

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

7:00 PM

February 05, 2015

PUBLIC HEARING ON

Proposed:  
Budget 2015-2016  
Capital Improvements  
Tax Millage Levy

AGENDA-REGULAR MEETING  
MACKINAW CITY VILLAGE COUNCIL

- I. Roll Call
- II. Pledge of Allegiance
- III. Agenda Approval
- IV. Correction and Approval of Minutes-January 15, 2015
- V. Public Comments
- VI. Communication/Petitions  
Letter-Mackinaw and Wawatam Township Officials
- VII. Manager Report
- VIII. President's Report/Department Reports
- IX. Committee Reports
  - A. Finance Human Resource Subcommittee Report-Trustee Newman, Chair
    - 1. Budget 15-16
    - 2. Request for Proposals for Auditing Services [Action Item]
  - B. Park and Recreation Subcommittee Report-Trustee Newman, Chair
    - 1. Roller Derby League [Action Item]
  - C. Planning Commission Minutes-December 11, 2014
- X. Old Business: None
- XI. New Business:
  - A Resolution to Adopt Budget 2015-2016, General Appropriations Act and Ad Valorem Mill Levy [Action Item]
  - B. Resolution to Adopt Property Tax and Admin. Fee/Penalty [Action Item]
  - C. Resolution to Adopt Delinquent Taxes to County Treasures [Action Item]
  - D. Public Transportation License Applications-Chippewa Cab (5) [Action Item]
  - E. Special Event Applications (4): [Action Items]
    - 1. 2015-SE-020, Mackinaw City Chamber of Commerce
    - 2. 2015-SE-021, Michigan Trail Rides Assoc., Inc.
    - 3. 2015-SE-022, St. Ignace Events Committee
    - 4. 2015-SE-024, Owosso Tractor Parts
  - F. 2015-SE-023, St. Ignace Events Committee-Discussion
  - G. Title VI Non-Discrimination Plan-Adoption [Action Item]
  - H. Demolition at 1423 W. Central Ave.
  - I. CLOSED SESSION:
    - 1. Discussion of Confidential Legal Opinion pursuant to Section 8(h) of the OMA
- XII. Scheduling of Committee Meetings
- XIII. Accounts Payable
- XIII. Adjourn

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

**UNAPPROVED**

**MINUTES REGULAR COUNCIL MEETING  
MACKINAW CITY**

**7:00 P.M.**

**January 15, 2015**

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

President Robert R. Heilman called the meeting to order and with the following Trustees present – Tom Chastain, Scott Newman, Belinda Mollen, Robert Glenn, Paul Michalak. Absent, excused-Trustee Richard Perlick. Also present, David White-Interim Manager, Lana Jaggi-Clerk, Patricia Peppler, Treasurer and Kenneth Lane, Attorney

Department Heads Present:

Patrick Wyman, Police Chief

Frederick W. Thompson Jr., Fire Chief /Zoning

Mike Karll, DPW Superintendent

Pat Rivera, Water/Wastewater Superintendent-Excused Absent

Visitors – List Attached.

Pledge of Allegiance

**II. PRESENTATIONS AND RECOGNITIONS**

Larry Fox, C2AE, gave S.A.W. Grant update.

**III. APPROVAL OF AGENDA**

Motion Chastain seconded Michalak to approve the agenda amendment change, VIII. C. Scheduling of Closed Session and addition, VII D. Marina Subcommittee Report. Voice vote-motion carried unanimously.

**IV. COUNCIL MINUTES**

A. Motion Michalak seconded Chastain to approve the regular meeting minutes of January 05, 2015 deleting the word None after Public Comments. Voice vote-motion carried unanimously.

**V. PUBLIC COMMENTS Agenda or Non Agenda**

Chris Brown-Cheboygan Co. Commissioner

**VI. PUBLIC HEARING AND SUBSEQUENT ACTION**

**VII. COMMITTEE/DEPARTMENT REPORTS**

A. Scheduled:

Finance/H.R. Subcommittee Meeting

Thursday, January 22, 2015 3:00 P.M. for Budget 16

Parks and Recreation Subcommittee Meeting

Monday, January 19, 2015 3:30 P.M. for Roller Derby Proposal

B. Public Safety Subcommittee Report, Trustee Michalak submitted, placed on file

C. Department Head Reports, submitted, placed of file

D. Marina Subcommittee Report, Trustee Chastain, Chair, submitted, placed on file

**MINUTES REGULAR COUNCIL MEETING  
MACKINAW CITY**

7:00 PM

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January 05, 2015

**Marina Subcommittee Report:**

Motion Chastain seconded Mollen to approve the 2015 seasonal contract change stating 1) One half annual dockage permit fee must accompany signed Agreement with balance of fee paid prior to docking but no later than May 15, 2015 2) Refunds of 100% will only be granted if requested prior to May 15, 2105 3) credit card information will be on file authorizing the Village to charge the card for any rates/charges incurred in occupying the permitted boat slip beyond the time provided in the Agreement. Roll call: Ayes- Mollen, Newman, Chastain, Heilman, Glenn, Michalak. Absent- Perlick Motion carried.

**VIII. BUSINESS REPORTS AND RECOMMENDATIONS**

**A. Mr. White submitted the Managers Report as presented with additional letter from the Emergency Management and Homeland Security Division stating Village will receive \$84,809.00 the Village applied for based on expenses the Village incurred during the deep freeze of Winter 13-14 and an email from Les Moore, L. T. Moore Construction regarding demolition at 1423 W. Central Ave.**

**B. Ordinance Right of Way Reading and Adoption**

Motion Michalak seconded Chastain to waive the reading Ordinance #20 Right of Way. Voice vote, motion carried unanimously.

Motion Michalak seconded Glenn to adopt an Ordinance to add Sections 34.001 through 34.008, to the Compiled Code of the Village of Mackinaw City to regulate work conducted in the public right-of-way. Roll call: Ayes- Newman, Chastain, Heilman, Glenn, Michalak, Mollen. Absent- Perlick Motion carried.

Motion Heilman seconded Michalak to repeal existing items in right of way policy. Roll call: Ayes- Chastain, Heilman, Glenn, Michalak, Mollen, Newman. Absent- Perlick Motion carried.

**C. Scheduling of Closed Session for February 4, 2015 at 3:00 P.M.-Review Manager Resume's**

**D. Agenda Format**

Motion Michalak seconded Chastain to approve draft Council Agenda for council Meetings as presented. Voice vote, motion carried unanimously.

**VIII. ACCOUNTS PAYABLE**

Motion Newman seconded Glenn to pay accounts payable for 01-15-15 in the amount of \$28,784.07. Roll Call: Yeas- Heilman, Glenn, Michalak, Mollen, Chastain, Newman. Absent-Perlick

**MINUTES REGULAR COUNCIL MEETING  
MACKINAW CITY**

**7:00 PM**

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**January 05, 2015**

**CLOSED SESSION AND SUBSEQUENT COUNCIL ACTION-None**

**X. ADJOURNMENT: 8:30 PM**

**Respectfully Submitted;**

**Robert R. Heilman, President**

**Lana Jaggi, Clerk**

January 27, 2015

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

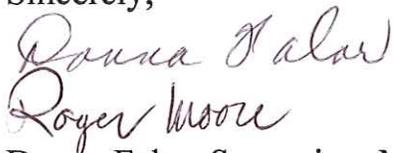
Dear Mr. White:

Mackinaw and Wawatam township officials have met and discussed the pending issue of fire protection services for the Townships outside the Village limits, which has been provided by the Village.

Both townships feel the contract terms of the most recent contract are fair for all concerned and we would like to continue these terms. Both Townships have voted to offer the Village a guaranteed amount (Mackinaw \$22,000.00; Wawatam \$15,000.00) that if the formula in the contract produces an amount less than the above amounts, the township would pay the guaranteed amount instead of the lesser amount produced by the formula. This would guarantee the Village \$37,000.00 to compensate for fluctuation in the factors of the formula and set a base to use for budget planning for the Village and the Townships.

We would be happy to meet with you or attend a council meeting to further discuss this issue.

Sincerely,

The block contains two handwritten signatures in cursive. The first signature is "Donna Falor" and the second is "Roger Moore".

Donna Falor, Supervisor Mackinaw Township  
Roger Moore, Supervisor Wawatam Township

To: Mackinaw City Council

From: David M. White, Interim Village Manager

Date: January 30, 2015

Re: Manager Report for February 5, 2015, Council Meeting

## VII, Manger Report

1. Two requests have been forwarded from the Planning Commission for consideration of the Council. The Planning Commission is requesting a Joint meeting be scheduled between the Planning Commission and Village Council. In the Agenda packet is the 2015 Planning Commission meeting schedule for Council review.
2. Included in your packet is a letter from the Townships regarding payment for Fire Services for future years.
3. McKinnon House, the Village will at the time of the Council meeting have opened bids for the demolition of the McKinnon house on West Central. The owner's contractor has received environmental clearance and has planned demolition for February 10-13 2015. This is 10 days pass the deadline set by the Council, the Council can approve the low bid and have the demolition done and bill the owner or allow the owner's contractor to have until the 13<sup>th</sup>.

## New Business

### E. Special Event Applications

1. **2015-SE-020 Mackinaw City Chamber of Commerce** This event was new last year and went very well. There is limited Village Staff involvement and a permit has been requested by the DNR for use of the Trail Head as the finish line.
2. **2015-SE-021 Michigan Trail Riders Assoc., Inc** This is the 4<sup>th</sup> year for this event and has been very successful in the past. The Riders will park their rigs at the Disc Golf Course and will ride Trails End Rd. to Lake Michigan. Involvement by Village Staff will be limited.
3. **2015-SE-022 St. Ignace Events Committee** This event is held every other year and will involve an estimated 2,000 Mini Coopers. The only Village staff involvement will be by the Police Department and no additional offers will be needed
4. **2015-SE-024 Owosso Tractor Parts** This event will require interaction with various Village departments. Proof of Insurance, approvals from both St. Ignace and Darrow brothers is still needed. The Chief of Police is also requesting a change to the Entrance and Exit if possible. I would ask the Council to approve this permit conditioned on all the approvals being received and the Entrance and Exit site to be revisited by the Chief of Police and the event coordinator.
5. **2015-SE-023 St. Ignace Events Committee-Discussion** The Events Committee would like to have some discussion with the Village Council regarding this event.

**G. Title VI Non-Discrimination Plan-Adoption** MDOT requires that a current Title VI be adopted by the Village. The existing plan was outdated and needed to be updated. The plan before you has been updated and the Manager has been designated the Title VI contact. I am asking for Council approval of the updated Title VI plan and to authorize the Village President to sign it. The approved document will then be sent to MDOT and be on file when our Street program get underway. I would be happy to answer any questions the Council may have.

I will provide a verbal report on issues that arise between the writing of this report and the Council meeting.

**Mackinaw City Planning Commission**  
**2015 Calendar**  
102 South Huron Avenue  
231-436-5351

January 22, 2015

February 26, 2015

March 26, 2015

April 23, 2015

May 28, 2015

June 25, 2015

July 23, 2015

August 27, 2015

September 24, 2014

October 22, 2015

★November 12, 2015

★December 10, 2015

**\*All Meetings begin at 7:00 PM and are located in the Council Chambers at the Village Hall**

**\*All Meetings are the 4<sup>th</sup> Thursday of the month except as noted**

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

COMMITTEE: FINANCE AND H.R. DATE 1/22 1/26

AGENDA ITEMS: BUDGET REVIEW

PRESENT: SCOTT NEWMAN ROBERT GLENN PAUL MICHALAK

ABSENT: \_\_\_\_\_

REPORT: REVIEWED BUDGET REQUESTED MR. WHITE

REDUCE PROPOSED EXPENSES ON VARIOUS ITEMS.

NEED NEW FIRE CONTRACT FIGURES FOR TOWNSHIPS AND  
STATE.

COMMITTEE DATA BASE SUMMARY INFORMATION

ITEM

STATUS/RECOMMENDATION

ITEM	STATUS/RECOMMENDATION

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

COMMITTEE: PARKS & REC DATE 1/19/15

AGENDA ITEMS: ROLLER DERRY PROPOSAL

PRESENT: SCOTT NEWMAN, ROBERT GLENN, TOM CHASTAIN

ABSENT: \_\_\_\_\_

REPORT: MET WITH REPS. FROM RIVER CITY RENEGADES LEAGUE

WITH A REQUEST TO USE REC CENTERS RINK SURFACE

3 NIGHTS PER WK FOR 3MRS. / NITE

COMMITTEE DATA BASE SUMMARY INFORMATION

ITEM

STATUS/RECOMMENDATION

RECOMMEND USAGE WITH STIPULATIONS #1 ALL PARTICIPANTS NEED  
ANNUAL MEMBERSHIP #2 \$200.00 / MONTH TO COVER EZER. FOR LIGHTING.

**MINUTES SPECIAL PLANNING COMMISSION MEETING  
MACKINAW CITY**

7:00 P.M.

December 11, 2014

**I. CALL TO ORDER/WELCOME**

Planning Commission Chair Rosada Mann was present and called the meeting to order.

**II ROLL CALL**

Commissioners Present: Ronald Dye, Earl Taylor, Matt Cooley, Mary Clark  
Two commissioner vacancies.

Also present-Interim Zoning Director Fred Thompson, Jr. and  
Recording Secretary Lana Jaggi, Village Clerk

**III. PLEDGE OF ALLEGIANCE**

**IV. APPROVAL OF MINUTES**

Motion Clark support Taylor to approve the minutes of the regular meeting held October 23, 2014 as presented . Voice Vote, motion carried unanimously.

**V. PUBLIC COMMENTS**

None

**VI. NEW BUSINESS:**

**1. Review of Amendments for Zoning Ordinance**

Commissioners reviewed three amended sections of Zoning Ordinance #138 presented by staff. Several suggestions were made and noted by I.Z.D. Thompson. He will pass them on to Ken Lane, Village attorney for review.

Planning Commission also requested I.Z.D. Thompson suggest a joint work session with Council to review the Zoning Ordinance together.

**2. 2015 Annual Meeting Calendar**

Motion Clark support Taylor to adopt the 2015 Planning Commission Meeting Calendar as presented. Voice vote, motion carried unanimously.

**3. 2014 Annual Planning Commission Report**

Commissioners unanimously consented to give the annual report to Council after the January 2015 meeting in order for Planning Commission to add on the rest of the year progress.

**4. 2015 Proposed Work Program**

To be determined

**MINUTES REGULAR PLANNING COMMISSION MEETING  
MACKINAW CITY**

**7:00 P.M.**

**December 11, 2014**

**VII. OLD BUSINESS: None**

**VIII. COMMISSIONER COMMENTS**

**Commission Clark commented on the final status of the hot dog atop Wienerlicious.  
I.Z.D. Thompson gave summary.**

**IX. COMMISSIONER CALENDAR**

**January 22, 2015**

**X. ADJOURNMENT: 9:04 PM**

**Respectfully submitted;**

**Rosada Mann; Chairperson**

**Matt Cooley; Secretary**

2015-01

**VILLAGE OF MACKINAW CITY  
COUNTIES OF EMMET & CHEBOYGAN  
STATE OF MICHIGAN**

**RESOLUTION: TO ADOPT MARCH 2015 - FEBRUARY 2016 BUDGET, GENERAL APPROPRIATIONS ACT AND AD VALOREM MILL LEVY**

Partial minutes of a Regular Meeting of the Village Council of the Village of Mackinaw City, Counties of Emmet & Cheboygan, Michigan, held in the Village Hall in said Village on the 5th day of February 2015 at 7:00 p.m.

PRESENT:

ABSENT:

The following preamble and resolution were offered by Councilperson \_\_\_\_\_ and supported by Councilperson \_\_\_\_\_.

