

**NOTICE OF PUBLIC MEETING
COUNCIL CHAMBERS-VILLAGE HALL
102 South Huron Avenue
Phone: 231-436-5351**

7:00 PM

April 02, 2015

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

- I. Roll Call
- II. Pledge of Allegiance
- III. Agenda Approval
- IV. Correction and Approval of Minutes: Special Meeting 03/16/2015
Regular Meeting 03/19/2015
- V. Public Comments
- VI. Communication/Petitions
- VII. Manager Report
- VIII. President's Report/Department Reports
Clerks Report-Clerk Institute Attendance
- IX. Committee Reports:
- X. Old Business: None
- XI. New Business:
 - A. Special Event Application 2015-SE-034 Mackinaw Area Sports Boosters
 - B. Resolution for Charitable Gaming License Mackinaw Area Sports Boosters
 - C. Special Event Application 2015-LSE-001 Mackinaw Area Sports Boosters
 - D. Special Event Application 2015-SE-033 Star Line Zoo-De-Mac
 - E. Special Event Application 2015-SE-031 Great Lakes Endurance, LLC
 - F. Capital Improvement Equipment DPW
 - G. CVB Request
 - H. Michigan DNR-Wilderness Park Letter of Support
 - H. Closed Session:
 - 1. Labor Negotiations DPW Contract
- XII. Scheduling of Committee Meetings
- XIII. Accounts Payable
- IX. Adjourn

**FINANCE AND HUMAN RESOURCE SUBCOMMITTEE:
REVIEW BILLS @ 6:45 PM**

UNAPPROVED

**MINUTES SPECIAL COUNCIL MEETING
MACKINAW CITY
VILLAGE MANAGER INTERVIEWS**

8:30 A.M.

March 16, 2015

President Heilman called the special meeting to order and the following Trustees answered roll call –Belinda Mollen, Scott Newman, Tom Chastain and Paul Michalak. Robert Glenn arrived at 8:50 a.m. Absent- Clerk Lana Jaggi and Richard Perlick

Manager Search Liaison -Kathie Grinzinger – MML

Visitors –

Scott MacInnes - MML

Rosada Mann(afternoon only)

Pledge to Flag.

Kathie Grinzinger reviewed the interview questions and format of the interviews.

Interviews began in the following order at 9:00 a.m.:

Patrick Wyman

Kelly Karll

Recess for lunch 12:30 p.m.

Continued interviews starting at 1:00 p.m.:

David Thayer

David White

Discussion of candidate interviews

Motion S. Newman and support P. Michalak to direct the MML Manager search liaison, Kathie Grinzinger to extend conditional offer to David Thayer, contingent upon successful completion of background check and further reference review. Ayes – R. Glenn, P. Michalak, S. Newman, and R. Heilman. Nays – T. Chastain and B. Mollen. Motion carries.

Adjourn: 5:45 p.m.

Respectfully submitted;

Robert Heilman; President

Belinda Mollen; Trustee, acting secretary

UNAPPROVED
MINUTES REGULAR COUNCIL MEETING
MACKINAW CITY

7:00 P.M.

March 19, 2015

- I. **Roll Call**
President Robert R. Heilman called the meeting to order and with the following Trustees present – Tom Chastain, Scott Newman, Belinda Mollen, Robert Glenn and Paul Michalak. Absent, Richard Perlick-unexcused.
Also present, David White-Interim Manager and Patricia Peppler-Deputy Clerk.
- II. **Pledge of Allegiance**
- III. **Agenda Approval**
Motion Newman seconded Glenn to approve the the addition of XI. New Business: Item G. Mackinaw Straits Raptor Watch Special Event Request 2015-SE-032
Motion Glenn seconded Newman to approve the agenda as presented with the addition of item G.
Voice vote, motion carried unanimously.
- IV. **Correction and Approval of Minutes**
Motion Mollen seconded Michalak to approve the minutes of regular meeting of March 5, 2015 with the corrections as presented.
Voice vote, motion carried unanimously.
- V. **Public Comments**
- VI. **Communication/Petitions**
- VII. **Manager Report**
Report as submitted.
- VIII. **President's Report/Department Head Reports**
Letter from Chris Shepler replying to questions of Council Trustee's
Email from Emily Meyerson, Northern Lower Peninsula Trailways Coordinator, stating the North Western State Trail, Alanson to Mackinaw City segment will be built this summer.
- IX. **Committee Reports**
None
- X. **Old Business:**
None

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**MINUTES REGULAR COUNCIL MEETING
MACKINAW CITY**

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March 19, 2015

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XI. New Business:

A. Tree Board Ordinance Discussion

President to direct Village attorney to draft ordinance change to read three members of Village Council and 2 members of Public at Large .

B. Fire Service Letters to Township

Motion Mollen seconded Newman to send letters to Wawatam Township and Mackinaw Township with the proposed invoice amounts.

Voice vote, motion carried unanimously.

Motion Mollen seconded Newman to send notices to Wawatam Township and Mackinaw Township for a response on proposed invoices as of April 30, 2015.

C. Resolution- Contract for MDOT, S. Huron Project

Motion Mollen seconded Glenn to approve the Resolution to authorize the execution of contract No. 15-5041 with the Michigan Department of Transportation to facilitate the South Huron Avenue Project.

Yeas-Mollen, Newman, Chastain, Heilman, Glenn and Michalak.

Absent-Perlick. Motion carried.

D. Resolution – Proposal 1 for Safer Roads

Motion Michalak seconded Chastain to waive the reading of Resolution in support of Proposal 1 for Safer Roads.

Voice vote, motion carried unanimously.

Motion Heilman to approve Resolution in support of Proposal 1 for Safer Roads.

Motion denied due to lack of support.

E. Ordinance 94 Truck Traffic – Amendment, Reading and Adoption

Motion Michalak seconded Newman to waive the reading of Ordinance 94 to Amend Sections 19.101 through 19.105, and to add section 19.106, to the Compiled Code of the Village of Mackinaw City to regulate the passage of heavy trucks and special mobile equipment through the Village.

Voice vote, motion carried unanimously.

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**MINUTES REGULAR COUNCIL MEETING
MACKINAW CITY**

7:00 P.M.

March 19, 2015

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Motion Michalak seconded Newman to adopt Ordinance 94 to Amend Sections 19.101 through 19.105, and to add section 19.106, to the Compiled Code of the Village of Mackinaw City to regulate the passage of heavy trucks and special mobile equipment through the Village.

Yeas- Newman, Chastain, Heilman, Glenn, Michalak and Mollen.

Absent-Perlick. Motion carried.

F. Ordinance Prohibited Docking or Storage of Trailers or Watercraft

Motion Michalak seconded Glenn to waive the reading of an Ordinance adding sections 35.325 through 35.328 to part 35 of the Compiled Code of the Village of Mackinaw City entitled Prohibited Docking or Storage of Trailers or Watercraft.

Voice vote, motion carried unanimously.

Motion Michalak seconded Glenn to adopt an Ordinance adding sections 35.325 through 35.328 to part 35 of the Compiled Code of the Village of Mackinaw City entitled Prohibited Docking or Storage of Trailers or Watercraft.

Voice vote, motion carried unanimously.

Yeas- Newman, Chastain, Heilman, Glenn, Michalak and Mollen. Absent- Perlick.

Motion carried.

