinaw City Medical Center, and
Sleep Diagnostics

American Legion Post #159 open to public Saturday

Live Music by "Driven" from 6-10

12.00 PM

Snow Sculpting Photo Opp. & Awards

Sponsored by the Mackinaw Area Visitor's Bureau

Saturday continued:

Pepsi International

Mackinaw Outhouse Races

www.mackinawouthouse.com

Shepler's Lot

2:00pm - Parade of the Outhouses

with race to follow: Peoples Design and Décor

Awards plus Race Team Awards

Adult and junior teams welcome

5 person teams (1 must ride 4 push or pull)

Live Music at O'Reilly's Irish Pub after the race

Music & Commentary for Winterfest

G-Man Sound Productions- Gary Engles

1:00 PM - 3:00 PM

Mancino's Euchre Tournament

\$5.00 entry fee with Winterfest Pin.

The action takes place at Mancino's

(must be over 18 to participate) 717 S. Nicolet St.

Registration begins at 11 (verify location event day)

8:00PM to Midnight

Audie's Scholarship Mods vs. Rockers Ball

DJ, Dancing/Music

Dixie Saloon - 10:00 PM - 2 AM

Music - O'Reilly's

Sunday January 19

Art Exhibit 10-2PM

At Mackinaw Clothing

Stone Soup program and soup lunch 10:30

Church of the Straits-- all welcome!

**verify all locations event day



2015-SE-017

To Admin. Staff: 10-10-14
To Council: 11-6-14
Decision: Approved Denied
Minutes to Applicant: _____

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

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

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: Mackinaw City Area Arts Council TELEPHONE: 231-436-5626
MAILING ADDRESS: P.O. Box 113
CONTACT NAME: Joann P Leal TELEPHONE: 231-436-5626
E-MAIL ADDRESS: joannpleal@gmail.com CELL PHONE: 443-603-5366

CONTACT PERSON ON DAY OF EVENT

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

EVENT INFORMATION

NAME OF EVENT: Music in Mackinaw

PURPOSE OF EVENT: To present a Summer Season of Concerts in Conkling Heritage Park, Mackinaw City

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

DATE(S): June 27, July 3,4,7,14, FROM 8:00 A.M. P.M. TO 9:00 A.M. P.M.
July 17,18,21,24,25,28, FROM 8:00 A.M. P.M. TO 9:00 A.M. P.M.
July 31, Aug 1,4,7,8,11, FROM 8:00 A.M. P.M. TO 9:00 A.M. P.M.
Aug 15,18,22,25,29 FROM 8:00 A.M. P.M. TO 9:00 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: Roth Performance Shell, Conkling Heritage Park, Mackinaw City

ESTIMATED NUMBER OF ATTENDEES: 300-500

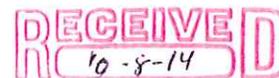
WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 2-4

ESTIMATE DATE/TIME FOR SET-UP: 6:00 _____ A.M. P.M.

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

Fee- \$1100⁰⁰
\$50 per Concert -



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: 8:00pm END: 9:00pm
(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: 8 (Maximum size is 2' x2'. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)

SIGNAGE AT EVENT SITE - Location(s): Changeable Letter Sign in Conkling Park; Chair Rental Sign

Description of signs: 2 Professional A-Frame signs: at Crossings Central Ave. entrance; at Corner Huron & Central
(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? Musicians parking behind Performance Shell on State Harbor Lot

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? 1994 - 20 Years

Joann P Leal, Mackinaw City Area Arts Council
Applicant Signature
Print name of applicant: Joann P Leal

October 9, 2014
Date

VILLAGE USE ONLY – Department representative please initial if approved

[MM] DPW [CV] FACILITY SERVICES
[pcw] POLICE [fwk] 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 Turn off Sprinkler System at 6:00pm

