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

**7:00 PM** **August 06, 2015**

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

**I. Roll Call**

**II. Pledge of Allegiance**

**III. Agenda Approval**

**IV. Correction and Approval of Minutes: Council Regular Meeting of July 16, 2015**

**V. Public Comments**

**VI. Communication/Petitions:**

**VII. Manager Report**

**VIII. President's Report/Department Reports**

**IX. Committee Reports:**

**X. Old Business:**
**A. Rec Subcommittee- Report-History of Rec Center Usage, Trustee Newman, Chair**
**B. Rec Center Discussion**

**XI. New Business:**
**A. Downtown Development Authority- Board Resignation**
**B. Downtown Development Authority -Board Appointment**
**C. Resolution to Extend the Moratorium on the Issuance of Permits or Approval for PUD's**
**D. Appointment of Voting Delegate- Michigan Municipal League Annual Meeting**
**E Special Event Application 2015-SE-057 -Murdick's Fudge**
**F. Special Event Application 2015-SE-059- Lake Aid**
**G. Special Event Application 2015-LSE-003- Michigan Adoption Resource Exchange**

**XII. Scheduling of Committee Meetings**

**XIII. Accounts Payable**

**X. Adjourn**

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

UNAPPROVED

# MINUTES REGULAR COUNCIL MEETING
# MACKINAW CITY

**7:00 P.M.** **July 16, 2015**

**I. Roll Call**

**President Robert R. Heilman called the meeting to order and with the following Trustees present –Belinda Mollen, Tom Chastain, Robert Glenn, Richard Perlick and Paul Michalak. Absent Trustee Scott Newman, Patricia B. Peppler-Treasurer, and Patrick Rivera-W/S Superintendent. Also present, David White-Interim Manager, Kenneth Lane-Attorney, and Lana Jaggi-Clerk, Patrick Wyman- Police Chief, Fred Thompson Jr-Fire Chief/ Zoning, Mike Karll- DPW Superintendent and Chris West-Harbor Manager.**

**II. Pledge of Allegiance**

**III. Agenda Approval**

**Motion Chastain seconded Mollen to approve the agenda as presented.**
**Voice vote motion carried unanimously.**

**IV. Correction and Approval of Minutes**

**Motion Heilman seconded Glenn to approve the minutes of the special meeting of July 02, 2015 with corrections as presented. Voice vote, motion carried unanimously.**

**Motion Mollen seconded Glenn to approve the minutes of the regular meeting of July 02, 2015 with corrections as presented. Voice vote, motion carried unanimously.**

**Motion Mollen seconded Perlick to approve the minutes of the special meeting of July 08, 2015 with corrections as presented. Voice vote, motion carried unanimously.**

**V. Public Comments:**

**Joanne Leal-Village Resident**
**Jim Falkner-Village Resident**

**VI. Communication/Petitions**

**VII. Managers Report as presented and submitted.**

**VIII. President's Report/Department Head Reports**

**Department Head Reports submitted as presented**

**IX. Committee Reports-:**

**Ordinance and Policy Sub Com. Report presented/submitted-Trustee Michalak**
**Special Casino Sub Com. Report presented/submitted-Pres. Heilman, Chair**

**X. Old Business:**

**A. Amendment of Village of Mackinaw City Code of Ordinances to Repeal the Historic District Commission Ordinance No. 142**
**-Motion Michalak seconded Perlick to waive the reading of amendment of Village of Mackinaw City Code of Ordinances to repeal the Historic District Commission Ordinance No 142. Voice vote, motion carried unanimously.**
**-Motion Glenn seconded Michalak to approve to amend and repeal the Historic Commission Ordinance No. 142 as presented. Roll Call: Yeas, Mollen, Chastain, Heilman, Glenn, Perlick, Michalak. Absent – Newman. Motion carried.**

**B. Amendment to Section 4-117 of the Zoning Ordinance No. 138**
**-Motion Michalak seconded Perlick to waive the reading of amendment section 4-117 of Zoning Ordinance No. 138. Voice vote, motion carried unanimously.**
**-Motion Mollen seconded Chastain to approve to amend section 4-117 Zoning Ordinance No. 138 to include legal analysis as part of a site plan professional review as presented. Roll Call: Yeas, Chastain, Heilman, Glenn, Perlick, Michalak, Mollen. Absent – Newman. Motion carried.**

**C. Amendment to Section 4-118 of the Zoning Ordinance No 138**
**-Motion Chastain seconded Glenn to waive the reading of amendment to section 4-118 of Zoning Ordinance No. 138. Voice vote, motion carried unanimously.**
**-Motion Michalak seconded Glenn to approve to amend section 4-118 of Zoning Ordinance No. 138 as presented. Roll Call: Yeas, Heilman, Glenn, Perlick, Michalak, Mollen, Chastain. Absent – Newman. Motion carried.**

**D. Right of Way Policy Ordinance**
**-Motion Glenn seconded Michalak to waive the right of way policy. Voice vote, motion carried unanimously.**
**-Motion Heilman seconded Glenn to approve the right of way policy as presented. Roll Call: Yeas- Glenn, Perlick, Michalak, Mollen, Chastain, Heilman. Absent – Newman. Motion carried.**

**E. Reconsideration of Vote-American Legion, Charter Claim**
**-Motion Heilman seconded Glenn to reconsider the vote for American Legion on July 02, 2015. Yeas- Perlick, Michalak, Chastain, Heilman, Glenn. Abstain- Mollen Absent -Newman. Motion carried.**

**-Motion Chastain seconded Perlick to repeal the motion to take funds for the American Legion claim from sewer fund. Roll Call: Yeas- Michalak, Mollen, Chastain, Heilman, Glenn, Perlick. Absent- Newman. Motion carried**
**-Motion Chastain seconded to approve payment to American Legion for Charter Communication claim of $8961.67 pending the signing of the Village waiver and Release. Roll Call: Yeas-Chastain, Heilman, Perlick, Michalak. Nays- Glenn. Abstain- Mollen. Absent- Newman. Motion carried.**
**-Motion Heilman seconded Chastain to take $1000.00 from general fund, council contracted service and $7961.87 from general fund, manager health expense pending manager agreement. Roll Call: Yeas-Heilman, Glenn, Perlick, Michalak, Chastain. Abstain-Mollen. Absent-Newman. Motion carried.**

**XI. New Business:**

**A. Ordinance No 105, Manager-Residency Amendment, Attorney Recommendation**
**Motion Michalak seconded Perlick to approve the amendment to Ordinance No 105, manager residency requirements. Roll Call: Yeas-Glenn, Perlick, Michalak, Mollen, Chastain, Heilman. Absent- Newman. Motion carried.**

**B. Village Manager Employment Agreement**
**Motion Chastain seconded Glenn to approve the Village Manager Employment Agreement between the Village of Mackinaw City and David M. White as presented. Roll Call: Yeas- Perlick, Michalak, Mollen, Chastain, Heilman, Glenn. Absent- Newman. Motion carried.**

**C. MML Workers Compensation Board Election**
**Motion Mollen seconded Heilman to submit all six incumbent votes for MML Workers Compensation Fund Board ballot as presented. Voice vote, motion carried unanimously.**

**D. Special Event Application SE-2015-055 Mackinaw Area Arts Council**
**Motion Mollen seconded Chastain to approve special event application SE-2015-005, Mackinaw Area Arts Council as presented. Voice vote, motion carried unanimously.**