**WHEREAS**, a public hearing was held on the Village of Mackinaw City proposed budget on February 5, 2015 and notice of the hearing was published in a newspaper of general circulation at least six days before the hearing; and

**WHEREAS**, the Village of Mackinaw City is complying with the Truth and Taxation Act, P.A. 5 of 1982, by meeting all requirements of Section 16 of the Uniform Budgeting and Accounting Act as directed by P.A. 42 of 1995; and

**NOW THEREFORE BE IT RESOLVED**, that the attached March 2015 - February 2016 Budget Summary is hereby adopted as the Budget for the Village of Mackinaw City for the period beginning March 1, 2015 and ending February 28, 2016; that the adopted expenditures shall be appropriated to meet the expenses of the several Funds and Activities of the Village of Mackinaw City for March 1, 2015 through February 28, 2016; and that the adopted revenues are hereby budgeted for the purpose of defraying the said expenditures of the Village, along with the adopted use of fund balances and retained earnings; and

**BE IT FURTHER RESOLVED**, that the Village Council authorizes the Village Manager to transfer line item amounts within the budgeted Activities; however, Council approval is required to change Activity appropriations; and

**BE IT FURTHER RESOLVED**, that the ad valorem mill levy of 10.6215 mills is hereby adopted for the General Fund, and 4.2485 mills is hereby adopted for Streets and shall be deposited in the Municipal Streets Fund, and 0.8495 mills is hereby adopted for Cemetery and shall be deposited in the Cemetery Fund, and 0.5225 mills is hereby adopted for Advertising and

shall be deposited in the General Fund, and 0.8495 mills is hereby adopted for Library and paid to Library.

**AYES:**

**NAYS:**

**ABSENT:**

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Lana Jaggi, Village Clerk

I hereby certify that the foregoing constitutes a true and complete copy of a resolution adopted by the Village Council of Mackinaw City, Counties of Emmet & Cheboygan, Michigan at a Regular Meeting held on the 5th day of February 5, 2015, and that public notice as given pursuant to Act No. 267, Public Acts of Michigan, 1976, including in the case of a special or rescheduled meeting notice by publication or posting at least eighteen (18) hours prior to the time set for the meeting.

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Lana Jaggi, Village Clerk

2015-02

VILLAGE OF MACKINAW CITY  
COUNTIES OF EMMET & CHEBOYGAN  
STATE OF MICHIGAN

**RESOLUTION: PROPERTY TAX ADMINISTRATION FEE AND PENALTY**

Partial minutes of a Regular Meeting of the Village Council of the Village of Mackinaw City, Counties of Emmet & Cheboygan Michigan, held in the Village Hall in said Village on the 5<sup>TH</sup> day of February, 2015, at 7:00 p.m.

PRESENT:

ABSENT:

Moved by \_\_\_\_\_ and supported by \_\_\_\_\_ to pass a resolution to authorize a 1% administration fee to be added to the property tax bills for the sole purpose of offsetting costs incurred in assessing and collecting the property taxes and in the review and appeal process. Taxes are due September 15, 2015, and beginning September 16, 2015, and on the 1<sup>st</sup> of every month thereafter, interest shall be added at the rate of 1% per month. March 1, 2016 delinquent taxes will be released to the County Treasurer, additional penalties will be added.

AYES:

NAYS:

ABSENT:

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Lana Jaggi, Village Clerk

I hereby certify that the foregoing constitutes a true and complete copy of a resolution adopted by the Village Council of Mackinaw City, Counties of Emmet & Cheboygan, Michigan at a Regular Meeting held on the 5th day of February, 2015 and that public notice was given pursuant to Act No. 267, Public Acts of Michigan, 1976, including in the case of a special or rescheduled meeting notice by publication or posting at least eighteen (18) hours prior to the time set for the meeting.

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Lana Jaggi, Village Clerk

2015-03

VILLAGE OF MACKINAW CITY  
COUNTIES OF EMMET & CHEBOYGAN  
STATE OF MICHIGAN

**RESOLUTION: DELINQUENT TAXES TO COUNTY TREASURERS**

Partial minutes of a Regular Meeting of the Village Council of the Village of Mackinaw City, Counties of Emmet & Cheboygan Michigan, held in the Village Hall in said Village on the 5th day of February 2015, at 7:00 p.m.

PRESENT:

ABSENT:

Moved by \_\_\_\_\_ and supported by \_\_\_\_\_ to adopt a resolution that Village taxes shall be returned to the Emmet and Cheboygan County Treasurers on the same date that county taxes are returned delinquent for collection, as provided by the General Law Village Charter, Section IX-Finance and Taxation, Subsection 69.18, paragraph 2.

AYES:

NAYS:

ABSENT:

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Lana Jaggi, Village Clerk

I hereby certify that the foregoing constitutes a true and complete copy of a resolution adopted by the Village Council of Mackinaw City, Counties of Emmet & Cheboygan Michigan at a Regular Meeting held on the 5th day of February, 2015, and that public notice was given pursuant to Act No. 267, Public Acts of Michigan, 1976, including in the case of a special or rescheduled meeting notice by publication or posting at least eighteen (18) hours prior to the time set for the meeting.

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Lana Jaggi, Village Clerk

**PUBLIC TRANSPORTATION LICENSE APPLICATION – TO BE COMPLETED FOR  
EACH UNIT OF PUBLIC TRANSPORTATION  
VILLAGE OF MACKINAW CITY  
102 S. Huron Avenue, Mackinaw City, MI 49701**

\$50 New Applicant Fee  
\$25 Renewal Fee  
\$10 Renewal Late Fee (If license not renewed by March 1)

Calendar Year: 2015  
 License No: 01-15

Applicant Name (print): ALBERTA McBride  
 Home address: 1608 N Fancher  
 City Mt Pleasant State MI Zip 48858  
 Home Phone no: 989-775-8595 Cell: 989-621-5158

Is Applicant a:  Person  Partnership  Corporation  Other  
 Business name: Chippewa Cab Years in Business: 14  
 Business address: P.O. Box 426  
 City Mt Pleasant State MI Zip 48804-0426  
 Business phone: 989-775-8595 Fax no. 989-779-0735

Type of Vehicle: <u>Van</u>	# <u>953</u>
Year: <u>2004</u>	Make: <u>Ford</u>
Model: <u>E-350</u>	Color: <u>maroon</u>
Vehicle Identification No.: <u>1FBSS31LX4HA90153</u>	
Plate No. <u>CA 76586</u>	Capacity: <u>15 pass</u>
<input checked="" type="checkbox"/> Copy of Mechanic's Affidavit or MDOT Inspection Provided.	
<input checked="" type="checkbox"/> Proof of Insurance Provided.	

All Licenses issued pending approval by the Chief of Police.  
 Reviewed and approved by Chief of Police on (date) 1-15-15 pew

**SCHEDULE OF OPERATION**

Commencement Date of Operation: \_\_\_\_\_ to December 31, 20\_\_\_\_  
 Applicant's Signature: Alberta McBride Date: 12 30 14  
 Applicant's Printed Name: ALBERTA McBride Title: Owner  
 Proposed Routes (stops, loading/unloading): \_\_\_\_\_

*****FOR VILLAGE USE ONLY*****	
Approved by _____	
Title: _____	
Date of approval _____	Expiration date: _____
Approved with conditions: _____	
Amount Paid: <u>25.00</u>	Decal Provided: _____ License Issued: _____

# LIMOUSINE INSPECTION

Information required by authority of Public Act 271 of 1990. Failure to supply this information may result in a misdemeanor charge.

1 of 2

01-15

Michigan Department of Transportation  
3049E (10/06)

SEE REVERSE FOR INSTRUCTIONS AND DISTRIBUTION.  
This report remains the property of the Michigan Department of Transportation.  
This inspection does not imply that deficiencies other than those noted may not exist.

DATE OF INSPECTION <u>7-17-14</u>	TIME STARTED <u>12:00</u> <small>am</small>	TESTING STATION NAME <u>DJ Automotive</u>	REPAIR FACILITY NUMBER <u>F 1130333</u>
LIMOUSINE <b>CENTRAL MICHIGAN LIMO</b>			
BUSIN <b>1608 N FANCHER ST MT PLEASANT MI 48858</b>			
FLEET NO <u>1953</u>	SEATING CAPACITY <u>15</u>	MAKE <u>FORD</u>	MODEL <u>E350</u>
MILEAGE <u>196730</u>	COLOR <u>MARION</u>	LICENSE NO. <u>CA76586</u>	YEAR <u>04</u>
		VIN NO. <u>1FBL3S312LX4HA90153</u>	

Check the Pass, Fail or N/A box for each item. For any item that fails inspection, circle the part of the description which most closely describes the defect.

Pass/Fail	INTERIOR OF LIMOUSINE	Pass/Fail	EXTERIOR OF LIMOUSINE (Cont.)
<input checked="" type="checkbox"/>	FLOOR Must be free of holes, or openings.	<input checked="" type="checkbox"/>	FUEL CAP Fuel cap and fill pipe must be tight and secure.
<input checked="" type="checkbox"/>	SEATS Must be securely fastened to the vehicle. There must be no aisle seats unless they will fold and leave a clear aisle when unoccupied.	<input checked="" type="checkbox"/>	EXHAUST SYSTEM Gas powered vehicles must discharge at or within six (6) inches of the rear of the vehicle. Diesel powered vehicles must discharge at or within fifteen (15) inches of the rear of the vehicle or to the rear of all doors and windows designed to be opened (except emergency window exits).
<input checked="" type="checkbox"/>	WINDOWS All glass must be free from major damage and made from approved safety glass. Each push-out window must be marked as an emergency exit. There can be no physical obstructions on windows to prevent emergency exit.	<input checked="" type="checkbox"/>	ENGINE COMPARTMENT BATTERY INSTALLATION Battery must be securely fastened to the vehicle. All connections, terminals and wiring must be protected from heat, damage or shorting.
<input type="checkbox"/>	EMERGENCY DOORS If equipped with emergency doors, each must have decal or lettering indicating that it is an emergency exit. It must also be identified by an operating lamp. All doors must be fully operable and cannot be physically restricted in any way.	<input checked="" type="checkbox"/>	FUEL SYSTEM Fuel system must be free from leaks and protected from heat or damage.
<input checked="" type="checkbox"/>	EMERGENCY EXIT ACCESS There can be no obstruction blocking aisles or passageways to emergency exits.	<input checked="" type="checkbox"/>	BELTS Belts must be free from damage, oil contamination and properly adjusted.
<input checked="" type="checkbox"/>	DRIVER'S SEAT BELT Driver's seat must be equipped with a seat belt.	<input checked="" type="checkbox"/>	ENGINE AND MOUNTS Engine must be installed securely and mounting points must be free from cracks.
<input checked="" type="checkbox"/>	EMERGENCY EQUIPMENT Must be equipped with a fire extinguisher with a Underwriter's Laboratory rating of 5 B:C or larger. It must be readily accessible to the driver.	<input checked="" type="checkbox"/>	BRAKE RESERVOIRS Hydraulic brake reservoirs must be filled to within 1/4" from top of reservoir.
<input checked="" type="checkbox"/>	DRIVER CONTROLS Must have an operable horn, turn signals, windshield defroster and windshield wipers and washers. All door controls must be operable. Mirrors must be in good condition. Vehicles over 10,000 lbs. GVWR must have a right side (passenger side) mirror.	<input checked="" type="checkbox"/>	UNDERSIDE OF VEHICLE STEERING SYSTEM Vehicle may not have any loose, worn, bent, damaged, or missing parts. Tires may not come into contact with any part of the vehicle when the steering wheel is turned from full right to full left.
<input checked="" type="checkbox"/>	BRAKE WARNING DEVICE Hydraulic brake equipped vehicle must have an audible or visual brake warning device that operates in the event of a hydraulic type failure of a partial system. Air brake equipped vehicle must be equipped with a gauge that reads in pounds per square inch, indicating to the driver brake system pressure available for braking, and a low air warning device that will provide a continuous visual signal to the driver when the air pressure in the system drops below one-half of the compressor governor cutout pressure.	<input checked="" type="checkbox"/>	SUSPENSION Suspension system must not have any misaligned, shifted, or cracked springs, shackles, spring hangers or U bolts. Axle positioning parts such as radius rods or bars must not be loose and attaching hardware must be serviceable. Air suspensions must not be deflated or leaking, and air bags or pistons and seats may not be damaged or leaking.
<input checked="" type="checkbox"/>	STEERING COLUMN Steering wheel and column must be securely fastened to the vehicle. Steering wheel must not bind when turned from extreme right to left and free-play must be within specification of vehicle manufacturer.	<input checked="" type="checkbox"/>	BRAKES All brakes must work properly. Linings and/or pads must be within serviceable limits. Brake drums and/or rotors must not be cracked and must be within serviceable limits. There must be braking action at each wheel when brakes are applied. Brakes must be adjusted to within specifications. Brake hoses, lines, or tubes must not leak when the brakes are applied. Brake hoses, lines, or tubes must not be damaged, chafed, hit or rubbed by any other component on the vehicle. No brake valve may leak when applied and must be mounted securely to prevent damage.
<input checked="" type="checkbox"/>	EXTERIOR OF LIMOUSINE LIGHTS AND REFLECTORS All lights must operate properly and be of the correct color, including backup lights and license plate light. Body reflectors must be in place, in good condition and be of the proper color.	<input checked="" type="checkbox"/>	FRAME Frame must not be cracked, damaged or fatigued. Vehicle bodies mounted to the frame must be secured with proper number of fasteners.
<input checked="" type="checkbox"/>	TIRES All steering axle tires must have at least 4/32" of tread. Steering axle tires can not be retreaded, regrooved or recapped. All other tire positions must have at least 2/32" tread depth. No tire may have any serious cuts, bulges, sidewall defects or exposed fabric or cords. Radial and bias tires cannot be mixed on the same axle.	<input checked="" type="checkbox"/>	FUEL TANK Fuel tank must be securely mounted and must not leak. All lines and fittings must not leak.
<input checked="" type="checkbox"/>	WHEELS & RIMS Wheels may not have any cracks, unseated lock-rings, loose, broken or missing lugs, studs or clamps, bent or cracked rims, or elongated stud holes.	<input checked="" type="checkbox"/>	DRIVE SHAFT Vehicles over 10,000 lbs. must have drive shaft protection that will prevent whipping of the drive shaft in the event of a failure of the shaft or its components.
		<input checked="" type="checkbox"/>	PARKING BRAKE The parking brake must be capable of holding the vehicle under light acceleration when the vehicle is in gear.

COPY

I certify that this report is complete and accurate.  
INSPECTION RESULT  PASS  FAIL

MECHANIC (Signature)  
*[Signature]*  
LIMOUSINE COMPANY OFFICIAL  
*[Signature]*

TIME COMPLETED 2:00pm MECHANIC CERTIFICATE NO M 216656

I have read and received a copy of this inspection report.

DATE 7-23-14

5-1-15  
MR

VEHICLE COPY

SECRETARY OF STATE'S COPY

952

STATE OF MICHIGAN CERTIFICATE OF NO-FAULT INSURANCE

COMPANY  
Amerisure Mutual Insurance Co

COMMERCIAL

PERSONAL

POLICY NUMBER  
CA20865950107

EFFECTIVE DATE  
03/14/14

EXPIRATION DATE  
03/14/15

YEAR  
2004

MAKE/MODEL  
Ford E350

VEHICLE IDENTIFICATION NUMBER  
1FBSS31LX4HA90153

AGENCY/COMPANY ISSUING CARD  
General Agency Company

INSURED

Central Michigan Limo Service  
1608 N Fancher  
Mt Pleasant, MI 48858

An authorized Michigan insurer, certifies that it has issued a policy complying with Act 294, P.A. 1972, as amended for the described motor vehicle.

WARNING: KEEP THIS CERTIFICATE IN YOUR VEHICLE AT ALL TIMES. If you fail to produce it upon a police officer's request, you will be responsible for a civil infraction.

COPY

STATE OF MICHIGAN CERTIFICATE OF NO-FAULT INSURANCE

COMPANY  
Amerisure Mutual Insurance Co

COMMERCIAL

PERSONAL

POLICY NUMBER  
CA20865950107

EFFECTIVE DATE  
03/14/14

EXPIRATION DATE  
03/14/15

YEAR  
2004

MAKE/MODEL  
Ford E350

VEHICLE IDENTIFICATION NUMBER  
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AGENCY/COMPANY ISSUING CARD  
General Agency Company

INSURED

Central Michigan Limo Service  
1608 N Fancher  
Mt Pleasant, MI 48858

An authorized Michigan insurer, certifies that it has issued a policy complying with Act 294, P.A. 1972, as amended for the described motor vehicle.