G. Raptor Watch Special Event Request – 2015-SE-032

Motion Michalak seconded Chastain to approve Raptor Watch Special Event – 2015-SE-032.

Voice vote, motion carried unanimously.

**XII. Scheduling of Committee Meetings
none**

XIII. Motion Newman seconded Glenn to pay accounts payable for March 19, 2015 in the amount of \$94,474.10. Yeas- Chastain, Heilman, Glenn, Michalak, Mollen and Newman. Absent- Perlick. Motion carried.

UNAPPROVED
MINUTES REGULAR COUNCIL MEETING
MACKINAW CITY

7:00 P.M.

March 19, 2015

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Trustee Tom Chastian asked to be excused from the Regular Council Meeting of April 2, 2015.

IX Adjournment: 8:05 PM

Respectfully submitted,

Robert R. Heilman; President

Patricia Peppler; Deputy Clerk

MAMC Clerk Institute Attendance Report-03/27/2015

The Michigan Association of Municipal Clerks encourages continued education and professional training for members through their Clerks Institute. The Clerk Institute consists of three one week sessions per year offering a minimum of 40 hours of classroom instruction. This program is sponsored by the MAMC in conjunction with Central Michigan University and is held at the Comfort Inn Conference Center each March. The knowledge acquired at this Institute is of great substance and the curriculum is current and up to date. The information is specifically tailored to the needs and requirements of the municipal clerks' office. Upon completion of the Institute program one has obtained certification of municipal clerk which is a designation awarded by the International Institute of Municipal Clerks.

I attended my second year of Institute from March 15-March 20, 2015. This year there were 129 attendees with 48 hours of class time covering 12 different courses. Dr. Lewis G. Bender, Ph.D., a Professor Emeritus of Public Administration along with his wife, Mary, facilitate the Institute while hosting several professionals that teach the courses throughout the week. They are an amazing team and have a very prestigious Michigan workshop client base.

Attending the Institute has given me the fortune to form relationships in this field creating an opportunity to reach out for support if needed and to learn different methods of procedure to become more efficient in my duties which I am very appreciative of.

Lana Jaggi
Clerk
Village of Mackinaw City

March 30, 2015

To: Mackinaw City Village Council

From: David M. White, Interim Village Manager

Manager's Report for April 2, 2015 Council Meeting

XI. New Business

A. Special Event Application 2015-SE-034 Mackinaw Area Sports Boosters

Included with this application is a sub report from Janelle regarding this application and Mrs. Rogala will be at the Council meeting.

B. Resolution for Charitable Gaming License Mackinaw Area Sports Boosters

The Sports Boosters are requesting a Charitable Gaming License so they can hold a raffle in conjunction with their event. I would recommend approval of this request.

C. Special Event Application 2015 LSE 001 Mackinaw Area Sports Boosters

The Sports Boosters are requesting a Special Events Application for a Raffle and Food sales Fundraiser on September 7, 2015 at the base of the Mackinaw Bridge. I would recommend approval pending the listed items are received.

D. Special Event Application 2015-SE-033 Star Line Zoo-De-Mac

The Star Line is requesting a Special Event Permit for the Zoo-De-Mac after reviewing this application I would concur with Staff and recommend approval of this application

E. Special Event Application 2015-SE-031 Great Lakes Endurance LLC

Great Lakes Endurance LLC is requesting a Special Event Permit to hold a Marathon there would be very little Village involvement. I would recommend approval of this event Janelle has included a sub report with this application regarding a fee adjustment for this event for Council consideration.

F. Capital Improvement Equipment DPW

For Council consideration is the purchase of a Asphalt Hot Patching trailer which was included in the current budget. Mr. Karll used the State purchasing program to receive the best price for the unit you are reviewing. Mike feels this Unit will serve the Village for many years and allow for all road patching except for large jobs to be done by Village employees. Hot patching allows for a much longer patch life and is an overall better job than cold patch. I would be happy to answer any questions Council members may have regarding this item.

G. CVB Request

I have had discussions with the CVB regarding event fees and how they could be reduced. We discussed what services the CVB could provide the Village that we currently or would need to contract out. The attached letter is the result of our talks and is before the Council tonight for comments and discussion. Should any Trustee have any questions that I can answer please let me know. Ms. Spence will also be at the meeting to answer any questions you may have.

H. Michigan DNR Wilderness Park Letter of Support

The Director of Wilderness Park will be at the meeting to give an update and request support for an upcoming project at Wilderness State Park. A sample letter is attached for your review, please let me know if you have any questions.

March 26, 2015

The Mackinaw Area Sports Boosters have submitted two SEA for the sale of Raffle Tickets and apple and/or cherry crisp. The raffle is for Michigan shaped lawn furniture, a television, and artwork. At this time they are in the process of applying for a raffle license.

They have determined that they would like to sell on the Marina Lawn on Saturday, May 23, 2015 and Saturday, July 4, 2015. The second app is for Labor Day. They are the first application for the five spots the Village allows near the Bridge approach on Labor Day. All spots are for non-profits only.

Mrs. Rogala is aware that we are in need of a certificate of liability naming the Village as additional insured, the Serv Safe Certificate and the Raffle License. We have a copy of the 501 (c) (3). A site plan has not been included for the Marina-placement will depend on where the Harbor Manager would like them and what other activities are taking place those days.

It is Mrs. Rogala's intention to attend the meeting on April 2, 2015 to address any questions you may have.

FYI-The Woman's Club has not submitted an application for the Strawberry Social as of this date.

2015-SE-034

To Admin. Staff: 3-27-15
To Council: 4-2-15
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 Sports Boosters TELEPHONE 231-436-5587
MAILING ADDRESS: 1009 W Central Ave Mackinaw City MI 49701
CONTACT NAME: Jill Royala TELEPHONE 231-445-1035
E-MAIL ADDRESS: jill.royala@gmail.com CELL PHONE: "

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Jill Royala TELEPHONE 231-445-1035
E-MAIL ADDRESS: Jill.royala@gmail.com CELL PHONE: "

EVENT INFORMATION

NAME OF EVENT: _____
PURPOSE OF EVENT: Raffle tickets - Crisps (Apple & Cherry)
Raise funds for Mackinaw Area Sports Boosters

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

DATE(S): 3/23/15 FROM 8 A.M. P.M. TO 4 A.M. P.M.
7/4/15 FROM 8 A.M. P.M. TO 4 A.M. P.M.