**E. Special Event Application SE-2015LSE-002 Veteran's Team Red White and Blue**
**Motion Michalak seconded Chastain to approve special event application SE-2015LSE-002, Veteran's Team Red White and Blue as presented. Voice vote, motion carried unanimously.**

**F. Iron Worker Festival Request**
**Motion Mollen seconded Glenn to approve the resolution for charitable gaming license for the International Iron Workers Festival, Inc. for onsite only raffle tickets as presented. Voice vote, motion carried unanimously.**

**XII Scheduling of Subcommittee meetings:**

**III. Accounts Payable**
**Motion Glenn seconded Michalak to pay accounts payable for July 16, 2015 in the amount of $106,392.62. Yeas- Michalak, Mollen, Chastain, Heilman, Glenn, Perlick. Absent- Newman. Motion carried.**

**IX. Adjournment: 8:25 pm**

**Respectfully submitted,**

**Robert R. Heilman; President**

**Lana Jaggi; Clerk**

July 13, 2015

Mr. Robert R. Heilman, Village President
Village of Mackinaw City
P.O. Box 580
Mackinaw City, MI 49701

Dear Mr. Heilman,

Please accept this letter as my resignation as the Chair of the Downtown Development Association as well as a member of that board.

It is my plan to be away from Mackinaw City for the majority of the winter. I do not feel that it would be proper if I were to remain on the board, and especially as Chair, and have so many absences.

Best wishes to the DDA as it moves ahead with so many important and exciting projects!

Respectfully,

Lisa A. Pallagi

Cc: Lana Jaggi, Village Clerk
Dave White, Village Manager

To: Mackinaw City Council
From: David M. White, Interim Village Manager
Date: August 31, 2015
Re: Manager Report for August 6, 2015, Council Meeting

**X Old Business:**

A. **Recreation Subcommittee Report-**History of Recreation Center Usage, Trustee Newman, Chair- The Village and the Mackinaw City Skating Association have been discussing a new operating agreement for quite some time. Trustee Newman will be providing background information regarding those discussions to the Council.

B. **Recreation Center Discussion-** After Trustee Newman's background information is presented, discussion is needed by the full Village Council to discuss various options to again have the Recreation Center producing operating income. I will present some possible ideas to the Council at the meeting.

**XI New Business:**

A. **Downtown Development Authority- Board Resignation**- The Lisa Pallagi has submitted a resignation from the DDA board.

B. **Downtown Development Authority- Board Appointment-** President Heilman will be presenting an appointment to the DDA board.

C. **Resolution to Extend the Moratorium on the Issuance of Permits or Approvals for PUD's-** For Council consideration is a Resolution to extend the current moratorium regarding PUD permits or approvals for an additional 180 days. The current PUD ordinance is currently being reviewed by the Ordinance Committee and Staff.

D. **Appointment of Voting Delegate- Michigan Municipal League Annual Meeting.-** Annually the Municipal League asked that a voting delegate be appointed by the Council to be allowed to vote on the various business items during the League's annual meeting at the Convention. President Heilman is planning to attend the League convention.

E. Special Event Application 2015-SE-057- Murdick's Fudge- This special event application is to allow for a book signing on the Sidewalk in from of Murdick's Fudge on August 8th from 1pm to 4pm. The only issue raised was by Fire Chief Thompson regarding foot traffic in front of the store during the event.

F. Special Event Application 2015-SE-059- Lake Aid- This a request by 4WT Media LLC of Los Angeles, CA to hold a free concert to benefit the Great Lakes. At the time of the writing of this report we were not in receipt of proof of insurance or the groups 501 (c) (3) status. When first proposed this was going to be a much larger event. A few of the staff concerns are: Alcohol and will it be allowed, no notification of any products, beverages or food being sold. Some type of damage fee suggested $500 should a tent or Fence be put up. This request has many unanswered questions and if approval is given it should be conditional on the outstanding questions being answered.

G. **Special Event Application 2015 LSE-003- Michigan Adoption Resource Exchange-** This permit is to allow the Michigan Adoption Resource Exchange to distribute adoption information during the Labor Day Bridge walk. The organization is a non-profit and has provided proof of insurance and has sent their required fee. Staff has no stated issues regarding this request. I would recommend approval of this request.

July 13, 2015

Mr. Robert R. Heilman, Village President
Village of Mackinaw City
P.O. Box 580
Mackinaw City, MI 49701

Dear Mr. Heilman,

Please accept this letter as my resignation as the Chair of the Downtown Development Association as well as a member of that board.

It is my plan to be away from Mackinaw City for the majority of the winter. I do not feel that it would be proper if I were to remain on the board, and especially as Chair, and have so many absences.

Best wishes to the DDA as it moves ahead with so many important and exciting projects!

Respectfully,

Lisa A. Pallagi

Cc: Lana Jaggi, Village Clerk
Dave White, Village Manager

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

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

**RESOLUTION NO. _____**

**A RESOLUTION TO EXTEND THE MORATORIUM ON THE ISSUANCE OF PERMITS OR APPROVALS FOR PLANNED UNIT DEVELOPMENTS WITHIN THE VILLAGE OF MACKINAW CITY**

WHEREAS, based upon a review by Village staff, it has been determined that the sections of the Village of Mackinaw City Zoning Ordinance that define and regulate the establishment and development of planned unit developments ("PUDs") contain provisions that could be contrary to the goals of the Zoning Ordinance and the Village Master Plan; and

WHEREAS, recognizing that the continued approval of PUDs prior to a clarifying amendment of the Zoning Ordinance could conflict with other established land use plans and provisions, on February 15, 2015, the Village Council imposed a 180 day moratorium on the issuance of permits, certificates or approvals for the development of PUDs; and

WHEREAS, Village staff and the Ordinance Committee are working diligently toward completing a draft Zoning Ordinance amendment and anticipate that the draft will be ready for presentation to the Village Council within the next 180 days; and

WHEREAS, the Village Council determines that it is desirable to extend the moratorium on the issuance of permits, certificates or approvals for the development of PUDs to provide staff and the Ordinance Committee with further time to amend the Zoning Ordinance and to establish an appropriate approval process.

Now, therefore, the Village Council resolves as follows:

1. For the reasons stated above, the Village Council hereby extends the moratorium on the issuance of any zoning or other permits, certificates or approvals to any person, entity or premises, for the establishment or development of any Planned Unit Development, as defined by the Zoning Ordinance, for a period of 180 days or until any needed or desirable amendment(s) to the Village Zoning Ordinance and other applicable Village ordinances are adopted, whichever occurs first, to provide for such land uses in a manner consistent with the Zoning Ordinance, the Village Master Plan, and with the best interests of the public health, safety and general welfare.

2. All resolutions and parts of resolutions are, to the extent of any conflict with this resolution, rescinded.

YEAS: Trustee(s)_____

NAYS: Trustee(s)_____

ABSTAIN: Trustee(s)_____

ABSENT: Trustee(s)_____

CERTIFICATION

I certify that this is a true and complete copy of a resolution adopted at a regular meeting of the Village Council of the Village of Mackinaw City held on August 6, 2015.

Date:_____, 2015

_____
Lana Jaggi, Clerk

michigan municipal league

Better Communities. Better Michigan.