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

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

SITE MAP APPROVED: Yes No

MACKINAW CITY FIRE DEPARTMENT

APPROVED

DENIED

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

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

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

SITE MAP APPROVED: Yes No

RECREATION DEPARTMENT

APPROVED

DENIED

SHOWERS: Yes No

TABLES: Yes No Quantity: _____

CHAIRS: Yes No Quantity: _____

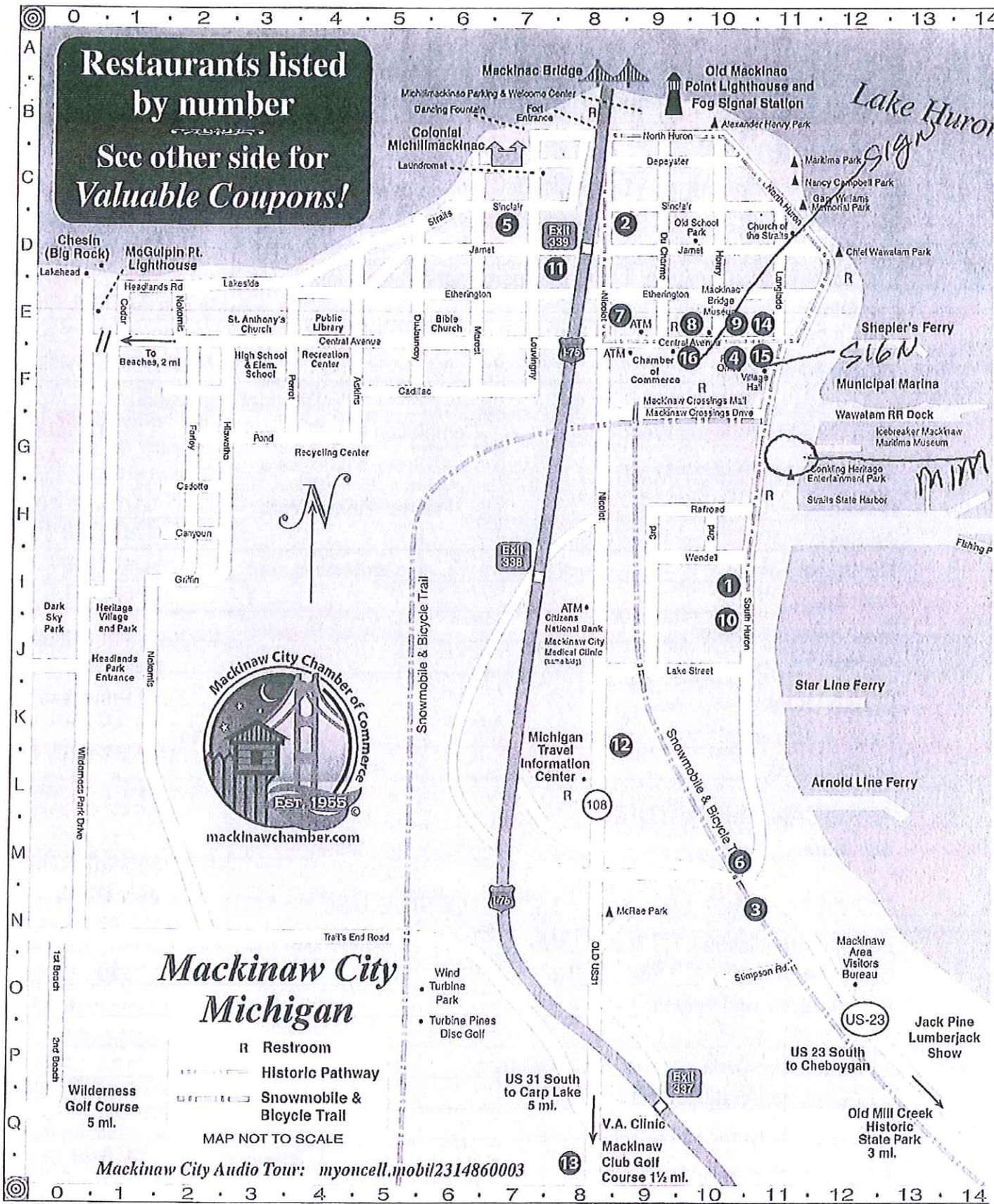
CAMPING: Yes No (identified on map)

LONG TERM PARKING: Yes No (identified on map)

PORTABLE RESTROOMS: Yes No (identified on map)

