

2016-SE-018

To Admin. Staff: 10-25-15  
To Council: 11-19-15  
Decision:  Approved  Denied  
Minutes to Applicant: \_\_\_\_\_

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

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

**SPONSORING ORGANIZATION INFORMATION**

LEGAL BUSINESS NAME: Mackinaw Area Visitors Bureau

TELEPHONE: 231-436-5664

MAILING ADDRESS: 10800 W. US 23 Hwy

CONTACT NAME: Becky Yoder

TELEPHONE: 231-436-5664

E-MAIL ADDRESS: becky@mackinawcity.com

CELL PHONE: 231-818-0566

**CONTACT PERSON ON DAY OF EVENT**

CONTACT NAME: Becky Yoder

TELEPHONE: 231-436-5664

E-MAIL ADDRESS: becky@mackinawcity.com

CELL PHONE: 231-818-0566

**EVENT INFORMATION**

NAME OF EVENT: Mackinaw City Arts & Craft Show

PURPOSE OF EVENT: \_\_\_\_\_

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

Marathon/Race     Festival/Fair     Arts & Crafts Show     Other \_\_\_\_\_

DATE(S): 8-27 2016 FROM 10:00  A.M.  P.M. TO 7:00  A.M.  P.M.

8-28 2016 FROM 10:00  A.M.  P.M. TO 3:00  A.M.  P.M.

FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.

FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.

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

FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.

EVENT LOCATION: Conkling Heritage Park

ESTIMATED NUMBER OF ATTENDEES: Unknown

WILL YOU UTILIZE SHOWERS:     Yes     No

ESTIMATED NUMBER OF VOLUNTEERS: 2

ESTIMATE DATE/TIME FOR SET-UP: 8-26 16    2:00  A.M.  P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 8-28 16    3:00  A.M.  P.M.

Fee - Conkling Park - 3 days x \$50 - \$150

Deposit for Sprinkler system 14500

\$650

concert on 8/20/16

Then - # vendors x \$40  
after event -

Ins - on file

10-5-15  
Changed date

RECEIVED  
10-14-15

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

**SIGNAGE AT EVENT SITE** - Location(s): In front of park, one at South end and on at North end

Description of signs: Yard signs 24x24, 3'x18"x5' Metal signs  
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

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

If yes, where do you propose your vendors park? Straits State Harbor

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

If yes, from date \_\_\_\_\_ to ending date: \_\_\_\_\_

Long term parking identified on the site map?  Yes  No

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

Name of Facility where camping: \_\_\_\_\_

If yes, from date: \_\_\_\_\_ to ending date: \_\_\_\_\_

Camp sites identified on the site map?  Yes  No

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

**BOOTHS – QUANTITY** Unknown

**TENTS – QUANTITY** \_\_\_\_\_

Size 10 X 10

**CHAIRS – QUANTITY** \_\_\_\_\_

**AWNINGS – QUANTITY** \_\_\_\_\_

**TABLES – QUANTITY** \_\_\_\_\_

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

**PORTABLE RESTROOMS/TOILETS**

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

If yes, total number of portable toilets: 4 Number of ADA accessible portable toilets: \_\_\_\_\_

If no, explain: \_\_\_\_\_

Restroom Company Name: Rose's Septic

Address Street: Levering Road

City: Cheboygan State: Michigan Zip: 49721

Telephone Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Equipment set up: Date: 8-19-16 Time: Afternoon

Equipment pick up: Date: 8-21-16 Time: Evening

Portable restrooms identified on the site map?  Yes  No

## APPLICATION CHECK LIST

A = Applicant      V = Village

A

V

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

If document is missing, please explain: \_\_\_\_\_

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

Is this an annual event?  Yes  No  
Is this event expected to occur next year?  Yes  No  
How many years has this event occurred? 17 years

Becky Yoder  
Applicant Signature  
Print name of applicant: Becky Yoder

9-21-15  
Date

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

[ MMH ] DPW    [ GM ] FACILITY SERVICES  
[ POW ] POLICE    [ W ] FIRE    [   ] AMBULANCE  
[ CW ] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: \_\_\_\_\_

CONDITIONS, IF ANY: \$500 Deposit for damages (DPW)

\_\_\_\_\_

\_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

VILLAGE MANAGER

**FOR VILLAGE USE ONLY**

**DEPARTMENT OF PUBLIC WORKS**

APPROVED

DENIED

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

Yes  No

LOADER – MODEL \_\_\_\_\_ TOTAL MEN \_\_\_\_\_

TOTAL MAN HOURS \_\_\_\_\_

PICK UP TRUCKS \_\_\_\_\_ TOTAL MEN \_\_\_\_\_

TOTAL MAN HOURS \_\_\_\_\_

OTHER EQUIPMENT \_\_\_\_\_ TOTAL MEN \_\_\_\_\_

TOTAL MAN HOURS \_\_\_\_\_

OTHER SERVICES PROVIDED OR REQUIRED \_\_\_\_\_

SITE MAP APPROVED:  Yes  No

**FACILITIES SERVICES DEPARTMENT**

APPROVED

DENIED

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

Yes  No

TRASH RECEPTACLES – QUANTITY \_\_\_\_\_

BARRICADES – QUANTITY \_\_\_\_\_

TRAFFIC CONES – QUANTITY \_\_\_\_\_

PARKING SIGNS – QUANTITY \_\_\_\_\_

FENCING  WATER  ELECTRIC

RESTROOM CLEANING

OTHER \_\_\_\_\_

SITE MAP APPROVED:  Yes  No

**MACKINAW CITY POLICE DEPARTMENT**

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED?  Yes  No

If yes please describe & include times \_\_\_\_\_

Other (describe): \_\_\_\_\_

PARADE ROUTE RECEIVED AND APPROVED:  Yes  No

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

No

SITE MAP APPROVED:  Yes  No

**MACKINAW CITY FIRE DEPARTMENT**

APPROVED

DENIED

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

Street closure date/time: \_\_\_\_/\_\_\_\_/\_\_\_\_  A.M.  P.M.

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

SITE MAP APPROVED:  Yes  No

**RECREATION DEPARTMENT**

APPROVED

DENIED

SHOWERS:  Yes  No

TABLES:  Yes  No Quantity: \_\_\_\_\_

CHAIRS:  Yes  No Quantity: \_\_\_\_\_

CAMPING:  Yes  No (identified on map)

LONG TERM PARKING:  Yes  No (identified on map)

PORTABLE RESTROOMS:  Yes  No (identified on map)

SITE MAP APPROVED:  Yes  No

# Mackinaw City Arts & Craft Show

JUNE & AUGUST  
CRAFT SHOW  
SITE PLAN

# South Huron

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

WILL NOT EXCEED PARK AREA AND WILL NOT HINDER STAGE AREA

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

Porta Johns

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

WILL NOT EXCEED PARK AREA AND WILL NOT HINDER STAGE AREA.

Vendor Unloading Area

2016-SE-019

To Admin. Staff: 10-25-15

To Council: 11-19-15

Decision:  Approved  Denied

Minutes to Applicant: \_\_\_\_\_

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

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

**SPONSORING ORGANIZATION INFORMATION**

LEGAL BUSINESS NAME: Mackinaw Area Visitors Bureau

TELEPHONE: 231-436-5664

MAILING ADDRESS: 10800 W. US 23 Hwy

CONTACT NAME: Becky Yoder

TELEPHONE: 231-436-5664

E-MAIL ADDRESS: becky@mackinawcity.com

CELL PHONE: 231-818-0566

**CONTACT PERSON ON DAY OF EVENT**

CONTACT NAME: Becky Yoder

TELEPHONE: 231-436-5664

E-MAIL ADDRESS: becky@mackinawcity.com

CELL PHONE: 231-818-0566

**EVENT INFORMATION**

NAME OF EVENT: Fall Colors Bridge Run

PURPOSE OF EVENT: \_\_\_\_\_

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

Marathon/Race     Festival/Fair     Arts & Crafts Show     Other \_\_\_\_\_

DATE(S): 10-7-2016 FROM 2:00  A.M.  P.M. TO 9:00  A.M.  P.M.

10-8-2016 FROM 6:00  A.M.  P.M. TO 12:00  A.M.  P.M.

\_\_\_\_\_ FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.

\_\_\_\_\_ FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.

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

\_\_\_\_\_ FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.

EVENT LOCATION: Mackinaw City Recreation Center

ESTIMATED NUMBER OF ATTENDEES: 400-600

WILL YOU UTILIZE SHOWERS:     Yes     No

ESTIMATED NUMBER OF VOLUNTEERS: 3

ESTIMATE DATE/TIME FOR SET-UP: 10-7-16    2:00  A.M.  P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 10-8-16    12:00  A.M.  P.M.

Fees - 2 days x \$200 = \$400  
Tables/chairs = \$ 50  
Refundable Cleaning Dep \$100  
\$ 550

Ins. - on file  
② officers for street crossings - \$?

RECEIVED  
10-14-15

**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: \_\_\_\_\_  
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

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

If yes, where do you propose your vendors park? \_\_\_\_\_

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

If yes, from date \_\_\_\_\_ to ending date: \_\_\_\_\_

Long term parking identified on the site map?  Yes  No

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

Name of Facility where camping: \_\_\_\_\_

If yes, from date: \_\_\_\_\_ to ending date: \_\_\_\_\_

Camp sites identified on the site map?  Yes  No

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

**BOOTHS – QUANTITY** \_\_\_\_\_

Size \_\_\_\_\_

**TENTS – QUANTITY** \_\_\_\_\_

**CHAIRS – QUANTITY** \_\_\_\_\_

**AWNINGS – QUANTITY** \_\_\_\_\_

**TABLES – QUANTITY** \_\_\_\_\_

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

**PORTABLE RESTROOMS/TOILETS**

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

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

If no, explain: \_\_\_\_\_

Restroom Company Name: \_\_\_\_\_

Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Equipment set up: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Equipment pick up: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Portable restrooms identified on the site map?  Yes  No

## APPLICATION CHECK LIST

A = Applicant      V = Village

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

If document is missing, please explain: \_\_\_\_\_

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

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

Becky Yoder  
Applicant Signature  
Print name of applicant: Becky Yoder

9-21-15  
Date

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

[ my ] DPW    [ GV ] FACILITY SERVICES  
[ RW ] POLICE    [ W ] FIRE    [   ] AMBULANCE  
[ CW ] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: \_\_\_\_\_

CONDITIONS, IF ANY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
VILLAGE MANAGER

**FOR VILLAGE USE ONLY**

**DEPARTMENT OF PUBLIC WORKS**

APPROVED

DENIED

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

Yes  No

LOADER – MODEL \_\_\_\_\_ TOTAL MEN \_\_\_\_\_ TOTAL MAN HOURS \_\_\_\_\_  
 PICK UP TRUCKS \_\_\_\_\_ TOTAL MEN \_\_\_\_\_ TOTAL MAN HOURS \_\_\_\_\_  
 OTHER EQUIPMENT \_\_\_\_\_ TOTAL MEN \_\_\_\_\_ TOTAL MAN HOURS \_\_\_\_\_