SECRETARY OF STATE'S COPY

Michigan Law (MCLA 500.3101) requires that the owner or registrant of a motor vehicle registered in this state must have insurance or other approved security for the payment of no-fault benefits on the vehicle at all times. An owner or registrant who drives or permits a vehicle to be driven upon a public highway without the proper insurance or other security is guilty of a misdemeanor.

An owner or registrant convicted of such a misdemeanor shall be fined not less than \$200.00 nor more than \$500.00, or imprisoned for not more than 1 year, or both.

THIS FORM MUST BE PRESENTED AS EVIDENCE OF INSURANCE WITH YOUR APPLICATION FOR LICENSE PLATES, EITHER BY MAIL OR AT ANY SECRETARY OF STATE LICENSE PLATE BRANCH OFFICE. A PERSON WHO ISSUES OR WHO SUPPLIES FALSE INFORMATION TO THE SECRETARY OF STATE OR USES AN INVALID CERTIFICATE OF INSURANCE IS GUILTY OF A MISDEMEANOR PUNISHABLE BY IMPRISONMENT FOR NOT MORE THAN 1 YEAR, OR A FINE OF NOT MORE THAN \$1,000.00, OR BOTH.

If this vehicle is driven by the person(s) named below, residual liability insurance does not apply and the vehicle will be considered uninsured:

WARNING - when a named excluded person operates a vehicle, all liability coverage is void - no one is insured. Owners of the vehicle and others legally responsible for the acts of the named excluded person remain fully responsible.

01-15

MP  
MICHIGAN REGISTRATION

953  
RUTH JOHNSON  
Secretary of State

Plate: CA76586 Expires: 02/28/2015  
RENEWAL OF CA76586

2004 FORD STA WGN

Vehicle No.: 1FBSS31LX4HA90153  
C

Fee Cat. or Wt.: 000028  
County: OAKLAND

CENTRAL MICHIGAN TRANSPORTATION  
1608 N FANCHER AVE  
MT PLEASANT MI 48858



CA76586 C

License Fee: 112.00

02252014 RN C056 243 0190 112.00

TR-1L



VILLAGE OF MACKINAW CITY  
PO BOX 580  
102 S HURON AVE  
MACKINAW CITY, MI 49701

# RECEIPT

Receipt 9319  
01/19/15

Cashier: LANA

Received Of: CHIPPEWA CAB COMPANY

The sum of \$125.00

---

BUSINESS BUSINESS PERMITS

\$125.00

101-000-450.000

125.00

TENDERED:

CHECK

21329

\$125.00

**PUBLIC TRANSPORTATION LICENSE APPLICATION – TO BE COMPLETED FOR  
EACH UNIT OF PUBLIC TRANSPORTATION  
VILLAGE OF MACKINAW CITY  
102 S. Huron Avenue, Mackinaw City, MI 49701**

\$50 New Applicant Fee  
\$25 Renewal Fee  
\$10 Renewal Late Fee (If license not renewed by March 1)

Calendar Year: 2015  
License No: 02-15

Applicant Name (print): ALBERTA McBride  
Home address: 1608 N Fancher  
City Mt Pleasant State MI Zip 48858  
Home Phone no: 989-775-8595 Cell: 989-621-5158

Is Applicant a:  Person  Partnership  Corporation  Other  
Business name: Chippewa Cab Years in Business: 17  
Business address: P.O. Box 426  
City Mt Pleasant State MI Zip 48804-0406  
Business phone: 989-775-8595 Fax no. 989-779-0735

Type of Vehicle: <u>VAN</u> # <u>106</u>
Year: <u>2002</u> Make: <u>Ford</u>
Model: <u>E350</u> Color: <u>white</u>
Vehicle Identification No.: <u>1FBSS31L22HB16290</u>
Plate No. <u>CC 77740</u> Capacity: <u>15</u>
<input checked="" type="checkbox"/> Copy of Mechanic's Affidavit or MDOT Inspection Provided.
<input checked="" type="checkbox"/> Proof of Insurance Provided.

All Licenses issued pending approval by the Chief of Police.

Reviewed and approved by Chief of Police on (date) 1-15-15 per

**SCHEDULE OF OPERATION**

Commencement Date of Operation: \_\_\_\_\_ to December 31, 20\_\_\_\_

Applicant's Signature: Alberta McBride Date: 12 30 14

Applicant's Printed Name: Alberta McBride Title: Owner

Proposed Routes (stops, loading/unloading): \_\_\_\_\_

*****FOR VILLAGE USE ONLY*****	
Approved by: _____	
Title: _____	
Date of approval: _____	Expiration date: _____
Approved with conditions: _____	
Amount Paid: <u>25.00</u>	Decal Provided: _____ License Issued: _____

*TC*  
MICHIGAN REGISTRATION

*106*  
RUTH JOHNSON  
Secretary of State

Plate: CC77740 Expires: 02/28/2015

RENEWAL OF CC77740

2002 FORD STA WGN

Vehicle No.: 1FBSS31L22HB16290  
C

Fee Cat. or Wt.: 006140  
County: ISABELLA

CENTRAL MICHIGAN LIMOSINE SERVICE LL  
1608 N FANCHER AVE  
MT PLEASANT MI 48858



CC77740 C

License Fee: 174.00

02252014 RN C056 243 0160 174.00

TR-IL

104

# LIMOUSINE INSPECTION

Information required by authority of Public Act 271 of 1990. Failure to supply this information may result in a misdemeanor charge.

1 of 2

02-15

Michigan Department of Transportation  
3049E (10/06)

SEE REVERSE FOR INSTRUCTIONS AND DISTRIBUTION.  
This report remains the property of the Michigan Department of Transportation.  
This inspection does not imply that deficiencies other than those noted may not exist.

DATE OF INSPECTION <u>12/23/14</u>	TIME STARTED <u>8:00</u>	TESTING STATION NAME <u>DJ Auto Motive</u>	REPAIR FACILITY NUMBER <u>F 1130333</u>
---------------------------------------	-----------------------------	---	--

LIMOUSINE  
**CENTRAL MICHIGAN LIMO**

BUSIN  
**1608 N FANCHER ST MT PLEASANT MI 48858**

FLEET NO <u>1106</u>	SEATING CAPACITY <u>15</u>	MAKE <u>Ford</u>	MODEL <u>E350</u>	YEAR <u>02</u>
MILEAGE <u>303291</u>	COLOR <u>Wht + e</u>	LICENSE NO. <u>CC77740</u>	VIN NO. <u>1FBS5S31L22A316290</u>	

### INSPECTION

Check the Pass, Fail or N/A box for each item. For any item that falls inspection, circle the part of the description which most closely describes the defect.

Pass	Fail	DESCRIPTION	Pass	Fail	DESCRIPTION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>INTERIOR OF LIMOUSINE</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>EXTERIOR OF LIMOUSINE (Cont.)</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>FLOOR</b> Must be free of holes, or openings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>FUEL CAP</b> Fuel cap and fill pipe must be tight and secure.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>SEATS</b> Must be securely fastened to the vehicle. There must be no aisle seats unless they will fold and leave a clear aisle when unoccupied.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>EXHAUST SYSTEM</b> Gas powered vehicles must discharge at or within six (6) inches of the rear of the vehicle. Diesel powered vehicles must discharge at or within fifteen (15) inches of the rear of the vehicle or to the rear of all doors and windows designed to be opened (except emergency window exits).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>WINDOWS</b> All glass must be free from major damage and made from approved safety glass. Each push-out window must be marked as an emergency exit. There can be no physical obstructions on windows to prevent emergency exit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>ENGINE COMPARTMENT</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>EMERGENCY DOORS</b> If equipped with emergency doors, each must have decal or lettering indicating that it is an emergency exit. It must also be identified by an operating lamp. All doors must be fully operable and cannot be physically restricted in any way.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>BATTERY INSTALLATION</b> Battery must be securely fastened to the vehicle. All connections, terminals and wiring must be protected from heat, damage or shorting.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>EMERGENCY EXIT ACCESS</b> There can be no obstruction blocking aisles or passageways to emergency exits.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>FUEL SYSTEM</b> Fuel system must be free from leaks and protected from heat or damage.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>DRIVER'S SEAT BELT</b> Driver's seat must be equipped with a seat belt.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>BELTS</b> Belts must be free from damage, oil contamination and properly adjusted.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>EMERGENCY EQUIPMENT</b> Must be equipped with a fire extinguisher with a Underwriter's Laboratory rating of 5 B:C or larger. It must be readily accessible to the driver.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>ENGINE AND MOUNTS</b> Engine must be installed securely and mounting points must be free from cracks.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>DRIVER CONTROLS</b> Must have an operable horn, turn signals, windshield defroster and windshield wipers and washers. All door controls must be operable. Mirrors must be in good condition. Vehicles over 10,000 lbs. GVWR must have a right side (passenger side) mirror.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>BRAKE RESERVOIRS</b> Hydraulic brake reservoirs must be filled to within 1/4" from top of reservoir.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>BRAKE WARNING DEVICE</b> Hydraulic brake equipped vehicle must have an audible or visual brake warning device that operates in the event of a hydraulic type failure of a partial system. Air brake equipped vehicle must be equipped with a gauge that reads in pounds per square inch, indicating to the driver brake system pressure available for braking, and a low air warning device that will provide a continuous visual signal to the driver when the air pressure in the system drops below one-half of the compressor governor cutout pressure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>UNDERSIDE OF VEHICLE</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>STEERING COLUMN</b> Steering wheel and column must be securely fastened to the vehicle. Steering wheel must not bind when turned from extreme right to left and free-play must be within specification of vehicle manufacturer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>STEERING SYSTEM</b> Vehicle may not have any loose, worn, bent, damaged, or missing parts. Tires may not come into contact with any part of the vehicle when the steering wheel is turned from full right to full left.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>EXTERIOR OF LIMOUSINE</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>SUSPENSION</b> Suspension system must not have any misaligned, shifted, or cracked springs, shackles, spring hangers or U bolts. Axle positioning parts such as radius rods or bars must not be loose and attaching hardware must be serviceable. Air suspensions must not be deflated or leaking, and air bags or pistons and seats may not be damaged or leaking.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>LIGHTS AND REFLECTORS</b> All lights must operate properly and be of the correct color including backup lights and license plate light. Body reflectors must be in place, in good condition and be of the proper color.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>BRAKES</b> All brakes must work properly. Linings and/or pads must be within serviceable limits. Brake drums and/or rotors must not be cracked and must be within serviceable limits. There must be braking action at each wheel when brakes are applied. Brakes must be adjusted to within specifications. Brake hoses, lines, or tubes must not leak when the brakes are applied. Brake hoses, lines, or tubes must not be damaged, chafed, hit or rubbed by any other component on the vehicle. No brake valve may leak when applied and must be mounted securely to prevent damage.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>TIRES</b> All steering axle tires must have at least 4/32" of tread. Steering axle tires can not be retreaded, regrooved or recapped. All other tire positions must have at least 2/32" tread depth. No tire may have any serious cuts, bulges, sidewall defects or exposed fabric or cords. Radial and bias tires cannot be mixed on the same axle.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>FRAME</b> Frame must not be cracked, damaged or fatigued. Vehicle bodies mounted to the frame must be secured with proper number of fasteners.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>WHEELS &amp; RIMS</b> Wheels may not have any cracks, unseated lock rings, loose, broken or missing lugs, studs or clamps bent or cracked rims, or elongated stud holes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>FUEL TANK</b> Fuel tank must be securely mounted and must not leak. All lines and fittings must not leak.
			<input type="checkbox"/>	<input type="checkbox"/>	<b>DRIVE SHAFT</b> Vehicles over 10,000 lbs. must have drive shaft protection that will prevent whipping of the drive shaft in the event of a failure of the shaft or its components.
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>PARKING BRAKE</b> The parking brake must be capable of holding the vehicle under light acceleration when the vehicle is in gear.

I certify that this report is complete and accurate.

INSPECTION RESULT  PASS  FAIL

I have read and received a copy of this Inspection Report.

MECHANIC (Signature)  
*[Signature]*

LIMOUSINE COMPANY OFFICIAL  
*[Signature]*

TIME COMPLETED  
9:15 Am

MECHANIC CERTIFICATE NO  
M 216656

DATE  
12-24-14

*Handwritten signature*

VEHICLE COPY

SECRETARY OF STATE'S COPY

*Handwritten initials*

STATE OF MICHIGAN CERTIFICATE OF NO-FAULT INSURANCE

COMMERCIAL  PERSONAL

COMPANY  
Amerisure Mutual Insurance Co  
POLICY NUMBER  
CA20865950107  
EFFECTIVE DATE  
03/14/14  
EXPIRATION DATE  
03/14/15

YEAR  
2002  
MAKE/MODEL  
Ford Econolin  
VEHICLE IDENTIFICATION NUMBER  
1FBSS31L22HB16290

AGENCY/COMPANY ISSUING CARD  
General Agency Company  
INSURED

Central Michigan Limo Service  
1608 N Fancher  
Mt Pleasant, MI 48858

An authorized Michigan insurer, certifies that it has issued a policy complying with Act 294, P.A. 1972, as amended for the described motor vehicle.

WARNING: KEEP THIS CERTIFICATE IN YOUR VEHICLE AT ALL TIMES. If you fail to produce it upon a police officer's request, you will be responsible for a civil infraction.

Michigan Law (MCLA 500.3101) requires that the owner or registrant of a motor vehicle registered in this state must have insurance or other approved security for the payment of no-fault benefits on the vehicle at all times. An owner or registrant who drives or permits a vehicle to be driven upon a public highway without the proper insurance or other security is guilty of a misdemeanor.

An owner or registrant convicted of such a misdemeanor shall be fined not less than \$200.00 nor more than \$500.00, or imprisoned for not more than 1 year, or both.

A PERSON WHO SUPPLIES FALSE INFORMATION TO THE SECRETARY OF STATE OR WHO ISSUES OR USES AN INVALID CERTIFICATE OF INSURANCE IS GUILTY OF A MISDEMEANOR PUNISHABLE BY IMPRISONMENT FOR NOT MORE THAN 1 YEAR, OR A FINE OF NOT MORE THAN \$1,000.00, OR BOTH.

If this vehicle is driven by the person(s) named below, residual liability insurance does not apply and the vehicle will be considered uninsured:

WARNING - When a named excluded person operates a vehicle, all liability coverage is void - no one is insured. Owners of the vehicle and others legally responsible for the acts of the named excluded person remain fully responsible.

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COMPANY  
Amerisure Mutual Insurance Co  
POLICY NUMBER  
CA20865950107  
EFFECTIVE DATE  
03/14/14  
EXPIRATION DATE  
03/14/15

YEAR  
2002  
MAKE/MODEL  
Ford Econolin  
VEHICLE IDENTIFICATION NUMBER  
1FBSS31L22HB16290

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General Agency Company  
INSURED

Central Michigan Limo Service  
1608 N Fancher  
Mt. Pleasant, MI 48858

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**PUBLIC TRANSPORTATION LICENSE APPLICATION – TO BE COMPLETED FOR  
EACH UNIT OF PUBLIC TRANSPORTATION  
VILLAGE OF MACKINAW CITY  
102 S. Huron Avenue, Mackinaw City, MI 49701**

\$50 New Applicant Fee  
\$25 Renewal Fee  
\$10 Renewal Late Fee (If license not renewed by March 1)

Calendar Year: 2015  
 License No: 03-15

Applicant Name (print): ALBERTA McBride  
 Home address: 1608 N Fancher  
 City Mt Pleasant State mi Zip 48858  
 Home Phone no: 989-775-8595 Cell: 989-621-5158

Is Applicant a:  Person  Partnership  Corporation  Other  
 Business name: Chippewa Cab Years in Business: 14  
 Business address: P.O. Box 406  
 City Mt Pleasant State mi Zip 48804-0406  
 Business phone: 989-775-8595 Fax no. 989-779-0735

Type of Vehicle: <u>mini Van</u>	# <u>920</u>
Year: <u>2003</u>	Make: <u>Ford</u>
Model: <u>Windstar</u>	Color: <u>white</u>
Vehicle Identification No.: <u>2FMZA51433BB00840</u>	
Plate No. <u>CA21646</u>	Capacity: <u>7</u>
<input checked="" type="checkbox"/> Copy of Mechanic's Affidavit or MDOT Inspection Provided.	
<input checked="" type="checkbox"/> Proof of Insurance Provided.	

