

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

7:00 PM

May 07, 2015

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

- I. Roll Call**
- II. Pledge of Allegiance**
- III. Agenda Approval**
- IV. Correction and Approval of Minutes: Regular Meeting /Closed Session 04/16/2015
Work Session/ Special Meeting 04/20/2015**
- V. Public Comments**
- VI. Communication/Petitions:
1. C.C.E. Central Dispatch Authority-Robert Bradley
2. Jr. Achievement Thank You**
- VII. Manager Report**
- VIII. President's Report/Department Reports
A. Proclamation-Mackinaw City Chamber of Commerce**
- IX. Committee Reports:
Ordinance and Policy Subcom. Reports -Trustee Michalak, Chair 2/29/15 & 4/29/15
Finance and Human Resource Subcommittee Report- Trustee Newman Chair**
- X. Old Business:
A. Manager Search**
- XI. New Business:
A. Heavy Truck Policy
B. Labor Day Non Profit License Policy
C. Police and Fire Local Emmet County Grant Application
D. Budget Amendment 2014-2015
E. Ordinance No. 118 Tree Ordinance Amendment
F. Ordinance No. 153 Planning Commission Amendment
G. Special Event Applications:
1. 2015-SE-017 Mackinaw Area Arts Council
2. 2015-SE-036 Mackinaw Woman's Club
3. 2015-SE-037 Mackinaw Woman's Club
4. 2015-SE-039 American Legion Post 159
5. 2015-SE-040 The Salvation Army
6. 2015-SE-041 Michigan Land Use
7. 2015-SE-042 International Ironworkers Festival
8. 2015-SE-043 Taylor University Bike Trip
9. 2015-SE-044 American Legion Post 159
10. 2015-LSE-002 Michigan Assoc. of Suicide Prevention
11. 2015-SE-045 Voyagers
H. Edgar and Anna Conkling Portraits Discussion**
- XII. Scheduling of Committee Meetings**
- XIII. Accounts Payable**
- IX. Adjourn**

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

UNAPPROVED
MINUTES REGULAR COUNCIL MEETING
MACKINAW CITY

7:00 P.M.

April 16, 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, Richard Perlick, Paul Michalak. Also present, David White-Interim Manager, Lana Jaggi-Clerk, Patricia Pepler-Treasurer
Department Heads Present:
Patrick Wyman-Chief of Police
Fred Thompson Jr.-Fire Chief/Zoning Director
Pat Rivera-Waste Water Superintendent
Mike Karll-DPW Superintendent
Chris West-Marina Manager
- II. Pledge of Allegiance**
- III. Agenda Approval**
Motion Glenn seconded Chastain to approve the agenda as presented. Voice vote motion carried unanimously.
- IV. Correction and Approval of Minutes**
Motion Michalak seconded Perlick to approve minutes of closed session meetings of April 02, 2015. Voice vote motion carried unanimously.
Motion Mollen seconded Michalak to approve minutes of regular session meetings of April 02, 2015. Voice vote motion carried unanimously.
- V. Public Comments:**
Kay Stemkoski-Village Resident
Bob Fisher-Village Business Owner
Ron Wallin-Village Resident
- VI. Communication/Petitions**
- VII. Manager Report, Report as submitted.**
Additions:
-Durocher will begin ice damage repair at Municipal Marina (\$13,000-bid)
-Extension for Marina Grant was given by State enabling Mr. White to continue pursuing.
-Working to reclassify N. Huron Ave.
-Meeting with Townships regarding Fire Contracts
-Presented the defaulted property from Cheboygan Co. for Village acquisition, Council consented to not purchase.

UNAPPROVED
MINUTES REGULAR COUNCIL MEETING
MACKINAW CITY

7:00 P.M.

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VIII. President's Report/Department Head Reports
-Department Head Reports as submitted

IX. Committee Reports: None

X. Old Business: None

XI. New Business:

A. Special Event Application 2015-SE-038, Sunrise Coast Birding Trail
Motion Mollen seconded Perlick to approve special event application
2015-SE-038 Straits Area Raptor Watch. Voice vote motion carried unanimously.

B. DPW Contract

Motion Chastain seconded Mollen to approve the DPW contract updated on
April 16, 2015 pending receipt of the complete copy.

Yeas-Mollen, Newman, Chastain, Heilman, Glenn, Perlick. Nays-Michalak
Motion carried.

C. Mackinaw Area Public Library -Board Appointment

Motion Mollen second to approve the reappointment of Sue Krueger as the Village
Representative to the Mackinaw Area Public Library Board of Trustees.

Voice vote motion carried unanimously.

D. Closed Session @ 7:42 pm

Motion Perlick seconded Mollen to go into closed session to review a confidential
legal opinion with the Village attorney in relation to its continued due diligence
regarding the Village manager search. Yeas- Newman, Chastain, Heilman, Glenn,
Michalak, Perlick, Mollen. Motion carried.

Motion Mollen seconded Newman to go back into regular open session @ 8:32 pm.

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

Motion carried.

XII. Scheduling of Committee Meetings

-Monday, April 20, 2015 Council of Whole-Work Session @ 8:30-9:30 am

Round Table Discussion with Rep. Lee Chatfield

-Monday, April 20, 2015 Special Council Meeting

Closed session to review a confidential legal opinion with the Village attorney.

-Thursday, May 14, 2015 @ 7:00 am Joint Work Session Council/Plan Comm.

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MINUTES REGULAR COUNCIL MEETING
MACKINAW CITY

7:00 P.M.

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XIII. Accounts Payable

Motion Newman seconded Glenn to pay accounts payable for April 16, 2015 in the amount of \$116,662.69. Yeas- Heilman, Glenn, Michalak, Perlick, Mollen, Newman. Motion carried.

Adjournment: 8:45 pm

Respectfully submitted,

Robert R. Heilman; President

Lana Jaggi; Clerk

UNAPPROVED

**MINUTES COMMITTEE OF THE WHOLE
COUNCIL WORK SESSION
MACKINAW CITY**

8:30 AM

April 20, 2015

I. ROLL CALL

President Robert R. Heilman called the meeting to order and with the following Trustees present –Belinda Mollen, Scott Newman, Tom Chastain, Robert Glenn, Richard Perlick and Paul Michalak. Also present were David White-Interim Manager and Lana Jaggi-Clerk

II. PLEDGE OF ALLEGIANCE

III. PUBLIC COMMENTS-None

IV. Work Session:

General round table discussion with Rep. Lee Chatfield of community needs, State and region issues such as Proposal 1, taxes, and room assessments.

V. ADJOURNMENT-9:30 AM

Respectfully submitted,

Robert R. Heilman; President

Lana Jaggi; Clerk

UNAPPROVED

**MINUTES SPECIAL COUNCIL MEETING
MACKINAW CITY**

7:00 P.M.

April 20, 2015

I. ROLL CALL

President Robert R. Heilman called the meeting to order and with the following Trustees present –Belinda Mollen, Scott Newman, Tom Chastain, Robert Glenn, Richard Perlick and Paul Michalak. Also present were David White-Interim Manager and Lana Jaggi-Clerk

II. PLEDGE OF ALLEGIANCE

III. PUBLIC COMMENTS

**Rosada Mann-Village Resident
Bob Fisher-Village Business Owner**

IV. A. Consideration of Conditional Offer to Village Manager

Motion Mollen seconded Perlick to withdraw the conditional offer of employment extended to Village manager candidate David A. Thayer, based upon the Village Council’s due diligence, and to direct the Village attorney to send a letter to Mr. Thayer notifying him of this decision. Yeas- Mollen, Newman, Chastain, Heilman, Glenn, Perlick. Nays- Michalak. Motion carried.

B. Consideration of MML Manager Search Process

Motion Michalak seconded Chastain to contact the MML to do an extended expedited search for Village Manager at no additional cost to the Village”. Yeas- Newman, Chastain, Heilman, Glenn, Perlick, Michalak. Nays-Mollen. Motion carried.

C. Interim Manager Agreement

Motion Mollen seconded Chastain to offer extended contract to David White to continue as Village Interim Manager until July 20, 2015”. Yeas- Chastain, Heilman, Glenn, Perlick, Michalak, Mollen. Nays- None. Motion carried.

V. ADJOURNMENT-7:15 pm

Respectfully submitted,

Robert R. Heilman; President

Lana Jaggi; Clerk



C.C.E.
CENTRAL DISPATCH AUTHORITY
Robert D. Bradley
Executive Director

1694 U.S. 131 Hwy
Petoskey, Michigan 49770

231 / 439-3300
FAX: 231 / 348-1087

April 30, 2015

David White
102 S Huron Ave.
Mackinaw City, MI 49701

Re: Lease

Dear Mr. White,

As CCE Central Dispatch progresses forward with the public safety communications tower we are constructing on the property owned by Mackinaw City on Trails End Rd we are seeking the written consent of the Village for the collocation of another public safety agency to utilize the parcel and tower as is noted in the lease between our entities (Section 15-Assignment and Subletting).

The Michigan Public Safety Communications System (MPSCS) has expressed a strong interest to utilize the tower to strengthen their radio communications network. Over the course of the next year they will be making major upgrades to their system statewide and would like to include this tower as part of their upgrades.

As we are in the initial stages of our construction, the MPSCS sees a benefit to installing an equipment shelter at the site in the near future, with the actual installation of radio equipment, antennas, etc, next year. This would allow them to install a foundation and building prior to our completion of fencing, and while the grounding grid is exposed in order that they can connect to it.

As part of our ongoing discussion with the MPSCS, we are discussing the possible benefits to our agency from this collocation. The MPSCS has several towers in the tri-county region that we are investigating as possible resources to utilize to enhance our radio coverage as well. The MPSCS has indicated a willingness to allow CCE Central Dispatch to collocate on some of their towers as an in kind trade of resources. This could have a great benefit to our agency in the future as we move to strengthen our coverage without having the capital investment of additional towers.

I would ask that the Mackinaw City Village Council authorize the issuing of the written consent allowing the MPSCS to collocate at the tower site on Trails End Rd.

Sincerely,

Robert Bradley



May 2015

Dear *Village Council,*

Thank you for your support of \$50.00 for Junior Achievement Worldwide. The core purpose of JA is to inspire & prepare young people to succeed in a global economy.

This years' funding paid for two 5 class sessions in the Mackinaw City Schools. Our local business volunteers include 4th grade- "Our Region", Tanya Procknow / Dawn Edwards, 5th grade- "Our Nation", Bet Cain and NEW High School program - "JA Success Skills", Dawn Bodnar.

In today's economy there are financial choices we need to make. Thank you for sharing your resources in giving hands on experience in business economics to our local youth.

For more information on these programs visit www.ja.org.

Sincerely,

Dawn Edwards
Executive Director Mackinaw City C of C
JA Volunteer - 16 years

To: Mackinaw City Council
From: David M. White, Interim Village Manager
Date: May 1, 2015
Re: Manager Report for May 7, 2015, Council Meeting

XI New Business:

- A. Heavy Truck Policy-** This policy sets out the rules for enforcing the Heavy Truck ordinance. The hours of operation, how to get a permit, who can approve, enforce and revoke the permit. Exemptions to the Ordinance are also addressed. This policy has been reviewed by the Ordinance Committee and will be addressed during the Committee Chair's report.
- B. Labor Day Non Profit License Policy-** The policy being presented for your consideration has been created to establish reasonable rules and procedures for nonprofit activities within Indian Pathways Park during Labor Day each calendar year. Staff has informed me that the number and location of various organizations has been a problem in the past. This proposed policy addresses some of issues raised in the past. After review should any Council member have questions I would be happy to address them.
- C. Police and Fire Local Emmet County Grant Application-**The Village would like to proceed with a grant application to the Emmet County Local Revenue Sharing Board to purchase equipment for both the Police and Fire Departments. The Police department is requesting through the grant funding to purchase 3 Decatur Dash mounted Radars that would upgrade and/or update our current 15 year old Radar units. The Fire Department is requesting a piece of equipment that could be utilized during fire calls in areas that are close to water sources to pump water directly from those sources. Action needed is a motion to approve and authorize the Village to proceed with the application to the Emmet County Local Revenue Sharing Board.

- D. Budget Amendment 2014-2015-** The proposed budget amendment addresses the deficit in the Rec Center fund. The first amendment addresses a budget issue to reflect money out of the General fund equals budgeted funds going into the Rec Center fund. The Second budget amendment addresses the deficit directly in the Rec Center fund. By doing these amendments a deficit plan for the Rec Center fund will not need to be submitted to the State.

- E. Ordinance No. 118 Tree Ordinance Amendment-** This Amendment has been to the Ordinance Committee and addresses the makeup of the tree board and who serves on it.