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

EVENT LOCATION: Marina lawn - location by Harbor Manager

ESTIMATED NUMBER OF ATTENDEES: _____

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 12 - two shifts of 6 each

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

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

Raffle License
Serv Safe
liability

1

RECEIVED
3-20-15

Copy of Non-Profit 3-20-15 - received
Resident / Non-profit = \$50/day X 2 = \$100⁰⁰

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

SIEMAP. 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
We have 4 Street Sale workers

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: School Policy?
See page 4 for required language naming the Village as an additional insured

WILL FIREWORKS BE A PART 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: 2 (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): at tent

Description of signs: 2 Directional 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 4

AWNINGS- QUANTITY 2x12

TABLES- QUANTITY 2

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: _____

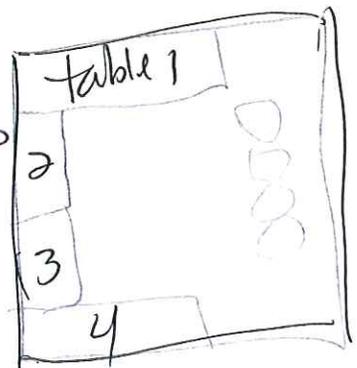
Telephone Day: _____ Evening: _____ Fax: _____ Cell: _____

Equipment set up: Date: _____ Time: _____

Equipment pick up: Date: _____ Time: _____

Portable restrooms identified on the site map? Yes No

What tent setup will look like
3



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) *N/A*
- 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 \$ _____ *N/A*
- Fireworks Permit (if applicable) *N/A*
- Michigan Liquor Control Commission Special Event License (if applicable) *N/A*
- Health Department Food Service License (if applicable)

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

Is this an annual event? Yes No
Is this event expected to occur next year? Yes No
How many years has this event occurred? new this year 2015

Applicant Signature Date
Print name of applicant: _____

VILLAGE USE ONLY – Department representative please initial if approved

[MM] DPW [lev] FACILITY SERVICES
[pw] POLICE [fw] FIRE [] AMBULANCE
[cw] RECREATION
JB

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____
VILLAGEMANAGER

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



Charitable Gaming Division
 Box 30023, Lansing, MI 48909
 OVERNIGHT DELIVERY:
 101 E. Hillsdale, Lansing MI 48933
 (517) 335-5780
 www.michigan.gov/cg

LOCAL GOVERNING BODY RESOLUTION FOR CHARITABLE GAMING LICENSES
 (Required by MCL.432.103(K)(ii))

At a _____ meeting of the _____
REGULAR OR SPECIAL TOWNSHIP, CITY, OR VILLAGE COUNCIL/BOARD

called to order by _____ on _____
DATE

at _____ a.m./p.m. the following resolution was offered:
TIME

Moved by _____ and supported by _____

that the request from Macknow Area Sports Boosters of Macknow City,
NAME OF ORGANIZATION CITY

county of Emmet, asking that they be recognized as a
COUNTY NAME

nonprofit organization operating in the community for the purpose of obtaining charitable
 gaming licenses, be considered for _____.
APPROVAL/DISAPPROVAL

APPROVAL	DISAPPROVAL
Yeas: _____	Yeas: _____
Nays: _____	Nays: _____
Absent: _____	Absent: _____

I hereby certify that the foregoing is a true and complete copy of a resolution offered and
 adopted by the _____ at a _____
TOWNSHIP, CITY, OR VILLAGE COUNCIL/BOARD REGULAR OR SPECIAL
 meeting held on _____
DATE

SIGNED: _____
TOWNSHIP, CITY, OR VILLAGE CLERK

PRINTED NAME AND TITLE

ADDRESS

COMPLETION: Required.
 PENALTY: Possible denial of application.
 BSL-CG-1153(R6/09)

2015-2 SE-001

To Admin. Staff: 3-27-15

To Council: 4-2-15

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 Sports TELEPHONE: 231-436-5587

MAILING ADDRESS: Boosters 609 W Central Ave, MC MI 49701

CONTACT NAME: Jill Rogala TELEPHONE: 231-445-1035

E-MAIL ADDRESS: Jill.rogala@gmail.com CELL PHONE: _____

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Jill Rogala TELEPHONE: 231-445-1035

E-MAIL ADDRESS: Jill.rogala@gmail.com CELL PHONE: _____

EVENT INFORMATION

NAME OF EVENT: Mackinaw Area Sports Boosters Raffle Tent

PURPOSE OF EVENT: Raffle + Food Sales Fund Barber - Crisps

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

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

DATE(S): 9/7/15 FROM 8:00 A.M. P.M. TO 4:00 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: Base of the Mackinaw Bridge

ESTIMATED NUMBER OF ATTENDEES: _____

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 6 per shift - two shifts = 12

ESTIMATE DATE/TIME FOR SET-UP: 9/7/15 7 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 9/7/15 4-5 A.M. P.M.

Raffle License
Serve Safe -

1

Cert of Liability -

Copy of Non-Profit - 3-20-15 - received

Resident/non-profit

RECEIVED
3-20-15

\$ 50 / day

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 *we have & serve safe workers*