All Licenses issued pending approval by the Chief of Police.  
 Reviewed and approved by Chief of Police on (date) 1-15-15 pm

**SCHEDULE OF OPERATION**

Commencement Date of Operation: \_\_\_\_\_ to December 31, 20\_\_\_\_  
 Applicant's Signature: Alberta McBride Date: 12-30-14  
 Applicant's Printed Name: ALBERTA McBride Title: Owner  
 Proposed Routes (stops, loading/unloading): \_\_\_\_\_

*****FOR VILLAGE USE ONLY*****	
Approved by: _____	
Title: _____	
Date of approval: _____	Expiration date: _____
Approved with conditions: _____	
Amount Paid: <u>25.00</u>	Decal Provided: _____ License Issued: _____

**MICHIGAN REGISTRATION**

RUTH JOHNSON  
Secretary of State

**MICHIGAN REGISTRATION**

RUTH JOHNSON  
Secretary of State

Plate: CA21646 Expires: 02/28/2015  
RENEWAL TRANSFER  
03 FORD 4 DOOR  
Vehicle No.: 2FMZA51433BB00840  
C

920  
Fee Cat. or Wt.: 003963  
County: ISABELLA

Plate: CA21646 Expires: 02/28/2015  
RENEWAL TRANSFER  
2003 FORD 4 DOOR  
Vehicle No.: 2FMZA51433BB00840  
C

03-15  
Fee Cat. or Wt.: 003963  
County: ISABELLA

CENTRAL MICHIGAN LIMO  
1608 N FANCHER AVE  
MT PLEASANT MI 48858



CENTRAL MICHIGAN LIMO  
1608 N FANCHER AVE  
MT PLEASANT MI 48858



License Fee: 78.00

12042013 T3 B338 243 0263

License Fee: 78.00

12042013 T3 B338 243 0263 78.00

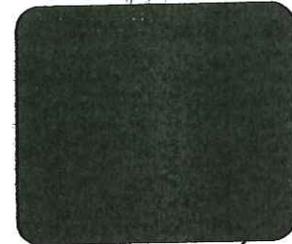
TR-1L

TR-1L

**2015**

A "P" WILL  
PRINT ON  
THE TOP AND  
BOTTOM OF YOUR  
TAB IF YOU  
PURCHASED A  
RECREATION  
PASSPORT.

YOUR PLATE  
NUMBER IS  
PRINTED ON YOUR  
TAB. MATCH YOUR  
TAB TO THE  
CORRECT PLATE.



↑ **IMPORTANT** ↑

BEND AT DOTTED LINE AND CAREFULLY PEEL  
UNTIL TAB IS FULLY REMOVED.

1. Do not remove this tab until ready to place it on your license plate.
2. Your new license plate tab shows both the month and year of expiration.
3. Be sure your license plate is clean and dry, then apply your tab as follows:  
All plates except motorcycle: upper right corner.  
Motorcycle plates: lower right corner.

# LIMOUSINE INSPECTION

Information required by authority of Public Act 271 of 1990. Failure to supply this information may result in a misdemeanor charge.

Michigan Department of Transportation  
3049E (10/06)

SEE REVERSE FOR INSTRUCTIONS AND DISTRIBUTION.  
This report remains the property of the Michigan Department of Transportation.  
This inspection does not imply that deficiencies other than those noted may not exist.

03-15

DATE OF INSPECTION: 11-19-2013 TIME STARTED: 8:00 AM TESTING STATION NAME: Dagwood Auto Repair REPAIR FACILITY NUMBER: F11604411

LIMOUSINE: **CENTRAL MICHIGAN LIMO**  
BUSIN: **1608 N FANCHER ST MT PLEASANT MI 48858**  
FLEET NO: 920 SEATING CAPACITY: 17 MAKE: Ford MODEL: Windstar YEAR: 03  
MILEAGE: 113943 COLOR: Blue LICENSE NO: C1A21646 VIN NO: 2FMDZRA51433B300840

## INSPECTION

Check the Pass, Fail or N/A box for each item. For any item that fails inspection, circle the part of the description which most closely describes the defect.

Pass/Fail	INTERIOR OF LIMOUSINE	Pass/Fail	EXTERIOR OF LIMOUSINE (Cont.)
<input checked="" type="checkbox"/>	<b>FLOOR</b> Must be free of holes, or openings.	<input checked="" type="checkbox"/>	<b>FUEL CAP</b> Fuel cap and fill pipe must be tight and secure.
<input checked="" type="checkbox"/>	<b>SEATS</b> Must be securely fastened to the vehicle. There must be no aisle seats unless they will fold and leave a clear aisle when unoccupied.	<input checked="" type="checkbox"/>	<b>EXHAUST SYSTEM</b> Gas powered vehicles must discharge at or within six (6) inches of the rear of the vehicle. Diesel powered vehicles must discharge at or within fifteen (15) inches of the rear of the vehicle or to the rear of all doors and windows designed to be opened (except emergency window exits).
<input checked="" type="checkbox"/>	<b>WINDOWS</b> All glass must be free from major damage and made from approved safety glass. Each push-out window must be marked as an emergency exit. There can be no physical obstructions on windows to prevent emergency exit.	<input checked="" type="checkbox"/>	<b>ENGINE COMPARTMENT</b>
<input checked="" type="checkbox"/>	<b>EMERGENCY DOORS</b> If equipped with emergency doors, each must have decal or lettering indicating that it is an emergency exit. It must also be identified by an operating lamp. All doors must be fully operable and cannot be physically restricted in any way.	<input checked="" type="checkbox"/>	<b>BATTERY INSTALLATION</b> Battery must be securely fastened to the vehicle. All connections, terminals and wiring must be protected from heat, damage or shorting.
<input checked="" type="checkbox"/>	<b>EMERGENCY EXIT ACCESS</b> There can be no obstruction blocking aisles or passageways to emergency exits.	<input checked="" type="checkbox"/>	<b>FUEL SYSTEM</b> Fuel system must be free from leaks and protected from heat or damage.
<input checked="" type="checkbox"/>	<b>DRIVER'S SEAT BELT</b> Driver's seat must be equipped with a seat belt.	<input checked="" type="checkbox"/>	<b>BELTS</b> Belts must be free from damage, oil contamination and properly adjusted.
<input checked="" type="checkbox"/>	<b>EMERGENCY EQUIPMENT</b> Must be equipped with a fire extinguisher with a Underwriter's Laboratory rating of 5 B:C or larger. It must be readily accessible to the driver.	<input checked="" type="checkbox"/>	<b>ENGINE AND MOUNTS</b> Engine must be installed securely and mounting points must be free from cracks.
<input checked="" type="checkbox"/>	<b>DRIVER CONTROLS</b> Must have an operable horn, turn signals, windshield defroster and windshield wipers and washers. All door controls must be operable. Mirrors must be in good condition. Vehicles over 10,000 lbs. GVWR must have a right side (passenger side) mirror.	<input checked="" type="checkbox"/>	<b>BRAKE RESERVOIRS</b> Hydraulic brake reservoirs must be filled to within 1/4" from top of reservoir.
<input checked="" type="checkbox"/>	<b>BRAKE WARNING DEVICE</b> Hydraulic brake equipped vehicle must have an audible or visual brake warning device that operates in the event of a hydraulic type failure of a partial system. Air brake equipped vehicle must be equipped with a gauge that reads in pounds per square inch, indicating to the driver brake system pressure available for braking, and a low air warning device that will provide a continuous visual signal to the driver when the air pressure in the system drops below one-half of the compressor governor cutout pressure.	<input checked="" type="checkbox"/>	<b>UNDERSIDE OF VEHICLE</b>
<input checked="" type="checkbox"/>	<b>STEERING COLUMN</b> Steering wheel and column must be securely fastened to the vehicle. Steering wheel must not bind when turned from extreme right to left and free-play must be within specification of vehicle manufacturer.	<input checked="" type="checkbox"/>	<b>STEERING SYSTEM</b> Vehicle may not have any loose, worn, bent, damaged, or missing parts. Tires may not come into contact with any part of the vehicle when the steering wheel is turned from full right to full left.
<input checked="" type="checkbox"/>	<b>EXTERIOR OF LIMOUSINE</b>	<input checked="" type="checkbox"/>	<b>SUSPENSION</b> Suspension system must not have any misaligned, shifted, or cracked springs, shackles, spring hangers or U bolts. Axle positioning parts such as radius rods or bars must not be loose and attaching hardware must be serviceable. Air suspensions must not be deflated or leaking, and air bags or pistons and seats may not be damaged or leaking.
<input checked="" type="checkbox"/>	<b>LIGHTS AND REFLECTORS</b> All lights must operate properly and be of the correct color including backup lights and license plate light. Body reflectors must be in place, in good condition and be of the proper color	<input checked="" type="checkbox"/>	<b>BRAKES</b> All brakes must work properly. Linings and/or pads must be within serviceable limits. Brake drums and/or rotors must not be cracked and must be within serviceable limits. There must be braking action at each wheel when brakes are applied. Brakes must be adjusted to within specifications. Brake hoses, lines, or tubes must not leak when the brakes are applied. Brake hoses, lines, or tubes must not be damaged, chafed, hit or rubbed by any other component on the vehicle. No brake valve may leak when applied and must be mounted securely to prevent damage
<input checked="" type="checkbox"/>	<b>TIRES</b> All steering axle tires must have at least 4/32" of tread. Steering axle tires can not be retreaded, regrooved or recapped. All other tire positions must have at least 2/32" tread depth. No tire may have any serious cuts, bulges, sidewall defects or exposed fabric or cords. Radial and bias tires cannot be mixed on the same axle.	<input checked="" type="checkbox"/>	<b>FRAME</b> Frame must not be cracked, damaged or fatigued. Vehicle bodies mounted to the frame must be secured with proper number of fasteners.
<input checked="" type="checkbox"/>	<b>WHEELS &amp; RIMS</b> Wheels may not have any cracks, unseated lock rings, loose, broken or missing lugs, studs or clamps, bent or cracked rims, or elongated stud holes.	<input checked="" type="checkbox"/>	<b>FUEL TANK</b> Fuel tank must be securely mounted and must not leak. All lines and fittings must not leak.
		<input checked="" type="checkbox"/>	<b>DRIVE SHAFT</b> Vehicles over 10,000 lbs. must have drive shaft protection that will prevent whipping of the drive shaft in the event of a failure of the shaft or its components.
		<input checked="" type="checkbox"/>	<b>PARKING BRAKE</b> The parking brake must be capable of holding the vehicle under light acceleration when the vehicle is in gear

I certify that this report is complete and accurate. MECHANIC (Signature): [Signature] TIME COMPLETED: \_\_\_\_\_ MECHANIC CERTIFICATE NO: M25555d

INSPECTION RESULT:  PASS  FAIL  
I have read and received a copy of this Inspection Report. LIMOUSINE COMPANY (Signature): [Signature] DATE: 11-19-13

MR

920

STATE OF MICHIGAN CERTIFICATE OF NO-FAULT INSURANCE

COMMERCIAL  PERSONAL

COMPANY  
Amerisure Mutual Insurance Co

POLICY NUMBER  
CA20865950107

EFFECTIVE DATE  
03/14/14

EXPIRATION DATE  
03/14/15

YEAR  
2003

MAKE/MODEL  
FORD WINDSTAR

VEHICLE IDENTIFICATION NUMBER  
2FMZA51433BB00840

AGENCY/COMPANY ISSUING CARD  
General Agency Company

INSURED  
Central Michigan Limo Service  
1608 N Fancher  
Mt Pleasant, MI 48858

An authorized Michigan insurer, certifies that it has issued a policy complying with Act 294, P.A. 1972, as amended for the described motor vehicle.

WARNING: KEEP THIS CERTIFICATE IN YOUR VEHICLE AT ALL TIMES. If you fail to produce it upon a police officer's request, you will be responsible for a civil infraction.

Michigan Law (MCL 500.3101) requires that the owner or registrant of a motor vehicle registered in this state must have insurance or other approved security for the payment of no-fault benefits on the vehicle at all times. An owner or registrant who drives or permits a vehicle to be driven upon a public highway without the proper insurance or other security is guilty of a misdemeanor.

An owner or registrant convicted of such a misdemeanor shall be fined not less than \$200.00 nor more than \$500.00, or imprisoned for not more than 1 year, or both.

A PERSON WHO SUPPLIES FALSE INFORMATION TO THE SECRETARY OF STATE OR WHO ISSUES OR USES AN INVALID CERTIFICATE OF INSURANCE IS GUILTY OF A MISDEMEANOR PUNISHABLE BY IMPRISONMENT FOR NOT MORE THAN 1 YEAR, OR A FINE OF NOT MORE THAN \$1,000.00, OR BOTH.

If this vehicle is driven by the person(s) named below, residual liability insurance does not apply and the vehicle will be considered uninsured:

WARNING - When a named excluded person operates a vehicle, all liability coverage is void - no one is insured. Owners of the vehicle and others legally responsible for the acts of the named excluded person remain fully responsible.

STATE OF MICHIGAN CERTIFICATE OF NO-FAULT INSURANCE

COMMERCIAL  PERSONAL

COMPANY  
Amerisure Mutual Insurance Co

POLICY NUMBER  
CA20865950107

EFFECTIVE DATE  
03/14/14

EXPIRATION DATE  
03/14/15

YEAR  
2003

MAKE/MODEL  
FORD WINDSTAR

VEHICLE IDENTIFICATION NUMBER  
2FMZA51433BB00840

AGENCY/COMPANY ISSUING CARD  
General Agency Company

INSURED  
Central Michigan Limo Service  
1608 N Fancher  
Mt Pleasant, MI 48858

An authorized Michigan insurer, certifies that it has issued a policy complying with Act 294, P.A. 1972, as amended for the described motor vehicle.

SECRETARY OF STATE'S COPY

Michigan Law (MCL 500.3101) requires that the owner or registrant of a motor vehicle registered in this state must have insurance or other approved security for the payment of no-fault benefits on the vehicle at all times. An owner or registrant who drives or permits a vehicle to be driven upon a public highway without the proper insurance or other security is guilty of a misdemeanor.

An owner or registrant convicted of such a misdemeanor shall be fined not less than \$200.00 nor more than \$500.00, or imprisoned for not more than 1 year, or both.

THIS FORM MUST BE PRESENTED AS EVIDENCE OF INSURANCE WITH YOUR APPLICATION FOR LICENSE PLATES, EITHER BY MAIL OR AT ANY SECRETARY OF STATE LICENSE PLATE BRANCH OFFICE. A PERSON WHO ISSUES OR WHO SUPPLIES FALSE INFORMATION TO THE SECRETARY OF STATE OR WHO ISSUES AN INVALID CERTIFICATE OF INSURANCE IS GUILTY OF A MISDEMEANOR PUNISHABLE BY IMPRISONMENT FOR NOT MORE THAN 1 YEAR, OR A FINE OF NOT MORE THAN \$1,000.00, OR BOTH.

If this vehicle is driven by the person(s) named below, residual liability insurance does not apply and the vehicle will be considered uninsured:

WARNING - When a named excluded person operates a vehicle, all liability coverage is void - no one is insured. Owners of the vehicle and others legally responsible for the acts of the named excluded person remain fully responsible.

**PUBLIC TRANSPORTATION LICENSE APPLICATION – TO BE COMPLETED FOR  
EACH UNIT OF PUBLIC TRANSPORTATION  
VILLAGE OF MACKINAW CITY  
102 S. Huron Avenue, Mackinaw City, MI 49701**

\$50 New Applicant Fee  
 \$25 Renewal Fee  
 \$10 Renewal Late Fee (If license not renewed by March 1)

Calendar Year: 2015  
 License No: 04-15

Applicant Name (print): Alberta McBride  
 Home address: 1608 N Lancker  
 City Mc Pleasant State MI Zip 48858  
 Home Phone no: 989-775-8595 Cell: 989-621-5158

Is Applicant a:  Person  Partnership  Corporation  Other  
 Business name: Chippewa Cab Years in Business: 17  
 Business address: P.O. Box 426  
 City Mc Pleasant State MI Zip 48804-0426  
 Business phone: 989-775-8595 Fax no. 989-779-0735

Type of Vehicle: <u>Van</u>	#958
Year: <u>2006</u>	Make: <u>Ford</u>
Model: <u>E350</u>	Color: <u>MAROON</u>
Vehicle Identification No.: <u>1FBSS31L76NA73720</u>	
Plate No. <u>CE05743</u>	Capacity: <u>15 pass</u>
<input checked="" type="checkbox"/> Copy of Mechanic's Affidavit or MDOT Inspection Provided.	
<input checked="" type="checkbox"/> Proof of Insurance Provided.	