July 16, 2015

Michigan Municipal League Annual Meeting Notice

(Please present at the next Council, Commission or Board Meeting)

Dear Official:

The Michigan Municipal League Annual Convention will be held in Traverse City, September 16-18, 2015. The League's **"Annual Meeting"** is scheduled for 12:00 pm on Thursday, September 17 in the West Bay Ballroom Dome at the Park Place Hotel. The meeting will be held for the following purposes:

1. Election of Trustees. To elect six members of the Board of Trustees for terms of three years each (see #1 on page 2).

2. Policy. A) **To vote on the Core Legislative Principles document.**
   In regard to the proposed League Core Legislative Principles, the document is available on the League website at http://www.mml.org/delegate. If you would like to receive a copy of the proposed principles by fax, please call Monica Drukis at the League at 800-653-2483.

   B) **If the League Board of Trustees has presented any resolutions to the membership, they also will be voted on.** (See #2 on page 2.)
   In regard to resolutions, member municipalities planning on submitting resolutions for consideration by the League Trustees are reminded that under the Bylaws, they must be submitted to the Trustees for their review by **August 17, 2015.**

3. Other Business. To transact such other business as may properly come before the meeting.

Designation of Voting Delegates

Pursuant to the provisions of the League Bylaws, you are requested to designate by action of your governing body one of your officials who will be in attendance at the Convention as your official representative to cast the vote of the municipality at the Annual Meeting, and, if possible, to designate one other official to serve as alternate. Please submit this information through the League website by visiting http://www.mml.org/delegate **no later than August 21, 2015.**

Regarding the designation of an official representative of the member to the annual meeting, please note the following section of the League Bylaws:

> "Section 4.4 - Votes of Members. Each member shall be equally privileged with all other members in its voice and vote in the election of officers and upon any proposition presented for discussion or decision at any meeting of the members. Honorary members shall be entitled to participate in the discussion of any question, but such members shall not be entitled to vote. The vote of each member shall be cast by its official representative attending the meeting at which an election of officers or a decision on any proposition shall take place. Each member shall, by action of its governing body prior to the annual meeting or any special meeting, appoint one official of such member as its principal official representative to cast the vote of the member at such meeting, and may appoint one official as its alternate official representative to serve in the absence or inability to act of the principal representative."

1. Election of Trustees

Regarding election of Trustees, under Section 5.3 of the League Bylaws, six members of the Board of Trustees will be elected at the annual meeting for a term of three years. The regulations of the Board of Trustees require the Nominations Committee to complete its recommendations and post the names of the nominees for the Board of Trustees on a board at the registration desk at least four hours before the hour of the business meeting.

2. Statements of Policy and Resolutions

Regarding consideration of resolutions and statements of policy, under Section 4.5 of the League Bylaws, the Board of Trustees acts as the Resolutions Committee, and "no resolution or motion, except procedural and incidental matters having to do with business properly before the annual meeting or pertaining to the conduct of the meeting, shall be considered at the annual meeting unless it is either (1) submitted to the meeting by the Board of Trustees, or (2) submitted in writing to the Board of Trustees by resolution of the governing body of a member at least thirty (30) days preceding the date of the annual meeting." Thus the deadline this year for the League to receive resolutions is **August 17, 2015.** Please submit resolutions to the attention of Daniel P. Gilmartin, Executive Director/CEO at 1675 Green Rd., Ann Arbor, MI 48105. **Any resolution submitted by a member municipality will go to the League Board of Trustees, serving as the resolutions committee under the Bylaws, which may present it to the membership at the Annual Meeting or refer it to the appropriate policy committee for additional action.**

Further, "Every proposed resolution submitted by a member shall be stated in clear and concise language and shall be accompanied by a statement setting forth the reasons for recommending the proposed resolution. The Board shall consider the proposal at a Board meeting prior to the next annual meeting and, after consideration, shall make a recommendation as to the advisability of adopting each such resolution or modification thereof."

3. Posting of Proposed Resolutions and Core Legislative Principles

The proposed Michigan Municipal League Core Legislative Principles and any new proposed Resolutions recommended by the Board of Trustees for adoption by the membership will be available on the League website, or at the League registration desk to permit governing bodies of member communities to have an opportunity to review such proposals and delegate to their voting representative the responsibility for expressing the official point of view of the member at the Annual Meeting.

The Board of Trustees will meet on Wednesday, September 16 in the Corner Loft in downtown Traverse City for the purpose of considering such other matters as may be requested by the membership, in addition to other agenda items.

Sincerely,

Richard W Bolen

Richard Bolen
President
Mayor Pro Tem of Wakefield

Daniel P. Gilmartin

Daniel P. Gilmartin
Executive Director & CEO

2015-SE-057

To Admin. Staff: 7-10-15
To Council: 8-6-15
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: Aaron Murdick's Fudge TELEPHONE: 231-436-4008

MAILING ADDRESS: 219 E. Central Ave.

CONTACT NAME: John or Marcia Murdick TELEPHONE: 231-436-4008

E-MAIL ADDRESS: mmurdick27@hotmail.com CELL PHONE: 231-420-7630

## CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Aaron Murdick TELEPHONE: 231-436-4008

E-MAIL ADDRESS: ajmurdick@hotmail.com CELL PHONE: 231-420-3713

## EVENT INFORMATION

NAME OF EVENT: Book Signing

PURPOSE OF EVENT: Introduce book about Mackinaw City and Murdick heritage

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

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

DATE(S): 08-08-2015 FROM 1:00 ☐ A.M. ■ P.M. TO 4:00 ☐ A.M. ■ P.M.

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

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

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

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

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

EVENT LOCATION: Store front under awning

ESTIMATED NUMBER OF ATTENDEES: 2 authors /table chairs

WILL YOU UTILIZE SHOWERS: ☐ Yes ■ No

ESTIMATED NUMBER OF VOLUNTEERS: 0

ESTIMATE DATE/TIME FOR SET-UP: 3:50 4:00 ☐ A.M. ■ P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 4:00 4:15 ☐ A.M. ■ P.M.

Ins Cert ✓ 7-10-15

RECEIVED 7-10-15

## 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*

**WILL ALCOHOL BE SERVED AT THIS EVENT:** ☐ Yes ☐ No

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

☐ *Provide Copy of Michigan Liquor Control License*

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

_____

**COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION:** ☐ Yes ☐ No

Date insurance binder provided:_____

See page 4 for required language naming the Village as an additional insured

**WILL FIREWORKS BE APART OF EVENT:** ☐ Yes ☐ No

☐ *Provide Copy of Liability Insurance*

☐ *Provide Copy of Fireworks Permit*

See page 4 for required language naming the Village as an additional insured

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

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

☐ **SIGNAGE AT EVENT SITE** - Location(s): _____

_____

Description of signs: none
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

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

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

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

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

☐ **BOOTHS – QUANTITY**_____

**Size** _____

☐ **AWNINGS – QUANTITY**_____

☐ **TENTS – QUANTITY**_____

■ **CHAIRS – QUANTITY** 2 two

■ **TABLES – QUANTITY** 1 one

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

**PORTABLE RESTROOMS/TOILETS**

Have you made arrangements to provide portable restroom facilities at your event? ☐ Yes ■ No
If yes, total number of portable toilets:_____ Number of ADA accessible portable toilets:_____
If no, explain:_____
Restroom Company Name:_____
Address Street: _____
City:_____ State:_____ Zip:_____
Telephone Day:_____ Evening: _____ Fax:_____ Cell:_____
Equipment set up: Date: _____ Time:_____
Equipment pick up: Date:_____ Time:_____
Portable restrooms identified on the site map? ☐ Yes ☐ No