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

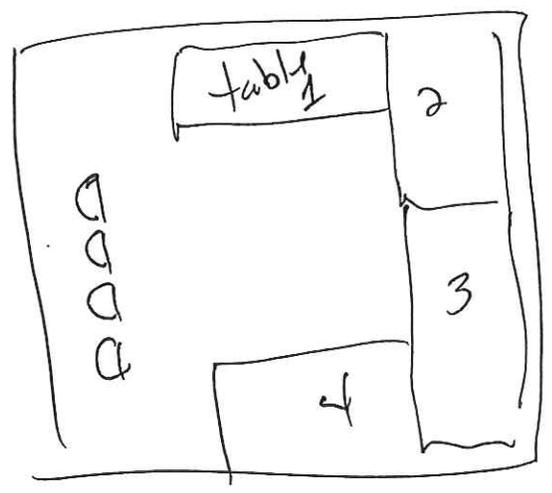
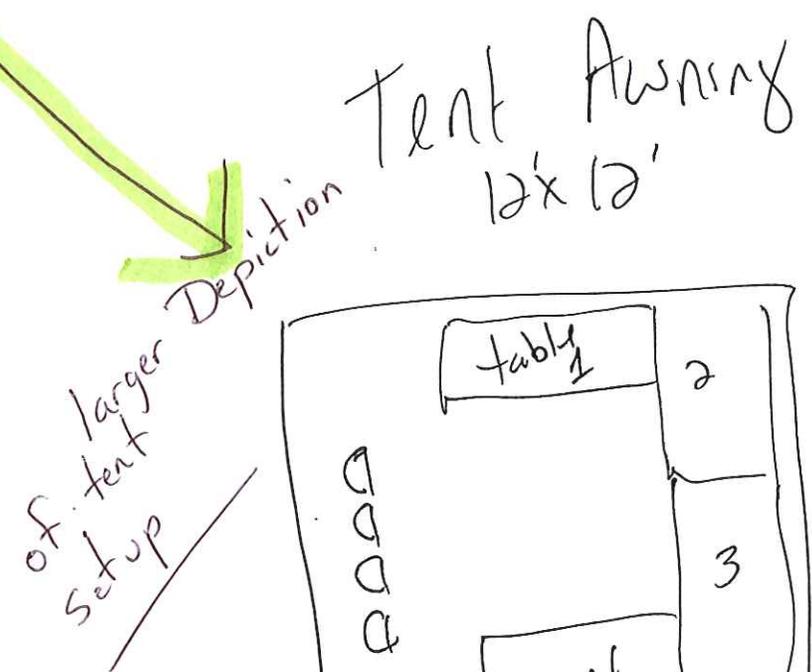
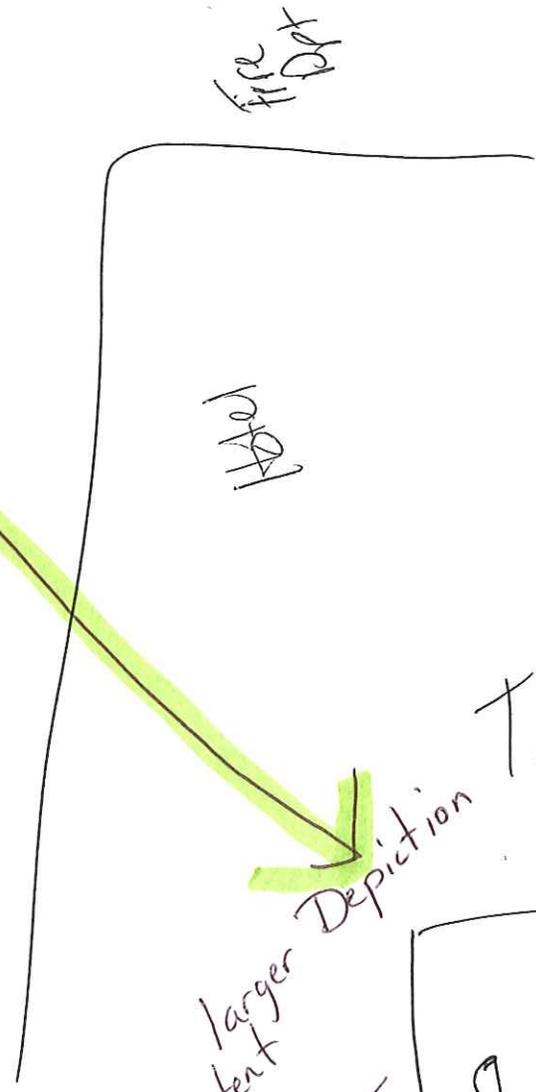
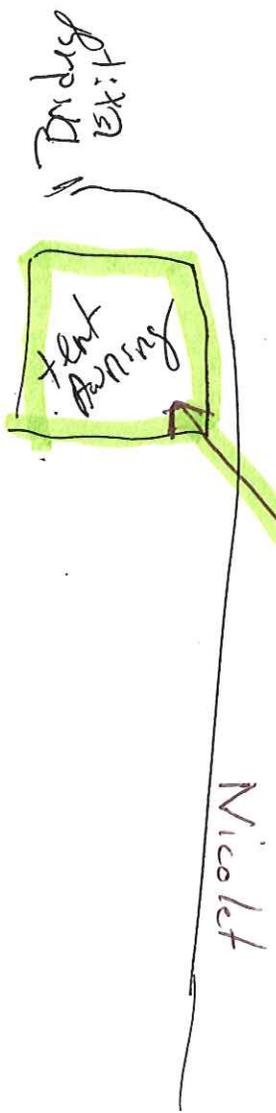
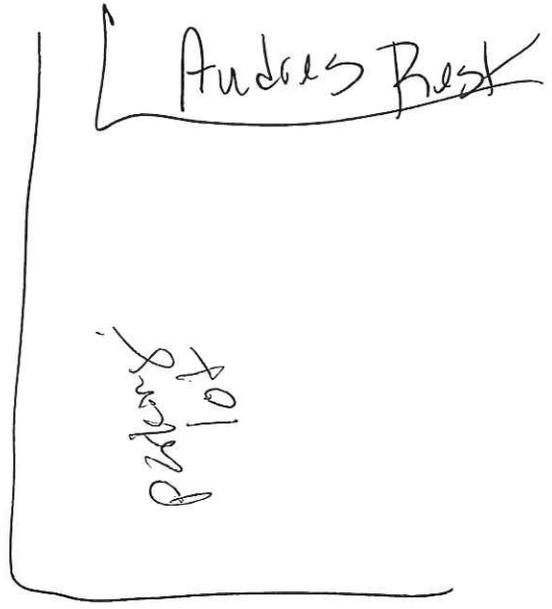
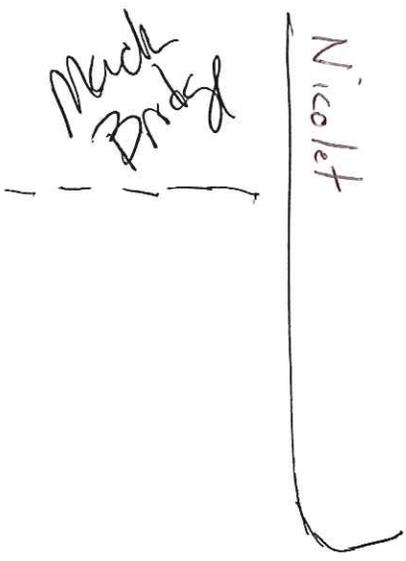
If yes, describe measures to be taken to prohibit the sale of alcohol to minors: _____

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No

Date insurance binder provided: *Mack City Public Schools upon request*
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



Rev. 12.10

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: 2 (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): Signage on our awning tent and two directional yard signs

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 _____
 AWNINGS – QUANTITY 1 - 12x12'
 TENTS – QUANTITY _____
 CHAIRS – QUANTITY _____
 TABLES – QUANTITY 4 6x2'

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

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

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

APPLICATION CHECK LIST

A = Applicant V = Village

- | | | |
|-------------------------------------|--------------------------|---|
| <u>A</u> | <u>V</u> | |
| <input 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) N/A |
| <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) To follow |
| <input type="checkbox"/> | <input type="checkbox"/> | Ambulance Standby included with Application paid on _____, receipt no. _____
amount \$ _____ N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | Fireworks Permit (if applicable) N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | Michigan Liquor Control Commission Special Event License (if applicable) N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | Health Department Food Service License (if applicable) N/A |

If document is missing, please explain: Will get fee submitted for check to be printed and will have cert of Ins Submitted.

The applicant and sponsoring organization understand and agrees to: Submitted.

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? First year
2015

Applicant Signature _____
Print name of applicant: JM Rosoler

3/20/15
Date

VILLAGE USE ONLY – Department representative please initial if approved

[MM] DPW [CV] FACILITY SERVICES
[RW] POLICE [JK] 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

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: SEP 23 2014

MACKINAW AREA SPORTS BOOSTERS
15624 HEBRON MAIL ROUTE ROAD
CHEBOYGAN, MI 49721-0000

Employer Identification Number:
80-0597028
DLN:
26053632002664
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Form 990-PF Required:
Yes
Effective Date of Exemption:
August 18, 2014
Addendum Applies:
Yes

*get copy of
form 1023-
boosters*

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a private foundation within the meaning of Section 509(a).

Based on the information you submitted on your application, we approved your request for reinstatement under Section 7 of Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is the submission date of your application.

You're required to file Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation, annually, whether or not you have income or activity during the year. If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PF" in the search bar to view Publication 4221-PF, Compliance Guide for 501(c)(3) Private Foundations, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5437

MACKINAW AREA SPORTS BOOSTERS

Sincerely,

A handwritten signature in cursive script, appearing to read "Tommie Reynolds". The signature is written in dark ink and is positioned below the word "Sincerely,".

Director, Exempt Organizations

2015-SE-033

To Admin. Staff: 3-16-15

To Council: 4-2-15

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: Star Line Passenger Service TELEPHONE: 800-638-9892

MAILING ADDRESS: 711 S Huron Mackinaw City, MI 49701

CONTACT NAME: Mike North TELEPHONE: 906-643-7635

E-MAIL ADDRESS: mike@mackinac ferry.com CELL PHONE: 906-298-0102

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Mike North TELEPHONE: 906-643-7635

E-MAIL ADDRESS: mike@mackinac ferry.com CELL PHONE: 906-298-0102

EVENT INFORMATION

NAME OF EVENT: 200-De-Mac

PURPOSE OF EVENT: _____

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

DATE(S): May 16 FROM 7 A.M. P.M. TO 10 A.M. P.M.