OTHER SERVICES PROVIDED OR REQUIRED \_\_\_\_\_

SITE MAP APPROVED:  Yes  No

**FACILITIES SERVICES DEPARTMENT**

APPROVED

DENIED

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

Yes  No

TRASH RECEPTACLES – QUANTITY \_\_\_\_\_  BARRICADES – QUANTITY \_\_\_\_\_  
 TRAFFIC CONES – QUANTITY \_\_\_\_\_  PARKING SIGNS – QUANTITY \_\_\_\_\_  
 FENCING  WATER  ELECTRIC  RESTROOM CLEANING  
 OTHER \_\_\_\_\_

SITE MAP APPROVED:  Yes  No

**MACKINAW CITY POLICE DEPARTMENT**

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED?  Yes  No

If yes please describe & include times 1 @ CENTRAL / ASKINS 1 @ JAMES / LOUVINGNEY  
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**

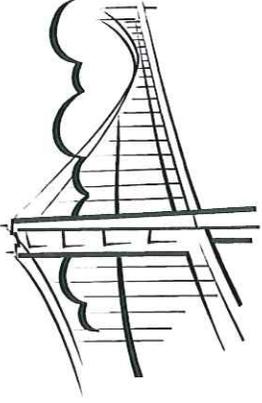
APPROVED

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

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



EXIT 339

WATER STATION

JAMET ST

JAMET ST

MAREST

W ETHERINGTON

ASKINS

REC CENTER



2016-SE-020

To Admin. Staff: 10-25-15  
To Council: 11-19-15  
Decision:  Approved  Denied  
Minutes to Applicant: \_\_\_\_\_

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

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

**SPONSORING ORGANIZATION INFORMATION**

LEGAL BUSINESS NAME: Mackinaw Area Visitors Bureau

TELEPHONE: 231-436-5664

MAILING ADDRESS: 10800 W. US 23

CONTACT NAME: Becky Yoder

TELEPHONE: 231-436-5664

E-MAIL ADDRESS: becky@mackinawcity.com

CELL PHONE: 231-818-0566

**CONTACT PERSON ON DAY OF EVENT**

CONTACT NAME: Becky Yoder

TELEPHONE: 231-436-5664

E-MAIL ADDRESS: becky@mackinawcity.com

CELL PHONE: 231-818-0566

**EVENT INFORMATION**

NAME OF EVENT: Fall Colors Fireworks

PURPOSE OF EVENT: \_\_\_\_\_

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

DATE(S): 10-8-2016 FROM dusk  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.

\_\_\_\_\_ 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: State Dock

ESTIMATED NUMBER OF ATTENDEES: \_\_\_\_\_

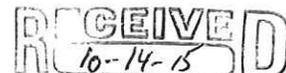
WILL YOU UTILIZE SHOWERS:       Yes       No

ESTIMATED NUMBER OF VOLUNTEERS: \_\_\_\_\_

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

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

Fee - \$5000.00  
Ins - on file



**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): \_\_\_\_\_

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

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

9-21-2015  
\_\_\_\_\_  
Date

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

[ *MRP* ] DPW    [ *CW* ] FACILITY SERVICES  
[ *PEW* ] POLICE    [ *HW* ] FIRE    [    ] AMBULANCE  
[ *CW* ] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: \_\_\_\_\_

CONDITIONS, IF ANY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

VILLAGE MANAGER

**FOR VILLAGE USE ONLY**

**DEPARTMENT OF PUBLIC WORKS**

APPROVED

DENIED

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

Yes  No

LOADER – MODEL \_\_\_\_\_ TOTAL MEN \_\_\_\_\_

TOTAL MAN HOURS \_\_\_\_\_

PICK UP TRUCKS \_\_\_\_\_ TOTAL MEN \_\_\_\_\_

TOTAL MAN HOURS \_\_\_\_\_

OTHER EQUIPMENT \_\_\_\_\_ TOTAL MEN \_\_\_\_\_

TOTAL MAN HOURS \_\_\_\_\_

OTHER SERVICES PROVIDED OR REQUIRED \_\_\_\_\_

SITE MAP APPROVED:  Yes  No

**FACILITIES SERVICES DEPARTMENT**

APPROVED

DENIED

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

Yes  No

TRASH RECEPTACLES – QUANTITY \_\_\_\_\_

BARRICADES – QUANTITY \_\_\_\_\_

TRAFFIC CONES – QUANTITY \_\_\_\_\_

PARKING SIGNS – QUANTITY \_\_\_\_\_

FENCING  WATER  ELECTRIC

RESTROOM CLEANING

OTHER \_\_\_\_\_

SITE MAP APPROVED:  Yes  No

**MACKINAW CITY POLICE DEPARTMENT**

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED?  Yes  No

If yes please describe & include times \_\_\_\_\_

Other (describe): \_\_\_\_\_

PARADE ROUTE RECEIVED AND APPROVED:  Yes  No

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

SITE MAP APPROVED:  Yes  No

**MACKINAW CITY FIRE DEPARTMENT**

APPROVED

DENIED

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

Street closure date/time: \_\_\_\_/\_\_\_\_/\_\_\_\_  A.M.  P.M.

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

SITE MAP APPROVED:  Yes  No

**RECREATION DEPARTMENT**

APPROVED

DENIED

SHOWERS:  Yes  No

TABLES:  Yes  No

Quantity: \_\_\_\_\_

CHAIRS:  Yes  No

Quantity: \_\_\_\_\_

CAMPING:  Yes  No (identified on map)

LONG TERM PARKING:  Yes  No (identified on map)

PORTABLE RESTROOMS:  Yes  No (identified on map)

SITE MAP APPROVED:  Yes  No

2016-SE-021

To Admin. Staff: 10-27-15

To Council: 11-19-15

Decision:  Approved  Denied

Minutes to Applicant: \_\_\_\_\_

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

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

**SPONSORING ORGANIZATION INFORMATION**

LEGAL BUSINESS NAME: Mackinaw Area Visitors Bureau

TELEPHONE: 231-436-5664

MAILING ADDRESS: 10800 W. US 23 Hwy.

CONTACT NAME: Becky Yoder

TELEPHONE: 231-436-5664

E-MAIL ADDRESS: becky@mackinawcity.com

CELL PHONE: 231-818-0566

**CONTACT PERSON ON DAY OF EVENT**

CONTACT NAME: Becky Yoder

TELEPHONE: 231-436-5664

E-MAIL ADDRESS: becky@mackinawcity.com

CELL PHONE: 231-818-0566

**EVENT INFORMATION**

NAME OF EVENT: Adult Roller Derby Tournament

PURPOSE OF EVENT: \_\_\_\_\_

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

Marathon/Race       Festival/Fair       Arts & Crafts Show       Other \_\_\_\_\_

DATE(S): 10-14-2016 FROM 8:00  A.M.  P.M. TO 10:00  A.M.  P.M.

10-15-2016 FROM 8:00  A.M.  P.M. TO 10:00  A.M.  P.M.

10-16-2016 FROM 8:00  A.M.  P.M. TO 6:00  A.M.  P.M.

\_\_\_\_\_ FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.

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

\_\_\_\_\_ FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.

EVENT LOCATION: Mackinaw City Recreation Center

ESTIMATED NUMBER OF ATTENDEES: 500

WILL YOU UTILIZE SHOWERS:       Yes       No

ESTIMATED NUMBER OF VOLUNTEERS: 8

ESTIMATE DATE/TIME FOR SET-UP: 10-14-2016 8:00  A.M.  P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 10-16-2016 6:00  A.M.  P.M.

Fees - 3 days X \$200 = \$600  
Tables/chairs \$50  
Showers 3 days X \$200 \$600.00  
Cleaning Dep \$100.00  
\$1350.00

Ings on file

**RECEIVED**  
10-14-15



**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): \_\_\_\_\_

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** 200 \_\_\_\_\_

**AWNINGS – QUANTITY** \_\_\_\_\_  **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: \_\_\_\_\_

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 type="checkbox"/> | <input type="checkbox"/> Completed Application   |
| <input type="checkbox"/> | <input type="checkbox"/> Special Event Fee received on _____, receipt no _____<br>amount: \$ _____   |
| <input type="checkbox"/> | <input type="checkbox"/> Event Map Received (includes detailed event layout for vendors, booths, portable restrooms, fire hydrants, parking, ingress, egress, roads, sidewalks, table and chair diagram, etc.)                               |
| <input type="checkbox"/> | <input type="checkbox"/> Bicycle Route Map (use of the Mackinaw City Bike Trail is required)   |
| <input type="checkbox"/> | <input type="checkbox"/> Certificate of Insurance (listing the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701 as an additional insured) |
| <input type="checkbox"/> | <input type="checkbox"/> Ambulance Standby included with Application paid on _____, receipt no. _____<br>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? <sup>2</sup> \_\_\_\_\_

Becky Yoder  
Applicant Signature  
Print name of applicant: Becky Yoder

10-14-15  
Date

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

[ md ] DPW    [ CW ] FACILITY SERVICES  
[ pw ] POLICE    [ kw ] FIRE    [    ] AMBULANCE  
[ CW ] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: \_\_\_\_\_

CONDITIONS, IF ANY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
VILLAGE MANAGER

**FOR VILLAGE USE ONLY**

**DEPARTMENT OF PUBLIC WORKS**

APPROVED

DENIED

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

Yes  No

LOADER – MODEL \_\_\_\_\_ TOTAL MEN \_\_\_\_\_

TOTAL MAN HOURS \_\_\_\_\_

PICK UP TRUCKS \_\_\_\_\_ TOTAL MEN \_\_\_\_\_

TOTAL MAN HOURS \_\_\_\_\_

OTHER EQUIPMENT \_\_\_\_\_ TOTAL MEN \_\_\_\_\_

TOTAL MAN HOURS \_\_\_\_\_

OTHER SERVICES PROVIDED OR REQUIRED \_\_\_\_\_

SITE MAP APPROVED:  Yes  No

**FACILITIES SERVICES DEPARTMENT**

APPROVED

DENIED

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

Yes  No

TRASH RECEPTACLES – QUANTITY \_\_\_\_\_

BARRICADES – QUANTITY \_\_\_\_\_

TRAFFIC CONES – QUANTITY \_\_\_\_\_

PARKING SIGNS – QUANTITY \_\_\_\_\_

FENCING  WATER  ELECTRIC

RESTROOM CLEANING

OTHER \_\_\_\_\_

SITE MAP APPROVED:  Yes  No

**MACKINAW CITY POLICE DEPARTMENT**

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED?  Yes  No

If yes please describe & include times \_\_\_\_\_

Other (describe): \_\_\_\_\_

PARADE ROUTE RECEIVED AND APPROVED:  Yes  No

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

SITE MAP APPROVED:  Yes  No

**MACKINAW CITY FIRE DEPARTMENT**

APPROVED

DENIED

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

Street closure date/time: \_\_\_\_/\_\_\_\_/\_\_\_\_  A.M.  P.M.