SITE MAP APPROVED: Yes No

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



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

7-1-14



Village of Mackinaw City

Fee Schedule

Effective May 1, 2014

Fiscal Year
2015

ZONING			
Zoning fees do not include any professional review fees the Village may incur. These additional fees are the responsibility of the applicant and must be paid before approval of the permit or application.			
	Site Plan Review (over a half acre add \$100.00 per half acre)	plus professional service fees	\$200.00
	Amendments to site plans (over a half acre add \$100.00 per half acre)	plus professional service fees	\$200.00
	Lot Splits	plus professional service fees	\$300.00
	Right of Way Permits – Non-residential (plus \$500 deposit and bond)/residential (plus \$50 deposit and insurance)	plus professional service fees	\$50.00/10.00
	Special Use Permits	plus professional service fees	\$200.00
	Variance Requests	plus professional service fees	\$300.00
	Rezoning Requests	plus professional service fees	\$300.00
	Appeals	plus professional service fees	\$200.00
	Zoning Permits (Commercial) plus \$10.00 per 100 sq. ft. of structure	plus professional service fees	\$200.00
	Zoning Permits (Residential) plus \$5.00 per 100 sq. ft. of structure	plus professional service fees	\$50.00
No fee for Village co-sponsored events. Theatrical performance fees to be set by Council on an individual basis.			
FACILITIES			
	Base Fee for Village Facilities per Day Resident		\$100.00
	Base Fee for Village Facilities per Day Resident Nonprofit Group		\$50.00
	Base Fee for Village Facilities per Day Non Resident, Nonprofit Group		\$150.00
	Base Fee for Village Facilities per Day Non Resident		\$300.00
REC. CENTER			
	Conference Rooms – No food being served	Per hour	\$25.00
	Conference Rooms – Food being served	Per hour	\$50.00
	Rink – Resident or Non profit	Per day	\$500.00
	Rink – Non resident	Per day	\$750.00
	Use of locker rooms/showers (\$200 for both showers)	Per day - per room 8-18-14	\$100.00
Membership Based on Calendar year (Date of purchase through December 31 st)			
	Family – Exercise room, walking track, open skate, basketball	Resident/ Non	\$50.00/75.00

	Electronic Media	Per CD	\$10.00
	Bicycle Registration (per bicycle)		\$5.00
	Parking Passes		\$6.00
OTHER			
	Photocopy or Facsimile (plus long distance rates)	Per page	\$1.00
	Photocopy (Yearly Rate – Council Agendas, Minutes & Staff Reports only due in advance)		\$50.00
	Notary – Resident/Non resident		\$5.00/10.00
	Crafts Shows (for every 12' x 12' display/tent area plus Standard Base Fee)	Per day/per event	\$20.00/\$40
	Parade (for profit) plus event costs		\$500.00
	Rallies (more than 250 people TBD by Council in order to cover event costs)		\$500.00
	Ambulance Standby	Per hour	\$150.00
	Table Rental	Per table	\$10.50
	Chair Rental	Per chair	\$1.50
	Garbage Removal		Disposal Cost
	Barrier Fence Installation (per hour, per installer)		\$19.00
	Additional Equipment based on usage (per hour labor/equipment rates)		
	Movement of Snow (per hour pickup truck)		\$42.00
	Movement of Snow (per hour big loader – move)		\$99.00
	Movement of Snow (per hour snow blower)		\$73.00
TRANS. MERC.			
Ordinance	Transient Merchant License Per Year		\$250.00
Ordinance	Transient Merchant License Per Month		\$75.00
Ordinance	Transient Merchant License Per Week		\$55.00
Ordinance	Transient Merchant License Per Day		\$25.00
PEDDLERS			
Ordinance	Hawkers and Peddlers License Per Year		\$300.00
Ordinance	Hawkers and Peddlers License Per Month x 1		\$20.00
Ordinance	Hawkers and Peddlers License Per Month x 6		\$60.00
Ordinance	Hawkers and Peddlers License Per Day		\$20.00
Transportation			
Ordinance	License – New Applicant		\$50.00
Ordinance	License – Renewal Fee		\$25.00
Ordinance	License – Renewal Late Fee (After March 1)		\$10.00

**VILLAGE COUNCIL
VILLAGE OF MACKINAW CITY**
Cheboygan and Emmet Counties, Michigan

Trustee _____, supported by Trustee _____, moved the adoption of the following resolution:

RESOLUTION NO. _____

**A RESOLUTION TO ESTABLISH FINES FOR CIVIL INFRACTION
CITATIONS ISSUED UNDER THE COMPILED CODE OF THE
VILLAGE OF MACKINAW CITY**

WHEREAS, the Village's Code of Ordinances provides that the Village Council shall establish fines in relation to ordinance violations punishable as a municipal civil infraction.

NOW THEREFORE, BE IT RESOLVED AS FOLLOWS:

1. Unless another fine amount is expressly provided, any violation of the Village Code of Ordinances designated as a municipal civil infraction shall be punishable by a fine for a first offense of not less than \$50, for a second offense of not less than \$250, and for a third or subsequent offense of not less than \$500, plus the costs of prosecution.
2. Each day of continued violation shall constitute a separate offense.
3. All resolutions and parts of resolutions insofar as they conflict with the provisions of this Resolution are rescinded.