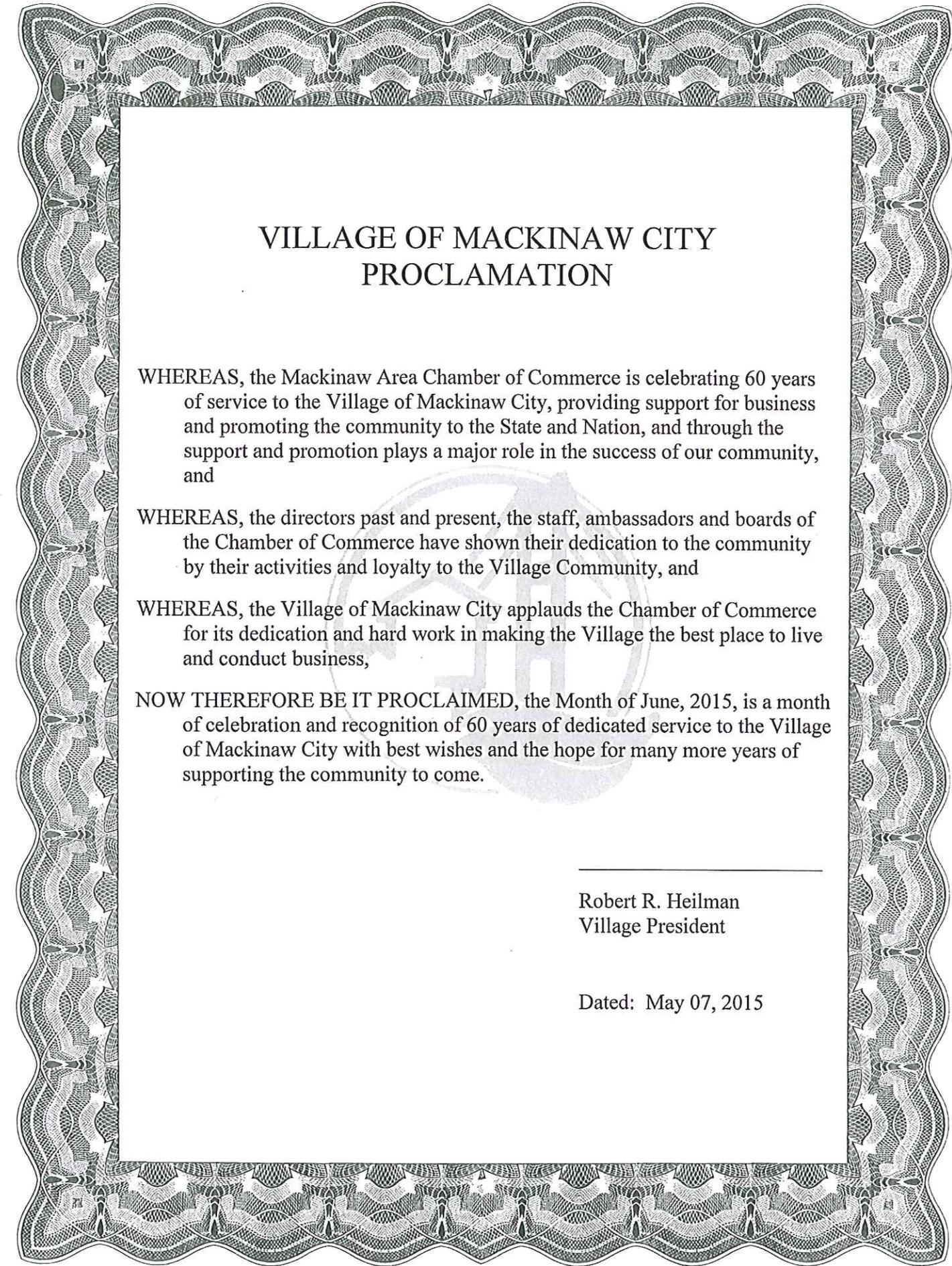
- F. Ordinance No. 153 Planning Commission Amendment-** This Amendment also has been to the Ordinance Committee and addresses requirements to serve on the Planning Commission.

- G. Special Event Applications-** Please see the attached write up for each of the 10 applications. Each have been reviewed by staff and their comments are included in the write up.

- H. Edgar and Anna Conkling Portraits Discussion-**The Village President has been approached regarding the possible future location of two portraits of the Conkling's one of the founding families of Mackinaw City.

Items not on the Agenda:

- 1. Staff salary adjustments-**In the 2015-16 budget a 2% salary adjustment was budgeted for Staff. I will be implementing those adjustments back to the start of the Fiscal year. Should any Council member have any questions or concerns regarding this issue I would be happy to discuss them with you.



VILLAGE OF MACKINAW CITY PROCLAMATION

WHEREAS, the Mackinaw Area Chamber of Commerce is celebrating 60 years of service to the Village of Mackinaw City, providing support for business and promoting the community to the State and Nation, and through the support and promotion plays a major role in the success of our community, and

WHEREAS, the directors past and present, the staff, ambassadors and boards of the Chamber of Commerce have shown their dedication to the community by their activities and loyalty to the Village Community, and

WHEREAS, the Village of Mackinaw City applauds the Chamber of Commerce for its dedication and hard work in making the Village the best place to live and conduct business,

NOW THEREFORE BE IT PROCLAIMED, the Month of June, 2015, is a month of celebration and recognition of 60 years of dedicated service to the Village of Mackinaw City with best wishes and the hope for many more years of supporting the community to come.

Robert R. Heilman
Village President

Dated: May 07, 2015

COMMITTEE REPORT

COMMITTEE: Ordinance and Policy **DATE:** February 27, 2015

AGENDA ITEMS: Amendment to Tree Ordinance; Amendment to Planning Commission Ordinance; Resolution to Establish Fee for Heavy Truck Permit Applications; Resolution to Establish Fee for Parking/Docking Permit Applications; Permit for Use with "Heavy Truck" Ordinance and "Prohibited Docking" Ordinance

PRESENT: Perlick, Newman, Michalak, White, Thompson, Wyman **ABSENT:**

PUBLIC ATTENDEES: R. Mann, C. Brown, D. Darrow, J. Leighio, E. Taylor,

REPORT:

- 1.) Reviewed Amendment to Section 35.452 of the Compiled Code of the Village to provide for the Composition of the Village Tree Board.
- 2.) Reviewed Amendment to Section 14.002 of Part 14 of the Compiled Code of the Village to Provide for the Composition of the Planning Commission.
- 3.) Reviewed Resolutions Associated with Establishing Fees for Heavy Truck and Parking/Docking Permit Applications.

COMMITTEE DATABASE SUMMARY INFORMATION

<u>ITEM</u>	<u>STATUS/RECOMMENDATION</u>
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- | | |
|-----|---|
| 1.) | <u>Committee Recommends Adoption of Amended Tree Board Ordinance with Identified Revisions.</u> |
| 2.) | <u>Committee Recommends Submission of Amended Village Planning Commission Ordinance to Village Council for Consideration. Confirmation with Legal of Possible Language Revision if Adopted.</u> |
| 3.) | <u>Committee Recommends Adoption of Resolutions Establishing Fees Proposed by Staff for Docking/Storage Permits and Heavy Truck/Special Mobile Equipment Permits.</u> |
| 4.) | <u>Consideration of Permit Application Format for Elements Identified Above Postponed by Staff Request. Plan is to Review in Conjunction with the Policy Consideration at next Committee Meeting.</u> |

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

COMMITTEE: FINANCE DATE 4/9/15

AGENDA ITEMS: MAVB PROPOSAL

PRESENT: SCOTT NEWMAN PAUL MICHAK, ROBERT GLEN

ABSENT: _____

REPORT: REVIEWED PROPOSAL W/ DEB SPENCE

REQUESTED SHE GO BACK TO HER BOARD

ANY LOOK AT BROADER VIEW OF RELATIONSHIP

BETWEEN ~~BE~~ VILLAGE AND MAVB.

COMMITTEE DATA BASE SUMMARY INFORMATION

ITEM

STATUS/RECOMMENDATION

NO ACTION



michigan municipal league

MEMO

1675 Green Road
Ann Arbor, MI 48105

TEL 734.662.3246 800.653.2483
FAX 734.662.8083
WEB www.mml.org

to	President Robert Heilman and Members of the Mackinaw Village Council	from	Kathie S. Grinzinger, Lead Executive Recruiter Michigan Municipal League
cc	Lana Jaggi, Village Clerk Ken Lane, Village Attorney	date	April 22, 2015

It is my understanding that Monday evening, April 20, 2015, the Village Council determined to withdraw a conditional offer of employment to David Thayer. In addition, the Council passed a motion with language similar to: request the Michigan Municipal League extend the recruitment contract for the village manager search in an expedited fashion at no additional cost.

The League will gladly continue to assist the Village of Mackinaw as it attempts to hire a new Village Manager.

These options exist for no or reduced cost.

1. Extend a conditional offer of employment to a previously interviewed candidate.

Because an employment contract was not eventually executed with the first selected candidate, the League can continue the process with other short list candidates at no additional cost.

In this option the council would re-examine the four individuals interviewed and select another as the preferred candidate. The League will handle notifications and conduct a thorough background check on this new preferred candidate. We will absorb the cost of the investigation and the facilitator's time. (If the village wishes to conduct reference review as before, I will provide potential contact information and suggested questions.)

2. Schedule a new round of interviews with applicants previously screened. Reference reviews and on-line screening were conducted on ten applicants most of whom had requested confidentiality. Of those ten the council interviewed only four. (One had withdrawn interest.)

To move in this direction

- All potential candidates would need to be notified the selection process is ongoing
- The council would need to meet once more in closed session with me to review the information previously gathered on the screened candidate
- A short list would be determined by the Council
- As before, I would schedule interviews with the candidates,
- Interviews would be conducted, a conditional offer made with ensuing background investigation and reference references



michigan municipal league

MEMO

► 1675 Green Road
PO Box 1487
Ann Arbor, MI 48106-1487
TEL 734.662.3246 800.653.2
FAX 734.662.8083
WEB www.mml.org

As above, we will absorb the cost of this second background investigation. This option can also be provided to the Village with no additional cost but on-site visits with the facilitator will be limited to two.

3. Reopen the search for Village Manager. Extension, or re-opening the search, with a new publication and collection of resumes could be greatly expedited over our original effort since all preliminary functions have been completed. This third option would encompass these steps and will be provided to the Village for a significantly reduced cost.

- Publication of ad and brochure in previously selected sites
- Accept, review and compare all resumes
- Initial screening of applicants that appear qualified
- Presentation of comparative matrix and screening list of candidates recommended for an interview to Council in closed session
- Invitation and scheduling of interviews
- Background Investigation of preferred candidate

We would propose to conduct all selection phases of a reopened search for village manager for \$5000.

Please let me know which of these options is the most workable and agreeable to the Mackinaw Village Council and we will move as quickly as possible in your endeavor.

VILLAGE OF MACKINAW CITY

Public Policy

Ordinance 94 “Truck Traffic Ordinance”

I. PURPOSE

To establish enforcement parameters in regards to the Compiled Code of the Village of Mackinaw City Ordinance 94, Sections 19.101 through 19.106, entitled, “Truck Traffic Ordinance.”

II. INTENT OF ORDINANCE

To mitigate potential hazards within the Closed Area by Heavy Trucks, and Special Mobile Equipment (SME); all of which are defined in the Ordinance.

III. ENFORCEMENT PROCEDURE

- A. A temporary permit is required for each heavy truck or SME to operate within the Closed Area.
1. The permit is obtained after fully completing an application which can be found at the Village Hall and/or online.
 2. If the application is approved, and the permit fee is obtained, a member of the Police Department will issue the permit which is good for ninety (90) days.
 3. Operation under permit shall be **started no earlier than 7:00 AM and** concluded no later than 10:00 AM each day.
 4. If an exigent or extenuating situation arises as determined by the Police Department, the Police Department may amend, in writing, the original approved permit effective only until the exigent or extenuating situation is resolved.
 5. Conditions may be imposed by the Police Department on each permit.
 6. The Chief of Police may revoke a permit, without refund of the fee, for violations of applicable provisions of the Village Code of Ordinances or if inaccuracies or falsehoods are discovered in the permit application or other supporting documents that pertain to the permit.
 7. The permit shall not supersede any laws, obligations and/or duties imposed under Federal, State, or Local Laws.
- B. If a heavy truck or SME is observed to be in violation of the issued permit, or this Ordinance in general, the Police Department shall take enforcement action.

IV. DATES AND TIMES

- A. Permits are required by all heavy trucks and SME's to be operated in the Closed Area between June 3 and August 31 of each calendar year.
- B. The remainder of the calendar year, September 1 through June 2, operation by heavy trucks and SME's in the Closed Area is allowed without permit, however;
1. No operation after 10:00 AM shall be conducted on the days immediately preceding, days of, and the days after the holidays of Memorial Day (including Saturday), July 4th, and Labor Day **(including Saturday)**.
 2. No operation on weekends will be allowed after 10:00 during the months of May and September.
 3. If an exigent or extenuating situation arises, as determined by the Police Department, the Police Department may allow permission for operation after 10:00 AM on weekends of high pedestrian and traffic volumes only until the exigent or extenuating situation is resolved.

VILLAGE OF MACKINAW CITY

Public Policy

Ordinance 94 "Truck Traffic Ordinance"

V. EXEMPTIONS TO THE ORDINANCE

- A. Heavy trucks making over-night stops in the Closed Area for lodging purposes as long as the heavy truck is legally parked in the designated area of that particular place of lodging.
- B. Heavy trucks and/or SME's making deliveries or pick-ups within the Closed Area with corresponding stopping, standing, and/or parking, designated by the Police Department.
- C. Activities conducted by, or on behalf, of the Village that involve heavy trucks and/or SME's.

VI. APPLICATION

This order constitutes department policy, and is not intended to enlarge the employer's or employee's civil or criminal liability in any way. It shall not be construed as the creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims insofar as the employer's or employee's legal duty as imposed by law.

Council Approved: March 19, 2015

Published: April 7, 2015

Effect: April 27, 2015

Required Supporting Documents

- 1. Approved Application Form
- 2. Resolution Setting Permit Fee
- 3. Resolution Setting Fines
- 4. Resolution Designating Periods of Time

Policy Created: April 22, 2015

Ordinance Sub Committee Meeting April 29, 2015

Policy Adopted: ?

VILLAGE OF MACKINAW CITY
LABOR DAY NONPROFIT ACTIVITY POLICY

1. Statement of Policy.

The Village Council of the Village of Mackinaw City establishes the following policy to provide reasonable rules and procedures for nonprofit activities within Indian Pathways Park during Labor Day each calendar year.

For purposes of this Policy, “nonprofit activity” shall mean an individual or nonprofit entity engaging in the hawking, peddling, soliciting or vending of any goods, wares, merchandise, politics, policies, beliefs, views, opinions or philosophies.

2. Location.

Nonprofit activity shall be permitted on Labor Day each calendar year exclusively within a designated portion of Indian Pathways Park located from Central Avenue to Jamet Street on the west side of the public roadway. Use of the designated area shall be divided as follows: (1) 75% of the area shall be allocated for use by individuals or nonprofit entities located within the Village of Mackinaw City (*i.e.*, permanent residence or principal business address located within the Village limits) (“Local Nonprofits”); and (2) 25% of the area shall be allocated for use by individuals or nonprofit entities that are not located within the Village of Mackinaw City (“External Nonprofits”). This allocation is designed to promote opportunities for Local Nonprofits.

3. Application Procedure.

Requests to conduct a nonprofit activity under this Policy shall be made in writing to the Village Clerk, on a form provided for that purpose, on or before the last day in July each calendar year. All such applications shall include the following information:

- (a) Name, address and cellular telephone number of the applicant;
- (b) If an entity, verification of IRS nonprofit designation;
- (c) An accurate description of the proposed nonprofit activity;
- (d) A drawing depicting the location of a proposed nonprofit activity.

Upon receipt of a complete application, and the payment of a nonrefundable fee set from time to time by resolution of the Village Council, the Village Clerk shall forward it to the Village Manager who shall initiate a review by the Village Police Chief and Fire Chief.

4. Approval/Denial.

In accordance with the review required by section three above, the Village Manager may approve, deny or approve with conditions an application, which conditions may be imposed to further the purposes of this Policy.

