



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
DECEMBER 04, 2014 - 7:00 P.M.
VILLAGE HALL**

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

II. PRESENTATIONS AND RECOGNITIONS

III. APPROVAL OF AGENDA

IV. COUNCIL MINUTES

A. Approval of the regular minutes for November 20, 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. Manager's Report

B. Resolution-Village Cafeteria Plan Amendment

[Action Item]

C. Resolution-Requesting Emergency Assistance

[Action Item]

D. Change of Council Meeting for January 01, 2014

[Action Item]

E. Council Vacancy-Trustee Appointment

[Action Item]

F. Permanent Council Subcommittee Appointments

[Action Item]

G. Special Event Application-MAVB

[Action Item]

VIII. ACCOUNTS PAYABLE

A. Accounts Payable for December 04, 2014

[Action Item]

IX. COMMITTEE/DEPARTMENT REPORTS

A. Public Safety-Trustee Perlick -Chair

CLOSED SESSION AND SUBSEQUENT COUNCIL ACTION

X. ADJOURNMENT



To: Mackinaw City Council
From: David M. White, Interim Village Manager
Date: December 4, 2014
Re: Manager Report for December 4, Council Meeting

VII Business Reports and Recommendations

B. This is the annual renewal of the Section 125 Cafeteria plan for Village employees. In this year's renewal three new amendments have been added. The first is to allow for an up to \$500.00 carryover of unused funds in the FSA to be used for costs during the following plan year. Currently if funds are unused at the end of the year those funds would be lost. Second to allow for the \$500 carryover a Grace period for the plan must be set at zero, in this amendment the Grace period is zero. The last change is an Opt-Out for HSA coverage for Spouse and Children. Currently the plan does not allow for that. I would recommend renewal of the Section 125 Cafeteria plan for Village employees with the plan amendments as proposed.

C. Enclosed with this Agenda is a Resolution for Requesting Emergency Assistance which needs to be adopted when there has been a change in Village Officers. I would recommend approval of this Resolution so that all of our Emergency Assistance documents are up to date.

D. The Village has received a Special Events application from the Mackinaw Area Visitors Bureau. The request is for use of the Recreation Center for a Jr. Roller Derby Tournament April 10,11 and 12 2015. The cost for the Recreation Center is \$1,500 for 3 days and the use of the Locker Rooms would cost \$600.00 for 3 days. The use of Village Employees would be minimal, Ms. Spence will be in attendance at the December 4th meeting to answer any questions Council members may have.

E. I have a request for an Agenda change if the Council would agree. I am requesting that Committee/ Department reports be moved from item IX to be a new item VII just after Public Hearings. This change would allow for Committee, Manager and Department Reports to be received before the Council has to take action on the Agenda items.

CERTIFICATE OF ADOPTING RESOLUTION

The Employer hereby certifies that the following resolutions were duly adopted by the Employer on _____, 2014, and that such resolutions have not been modified or rescinded as of the date hereof;

RESOLVED, that the **Amendment Allowing Health FSA Carryovers as Permitted by IRS Notice 2013-71, Removing Grace Period, if Applicable, and Option to Opt Out Spouse and/or Child(ren)** to the Village of Mackinaw City Section 125 Cafeteria Plan effective January 01, 2014 is hereby approved and adopted and that the proper officers of the Employer are hereby authorized and directed to execute and deliver to the Administrator of the Plan one or more counterparts of the Amendment.

RESOLVED, that the proper officers of the Employer shall act as soon as possible to notify employees of the Employer of the adoption of this Amendment to the Plan by delivering to each employee a copy of the summary description of the changes to the Plan in the form of the Summary of Material Modifications, which form is hereby approved.

The undersigned further certifies that attached hereto, are true copies of this Amendment to the Plan and Summary of Material Modifications approved and adopted in the foregoing resolutions.

Village of Mackinaw City

By: _____
Printed Name and Title

Signature: _____

Date: _____

**Village of Mackinaw City
Section 125 Cafeteria Plan
Summary of Material Modifications (SMM)
Describing Amendment Allowing Health FSA Carry Overs as Permitted
By IRS Notice 2013-71 and
Option to Opt Out Spouse and/or Child(ren)
Effective January 01, 2014**

What follows is a Summary of Material Modifications to the Village of Mackinaw City Section 125 Cafeteria Plan (the "Plan"). It is intended to notify you of important changes made to the Plan effective January 01, 2014. You should take the time to read this Summary carefully and keep it with the copy of the Summary Plan Description that was previously provided to you. If you need another copy of the Summary Plan Description or if you have any questions regarding these changes to the Plan, please contact the Village of Mackinaw City office during normal business hours at 102 S. Huron Avenue Mackinaw City, MI 49701, telephone number 231-436-5351.