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

SITE MAP APPROVED:  Yes  No

**RECREATION DEPARTMENT**

APPROVED

DENIED

SHOWERS:  Yes  No

TABLES:  Yes  No Quantity: \_\_\_\_\_

CHAIRS:  Yes  No Quantity: \_\_\_\_\_

CAMPING:  Yes  No (identified on map)

LONG TERM PARKING:  Yes  No (identified on map)

PORTABLE RESTROOMS:  Yes  No (identified on map)

SITE MAP APPROVED:  Yes  No

2016-SE-022

To Admin. Staff: 10-25-15  
To Council: 11-19-15  
Decision:  Approved  Denied  
Minutes to Applicant: \_\_\_\_\_

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

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

**SPONSORING ORGANIZATION INFORMATION**

LEGAL BUSINESS NAME: Mackinaw Area Visitors Bureau TELEPHONE: 231-436-5664  
MAILING ADDRESS: 10800 W. US 23 Hwy.  
CONTACT NAME: Becky Yoder TELEPHONE: 231-436-5664  
E-MAIL ADDRESS: becky@mackinawcity.com CELL PHONE: 231-818-0566

**CONTACT PERSON ON DAY OF EVENT**

CONTACT NAME: Becky Yoder TELEPHONE: 231-436-5664  
E-MAIL ADDRESS: becky@mackinawcity.com CELL PHONE: 231-818-0566

**EVENT INFORMATION**

NAME OF EVENT: Adult Roller Derby Tournament

PURPOSE OF EVENT: \_\_\_\_\_

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

DATE(S): 10-21-2016 FROM 8:00  A.M.  P.M. TO 10:00  A.M.  P.M.  
10-22-2016 FROM 8:00  A.M.  P.M. TO 10:00  A.M.  P.M.  
10-23-2016 FROM 8:00  A.M.  P.M. TO 6:00  A.M.  P.M.  
\_\_\_\_\_ FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.

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

EVENT LOCATION: Mackinaw City Recreation Center

ESTIMATED NUMBER OF ATTENDEES: 500

WILL YOU UTILIZE SHOWERS:  Yes  No

ESTIMATED NUMBER OF VOLUNTEERS: 8

ESTIMATE DATE/TIME FOR SET-UP: 10-21-2016 8:00  A.M.  P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 10-23-2016 6:00  A.M.  P.M.

Fees - 3 days X \$200 = \$600.00  
Tables/Chairs 50.00  
Showers -  
3 days X \$200 = \$600.00  
Cleaning Dep 100.00  
\$1,300.00

Ins - on file

RECEIVED  
10-14-15

## **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:

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

WILL MUSIC BE PROVIDED DURING THIS EVENT:  Yes  No

TYPE OF MUSIC PROPOSED:  Live  Amplification  Recorded  Loudspeakers

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

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

Yes  No  Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT:  Yes  No

Provide Copy of Liquor Liability Insurance

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

Provide Copy of Michigan Liquor Control License

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

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION:  Yes  No

Date insurance binder provided: \_\_\_\_\_

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

WILL FIREWORKS BE APART OF EVENT:  Yes  No

Provide Copy of Liability Insurance

Provide Copy of Fireworks Permit

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

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

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

**SIGNAGE AT EVENT SITE** - Location(s): \_\_\_\_\_

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

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

If yes, where do you propose your vendors park? \_\_\_\_\_

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

If yes, from date \_\_\_\_\_ to ending date: \_\_\_\_\_

Long term parking identified on the site map?  Yes  No

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

Name of Facility where camping: \_\_\_\_\_

If yes, from date: \_\_\_\_\_ to ending date: \_\_\_\_\_

Camp sites identified on the site map?  Yes  No

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

**BOOTHS – QUANTITY** \_\_\_\_\_

Size \_\_\_\_\_

**TENTS – QUANTITY** \_\_\_\_\_

**CHAIRS – QUANTITY** 200

**AWNINGS – QUANTITY** \_\_\_\_\_

**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: \_\_\_\_\_

Restroom Company Name: \_\_\_\_\_

Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Equipment set up: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Equipment pick up: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Portable restrooms identified on the site map?  Yes  No

## APPLICATION CHECK LIST

A = Applicant          V = Village

A      V

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

If document is missing, please explain: \_\_\_\_\_

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

Is this an annual event?  Yes     No  
Is this event expected to occur next year?  Yes     No  
How many years has this event occurred? <sup>2</sup> \_\_\_\_\_

Becky Yoder  
Applicant Signature  
Print name of applicant: Becky Yoder

10-14-15  
Date

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

[ AW ] DPW    [ CW ] FACILITY SERVICES  
[ pw ] POLICE    [ W ] FIRE    [    ] AMBULANCE  
[ CW ] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: \_\_\_\_\_

CONDITIONS, IF ANY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
VILLAGE MANAGER

**FOR VILLAGE USE ONLY**

**DEPARTMENT OF PUBLIC WORKS**

APPROVED

DENIED

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

Yes  No

LOADER – MODEL \_\_\_\_\_ TOTAL MEN \_\_\_\_\_

TOTAL MAN HOURS \_\_\_\_\_

PICK UP TRUCKS \_\_\_\_\_ TOTAL MEN \_\_\_\_\_

TOTAL MAN HOURS \_\_\_\_\_

OTHER EQUIPMENT \_\_\_\_\_ TOTAL MEN \_\_\_\_\_

TOTAL MAN HOURS \_\_\_\_\_

OTHER SERVICES PROVIDED OR REQUIRED \_\_\_\_\_

SITE MAP APPROVED:  Yes  No

**FACILITIES SERVICES DEPARTMENT**

APPROVED

DENIED

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

Yes  No

TRASH RECEPTACLES – QUANTITY \_\_\_\_\_

BARRICADES – QUANTITY \_\_\_\_\_

TRAFFIC CONES – QUANTITY \_\_\_\_\_

PARKING SIGNS – QUANTITY \_\_\_\_\_

FENCING  WATER  ELECTRIC

RESTROOM CLEANING

OTHER \_\_\_\_\_

SITE MAP APPROVED:  Yes  No

**MACKINAW CITY POLICE DEPARTMENT**

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED?  Yes  No

If yes please describe & include times \_\_\_\_\_

Other (describe): \_\_\_\_\_

PARADE ROUTE RECEIVED AND APPROVED:  Yes  No

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

No

SITE MAP APPROVED:  Yes  No

**MACKINAW CITY FIRE DEPARTMENT**

APPROVED

DENIED

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

Street closure date/time: \_\_\_\_/\_\_\_\_/\_\_\_\_  A.M.  P.M.

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

SITE MAP APPROVED:  Yes  No

**RECREATION DEPARTMENT**

APPROVED

DENIED

SHOWERS:  Yes  No

TABLES:  Yes  No

Quantity: \_\_\_\_\_

CHAIRS:  Yes  No

Quantity: \_\_\_\_\_

CAMPING:  Yes  No (identified on map)

LONG TERM PARKING:  Yes  No (identified on map)

PORTABLE RESTROOMS:  Yes  No (identified on map)

SITE MAP APPROVED:  Yes  No

2016-SE-024

To Admin. Staff: 10-27-15  
To Council: 11-19-15  
Decision:  Approved  Denied  
Minutes to Applicant: \_\_\_\_\_

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

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

**SPONSORING ORGANIZATION INFORMATION**

LEGAL BUSINESS NAME: Mackinaw Area Visitors Bureau TELEPHONE: 231-436-5664  
MAILING ADDRESS: 10800 W. US 23 Hwy.  
CONTACT NAME: Becky Yoder TELEPHONE: 231-436-5664  
E-MAIL ADDRESS: becky@mackinawcity.com CELL PHONE: 231-818-0566

**CONTACT PERSON ON DAY OF EVENT**

CONTACT NAME: Becky Yoder TELEPHONE: 231-436-5664  
E-MAIL ADDRESS: becky@mackinawcity.com CELL PHONE: 231-818-0566

**EVENT INFORMATION**

NAME OF EVENT: Jr. Roller Derby Tournament

PURPOSE OF EVENT: \_\_\_\_\_

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

DATE(S): 4-1-2016 FROM 8:00  A.M.  P.M. TO 10:00  A.M.  P.M.  
4-2-2016 FROM 8:00  A.M.  P.M. TO 10:00  A.M.  P.M.  
4-3-2016 FROM 8:00  A.M.  P.M. TO 6:00  A.M.  P.M.  
\_\_\_\_\_ FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.

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

EVENT LOCATION: Mackinaw City Recreation Center

ESTIMATED NUMBER OF ATTENDEES: 500

WILL YOU UTILIZE SHOWERS:  Yes  No

ESTIMATED NUMBER OF VOLUNTEERS: 8

ESTIMATE DATE/TIME FOR SET-UP: 4-1-2016 8:00  A.M.  P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 4-3-2016 6:00  A.M.  P.M.

Fee - 3 days x \$200 = \$600.00  
Tables/chairs = 50.00  
Showers - 3 x \$200 → \$600.00  
Cleaning Deposit → \$100.00  
\$1250.00

Ins. on file

RECEIVED  
10-14-15

**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: \_\_\_\_\_  
(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** 200 \_\_\_\_\_

**AWNINGS – QUANTITY** \_\_\_\_\_  **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: \_\_\_\_\_

Restroom Company Name: \_\_\_\_\_

Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Equipment set up: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Equipment pick up: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Portable restrooms identified on the site map?  Yes  No

## APPLICATION CHECK LIST

A = Applicant

V = Village

A

V

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

If document is missing, please explain: \_\_\_\_\_

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

Is this an annual event?  Yes     No  
Is this event expected to occur next year?  Yes     No  
How many years has this event occurred? 2

Becky Yoder

10-14-15

Applicant Signature

Date

Print name of applicant: Becky Yoder

VILLAGE USE ONLY – Department representative please initial if approved

[ MM ] DPW    [ CV ] FACILITY SERVICES  
[ POW ] POLICE    [ KWD ] FIRE    [   ] AMBULANCE  
[ EW ] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: \_\_\_\_\_

CONDITIONS, IF ANY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

VILLAGE MANAGER

**FOR VILLAGE USE ONLY**

**DEPARTMENT OF PUBLIC WORKS**

APPROVED

DENIED

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

Yes  No

LOADER – MODEL \_\_\_\_\_ TOTAL MEN \_\_\_\_\_

TOTAL MAN HOURS \_\_\_\_\_

PICK UP TRUCKS \_\_\_\_\_ TOTAL MEN \_\_\_\_\_

TOTAL MAN HOURS \_\_\_\_\_

OTHER EQUIPMENT \_\_\_\_\_ TOTAL MEN \_\_\_\_\_

TOTAL MAN HOURS \_\_\_\_\_

OTHER SERVICES PROVIDED OR REQUIRED \_\_\_\_\_

SITE MAP APPROVED:  Yes  No

**FACILITIES SERVICES DEPARTMENT**

APPROVED

DENIED

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

Yes  No

TRASH RECEPTACLES – QUANTITY \_\_\_\_\_

BARRICADES – QUANTITY \_\_\_\_\_

TRAFFIC CONES – QUANTITY \_\_\_\_\_

PARKING SIGNS – QUANTITY \_\_\_\_\_

FENCING  WATER  ELECTRIC

RESTROOM CLEANING

OTHER \_\_\_\_\_

SITE MAP APPROVED:  Yes  No

**MACKINAW CITY POLICE DEPARTMENT**

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED?  Yes  No

If yes please describe & include times \_\_\_\_\_

Other (describe): \_\_\_\_\_

PARADE ROUTE RECEIVED AND APPROVED:  Yes  No

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

SITE MAP APPROVED:  Yes  No

**MACKINAW CITY FIRE DEPARTMENT**

APPROVED

DENIED

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

Street closure date/time: \_\_\_\_/\_\_\_\_/\_\_\_\_  A.M.  P.M.