May 17 FROM 7 A.M. P.M. TO 10 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: 711 S Huron Ave. Mackinac City, MI 49701

ESTIMATED NUMBER OF ATTENDEES: 4000

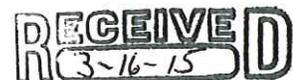
WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: _____

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

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

Proof of liability - 3-17-15
Site Plan - 3-17-15



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: N/A 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: N/A

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): At site

Description of signs: ZOO - DE - MAC
(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: 0 Number of ADA accessible portable toilets: N/A
If no, explain: _____

Restroom Company Name: Leskis Septic
Address Street: 2803 Mackinac Trail
City: St Ignace State: MI Zip: 49781

Telephone Day: 906-643-9588 Evening: _____ Fax: _____ Cell: _____

Equipment set up: Date: May 15 Time: _____

Equipment pick up: Date: May 18 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? _____

Lisa Winkelman

3/16/15

Applicant Signature

Date

Print name of applicant: Lisa Winkelman

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 _____
- 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 _____

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

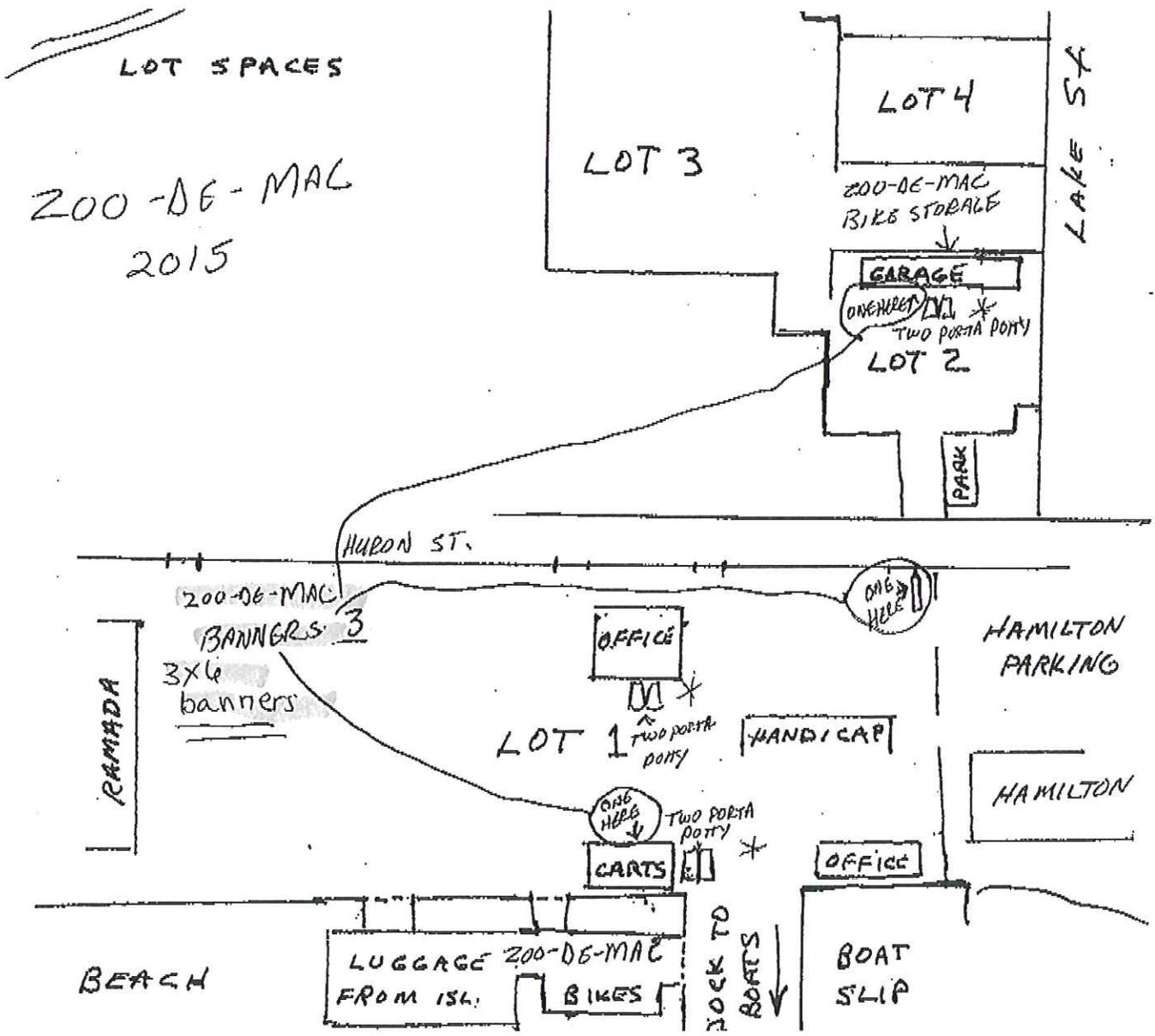
RECREATION DEPARTMENT

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



LOT SPACES

200-06-MAC
2015

LOT 3

LOT 4

200-06-MAC
BIKE STORAGE

GARAGE

ONE WHEEL *
TWO PORTA POTTY

LOT 2

PARK

LAKES ST.

HURON ST.

200-06-MAC

BANNERS 3

3x6
banners

RAMADA

OFFICE

LOT 1

TWO PORTA
POTTY

HANDICAP

HAMILTON
PARKING

HAMILTON

ONE
HERE

CARTS

TWO PORTA
POTTY

OFFICE

BEACH

LUGGAGE 200-06-MAC
FROM ISL.

BIKES

ROCK TO
BOATS

BOAT
SLIP

March 26, 2015

Great Lakes Endurance, LLC is not a non-profit organization. They are an organized group that promotes environmental awareness. At the conclusion of this event they donate a portion of the proceeds to the Mackinaw City Schools for a school trip and to promote awareness of the environment. Last year they donated \$1,800 to the school. This has been confirmed with Mr. Curth. He states that they are very beneficial to the school.

They are requesting that their rate for the event be charged at \$150.00-the base fee for a non-resident, nonprofit group. The actual fee to be charged would be \$300-the base fee for a non-resident group. The remainder of their application is in order and we have a payment of \$150.00 made to date.

2015-SE-031

To Admin. Staff: 3-13-15
To Council: April 2, 2015
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: Great Lakes Endurance, LLC TELEPHONE: 715-701-0360
MAILING ADDRESS: 28 West Street, Clintonville, WI 54929
CONTACT NAME: Jeff Crumbaugh TELEPHONE: 715-701-0360
E-MAIL ADDRESS: info@greatlakesendurance.com CELL PHONE: 715-701-0360

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Jeff Crumbaugh TELEPHONE: 715-701-0360
E-MAIL ADDRESS: info@greatlakesendurance.com CELL PHONE: 715-701-0360

EVENT INFORMATION

NAME OF EVENT: Waugoshance Trail Marathon
PURPOSE OF EVENT: Fundraiser for the Mackinaw City School

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

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

DATE(S): July 11, 2015 FROM 7:00 A.M. P.M. TO 1:30 A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.
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: Shelter behind Mackinaw City School

ESTIMATED NUMBER OF ATTENDEES: 300

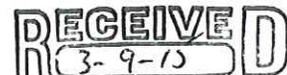
WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 25

ESTIMATE DATE/TIME FOR SET-UP: 30 minutes 7:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 30 minutes 1:30 A.M. P.M.