## APPLICATION CHECK LIST

A = Applicant V = Village

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

**If document is missing, please explain:** We have business insurance through Barnett Agency

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 of 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? 1

Marcia Murdick

**Applicant Signature**

7/10/2015

**Date**

**Print name of applicant:** Marcia Murdick/John Murdick

**VILLAGE USE ONLY** – *Department representative please initial if approved*

[MM] **DPW** [GW] **FACILITY SERVICES**
[PCW] **POLICE** [ ] **FIRE** [ ] **AMBULANCE**
[CW] **RECREATION**

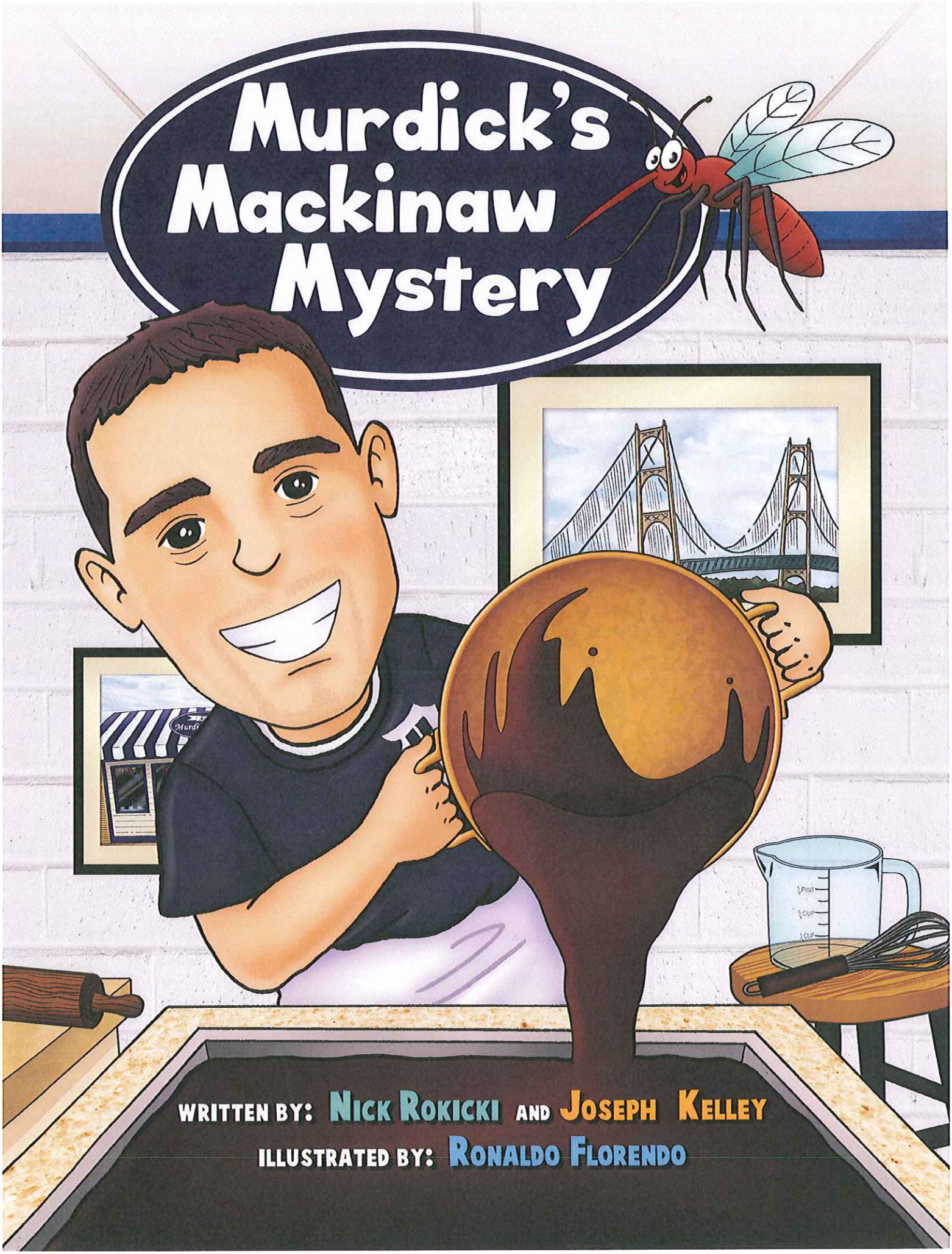
**VILLAGE COUNCIL COUNCIL APPROVAL DATE:**_____

**CONDITIONS, IF ANY:** CW Provide insurance that covers the sidewalk (Received 7-10-15)
Concern about foot traffic in front of Stores with table & Chairs - FWT

**AUTHORIZED BY:**_____ **DATE:**_____
**VILLAGE MANAGER**

Forms/SEA 02 20 12

# Murdick's Mackinaw Mystery



WRITTEN BY: NICK ROKICKI AND JOSEPH KELLEY

ILLUSTRATED BY: RONALDO FLORENDO

To Whom It May Concern: July 9, 2015

We are applying for a permit to conduct a book signing in front of our store (as the customer area of our store is so small) on August 8, 2015 from 1p.m.4p.m.

We would like to have a folding table and chairs, with both authors and some books on the table in front of our store. There will be press releases to inform the public about this.

**The Book**

This book is a children's book about family tradition and heritage. The authors approached us last fall to see if we would like to be a part of a book that would encourage children's literacy and since both, John and are retired teachers, of course we thought it was a great idea.

**Synopsis of Book**: Grandpa Murdick loses his fudge recipes when a gust of wind carries them out the window! The Murdick family then tries to find the recipes by searching at familiar sites in Mackinaw City (Mill Creek, Wilderness Park, Fort Michlimackinac, etc.) – while a friendly mosquito keeps whispering in the ear of each family member where they will find the recipes. In the end, Grandpa Murdick goes back to the store and finds that Aaron Murdick is already making fudge! He explains to Grandpa Murdick that the recipes have been here all along (pointing at his head) ...and Grandpa Murdick says to his grandson, "No they are here!" (Pointing at his heart). The book ends with a question – What family traditions do your family share?

In the back of the book there is a map of Mackinaw City with different attractions on it for the kids to find, complete with compass and legend.

The authors are from Toledo, Ohio, and have done several children's books. They are going to promote the book on NBC and CBS out of Toledo and also in schools nationwide (especially in Michigan where Michigan history is part of the 3rd grade curriculum).

We see the book as a promotional asset to Mackinaw City (without the mention of Mackinaw Island) as a destination. Hopefully it will be good for our village.

I'm including a picture of the cover of the book so you can get a good idea of what the book will look like.