Health FSA Carry Overs of up to \$500. The Plan has been amended to allow you to carry over up to \$500 of unused amounts remaining in your Health FSA at the end of a Plan Year to be used for Medical Care Expenses incurred during the next Plan Year, beginning with any unused amounts remaining at the end of the 2014 Plan Year. This change applies only to the Health FSA; carryovers are not permitted under the DCAP.

The following rules will apply to carryovers under the Health FSA:

- No more than \$500 of your unused Health FSA amount for a Plan Year may be carried over for use in the next Plan Year.

Example: At the end of the 2014 Plan Year, your unused health FSA amount is \$800. You may carry over up to \$500 to reimburse 2015 Plan Year expenses. However, the entire \$800 is also available to reimburse 2014 Plan Year expenses during the 2014 run-out period. Assume that, during the run-out period for 2014, you submit and are reimbursed for 2014 expenses of \$350. This leaves you with a carryover of \$450 (\$800 - \$350), which can be used for 2015 expenses. On the other hand, if you do not submit 2014 expenses during the run-out period, you will be able to carry over the maximum permitted amount of \$500.

- Carryovers may not be cashed out or converted to any other taxable or nontaxable benefit, and will not count toward the maximum dollar limit on annual salary reductions under the Health FSA.

Example: Assume that for 2015, you elect the maximum Health FSA salary reduction amount permitted under the plan. Your election will not affect your carryover, and you can also carry over the maximum permitted amount of \$500 from 2014 to 2015.

- Medical Care Expenses incurred in the current Plan Year will be reimbursed first from your unused amounts credited for that Plan Year and then from amounts carried over from the preceding Plan Year. Carryovers that are used to reimburse a current Plan Year expense will reduce the amount available to pay your preceding Plan Year expenses during the run-out period, cannot exceed \$500, and will count against the \$500 maximum carryover amount.

Example: At the end of the 2014 Plan Year, your unused health FSA amount is \$800. You elect Health FSA salary reductions of \$2,500 for 2015. In January 2015, you submit 2015 Medical Care Expenses of \$2,700. The entire \$2,700 will be reimbursed with the \$2,500 you elected for 2015 and \$200 of the \$800 remaining from 2014. You will then have \$600

remaining to reimburse any 2014 Medical Care Expenses submitted during the rest of the 2014 run-out period, and you may carry over up to \$300 (\$500 maximum less the \$200 already reimbursed). Thus, if you submit 2014 run-out expenses of \$750 in February 2015, only \$600 of these expenses can be reimbursed, and you will have no amounts remaining to reimburse 2015 expenses.

- If you are otherwise eligible for the Health FSA for a Plan Year but you do not make a Health FSA election, you may still use any carryovers from the preceding Plan Year for current or preceding Plan Year Medical Care Expenses (in accordance with Plan terms).
- Under IRS rules, if you carry over any unused health FSA amounts to the next Plan Year, you (and any other individual whose expenses can be reimbursed by your Health FSA) cannot contribute to an HSA during the entire next Plan Year. Therefore, if you (or someone else whose expenses can be reimbursed by your Health FSA) would like to contribute to an HSA during the next Plan Year, you must waive (decline) the carryover before that Plan Year begins, using a form available from the Human Resources Manager. If you waive the carryover, you may continue to submit claims for expenses incurred during the current Plan Year until the end of the run-out period, to be reimbursed from your available Health FSA amounts. If those claims do not use up your entire Health FSA balance for the current Plan Year, any unused amounts will be forfeited in accordance with your waiver:

Example: Before the beginning of the 2015 Plan Year, you waive the carryover. On December 31, 2014, you have an unused health FSA amount of \$300. Because of the waiver, the \$300 will not be carried over to the 2015 Plan Year. However, it will remain available to reimburse expenses incurred during the 2014 Plan Year until the end of the run-out period for that Plan Year. Any unused amount remaining at the end of the run-out period will be forfeited.

- You must be a participant in the Health FSA as of the last day of the Plan Year to benefit from the carryover. Termination of employment and cessation of eligibility will generally result in a loss of carryover eligibility unless a COBRA election is made.

Opt Out Spouse and or Child(ren). The plan allows reimbursement of eligible medical expenses incurred by the Participant, the Participant's Spouse and dependents. A spouse and/or child(ren) enrolled in a High Deductible Health Plan (HDHP) will not be eligible for HSA contributions if the spouse's and/or child(ren)'s qualified medical expenses can be paid or reimbursed under the health FSA even if they are enrolled in a HSA Qualified HDHP. The Plan has been amended to allow you to opt out your Spouse and/or Child(ren) from the Health FSA if they are enrolled in a Qualifying High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) at open enrollment or if a HIPAA Special Enrollment event occurs.

This Summary is intended to provide you with an easy-to-understand description of certain changes to the Plan. While every effort has been made to make this description as complete and as accurate as possible, this Summary, of course, cannot contain a full restatement of the terms and provisions of the Plan. If any conflict should arise between this Summary and the Plan, or if any point is not discussed in this Summary or is only partially discussed, the terms of the Plan will govern in all cases. The Employer or its authorized representative, reserves the right, to amend, modify or terminate the Plan, or any benefits provided under the Plan.