Fee = \$
Site plan ✓
Ins Cert ✓
Porta potties ✓



PARADE PERMIT

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

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: _____

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

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

EVENT DETAILS

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

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

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes No

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

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

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

Yes No Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No

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

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

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No

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

WILL FIREWORKS BE APART OF EVENT: Yes No

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

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

- "YARD" SIGNS - Number requested: ____ (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): Finish line banner & sponsor banners on grassy area near press box

Description of signs: 7 ft high banner with "Finish", Hammer Nutrition & Merrell Footwear Sponsor 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? Not applicable

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

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

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

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

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

PORTABLE RESTROOMS/TOILETS

Have you made arrangements to provide portable restroom facilities at your event? Yes No
If yes, total number of portable toilets: 6 Number of ADA accessible portable toilets: _____
If no, explain: _____

Restroom Company Name: K & J Septic Service
Address Street: River Road
City: Petoskey State: MI Zip: 49770
Telephone Day: 231-347-3996 Evening: _____ Fax: _____ Cell: _____
Equipment set up: Date: July 10 Time: afternoon
Equipment pick up: Date: July 13 Time: morning
Portable restrooms identified on the site map? Yes No

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

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? This is the 4th Annual


Applicant Signature
Print name of applicant: Jeff Crumbaugh

March 9, 2015
Date

VILLAGE USE ONLY – Department representative please initial if approved

DPW FACILITY SERVICES
 POLICE FIRE [] AMBULANCE
[] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____

VILLAGE MANAGER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/19/2015

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

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

PRODUCER FRANCIS L. DEAN & ASSOCIATES, LLC 1776 S. NAPERVILLE ROAD, BLDG-B P.O. BOX 4200 WHEATON, IL 60189 www.fdean.com (800)745-2409	CONTACT NAME: PHONE (A/C, No, Ext): 800-745-2409 FAX (A/C, No): 630-665-7294 E-MAIL ADDRESS: info@fdean.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: United States Fire Insurance Company		21113
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:

Coverages: Great Lakes Endurance Trail Running Series
28 West Street
Clintonville, WI 54929

CERTIFICATE NUMBER: USP173069 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			SRPGP-101-0414	02/07/2015 12:01 AM	09/20/2015 12:01 AM	GENERAL AGGREGATE	\$2,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$2,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY	\$1,000,000.00
							EACH OCCURRENCE	\$1,000,000.00
							FIRE DAMAGE (Any one fire)	\$300,000.00
							MED EXP (Any one person)	\$
	GENL AGGREGATE LIMIT APPLIES PER:						\$	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

Snowshoeing and Trail Running Activities

CERTIFICATE HOLDER Great Lakes Endurance Trail Running Series 28 West Street Clintonville, WI 54929	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <div style="text-align: right; font-family: cursive; font-size: 1.2em;">Francis L. Dean</div>
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ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
2/19/2015

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGP-101-0414/USP173069		EFFECTIVE DATE 02/07/2015 12:01 AM	NAMED INSURED(S) Great Lakes Endurance Trail Running Series	

ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)

INTEREST	<input checked="" type="checkbox"/> ADDITIONAL INSURED	LOSS PAYEE	NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER		
	<input type="checkbox"/> BEACH OF WARRANTY								<input type="checkbox"/> MORTGAGEE	LOCATION:	BUILDING:
	<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER	Conserve School 5400 N Black Oak Lake Rd Land O' Lakes, WI 54540						VEHICLE:	BOAT:	
	<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT	REFERENCE / LOAN #:						AIRPORT:	AIRCRAFT:	
	<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE	LIEN AMOUNT:						ITEM CLASS:	ITEM:	
	<input type="checkbox"/> LIENHOLDER		INTEREST END DATE:						ITEM DESCRIPTION		
REASON FOR INTEREST:			E-MAIL ADDRESS:						PHONE (A/C, No, Ex):		FAX (A/C, No):

INTEREST	<input checked="" type="checkbox"/> ADDITIONAL INSURED	LOSS PAYEE	NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER		
	<input type="checkbox"/> BEACH OF WARRANTY								<input type="checkbox"/> MORTGAGEE	LOCATION:	BUILDING:
	<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER	Porcupine Mountains Wilderness State Park 33303 Headquarters Road Siler City, MI 49953						VEHICLE:	BOAT:	
	<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT	REFERENCE / LOAN #:						AIRPORT:	AIRCRAFT:	
	<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE	LIEN AMOUNT:						ITEM CLASS:	ITEM:	
	<input type="checkbox"/> LIENHOLDER		INTEREST END DATE:						ITEM DESCRIPTION		
REASON FOR INTEREST:			E-MAIL ADDRESS:						PHONE (A/C, No, Ex):		FAX (A/C, No):

INTEREST	<input checked="" type="checkbox"/> ADDITIONAL INSURED	LOSS PAYEE	NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER		
	<input type="checkbox"/> BEACH OF WARRANTY								<input type="checkbox"/> MORTGAGEE	LOCATION:	BUILDING:
	<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER	Tahquamenon Falls State Park 41382 West M123 Paradise, MI 49768						VEHICLE:	BOAT:	
	<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT	REFERENCE / LOAN #:						AIRPORT:	AIRCRAFT:	
	<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE	LIEN AMOUNT:						ITEM CLASS:	ITEM:	
	<input type="checkbox"/> LIENHOLDER		INTEREST END DATE:						ITEM DESCRIPTION		
REASON FOR INTEREST:			E-MAIL ADDRESS:						PHONE (A/C, No, Ex):		FAX (A/C, No):

INTEREST	<input checked="" type="checkbox"/> ADDITIONAL INSURED	LOSS PAYEE	NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER		
	<input type="checkbox"/> BEACH OF WARRANTY								<input type="checkbox"/> MORTGAGEE	LOCATION:	BUILDING:
	<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER	Hartman Creek State Park N2480 Hartman Creek Road Waupaca, WI 54981						VEHICLE:	BOAT:	
	<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT	REFERENCE / LOAN #:						AIRPORT:	AIRCRAFT:	
	<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE	LIEN AMOUNT:						ITEM CLASS:	ITEM:	
	<input type="checkbox"/> LIENHOLDER		INTEREST END DATE:						ITEM DESCRIPTION		
REASON FOR INTEREST:			E-MAIL ADDRESS:						PHONE (A/C, No, Ex):		FAX (A/C, No):

INTEREST	<input checked="" type="checkbox"/> ADDITIONAL INSURED	LOSS PAYEE	NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER		
	<input type="checkbox"/> BEACH OF WARRANTY								<input type="checkbox"/> MORTGAGEE	LOCATION:	BUILDING:
	<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER	Emmons Creek Fishery Area Wisconsin DNR 5301 Rib Mountain Drive Wausau, WI 54401						VEHICLE:	BOAT:	
	<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT	REFERENCE / LOAN #:						AIRPORT:	AIRCRAFT:	
	<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE	LIEN AMOUNT:						ITEM CLASS:	ITEM:	
	<input type="checkbox"/> LIENHOLDER		INTEREST END DATE:						ITEM DESCRIPTION		
REASON FOR INTEREST:			E-MAIL ADDRESS:						PHONE (A/C, No, Ex):		FAX (A/C, No):