Marcy Murdick

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/10/2015

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
Barnett France
P.O. Box 489
402 Lake St
Mackinaw City, MI 49701-

CONTACT NAME: Belinda Mollen
PHONE (A/C, No, Ext): (231) 436-5053 FAX (A/C, No): (231) 436-5985
E-MAIL ADDRESS: barnettfrance@hotmail.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A: AUTO OWNERS | |
| INSURER B: | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |
| INSURER F: | |

INSURED CENTRAL AVENUE SWEETS LLC
P O BOX 453
MACKINAW CITY MI 49701-

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | GENERAL LIABILITY | | | 4873810000 | 03/03/2015 | 03/03/2016 | EACH OCCURRENCE | $ 1,000,000 |
| | X COMMERCIAL GENERAL LIABILITY | | | | / / | / / | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 50,000 |
| | CLAIMS-MADE X OCCUR | | | | / / | / / | MED EXP (Any one person) | $ 5,000 |
| | | | | | / / | / / | PERSONAL & ADV INJURY | $ 1,000,000 |
| | | | | | / / | / / | GENERAL AGGREGATE | $ 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | / / | / / | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | POLICY PRO-JECT LOC | | | | / / | / / | PD | $ |
| | AUTOMOBILE LIABILITY | | | | / / | / / | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | / / | / / | BODILY INJURY (Per person) | $ |
| | ALL OWNED AUTOS / SCHEDULED AUTOS | | | | / / | / / | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS / NON-OWNED AUTOS | | | | / / | / / | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | / / | / / | | $ |
| | UMBRELLA LIAB / OCCUR | | | | / / | / / | EACH OCCURRENCE | $ |
| | EXCESS LIAB / CLAIMS-MADE | | | | / / | / / | AGGREGATE | $ |
| | DED / RETENTION $ | | | | / / | / / | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | / / | / / | WC STATU-TORY LIMITS / OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N | N/A | | | / / | / / | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | / / | / / | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | / / | / / | E.L. DISEASE - POLICY LIMIT | $ |
| | BOPPR | | | 4873810000 | 03/03/2015 / / | 03/03/2016 / / | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
ADDL INSURED IS TO READ VILLAGE OF MACKINAW CITY, ITS VILLAGE COUNCIL, BOARDS AND COMMISSIONS, CITIZENS, EMPLOYEES & AGENTS, 102 S HURON ST, MACKINAW CITY, MI 49701 FOR BOOKING SIGNING ON AUGUST 8TH, 2015

CERTIFICATE HOLDER

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

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Belinda Mollen


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Table and Chair Diagram

**FOR IMMEDIATE RELEASE:**

# WORLD FAMOUS MURDICK'S FUDGE RELEASES CHILDREN'S BOOK WITH BESTSELLING AUTHORS

*Mackinaw City, Michigan - July 17, 2015* - Aaron Murdick's Fudge, operated by descendants of the original Mackinaw-area fudge makers, has partnered with bestselling Children's Book authors Nick Rokicki and Joseph Kelley to release Murdick's Mackinaw Mystery.

"As a child, it was always a magical experience to be traveling north on I-75 and see the top of the Mackinaw Bridge come into view," said Rokicki. "Some of my best memories from childhood are from family trips to the Mackinaw area, eating fudge, experiencing the historical landmarks and just spending time with my parents. This book allows children from all over the State to learn about this awesome area."

Murdick's Mackinaw Mystery features multiple members of the Murdick family, who have been making fudge for many generations. One day, the family heirloom recipes have come up missing. Together, the family searches historical landmarks and tourist destinations such as Fort Michilimackinac, McGulpin Lighthouse, Wilderness State Park and more. With the help of friendly Mac the Mosquito, the family is brought closer together and realizes that making fudge is just one family tradition that they share.

"Through this book, we hope to teach children about family traditions, heritage, travel and even reading maps," said Aaron Murdick, operator of Aaron Murdick's Fudge in Mackinaw City. "Both of my parents are retired school teachers and our family is so excited about the learning opportunities this book presents for children— and also the countless ways teachers can incorporate this story into their classrooms."

Rokicki and Kelley are best known for their nationally-recognized book Pete the Popcorn, which has won numerous accolades for a subtle anti-bullying message. The book, released in 2012, reached three number one positions on amazon.com. Since then, the authors have read their titles to over 100,000 school children in 25 states. For more information, visit www.PeteThePopcorn.com

The authors will be appearing for a book signing event at Aaron Murdick's Fudge, 219 E. Central Ave., Mackinaw City, MI 49701 on Saturday, August 8 from 1 PM to 4 PM.

CONTACT: Deb
Harvest
debharvest@gmail.com
Ph: (248) 736-5955

###

## reception

**From:** Marcia Murdick [mmurdick27@hotmail.com]
**Sent:** Sunday, July 19, 2015 9:10 AM
**To:** reception
**Subject:** RE: book signing
**Attachments:** Murdick Press Release.docx

Janelle, I have attached our press release and it is being released to all northern michigan newspapers, tv stations, etc. as well as all of the downstate papers. The authors are actually appearing on two television stations in Toledo OH (where they are from) that first week of August. I would like the press release to accompany our other papers requesting permission to have the book signing in front of our store.

Thanks!

Good morning, The Council meeting is at 7:00 PM on August 6, 2015 at the Village Hall. I believe you should be present, if possible. Thank you and have a great day!! Janelle

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

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**From:** Marcia Murdick [mailto:mmurdick27@hotmail.com]
**Sent:** Friday, July 17, 2015 9:17 AM
**To:** reception
**Subject:** book signing

HI Janelle,

What time is the council meeting on August 6th? Do you think we should be there for book signing approval or discussion?

Marcy and John

2015-SE-059

To Admin. Staff: 4-13-15
To Council: 8-6-15
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: 4WT Media, LLC TELEPHONE: 323.347.1696

MAILING ADDRESS: 11022 Santa Monica Blvd. Ste. 250, Los Angeles, CA 90025

CONTACT NAME: John Trefry TELEPHONE: _____

E-MAIL ADDRESS: john@4wtmedia.com CELL PHONE: 310.745.9466

## CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Rob Rogers TELEPHONE: _____

E-MAIL ADDRESS: robrogers1964@gmail.com CELL PHONE: 480.684.0398

## EVENT INFORMATION

NAME OF EVENT: Lake Aid

PURPOSE OF EVENT: Free concert for Great Lakes

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

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

DATE(S): 9/7/15 FROM 8:00am ☒ A.M. ☐ P.M. TO 4:00pm ☐ A.M. ☒ P.M.

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

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

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

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

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

EVENT LOCATION: Conkling Heritage Park

ESTIMATED NUMBER OF ATTENDEES: 3000

WILL YOU UTILIZE SHOWERS: ☐ Yes ☒ No

ESTIMATED NUMBER OF VOLUNTEERS: _____

ESTIMATE DATE/TIME FOR SET-UP: 9/7/15 8:00am ☒ A.M. ☐ P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 9/7/15 2:00pm ☐ A.M. ☒ P.M.

Fee - $150
Cert of Ins -
501(c)(3) -



RECEIVED 7-9-15

## PARADE PERMIT

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

POLICE ESCORT NEEDED: ☐ Yes ☒ No

PARADE ROUTE PROVIDED WITH APPLICATION: ☐ Yes ☒ No

PROPOSED ROUTE: n/a

**Date and time Parade will start:** _____ _____ ☐ **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:** 10:00am **END:** 3:00pm
(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: 8/15/15

See page 4 for required language naming the Village as an additional insured

**WILL FIREWORKS BE APART OF EVENT:** ☐ Yes ☒ No

☐ *Provide Copy of Liability Insurance*

☐ *Provide Copy of Fireworks Permit*

See page 4 for required language naming the Village as an additional insured

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

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

☐ **SIGNAGE AT EVENT SITE -** Location(s): _____

_____

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

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

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

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

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

☐ **BOOTHS – QUANTITY**_____ ☐ **TENTS – QUANTITY**_____

**Size** _____ ☐ **CHAIRS – QUANTITY**_____

☐ **AWNINGS – QUANTITY**_____ ☐ **TABLES – QUANTITY**_____

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

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

## APPLICATION CHECK LIST

A = Applicant V = Village

| 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 of employees arising out of cancellation of the user's event.