All Licenses issued pending approval by the Chief of Police.

Reviewed and approved by Chief of Police on (date) 1-15-15 pm

**SCHEDULE OF OPERATION**

Commencement Date of Operation: \_\_\_\_\_ to December 31, 20\_\_\_\_

Applicant's Signature: Alberta McBride Date: 12-30-14

Applicant's Printed Name: ALBERTA McBride Title: Owner

Proposed Routes (stops, loading/unloading): \_\_\_\_\_

*****FOR VILLAGE USE ONLY*****	
Approved by _____	
Title: _____	
Date of approval _____	Expiration date _____
Approved with conditions: _____	
Amount Paid: <u>25.00</u>	Decal Provided: _____ License Issued: _____

# LIMOUSINE INSPECTION

Information required by authority of Public Act 271 of 1990. Failure to supply this information may result in a misdemeanor charge.

SEE REVERSE FOR INSTRUCTIONS AND DISTRIBUTION.

This report remains the property of the Michigan Department of Transportation.

This inspection does not imply that deficiencies other than those noted may not exist.

04-15  
**COPY** 1 of 2

Michigan Department  
of Transportation  
3049E (10/06)

DATE OF INSPECTION <u>4/22/14</u>	TIME STARTED <u>12:00</u> <u>am</u>	TESTING STATION NAME <u>DT Automotive</u>	REPAIR FACILITY NUMBER <u>F 1130333</u>
--------------------------------------	--	--	--

LIMOUSINE: **CENTRAL MICHIGAN LIMO**  
BUSIN: **1608 N FANCHER ST MT PLEASANT MI 48858**

FLEET NO	<u>958</u>	SEATING CAPACITY	<u>15</u>	MAKE	<u>Ford</u>	MODEL	<u>E350</u>	YEAR	<u>06</u>
MILEAGE	<u>216694</u>	COLOR	<u>Maroon</u>	LICENSE NO.	<u>CED5743</u>	VIN NO.	<u>1FBS131L76H873720</u>		

## INSPECTION

Check the Pass, Fail or N/A box for each item. For any item that fails inspection, circle the part of the description which most closely describes the defect.

Pass	Fail	INTERIOR OF LIMOUSINE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>FLOOR</b> Must be free of holes, or openings.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>SEATS</b> Must be securely fastened to the vehicle. There must be no aisle seats unless they will fold and leave a clear aisle when unoccupied.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>WINDOWS</b> All glass must be free from major damage and made from approved safety glass. Each push-out window must be marked as an emergency exit. There can be no physical obstructions on windows to prevent emergency exit.
<input type="checkbox"/>	<input type="checkbox"/>	<b>EMERGENCY DOORS</b> If equipped with emergency doors, each must have decal or lettering indicating that it is an emergency exit. It must also be identified by an operating lamp. All doors must be fully operable and cannot be physically restricted in any way.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>EMERGENCY EXIT ACCESS</b> There can be no obstruction blocking aisles or passageways to emergency exits.
<input type="checkbox"/>	<input type="checkbox"/>	<b>EMERGENCY SEAT BELT</b> Driver's seat must be equipped with a seat belt.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>EMERGENCY EQUIPMENT</b> Must be equipped with a fire extinguisher with a Underwriter's Laboratory rating of 5 B:C or larger. It must be readily accessible to the driver.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>DRIVER CONTROLS</b> Must have an operable horn, turn signals, windshield defroster and windshield wipers and washers. All door controls must be operable. Mirrors must be in good condition. Vehicles over 10,000 lbs. GVWR must have a right side (passenger side) mirror.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>BRAKE WARNING DEVICE</b> Hydraulic brake equipped vehicle must have an audible or visual brake warning device that operates in the event of a hydraulic tire failure of a partial system. Air brake equipped vehicle must be equipped with a gauge that reads in pounds per square inch, indicating to the driver brake system pressure available for braking, and a low air warning device that will provide a continuous visual signal to the driver when the air pressure in the system drops below one-half of the compressor governor cutout pressure.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>STEERING COLUMN</b> Steering wheel and column must be securely fastened to the vehicle. Steering wheel must not bind when turned from extreme right to left and free-play must be within specification of vehicle manufacturer.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>EXTERIOR OF LIMOUSINE</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>LIGHTS AND REFLECTORS</b> All lights must operate properly and be of the correct color including backup lights and license plate light. Body reflectors must be in place, in good condition and be of the proper color.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>TIRES</b> All steering axle tires must have at least 4/32" of tread. Steering axle tires can not be retreaded, regrooved or recapped. All other tire positions must have at least 2/32" tread depth. No tire may have any serious cuts, bulges, sidewall defects or exposed fabric or cords. Radial and bias tires cannot be mixed on the same axle.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>WHEELS &amp; RIMS</b> Wheels may not have any cracks, unseated lock rings, loose, broken or missing lugs, studs or clamps, bent or cracked rims, or elongated stud holes.

Pass	Fail	EXTERIOR OF LIMOUSINE (Cont.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>FUEL CAP</b> Fuel cap and fill pipe must be tight and secure.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>EXHAUST SYSTEM</b> Gas powered vehicles must discharge at or within six (6) inches of the rear of the vehicle. Diesel powered vehicles must discharge at or within fifteen (15) inches of the rear of the vehicle or to the rear of all doors and windows designed to be opened (except emergency window exits).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>ENGINE COMPARTMENT BATTERY INSTALLATION</b> Battery must be securely fastened to the vehicle. All connections, terminals and wiring must be protected from heat, damage or shorting.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>FUEL SYSTEM</b> Fuel system must be free from leaks and protected from heat or damage.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>BELTS</b> Belts must be free from damage, oil contamination and properly adjusted.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>ENGINE AND MOUNTS</b> Engine must be installed securely and mounting points must be free from cracks.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>BRAKE RESERVOIRS</b> Hydraulic brake reservoirs must be filled to within 1/4" from top of reservoir.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>UNDERSIDE OF VEHICLE STEERING SYSTEM</b> Vehicle may not have any loose, worn, bent, damaged, or missing parts. Tires may not come into contact with any part of the vehicle when the steering wheel is turned from full right to full left.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>SUSPENSION</b> Suspension system must not have any misaligned, shifted, or cracked springs, shackles, spring hangers or U bolts. Axle positioning parts such as radius rods or bars must not be loose and attaching hardware must be serviceable. Air suspensions must not be deflated or leaking, and air bags or pistons and seats may not be damaged or leaking.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>BRAKES</b> All brakes must work properly. Linings and/or pads must be within serviceable limits. Brake drums and/or rotors must not be cracked and must be within serviceable limits. There must be braking action at each wheel when brakes are applied. Brakes must be adjusted to within specifications. Brake hoses, lines, or tubes must not leak when the brakes are applied. Brake hoses, lines, or tubes must not be damaged, chafed, hit or rubbed by any other component on the vehicle. No brake valve may leak when applied and must be mounted securely to prevent damage.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>FRAME</b> Frame must not be cracked, damaged or fatigued. Vehicle bodies mounted to the frame must be secured with proper number of fasteners.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>FUEL TANK</b> Fuel tank must be securely mounted and must not leak. All lines and fittings must not leak.
<input type="checkbox"/>	<input type="checkbox"/>	<b>DRIVE SHAFT</b> Vehicles over 10,000 lbs. must have drive shaft protection that will prevent whipping of the drive shaft in the event of a failure of the shaft or its components.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>PARKING BRAKE</b> The parking brake must be capable of holding the vehicle under light acceleration when the vehicle is in gear.

I certify that this report is complete and accurate.  
INSPECTION RESULT  PASS  FAIL  
I have read and received a copy of this Inspection Report.

MECHANIC (Signature): [Signature]  
LIMOUSINE COMPANY OFFICIAL: [Signature]

TIME COMPLETED: 3:00pm  
MECHANIC CERTIFICATE NO: M 216656  
DATE: 4-23-14

RC

VEHICLE COPY

SECRETARY OF STATE'S COPY

958

STATE OF MICHIGAN CERTIFICATE OF NO-FAULT INSURANCE

COMPANY  COMMERCIAL  PERSONAL

Amerisure Mutual Insurance Co

POLICY NUMBER CA20865950107 EFFECTIVE DATE 03/14/14 EXPIRATION DATE 03/14/15

YEAR 2006 MAKE/MODEL Ford E350 VEHICLE IDENTIFICATION NUMBER 1FBSS31L76HA73720

AGENCY/COMPANY ISSUING CARD General Agency Company

INSURED

Central Michigan Limo Service  
1608 N Fancher  
Mt Pleasant, MI 48858

An authorized Michigan insurer, certifies that it has issued a policy complying with Act 294, P.A. 1972, as amended for the described motor vehicle.

WARNING: KEEP THIS CERTIFICATE IN YOUR VEHICLE AT ALL TIMES. If you fail to produce it upon a police officer's request, you will be responsible for a civil infraction.

STATE OF MICHIGAN CERTIFICATE OF NO-FAULT INSURANCE

COMPANY  COMMERCIAL  PERSONAL

Amerisure Mutual Insurance Co

POLICY NUMBER CA20865950107 EFFECTIVE DATE 03/14/14 EXPIRATION DATE 03/14/15

YEAR 2006 MAKE/MODEL Ford E350 VEHICLE IDENTIFICATION NUMBER 1FBSS31L76HA73720

AGENCY/COMPANY ISSUING CARD General Agency Company

INSURED

Central Michigan Limo Service  
1608 N Fancher  
Mt Pleasant, MI 48858

An authorized Michigan insurer, certifies that it has issued a policy complying with Act 294, P.A. 1972, as amended for the described motor vehicle.

SECRETARY OF STATES COPY

Michigan Law (MCL 500.3101) requires that the owner or registrant of a motor vehicle registered in this state must have insurance or other approved security for the payment of no-fault benefits on the vehicle at all times. An owner or registrant who drives or permits a vehicle to be driven upon a public highway without the proper insurance or other security is guilty of a misdemeanor.

An owner or registrant convicted of such a misdemeanor shall be fined not less than \$200.00 nor more than \$500.00, or imprisoned for not more than 1 year, or both.

A PERSON WHO SUPPLIES FALSE INFORMATION TO THE SECRETARY OF STATE OR WHO ISSUES OR USES AN INVALID CERTIFICATE OF INSURANCE IS GUILTY OF A MISDEMEANOR PUNISHABLE BY IMPRISONMENT FOR NOT MORE THAN 1 YEAR, OR A FINE OF NOT MORE THAN \$1,000.00, OR BOTH.

If this vehicle is driven by the person(s) named below, residual liability insurance does not apply and the vehicle will be considered uninsured:

WARNING - when a named excluded person operates a vehicle, all liability coverage is void - no one is insured. Owners of the vehicle and others legally responsible for the acts of the named excluded person remain fully responsible.

Michigan Law (MCL 500.3101) requires that the owner or registrant of a motor vehicle registered in this state must have insurance or other approved security for the payment of no-fault benefits on the vehicle at all times. An owner or registrant who drives or permits a vehicle to be driven upon a public highway without the proper insurance or other security is guilty of a misdemeanor.

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If this vehicle is driven by the person(s) named below, residual liability insurance does not apply and the vehicle will be considered uninsured:

WARNING - when a named excluded person operates a vehicle, all liability coverage is void - no one is insured. Owners of the vehicle and others legally responsible for the acts of the named excluded person remain fully responsible.

*TC*  
MICHIGAN REGISTRATION

*958*  
RUTH JOHNSON  
Secretary of State

Plate: CE05743 Expires: 02/28/2015

RENEWAL OF CE05743

2006 FORD VAN

Vehicle No.: 1FBSS31L76HA73720  
C

Fee Cat. or Wt.: 000029

County: ISABELLA

CENTRAL MICHIGAN LIMOSINE SERVICE LL  
1608 N FANCHER AVE  
HT PLEASANT MI 48858



CE05743 C

02252014 RN C056 243 0204

License Fee: 116.00  
116.00

TR-IL

**PUBLIC TRANSPORTATION LICENSE APPLICATION – TO BE COMPLETED FOR  
EACH UNIT OF PUBLIC TRANSPORTATION  
VILLAGE OF MACKINAW CITY  
102 S. Huron Avenue, Mackinaw City, MI 49701**

\$50 New Applicant Fee  
 \$25 Renewal Fee  
 \$10 Renewal Late Fee (If license not renewed by March 1)

Calendar Year: 2015  
 License No: 05-15

Applicant Name (print): ALBERTA McBride  
 Home address: 1608 N. Fancher  
 City Mc Pleasant State MI Zip 48858  
 Home Phone no: 989-775-8595 Cell: 989-621-5158

Is Applicant a:  Person  Partnership  Corporation  Other  
 Business name: Chippewa Cab Years in Business: 14  
 Business address: P.O. Box 426  
 City Mc Pleasant State MI Zip 48804-0426  
 Business phone: 989-775-8595 Fax no. 989-779-0735

Type of Vehicle: <u>Van</u> #938
Year: <u>2005</u> Make: <u>Ford</u>
Model: <u>E150</u> Color: _____
Vehicle Identification No.: <u>1FMRE11W75HA87370</u>
Plate No. <u>CA 79435</u> Capacity: <u>12</u>
<input checked="" type="checkbox"/> Copy of Mechanic's Affidavit or MDOT Inspection Provided.
<input checked="" type="checkbox"/> Proof of Insurance Provided.

All Licenses issued pending approval by the Chief of Police.

Reviewed and approved by Chief of Police on (date) 1-15-15 pmw

**SCHEDULE OF OPERATION**

Commencement Date of Operation: \_\_\_\_\_ to December 31, 20\_\_\_\_

Applicant's Signature: Alberta McBride Date: 12-30-14

Applicant's Printed Name: Alberta McBride Title: Owner

Proposed Routes (stops, loading/unloading): \_\_\_\_\_

*****FOR VILLAGE USE ONLY*****	
Approved by: _____	
Title: _____	
Date of approval: _____	Expiration date: _____
Approved with conditions: _____	
Amount Paid: <u>25.00</u>	Decal Provided: _____ License Issued: _____

938

1 of 2

05-15

# LIMOUSINE INSPECTION

Information required by authority of Public Act 271 of 1990. Failure to supply this information may result in a misdemeanor charge.

SEE REVERSE FOR INSTRUCTIONS AND DISTRIBUTION.

Michigan Department of Transportation  
3049E (10/06)

This report remains the property of the Michigan Department of Transportation.  
This inspection does not imply that deficiencies other than those noted may not exist.

DATE OF INSPECTION <u>12/24/14</u>	TIME STARTED <u>9:15</u>	TESTING STATION NAME <u>DJ Auto motive</u>	REPAIR FACILITY NUMBER <u>F 1130333</u>
<b>CENTRAL MICHIGAN LIMO</b>			
<b>1608 N FANCHER ST MT PLEASANT MI 48858</b>			
FLEET NO. <u>1938</u>	SEATING CAPACITY: <u>12</u>	MAKE: <u>Ford</u>	MODEL: <u>E150</u>
MILEAGE <u>197722</u>	COLOR: <u>Blue</u>	LICENSE NO. <u>CD79435</u>	YEAR: <u>05</u>
		VIN NO. <u>1FMR E11W75HA87370</u>	

### INSPECTION

Check the Pass, Fail or N/A box for each item. For any item that fails inspection, circle the part of the description which most closely describes the defect.