**Resolution
For Requesting Emergency Assistance**

Whereas, disasters and major emergencies with the potential for death, injury, or major property loss may occur at any hour and without warning, and

Whereas, it is the responsibility at all levels of government to provide for the health and safety of persons and property, including emergency assistance to victims of a disaster, and

Whereas, in accordance with the Michigan Emergency Act, PA 390 of 1976 as amended, 30.409, section 9, Cheboygan and Emmet Counties have appointed an Emergency Management Coordinator to act for the Chairman of the Board of Commissioners in each respective county in coordination of all matters pertaining to emergency management, disaster preparedness, and recovery assistance within the counties, and

Whereas, the counties of Cheboygan and Emmet have prepared and adopted an Emergency Operations Plan, and

Whereas, the Village of Mackinaw City is an integral part of Cheboygan and Emmet Counties, and

Whereas, in accordance with PA 390, 30.414, section 14, the chief executive official of a county shall not request state assistance or a declaration of a state of disaster or a state of emergency for an emergency which has occurred or is occurring solely within the confines of a township, city, or village within the county unless requested to do so by the chief executive official of the affected township, city, or village, and

Whereas emergency conditions can disrupt communications, prevent travel, or cause the loss of a singular village official, and

Whereas, disasters and major emergencies frequently require immediate and decisive response to save lives and property from further loss.

Therefore, let it be resolved that the Village of Mackinaw City, in times of disaster or major emergency, authorizes the Village President, or in his or her absence, the Village Clerk, to request assistance from either or both the counties of Cheboygan and/or Emmet in responding to and recovering from the effects of a disaster or major emergency.

Ayes:

Nays:

Absent:

Resolution
For Requesting Emergency Assistance
Page Two

RESOLUTION DECLARED ADOPTED.

STATE OF MICHIGAN)
COUNTY OF CHEBOYGAN) ss.

I, Lana Jaggi, the duly qualified and acting Clerk of the Village of Mackinaw City, do hereby certify that the foregoing is a true and complete copy of a resolution adopted by the Village Council at a meeting held on December 04, 2014 the original of which is on file in my office. Public notice of said meeting was given pursuant to and in compliance with Act No. 267, Public Acts of Michigan, 1976, as amended.

IN WITNESS WHEREOF, I have hereto affixed my official signature this 04th day of December, 2014.

Lana Jaggi, Village Clerk

2015-SE-018

To Admin. Staff: 11-7-14
To Council: 12-4-14
Decision: Approved Denied
Minutes to Applicant: _____

SPECIAL EVENT APPLICATION
VILLAGE OF MACKINAW CITY
102 S. HURON AVENUE, MACKINAW CITY, MI 49701
(231) 436-6361

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 Highway
CONTACT NAME: Deb Spence TELEPHONE: 231-436-5664
E-MAIL ADDRESS: deb@mackinawcity.com CELL PHONE: 231-420-8862

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Deb Spence TELEPHONE: 231-420-8862
E-MAIL ADDRESS: deb@mackinawcity.com CELL PHONE: 231-420-8862

EVENT INFORMATION

NAME OF EVENT: Jr Roller Derby Tournament

PURPOSE OF EVENT: _____

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

DATE(S): 4/10/2015 FROM 8:00 A.M. P.M. TO 10:00 A.M. P.M.
4/11/2015 FROM 7:00 A.M. P.M. TO 10:00 A.M. P.M.
4/12/2015 FROM 7:00 A.M. P.M. TO 6:00 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: Mackinaw City Rec Center

ESTIMATED NUMBER OF ATTENDEES: 500

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 8

ESTIMATE DATE/TIME FOR SET-UP: 4/10/2015 8:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 4/12/2015 5:00 A.M. P.M.

3 days - \$1500⁰⁰
Locker Rooms / Showers \$600⁰⁰
Tables/chairs \$2100⁰⁰
405⁰⁰ ?

CK
w/ Tim

Actual activity will end @ approx. 4 pm - Clean-up will start ASAP

RECEIVED 11-3-14

Signage will be the Rec sign near Central

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

Handwritten:  copy of HDFS L.

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 200 x 1.50 = \$ 300.00

AWNINGS - QUANTITY _____

TABLES - QUANTITY 10 x 10.50 = \$ 105.00

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 Commlsslons, 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 Commlsslon Special Event Llcense (if applicable)
- Health Department Food Service Llcense (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 Commlsslons, 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 Commlsslon 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? 2

Debra Spence
Applicant Signature
Print name of applicant: Debra Spence

11-3-14
Date

2.

VILLAGE USE ONLY - Department representative please initial if approved

DPW FACILITY SERVICES
 POLICE FIRE AMBULANCE
 RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ 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