An application submitted under this Policy may be denied by the Village Manager for any of the following reasons:

- (a) Noncompliance with any of the conditions or requirements of this Policy.
- (b) An incomplete application (including failure to pay nonrefundable fee) and/or false information or a false statement in the application.

- (c) Noncompliance with the Village Code of Ordinances.
- (d) An applicant's prior poor performance in conducting a nonprofit activity.

Written notice of a denial, stating the reason(s), shall be mailed to the applicant's address as shown in the application.

5. Conditions/Requirements.

Any nonprofit activity under this Policy shall comply with the following conditions and requirements:

- (a) A nonprofit activity shall not encroach upon any roadway or sidewalk or otherwise impede vehicular or pedestrian traffic.
- (b) A nonprofit activity shall comply with applicable sections of the Village Code of Ordinances, including, but not limited to, the Village noise control and disorderly conduct ordinances.
- (c) After coordination with the Village Facilities Manager, set-up of approved nonprofit activities may occur on the afternoon of the Sunday immediately preceding Labor Day up until 6:15 a.m. on Labor Day. Any vehicle used in conjunction with set-up must be removed from the designated area prior to 6:15 a.m. on Labor Day. Removal shall occur only after 2 p.m. on Labor Day.
- (d) No tents, tables, signs or stakes are permitted in the southern end of the designated area.
- (e) A nonprofit activity shall not occur within two feet of any person solicited, unless that person has indicated that he/she wishes to be solicited.
- (f) No more than 5 Local Nonprofits and 5 External Nonprofits will be permitted to conduct nonprofit activities under this Policy each Labor Day.

Nothing contained within this Policy, or within any approval issued by the Village, shall be construed to relieve a person of any duties and obligations imposed under any Village ordinance, or any state or federal law or regulation.

6. Revocation.

Approval granted under this Policy may be revoked by the Village Manager for any of the following reasons:

- (a) A violation of any of the conditions or requirements set forth in this Policy.
- (b) A violation of any applicable provision of the Village Code of Ordinances and/or applicable state or federal laws or regulations.

Upon revocation, a nonprofit activity shall immediately cease.

7. Exemption.

Activity conducted by or on behalf of the Village shall be exempt from the requirements of this Policy.

Policy adopted: _____, 2015

TO: Dave White, Interim Village Manager
FROM: Patrick C. Wyman, Chief of Police
DATE: April 27, 2015
RE: **COUNCIL REQUEST-REVENUE SHARING GRANT**

Dear Mr. White:

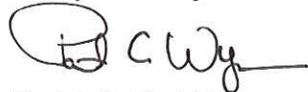
I would like to respectfully request an item be placed on the agenda for the next regular council meeting of May 7, 2015. This item simply consists of a motion to approve and authorize the Mackinaw City Police and Fire Departments to proceed with the application to the Emmet County Local Revenue Sharing Board (Tribal Gaming Revenue Distribution Board).

The police and fire departments, through this grant, are applying for funding to purchase:

- (3) Decatur Dash Mounted Radars that would upgrade and/or update our current Radars that are over 15 years old.
- A TurboDraft Fire Eductor to utilize during fire situations in areas that are close to static water sources such as lakes, ponds, rivers and streams.

A part of the application process involves the proof that the governmental unit approves and authorizes the departments to apply. This is done by resolution or motion which is then recorded in the minutes of the regular meeting. I have attached the cover sheet dated March 12, 2015 that further explains the process. If you should have any questions please do not hesitate to contact me.

Respectfully Submitted,



Patrick C. Wyman
Chief of Police

Emmet County
LOCAL REVENUE SHARING BOARD
(Tribal Gaming Revenue Distribution Board)

March 12, 2015

Re: Local revenue sharing allocations to Local Governmental Units

Dear Local Unit of Government,

Under the compact between the State of Michigan and the Little Traverse Bay Bands of Odawa Indians, the Local Revenue Sharing Board(LRSB) distributes a percentage of electronic tribal gaming revenues to local governmental units. The LRSB receives 2% of the net win from the electronic games at the Odawa Casino. Distributions are made twice a year, generally in March and September.

The Board must follow guidelines stated in the compact for allocations which says "to provide financial resources to those political subdivisions of the State which experience increased operating costs associated with the gaming facility" and "to allocate payments to local units of governments to offset the actual costs incurred as the result of the development of the gaming facility in the vicinity." The complete guidelines are available at the Emmet County website. (Emmetcounty.org)

The Compact mandates that payments are first made to local public safety organizations and then to cover property taxes lost by local taxing units (PILT). Once these payments are made, the balance may be allocated by the Board for any other lawful government purposes to local units of Government.

At this time the LRSB is accepting applications from local government units.

A local unit may submit an application on behalf of a nonprofit agency or other non-governmental organization if the money will be used for a lawful government purpose. For example, a local governmental may contract with a public or private, profit or nonprofit organization to provide a specific service for the governmental unit. It will be the responsibility of the local governmental unit to assure that the granted funds are properly used and if not fully spent, the balance returned to the LRSB.

Each application must be approved by the governmental unit and the minutes, resolution or motion showing the authorization must be submitted along with the fully completed application.

An updated application form is enclosed for your convenience. A pdf version is also available at the Emmet County website. (Emmetcounty.org) Completed applications will be accepted **until 5:00 p.m. Wednesday May 13, 2015** at the Emmet County Finance Office, 200 Division Street, Suite G74, Petoskey, Michigan 49770. One original and three copies of the application must be submitted along with the authorization minutes from the local unit.

Applicants will be notified if more information is needed and grant applications will be considered within 15 days. The grant approval meeting will be posted at the three governmental units represented by the board according to the Open Meetings Act. Letters of approval or denial will be sent to applicants within 30 days.

LOCAL REVENUE SHARING BOARD
Donald Caird, (Resort Township Representative)
Dennis Keiser, Chairperson (Bear Creek Township Representative)
Dan Plasencia (Emmet County Representative)

Budget Amendments that are needed to balance 2014-2015 Budget

\$16,074.20 Contribution to Rec Center – 101-691-965.000

This is because the Budget did not reflect the same amounts coming out of the General Fund (Contribution to Rec Center – 216-000-676.000) As to what was Budgeted to come into the Rec Center from Contribution from other fund.

This is to cover deficit in the Rec Center account

\$20,960.36 Contribution to Rec Center-101-691-965.000

\$20,960.36 Rec Center – Contribution from other fund – 216-000 676.000

PERIOD ENDING 02/28/2015
 YTD BALANCE 2014-15 YTD BALANCE MONTH ACTIVITY FOR AVAILABLE BALANCE %
 02/28/2014 AMENDED BUDGET 02/28/2015 02/28/2015 INCR (DECR) NORM (ABNORM) USED

Fund 101 - GENERAL FUND

GL NUMBER	DESCRIPTION	YTD BALANCE 02/28/2014 NORM (ABNORM)	2014-15 AMENDED BUDGET	YTD BALANCE 02/28/2015 NORM (ABNORM)	MONTH 02/28/2015 INCR (DECR)	ACTIVITY FOR 02/28/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Expenditures								
101-691-702.312	DPW WAGE OT	0.00	1,000.00	230.33	0.00	0.00	769.67	23.03
101-691-705.000	EMPLOYER FICA	3,063.32	2,907.00	2,972.93	153.28	0.00	(65.93)	102.27
101-691-706.000	DENTAL INSURANCE	0.00	736.00	628.13	56.65	0.00	107.87	85.34
101-691-707.000	HEALTH INSURANCE	9,403.52	7,881.00	6,109.92	527.90	0.00	1,771.08	77.53
101-691-707.100	OPT OUT HEALTH INSURANCE	0.00	2,337.00	2,336.95	584.23	0.00	0.05	100.00
101-691-708.000	OPTICAL INSURANCE	0.00	154.00	120.81	7.12	0.00	33.19	78.45
101-691-709.000	WORKMANS COMP	1,124.00	1,439.00	0.00	0.00	0.00	1,439.00	0.00
101-691-711.000	EMPLOYER SHARE RETIREMENT	2,630.80	3,700.00	2,304.58	127.99	0.00	1,395.42	62.29
101-691-711.100	PEHP EXPENSE	191.70	216.00	174.09	9.48	3.91	41.91	80.60
101-691-712.000	LIFE INSURANCE	0.00	81.00	67.50	9.98	0.00	13.50	83.33
101-691-713.000	UNEMPLOYMENT	2,345.04	1,839.00	1,351.59	206.19	0.00	487.41	73.50
101-691-714.000	FRINGE-FRINGE	942.55	750.00	0.00	0.00	0.00	0.00	0.00
101-691-727.000	OFFICE SUPPLIES	171.76	750.00	111.42	0.00	0.00	638.58	14.86
101-691-740.000	OPERATING SUPPLIES	9,605.88	7,500.00	4,198.56	0.00	0.00	3,301.44	55.98
101-691-768.000	UNIFORMS	0.00	500.00	0.00	0.00	0.00	500.00	0.00
101-691-775.000	REPAIRS/MAINTENANCE	610.35	3,500.00	1,124.73	0.00	0.00	2,375.27	32.14
101-691-801.000	CONTRACTED SERVICES	13,484.63	11,000.00	1,065.50	(513.00)	0.00	9,934.50	9.69
101-691-801.116	CONTRACTED SERVICE-ON CELL HISTORIC	0.00	450.00	900.00	0.00	0.00	(450.00)	200.00
101-691-801.201	HISTORICAL VILLAGE	0.00	10,000.00	10,000.00	0.00	0.00	0.00	100.00
101-691-801.400	CONTRACTED SERVICE-I.T. SERVICE	0.00	0.00	461.64	0.00	0.00	(461.64)	100.00
101-691-900.000	PRINT/PUBLISHING	55.96	100.00	0.00	0.00	0.00	100.00	0.00
101-691-910.000	INSURANCE	274.00	275.00	396.00	0.00	0.00	(121.00)	144.00
101-691-921.000	ELECTRICITY	664.46	300.00	1,195.97	72.39	0.00	(895.97)	398.66
101-691-927.000	WATER SEWER	0.00	0.00	1,498.92	0.00	0.00	(1,498.92)	100.00
101-691-930.000	R/M EQUIPMENT	1,200.24	1,500.00	0.00	0.00	0.00	1,500.00	0.00
101-691-943.000	EQUIP RENTAL	20,207.24	30,000.00	15,021.79	549.48	0.00	14,978.21	50.07
101-691-962.000	MISCELLANEOUS	384.80	0.00	400.00	0.00	0.00	(400.00)	100.00
101-691-965.000	TRANSFER TO OTHER FUNDS	38,595.50	16,833.00	16,833.00	0.00	0.00	0.00	100.00
101-691-965.100	TRANSFER TO REC COMPLEX 425	34,375.00	29,735.00	29,735.00	0.00	0.00	0.00	100.00
101-691-965.900	CONTRIBUTION TO AMIN SERVICE	0.00	8,000.00	0.00	0.00	0.00	8,000.00	0.00
101-691-974.000	C/O PARK/LAND IMPROVEMENT	274,502.03	0.00	0.00	0.00	0.00	0.00	0.00
101-691-974.300	TREE PROGRAM	0.00	10,000.00	6,540.00	0.00	0.00	3,460.00	65.40
101-691-974.400	VPO/TRAILHEAD BLDG	1,210.88	0.00	313.34	102.90	0.00	(313.34)	100.00
101-691-974.500	DNR TRAILHEAD	1,201.12	0.00	0.00	0.00	0.00	0.00	0.00
101-691-974.600	CONKRLNG HERITAGE PARK IMPR	26,337.57	0.00	0.00	0.00	0.00	0.00	0.00
101-691-977.000	CAPITAL OUTLAY	3,593.83	0.00	0.00	0.00	0.00	0.00	0.00
101-691-977.200	HISTORIC VILLAGE	17,630.07	0.00	0.00	0.00	0.00	0.00	0.00
Total Dept 691-PARKS AND RECREATION		502,796.90	189,733.00	143,399.11	3,372.34		46,333.89	75.58
Dept 703-ADMINISTRATION								
101-703-801.000	CONTRACTED SERVICES	5,530.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Dept 703-ADMINISTRATION		5,530.00	0.00	0.00	0.00		0.00	0.00
Dept 751-PERFORMANCE SHELL								
101-751-702.311	DPW WAGE	0.00	4,500.00	122.18	0.00	0.00	4,377.82	2.72
101-751-705.000	EMPLOYER FICA	0.00	344.25	8.83	0.00	0.00	335.42	2.56
101-751-709.000	WORKMANS COMP	0.00	113.40	0.00	0.00	0.00	113.40	0.00
101-751-711.000	EMPLOYER SHARE RETIREMENT	0.00	0.00	5.32	0.00	0.00	(5.32)	100.00
101-751-713.000	UNEMPLOYMENT	0.00	143.00	2.34	0.00	0.00	140.66	1.64
101-751-775.000	REPAIRS/MAINTENANCE	0.00	3,000.00	1,950.00	0.00	0.00	1,050.00	65.00
101-751-801.000	CONTRACTED SERVICES	0.00	3,000.00	0.00	0.00	0.00	3,000.00	0.00
101-751-801.800	CONTRACTED SERVICE SOUND/LIGHTS	0.00	2,625.00	0.00	0.00	0.00	2,625.00	0.00

PERIOD ENDING 02/28/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 02/28/2014 NORM (ABNORM)	2014-15 AMENDED BUDGET	YTD BALANCE 02/28/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 02/28/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 216 - RECREATION CENTER							
Revenues							
Dept 000							
216-000-587.100	CONTRIB WAWATAM TOWNSHIP	2,500.00	2,500.00	2,500.00	0.00	0.00	100.00
216-000-587.200	CONTRIBUTIONS FROM MACKINAW TOWNSHIP	0.00	2,500.00	0.00	0.00	2,500.00	0.00
216-000-642.000	CHARGE FOR MEMBERSHIP	3,450.00	2,455.00	2,690.00	1,125.00	(235.00)	109.57
216-000-642.100	CHARG FOR CENTER FOB	0.00	0.00	500.00	130.00	(500.00)	100.00
216-000-642.200	ICE REVENUE	58,640.00	50,000.00	5,000.00	0.00	45,000.00	10.00
216-000-642.300	CHARGE FOR SERVICES LABOR	903.00	750.00	1,453.00	0.00	(703.00)	193.73
216-000-642.400	CHARGE SERV - OPEN SKATING FEES	114.00	100.00	0.00	0.00	100.00	0.00
216-000-668.000	RENTS & ROYALTIES	0.00	2,250.00	150.00	150.00	2,100.00	6.67
216-000-668.100	ROOM RENTAL	2,550.00	100.00	1,065.00	0.00	(965.00)	1,065.00
216-000-668.200	TURBINE LEASE	13,892.75	0.00	0.00	0.00	0.00	0.00
216-000-676.000	CONTRIB FROM OTHER FUND	23,970.50	32,907.20	16,833.00	0.00	16,074.20	51.15
216-000-691.000	CONTRIB FROM OTHER FUND	14,625.00	0.00	0.00	0.00	0.00	0.00
216-000-698.000	MISCELLANEOUS INCOME	790.80	0.00	317.00	0.00	(317.00)	100.00
Total Dept 000		121,436.05	93,562.20	30,508.00	1,405.00	63,054.20	32.61