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
2/19/2015

AGENCY		CARRIER United States Fire Insurance Company	NAIC CODE 21113
POLICY NUMBER SRPGP-101-0414/USP173069		EFFECTIVE DATE 02/07/2015 12:01 AM	NAMED INSURED(S) Great Lakes Endurance Trail Running Series

ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER		
		Wilderness State Park 903 Wilderness Park Drive Carp Lake, MI 49718						LOCATION:	BUILDING:
		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE:	BOAT:	
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:	
				E-MAIL ADDRESS:				ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER		
		Village of Mackinaw City, Village Council, Board and Commissions, Citizens, Employees and Agents 102 South Huron Avenue Mackinaw City, MI 49701						LOCATION:	BUILDING:
		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE:	BOAT:	
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:	
				E-MAIL ADDRESS:				ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER		
		US Forest Service Grand Island National Recreation 400 East Munising Avenue Munising, MI 49862						LOCATION:	BUILDING:
		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE:	BOAT:	
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:	
				E-MAIL ADDRESS:				ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER		
		Iola Winter Sports Park E398 County Road MM Iola, WI 54945						LOCATION:	BUILDING:
		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE:	BOAT:	
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:	
				E-MAIL ADDRESS:				ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER		
								LOCATION:	BUILDING:
		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE:	BOAT:	
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:	
				E-MAIL ADDRESS:				ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.

reception

From: Great Lakes Endurance [info@greatlakesendurance.com]
Sent: Monday, March 09, 2015 12:29 AM
To: reception
Subject: Waugoshance Trail Marathon Permit Materials
Attachments: gle waugoshance trail marathon.pdf; waugoshance 2015 permit signature page.pdf; USP173069rev.pdf; Waugoshance Finish Site Map.pdf

Janelle:

Thank you for your call. Please find attached our permit application, signature page, site map and 2015 Certificate of Insurance.

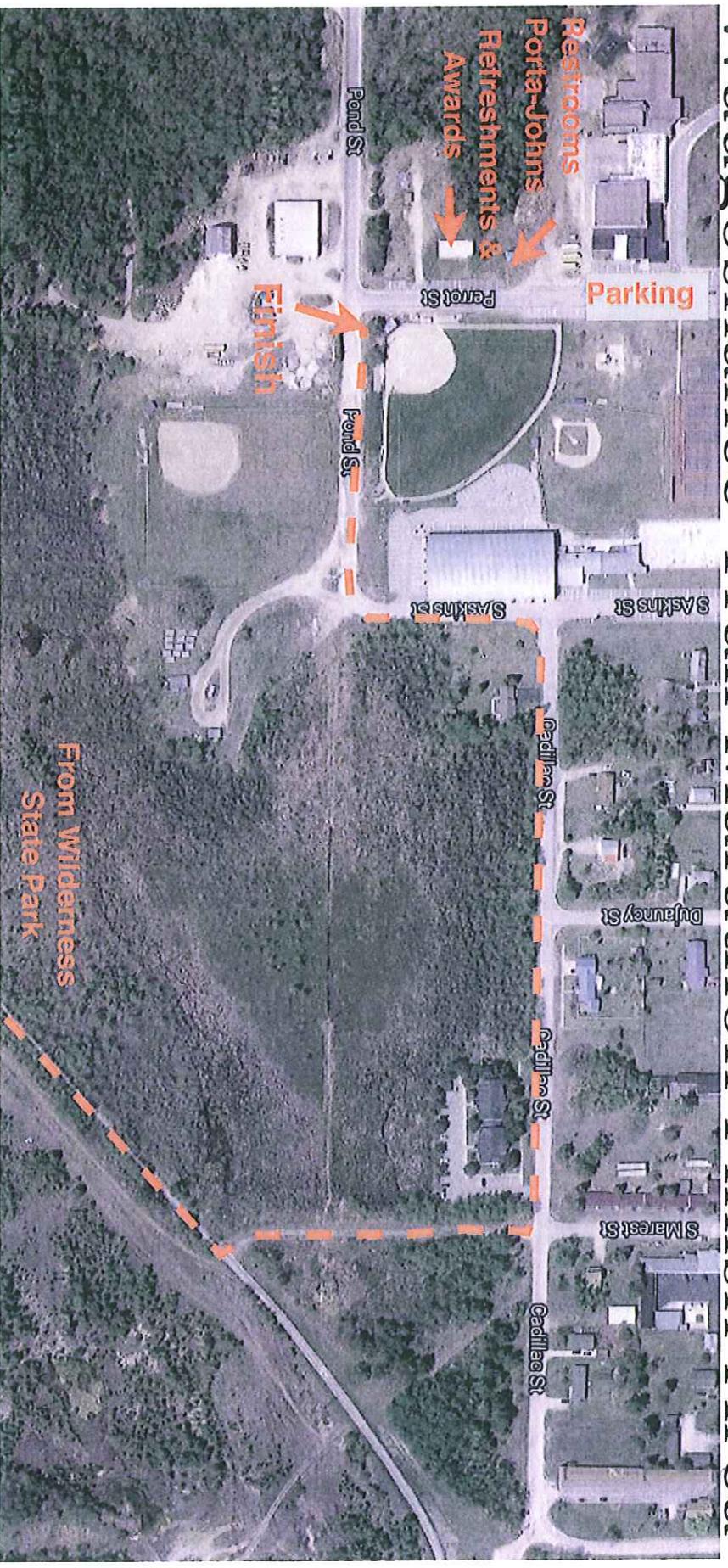
We will send the extra \$50 to you as well.

Thanks as always. It is a pleasure to work with you.

Jeff

Jeff Crumbaugh
Great Lakes Endurance
info@greatlakesendurance.com
715-701.0360

Waugoshance Trail Marathon Finish Area



Notes:

- 1) Porta Johns will be placed in front of the existing restrooms
- 2) Wired flags (3"x4") will mark route from paved North Country Trail to Grassy area by Press Box

2015/2016 Equipment Capital Outlay

Leaf Vacuum Trailer Unit

The leaf collection program is currently costs roughly \$16,000 annually based on 2014's collection (see attached expenses). This cost is so high due to improper equipment being used to do the job. Our street sweeper has vacuum capabilities but only for small jobs. It is not adequate for a leaf collection service Village wide. Not only is it inadequate, but it is a specialized piece of equipment that has specialized parts that are very expensive. Using the street sweeper puts unnecessary wear on the machine and puts us at risk for large repair bills.

I propose that the Village purchase a leaf vacuum trailer unit. I have past experience with this type of equipment and know that it is very effective and efficient. Upfront cost would be offset over time by the significant savings in labor, equipment rental and repairs, and fuel. This equipment mulches the leaves as it vacuums thus allowing for greater compaction and capacity inside the containment box on the trailer. This will allow for more time picking up leaves and less time driving to the dump to empty a load of leaves.

Having the proper equipment will also allow us to have a better pick-up schedule. Currently, due to the inefficiencies of the equipment we use, we are unable to follow a schedule. Too much time is spent in transit to effectively complete a scheduled route on time. Once a schedule can be made for collection some labor hours will be freed up to do other needed routine maintenance during the fall.

Hot Patch Trailer

Road conditions in the Village are of growing concern. The deterioration of the roads requires that patching work be done. When done properly the patches should hold for some time and slow the breakdown. We currently do not have the ability to do this properly because we lack the proper equipment. Having a hot patch trailer will allow us to more effectively stabilize roads by applying the material hot. The adhesion properties of cold material are not as strong as when the material is hot. Better adhesion equals higher quality and longer lasting patches. Options for these trailers also include recycling capabilities. This would allow us to repurpose road materials that would otherwise be disposed of.