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

SITE MAP APPROVED:  Yes  No

**RECREATION DEPARTMENT**

APPROVED

DENIED

SHOWERS:  Yes  No

TABLES:  Yes  No Quantity: \_\_\_\_\_

CHAIRS:  Yes  No Quantity: \_\_\_\_\_

CAMPING:  Yes  No (identified on map)

LONG TERM PARKING:  Yes  No (identified on map)

PORTABLE RESTROOMS:  Yes  No (identified on map)

SITE MAP APPROVED:  Yes  No

2016-SE-025

To Admin. Staff: 10-25-15  
To Council: 11-19-15  
Decision:  Approved  Denied  
Minutes to Applicant: \_\_\_\_\_

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

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

**SPONSORING ORGANIZATION INFORMATION**

LEGAL BUSINESS NAME: Mackinaw Area Visitors Bureau

TELEPHONE: 231-436-5664

MAILING ADDRESS: 10800 W. US 23

CONTACT NAME: Becky Yoder

TELEPHONE: 231-436-5664

E-MAIL ADDRESS: becky@mackinawcity.com

CELL PHONE: 231-818-0566

**CONTACT PERSON ON DAY OF EVENT**

CONTACT NAME: Becky Yoder

TELEPHONE: 231-436-5664

E-MAIL ADDRESS: becky@mackinawcity.com

CELL PHONE: 231-818-0566

**EVENT INFORMATION**

NAME OF EVENT: Memorial Bridge Run

PURPOSE OF EVENT: \_\_\_\_\_

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

DATE(S): 5/27/2016 FROM 2:00  A.M.  P.M. TO 9:00  A.M.  P.M.

5/28/2016 FROM 4:00  A.M.  P.M. TO 12:00  A.M.  P.M.

FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.

FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.

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

FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.

EVENT LOCATION: Mackinaw City Recreation Center

ESTIMATED NUMBER OF ATTENDEES: 600-800

WILL YOU UTILIZE SHOWERS:  Yes  No

ESTIMATED NUMBER OF VOLUNTEERS: 4

ESTIMATE DATE/TIME FOR SET-UP: 5/27/2016 2:00  A.M.  P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 5/28/2016 11:00  A.M.  P.M.

Fees - 2 days X \$200 = \$400  
 Tables/chairs 50  
 Cleaning Dep. 100  
 T - I.L. \$1550

Ⓢ officers for street crossing

RECEIVED  
10-14-15

**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: \_\_\_\_\_  
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

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

If yes, where do you propose your vendors park? \_\_\_\_\_

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

If yes, from date \_\_\_\_\_ to ending date: \_\_\_\_\_

Long term parking identified on the site map?  Yes  No

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

Name of Facility where camping: \_\_\_\_\_

If yes, from date: \_\_\_\_\_ to ending date: \_\_\_\_\_

Camp sites identified on the site map?  Yes  No

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

**BOOTHS – QUANTITY** \_\_\_\_\_

Size \_\_\_\_\_

**TENTS – QUANTITY** \_\_\_\_\_

**CHAIRS – QUANTITY** unknown \_\_\_\_\_

**AWNINGS – QUANTITY** \_\_\_\_\_

**TABLES – QUANTITY** unknown \_\_\_\_\_

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

**PORTABLE RESTROOMS/TOILETS**

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

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

If no, explain: \_\_\_\_\_

Restroom Company Name: \_\_\_\_\_

Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Equipment set up: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Equipment pick up: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Portable restrooms identified on the site map?  Yes  No

## APPLICATION CHECK LIST

A = Applicant      V = Village

A      V

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

If document is missing, please explain: \_\_\_\_\_

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

Is this an annual event?  Yes     No  
Is this event expected to occur next year?  Yes     No  
How many years has this event occurred? <sup>13</sup> \_\_\_\_\_

Becky Yoder  
Applicant Signature  
Print name of applicant: Becky Yoder

9/21/2015  
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

**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 0600 - FINISH 1 @ ASKUS/CENTRAL / 1 @ JAMES / LOU VINDOBY

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**

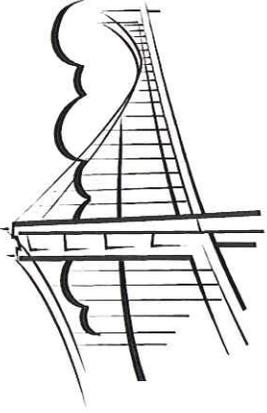
APPROVED

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

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



WATER STATION

EXIT 339

JAMET ST

JAMET ST

MAREST

W ETHERINGTON

ASKINS

REC CENTER



2016-SE-026

To Admin. Staff: 10-25-15

To Council: 11-19-15

Decision:  Approved  Denied

Minutes to Applicant: \_\_\_\_\_

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

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

**SPONSORING ORGANIZATION INFORMATION**

LEGAL BUSINESS NAME: Mackinaw Area Visitors Bureau TELEPHONE: 231-436-5664

MAILING ADDRESS: 10800 W. US 23

CONTACT NAME: Becky Yoder TELEPHONE: 231-436-5664

E-MAIL ADDRESS: becky@mackinawcity.com CELL PHONE: 231-818-0566

**CONTACT PERSON ON DAY OF EVENT**

CONTACT NAME: Becky Yoder TELEPHONE: 231-436-5664

E-MAIL ADDRESS: becky@mackinawcity.com CELL PHONE: 231-818-0566

**EVENT INFORMATION**

NAME OF EVENT: Memorial Weekend Fireworks

PURPOSE OF EVENT: \_\_\_\_\_

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

DATE(S): 5/28/2016 FROM dusk  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.

\_\_\_\_\_ 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: State Dock

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.

Fee - \$5000.00  
Ins - On file





**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 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? \_\_\_\_\_

Becky Yoder  
Applicant Signature  
Print name of applicant: Becky Yoder

9-21-15  
Date

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

[ MMH ] DPW    [ CW ] FACILITY SERVICES  
[ PW ] POLICE    [ Yoder ] FIRE    [    ] AMBULANCE  
[ CW ] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: \_\_\_\_\_

CONDITIONS, IF ANY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
VILLAGE MANAGER

**FOR VILLAGE USE ONLY**

**DEPARTMENT OF PUBLIC WORKS**

APPROVED

DENIED

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

Yes  No

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

OTHER SERVICES PROVIDED OR REQUIRED \_\_\_\_\_

SITE MAP APPROVED:  Yes  No

**FACILITIES SERVICES DEPARTMENT**

APPROVED

DENIED

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

Yes  No

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

SITE MAP APPROVED:  Yes  No

**MACKINAW CITY POLICE DEPARTMENT**

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED?  Yes  No

If yes please describe & include times \_\_\_\_\_

Other (describe): \_\_\_\_\_

PARADE ROUTE RECEIVED AND APPROVED:  Yes  No

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

SITE MAP APPROVED:  Yes  No

**MACKINAW CITY FIRE DEPARTMENT**

APPROVED

DENIED

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

Street closure date/time: \_\_\_\_/\_\_\_\_/\_\_\_\_  A.M.  P.M.

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

SITE MAP APPROVED:  Yes  No

**RECREATION DEPARTMENT**

APPROVED

DENIED

- SHOWERS:  Yes  No  
TABLES:  Yes  No Quantity: \_\_\_\_\_  
CHAIRS:  Yes  No Quantity: \_\_\_\_\_  
CAMPING:  Yes  No (identified on map)  
LONG TERM PARKING:  Yes  No (identified on map)  
PORTABLE RESTROOMS:  Yes  No (identified on map)

SITE MAP APPROVED:  Yes  No

2015-SF-067

To Admin. Staff: \_\_\_\_\_  
To Council: 11-19-15  
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 TELEPHONE: 231-436-7421  
MAILING ADDRESS: P.O. BOX 740 MACKINAW CITY, MI 49701  
CONTACT NAME: MIKE POUNOVICH TELEPHONE: 906-430-5626  
E-MAIL ADDRESS: \_\_\_\_\_ CELL PHONE: SAME

**CONTACT PERSON ON DAY OF EVENT**

CONTACT NAME: MIKE POUNOVICH TELEPHONE: 906-430-5626  
E-MAIL ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**EVENT INFORMATION**

NAME OF EVENT: OPEN TO THE PUBLIC

PURPOSE OF EVENT: INVITE PUBLIC DURING HOLIDAYS

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

DATE(S): 12-24-15 FROM 12:00  A.M.  P.M. TO 12:00  A.M.  P.M.  
\_\_\_\_\_ FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.  
\_\_\_\_\_ FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.  
\_\_\_\_\_ 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: N/A

WILL YOU UTILIZE SHOWERS:     Yes     No

ESTIMATED NUMBER OF VOLUNTEERS: N/A

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

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

SIGNS 1 ONLY



**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): 2 OPEN TO THE PUBLIC SIGNS  
FRONT OF BUILDING NORTH SIDE OF BUILDING

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

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

If yes, where do you propose your vendors park? \_\_\_\_\_

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

If yes, from date \_\_\_\_\_ to ending date: \_\_\_\_\_

Long term parking identified on the site map?  Yes  No

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

Name of Facility where camping: \_\_\_\_\_

If yes, from date: \_\_\_\_\_ to ending date: \_\_\_\_\_

Camp sites identified on the site map?  Yes  No

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

**BOOTHS – QUANTITY** \_\_\_\_\_

Size \_\_\_\_\_

**TENTS – QUANTITY** \_\_\_\_\_

**CHAIRS – QUANTITY** \_\_\_\_\_

**AWNINGS – QUANTITY** \_\_\_\_\_

**TABLES – QUANTITY** \_\_\_\_\_

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

**PORTABLE RESTROOMS/TOILETS**

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

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

If no, explain: \_\_\_\_\_

Restroom Company Name: \_\_\_\_\_

Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Equipment set up: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Equipment pick up: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Portable restrooms identified on the site map?  Yes  No

## APPLICATION CHECK LIST

A = Applicant

V = Village

A

V

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

If document is missing, please explain: \_\_\_\_\_

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

Is this an annual event?  Yes     No  
Is this event expected to occur next year?  Yes     No  
How many years has this event occurred? 2

  
Applicant Signature  
Print name of applicant: MICHAEL C. POUNOVICH

11-4-15  
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 \_\_\_\_\_

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

## D White

---

**From:** Tom Jordan <tjordan@mersofmich.com>  
**Sent:** Friday, November 06, 2015 4:13 PM  
**To:** Lana Jaggi  
**Cc:** D White  
**Subject:** DC & 457 CRM:0020440  
**Attachments:** Mackinaw City, Vlg of side agmnt.docx

The MERS Defined Contribution (DC) Plan is a 401(a) of the Internal Revenue Code. It is also known as a governmental money purchase plan which allows employers and employees to make pre-tax contributions to their individual accounts that accumulate tax-deferred.