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

_____ 7/7/15
**Applicant Signature** **Date**
**Print name of applicant:** John Trefry

**VILLAGE USE ONLY** – *Department representative please initial if approved*

[ MM ] **DPW** [ GV ] **FACILITY SERVICES**
[ PW ] **POLICE** [ ] **FIRE** [ ] **AMBULANCE**
[ CW ] **RECREATION**

**VILLAGE COUNCIL COUNCIL APPROVAL DATE:**_____

**CONDITIONS, IF ANY:** CONCERNS W/ ALCOHOL BEING ALLOWED.
$500 Deposit if setting up Fence or tent stakes
Want notification of any products, beverages or food being sold 45 days prior

**AUTHORIZED BY:**_____ **DATE:**_____
**VILLAGE MANAGER**

Forms/SEA 02 20 12

## 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

## reception

**From:** Rob Rogers [robrogers1964@gmail.com]
**Sent:** Friday, July 10, 2015 3:25 PM
**To:** reception
**Subject:** Re: Lakeaid Labor day september 7th concert at Conklin Park

The main national artist will be The Freddy Jones Band freddyjonesband.com please check out their website and their about link. We will also be having 3 other local and regional artist to be named. All regional and local artists will be acoustic and family friendly. We plan on attracting adults 30 years old and up. Since the event will be free we plan on a rotating crowd as people return from crossing the bridge. The music will attract families also.

On Thursday, July 9, 2015, reception <reception@mackinawcity.org> wrote:

Good morning Rob, I did not receive the completed application. All that was attached was page 3.

Janelle Bancroft

Village of Mackinaw City

102 S. Huron Avenue

Mackinaw City, MI 49701

Tel: (231) 436-5351

Fax: (231) 436-4166

reception@mackinawcity.org

---

**From:** Rob Rogers [mailto:robrogers1964@gmail.com]
**Sent:** Wednesday, July 08, 2015 8:58 PM
**To:** reception
**Subject:** Lakeaid Labor day september 7th concert at Conklin Park

Janell attached is the new application for Conklin Park. Dave White asked me to send it to him. As for a site layout map we will not be altering anything the The Bridge Authority has. We will just be putting on a free concert. We will supply the sound and lighting. I f we deside yo do a food and or beverage area and we serve alcohol, we will do it in conjunction with John Leggio. and we would use fencing to enclose an alcohol/food court area with all proper regulations being met. We will also provide you with an insurance rider naming The city and any other parties as additionally insured and again meeting all of your requirements.

Please forward this to Dave White and feel free to call me 480.684.0398 or email me with any questions. We will send you a check or credit card over the phone for permit fees as soon as you request it.

--

Sincerely

Robert Rogers

Rogers Event Management

*May God Bless You Every Day!!!*

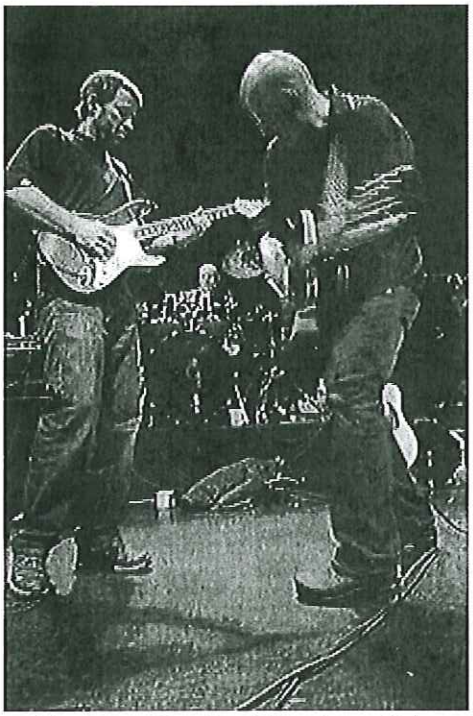
--
Sincerely
Robert Rogers
Rogers Event Management
*May God Bless You Every Day!!!*

# Freddy Jones Band

From Wikipedia, the free encyclopedia

**The Freddy Jones Band** is a roots rock band from Chicago, Illinois. Despite the name, no member of the band is actually named Freddy Jones, and the band has never definitively revealed the name's source.[1]

**Freddy Jones Band**



Freddy Jones Band at Hopefest, Chicago.

**Background information**

| | |
|---|---|
| **Origin** | Chicago, Illinois, United States |
| **Genres** | Roots rock<br>Blues-rock |
| **Years active** | 1992–present |
| **Labels** | Capricorn Records<br>PolyGram |

## Contents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## History

The Freddy Jones band was formed in 1988 by Wayne Healy and Marty Lloyd while attending college in South Bend In.[1] The following year Healy & Lloyd moved to Chicago and began playing as an acoustic trio with childhood friend Jim Bonaccorsi. They self-released their first album, which was later repackaged and released on Capricorn Records in 1994 after scoring a local radio hit with "In a Daydream". They continued to build a fanbase both in the Midwest US and nationwide through tours of colleges.[1] Several albums on Capricorn followed, and 1995's *North Ave. Wake-Up Call* and 1997's *Lucid* both attracted some radio airplay (with the songs "Waitress" and "Mystic Buzz") as well as cracking the upper echelons of the Billboard charts. In 1998, bassist Jim Bonaccorsi and guitar/vocalist Rob Bonaccorsi left the band and were replaced with bassist Mark Murphy.[2] The band went on hiatus in 2001 but returned in 2005, doing shows in Chicago, Milwaukee and other Midwestern cities.[3]

## Discography

- *The Freddy Jones Band* (Poor Boys Records, 1992; re-released with bonus material, 1994)
- *Waiting for the Night* (Capricorn Records, 1993)
- *North Ave. Wake-Up Call* (Capricorn, 1995) US *Billboard* 200 peak #186[4]
- *Lucid* (PolyGram, 1997) US Billboard Heatseekers peak #19[4]
- *Mile High Live* (Capricorn, 1999)

STATE OF MICHIGAN
RICK SNYDER, Governor

MDOT
Michigan Department of Transportation

# MACKINAC BRIDGE AUTHORITY

N415 I-75 ST. IGNACE, MICHIGAN 49781 906-643-7600 FAX: 906-643-7668

WILLIAM H. GNODTKE, CHAIRMAN
BARBARA J. BROWN, VICE CHAIR
PATRICK F. GLEASON
R. DAN MUSSER, III
KIRK T. STEUDLE, P.E.,
DIRECTOR

BARBARA J. ARENS, P.E.
MATTHEW E. MCLOGAN
NICK KHOURI, TREASURER
ROBERT J. SWEENEY, P.E.
EXECUTIVE SECRETARY

May 20, 2015

Village of Mackinaw City
102 South Huron Avenue
P.O. Box 580
Mackinaw City, Michigan 49701

To Whom It May Concern:

Lake Aid Event at Conklin Park in Mackinaw City

The Mackinac Bridge Authority staff has provided Mr. Rob Rogers of 4wt Media, LLC a schematic of our set up for the Annual Bridge Walk shuttle bus staging located on the south end of Conklin Park in Mackinaw City. Mr. Rogers and his team have assured us that their event will not interfere with our busing for Bridge Walk participants.

Therefore, the Mackinac Bridge Authority has no problems with the "Lake Aid" event. This letter is by no means an endorsement of the event; it is meant solely to inform the Village of Mackinaw City that we have no opposition to this event occurring at Conklin Park.