TOTAL Revenues 121,436.05 93,562.20 30,508.00 1,405.00 63,054.20 32.61

Expenditures

Dept 691-PARKS AND RECREATION	DESCRIPTION	YTD BALANCE 02/28/2014 NORM (ABNORM)	2014-15 AMENDED BUDGET	YTD BALANCE 02/28/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 02/28/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
216-691-702.000	WAGE & SALARY	32,403.30	1,561.00	(407.46)	0.00	1,968.46	(26.10)
216-691-702.311	DPW WAGE	0.00	8,377.00	10,105.19	903.16	(1,728.19)	120.63
216-691-702.400	RECREATION DIRECTOR SALARY WAGE	0.00	9,120.00	11,136.46	0.00	(2,016.46)	122.11
216-691-705.000	EMPLOYER FICA	2,670.00	1,457.94	1,701.82	75.58	(243.88)	116.73
216-691-706.000	DENTAL INSURANCE	0.00	145.00	49.67	4.98	95.33	34.26
216-691-707.000	HEALTH INSURANCE	5,503.49	1,551.00	505.65	57.40	1,045.35	32.60
216-691-707.100	OPT OUT HEALTH INSURANCE	0.00	2,125.00	1,652.45	177.05	472.55	77.76
216-691-708.000	OPTICAL INSURANCE	0.00	30.00	9.52	0.78	20.48	31.73
216-691-709.000	WORKMANS COMP	0.00	480.26	0.00	0.00	480.26	0.00
216-691-711.000	EMPLOYER SHARE RETIREMENT	2,593.55	1,499.00	1,346.69	89.22	152.31	89.84
216-691-711.100	PEHP EXPENSE	170.65	96.00	79.55	7.00	16.45	82.86
216-691-712.000	LIFE INSURANCE	0.00	50.00	37.23	2.42	12.77	74.46
216-691-713.000	UNEMPLOYMENT	1,694.47	679.00	528.31	107.41	150.69	77.81
216-691-714.000	FRINGE-FRINGE	2,514.83	0.00	0.00	0.00	0.00	0.00
216-691-727.000	OFFICE SUPPLIES	200.00	50.00	(122.98)	0.00	172.98	(245.96)
216-691-740.000	OPERATING SUPPLIES	2,420.45	2,000.00	718.76	30.98	1,281.24	35.94
216-691-751.000	GAS/OIL	15.94	500.00	0.00	0.00	500.00	0.00
216-691-775.000	REPAIRS/MAINTENANCE	1,161.48	650.00	3,736.04	36.84	(3,086.04)	574.78
216-691-801.000	CONTRACTED SERVICES	954.39	2,000.00	2,000.30	32.00	(0.30)	100.02
216-691-801.400	CONTRACTED SERVICE-I.T. SERVICE	0.00	1,000.00	312.60	0.00	687.40	31.26
216-691-850.000	COMMUNICATIONS	0.00	50.00	0.00	0.00	50.00	0.00
216-691-864.000	CONFERENCE/WORKSHOPS	130.00	50.00	0.00	0.00	50.00	0.00
216-691-873.000	TRAVEL	0.00	50.00	0.00	0.00	50.00	0.00
216-691-910.000	INSURANCE	2,080.00	2,100.00	2,643.16	0.00	(543.16)	125.86
216-691-921.000	ELECTRICITY	28,399.33	29,000.00	9,049.42	2,507.22	19,950.58	31.20
216-691-923.000	HEAT	13,394.23	16,000.00	12,028.78	4,340.98	3,971.22	75.18
216-691-927.000	WATER SEWER	1,000.18	1,500.00	384.76	97.69	1,115.24	25.65
216-691-930.000	R/M EQUIPMENT	1,202.13	1,000.00	0.00	0.00	920.00	8.00
216-691-930.200	R/M ZAMBONI	0.00	500.00	0.00	0.00	500.00	0.00
216-691-943.000	EQUIP RENTAL	2,104.08	1,500.00	1,600.64	40.05	(100.64)	106.71
216-691-958.000	MEMBERSHIP/DUES	236.00	250.00	0.00	0.00	250.00	0.00
216-691-962.000	MISCELLANEOUS	550.00	0.00	175.00	0.00	(175.00)	100.00
216-691-965.900	CONTRIBUTION TO AMIN SERVICE	0.00	8,191.00	8,191.00	0.00	0.00	100.00

PERIOD ENDING 02/28/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 02/28/2014 NORM (ABNORM)	2014-15 AMENDED BUDGET	YTD BALANCE 02/28/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 02/28/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDC USED
Fund 216 - RECREATION CENTER							
Expenditures							
216-691-977.000	CAPITAL OUTLAY	37,873.86	0.00	0.00	0.00	0.00	0.00
Total Dept 691-PARKS AND RECREATION							
		139,272.40	93,562.20	67,542.56	8,510.76	26,019.64	72.19
TOTAL Expenditures		139,272.40	93,562.20	67,542.56	8,510.76	26,019.64	72.19
Fund 216 - RECREATION CENTER:							
TOTAL REVENUES		121,436.05	93,562.20	30,508.00	1,405.00	63,054.20	32.61
TOTAL EXPENDITURES		139,272.40	93,562.20	67,542.56	8,510.76	26,019.64	72.19
NET OF REVENUES & EXPENDITURES		(17,836.35)	0.00	(37,034.56)	(7,105.76)	37,034.56	100.00

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

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

ORDINANCE NO. 118

AN ORDINANCE TO AMEND SECTION 35.452 OF THE COMPILED CODE OF THE VILLAGE OF MACKINAW CITY TO PROVIDE FOR THE COMPOSITION OF THE VILLAGE TREE BOARD

The Village of Mackinaw City ordains:

Sec. 1. Amendment of Compiled Code. Section 35.452 of Part 35 (Tree Ordinance, Ordinance #118 of 1993) of the Compiled Code of the Village of Mackinaw is amended to read as follows:

Sec. 35.452. Creation and Establishment of a Village Tree Board. There is hereby created and established a Village Tree Board for the Village of Mackinaw City which shall consist of three (3) members of the ~~buildings, grounds, and parks subcommittee~~ Village Council appointed by the Village President and approved by Village Council and two (2) at large members appointed by the Village President and approved by the Village Council.

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

Yeas: Trustees _____

Nays: Trustees _____

Abstain: Trustees _____

Absent: Trustees _____

Ordinance declared adopted.

Robert Heilman, Village President

Lana Jaggi, Clerk

CERTIFICATION

As the Clerk of the Village of Mackinaw City, Michigan, I certify this is a true and complete copy of an ordinance adopted at a meeting of the Village Council held on _____, 2015, with notice provided as required by law.

_____, 2015

Lana Jaggi, Clerk

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

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

ORDINANCE NO. 153

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

The Village of Mackinaw City ordains:

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

14.002. Membership.

A. The Commission shall consist of seven (7) members appointed by the Mackinaw City Village Council. To be qualified to be a member and remain a member of the Commission, the individual shall meet the following qualifications:

(1) Shall be a qualified elector of Village of Mackinaw City except that one (1) member may be a non-qualified elector;

~~(2) Shall not be a declared candidate for any political office;~~

~~(23)~~ After an individual's first appointment and before reappointment shall have attended training for Commission members, pursuant to Section 4 [14.004] of this Ordinance;

~~(34)~~ Shall meet the conditions provided for each individual member in Sections 2.B., 2.C., 2.D., and 2.E. [14.002 B., 14.002 C., 14.002 D., and 14.002 E.], of this Ordinance.

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

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

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

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

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

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

Yeas: Trustees _____

Nays: Trustees _____

Abstain: Trustees _____

Absent: Trustees _____

Ordinance declared adopted.

Robert Heilman, Village President

Lana Jaggi, Clerk

CERTIFICATION

As the Clerk of the Village of Mackinaw City, Michigan, I certify this is a true and complete copy of an ordinance adopted at a meeting of the Village Council held on _____, 2015, with notice provided as required by law.

_____, 2015

Lana Jaggi, Clerk

May 7, 2015

1. 2015-SE-017-Mackinaw City Area Arts Council: This is an addition to their already approved Special Event Application. In previous years these addendums have been approved.
2. 2015-SE-036-Mackinaw Woman's Club: For signage and table rental only.
3. 2015-SE-037-Woman's Club Strawberry Social: This is an annual event. This year the Sports Boosters will also be holding an event on the Marina Lawn on July 4th, previously approved by the Council. The locations of these two events will be at the discretion of the Harbor Manager, Chris West.
4. 2015-SE-039-American Legion Post: This is an annual event on these dates.
5. 2015-SE-040-The Salvation Army: The Salvation Army is trying to raise more funds by Bell Ringing more often.
6. 2015-SE-041-Michigan Land Use Institute/Oil and Water Don't Mix: This application requests the use of the Marina Lawn and Conkling Park/ Band Shell. Please refer to the site map attached to the application. This group had a booth at the Bridge last Labor Day and presented some difficulties for the Police Department. Please refer to the attached report and photographs. The Department Heads did not sign off on this application. They did offer some alternatives to the original requests:
 - a. offer the use of Conkling Park only, for the fee of \$150.00
 - b. No staking of tents or booths, concrete weights only will be allowed
 - c. No portable stage allowed
 - d. If a sound system is needed, they must arrange for that on their own by either providing their own or contacting Mike Fornes themselves
7. 2015-SE-042-International Ironworkers Festival, Inc: This is a popular, ongoing event with Department Heads offering a couple of suggestions/requests-
 - a. Limit campers to five for security purposes only
 - b. Request that Mr. Miller or Mr. Roman have any vendors contact Village Hall **at least seven** days before the event to purchase a Transient Vendor License for the event. I have attached a Transient Merchant License Application for informational purposes.
8. 2015-SE-043-Taylor University Staff Bike Trip: This is an FYI only-they are renting 2 locker rooms and 2 shower rooms at the Rec Center on August 8, 2015 from 4 PM to 9 PM. This application is not included in your packet.
9. 2015-SE-044-American Legion Post: This application is for six dates that the Legion would like to post two signs on their building advertising that they are open to the public.
10. 2015-LSE-002-Michigan Association Suicide Prevention: This application is for a booth at the Bridge for Labor Day. This group presented difficulties for the Police Department last year, please refer to the attached report and photographs. The Department Heads did not sign off on this application.

Addendum to 2015-SE-017

Approved on 11-6-14

Fees waived by Village Council on original application. Site available

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

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

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: MACKINAW CITY AREA TELEPHONE: 231-436-5626

MAILING ADDRESS: P.O. BOX 113, MACKINAW CITY, MI 49701
ARTS COUNCIL

CONTACT NAME: JOANN P LEAL TELEPHONE: 231-436-5626

E-MAIL ADDRESS: joannpleal@gmail.com CELL PHONE: 443-603-5366

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: RAY ROTH TELEPHONE: 231-436-5572
called Jo Ann 5-1-15 left message Date for Council

E-MAIL ADDRESS: cidrayroth@straits.com CELL PHONE: _____

EVENT INFORMATION

NAME OF EVENT: MUSIC IN MACKINAW / BRIGHTON HIGH SCHOOL WIND ENSEMBLE

PURPOSE OF EVENT: ADDENDUM TO SEASON-ONE ADDITIONAL CONCERT

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

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

DATE(S): MAY 24, 2015 FROM 1:00 A.M. P.M. TO 1:30-1:45 A.M. P.M.

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

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

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

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

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

EVENT LOCATION: ROTH PERFORMANCE SHELL, CONKLING HERITAGE PARK

ESTIMATED NUMBER OF ATTENDEES: 100+

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 4



ESTIMATE DATE/TIME FOR SET-UP: MAY 24, 2015 NOON A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: MAY 24, 2015 1:45 A.M. P.M.

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

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

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

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

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

If yes, where do you propose your vendors park? Behind performance shell in
State Harbor Rot

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 Macki will need to provide a diagram of the area for area?:

BOOTHS - QUANTITY _____

Size _____

AWNINGS - QUANTITY _____

seating diagram for booths, awnings, tables and

PORTABLE RESTROOMS/TOILETS

Have you made arrangements to provide portable

if yes, total number of portable toilets: _____

if no, explain: _____

Restroom Company Name: _____

Address Street: _____

City: _____ State: _____ Zip: _____

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

Equipment set up: Date: _____ Time: _____

Equipment pick up: Date: _____ Time: _____

Portable restrooms identified on the site map? Yes No

A MESSAGE FOR: <u>hnelle</u>	
FROM <u>Gabriella Hoffman</u>	DATE <u>4/15/15</u>
OF <u>Brighton - Band Director</u>	TIME <u>100</u> <u>PM</u>
PHONE <u>810 923 0363</u>	<input type="checkbox"/> URGENT
AREA CODE NUMBER EXT.	<input type="checkbox"/> RETURNED YOUR CALL
<input checked="" type="checkbox"/> TELEPHONED	<input type="checkbox"/> CAME TO SEE YOU
<input checked="" type="checkbox"/> PLEASE CALL	<input type="checkbox"/> WANTS TO SEE YOU
MESSAGE: <u>Call ASAP regarding setting up date & time</u> <u>to play Sunday May 24th at the performance</u> <u>shell in Conkling Park</u> SIGNED <u>Patty</u>	

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

2015-SE-036

To Admin. Staff: 4-10-15
To Council: 5-7-15
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 WOMANS CLUB TELEPHONE: 231-436-5626

MAILING ADDRESS: P.O. BOX 356

CONTACT NAME: JOANN P LEAL TELEPHONE: 231-436-5626

E-MAIL ADDRESS: joannpleal CELL PHONE: 443-603-5366

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: JOANN P LEAL ^{called 5-1-15 date for council left message} TELEPHONE: 231-436-5626

E-MAIL ADDRESS: joannpleal@gmail.com CELL PHONE: 443-603-5366

EVENT INFORMATION

NAME OF EVENT: 46TH ANNUAL ANTIQUE SHOW & SALE

PURPOSE OF EVENT: PRIMARY FUNDRAISER FOR MACKINAW WOMAN'S CLUB

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

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

DATE(S): AUG. 4, 2015 FROM 10:00 A.M. P.M. TO 4:00 A.M. P.M.