YEAS: Trustee(s) _____

NAYS: Trustee(s) _____

ABSTAIN: Trustee(s) _____

ABSENT: Trustee(s) _____

CERTIFICATION

I certify that this is a true and complete copy of a resolution adopted at a regular meeting of the Village Council of the Village of Mackinaw City held on _____, 2014.

Date: _____, 2014

Lana Jaggi, Clerk

VILLAGE COUNCIL
VILLAGE OF MACKINAW CITY
Cheboygan and Emmet Counties, Michigan

Trustee _____ supported by Trustee _____, moved the adoption of the following Ordinance:

ORDINANCE NO. 153

**AN ORDINANCE TO AMEND SECTION 14.002 OF PART 14 OF THE
COMPILED CODE OF THE VILLAGE OF MACKINAW TO PROVIDE FOR
THE COMPOSITION OF THE VILLAGE PLANNING COMMISSION**

The Village of Mackinaw City ordains:

Sec. 1. Amendment of Compiled Code. Section 14.002 of Part 14 (Planning Commission, Ordinance #153) of the Compiled Code of the Village of Mackinaw is amended to read as follows:

14.002. Membership.

A. The Commission shall consist of five (5) members appointed by the Mackinaw City Village Council. To be qualified to be a member and remain a member of the Commission, the individual shall meet the following qualifications:

- (1) Shall be a qualified elector of Village of Mackinaw City except that one (1) member may be a non-qualified elector;
- (2) Shall not be a declared candidate for any political office;
- (3) After an individual's first appointment and before reappointment shall have attended training for Commission members, pursuant to Section 4 [14.004] of this Ordinance;
- (4) Shall meet the conditions provided for each individual member in Sections 2.B., 2.C., 2.D., and 2.E. [14.002 B., 14.002 C., 14.002 D., and 14.002 E.], of this Ordinance.

B. Members shall be appointed for three-year terms. However when first appointed a number of members shall be appointed to one-year, two-year, or three-year terms such that, as nearly as possible, the terms of one-third (1/3) of all commission members will expire each year. If a vacancy occurs, the vacancy shall be filled for the unexpired term in the same manner as provided for an original appointment such that, as nearly as possible, the terms of one-third (1/3) of all commission members continue to expire each year.

C. There shall not be any ex officio members on the planning commission.

D. The membership shall be representative of the important segments of the community, such as the economic, governmental, educational, and social development of the Village of Mackinaw City, in accordance with the major interests as they exist in the Village of Mackinaw City, as follows:

- (1) Natural resources and Agriculture;
- (2) Recreation;
- (3) Education;
- (4) Public health;
- (5) Transportation;
- (6) Tourism; and
- (7) Commerce.

E. The membership shall also be representative of the entire geography of the Village of Mackinaw City to the extent practicable, and as a secondary consideration to the representation of the major interests.

Sec. 2. Effective Date. This ordinance shall take effect immediately upon its publication in a newspaper circulated within the Village.

Yeas: Trustees _____

Nays: Trustees _____

Abstain: Trustees _____

Absent: Trustees _____

Ordinance declared adopted.

Jeff Hingston, Village President

Lana Jaggi, Clerk

CERTIFICATION

As the Clerk of the Village of Mackinaw City, Michigan, I certify this is a true and complete copy of an ordinance adopted at a meeting of the Village Council held on _____, 2014, with notice provided as required by law.

_____, 2014

Lana Jaggi, Clerk

COMMITTEE REPORT
VILLAGE OF MACKINAW CITY
102 S. Huron Avenue, Mackinaw City, MI 49701

COMMITTEE: Safety DATE 10-23-14

AGENDA ITEMS: Ambulance

PRESENT: Perlick, Glenn, Michalak + Dr. White

ABSENT: 0 F. Thompson

REPORT: Fred Thompson gave report on progress of new proposed ambulance service thru Emmet county.

Most funding comes from Emmet Co.

We will lose local control

COMMITTEE DATA BASE SUMMARY INFORMATION

ITEM	STATUS/RECOMMENDATION
	<u>recommended recommend looking at legal options to insure adigit adigit ambulance service in M. City</u>
	<u>explore our options if any.</u>

COMMITTEE REPORT
VILLAGE OF MACKINAW CITY
102 S. Huron Avenue, Mackinaw City, MI 49701

COMMITTEE: Finance DATE Oct 28, 2014

AGENDA ITEMS: _____

Headlee Ballot Issue

Treasurer Report

PRESENT: _____

ABSENT: _____

REPORT: _____

Treasurers report will be simplified for
better interpretation.