Pass	Fail	Interior of Limousine	Pass	Fail	Exterior of Limousine (Cont.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>FLOOR</b> Must be free of holes, or openings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>FUEL CAP</b> Fuel cap and fill pipe must be tight and secure.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>SEATS</b> Must be securely fastened to the vehicle. There must be no aisle seats unless they will fold and leave a clear aisle when unoccupied.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>EXHAUST SYSTEM</b> Gas powered vehicles must discharge at or within six (6) inches of the rear of the vehicle. Diesel powered vehicles must discharge at or within fifteen (15) inches of the rear of the vehicle or to the rear of all doors and windows designed to be opened (except emergency window exits).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>WINDOWS</b> All glass must be free from major damage and made from approved safety glass. Each push-out window must be marked as an emergency exit. There can be no physical obstructions on windows to prevent emergency exit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>ENGINE COMPARTMENT</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>EMERGENCY DOORS</b> If equipped with emergency doors, each must have decal or lettering indicating that it is an emergency exit. It must also be identified by an operating lamp. All doors must be fully operable and cannot be physically restricted in any way.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>BATTERY INSTALLATION</b> Battery must be securely fastened to the vehicle. All connections, terminals and wiring must be protected from heat, damage or shorting.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>EMERGENCY EXIT ACCESS</b> There can be no obstruction blocking aisles or passageways to emergency exits.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>FUEL SYSTEM</b> Fuel system must be free from leaks and protected from heat or damage.
<input type="checkbox"/>	<input type="checkbox"/>	<b>DRIVER'S SEAT BELT</b> Driver's seat must be equipped with a seat belt.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>BELTS</b> Belts must be free from damage, oil contamination and properly adjusted.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>EMERGENCY EQUIPMENT</b> Must be equipped with a fire extinguisher with a Underwriter's Laboratory rating of 5 B:C or larger. It must be readily accessible to the driver.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>ENGINE AND MOUNTS</b> Engine must be installed securely and mounting points must be free from cracks.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>DRIVER CONTROLS</b> Must have an operable horn, turn signals, windshield defroster and windshield wipers and washers. All door controls must be operable. Mirrors must be in good condition. Vehicles over 10,000 lbs. GVWR must have a right side (passenger side) mirror.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>BRAKE RESERVOIRS</b> Hydraulic brake reservoirs must be filled to within 1/4" from top of reservoir.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>BRAKE WARNING DEVICE</b> Hydraulic brake equipped vehicle must have an audible or visual brake warning device that operates in the event of a hydraulic type failure of a partial system. Air brake equipped vehicle must be equipped with a gauge that reads in pounds per square inch, indicating to the driver brake system pressure available for braking, and a low air warning device that will provide a continuous visual signal to the driver when the air pressure in the system drops below one-half of the compressor governor cutout pressure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>UNDERSIDE OF VEHICLE</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>STEERING COLUMN</b> Steering wheel and column must be securely fastened to the vehicle. Steering wheel must not bind when turned from extreme right to left and free-play must be within specification of vehicle manufacturer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>STEERING SYSTEM</b> Vehicle may not have any loose, worn, bent, damaged, or missing parts. Tires may not come into contact with any part of the vehicle when the steering wheel is turned from full right to full left.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>EXTERIOR OF LIMOUSINE</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>SUSPENSION</b> Suspension system must not have any misaligned, shifted, or cracked springs, shackles, spring hangers or U bolts. Axle positioning parts such as radius rods or bars must not be loose and attaching hardware must be serviceable. Air suspensions must not be deflated or leaking, and air bags or pistons and seats may not be damaged or leaking.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>LIGHTS AND REFLECTORS</b> All lights must operate properly and be of the correct color including backup lights and license plate light. Body reflectors must be in place, in good condition and be of the proper color.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>BRAKES</b> All brakes must work properly. Linings and/or pads must be within serviceable limits. Brake drums and/or rotors must not be cracked and must be within serviceable limits. There must be braking action at each wheel when brakes are applied. Brakes must be adjusted to within specifications. Brake hoses, lines, or tubes must not leak when the brakes are applied. Brake hoses, lines, or tubes must not be damaged, chafed, hit or rubbed by any other component on the vehicle. No brake valve may leak when applied and must be mounted securely to prevent damage.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>TIRES</b> All steering axle tires must have at least 4/32" of tread. Steering axle tires can not be retreaded, regrooved or recapped. All other tire positions must have at least 2/32" tread depth. No tire may have any serious cuts, bulges, sidewall defects or exposed fabric or cords. Radial and bias tires cannot be mixed on the same axle.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>FRAME</b> Frame must not be cracked, damaged or fatigued. Vehicle bodies mounted to the frame must be secured with proper number of fasteners.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>WHEELS &amp; RIMS</b> Wheels may not have any cracks, unseated lock rings, loose, broken or missing lugs, studs or clamps, bent or cracked rims, or elongated stud holes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>FUEL TANK</b> Fuel tank must be securely mounted and must not leak. All lines and fittings must not leak.
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>DRIVE SHAFT</b> Vehicles over 10,000 lbs. must have drive shaft protection that will prevent whipping of the drive shaft in the event of a failure of the shaft or its components.
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>PARKING BRAKE</b> The parking brake must be capable of holding the vehicle under light acceleration when the vehicle is in gear.

I certify that this report is complete and accurate.

MECHANIC (Signature) [Signature]

TIME COMPLETED 11:20 AM MECHANIC CERTIFICATE NO. 216656

I have read and received a copy of this Inspection Report.

LIMOUSINE COMPANY OFFICIAL (Signature) [Signature]

DATE 12-26-14



MP

938

MICHIGAN REGISTRATION

RUTH JOHNSON  
Secretary of State

Plate: CD79435 Expires: 02/28/2015

RENEWAL OF CD79435

2005 FORD STA WGN

Vehicle No.: 1FMRE11W75HA87370  
C

Fee Cat. or Wt.: 005110

County: ISABELLA

CENTRAL MICHIGAN LIMO SERVICE LLC  
1608 N FANCHER AVE  
MT PLEASANT MI 48858



CD79435 C

License Fee: 120.00

02252014 RN C056 243 0185 120.00

TR-1'

OK-PCW

**PUBLIC TRANSPORTATION LICENSE APPLICATION - LIST OF ALL OPERATORS 1-15-15**

NAME OF TRANSPORTATION COMPANY: Chippewa Cab.

**OPERATOR 1**

Name: Nail Lee Bunker Date of Birth: 10/30/54  
 Address: 4650 E BASELINE Rd MT Pleasant, MI 48858  
 Operator's License Number: D-526-624-497-835 Endorsements: Chauffers  
 Medical Card:  Yes  No

**OPERATOR 2**

Name: Frederick Charles Gray Date of Birth: 03/24/42  
 Address: 306 Straits Ave MACKINAW City, MI 49701  
 Operator's License Number: G600261115237 Endorsements: Chauffers  
 Medical Card:  Yes  No

**OPERATOR 3**

Name: Charles Eugene Snyder Date of Birth: 02/08/76  
 Address: 1040 Pebble Creek Dr MT Pleasant, MI 48858  
 Operator's License Number: S536115237103 Endorsements: Chauffeur  
 Medical Card:  Yes  No

**OPERATOR 4**

Name: Kathleen Ann Snyder Date of Birth: 7/24/67  
 Address: 1040 Pebble Creek Dr MT Pleasant, MI 48858  
 Operator's License Number: R250461067582 Endorsements: Chauffeur  
 Medical Card:  Yes  No

**OPERATOR 5**

Name: Antonio Lamar White Date of Birth: 11/20/68  
 Address: 1510 North Dr MT Pleasant, MI 48858  
 Operator's License Number: W300.067488888 Endorsements: Chauffeur  
 Medical Card:  Yes  No

USE BACK IF MORE SPACE IS NEEDED

2015-SE-020

To Admin. Staff: Jan 9 2015  
To Council: 2-5-15  
Decision:  Approved  Denied  
Minutes to Applicant: \_\_\_\_\_

year-2015

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

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

**SPONSORING ORGANIZATION INFORMATION**

LEGAL BUSINESS NAME: Mackinaw City Chamber of Commerce TELEPHONE: 231 436-5574  
MAILING ADDRESS: P.O.Box 856  
CONTACT NAME: Dawn Edwards TELEPHONE: 231 436-5574  
E-MAIL ADDRESS: dedwards@mackinawchamber.com CELL PHONE: 231 420-2979

**CONTACT PERSON ON DAY OF EVENT**

CONTACT NAME: Dawn Edwards or Kelly Vieau TELEPHONE: not office  
E-MAIL ADDRESS: kelly@mackinawchamber.com CELL PHONE: 231 818-6750

**EVENT INFORMATION**

NAME OF EVENT: 2015 Mackinaw City Magical Colors 5K fun Run  
PURPOSE OF EVENT: to promote family, health, trails and May Openings

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

DATE(S): Sat May 2 FROM 8  A.M.  P.M. TO 11:30  A.M.  P.M.  
FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.  
FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.  
FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.

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

EVENT LOCATION: Trailhead Pavilion / Mackinaw Crossings Parking Lot

ESTIMATED NUMBER OF ATTENDEES: 250

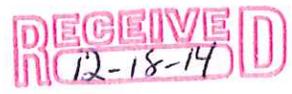
WILL YOU UTILIZE SHOWERS:     Yes     No

ESTIMATED NUMBER OF VOLUNTEERS: 14

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

ESTIMATE DATE/TIME FOR CLEAN-UP: May 2    11:45  A.M.  P.M.

DNR approval for Permit in progress:



**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**

*we will provide own SAB for Trail and Crossing*

**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: 8:30am END: 11:00 - 11:30am  
(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

*provided by Barnett Insurance Agency upon approval.*

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: 10 (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): Trailhead, Mall Parking, crossroads  
Central Ave, Nicolet St, Central & Huron ave

Description of signs: Magical Color 5K fun Run / Caution Runners  
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

We will supply vested Crossing boards at Adult start/end  
VENDOR PARKING: Have you made arrangement for vendor parking?  Yes  No Childrens start/end.  
If yes, where do you propose your vendors park? n/a

EVENT LONG TERM PARKING: Will there be long term parking?  Yes  No  
If yes, from date \_\_\_\_\_ to ending date: n/a  
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: n/a  
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 8x8 if needed/we own  
 CHAIRS - QUANTITY \_\_\_\_\_  
 AWNINGS - QUANTITY \_\_\_\_\_  
 TABLES - QUANTITY \_\_\_\_\_

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

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: SHORT EVENT - CROSSINGS Mall Restrooms Available

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.) *+ Safety Plan*

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) *also available on approval.*

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 *was started in 2014 - very successful Run*  
Is this event expected to occur next year?  Yes     No  
How many years has this event occurred? 1

*D Edwards*  
Applicant Signature  
Print name of applicant: *Dawn Edwards*

*12-14-14*  
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 \_\_\_\_\_
- PICK UP TRUCKS \_\_\_\_\_ TOTAL MEN \_\_\_\_\_
- OTHER EQUIPMENT \_\_\_\_\_ TOTAL MEN \_\_\_\_\_

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

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

SITE MAP APPROVED:  Yes  No

**FACILITIES SERVICES DEPARTMENT**

APPROVED

DENIED

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

Yes  No

- TRASH RECEPTACLES – QUANTITY \_\_\_\_\_
- TRAFFIC CONES – QUANTITY \_\_\_\_\_
- FENCING  WATER  ELECTRIC
- OTHER \_\_\_\_\_

- BARRICADES – QUANTITY \_\_\_\_\_
- PARKING SIGNS – QUANTITY \_\_\_\_\_
- RESTROOM CLEANING

SITE MAP APPROVED:  Yes  No

**MACKINAW CITY POLICE DEPARTMENT**

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED?  Yes  No

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

Other (describe): Will Assist Crossing When Available (Mainly @ Nicolet St. Crossing)