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

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

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

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

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

EVENT LOCATION: MACKINAW CITY PUBLIC SCHOOLS

ESTIMATED NUMBER OF ATTENDEES: 500 + 30 ANTIQUE DEALERS + 10 VOLUNTEER

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 10 PER EACH 2 1/2 HOUR SHIFT

ESTIMATE DATE/TIME FOR SET-UP: AUG 3 NOON ^{to 6:00} A.M. P.M.

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

Table-Rental #10⁵⁰ - yes or no per table - To be determined. 1

Need Cert. of Ins - 4-10-15

RECEIVED
4-10-15

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: _____

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 *(USING SCHOOL 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: 20 (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): MACKINAW CITY PUBLIC SCHOOLS

Description of signs: DIRECTIONAL SIGNS TO SITE; ENTRANCE 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 AUG 3, 2015 to ending date: AUG 4, 2015
Long term parking identified on the site map? Yes No BEHIND SCHOOL BUILDING

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

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

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

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

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

LOCATION OF ANTIQUE SHOW SIGNS:

Front Lawn of Mackinaw Schools

Nicolet Street & Central Avenue Intersection

Nicolet & Jamet Streets Intersection

Front Lawn of Mackinaw Woman's Club

North Huron Blvd near the Fort

Central Ave. & Sinclair Street

Central Ave. & Huron Blvd (across from Clock Tower)

Nicolet St. (across from Next Door/Marathon Station)

Additional "Yard" signs for South Huron, Nicolet, and West Central (Approx. 20 – 2' x 2')
All signs will go up morning of the event and removed same day following the event

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? 46

Joann P Leal
Applicant Signature

04/08/2015
Date

Print name of applicant: JOANN P. LEAL
FOR MACKINAW WOMAN'S CLUB

VILLAGE USE ONLY – Department representative please initial if approved

[MM] DPW [GW] FACILITY SERVICES
[pen] POLICE [JS] FIRE [] AMBULANCE
[WJ] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____
VILLAGE MANAGER

FACILITY RENTAL APPLICATION

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

APPLICATION DUE 45 DAYS PRIOR TO THE EVENT

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

Pavillion Alexander Henry Park Heritage Village Other TABLE RENTAL

Will you need to rent table and chairs? Number of Table(s) x \$10.50 _____ Number of Chair(s) x \$1.50 ONLY
(WON'T KNOW UNTIL APPROX. TEN DAYS BEFORE EVENT)

Name/Type of Event: MACKINAW WOMAN'S CLUB 46TH ANNUAL

Name of Applicant/Contact: ANTIQUE & SALES SHOW

Mailing Address: P.O. BOX 356 (MACKINAW HIGH SCHOOL)

City MACKINAW CITY State MI Zip 49701

Phone no.: 231-436-5626 Cell No.: 443-603-5366 Email: joannplea@gmail.com

Applicant's Group Name (if different): MACKINAW WOMAN'S CLUB

Mailing address (if different): _____

City _____ State _____ Zip _____

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

Event Date(s) and Time(s): Date: 8/4/2015 From 10 AM To 4 PM

DELIVERY Date: 8/3/2015 From 8 AM To 9 AM

Date: _____ From _____ To _____

How many people will be attending event?: 500

Is this a Non-Profit Organization?: Yes No

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

If yes, what items will be sold: ANTIQUES & COLLECTIBLES

Will there be a tent installed? Yes No If yes, you must contact the Village prior to tent installation and provide the name, address and telephone number of the tent installation company: _____

Provide name, address, and telephone of Catering Service, if any?: _____

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

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

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

Signature: Joann Plea Print Name: JOANN PLEA DATE 4/13/2015



*Mackinaw Woman's Club
310 East Janet
P.O. Box 356
Mackinaw City, MI 49701*

April 10, 2015

David White, Village Manager
Village of Mackinaw City
P.O. Box 580
Mackinaw City, MI 49701

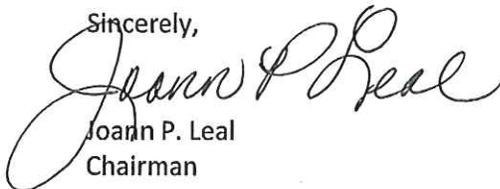
Dear Manager White,

Attached herewith is our Special Event application, , submitted by the Mackinaw Woman's Club, for permission to place our signage in various locations within the community promoting our 46th Annual Antique Show, to be held at the Mackinaw City Public School facility on Tuesday, August 4, 2015.

I have attached a list of exact locations for placement of our signs. Paul Wallin, school custodian, will be the person responsible for placing the signs early in the morning of the event, and then retrieving them when the event closes on the same day.

Thank you for your consideration of this request. 2014 was the 100th Anniversary of the Mackinaw Woman's Club which we celebrated throughout the year at various events. The August Annual Antique Show and the July 4 Strawberry Social on the Marina Lawn are our two primary fundraisers during the year and over 75% of funds raised by the Woman's Club go back into the community in some form, both tangible and intangible. The remainder goes into the upkeep and maintenance of our Clubhouse.

Sincerely,

A handwritten signature in cursive script that reads "Joann P. Leal".

Joann P. Leal
Chairman

2015-SF-037

To Admin. Staff: 4-10-15
To Council: 5-7-15
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 WOMAN'S CLUB, INC. TELEPHONE: 231-436-5626
MAILING ADDRESS: P.O. BOX 356, MACKINAW CITY, MI 49701
CONTACT NAME: JOANN P. LEAL TELEPHONE: 231-436-5626
E-MAIL ADDRESS: joannpleal@gmail.com CELL PHONE: 443-603-5366

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: TONYA FEGAN *called Joanne 5-1-15 Date for Council left message* TELEPHONE: 231-480-9468
E-MAIL ADDRESS: tonya@mackinawsl.com CELL PHONE: 248-425-5714

EVENT INFORMATION

NAME OF EVENT: STRAWBERRY SOCIAL
PURPOSE OF EVENT: FUNDRAISER FOR MACKINAW WOMAN'S CLUB

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

DATE(S): SAT, JULY 4 FROM 1:00 PM A.M. P.M. TO ~~5:00~~ 5:00 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): SUN, JULY 5 FROM 1:00 A.M. P.M. TO 5:00 A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.

EVENT LOCATION: MARINA LAWN, SOUTH HURON AVE

ESTIMATED NUMBER OF ATTENDEES: 400

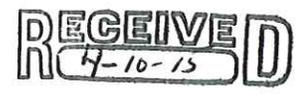
WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 2 SHIFTS - 8 people at each (16)

ESTIMATE DATE/TIME FOR SET-UP: 11:00 AM 1:00 A.M. P.M.

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

*Site Plan - 4-10-15
Fee = \$50⁰⁰ - pd 4-10-15
Ins - 4-10-15*



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: _____

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 *CANOPY*
- 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

AMERICAN
LEGION POST

CITY HALL

+ 2
PARKING
SPACES

SOUTH HURON

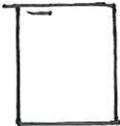
LANGLADE

GREEN SPACE

SIDEWALK

EAST
~~WEST~~ CENTRAL

Ang's

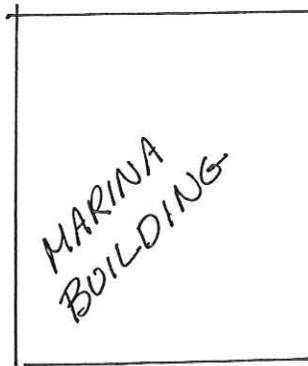


10' x 10'
CANOPY

Ang's

X X
2 PARKING
SPACES

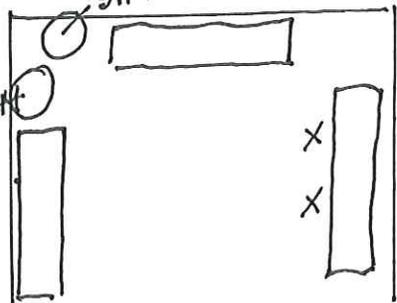
MARINA
PARKING



MARINA
BUILDING

ICE
CREAM

STRAWBERRIES



CANOPY
ENLARGEMENT
3 TABLES
(2 FOR SERVING)
1 FOR SUPPLIES

X TABLE & CHAIR FOR SALES OF
STRAWBERRY SHORT-CAKES!

NAMED INSURED
MACKINAW WOMAN'S CLUB INC

POLICY NO.
CPP0764346

POLICY TERM
09/29/2014 to 09/29/2015

AGENT NO.
0210852

INSURER: FRANKENMUTH MUTUAL INSURANCE COMPANY

**Commercial
General
Liability
Coverage**

Limits of Insurance

COVERAGE	LIMIT
General Aggregate Limit (Other than Products - Completed Operations)	\$1,000,000
Each Occurrence Limit	\$500,000
Personal and Advertising Injury Limit	\$500,000
Medical Expense Limit, any one person	\$5,000
Fire Damage Limit, any one fire	\$300,000

Classification Schedule

PREMISES	DESCRIPTION AND DETAILS OF CLASSIFICATION					PREMIUM
1	CLUBS - CIVIC, SERVICE OR SOCIAL - HAVING BUILDINGS OR PREMISES OWNED OR LEASED - NOT-FOR-PROFIT ONLY INCLUDING PRODUCTS-COMPLETED OPERATIONS					
	STATE	TERRITORY	CLASS CODE	DEDUCTIBLE	PREMIUM BASIS	
	MI	505	41668	None	1,400 Area	
	Premises Operations					\$147
1	ADDITIONAL INTERESTS					
	STATE	TERRITORY	CLASS CODE	DEDUCTIBLE	PREMIUM BASIS	
	MI					
	Premises Operations					\$50
Premises Operations - Total Premium						\$197
Total Commercial General Liability Coverage Premium						\$197

Additional Interests

PREMISES	BUILDING	NAME AND ADDRESS	ADDITIONAL INTEREST TITLE
1		VILLAGE OF MACKINAW CITY, ITS VILLAGE COUNCIL, BOARDS & PO BOX 580 MACKINAW CITY, MI 49701-0580	ADDITIONAL INTEREST STRAWBERRY FESTIVAL ON 7-4-15

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): CITY RIGHT OF WAY, BOTH SIDES (EAST & WEST) SOUTH HURON AND MARINA LAWN

Description of signs: HAND PAINTED, WOOD, SANDWICH BOARD
(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? 2 SPOTS MARINA LOT, 2 SPOTS AT CITY HALL FOR LOADING & TEAR DOWN & FOR ELDERLY VOLUNTEERS

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

If yes, from date _____ to ending date: _____

Long term parking identified on the site map? Yes No

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

Name of Facility where camping: _____

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

Camp sites identified on the site map? Yes No

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

BOOTHS – QUANTITY _____

Size _____

TENTS – QUANTITY _____

CHAIRS – QUANTITY _____

AWNINGS – QUANTITY _____

TABLES – QUANTITY _____

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

PORTABLE RESTROOMS/TOILETS

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

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

If no, explain: _____

Restroom Company Name: _____

Address Street: _____

City: _____ State: _____ Zip: _____

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

Equipment set up: Date: _____ Time: _____

Equipment pick up: Date: _____ Time: _____

Portable restrooms identified on the site map? Yes No

Lake Michigan

Lake Huron

Mackinac Bridge

Old Mackinac Point Lighthouse and Fog Signal Station

Colonial Michilimackinac

Chesin (Big Rock) Lighthouse

McGulpin Pt. Lighthouse

St. Anthony's Church
Public Library
Central Avenue Recreation Center
High School & Elem. School

Straits
Sinclair
Jamet
Etherington
Bible Church
Dudmaney
Cadillac

North Huron
Depayster
Sinclair
Old School Park
Church of the Straits
Mackinac Bridge Museum
Central Avenue Post Office
Mackinaw Crossings Mall
Mackinaw Crossings Drive

Shepler's Ferry

Municipal Marina

Wawatam RR Dock
Icebreaker Mackinaw Maritime Museum

Conking Heritage Entertainment Park
Straits State Harbor

Fishing Pier



Michigan Travel Information Center

Star Line Ferry

Arnold Line Ferry

Mackinaw City Michigan

- R Restroom
- Historic Pathway
- Snowmobile & Bicycle Trail

MAP NOT TO SCALE

Mackinaw City Audio Tour: myoncell.mobi/2314860003

US 31 South to Carp Lake 5 mi.

V.A. Clinic
Mackinaw Club Golf Course 1 1/2 mi.

US 23 South to Cheboygan

Old Mill Creek Historic State Park 3 mi.

Jack Pine Lumberjack Show

Wilderness Golf Course 5 mi.

1st Beach

2nd Beach

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: District Health Dept. No. 4
Application In Process

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

Is this an annual event? Yes No
Is this event expected to occur next year? Yes No
How many years has this event occurred? 12+ years

Joann P Leal
Applicant/Signature
Date 4/09/2015
Print name of applicant: JOANN P LEAL
FOR MACKINAW WOMAN'S CLUB

VILLAGE USE ONLY – Department representative please initial if approved

[MM] DPW [GV] FACILITY SERVICES
[RW] POLICE [FS] FIRE [] AMBULANCE
[CSW] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____
VILLAGE MANAGER

2015-SF-039

To Admin. Staff: 4-21-15
To Council: 5-7-15
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: AMERICAN LEGION POST 159 TELEPHONE: 231-436-7421
MAILING ADDRESS: P.O. Box 940 106 S. HURON MACKINAW CITY, MI 49701
CONTACT NAME: MICHAEL POUNOVICH TELEPHONE: 906-430-5626
E-MAIL ADDRESS: _____ CELL PHONE: _____

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: MICHAEL POUNOVICH *called Lisa 5-1-15 Date for Council* TELEPHONE: 231-436-7421
E-MAIL ADDRESS: _____ CELL PHONE: 906-430-5626

EVENT INFORMATION

NAME OF EVENT: HOT DOG ROAST

PURPOSE OF EVENT: EARN MONEY FOR SCHOLARSHIPS

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

DATE(S): 5-23-15 FROM 8:00 A.M. P.M. TO 4:00 A.M. P.M.
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.