To accommodate the desires of the Village of Mackinaw City we will combine our DC with the MERS 457 Program to allow flexibility for the individual participant hired beginning in 2014. Attached is a document which explains the structure of the contribution. For all individuals falling in this category they must contribute a minimum of 1% of their salary to receive a match of 1% from the city. Any contribution up to 10% will be matched by the city. The participant, if they so desire, can also contribute beyond that up to the limits established by the IRS. For the tax-year 2015 the limit is \$18,000 per person with a catch-up provision for those age 50 and above of an additional \$6,000.

The employees also expressed an interest in having an opportunity to deposit their money on an after-tax or Roth basis. The advantage is that the accumulation escapes taxes.

The employer does **NOT** incur any expenses in offering either of these plans to your employees.

The DC plan will be funded by transferring the assets of each participants' account from MetLife to MERS. Initially each participant will receive 93% of their funds with the balance being distributed at 1% per year over the next 7 years.

In the event an employee terminates employment or retires from the village all of their funds from both companies will be made available to them. They have many options such as rolling the funds into an IRA or over to an employer sponsored 457 which they are eligible to participate in.

Respectfully,

Tom

**Tom Jordan**  
**Benefit Plan Advisor**  
Municipal Employees' Retirement System  
1134 Municipal Way  
Lansing, MI 48917  
Office: 517-703-1357  
Cell: 517-896-6496  
Fax: 517-703-9707  
[www.mersofmich.com](http://www.mersofmich.com)

*Prepare for the future by pre-funding your OPEB liability - [MERS Retiree Health Funding Vehicle](#)*

# Resolution Adopting the MERS Defined Contribution Plan



1134 Municipal Way Lansing, MI 48917 | 800.767.MERS (6377) | Fax 517.703.9711 [www.mersofmich.com](http://www.mersofmich.com)

This Resolution is entered into under the provisions of 1996 PA 220 and the Municipal Employees' Retirement System of Michigan ("MERS") Plan Document, as each may be amended.

**WHEREAS**, the participating entity desires to adopt the MERS Defined Contribution Plan for its designated employees;

**WHEREAS**, the participating entity has furnished MERS with required data regarding each eligible employee and retiree;

**WHEREAS**, as a condition of MERS membership, and pursuant to the MERS Retirement Board's power as plan administrator and trustee under Plan Document Section 71 and MCL 38.1536, as each may be amended, it is appropriate and necessary to enter into a binding agreement providing for the administration of the Defined Contribution Plan, the reporting of wages, and the payment of the required contributions of a participating entity and withholding of employee contributions; now, therefore,

### IT IS HEREBY RESOLVED:

1. On behalf of the participating entity, the governing body of The Village of Mackinaw City adopts the MERS Defined Contribution Plan in accordance with Plan Section 4 for its eligible employees as described in the MERS Defined Contribution Adoption Agreement, subject to the MERS Plan Document and as authorized by 1996 PA 220, as both may be amended;
2. The governing body agrees to the terms of and authorizes (title) \_\_\_\_\_ to execute the initial MERS Defined Contribution Adoption Agreement, a copy of which is attached hereto and which is hereby incorporated by reference; and

I hereby certify that the above is a true copy of the Defined Contribution Resolution adopted at the official meeting held by the governing body of this municipality:

Dated: \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
(Signature of Authorized Official)

This Resolution shall have no legal effect under the MERS Plan Document until a certified copy of this adopting Resolution is filed with MERS, MERS determines that all necessary requirements under the Plan Document, the Adoption Agreement, and this Resolution have been met, and MERS certifies the Resolution below.

### Received and Approved by the Municipal Employees' Retirement System of Michigan:

Dated: \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
(Authorized MERS Signatory)

## MERS Uniform 457 Supplemental Retirement Program Resolution



1134 Municipal Way Lansing, MI 48917 | 800.767.2308 | Fax 517.703.9711

[www.mersofmich.com](http://www.mersofmich.com)

This Resolution, together with the MERS 457 Supplemental Retirement Program and Trust Master Plan Document and the MERS 457 Supplemental Retirement Program Participation Agreement and any Addendum thereto, constitute the entire MERS 457 Deferred Compensation Plan Document.

**WHEREAS**, the Municipal Employees Retirement Act of 1984, Section 36(2)(a), MCL 38.1536(2)(a) (MERS Plan Document (Section 36(2)(a)) authorizes the Municipal Employees' Retirement Board (the "Board") to "establish additional programs including but not limited to defined benefit, defined contribution, ancillary benefits, health and welfare benefits, and other postemployment benefit programs," and on November 8, 2011, the Municipal Employees' Retirement Board adopted the MERS 457 Deferred Compensation Plan.

**WHEREAS**, this Uniform Resolution has been approved by the Board under the authority of Section 36(2)(a), and the Board has authorized the MERS 457 Deferred Compensation Plan, which shall not be implemented unless in strict compliance with the terms and conditions of this Resolution.

**WHEREAS**, the Participating Employer, a participating "municipality" (as defined in Section 2b(2) in the Municipal Employees Retirement Act of 1984; MCL 38.1502b(2); Plan Document Section 2b(4)) or participating "court" (circuit, district or probate court as defined in Section 2a(4) – (6) of the Act, MCL 38.1502a(4) – (6); Plan Document Section 2a(4) – (6)) within the State of Michigan has determined that in the interest of attracting and retaining qualified employees, it wishes to offer a deferred compensation plan;

**WHEREAS**, the Participating Employer has also determined that it wishes to encourage employees' saving for retirement by offering salary reduction contributions;

**WHEREAS**, the Participating Employer has reviewed the MERS 457 Supplemental Retirement Program ("Plan");

**WHEREAS**, the Participating Employer wishes to participate in the Plan to provide certain benefits to its employees, reduce overall administrative costs, and afford attractive investment opportunities;

**WHEREAS**, the Participating Employer is an Employer as defined in the Plan;

**WHEREAS**, concurrent with this Resolution, and as a continuing obligation, this Governing Body has completed and approved, and submitted to MERS and the Board documents necessary for adoption and implementation of the Plan; and

**WHEREAS**, the Governing Body for and on behalf of the Participating Employer is authorized by law to adopt this Resolution approving the Participation Agreement on behalf of the Participating Employer. In the event any alteration of the terms or conditions stated in this Resolution is made or occurs, it is expressly recognized that MERS and the Retirement Board, as sole trustee and fiduciary of the Plan and its trust reserves, and whose authority is nondelegable, shall have no obligation or duty to continue to administer (or to have administered) the MERS 457 Supplemental Retirement Program for the Participating Employer.

**NOW, THEREFORE, BE IT RESOLVED** that the Governing Body adopts the MERS 457 Supplemental Retirement Program as provided below.

## MERS Uniform 457 Supplemental Retirement Program Resolution

---

- I. The Participating Employer adopts the Plan for its Employees.
- II. The Participating Employer hereby adopts the terms of the Participation Agreement, which is attached hereto and made a part of this Resolution. The Participation Agreement sets forth the Employees to be covered by the Plan, the benefits to be provided by the Participating Employer under the Plan, and any conditions imposed by the Participating Employer with respect to, but not inconsistent with, the Plan. The Participating Employer reserves the right to amend its elections under the Participation Agreement, so long as the amendment is not inconsistent with the Plan or the Internal Revenue Code or other applicable law and is approved by the Board.
- III. The Participating Employer shall abide by the terms of the Plan, including amendments to the Plan made by the Board, all investment, administrative, and other service agreements of the Plan and the Trust, and all applicable provisions of the Internal Revenue Code and other applicable law.
- IV. The Participating Employer acknowledges that the Board is only responsible for the Plan and any other plans of the Employer administered by MERS and that the Board has no responsibility for other employee benefit plans maintained by the Employer that are not part of MERS.
- V. The Participating Employer accepts the administrative services to be provided by MERS and any services provided by a Service Manager as delegated by the Board. The Participating Employer acknowledges that fees will be imposed with respect to the services provided and that such fees may be deducted from the Participants' accounts.
- VI. The Participating Employer acknowledges that the Plan contains provisions for involuntary Plan termination.
- VII. The Participating Employer acknowledges that all assets held in connection with the Plan, including all contributions to the Plan, all property and rights acquired or purchased with such amounts and all income attributable to such amounts, property or rights shall be held in trust for the exclusive benefit of Participants and their Beneficiaries under the Plan. No part of the assets and income of the Plan shall be used for, or diverted to, purposes other than for the exclusive benefit of Participants and their Beneficiaries and for defraying reasonable expenses of the Plan. All amounts of compensation deferred pursuant to the Plan, all property and rights acquired or purchased with such amounts and all income attributable to such amounts, property or rights held as part of the Plan, shall be transferred to the Board to be held, managed, invested and distributed as part of the Trust Fund in accordance with the provisions of the Plan. All contributions to the Plan must be transferred by the Participating Employer to the Trust Fund. All benefits under the Plan shall be distributed solely from the Trust Fund pursuant to the Plan.
- VIII. This Resolution and the Participation Agreement shall be submitted to the Board for its approval. The Board shall determine whether the Resolution complies with the Plan, and, if it does, shall provide appropriate forms to the Participating Employer to implement participation in the Plan. The Board may refuse to approve a Participation Agreement by an Employer that does not possess State statutory authority to participate in the Plan. The Governing Body hereby acknowledges that it is responsible to assure that this Resolution and the Participation Agreement are adopted and executed in accordance with the requirements of applicable law.

## MERS Uniform 457 Supplemental Retirement Program Resolution

---

**BE IT FINALLY RESOLVED:** This Resolution shall have no legal effect under the Plan until a certified copy of this adopting Resolution is filed with MERS, and MERS determines that all necessary requirements under the 457 Supplemental Retirement Program Plan and Trust, the Participation Agreement, and this Resolution have been met. All dates for implementation of the Plan shall be determined by MERS from the date of filing with MERS of this Resolution in proper form and content. Upon MERS determination that all necessary documents have been submitted to MERS, MERS shall record its formal approval upon this Resolution, and return a copy to the Employer.