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**

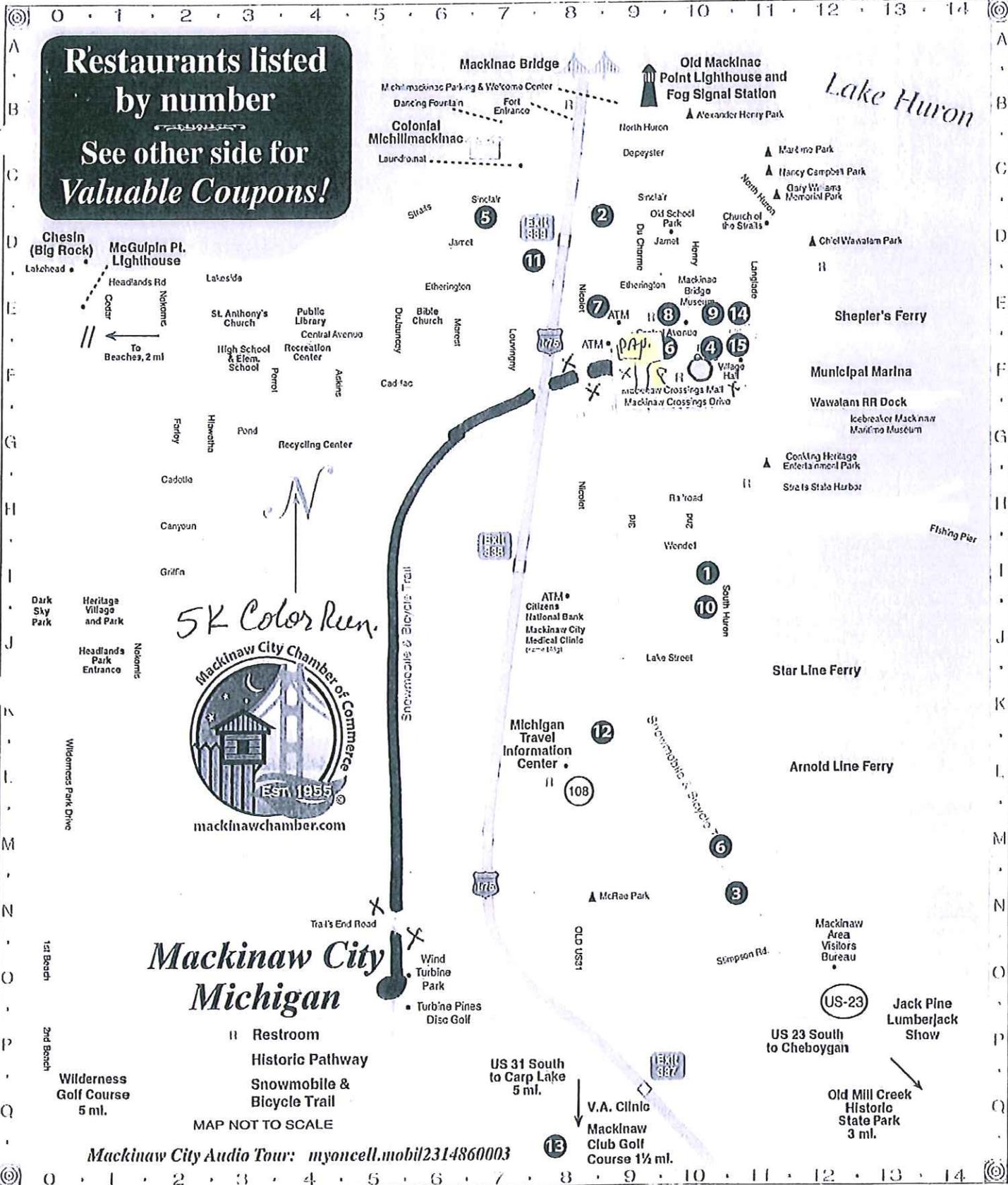
APPROVED

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

**Restaurants listed  
by number**  
See other side for  
**Valuable Coupons!**



*5K Color Run*



mackinawchamber.com

**Mackinaw City  
Michigan**

- Restroom
- Historic Pathway
- Snowmobile & Bicycle Trail

MAP NOT TO SCALE

Mackinaw City Audio Tour: myoncell.mobil2314860003

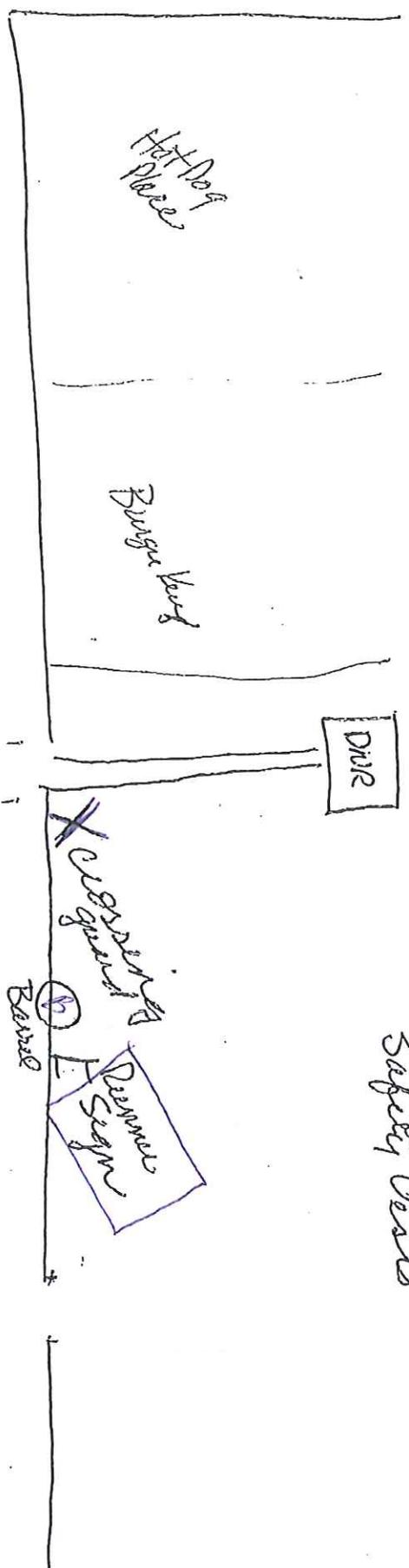
- |  |   |
|--|---|
| 1. Admiral's Table & Restaurant & Lounge..... 436-5687           | 9. Keyhole Bar & Grill* ..... 436-7911                        |
| Audle's Restaurant* ..... 436-5744                               | 10. Mackinaw Pastle & Cookie Co..... 436-5113                 |
| Blue Water Grill & Bar ..... 436-7818                            | 11. Mackinaw Pastle & Cookie Co. at the Bridge*..... 436-8202 |
| 4. Cunningham's Family Restaurant ..... 436-8821                 | 12. Mancho's* ..... 436-7474                                  |
| 5. Darrow's Family Restaurant..... 436-5514                      | 13. Neath the Birches ..... 436-5401                          |
| 6. Embers Restaurant ..... 436-5773                              | 14. Pancake Chef * ..... 436-5578                             |
| 7. Jr's Tailgate Pub & Two Amigos Mexican Kitchen*..... 436-8540 | 15. Pizza Palace..... 436-5788                                |
| 8. Kentucky Fried Chicken ..... 436-5491                         | 16. Scalawags..... 436-7777                                   |

\*Open all year All phone nos. AREA CODE (231)

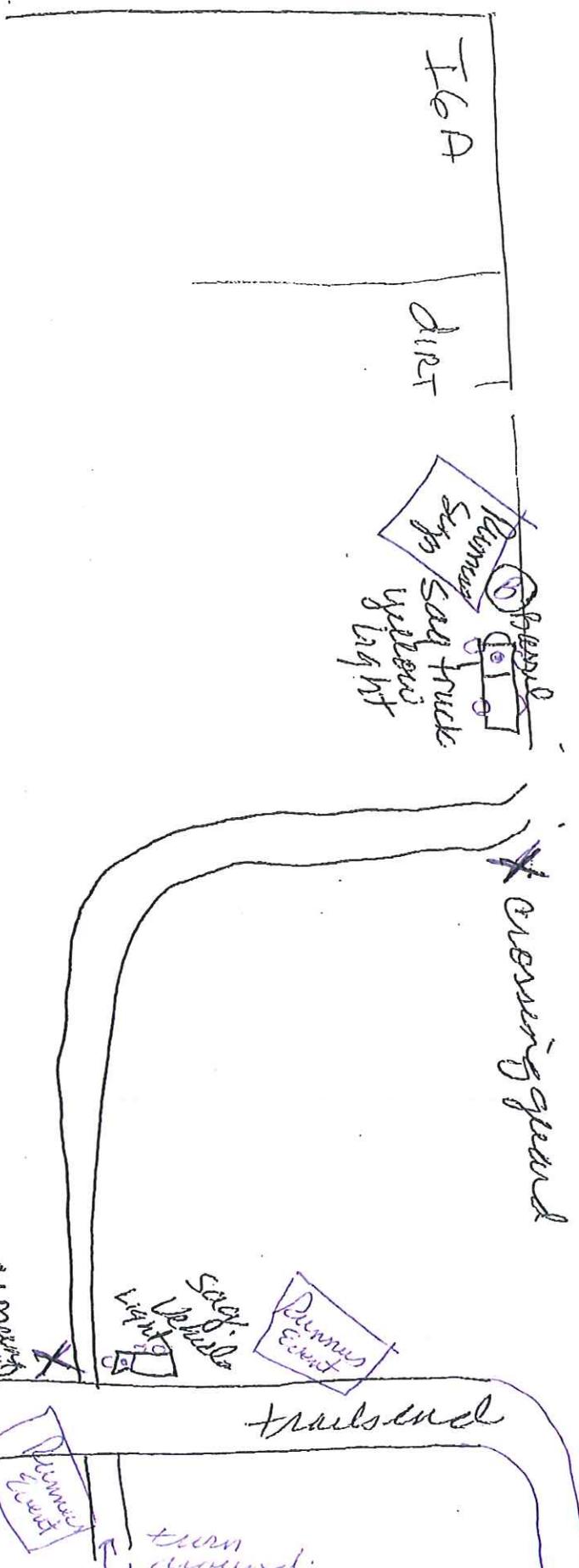
- Safety Village -  
Central Ave

Cater - Kim May 2015

\* Crossing Vests  
are kind Green Team using  
Safety Vests



S. Nicolet St



UBB...  
guard

Dinner Sign

turn around

Route enlarged

Center Court

Crossings Mall

E Central

Parking Lot

Adult Party

Pavilion

Start/Finish

Parking

Crossing Drive

Baymont Inn

Runners Caution Signs

Buys King

Nicolet St.

Caution Sign

T&A

\* Crossing ahead  
at start. British  
Adult. Children  
following

I 75

over Pass

1/2m

1/2m

SAG

Caution Signs

Turn around

SAG

Pedestrian Safety Plan for Magical Color Fun Run- Mackinaw City  
Chamber of Commerce event

Note: This is a morning event and early season with low traffic flow.

Crossing Guards: X on the map marks the 2 street locations crossing at S. Nicolet Street and at Trails end. They will wear safety green reflective vests.

SAG Wagons: ( Safety Auxiliary Group) Both streets will have a SAG truck with yellow light flashing -They will wear safety green/reflective vests.

Village flashing light barrels: 2 needed : one at S Nicolet Street  
One at Trailsend Road

Runners Event signs : 2 on S. Nicolet St.  
2 on Trailsend Road.

**2015 MACKINAW CITY MAGICAL  
COLOR FUN RUN 5k & 1mile Walk/Run  
(not a race)  
8 am - 12 pm - Emmet County paved trail.**



## **MDNR-Safety Plan**

### Safety Plan:

- At pavilion & trail turn around - water for hydration. Juice available as needed at finish line.
- 1st Aide Kits (3) -1 at pavilion, 2 with sags at crossings available from route.
- 2 sags - Safety Auxiliary Group stationed at road crossings & available to attend along route with cell phones.
- Event approved by Village, police, fire department. Ambulance available from 911 event day.
- Safety group Organizer, Dawn Edwards. Cell (231)420-2979.
- A rain or shine event.
- Event waivers signed by all participants
- All signs removed after the event
- All trash picked up after the event

Signed event coordinator- D Edwards 12/14/14

**PRE REGISTER BY  
APRIL 15, 2015**

- Pre-registration by April 15th will guarantee your t-shirt size, a discounted run fee, and enough color for you.
- Registration after April 15th, 2015 will not guarantee a specific t-shirt size or individual color packet
- Runners in the 5k (3.2 miles) will get 6 colors thrown at them. Walkers in the 1 mile fun walk will get 3 colors thrown on them.

Enjoy a colorful magical party after the run where you can Tie-Dye the Sky (not to mention all your friends!). Participants will throw their individual color packets (received in your registration packet) into the sky creating a color cloud & guaranteeing that everyone in the vicinity will be thoroughly tie dyed! Packets of color will be available for purchase for those who wish to party but not run (subject to availability).

Save money by joining a team! Teams of four or more racers will receive a \$5 discount off the individual price so grab your friends

Registration forms & checks made payable to:  
Mackinaw City C of C  
P.O. Box 856  
Mackinaw City, MI 49701

For more information go to:  
[www.mackinawchamber.com](http://www.mackinawchamber.com)  
Email:  
[info@mackinawchamber.com](mailto:info@mackinawchamber.com)  
Call: 231-436-5574  
Fax: 231-436-7989



# Mackinaw City Magical Color Fun Run

5K Fun Run & 1 Mile Fun Walk

**Saturday, May 2nd, 2015 - Rain or Shine!**

**Registration begins at 9:00 a.m. at the Trail Head behind Burger King**

**Starts 10:00 a.m with the 5k run followed by the 1 mile walk.**

**Registration by April 15th**

- \$25 5k Run
- \$20 1 mile walk
- \$20 per person 5k teams of 4 or more

**Registration after April 15th**

- \$30 5k Run
- \$25 1 mile walk
- \$25 per person 5k teams of 4 or more

**Registration on race day**

- T-shirt size & individual color packet may not be available.
- Participants 5 & under are free (no t-shirt or individual color packet)

Runners will receive a white t-shirt with the Magical Color Fun Run logo to wear. As they pass six different stations along the course, volunteers will throw a different colored non-toxic powdered paint at the shirts. 1 mile walkers will have less colors thrown at them. (See column on the left). By the end of the run, the t-shirts (and yes, other body parts) will be decorated with all six colors providing a colorful reminder of the event..

It's all about the fun. Because runners will most likely slow down as they go past the paint stations, we won't be timing this event & runners will not be placed. It's more about the fun than the performance. If you would like to time your run, you are welcome to bring your own timer.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

T-Shirt Size Adult sizes: S M L XL 2XL (add \$2)

Race: (circle one) 5k run/walk 1 mile walk Team 5k run/walk (4 or more participants per team)

Email: \_\_\_\_\_ Team Name: \_\_\_\_\_

RELEASE OF ORGANIZERS & SPONSORS: In signing this form for myself or the above named participant (if he/she is under 18) I understand and agree to absolve all the sponsors and organizers, be they individuals or organizations, individually and collectively, of all blame for injury, misadventure, harm, loss or inconvenience suffered as a result of taking part of the Mackinaw City Magical Color Fun Run or in any activities associated with said event.

Signature of Participant, Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian must sign if participant is under 18 years of age.

2015-SE-021

To Admin. Staff: 1-9-15  
To Council: 2-5-15  
Decision:  Approved  Denied  
Minutes to Applicant: \_\_\_\_\_

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

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

**SPONSORING ORGANIZATION INFORMATION**

LEGAL BUSINESS NAME: Michigan Trail Rides Assoc., Inc. TELEPHONE: 989-473-3205  
MAILING ADDRESS: 5806 E. State Rd. Hale MI 48739  
CONTACT NAME: Chris Rayner TELEPHONE: 989-473-3205  
E-MAIL ADDRESS: raynechris@gmail.com CELL PHONE: 719-641-2969

**CONTACT PERSON ON DAY OF EVENT**

CONTACT NAME: Chris Rayner TELEPHONE: 989-473-3205  
E-MAIL ADDRESS: raynechris@gmail.com CELL PHONE: 791-641-2969

**EVENT INFORMATION**

NAME OF EVENT: Sept Ride 2015  
PURPOSE OF EVENT: pariticipants will ride horse to or from Lake Michigan

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

DATE(S): Sept 6, 2015 FROM 6:00  A.M.  P.M. TO 2:00  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: Riders will park rigs at Disc Golf Course and ride Trails End Rd. to Lake Michigan

ESTIMATED NUMBER OF ATTENDEES: 125

WILL YOU UTILIZE SHOWERS:     Yes     No

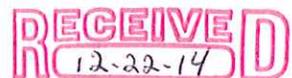
ESTIMATED NUMBER OF VOLUNTEERS: \_\_\_\_\_

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

ESTIMATE DATE/TIME FOR CLEAN-UP: Sept 6, 2015 5:00  A.M.  P.M.

Rec # 8998  
CK # 7937  
\$150 Non Profit

12-22-14  
1



**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): Along Trails End Rd. across Dis Golf Course indicating parking - flags along Trails End Rd to Lake Michigan

Description of signs: White 2' by 4' signs with arrows indicating parking area.

(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





# CERTIFICATE OF LIABILITY INSURANCE

MICH12 OP ID: TC

DATE (MM/DD/YYYY)

12/08/2014

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

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

PRODUCER  
Top O' Michigan Ins-Alpena  
ClientService@TOMIA247.com  
514 N Ripley Blvd  
Alpena, MI 49707-3074

CONTACT NAME:  
PHONE (A/C, No, Ext): 989-356-6133 FAX (A/C, No): 888-686-8664  
E-MAIL ADDRESS:

INSURED Michigan Trail Riders Assoc.  
5806 E State Rd  
Hale, MI 48739

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Diamond State Insurance	42048
INSURER B :	The Travelers Indemnity Co	25658
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		AEL0098127-00	11/01/2014	11/01/2015	EACH OCCURRENCE	\$ 1,000,00
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,00
							MED EXP (Any one person)	\$ 5,00
							PERSONAL & ADV INJURY	\$ 1,000,00
	GENERAL AGGREGATE	\$ 1,000,00						
	PRODUCTS - COMPIOP AGG	\$ 1,000,00						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AU"OS <input type="checkbox"/> NON-OWNED AU"OS						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENT ON \$							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETARY/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	6KUB2E18029 8 14	04/30/2014	04/30/2015	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 100,00
							E.L. DISEASE - EA EMPLOYEE	\$ 100,00
							E.L. DISEASE - POLICY LIMIT	\$ 500,00

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

Horse club

**CERTIFICATE HOLDER**

VILLA09

Village of Mackinaw City  
102 South Huron Ave  
Mackinaw City, MI 49701

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

*Tracy H. Kothier*

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**NOTEPAD**

INSURED'S NAME Michigan Trail Riders Assoc.

MICH12  
OP ID: TC

PAGE 2  
Date 12/08/2014

The Village of Mackinaw City, Its Village Council, Boards and Commissions,  
Citizens, Employees and Agents are additional insured.

2015-SF-022

To Admin. Staff: 1-9-15  
To Council: 2-5-15  
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: St. Ignace Events Committee TELEPHONE: 906-643-6950  
MAILING ADDRESS: 6 Spring Street St. Ignace MI 49781  
CONTACT NAME: Mindy Rutgers TELEPHONE: 906-643-6950  
E-MAIL ADDRESS: Mindyrutgers@stignace.com CELL PHONE: 313-618-6259

**CONTACT PERSON ON DAY OF EVENT**

CONTACT NAME: Mindy Rutgers TELEPHONE: 906-643-6950  
E-MAIL ADDRESS: Mindyrutgers@stignace.com CELL PHONE: 313-618-6259

**EVENT INFORMATION**

NAME OF EVENT: MINI on the Mack  
PURPOSE OF EVENT: Mini Coopers Tour

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

DATE(S): 8/1/15 FROM 8:30am  A.M.  P.M. TO 10am  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: Departing Darrows Gravel Pit and ending in St. Ignace

ESTIMATED NUMBER OF ATTENDEES: estimated 2,000 mini coopers

WILL YOU UTILIZE SHOWERS:     Yes     No

ESTIMATED NUMBER OF VOLUNTEERS: 50 plus

ESTIMATE DATE/TIME FOR SET-UP: 8/1/15 6am  A.M.  P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 8/3/15 2pm  A.M.  P.M.

RECEIVED  
1-6-15

1-22-15 Called 1-21-15  
Talked to l. Message for council mtg.