Headlee - Village Manager will talk
to Village President about a newspaper
interview

COMMITTEE DATA BASE SUMMARY INFORMATION

ITEM

STATUS/RECOMMENDATION

ITEM	STATUS/RECOMMENDATION

COMMITTEE REPORT

COMMITTEE: Ordinance and Policy

DATE: October 28, 2014

AGENDA ITEMS: Resolution Establishing Fines and Penalties; Amendment to Composition of the Village Planning Commission (Ordinance 153); Establishment of General Well Ordinance; ROW Permit Policy

PRESENT: Planisek, Perlick, Michalak, White, Rivera ABSENT: _____

PUBLIC ATTENDES: Mann, Wallin, Leal

REPORT:

- 1.) Reviewed Resolution Establishing Fines and Penalties Relative to Those Ordinances Currently Lacking This Element. Resolution Requested by Interim Manager White.
- 2.) Reviewed Amendment to Composition of the Village Planning Commission.
- 3.) Reviewed Updated Draft from Legal Concerning the Ordinance to Regulate the Construction and Use of Wells in the Village.
- 4.) Reviewed Proposed Right-of-Way Draft Policy

COMMITTEE DATABASE SUMMARY INFORMATION

- | <u>ITEM</u> | <u>STATUS/RECOMMENDATION</u> |
|-------------|--|
| 1.) | <u>Committee Recommends Submission of Fines and Penalties Resolution to Full Council for Action.</u> |
| 2.) | <u>Committee Recommends Forwarding Village Planning Commission Ordinance Amendment to Full Council for Action.</u> |
| 3.) | <u>Revisions Recommended by the Committee Relative to the Ordinance to Regulate the Construction and Use of Wells in the Village to be Submitted to Legal for Final Draft.</u> |
| 4.) | <u>Minor Revisions to the ROW Policy to be Submitted to Legal for Inclusion into Final Draft.</u> |



michigan municipal league

Liability & Property Pool

1675 Green Road
Ann Arbor, MI 48105

TEL 734.662.3246 800.653.2483
FAX 734.662.8083
WEB www.mml.org

to	Members of the MML Liability and Property Pool	from	Michael J. Forster, Pool Administrator
cc		date	September 10, 2014
		subject	2014 Pool Director Election

Dear Pool Member:

Enclosed is your ballot for this year's Board of Directors election. Three (3) incumbent Directors have agreed to seek re-election. You also may write in one or more candidates if you wish.

A brief biographical sketch of each candidate is provided for your review.

I hope you will affirm the work of the Nominating Committee by returning your completed ballot in the enclosed return envelope, no later than November 10. You may also submit your ballot online by going to www.mml.org. Click on *Insurance*, then *Liability and Property Pool*; the official ballot is located in the left navigation bar under *Online Forms*.

The MML Liability & Property Pool is owned and controlled by its members. Your comments and suggestions on how we can serve you better are very much appreciated. Thank you again for your membership in the Pool, and for participating in the election of your governing board.

Sincerely,

Michael J. Forster
Pool Administrator

mforster@mml.org

THE CANDIDATES

Three-year terms beginning January 1, 2015

Jason Eppler, City Manager, City of Ionia



Jason has over seventeen years of experience as a municipal official, serving the last seven as the manager in Ionia. He is a member of the MML Transportation Infrastructure Committee, the International City Management Association and the Michigan Local Government Association. He also serves on the boards of the Sparrow-Ionia Hospital, its foundation, the Ionia County Chamber of Commerce and is past president of the Ionia County United Way. Jason is also a member and director of the Ionia Rotary Club and a director of the Ionia County Economic Alliance. Jason is seeking re-election to his third term.

Sue Osborn, Mayor, City of Fenton



Sue has more than twenty-nine years of experience as a municipal official, serving as the mayor in the City of Fenton for the last sixteen. She was appointed to Fenton's city council in 1985 and has been a continuous member since that time. Prior to her council service, she was a member of the Planning Commission from 1978-1985. Sue is a member of the Michigan Association of Mayors and is also active in several local and regional civic organizations. Sue is seeking election to her first term.

David Post, Village Manager, Village of Hillman



Dave has more than nineteen years of experience as a municipal official, serving as the manager in the Village of Hillman the entire nineteen years. Dave is a past member of the Michigan Municipal League Board of Trustees and several MML committees. He is currently a member of the MML Municipal Finance Committee and the Northeast Michigan Council of Governments board. Dave is also active in several local and regional civic organizations. Dave is seeking election to his first term.