In the event an amendatory Resolution or other action by the municipality is required, such Resolution or action shall be deemed effective as of the date of the initial Resolution or action where concurred by this Governing Body and MERS (and a third-party administrator, if applicable and necessary). The terms and conditions of this Resolution supersede and stand in place of any prior resolution, and its terms are controlling.

I hereby certify that the above is a true copy of a Resolution adopted at the official meeting held on

\_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
(Signature of authorized official)

Municipality name: \_\_\_\_\_

**Received and Approved by the Municipal Employees' Retirement System of Michigan**

Dated: \_\_\_\_\_, 20\_\_\_\_ \_\_\_\_\_  
(Authorized MERS signatory)

for  
1/1/2014

# MERS Defined Contribution Plan Adoption Agreement



1134 Municipal Way Lansing, MI 48917 | 800.767.MERS (6377) | Fax 517.703.9711 [www.mersofmich.com](http://www.mersofmich.com)

The Employer, a participating municipality or court within the state of Michigan that has adopted MERS coverage, hereby establishes the following Defined Contribution Plan provided by the Municipal Employees' Retirement System of Michigan, as authorized by 1996 PA 220 in accordance with the MERS Plan Document.

**I. Employer Name** The Village of Mackinaw City **Municipality #:** 1606

If new to MERS, please provide your municipality's fiscal year: \_\_\_\_\_ through \_\_\_\_\_.  
(Month) (Month)

## II. Effective Date

Check one:

A.  If this is the **initial** Adoption Agreement for this group, the effective date shall be the first day of January, 2016.

This municipality or division is new to MERS, so vesting credit prior to the **initial** MERS effective date by each eligible participant shall be credited as follows (choose one):

- Vesting credit from date of hire
- No vesting credit

This division is currently in the MERS Defined Benefit Plan or Hybrid Plan and meets the applicable funding level requirements to adopt MERS Defined Contribution, as set forth in Plan Document Section 46. Unless otherwise specified, the standard transfer/rehire rules will apply.

**\* Closing this division will change future invoices to a flat dollar amount instead of a percentage of payroll, as provided in your most recent annual actuarial valuation. (The amount may be adjusted for any benefit modifications that may have taken place since then.)**

- This division is for new hires, rehires, and transfers of current Defined Benefit division # \_\_\_\_\_ and/or current Hybrid division # \_\_\_\_\_
- We elect to offer a one-time conversion from the existing plan into the new MERS Defined Contribution Plan (see attached MERS Defined Contribution Conversion Addendum incorporated herein by reference).

**Review the projection study results**  
MERS recommends that your MERS representative presents the projection study results to your municipality before adopting MERS Defined Contribution.

- Our MERS representative presented and explained the projection study results to the \_\_\_\_\_ on \_\_\_\_\_.  
(ex. Board, Finance Committee, etc.) (MM/DD/YYYY)
- As an authorized representative of this municipality, I \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Title) waive the right for a presentation of the projection study results.

**Amortization option election**  
After review of the *Amended Amortization Policy for Closed Divisions Within Open Municipalities*, which offers two options for amortization of Unfunded Accrued Liability, effective with the adoption of Defined Contribution for the divisions listed above, our municipality selects:

- Option A amortization
- Option B amortization (irrevocable once selected)

# MERS Defined Contribution Plan Adoption Agreement

- B.  If this is an **amendment** of an existing Adoption Agreement (Defined Contribution division number \_\_\_\_\_), the effective date shall be the first day of \_\_\_\_\_, 20\_\_\_\_.  
*Please note: You only need to mark **changes** to your plan throughout the remainder of this Agreement.*
- C.  If this is to **separate employees** from an existing Defined Contribution division (existing division number(s) \_\_\_\_\_) into a new division, the effective date shall be the first day of \_\_\_\_\_, 20\_\_\_\_.
- D.  If this is to **merge division(s)** \_\_\_\_\_ into division(s) \_\_\_\_\_, the effective date shall be the first of \_\_\_\_\_, 20\_\_\_\_.

### III. Eligible Employees

Only those Employees eligible for MERS membership may participate in the MERS Defined Contribution Plan. A copy of ALL employee enrollment forms must be submitted to MERS. The following groups of employees are eligible to participate:

FT prior to January 01, 2014; police DNP

(Name of Defined Contribution division – e.g. All Full Time Employees, or General After 7/01/13)

**These employees are** (check one or both):

- In a collective bargaining unit (attach cover page, retirement section, and signature page)
- Subject to the same personnel policy

**To further define eligibility,** (check all that apply):

- Probationary periods** are allowed in one-month increments, no longer than 12 months. During this introductory period the Employer will not report or make contributions for this period, including retroactively. Service will begin after the probationary period has been satisfied. The probationary period will be 12 month(s).
- Temporary employees** in a position normally requiring less than a total of 12 whole months of work in the position may be *excluded* from membership. These employees must be notified in writing by the participating municipality that they are excluded from membership within 10 business days of date of hire or execution of this Agreement. The temporary exclusion period will be \_\_\_\_\_ month(s).

### IV. Provisions

1. Vesting (Check one):

- Immediate
- Cliff Vesting (fully vested after below number years of service)
- 1 year     2 years     3 years     4 years     5 years
- Graded Vesting
- \_\_\_\_\_ % after 1 year of service
- \_\_\_\_\_ % after 2 years of service
- \_\_\_\_\_ % after 3 years of service (min 25%)
- \_\_\_\_\_ % after 4 years of service (min 50%)
- \_\_\_\_\_ % after 5 years of service (min 75%)
- \_\_\_\_\_ % after 6 years of service (min 100%)

# MERS Defined Contribution Plan Adoption Agreement

In the event of disability or death, a participant's (or his/her beneficiary's) entire employer contribution account shall be 100% vested, to the extent that the balance of such account has not previously been forfeited.

Normal Retirement Age (presumed to be age 60 unless otherwise specified) \_\_\_\_\_

*If an employee is still employed with the municipality at the age specified here, their entire employer contribution will become 100% vested regardless of years of service.*

## 2. Contributions

a. Will be remitted (check one):

Weekly                       Bi-Weekly                       Monthly

b. Employee/Employer contribution structure (subject to limitations of Section 415(c) of the Internal Revenue Code)

|                       | Enter % or \$ for contribution amounts |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|
| Employee Contribution |  |  |  |  |  |  |  |
| Employer Contribution | 10%                                    |  |  |  |  |  |  |

Direct mandatory employee contributions as pre-tax

c. Voluntary employee contributions may be made after-tax, subject to the Section 415(c) limitations of the Internal Revenue Code

## 3. Compensation:

Employee compensation includes, generally, wages, elected deferrals, and other payments of compensation (i.e., overtime, bonuses, vacation pay, sick pay) reported on an employee's Form W-2. Employee compensation is defined pursuant to section 49 of the MERS Plan Document. An employee's compensation shall not exceed the annual limit under section 401(a)(17) of the Internal Revenue Code.

NOTE: Employer plans with effective dates prior to July 11, 2012 may elect to maintain the former definition of compensation which defines compensation as, "Medicare taxable wages reported on the employee's Form W-2" by checking this box

4. **Loans:**  shall be permitted                       shall not be permitted

If Loans are elected, please complete and attach the *MERS Defined Contribution Loan Addendum*.

5. Rollovers from qualified plans are permitted and the plan will account separately for pre-tax and post-tax contributions and earnings thereon.

## V. Appointing MERS as the Plan Administrator

The Employer hereby agrees to the provisions of this *MERS Defined Contribution Plan Adoption Agreement* and appoints MERS as the Plan Administrator pursuant to the terms and conditions of the Plan. The Employer also agrees that in the event any conflict between MERS Plan Document and the MERS Defined Contribution Plan, the provisions of the Plan Document control.

## VI. Modification of the terms of the Adoption Agreement

If the Employer desires to amend any of its elections contained in this Adoption Agreement, including attachments, the Governing Body or Chief Judge, by resolution or official action accepted by MERS, must adopt a new Adoption Agreement. The amendment of the new Agreement is not effective until approved by MERS.

# MERS Defined Contribution Plan Adoption Agreement

---

## VII. Enforcement

1. The Employer acknowledges that the Michigan Constitution of 1963, Article 9, Section 24, provides that accrued financial benefits arising under a public Employer's retirement plan are a contractual obligation of the Employer that may not be diminished or impaired.
2. The Employer agrees that, pursuant to the Michigan Constitution, its obligations to pay required contributions are contractual obligations to its employees and to MERS and may be enforced in a court of competent jurisdiction;
3. The Employer acknowledges that employee contributions (if any) and employer contributions must be submitted in accordance with the MERS Enforcement Procedure for Prompt Reporting and Payment, the terms of which are incorporated herein by reference;
4. The Employer acknowledges that late or missed contributions will be required to be made up, including any applicable gains, pursuant to the Internal Revenue Code;
5. Should the Employer fail to make its required contribution(s) when due, MERS may implement any applicable interest charges and penalties pursuant to the MERS Enforcement Procedure for Prompt Reporting and Payment and Plan Document Section 79, and take any appropriate legal action, including but not limited to filing a lawsuit and reporting the entity to the Treasurer of the State of Michigan in accordance with MCL 141.1544(d), Section 44 of PA 436 of 2012, as may be amended.
6. It is expressly agreed and understood as an integral and non-severable part of this Agreement that Section 43 of the Plan Document shall not apply to this Agreement and its administration or interpretation. In the event any alteration of the terms or conditions of this Agreement is made or occurs, under Section 43 or other plan provision or law, MERS and the Retirement Board, as sole trustee and fiduciary of the MERS plan and its trust reserves, and whose authority is non-delegable, shall have no obligation or duty to administer (or to have administered) the MERS Defined Contribution Plan, to authorize the transfer of any defined benefit assets to the MERS Defined Contribution Plan, or to continue administration by MERS or any third-party administrator of the MERS Defined Contribution Plan.

## VIII. Execution

### Authorized Designee of Governing Body of Municipality or Chief Judge of Court

The foregoing Adoption Agreement is hereby approved by \_\_\_\_\_ on  
the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. (Name of Approving Employer)

Authorized signature: \_\_\_\_\_

Title: \_\_\_\_\_

Witness signature: \_\_\_\_\_

### Received and Approved by the Municipal Employees' Retirement System of Michigan

Dated: \_\_\_\_\_, 20\_\_\_\_ Signature: \_\_\_\_\_  
(Authorized MERS Signatory)

# MERS Defined Contribution Plan Adoption Agreement



1134 Municipal Way Lansing, MI 48917 | 800.767.MERS (6377) | Fax 517.703.9711 [www.mersofmich.com](http://www.mersofmich.com)

The Employer, a participating municipality or court within the state of Michigan that has adopted MERS coverage, hereby establishes the following Defined Contribution Plan provided by the Municipal Employees' Retirement System of Michigan, as authorized by 1996 PA 220 in accordance with the MERS Plan Document.