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: 106 S. HURON ST. MACKINAW CITY, MI 49701

ESTIMATED NUMBER OF ATTENDEES: _____

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 10

ESTIMATE DATE/TIME FOR SET-UP: 5-23-15/9-7-15 8:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 5-23-15/9-7-15 4:00 A.M. P.M.

Need - Cert. liability Ins Serv Safe - 4-21-15

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): 106 S. HURON ST. MACKINAW CITY, MI

2 Hot Dog SIGNS 10.5' x 3'

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 2

CHAIRS – QUANTITY 10

AWNINGS – QUANTITY _____

TABLES – QUANTITY 7-8

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

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? 15-20 yrs

Applicant Signature: MICHAEL A. PODWICH
Print name of applicant: Michael A. Podwich

Date: 4-8-15

VILLAGE USE ONLY – Department representative please initial if approved

[MM] DPW [GW] FACILITY SERVICES
[RW] POLICE [HW] FIRE [] AMBULANCE
[CSU] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____

DATE: _____

VILLAGE MANAGER

LICENSE NO. SFE0416003418

STATE OF MICHIGAN



EXPIRES: 4/30/2016

ISSUED BY THE MICHIGAN DEPARTMENT OF AGRICULTURE TO OPERATE A FOOD SERVICE ESTABLISHMENT UNDER THE PROVISIONS OF THE MICHIGAN FOOD LAW BEING ACT 92 OF THE PUBLIC ACTS OF 2000.

106 S HURON ST MACKINAW CITY 49701

IS GRANTED TO: AMERICAN LEGION POST 159

AMERICAN LEGION POST #159

BOX 940
MACKINAW CITY, MI 49701

THIS LICENSE IS NOT TRANSFERABLE AS TO PERSON OR PLACE. NOTIFY THE LOCAL HEALTH DEPARTMENT PRIOR TO CHANGE OF OWNERSHIP. (SECTION 4123)
RESTRICTIONS OR CONDITIONS :

DIRECT INQUIRIES TO: DISTRICT HEALTH DEPT NO 4 0416
OPERATOR COPY FAILURE TO POST IN A CONSPICUOUS PLACE IS A MISDEMEANOR SECTION [4119] FL-210 (1/2005)

2015-SE-040

To Admin. Staff: 4-24-15

To Council: 5-7-15

Decision: Approved Denied

Minutes to Applicant: _____

**SPECIAL EVENT APPLICATION
VILLAGE OF MACKINAW CITY**

102 S. HURON AVENUE, MACKINAW CITY, MI 49701

(231) 436-5351 - 436 4166

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: The Salvation Army TELEPHONE: 231-627-9003

MAILING ADDRESS: 444 S. Main St. Cheboygan, MI 49721

CONTACT NAME: Tammy Kauffman TELEPHONE: 231-627-9003

E-MAIL ADDRESS: tammy-kauffman@usc.salvationarmy.org CELL PHONE: 231-88-5341

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Tammy Kauffman TELEPHONE: Same

E-MAIL ADDRESS: Same CELL PHONE: Same

Called 5-1-15 Date for Council left message

EVENT INFORMATION

NAME OF EVENT: Mackinaw City Parade/Bell Ringing

PURPOSE OF EVENT: Fundraiser

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

DATE(S): 5/23/15 FROM 9 A.M. P.M. TO 5 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): as scheduled FROM _____ A.M. P.M. TO _____ A.M. P.M.

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

EVENT LOCATION: Post Office - Stacy & American Legion - Mike

ESTIMATED NUMBER OF ATTENDEES: _____

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: _____

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

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

*Letters from PO & Legion - Legion 5-1-15
Cert of liability - 4-30-15
501c3 - 4-30-15*

RECEIVED
4-23-15

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: _____

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

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

EVENT DETAILS

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

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

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes No

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

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

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

Yes No Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No

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

Provide Copy of Michigan Liquor Control License

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

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No

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

WILL FIREWORKS BE APART OF EVENT: Yes No

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

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

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

SIGNAGE AT EVENT SITE - Location(s): Kettle Stand Sign

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

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

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

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

If yes, from date _____ to ending date: _____

Long term parking identified on the site map? Yes No

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

Name of Facility where camping: _____

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

Camp sites identified on the site map? Yes No

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

BOOTHS -- QUANTITY _____

Size _____

TENTS -- QUANTITY _____

CHAIRS -- QUANTITY _____

AWNINGS -- QUANTITY _____

TABLES -- QUANTITY _____

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

PORTABLE RESTROOMS/TOILETS

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

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

If no, explain: _____

Restroom Company Name: _____

Address Street: _____

City: _____ State: _____ Zip: _____

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

Equipment set up: Date: _____ Time: _____

Equipment pick up: Date: _____ Time: _____

Portable restrooms identified on the site map? Yes No

APPLICATION CHECK LIST

A = Applicant V = Village

A / V

Completed Application

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

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

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

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

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

N/A Fireworks Permit (if applicable)

N/A Michigan Liquor Control Commission Special Event License (if applicable)

N/A Health Department Food Service License (if applicable)

If document is missing, please explain: Will get insurance binder at later date

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? _____

[Signature]
Applicant Signature
Print name of applicant: Gregory Beck

4-22-15
Date

VILLAGE USE ONLY – Department representative please initial if approved

[MB] DPW [GV] FACILITY SERVICES
 [pw] POLICE [SA] FIRE [] AMBULANCE
 [CD] RECREATION

VILLAGE COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____

VILLAGE MANAGER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/28/2015

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 CHESTERFIELD INSURANCE AGENCY, INC. P.O. BOX 237 GREEN, OH 44232-0237	CONTACT NAME: LANETTE DORSEY PHONE (A/C, No, Ext): 847-294-2056 FAX (A/C, No): 847-294-2297 E-MAIL ADDRESS: lanette_dorsey@usc.salvationarmy.org
	INSURER(S) AFFORDING COVERAGE INSURER A: ZURICH AMERICAN INSURANCE COMPANY NAIC # 16535 INSURER B: THE SALVATION ARMY LIABILITY RISK TRUST N/A INSURER C: THE SALVATION ARMY, AN ILLINOIS CORP. N/A INSURER D: AMERICAN ZURICH INSURANCE COMPANY 40142 INSURER E: INSURER F:
INSURED THE SALVATION ARMY AN ILLINOIS CORP. 10 W. ALGONQUIN RD DES PLAINES IL 60016	

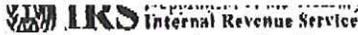
COVERAGES **CERTIFICATE NUMBER: 13026** **REVISION NUMBER:**

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.

INSUR LTR	TYPE OF INSURANCE	ADDL. SUBRN INSD. WVD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	SELF INSURED RETENTION	01/01/15	01/01/16	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY OWNED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					\$ \$ \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 500,000	X	TRUST # 19578500	01/01/15	01/01/16	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 COVERAGE APPLIES TO 444 S. MAIN ST CHEBOYGAN, MI 49721 AMERICAN LEGION POST 159 106 S. HURON MACKINAW CITY, MI 49701 VILLAGE OF MACKINAW CITY 102 S HURON AVE. MACKINAW CITY, MI 49701 ITS VILLAGE COUNCIL, BOARDS AND COMMISSION, CITIZENS EMPLOYEES AND AGENT ARE ADDITIONAL INSURED AS RESPECTS THE RED KETTLE EVENT TO BE DONE AT AMERICAN LEGION AND POST OFFICE LOC# 203-010-841

CERTIFICATE HOLDER VILLAGE OF MACKINAW 102 S HURON AVE MACKINAW CITY, MI 49701	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
--	--



P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248323016
Mar. 19, 2010 LTR 4168C E0
38-1370971 000000 00

00015277
BODC: TE

SALVATION ARMY
EASTERN MICHIGAN DIVISION
16130 NORTHLAND DR
SOUTHFIELD MI 48075-5218

11071

Employer Identification Number: 38-1370971
Person to Contact: Ms. Davis
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 10, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in June 1945.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(i).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

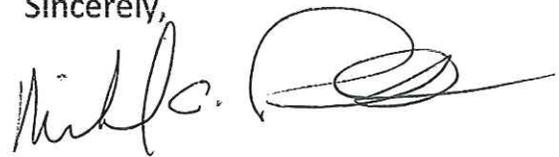
April 30, 2015

To Whom It May Concern:

The American Legion has agreed to allow the Salvation Army to bell ring on our property.

They can be there any day or time they need.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Pounovich". The signature is written in a cursive style with a large, stylized initial "M" and a long, sweeping horizontal stroke at the end.

Michael Pounovich

April 30, 2015

To Whom It May Concern:

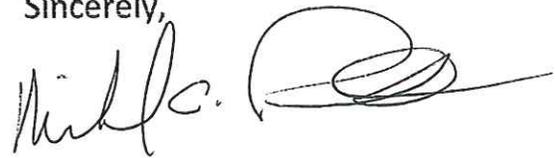
The American Legion has agreed to allow the Salvation Army to bell ring on our property.

They can be there any day or time they need.

Salvation Army
Can Stand in
front of the
~~at~~ Mackinaw City
Post office.
May 23rd 2015

Stacy

Sincerely,



Michael Pounovich

2015-SE-041

To Admin. Staff: 5-1-15
To Council: 5-7-15
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: Michigan Land Use Institute TELEPHONE: 231-941-6584
MAILING ADDRESS: 148 E. Front Street
CONTACT NAME: Jim Lively TELEPHONE: 231-360-7222
E-MAIL ADDRESS: jim@mlui.org CELL PHONE: (same)

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Eric Keller *called 5-1-15 12:30 PM - left message Date for Council* TELEPHONE: 734.222.6347
E-MAIL ADDRESS: ekeller@cleanwater.org CELL PHONE: 734.686.7385

EVENT INFORMATION

NAME OF EVENT: Oil and Water Don't Mix: A Great Lakes Call to Action
PURPOSE OF EVENT: An educational and public event focusing on the Line 5 Pipeline

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

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

DATE(S): 5/26/2015 FROM 2:00 A.M. P.M. TO 6:00 A.M. P.M.
Tues. after FROM _____ A.M. P.M. TO _____ A.M. P.M.
Memorial Day FROM _____ A.M. P.M. TO _____ A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.

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

EVENT LOCATION: Mackinaw City Marina lawn/ Conkling Park

ESTIMATED NUMBER OF ATTENDEES: 50 - 75

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 20

ESTIMATE DATE/TIME FOR SET-UP: 5/26/2015 10:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 5/26/2015 7:00 A.M. P.M.

2 Parks - \$ 300⁰⁰

501c3 - 4-30-15

Proof of Ins - 4-30-15

1

Site Plan - 4-30-15

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: _____

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: April 29th, 2015
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: 15 (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): City Marina lawn and Conkling Park

Description of signs: event signs related to facts, solutions, risks and event details
(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** 2
Size 10 X 10
- TENTS – QUANTITY** 5
- AWNINGS – QUANTITY** _____
- CHAIRS – QUANTITY** 30
- TABLES – QUANTITY** 10

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: There are public restrooms at or near the event location

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) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Certificate of Insurance (listing the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701 as an additional insured) |
| <input type="checkbox"/> | <input type="checkbox"/> Ambulance Standby included with Application paid on _____, receipt no. _____
amount \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Fireworks Permit (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> Michigan Liquor Control Commission Special Event License (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> Health Department Food Service License (if applicable) |

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

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

Applicant Signature
Print name of applicant: _____

Date

VILLAGE USE ONLY – Department representative please initial if approved

[] DPW [] FACILITY SERVICES
[~~PCW~~] POLICE [] FIRE [] AMBULANCE
[~~PCW~~] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: THEY DID NOT FOLLOW RULES AFTER EXPLAINING TO THEM AND BECAME VERY ACCUSATORY AND CONFRONTATIONAL. I ADVISED THAT THEY MAY NOT BE ALLOWED BACK - PCW - LABOR DAY, 11/11 defer to police to make decision.
(CW)

AUTHORIZED BY: _____

DATE: _____

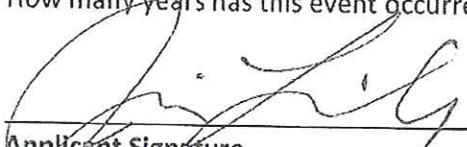
VILLAGE MANAGER

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? _____


Applicant Signature
Print name of applicant: Jim Lively

4-30-2015
Date

VILLAGE USE ONLY – Department representative please initial if approved

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

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

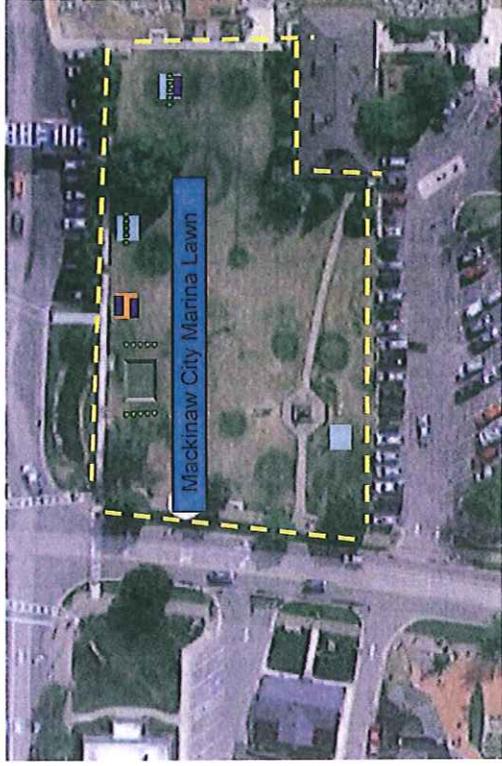
CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____
VILLAGE MANAGER

Oil and Water Don't Mix: A Great Lakes Call to Action Event Site Map

Key

- Tent
- Booth
- Table
- Chair
- Portable Stage





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/28/2015

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 Webber Insurance Agency 1450 US 31 Benzonia MI 49616	CONTACT NAME: Brenda Webber	
	PHONE (A/C, No, Ext): (231) 882-9655 FAX (A/C, No): (231) 882-4736 E-MAIL ADDRESS: Sue@webberinsurance.us	
INSURED Michigan Land Use Institute 148 E Front St Ste 301 Traverse City MI 49684-5726	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Home-Owners Ins Co	26638
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL1542801026 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 INSD	SUBR LWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		33659233	7/26/2014	7/26/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Premises/Operations \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Information Booth in Village Park in Mackinaw City, MI May 26, 2015

CERTIFICATE HOLDER Village of Mackinaw City, it's Village Co and Commissions, Citizens, Employees 102 S Huron Avenue Mackinaw City, MI 49701	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 Brenda Webber, RLM

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Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: AUG 31 1995.