EQUIPMENT RENTAL

LEAF COLLECTION PROGRAM

10/1/14 TO 11/14/14

DIVISION OF HOURS BASED ON AVG LOADS x TIME IN TRANSIT = 62.5% OF 8 HR SHIFT

EQUIPMENT	RATE PER HR	HOURS TOTAL	AMOUNT
SWEPPER/VAC IN TRANSIT	\$85.86	68.5	\$5,881.41
SWEPPER/VAC COLLECTION	\$85.86	41	\$3,520.26
TOTALS		109.5	\$9,401.67
203-463			
209-276			
S. MARTIN			
J. KRUEGER			

EQUIPMENT RENTAL (Based on new leaf vac rate)

LEAF COLLECTION PROGRAM

10/1/14 TO 11/14/14

DIVISION OF HOURS BASED ON AVG LOADS x TIME IN TRANSIT = 62.5% OF 8 HR SHIFT

EQUIPMENT	RATE PER HR	HOURS TOTAL	AMOUNT
SWEPPER/VAC IN TRANSIT	\$45.95	68.5	\$3,147.58
SWEPPER/VAC COLLECTION	\$45.95	41	\$1,883.95
TOTALS		109.5	\$5,031.53

ELGIN STREET SWEEPER/VAC FUEL REPORT FOR LEAF COLLECTION PROGRAM

LOG DATE	LOG TIME	CITY	STATE	APPROVED AMOUNT
10/3/2014	9:24:57	MACKINAW CITY	MI	126.61
10/8/2014	9:08:09	MACKINAW CITY	MI	115.44
10/14/2014	7:55:52	MACKINAW CITY	MI	118.85
10/20/2014	12:11:13	MACKINAW CITY	MI	126.47
10/23/2014	12:07:46	MACKINAW CITY	MI	115
10/27/2014	12:05:15	MACKINAW CITY	MI	114.77
10/29/2014	14:05:40	MACKINAW CITY	MI	124.59
11/3/2014	7:57:40	MACKINAW CITY	MI	136.68
11/5/2014	7:48:35	MACKINAW CITY	MI	128.18
11/6/2014	13:40:17	MACKINAW CITY	MI	133.9
11/10/2014	13:07:11	MACKINAW CITY	MI	146.12
11/12/2014	11:59:08	MACKINAW CITY	MI	141.15

TOTAL FUEL COST 10/01 - 11/14 1527.76

	Options: Deduct for 2-Ton Hopper Deduct for 50/550 Analog Thermometer Deduct for Release Agent Dispenser Holder Deduct for 2-Position Tool Holder Prosport 6 Battery Charger Package Timer – 24-Hour Dump Box (12-Volt Electric Over Hydraulic)	(\$350) (\$293) (\$201) (\$45) \$502 \$275 \$3,950
	Total with All Options	\$17,588



Honorable Robert R. Heilman, Village President
 David White Interim Village Manager
 Village Council

In a conversation with Mr. White regarding the Villages facility fees, it was suggested that I propose a joint venture between the Mackinaw Area Visitors Bureau and the Village of Mackinaw City. This partnership would minimize the financial impact on the Visitors Bureau while giving the Village the benefit of the Bureaus marketing knowledge and expertise.

Therefore, the Mackinaw Area Visitors Bureau proposes to provide the Village with:

10,000 Marina Brochures*	\$1,289	
5,000 Recreation Center Rack Cards*	\$500	
2016 Visitors Guide ½ page Marina Ad*	\$2,675	(80,000 guides produced & distributed)
2016 Visitors Guide ½ page Recreation Center Ad*	\$2,675	
Web Banner ad on MAVB Web Site Marina*	\$4,000	(\$2,000 per year)
Web Banner ad on MAVB Web Site Rec Center*	\$4,000	(\$2,000 per year)
<u>MAVB Rack Card Listing*</u>	<u>\$1,000</u>	(\$500/40,000 per year produced & distributed)
Total Value	\$16,139	

* Village of Mackinaw City to supply content & graphics

In exchange for the above listed items and services, we request, that the Village Waive the following fees:

- Park and Vendor Fees for June & August Craft Shows and July Mustang Show
- Mustang Parade Fee
- Park fee for Hopps of Fun
- All Recreation Center Fees associated with Memorial Bridge Race & Fall Colors Bridge Race
- 2 Roller Derby Tournaments (pending approval)
- Total Amount of Fees: \$10,000 (approx.)**

As the Mackinaw Area Visitors Bureau continues its mission of promoting Mackinaw City, we plan to continue to financially support, Historical Village projects, Winterfest and other community events. We will also continue to produce Memorial Weekend Fireworks and Fall Fireworks displays.

I truly believe that working together as a team we can come to a mutually beneficial agreement. I look forward to meeting with all of you to discuss the possibilities. Please contact me at your earliest convenience to schedule a meeting.

Kind Regards,
 Deb Spence
 Executive Director
 Mackinaw Area Visitors Bureau



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF NATURAL RESOURCES
LANSING



KEITH CREAGH
DIRECTOR

Dear Mr. David White,

As Unit Supervisor of Michigan's Department of Natural Resources, Wilderness State Park I am contacting you in hopes of gaining support from the Village of Mackinaw City for our Lakeshore Campground Renovation Project. This 150 site campground is very popular and has brought vast numbers of tourists into this area for the past fifty years. The campground is however in desperate need of upgrade in order to meet the needs of today's camping public and comply with ADA standards so that our facilities are accessible to everyone.

We have completed Phase 1 of the project which was the installation of new water well and a new sanitation station. We are now moving into Phase 2 of the project which is the development of 19 full hook-up sites and some roadway repair in the existing campground. The complete project will stretch over 7 phases as planned and will include a completely renovation of our Lakeshore Campground.

Mr. Matt Lincoln is the DNR, Parks and Recreation Division Grant Writing Specialist who is currently applying for a Land and Water Conservation Fund Grant for a portion of the project's Phase 2 funding. Matt has supplied me with the attached Letter of Support template and I am very hopeful that your organization will be willing to fill the letter out and return it to Matt as a means of showing your support for our Campground Renovation Project.

If you have any questions or concerns, please do not hesitate to contact me by e-mail or phone.

Thank you for your consideration,

Burr Mitchell

Unit Supervisor
Wilderness State Park
(231)436-5040

[ORGANIZATION LETTERHEAD]

[Date]

Mr. Matt Lincoln
Parks and Recreation Division
MDNR
P.O. Box 30257
Lansing, MI 48909

RE: Lakeshore Campground Redevelopment Phase II – Wilderness State Park

Dear Mr. Lincoln:

[Organization Name] supports the Michigan Department of Natural Resources efforts to apply for a Land and Water Conservation Fund grant to redevelop and improve the Lakeshore Campground at Wilderness State Park.

This project is vital to providing safe access to recreation opportunities for visitors to the park. This project also supports the region's efforts to attract visitors and improve the region's quality of life for generations to come.

[Insert any additional organization information here i.e. mission statements, etc.]

Please contact me if you have any other questions regarding this letter.

Sincerely,

[Name]
[Title]
[E-mail and Phone]