**I. Employer Name** The Village of Mackinaw City **Municipality #:** 1606

If new to MERS, please provide your municipality's fiscal year: \_\_\_\_\_ through \_\_\_\_\_.  
(Month) (Month)

## II. Effective Date

Check one:

A.  If this is the **initial** Adoption Agreement for this group, the effective date shall be the first day of January, 2016.

This municipality or division is new to MERS, so vesting credit prior to the **initial** MERS effective date by each eligible participant shall be credited as follows (choose one):

- Vesting credit from date of hire
- No vesting credit

This division is currently in the MERS Defined Benefit Plan or Hybrid Plan and meets the applicable funding level requirements to adopt MERS Defined Contribution, as set forth in Plan Document Section 46. Unless otherwise specified, the standard transfer/rehire rules will apply.

**\* Closing this division will change future invoices to a flat dollar amount instead of a percentage of payroll, as provided in your most recent annual actuarial valuation. (The amount may be adjusted for any benefit modifications that may have taken place since then.)**

- This division is for new hires, rehires, and transfers of current Defined Benefit division # \_\_\_\_\_ and/or current Hybrid division # \_\_\_\_\_
- We elect to offer a one-time conversion from the existing plan into the new MERS Defined Contribution Plan (see attached MERS Defined Contribution Conversion Addendum incorporated herein by reference).

**Review the projection study results**  
MERS recommends that your MERS representative presents the projection study results to your municipality before adopting MERS Defined Contribution.

- Our MERS representative presented and explained the projection study results to the \_\_\_\_\_ on \_\_\_\_\_.  
(ex. Board, Finance Committee, etc.) (MM/DD/YYYY)
- As an authorized representative of this municipality, I \_\_\_\_\_ (Name) \_\_\_\_\_ (Title) waive the right for a presentation of the projection study results.

**Amortization option election**  
After review of the *Amended Amortization Policy for Closed Divisions Within Open Municipalities*, which offers two options for amortization of Unfunded Accrued Liability, effective with the adoption of Defined Contribution for the divisions listed above, our municipality selects:

- Option A amortization
- Option B amortization (irrevocable once selected)

# MERS Defined Contribution Plan Adoption Agreement

- B.  If this is an **amendment** of an existing Adoption Agreement (Defined Contribution division number \_\_\_\_\_), the effective date shall be the first day of \_\_\_\_\_, 20\_\_\_\_.  
*Please note:* You only need to mark **changes** to your plan throughout the remainder of this Agreement.
- C.  If this is to **separate employees** from an existing Defined Contribution division (existing division number(s) \_\_\_\_\_) into a new division, the effective date shall be the first day of \_\_\_\_\_, 20\_\_\_\_.
- D.  If this is to **merge division(s)** \_\_\_\_\_ into division(s) \_\_\_\_\_, the effective date shall be the first of \_\_\_\_\_, 20\_\_\_\_.

### III. Eligible Employees

Only those Employees eligible for MERS membership may participate in the MERS Defined Contribution Plan. A copy of ALL employee enrollment forms must be submitted to MERS. The following groups of employees are eligible to participate:

FT post January 01, 2014; police DNP

(Name of Defined Contribution division – e.g. All Full Time Employees, or General After 7/01/13)

These employees are (check one or both):

- In a collective bargaining unit (attach cover page, retirement section, and signature page)  
 Subject to the same personnel policy

To further define eligibility, (check all that apply):

- Probationary periods** are allowed in one-month increments, no longer than 12 months. During this introductory period the Employer will not report or make contributions for this period, including retroactively. Service will begin after the probationary period has been satisfied. The probationary period will be 12 month(s).
- Temporary employees** in a position normally requiring less than a total of 12 whole months of work in the position may be *excluded* from membership. These employees must be notified in writing by the participating municipality that they are excluded from membership within 10 business days of date of hire or execution of this Agreement. The temporary exclusion period will be \_\_\_\_\_ month(s).

### IV. Provisions

1. Vesting (Check one):

- Immediate
- Cliff Vesting (fully vested after below number years of service)  
 1 year     2 years     3 years     4 years     5 years
- Graded Vesting  
\_\_\_\_ % after 1 year of service  
\_\_\_\_ % after 2 years of service  
\_\_\_\_ % after 3 years of service (min 25%)  
\_\_\_\_ % after 4 years of service (min 50%)  
\_\_\_\_ % after 5 years of service (min 75%)  
\_\_\_\_ % after 6 years of service (min 100%)

## MERS Defined Contribution Plan Adoption Agreement

In the event of disability or death, a participant's (or his/her beneficiary's) entire employer contribution account shall be 100% vested, to the extent that the balance of such account has not previously been forfeited.

Normal Retirement Age (presumed to be age 60 unless otherwise specified) \_\_\_\_\_

*If an employee is still employed with the municipality at the age specified here, their entire employer contribution will become 100% vested regardless of years of service.*

### 2. Contributions

a. Will be remitted (check one):

Weekly       Bi-Weekly       Monthly

b. Employee/Employer contribution structure (subject to limitations of Section 415(c) of the Internal Revenue Code)

|                       | Enter % or \$ for contribution amounts |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|
| Employee Contribution |  |  |  |  |  |  |  |
| Employer Contribution | 1-10%                                  |  |  |  |  |  |  |

Direct mandatory employee contributions as pre-tax

c. Voluntary employee contributions may be made after-tax, subject to the Section 415(c) limitations of the Internal Revenue Code

### 3. Compensation:

Employee compensation includes, generally, wages, elected deferrals, and other payments of compensation (i.e., overtime, bonuses, vacation pay, sick pay) reported on an employee's Form W-2. Employee compensation is defined pursuant to section 49 of the MERS Plan Document. An employee's compensation shall not exceed the annual limit under section 401(a)(17) of the Internal Revenue Code.

NOTE: Employer plans with effective dates prior to July 11, 2012 may elect to maintain the former definition of compensation which defines compensation as, "Medicare taxable wages reported on the employee's Form W-2" by checking this box

4. **Loans:**  shall be permitted       shall not be permitted

If Loans are elected, please complete and attach the *MERS Defined Contribution Loan Addendum*.

5. Rollovers from qualified plans are permitted and the plan will account separately for pre-tax and post-tax contributions and earnings thereon.

### V. Appointing MERS as the Plan Administrator

The Employer hereby agrees to the provisions of this *MERS Defined Contribution Plan Adoption Agreement* and appoints MERS as the Plan Administrator pursuant to the terms and conditions of the Plan. The Employer also agrees that in the event any conflict between MERS Plan Document and the MERS Defined Contribution Plan, the provisions of the Plan Document control.

### VI. Modification of the terms of the Adoption Agreement

If the Employer desires to amend any of its elections contained in this Adoption Agreement, including attachments, the Governing Body or Chief Judge, by resolution or official action accepted by MERS, must adopt a new Adoption Agreement. The amendment of the new Agreement is not effective until approved by MERS.

# MERS Defined Contribution Plan Adoption Agreement

## VII. Enforcement

1. The Employer acknowledges that the Michigan Constitution of 1963, Article 9, Section 24, provides that accrued financial benefits arising under a public Employer's retirement plan are a contractual obligation of the Employer that may not be diminished or impaired.
2. The Employer agrees that, pursuant to the Michigan Constitution, its obligations to pay required contributions are contractual obligations to its employees and to MERS and may be enforced in a court of competent jurisdiction;
3. The Employer acknowledges that employee contributions (if any) and employer contributions must be submitted in accordance with the MERS Enforcement Procedure for Prompt Reporting and Payment, the terms of which are incorporated herein by reference;
4. The Employer acknowledges that late or missed contributions will be required to be made up, including any applicable gains, pursuant to the Internal Revenue Code;
5. Should the Employer fail to make its required contribution(s) when due, MERS may implement any applicable interest charges and penalties pursuant to the MERS Enforcement Procedure for Prompt Reporting and Payment and Plan Document Section 79, and take any appropriate legal action, including but not limited to filing a lawsuit and reporting the entity to the Treasurer of the State of Michigan in accordance with MCL 141.1544(d), Section 44 of PA 436 of 2012, as may be amended.
6. It is expressly agreed and understood as an integral and non-severable part of this Agreement that Section 43 of the Plan Document shall not apply to this Agreement and its administration or interpretation. In the event any alteration of the terms or conditions of this Agreement is made or occurs, under Section 43 or other plan provision or law, MERS and the Retirement Board, as sole trustee and fiduciary of the MERS plan and its trust reserves, and whose authority is non-delegable, shall have no obligation or duty to administer (or to have administered) the MERS Defined Contribution Plan, to authorize the transfer of any defined benefit assets to the MERS Defined Contribution Plan, or to continue administration by MERS or any third-party administrator of the MERS Defined Contribution Plan.

## VIII. Execution

### Authorized Designee of Governing Body of Municipality or Chief Judge of Court

The foregoing Adoption Agreement is hereby approved by \_\_\_\_\_ on  
the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. (Name of Approving Employer)

Authorized signature: \_\_\_\_\_

Title: \_\_\_\_\_

Witness signature: \_\_\_\_\_

### Received and Approved by the Municipal Employees' Retirement System of Michigan

Dated: \_\_\_\_\_, 20\_\_\_\_ Signature: \_\_\_\_\_  
(Authorized MERS Signatory)

This document is related to the MERS Defined Contribution Plan and the 457 Program adopted by the Village of Mackinaw City effective January 1, 2016. It stipulates the employer will match, in whole percentages, from 1% - 10% of the employee's elected contribution (see below). The employer match will be deposited into the 401(a) DC Plan and the employee contribution will be remitted into the 457 Program. This pertains to employees hired post 01/01/2014.

Contributions:

| Employer % | Employee % |
|------------|------------|
| 1          | 1          |
| 2          | 2          |
| 3          | 3          |
| 4          | 4          |
| 5          | 5          |
| 6          | 6          |
| 7          | 7          |
| 8          | 8          |
| 9          | 9          |
| 10         | 10         |

# MERS 457 Participation Agreement



1134 Municipal Way Lansing, MI 48917 | 800.767.2308 | Fax 517.703.9711

www.mersofmich.com

The Employer, a participating municipality or participating court within the state of Michigan, hereby agrees to adopt and administer the MERS 457 Program provided by the Municipal Employees' Retirement System of Michigan, in accordance with the MERS Plan Document, as both may be amended, subject to the terms and conditions herein.

I. **Employer Name:** Village of Mackinaw City  
(Name of municipality or court)

**Municipality Number:** 1606 **Division Number (if amendment):** \_\_\_\_\_

If new to MERS, please provide your municipality's fiscal year: \_\_\_\_\_ through \_\_\_\_\_.  
Month Month

II. **Effective Date:** The MERS 457(b) Program will be effective as follows (choose one):

- Original Adoption.** The MERS 457(b) Program will be effective January 01, 2016,  
(Month and year)  
with respect to contributions upon approval by the Program Administrator.
- To establish a new plan or replace current 457 carrier with the MERS 457 Program.
- To add the MERS 457 Program in addition to another 457 carrier.