Sincerely,

Robert J. Sweeney
Executive Secretary/CEO
Mackinac Bridge Authority

cc: Rob Rogers, 4wt Media, LLC
John Rintamaki, Mackinac Bridge Authority Annual Bridge Walk Coordinator

RECEIVED
5-22-15

**Lake Aid**
**BUSINESS PLAN**
**2015**

# EXECUTIVE SUMMARY

## Organization Background

Lake Aid (the "Organization") has been created as a not-for-profit 501(c)(3) charity organization in the State of Michigan for the purpose of staging music festivals and entertainment events in the Great Lakes area, specifically, Mackinaw City, Michigan.

## Festival Concept

The Organization's first event concept is to stage a two-day "FREE" Music Festival at Conkling Park in Mackinaw City entitled "Lake Aid" ("Festival") on Labor Day Weekend, commencing Sunday, September 6th and Monday, September 7th 2015, encompassing a range of music and featuring artists such as Gordon Lightfoot, John Popper (Blues Traveler), Freddy Jones Band, Bit O Jane, and others.

## Mission Statement

Lake Aid, in conjunction with Creative Visions Foundation, is a not-for-profit 501(c)(3). The vision of Scott Kusmirek and John Trefry, Lake Aid is a movement utilizing the power of music to secure the preservation of the world's largest body of fresh water, the Great Lakes.

## Purpose of Business Plan

The purpose of the business plan is to set out the goals, objectives and vision of the Organization; and to raise funds to begin the task of booking talent, obtaining sponsors, booking venues and acts, planning the marketing and merchandising campaigns, and involving the community in the planning and staging of the Festival.

## Capital Requirements

The Organization requires an estimated $100,000.00 in funding to stage the first event. We plan to pursue the following funding sources:
(i) corporate support and sponsorships
(ii) private funding through philanthropic investments

2015- LSE-003

To Admin. Staff: 7-31-15
To Council: 8-6-15
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 Adoption Resource Exchange TELEPHONE: 734-528-2070

MAILING ADDRESS: 3840 Packard Rd. Suite 107, Ann Arbor, MI 48108

CONTACT NAME: Jessica Thompson TELEPHONE: 734-528-2070

E-MAIL ADDRESS: jessica_thompson@judsoncenter.org CELL PHONE: 586-944-4718

## CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Jessica Thompson TELEPHONE: 734-528-2070

E-MAIL ADDRESS: jessica_thompson@judsoncenter.org CELL PHONE: 586-944-4718

## EVENT INFORMATION

NAME OF EVENT: Mackinaw Bridge Walk

PURPOSE OF EVENT: MARE will be providing information regarding adoption at vendor table

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

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

DATE(S): 9-7-2015 FROM 6:00 ☒ A.M. ☐ P.M. TO 3:00 ☐ A.M. ☒ P.M.

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

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

_____ 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: 2 from MARE and 2 from Emmet DHHS

WILL YOU UTILIZE SHOWERS: ☐ Yes ☒ No

ESTIMATED NUMBER OF VOLUNTEERS: N/A

ESTIMATE DATE/TIME FOR SET-UP: 5:30 6:00 ☒ A.M. ☐ P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 2:30 3:00 ☐ A.M. ☒ P.M.

501(c)(3) 7-29-15
Cert Ins - 7-29-15
Fee $150.00 — being sent



RECEIVED 7-29-15

## 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:_____
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): MARE staff will be bringing one 3' x 7' banner stand picturing foster youth throughout MI

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

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

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

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

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

☐ **BOOTHS – QUANTITY**_____ ☐ **TENTS – QUANTITY**_____

**Size** _____ ☐ **CHAIRS – QUANTITY**_____

☐ **AWNINGS – QUANTITY**_____ ☐ **TABLES – QUANTITY**_____

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

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

## APPLICATION CHECK LIST

A = Applicant V = Village

| A | V | |
|---|---|---|
| ☑ | ☐ | Completed Application |
| ☐ | ☐ | Special Event Fee received on _____, receipt no _____ amount: $_____ |
| NA ☐ | ☐ | Event Map Received (includes detailed event layout for vendors, booths, portable restrooms, fire hydrants, parking, ingress, egress, roads, sidewalks, table and chair diagram, etc.) |
| NA ☐ | ☐ | 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) |
| NA ☐ | ☐ | Ambulance Standby included with Application paid on _____, receipt no. _____ amount $_____ |
| NA ☐ | ☐ | Fireworks Permit (if applicable) |
| NA ☐ | ☐ | Michigan Liquor Control Commission Special Event License (if applicable) |
| NA ☐ | ☐ | 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 of 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? once: last year was the first year MABE participated

Jessica Thompson
**Applicant Signature**

7/29/15
**Date**

**Print name of applicant:** Jessica Thompson

**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**

Forms/SEA 02 20 12

2073 (2-98), Formerly C-3138

*This form must be kept by the seller when making tax exempt sales. The exempt organization may reproduce this form.*

STATE OF MICHIGAN

# DEPARTMENT OF TREASURY

TREASURY BUILDING

LANSING, MICHIGAN 48922

JOHN ENGLER, Governor
DOUGLAS B. ROBERTS, State Treasurer

THIS EXEMPTION/FORM IS NOT TRANSFERABLE TO ANOTHER INDIVIDUAL OR ENTITY.

Effective Date March 22, 1990

NP-0002241

JUDSON CENTER, INC.
4410 W. THIRTEEN MILE
ROYAL OAK, MI 48073-6515

This letter serves as notice to a seller that your organization qualifies to buy goods and services without paying the Michigan sales or use tax. **TREASURY DOES NOT ISSUE TAX EXEMPT NUMBERS.**

To buy goods and taxable services without paying a sales or use tax, present:

- a copy of this letter, and
- a completed certificate (below) certifying to the seller that the goods or services being purchased are for purposes of the organization and are being paid for from organizational funds. The seller must keep a copy of this certificate with the record of the sale.

Please note the following.

- This exemption does not apply to the purchase of tangible personal property or to the purchase of vehicles that are not used primarily to carry out the purposes of your organization as stated in your bylaws or articles of incorporation.
- Employees or members may NOT use this exemption to purchase goods or services for personal use.

The Michigan Department of Treasury may review your exempt status at any time to verify your eligibility. If the Internal Revenue Service revokes your exempt status, if a Treasury audit discovers non-exempt status, or if for any other reason your organization no longer qualifies for exemption, then your organization is subject immediately to sales or use tax on its purchases.

Please notify us if you have a name or address change. If you have questions, please contact this office at 517 - 373-3190.

Sincerely,

Dale P. Vettel

Dale P. Vettel, Administrator
Sales, Use and Withholding Taxes Division

## CERTIFICATE REQUIRED FOR TAX-EXEMPT SALES

I certify that the item or items being purchased are to be used or consumed in connection with the operation of the exempt institution or agency named above and that the consideration for this purchase moves from the funds of the designated institution or agency. In the event this claim is disallowed, the transferee promises to reimburse the seller for the amount of tax involved.

| Signature of Authorized Representative of Non-Profit Organization | Date |
|---|---|
| APOV [signature] | |

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: JUL 29 1994

Person to Contact:
Kathy Harbin
Telephone Number:
513-684-3957
Refer Reply to:
EP/EO
Federal Identification Number:
38-1359084

Judson Center Inc.
c/o Julie Thompson.
4410 W. 13 Mile Rd.
Royal Oak, MI 48073-6515

Dear Sir or Madam:

This is in response to your request for a letter affirming your exempt status.