Michigan Land Use Institute

Person to Contact:

Brett Siereveld

Telephone Number:

513-684-3957

Refer Reply to:

EP/EO

Federal Identification Number:

38-2314954

Dear Sir or Madam:

This letter is in response to the documents you sent us concerning your organization's new name and address.

Our records indicate that a determination letter issued on April 16, 1981, granted your organization exemption from Federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your sources of support, or your purposes, character, or method of operations have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

(2)

Michigan Land Use Institute
38-2314954

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it with your permanent records.

Please direct any questions to the person identified in the letterhead above.

This letter affirms your exempt status.

Sincerely,

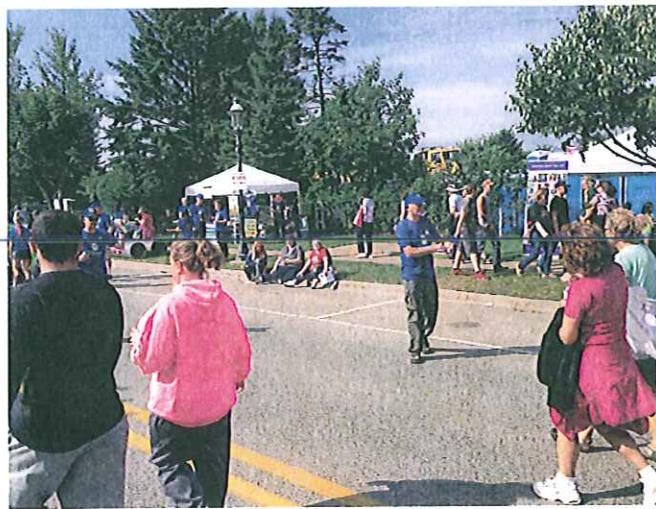
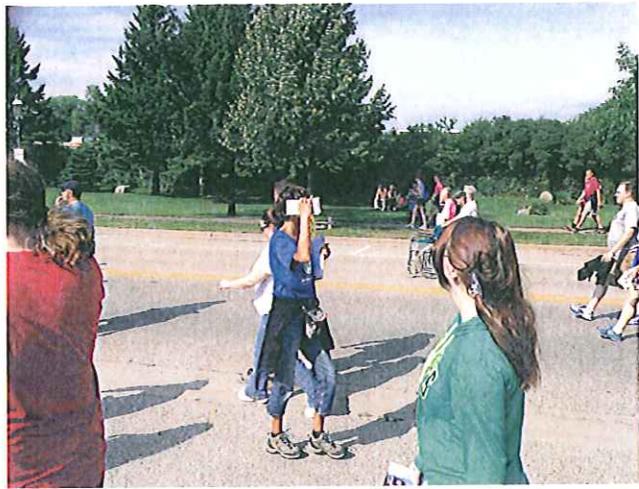
A handwritten signature in cursive script that reads "C. Ashley Bullard".

C. Ashley Bullard
District Director

2014 LABOR DAY ISSUES

- **Outdoor Sales and Display Permits**
 - We received no complaints involving these
 - **Non-Profit Displays (5 on Nicolet Street)**
 - Icebreaker Mackinaw Raffle Tickets
 - No Issues
 - Michigan Association for Suicide Prevention
 - I found that the coordinator, Greg, was in the street with several of his other representatives handing out cards
 - I advised him that this was against the rules and he seemed to comply at the time by telling the others
 - I then went to the Michigan Land Use Institute (MLUI) booth where they had a large pipe in the roadway on display
 - I asked who was in charge there and a younger male advised that he was
 - I explained the rules to him and he was very cordial and seemed to comply
 - I walked to the corner of Etherington/Nicolet and met briefly with Rick Campbell. While there I was approached by Greg from the Suicide group who brought along the young male I spoke to from the MLUI booth and an older male from that group. The older male began arguing about the explained rules and how they could not be in the roadway. I re-explained to him what was expected and he became more belligerent and advised me that he came all the way up here from Grayling to hand materials out and to protect my water. I advised him that I appreciate his efforts but we must maintain clear roadways/sidewalks. He continued in his belligerent attitude and mentioned that I allow Rick Snyder to drive vehicles through the crowd. At this time I advised Officer House to make sure we note who is complaining for next year's applications and we left the scene and walked back to the north through the crowd.
 - Approximately an hour and a half later myself and Officer House went back south through the crowd and observed Greg and several others from the MLUI booth handing out cards and stickers in the roadway. At this time I took photographs of them. A female approached Off. House quite irate that I had taken photos and wondering if she was in trouble. Off. House advised her that she was not in trouble at this time. We went to the area where Perry Terrian and Scott Schmalzreid were located and were again approached by the older male from the MLUI booth. I advised Off. House that we have explained the rules and we are no longer going to discuss and walked away while this person kept yelling about us not wanting to talk etc.
 - **CHAR/EM DHS**
 - No Issues
 - **Michigan Land Use Institute Oil/Water**
 - See Above
 - **Habitat for Humanity**
 - No Issues
 - **Miscellaneous**
 - Officer Langworthy has been dealing with 2 establishments in the Crossings
 - Wicks & Pics (?) was warned earlier in the weekend about displaying a blinking "Open" sign in the window. This was still going on Monday of Labor Day. Off. Langworthy issued a citation to the owner Steven Celez. Very abusive with Off. Langworthy claiming that the sign was for sale (the wire was attached to the surrounding molding)
 - Scrolls & More (?) was warned about a shirt hanging in the doorway causing a hindrance to egress in violation of Fire Code. Still there on Monday of Labor Day.
 - **Conclusion**
 - For the most part, event went smoothly. Walked ended in a torrential downpour at app. 1:45 PM. Several ambulance runs, one resulting in CPR at the restrooms at bus loading.
-

LABOR DAY 2014
LAND USE MANAGEMENT & SUICIDE PREVENTION ORGANIZATIONS
(After Being Advised to Stay off Sidewalks and Roadways)



2015-SE-042

To Admin. Staff: 5-1-15
To Council: 5-7-15
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: International Ironworkers Festival Inc TELEPHONE: 989-736-6521
MAILING ADDRESS: 2430 Buhl Road, Mikado, MI 48745
CONTACT NAME: Bill Miller or Tim Roman TELEPHONE: 989-736-6521
E-MAIL ADDRESS: _____ CELL PHONE: _____

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Bill Miller or Tim Roman *called 5-1-15 Behind council Date* TELEPHONE: 989-736-6521
E-MAIL ADDRESS: _____ CELL PHONE: _____

EVENT INFORMATION

NAME OF EVENT: International Ironworkers Festival

PURPOSE OF EVENT: Fund Raiser

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

DATE(S): 08/07/2015 FROM 8:00 A.M. P.M. TO 10:00 A.M. P.M.
08/08/2015 FROM 8:00 A.M. P.M. TO 10:00 A.M. P.M.
08/09/2015 FROM 8:00 A.M. P.M. TO 10:00 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 Recreation, Pond & Perrot Street, Mackinaw City, MI

ESTIMATED NUMBER OF ATTENDEES: 500-700

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 25

ESTIMATE DATE/TIME FOR SET-UP: 8/06/2015 8:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 08/10/2015 8:00 A.M. P.M.

*Proof of liability - 4-27-15
Liquor
Vendors ??
Campers ??
Fee = \$150/per day = \$450⁰⁰*

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): banner in front of tennis courts

20'-0" x 4'-0" ? Same AS ALWAYS

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 08/06/2015 to ending date: 08/11/2015

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: 08/08/2015 to ending date: 08/10/2015

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 40 x 60

CHAIRS - QUANTITY wp

AWNINGS - QUANTITY _____

TABLES - QUANTITY purvish

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: 10 Number of ADA accessible portable toilets: _____

If no, explain: _____

Restroom Company Name: Rose's

Address Street: _____

City: Cheboygan State: MI Zip: 49721

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

Equipment set up: Date: _____ Time: _____

Equipment pick up: Date: _____ Time: _____

Portable restrooms identified on the site map? Yes No

PARADE PERMIT

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

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: Old Mancino's parking lot to Lake Street to Central Ave. to the event location
same route as in the past

Date and time Parade will start: 08/08/2015 10:00 A.M. P.M.

Date and time Parade will end: 08/08/2015 10:30 A.M. P.M.

EVENT DETAILS

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

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

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes No

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: 5:00pm END: 10:00pm
(NO LATER THAN 10 P.M.)

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

Yes No Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No

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

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

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No

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

WILL FIREWORKS BE APART OF EVENT: Yes No

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

APPLICATION CHECK LIST

A = Applicant V = Village

A V

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

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

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

Yes No

- LOADER – MODEL _____ TOTAL MEN _____ TOTAL MAN HOURS _____
- PICK UP TRUCKS _____ TOTAL MEN _____ TOTAL MAN HOURS _____
- OTHER EQUIPMENT _____ TOTAL MEN _____ TOTAL MAN HOURS _____

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

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

Yes No

- TRASH RECEPTACLES – QUANTITY _____ BARRICADES – QUANTITY _____
- TRAFFIC CONES – QUANTITY _____ PARKING SIGNS – QUANTITY _____
- FENCING WATER ELECTRIC RESTROOM CLEANING
- OTHER _____

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

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

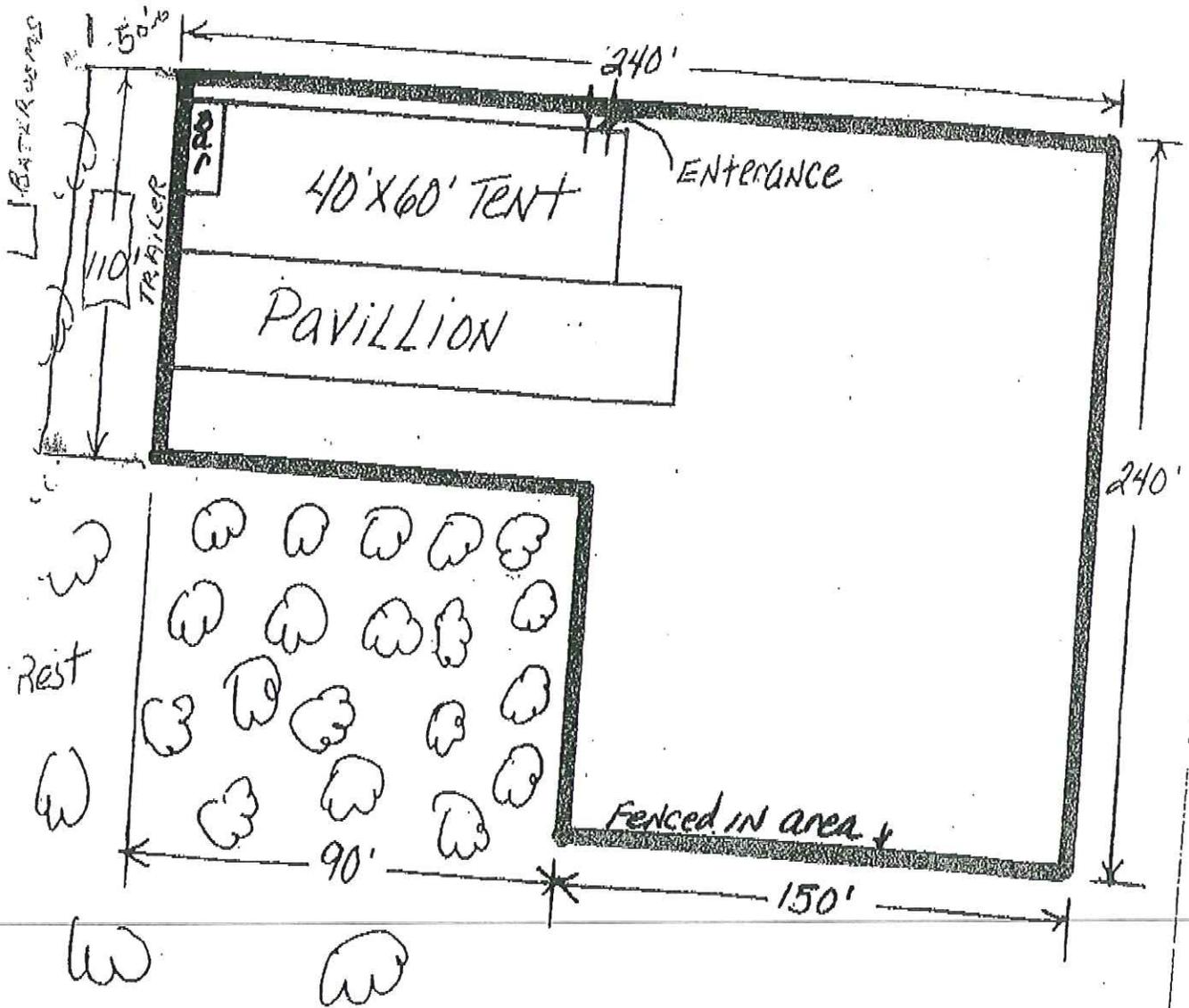
APPROVED

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

Parrot Street



Barnett France Insurance Agency
402 East Lake Street, PO Box 489
Mackinaw City, MI 49701
Phone 231-436-5053 or 888-211-7388 Fax 231-436-5985

April 27, 2015

Mackinaw City Village Hall
Fax 436-4166

Attn: Janelle

Re: International Ironworkers Festival – Special Event Application

Hi Janelle,

I am assisting the above, attached is the special event application. Would it be possible to have this scheduled for either of the May council meetings as someone from the Festival would like to be in attendance? Also let me know how much is needed for the application fee and if anything further is needed.