Plan Name(s) and Provider(s):  
ICMA, MetLife

VERY IMPORTANT: All eligible programs of a Participating Employer are considered to be a single plan for purposes of compliance with Code Section 457(b). Thus, if a Participating Employer has more than one eligible 457 (or additional investment options under a 457(b) arrangement with more than one vendor), the Participating Employer is responsible for ensuring that all of its arrangements, treated as a single program, comply with the 457(b) requirements. In order to fulfill its responsibility for monitoring coordination of multiple programs, the Participating Employer must carefully review the Master Plan Document provisions.

- Amendment and Restatement.** The amended and restated MERS 457(b) Program will be effective \_\_\_\_\_,  
(Month and year)  
with respect to contributions upon approval by the Program Administrator. The MERS 457(b) Program was originally effective \_\_\_\_\_.  
(Month and year)

III. **Eligible Employees:** Only Employees as defined in the Program may be covered by the Participation Agreement. Subject to other conditions in the Program, this Agreement, and Addendum (if applicable), the following Employees are eligible to participate in the Program:  
all FT employees

IV. **Contributions will be remitted (check one):**

- Weekly
- Bi-Weekly (every other week)
- Semi-Monthly (twice each month)
- Monthly
- Other (must specify) \_\_\_\_\_

## MERS 457 Participation Agreement

- V. **Roth Deferral Contributions:**  shall be permitted  shall not be permitted

If **Roth Deferral Contributions** are elected, the Program will allow Roth rollover contributions from other designated Roth 457(b), 401(k), or 403(b) Plans. Roth in-plan rollovers will also be allowed. Roth in-plan rollovers allow a participant who has reached 70½ or who has incurred a severance from employment to elect to have all or a portion of his or her pre-tax contribution account directly rolled into a designated Roth rollover account under the plan if the amount would otherwise be permitted to be distributed as an eligible rollover distribution. Any amounts that are rolled to the Roth rollover account are considered to be irrevocable and may not be rolled back to the pre-tax account.

- VI. **Loans:**  shall be permitted  shall not be permitted

If Loans are elected, please complete and attach the *MERS 457 Loan Addendum*.

- VII. **Automatic Enrollment:**  shall be permitted  shall not be permitted

If selected, please complete and attach the *MERS 457 Eligible Automatic Contribution Arrangement (EACA) Addendum*.

- VIII. **Employer Contributions:**  shall be permitted  shall not be permitted

If selected, please complete and attach the *MERS 457 Employer Contribution Addendum*.

- IX. **Modification of the Terms of the Participation Agreement**

If the employer desires to amend any of its elections contained in the Participation Agreement, including attachments/addendums, the Governing Body or Chief Judge, by resolution or official action accepted by MERS, must adopt a new Participation Agreement. The amendment of the new agreement is not effective until approved by MERS.

- X. **Enforcement**

1. This Participation Agreement, including attachments/addendums may be terminated only in accordance with the Master Plan Document
2. The Employer hereby agrees to the provisions of the *MERS 457 Supplemental Retirement Program and Trust Master Plan Document*.
3. The employer hereby acknowledges it understands that failure to properly fill out this Participation Agreement may result in the ineligibility of the program.

- XI. **Execution**

### Authorized Designee of Governing Body of Municipality or Chief Judge of Court

The foregoing Adoption Agreement is hereby approved by \_\_\_\_\_ on  
the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. (Name of Approving Employer)

Authorized signature: \_\_\_\_\_

Title: \_\_\_\_\_

Witness signature: \_\_\_\_\_

### Received and Approved by the Municipal Employees' Retirement System of Michigan

Dated: \_\_\_\_\_, 20\_\_\_\_ Signature: \_\_\_\_\_  
(Authorized MERS Signatory)

## MERS Uniform 457 Supplemental Retirement Program Resolution



1134 Municipal Way Lansing, MI 48917 | 800.767.2308 | Fax 517.703.9711

[www.mersofmich.com](http://www.mersofmich.com)

This Resolution, together with the MERS 457 Supplemental Retirement Program and Trust Master Plan Document and the MERS 457 Supplemental Retirement Program Participation Agreement and any Addendum thereto, constitute the entire MERS 457 Deferred Compensation Plan Document.

**WHEREAS**, the Municipal Employees Retirement Act of 1984, Section 36(2)(a), MCL 38.1536(2)(a) (MERS Plan Document (Section 36(2)(a)) authorizes the Municipal Employees' Retirement Board (the "Board") to "establish additional programs including but not limited to defined benefit, defined contribution, ancillary benefits, health and welfare benefits, and other postemployment benefit programs," and on November 8, 2011, the Municipal Employees' Retirement Board adopted the MERS 457 Deferred Compensation Plan.

**WHEREAS**, this Uniform Resolution has been approved by the Board under the authority of Section 36(2)(a), and the Board has authorized the MERS 457 Deferred Compensation Plan, which shall not be implemented unless in strict compliance with the terms and conditions of this Resolution.

**WHEREAS**, the Participating Employer, a participating "municipality" (as defined in Section 2b(2) in the Municipal Employees Retirement Act of 1984; MCL 38.1502b(2); Plan Document Section 2b(4)) or participating "court" (circuit, district or probate court as defined in Section 2a(4) – (6) of the Act, MCL 38.1502a(4) – (6); Plan Document Section 2a(4) – (6)) within the State of Michigan has determined that in the interest of attracting and retaining qualified employees, it wishes to offer a deferred compensation plan;

**WHEREAS**, the Participating Employer has also determined that it wishes to encourage employees' saving for retirement by offering salary reduction contributions;

**WHEREAS**, the Participating Employer has reviewed the MERS 457 Supplemental Retirement Program ("Plan");

**WHEREAS**, the Participating Employer wishes to participate in the Plan to provide certain benefits to its employees, reduce overall administrative costs, and afford attractive investment opportunities;

**WHEREAS**, the Participating Employer is an Employer as defined in the Plan;

**WHEREAS**, concurrent with this Resolution, and as a continuing obligation, this Governing Body has completed and approved, and submitted to MERS and the Board documents necessary for adoption and implementation of the Plan; and

**WHEREAS**, the Governing Body for and on behalf of the Participating Employer is authorized by law to adopt this Resolution approving the Participation Agreement on behalf of the Participating Employer. In the event any alteration of the terms or conditions stated in this Resolution is made or occurs, it is expressly recognized that MERS and the Retirement Board, as sole trustee and fiduciary of the Plan and its trust reserves, and whose authority is nondelegable, shall have no obligation or duty to continue to administer (or to have administered) the MERS 457 Supplemental Retirement Program for the Participating Employer.

**NOW, THEREFORE, BE IT RESOLVED** that the Governing Body adopts the MERS 457 Supplemental Retirement Program as provided below.

## MERS Uniform 457 Supplemental Retirement Program Resolution

---

- I. The Participating Employer adopts the Plan for its Employees.
- II. The Participating Employer hereby adopts the terms of the Participation Agreement, which is attached hereto and made a part of this Resolution. The Participation Agreement sets forth the Employees to be covered by the Plan, the benefits to be provided by the Participating Employer under the Plan, and any conditions imposed by the Participating Employer with respect to, but not inconsistent with, the Plan. The Participating Employer reserves the right to amend its elections under the Participation Agreement, so long as the amendment is not inconsistent with the Plan or the Internal Revenue Code or other applicable law and is approved by the Board.
- III. The Participating Employer shall abide by the terms of the Plan, including amendments to the Plan made by the Board, all investment, administrative, and other service agreements of the Plan and the Trust, and all applicable provisions of the Internal Revenue Code and other applicable law.
- IV. The Participating Employer acknowledges that the Board is only responsible for the Plan and any other plans of the Employer administered by MERS and that the Board has no responsibility for other employee benefit plans maintained by the Employer that are not part of MERS.
- V. The Participating Employer accepts the administrative services to be provided by MERS and any services provided by a Service Manager as delegated by the Board. The Participating Employer acknowledges that fees will be imposed with respect to the services provided and that such fees may be deducted from the Participants' accounts.
- VI. The Participating Employer acknowledges that the Plan contains provisions for involuntary Plan termination.
- VII. The Participating Employer acknowledges that all assets held in connection with the Plan, including all contributions to the Plan, all property and rights acquired or purchased with such amounts and all income attributable to such amounts, property or rights shall be held in trust for the exclusive benefit of Participants and their Beneficiaries under the Plan. No part of the assets and income of the Plan shall be used for, or diverted to, purposes other than for the exclusive benefit of Participants and their Beneficiaries and for defraying reasonable expenses of the Plan. All amounts of compensation deferred pursuant to the Plan, all property and rights acquired or purchased with such amounts and all income attributable to such amounts, property or rights held as part of the Plan, shall be transferred to the Board to be held, managed, invested and distributed as part of the Trust Fund in accordance with the provisions of the Plan. All contributions to the Plan must be transferred by the Participating Employer to the Trust Fund. All benefits under the Plan shall be distributed solely from the Trust Fund pursuant to the Plan.
- VIII. This Resolution and the Participation Agreement shall be submitted to the Board for its approval. The Board shall determine whether the Resolution complies with the Plan, and, if it does, shall provide appropriate forms to the Participating Employer to implement participation in the Plan. The Board may refuse to approve a Participation Agreement by an Employer that does not possess State statutory authority to participate in the Plan. The Governing Body hereby acknowledges that it is responsible to assure that this Resolution and the Participation Agreement are adopted and executed in accordance with the requirements of applicable law.

## MERS Uniform 457 Supplemental Retirement Program Resolution

---

**BE IT FINALLY RESOLVED:** This Resolution shall have no legal effect under the Plan until a certified copy of this adopting Resolution is filed with MERS, and MERS determines that all necessary requirements under the 457 Supplemental Retirement Program Plan and Trust, the Participation Agreement, and this Resolution have been met. All dates for implementation of the Plan shall be determined by MERS from the date of filing with MERS of this Resolution in proper form and content. Upon MERS determination that all necessary documents have been submitted to MERS, MERS shall record its formal approval upon this Resolution, and return a copy to the Employer.

In the event an amendatory Resolution or other action by the municipality is required, such Resolution or action shall be deemed effective as of the date of the initial Resolution or action where concurred by this Governing Body and MERS (and a third-party administrator, if applicable and necessary). The terms and conditions of this Resolution supersede and stand in place of any prior resolution, and its terms are controlling.

I hereby certify that the above is a true copy of a Resolution adopted at the official meeting held on

\_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
(Signature of authorized official)

Municipality name: \_\_\_\_\_

**Received and Approved by the Municipal Employees' Retirement System of Michigan**

Dated: \_\_\_\_\_, 20\_\_\_\_ \_\_\_\_\_  
(Authorized MERS signatory)