Our records show that we issued a determination letter in August of 1945, which recognized your organization as exempt from Federal income tax under section 101(6) of the Internal Revenue Code of 1939 which now corresponds to section 501(c)(3) of the Internal Revenue Code of 1986. You are classified as a publicly supported organization, and not a private foundation, because you are described in sections 509(a)(2) of the Code.

Our determination letter is still in effect.

The classification was based on the assumption that your 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 your exempt status and foundation status.

As of January 1, 1984, you are liable for taxes under Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees 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. If you have any questions about excise, employment, or other Federal taxes, please let us know.

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.

Judson Center Inc. 38-1359084

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.

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 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 in your permanent records.

If you have any questions, you may contact us at the address or telephone number shown in the heading of this letter.

Sincerely yours,

C. Ashley Bullard
District Director

Michigan Department of Treasury
3372 (Rev. 7-05)

# Michigan Sales and Use Tax Certificate of Exemption

TO BE RETAINED IN THE SELLER'S RECORDS - DO NOT SEND TO TREASURY.

This certificate is invalid unless all four sections are completed by the purchaser.

## SECTION 1: CHECK ONE OF THE FOLLOWING

☐ One time purchase

☐ Blanket certificate (Note: A blanket certificate is valid for four years from the date of signature unless an earlier expiration date is listed below)
Expiration date, if less than four years: _____

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made under this certificate from _____ and certifies
(Vendor's Name)
that this claim is based upon the purchaser's proposed use of the items or services, or the status of the purchaser.

## SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

☐ All items purchased
☐ Limited to the following items: _____

## SECTION 3: BASIS FOR EXEMPTION CLAIM

☐ For Resale at Retail - Sales Tax Registration Number: _____
☐ For Resale at Wholesale - No Tax Number Required
☐ For Lease - Use Tax Registration Number: _____
☐ Agricultural Production ____% - No Tax Number Required (Describe): _____
☐ Industrial Processing ____% - No Tax Number Required
☐ Government Entity, Nonprofit School, Nonprofit Hospital, and Church (Circle type of organization.)
☐ Nonprofit Internal Revenue Code Section 501(c)(3) and 501(c)(4) Exempt Organizations (Attach copy of IRS letter ruling).
☐ Nonprofit Organizations with an Exempt letter from the State of Michigan (Attach a copy of State's letter)
☐ Multiple Points of Use (claim ONLY for electronically delivered software - purchaser assumes tax payment obligation)
☐ Direct Mail (delivered to multiple taxing jurisdictions - purchaser assumes tax payment obligation)
☐ Other (explain): _____

## SECTION 4: CERTIFICATION

*I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.*

Purchaser _____ Street Address _____

Area Code / Telephone No. _____ City _____ State _____ Zip Code _____

Signature and Title _____ Date Signed _____

Name (Print or Type) _____

www.michigan.gov/treasury

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/29/2015

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
Daly Merritt Insurance
100 Maple
Wyandotte MI 48192

CONTACT NAME: Rosemarie Rager, CIC
PHONE (A/C, No, Ext): (734) 283-1400 FAX (A/C, No): (734) 283-1197
E-MAIL ADDRESS: rose.rager@dalymerritt.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A: Alliance of Nonprofits for Ins | |
| INSURER B: MAL W.C. FUND | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |
| INSURER F: | |

INSURED
Judson Center Inc.
4410 W. 13 Mile Road
Royal Oak MI 48073-6515

COVERAGES CERTIFICATE NUMBER: CL1492307875 REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | GENERAL LIABILITY<br>X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>X Professional Liability<br>X Sexual/Physical Abuse<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-JECT LOC | | | 201413184<br>$1,000,000 / $3,000,000<br>$1,000,000 / $3,000,000 | 9/30/2014 | 9/30/2015 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 1,000,000<br>$ 500,000<br>$ 20,000<br>$ 1,000,000<br>$ 3,000,000<br>$ 3,000,000 |
| A | AUTOMOBILE LIABILITY<br>X ANY AUTO<br>ALL OWNED AUTOS<br>SCHEDULED AUTOS<br>HIRED AUTOS<br>NON-OWNED AUTOS | | | 201413184 | 9/30/2014 | 9/30/2015 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $ 1,000,000<br>$<br>$<br>$ |
| A | X UMBRELLA LIAB X OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED X RETENTION $ 10,000 | | | 201413184UMB | 9/30/2014 | 9/30/2015 | EACH OCCURRENCE<br>AGGREGATE | $ 10,000,000<br>$ 10,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | WCX019006/29 | 10/1/2014 | 10/1/2015 | WC STATU-TORY LIMITS OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Village of Mackinaw City, it's Village Council, Boards and Commissions, Citizens, Employees and Agents are listed as additional insured with respects to the General Liability.

RE: MARE Booth at Mackinaw Bridge Walk

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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

R Rager, CIC/RRAGER Rosemarie Rager



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# ADDITIONAL COVERAGES

| Ref # | Description | Coverage Code | Form No. | Edition Date |
|---|---|---|---|---|
| | Professional Liab | | | |

| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
|---|---|---|---|---|---|
| 1,000,000 | 3,000,000 | | | | |

| Ref # | Description | Coverage Code | Form No. | Edition Date |
|---|---|---|---|---|
| | Sexual / Physical Abuse | | | |

| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
|---|---|---|---|---|---|
| 1,000,000 | 3,000,000 | | | | |

| Ref # | Description | Coverage Code | Form No. | Edition Date |
|---|---|---|---|---|
| | Employee Benefits | EBLIA | | |

| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
|---|---|---|---|---|---|
| | | | | | |

| Ref # | Description | Coverage Code | Form No. | Edition Date |
|---|---|---|---|---|
| | Employees As Insureds | | | |

| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
|---|---|---|---|---|---|
| Included | | | | | |

| Ref # | Description | Coverage Code | Form No. | Edition Date |
|---|---|---|---|---|
| | Underinsured motorist combined single limit | UNCSL | | |

| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
|---|---|---|---|---|---|
| 1,000,000 | | | | | |

| Ref # | Description | Coverage Code | Form No. | Edition Date |
|---|---|---|---|---|
| | Uninsured motorist combined single limit | UMCSL | | |

| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
|---|---|---|---|---|---|
| 1,000,000 | | | | | |

| Ref # | Description | Coverage Code | Form No. | Edition Date |
|---|---|---|---|---|
| | PIP-Basic | PIP | | |

| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
|---|---|---|---|---|---|
| | | | | | |

| Ref # | Description | Coverage Code | Form No. | Edition Date |
|---|---|---|---|---|
| | Assessment Fund | ASMNT | | |

| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
|---|---|---|---|---|---|
| | | | | | -$28,321.00 |

| Ref # | Description | Coverage Code | Form No. | Edition Date |
|---|---|---|---|---|
| | Experience Mod Factor 1 | EXP01 | | |

| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
|---|---|---|---|---|---|
| | | | | | -$6,828.00 |

| Ref # | Description | Coverage Code | Form No. | Edition Date |
|---|---|---|---|---|
| | Expense constant | EXCNT | | |

| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
|---|---|---|---|---|---|
| | | | | | $500.00 |

| Ref # | Description | Coverage Code | Form No. | Edition Date |
|---|---|---|---|---|
| | | | | |

| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
|---|---|---|---|---|---|
| | | | | | |



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