Thanks,


Belinda

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 04/27/2015
PRODUCER (231) 436-5053 Barnett France P.O. Box 489 402 Lake St Mackinaw City, MI 49701-	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED INTERNATIONAL IRONWORKERS FESTIVAL 4962 DEEP RIVER ROAD STANDISH MI 49658-	INSURERS AFFORDING COVERAGE INSURER A: J. M. WILSON INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

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

INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	IM280294-2015	08/06/2015	08/15/2015	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	SPECIAL EVENT LIABILITY	/ /	/ /	MED EXP (Any one person) \$ 5,000
				/ /	/ /	PERSONAL & ADV INJURY \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:		/ /	/ /	GENERAL AGGREGATE \$ 2,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO.JECT <input type="checkbox"/> LOC		/ /	/ /	PRODUCTS - COM/PROP AGG \$ 2,000,000
		AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO		/ /	/ /	BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS		/ /	/ /	
		<input type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	
		GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO		/ /	/ /	OTHER THAN EA ACC \$
				/ /	/ /	AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY		/ /	/ /	EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	AGGREGATE \$
				/ /	/ /	\$
		DEDUCTIBLE		/ /	/ /	\$
		RETENTION \$		/ /	/ /	\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATU-TORY LIMIT \$ OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		/ /	/ /	E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below.		/ /	/ /	E.L. DISEASE - EA EMPLOYEE \$
		OTHER		/ /	/ /	E.L. DISEASE - POLICY LIMIT \$
				/ /	/ /	
				/ /	/ /	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 INTERNATIONAL IRONWORKERS FESTIVAL, VILLAGE OF MACKINAW CITY, IT'S COUNCIL, BOARDS AND COMMISSIONS, CITIZENS, EMPLOYEES AND AGENTS ARE NAMED ADDITIONAL INSURED, DATES OF EVENTS FOR 2011 ARE AUGUST 12, 13, & 14TH. LIABILITY EXTENDS TO THE PARADE THAT IS ON SATURDAY.

CERTIFICATE HOLDER () - () - VILLAGE OF MACKINAW CITY 102 S HURON AVE MACKINAW CITY MI 49701-	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
--	---

**TRANSIENT MERCHANT LICENSE APPLICATION
VILLAGE OF MACKINAW CITY
102 S. Huron Avenue, Mackinaw City, MI 49701**

Applicant name: _____

Local address: _____

City _____ State _____ Zip _____

Local Phone: _____ Cell: _____ Fax: _____

Permanent address: _____

City _____ State _____ Zip _____

Applicant Date of birth: _____ Social Security #: _____

Driver's license #: _____ State: _____

Name of business entity: _____

Address: _____

Is business incorporated?: Yes No If so, in what State?: _____

Length of period is being applied for: Daily (fee \$25/day) Week (fee \$50/week)

Monthly (fee \$75/month) Quarterly (fee \$175/qtr.) Annual (fee \$250/year)

Dates license would be valid: From: _____ To: _____

Description of wares/merchandise to be sold: _____

Items for sale are: Manufactured Produced Other (explain): _____

Proposed location of goods to be sold (address): _____

Has permission from property owner been obtained: Yes No
(Attach statement from property owner or copy of rental agreement.)

Describe method of advertising: _____
(Erection of sign(s) require separate sign permit from Village)

Has applicant ever been convicted of a crime or misdemeanor? Yes No

If YES, state nature of offense and punishment: _____

State sales tax license number: _____ (attach copy of license)

**NOTE: THIS APPLICATION IS REQUIRED AND GOVERNED BY VILLAGE ORDINANCE #83.
FURTHERMORE, A TRANSIENT MERCHANT LICENSE CANNOT BECOME EFFECTIVE UNTIL
SEVEN (7) DAYS AFTER THE RECEIPT OF THIS APPLICATION.**

Signature of applicant

Date: _____

*****FOR VILLAGE USE ONLY*****

Date of issuance: _____

Village Clerk

Date paid: _____ CK# _____ Receipt # _____ Amount: _____

2015-SE-044

To Admin. Staff: 5-1-15
To Council: 5-7-15
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: CLAYTON MURRAY POST 159 ^{AMERICAN LEGION} TELEPHONE: 231-436-7421

MAILING ADDRESS: P.O. Box 940 106 S. HURON MACKINAW CITY, MI 49701

CONTACT NAME: MICHAEL POWNOVICH TELEPHONE: 906-436-5626

E-MAIL ADDRESS: _____ CELL PHONE: _____

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: MICHAEL POWNOVICH ^{called 5-1-15 Council Date Lisa} TELEPHONE: 906-436-5626

E-MAIL ADDRESS: _____ CELL PHONE: _____

EVENT INFORMATION

NAME OF EVENT: OPEN TO THE PUBLIC LICENSES

PURPOSE OF EVENT: RAISE MONEY FOR CHARITIES

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

DATE(S): 5-22-15 FROM 12:00 A.M. P.M. TO 12:00 A.M. P.M.

6-27-15 FROM 12:00 A.M. P.M. TO 12:00 A.M. P.M.

7-4-15 FROM 12:00 A.M. P.M. TO 12:00 A.M. P.M.

8-22-15 FROM 12:00 A.M. P.M. TO 12:00 A.M. P.M.

~~DATE(S)~~ 9-5-15 FROM 12:00 A.M. P.M. TO 12:00 A.M. P.M.

10-31-15 FROM 12:00 A.M. P.M. TO 12:00 A.M. P.M.

EVENT LOCATION: 106 S. HURON ST. MACKINAW CITY, MI 49701

ESTIMATED NUMBER OF ATTENDEES: _____

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: _____

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

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

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): FRONT OF BUILDING (FACING MARINA)
SIDE OF BUILDING (FACING CITY HALL)

Description of signs: 4' x 6" SIGN OPEN TO THE PUBLIC 12pm - 12am
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

OPEN TO THE PUBLIC 12pm - 12am

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

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

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

If yes, from date _____ to ending date: _____

Long term parking identified on the site map? Yes No

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

Name of Facility where camping: _____

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

Camp sites identified on the site map? Yes No

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

BOOTHS - QUANTITY _____ TENTS - QUANTITY _____

Size _____ CHAIRS - QUANTITY _____

AWNINGS - QUANTITY _____ TABLES - QUANTITY _____

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

PORTABLE RESTROOMS/TOILETS

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

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

If no, explain: _____

Restroom Company Name: _____

Address Street: _____

City: _____ State: _____ Zip: _____

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

Equipment set up: Date: _____ Time: _____

Equipment pick up: Date: _____ Time: _____

Portable restrooms identified on the site map? Yes No

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? 20+



Applicant Signature

Print name of applicant: MICHAEL A. POUNOVICH

4/30/15
Date

VILLAGE USE ONLY – Department representative please initial if approved

[mas] DPW [GU] FACILITY SERVICES
[PAW] POLICE [Fw] FIRE [] AMBULANCE
[cu] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____

VILLAGE MANAGER

DATE: _____

2015-LSE-002
Labor Day

To Admin. Staff: 5-1-15
To Council: 6-4-15
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

MICH ASSN. SUICIDE PREVENTION
LEGAL BUSINESS NAME: _____ TELEPHONE: _____
MAILING ADDRESS: 477 Braden Road Perry, MI 48871
CONTACT NAME: Steven Shelley ⁵⁻¹⁻¹⁵ message with ^{Date} _{Council} ^{12:40 PM} TELEPHONE: 577-625-6656
E-MAIL ADDRESS: _____ CELL PHONE: 248-756-3637

CONTACT PERSON ON DAY OF EVENT

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

EVENT INFORMATION

NAME OF EVENT: MACKINAW BRIDGE WALK
PURPOSE OF EVENT: SUICIDE PREVENTION EDUCATION

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

DATE(S): SEPT 7 2015 FROM 6:00 A.M. P.M. TO 1:00 A.M. P.M.
(MON LABOR DAY) FROM _____ A.M. P.M. TO _____ A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.

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

EVENT LOCATION: MACKINAW CITY

ESTIMATED NUMBER OF ATTENDEES: N/A

WILL YOU UTILIZE SHOWERS Yes No

ESTIMATED NUMBER OF VOLUNTEERS: _____

ESTIMATE DATE/ TIME FOR SET-UP: SAMEDAY 30 MIN A.M. P.M.

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

Need -
Proof of Ins
501 C3
Fee - \$150.00

PARADE PERMIT

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

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: _____

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

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

EVENT DETAILS

STEMAP: 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: WITH IN 2 WEEKS
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: ___ (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): MASP BANNER DURING
EVENT 5'

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 _____
 TABLES- QUANTITY 5 or 6 1.0x2
2 CHAIRS

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 CHECKLIST

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? _____

_____ *Tony Lewis*
Applicant Signature
Print name of applicant: _____

_____ *4/10/15*
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

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 _____

SITEMAP 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 _____

SITEMAP 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

SITEMAP 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.

SITEMAP 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)

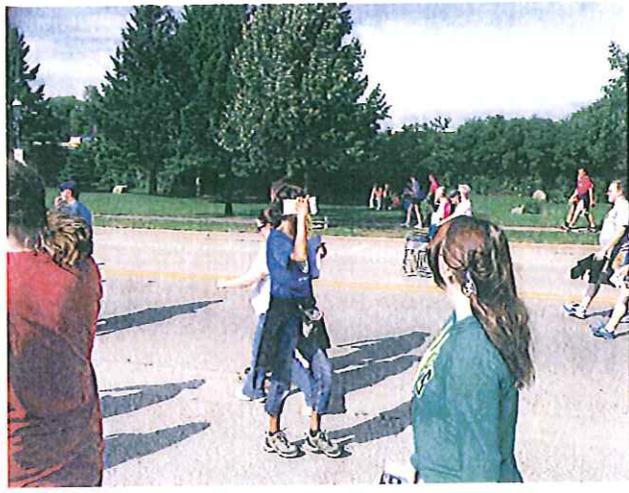
PORTABLE RESTROOMS Yes No (identified on map)

SITEMAP APPROVED: Yes No

2014 LABOR DAY ISSUES

- **Outdoor Sales and Display Permits**
 - We received no complaints involving these
 - **Non-Profit Displays (5 on Nicolet Street)**
 - Icebreaker Mackinaw Raffle Tickets
 - No Issues
 - Michigan Association for Suicide Prevention
 - I found that the coordinator, Greg, was in the street with several of his other representatives handing out cards
 - I advised him that this was against the rules and he seemed to comply at the time by telling the others
 - I then went to the Michigan Land Use Institute (MLUI) booth where they had a large pipe in the roadway on display
 - I asked who was in charge there and a younger male advised that he was
 - I explained the rules to him and he was very cordial and seemed to comply
 - I walked to the corner of Etherington/Nicolet and met briefly with Rick Campbell. While there I was approached by Greg from the Suicide group who brought along the young male I spoke to from the MLUI booth and an older male from that group. The older male began arguing about the explained rules and how they could not be in the roadway. I re-explained to him what was expected and he became more belligerent and advised me that he came all the way up here from Grayling to hand materials out and to protect my water. I advised him that I appreciate his efforts but we must maintain clear roadways/sidewalks. He continued in his belligerent attitude and mentioned that I allow Rick Snyder to drive vehicles through the crowd. At this time I advised Officer House to make sure we note who is complaining for next year's applications and we left the scene and walked back to the north through the crowd.
 - Approximately an hour and a half later myself and Officer House went back south through the crowd and observed Greg and several others from the MLUI booth handing out cards and stickers in the roadway. At this time I took photographs of them. A female approached Off. House quite irate that I had taken photos and wondering if she was in trouble. Off. House advised her that she was not in trouble at this time. We went to the area where Perry Terrian and Scott Schmalzreid were located and were again approached by the older male from the MLUI booth. I advised Off. House that we have explained the rules and we are no longer going to discuss and walked away while this person kept yelling about us not wanting to talk etc.
 - **CHAR/EM DHS**
 - No Issues
 - **Michigan Land Use Institute Oil/Water**
 - See Above
 - **Habitat for Humanity**
 - No Issues
 - **Miscellaneous**
 - Officer Langworthy has been dealing with 2 establishments in the Crossings
 - Wicks & Pics (?) was warned earlier in the weekend about displaying a blinking "Open" sign in the window. This was still going on Monday of Labor Day. Off. Langworthy issued a citation to the owner Steven Celez. Very abusive with Off. Langworthy claiming that the sign was for sale (the wire was attached to the surrounding molding)
 - Scrolls & More (?) was warned about a shirt hanging in the doorway causing a hindrance to egress in violation of Fire Code. Still there on Monday of Labor Day.
 - **Conclusion**
 - For the most part, event went smoothly. Walked ended in a torrential downpour at app. 1:45 PM. Several ambulance runs, one resulting in CPR at the restrooms at bus loading.
-

LABOR DAY 2014
LAND USE MANAGEMENT & SUICIDE PREVENTION ORGANIZATIONS
(After Being Advised to Stay off Sidewalks and Roadways)



2015-SE-045

To Admin. Staff: 5-4-15
To Council: 5-7-15
Decision: Approved Denied
Minutes to Applicant: _____

RECEIVED
MS-4-75

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: MICHILIMACKINAC VOYAGEURS TELEPHONE: 231-436-8766
MAILING ADDRESS: 502 W. CENTRAL AVE P.O. Box 577 MACKINAW CITY MI 49701
CONTACT NAME: FARRELL THOMPSON TELEPHONE: 231-818-2600
E-MAIL ADDRESS: NONE CELL PHONE: _____

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: FARRELL THOMPSON TELEPHONE: 231-818-2600
E-MAIL ADDRESS: _____ CELL PHONE: _____

EVENT INFORMATION

NAME OF EVENT: MICHILIMACKINAC PAGEANT
PURPOSE OF EVENT: HISTORIC REENACTMENT CLUB

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

DATE(S): MAY 21-25 FROM 7:00 A.M. P.M. TO 12 A.M. P.M.
MAY 21-25 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: Pavillion 609 W. CENTRAL AVE MACKINAW CITY MI 49701

ESTIMATED NUMBER OF ATTENDEES: 100

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: ALL

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

ESTIMATE DATE/TIME FOR CLEAN-UP: MAY 26 4:00 A.M. P.M.

PARADE PERMIT

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

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: ESTABLISHED BY VILLAGE AND TOWN COMM.

Date and time Parade will start: 1:00 5/22/15 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: 05/22/15 - 05/22/16
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

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): NONE

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 5/21/15 - _____ to ending date: 5/25/15
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: PAVILLION - BEHIND PUBLIC SCHOOL
If yes, from date: 5/21/15 to ending date: 5/25/15
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?: TRAVEL TRAILERS - RV'S

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

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

PORTABLE RESTROOMS/TOILETS

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

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

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

Is this an annual event? Yes No
Is this event expected to occur next year? Yes No
How many years has this event occurred? 53

Farrell J. Thompson President
Applicant Signature
Print name of applicant: FARRELL THOMPSON

05/01/14
Date

VILLAGE USE ONLY - Department representative please initial if approved

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

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: Would like to know how many tents/trailer/RV's @

AUTHORIZED BY: _____
VILLAGE MANAGER

DATE: _____