**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: Will provide when completed

Date and time Parade will start: 8/1/15 8:30  A.M.  P.M.

Date and time Parade will end: 8/1/15 10:00  A.M.  P.M.

**EVENT DETAILS** Will provide when completed

**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 Will provide

Date insurance binder provided: Renewal of insurance is March 2015  
See page 4 for required language naming the Village as an additional insured

WILL FIREWORKS BE APART OF EVENT:  Yes  No

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

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

**"YARD" SIGNS** - Number requested: \_\_\_ (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 <sup>not yet</sup>  
If yes, total number of portable toilets: \_\_\_\_\_ Number of ADA accessible portable toilets: \_\_\_\_\_

If no, explain: Will be arranging in Spring 2015 and will provide

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

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

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

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

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

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

Portable restrooms identified on the site map?  Yes  No

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

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

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

Is this an annual event?  Yes  No

Is this event expected to occur next year?  Yes

How many years has this event occurred? 2013 now in 2015 and every other year

Mindy Rutgers  
Applicant Signature  
Print name of applicant: Mindy Rutgers

12/15/14  
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 \_\_\_\_\_
- TRAFFIC CONES – QUANTITY \_\_\_\_\_
- FENCING  WATER  ELECTRIC
- OTHER \_\_\_\_\_
- BARRICADES – QUANTITY \_\_\_\_\_
- PARKING SIGNS – QUANTITY \_\_\_\_\_
- RESTROOM CLEANING \_\_\_\_\_

SITE MAP APPROVED:  Yes  No

**MACKINAW CITY POLICE DEPARTMENT**

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED?  Yes  No

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

Other (describe): IN @ HERITAGE VILLAGE DRIVE / OUT @ DAWDOW'S DRIVE - SUPPLY TRAFFIC CONTROL @

PARADE ROUTE RECEIVED AND APPROVED:  Yes  No TRAILSEND / HEADLANDS

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





## DARROW BROS. EXCAVATING, INC.

TOP SOIL \* SAND \* GRAVEL \* STONE  
306 EAST ETHERINGTON P. O. BOX 3  
MACKINAW CITY, MI 49701  
(231) 436-5475 - (231) 436-8225 Fax

January 29, 2015

We grant permission for the Saint Ignace Visitors Bureau to use our property located at West Central Ave Mackinaw City MI 49701 for the Mini Cooper event August 1, 2015.

Any questions please do not hesitate to call

A handwritten signature in cursive script, appearing to read 'Katie Darrow', written over a horizontal line.

Katie Darrow  
Darrow Brothers Excavating



STATE OF MICHIGAN  
RICK SNYDER, Governor



# MACKINAC BRIDGE AUTHORITY

N4151-75 ST. IGNACE, MICHIGAN 49781 906-643-7600 FAX: 906-643-7668

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

BARBARA J. ARENS, P.E.  
MATTHEW E. MCLOGAN  
KEVIN CLINTON, TREASURER  
ROBERT J. SWEENEY, P.E.  
EXECUTIVE SECRETARY

January 28, 2015

Ms. Mindy Rutgers  
St. Ignace Area Visitor's Bureau  
6 Spring St.  
St. Ignace, Michigan 49781

Dear Ms. Rutgers:

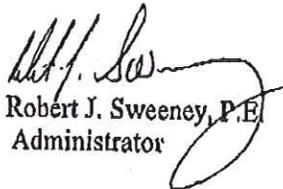
This letter is to confirm the special event sponsored by your organization that involves crossing the Mackinac Bridge. The following event is approved for the year 2015.

## Mini Cooper Crossing - Saturday, August 1, 2015

You agreed to notify the Mackinaw City Police Department and St. Ignace Police Department to assist with traffic control.

We look forward to working with you during this event. If you have any questions, please contact me at 906-643-7600.

Sincerely,

  
Robert J. Sweeney, P.E.  
Administrator

cc: Dean Steiner



January 27, 2015

St. Ignace Visitors Bureau  
Attn: Mindy Rutgers, Director  
6 Spring St.  
St. Ignace, MI 49781

Re: "Mini on the Mack"

This letter is to acknowledge and provide permission to the St. Ignace Visitor's Bureau for the "Mini on the Mack" event, scheduled for August 1, 2015. The City of St. Ignace has given permission to use City streets for the event.

Sincerely,

A handwritten signature in cursive script, appearing to read "Les Therrian", is written over the typed name.

Les Therrian  
City Manager

2015-SE-024

To Admin. Staff: 1-16-15

To Council: 2-5-15

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: Owosso Tractor Parts

TELEPHONE: (989) 729-6567

MAILING ADDRESS: 6990 W M21 Owosso MI 48867

CONTACT NAME: Bob Baumgras

TELEPHONE: (989) 729-6567

E-MAIL ADDRESS: sales@owossotractorparts.com

CELL PHONE: \_\_\_\_\_

**CONTACT PERSON ON DAY OF EVENT**

CONTACT NAME: Bob Baumgras

TELEPHONE: (989) 729-6567

E-MAIL ADDRESS: sales@owossotractorparts.com

CELL PHONE: \_\_\_\_\_

**EVENT INFORMATION**

NAME OF EVENT: Owosso Tractor Parts 2015 Antique Tractor Parade & Show

PURPOSE OF EVENT: tractor parade through Mackinaw City and across Mackinac Bridge

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

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

DATE(S): 9/11/15 FROM 8:30  A.M.  P.M. TO 6:00  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: Darrow's gravel pit, parade through downtown Mackinaw City

ESTIMATED NUMBER OF ATTENDEES: 2000-4000

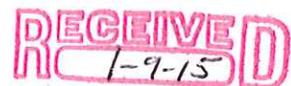
WILL YOU UTILIZE SHOWERS:       Yes       No

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

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

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

1-28-15  
Talked to Mr. Baumgras  
Reminder -



**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: two tractor parades will enter Mackinaw City from W. Central Avel, one turning North onto Nicolet and onto the Mackinac Bridge  
the other turning South on Nicolet to Mackinaw Crossings Dr, then East to S. Huron, then turn West onto E. Central, turn North onto Nicolet, then onto the Bridge

Date and time Parade will start: 9/11/15 8:30  A.M.  P.M.

Date and time Parade will end: 9/11/15 6:00  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: 9/10/15 12PM END: 9/10/15 4PM  
(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): Darrow's gravel pit

Description of signs: signs leading participants to staging area off I-75 exit ramps, signs for parade route  
(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: <sup>8</sup> \_\_\_\_\_ Number of ADA accessible portable toilets: <sup>1</sup> \_\_\_\_\_  
If no, explain: \_\_\_\_\_

Restroom Company Name: Rose's Septic  
Address Street: 4296 Levering Rd  
City: Cheboygan State: MI Zip: 49721

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

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

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

Portable restrooms identified on the site map?  Yes  No

## 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

  
Applicant Signature  
Print name of applicant: Bob Baumgras

12/1/15  
Date

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

[ MB ] DPW    [ MB ] FACILITY SERVICES  
[ MB ] POLICE    [ MB ] FIRE    [ MB ] 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 - ALL - 0800-1200 (TRAFFIC POINTS) + DPW / FD / EMS / WATER

Other (describe): WOULD LIKE TO SEE CHANGE IN ENTRANCE / EXIT

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**

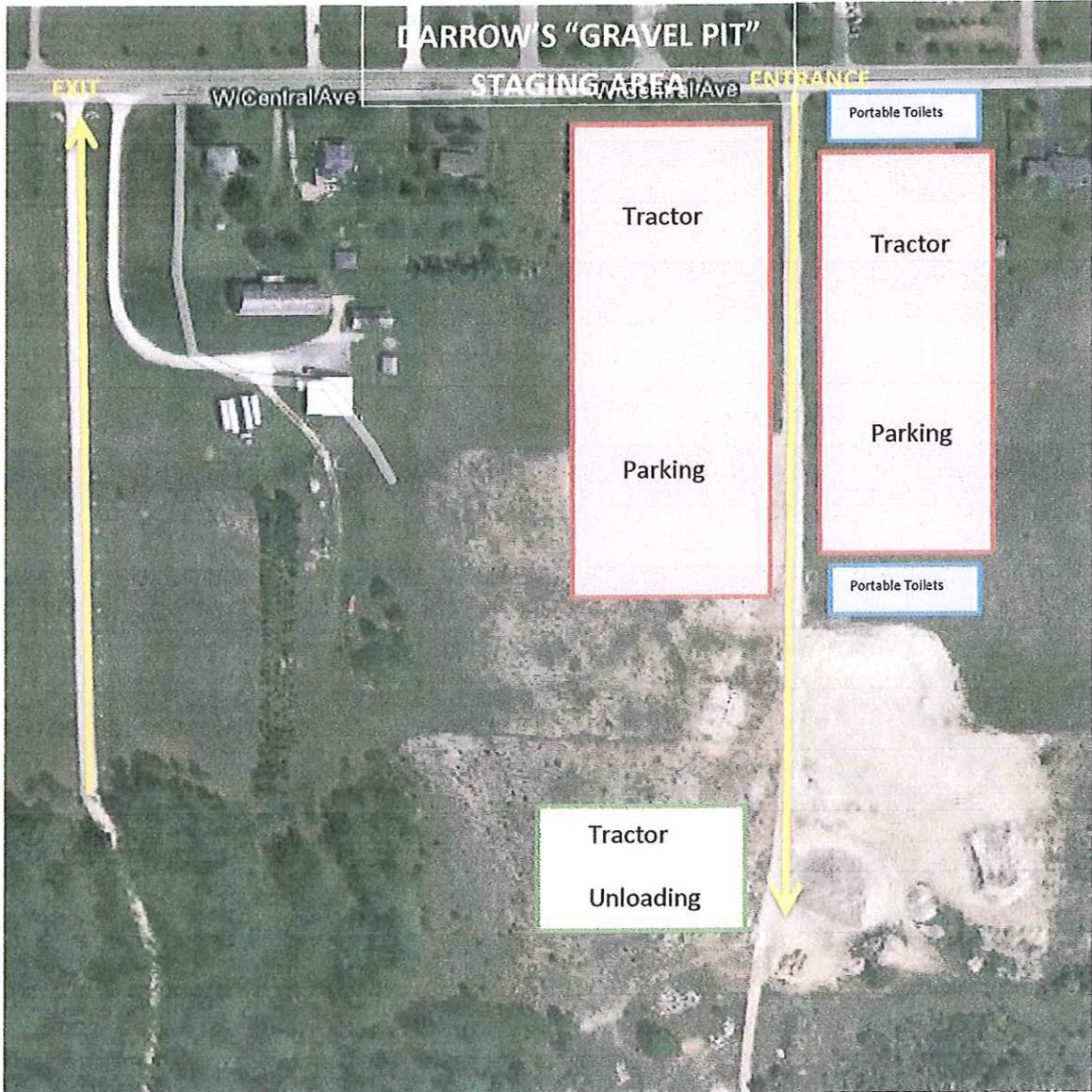
APPROVED

DENIED

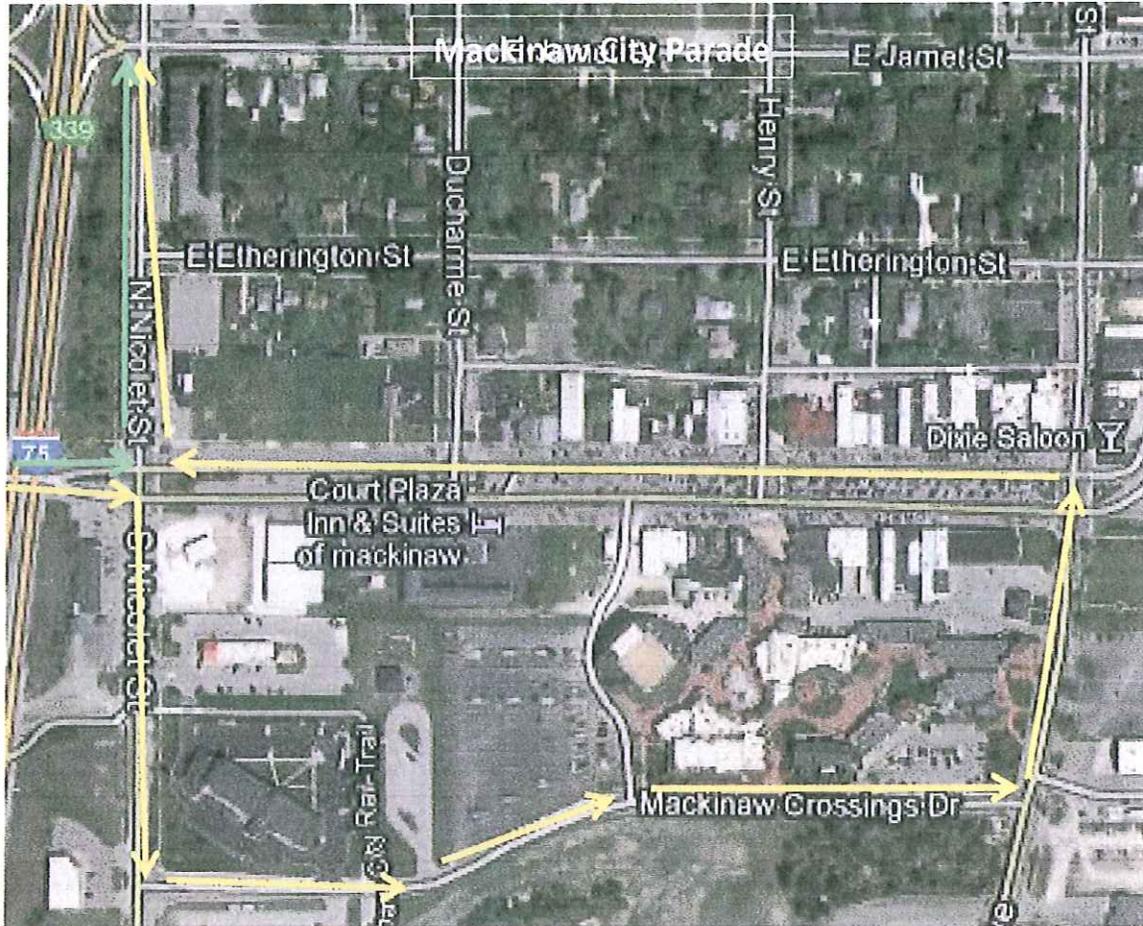
- SHOWERS:  Yes  No  
TABLES:  Yes  No Quantity: \_\_\_\_\_  
CHAIRS:  Yes  No Quantity: \_\_\_\_\_  
CAMPING:  Yes  No (identified on map)  
LONG TERM PARKING:  Yes  No (identified on map)  
PORTABLE RESTROOMS:  Yes  No (identified on map)

SITE MAP APPROVED:  Yes  No

Owosso Tractor Parts Antique Tractor Parade & Show 2015



Owosso Tractor Parts Antique Tractor Parade & Show 2015



**PAYMENT DUE WITHIN 30 DAYS**

QTY	MATERIAL/EQUIPMENT	UNIT PRICE	AMOUNT
	DPW		\$410.00
<b>TOTAL MATERIAL/EQUIPMENT →</b>			<b>\$410</b>

**INVOICE**  
**VILLAGE OF MACKINAW CITY**  
 102 S. HURON AVENUE - P.O. BOX 580  
 MACKINAW CITY, MI 49701  
 PHONE: (231) 436-5351

DATE: 1/21/2015

NAME	Owosso Tractor Parts	<b>SE15-024</b>
ADDRESS	6990 W M-21	
CITY	Owosso, MI 48867	

**SPECIAL EVENT FEES**

QTY	DESCRIPTION	AMOUNT
	Parade Fee	\$500.00
<b>TOTAL SE FEES →</b>		<b>\$500.00</b>

JOB LOCATION	
DESCRIPTION OF WORK:	Owosso Tractor Parade 2015 on September 11, 2015

TIME & LABOR RECORD	WORKMAN/LABOR	DATE	HOURS	RATE	AMOUNT
	Traffic Control	9/11/15	8:30am-?		\$809.00
	DPW fees	9/10/2015	9/11/2015		\$967.50
	<b>TOTAL WORK/LABOR FEES</b>				<b>\$1,776.50</b>

TOTAL MAT/EQUIP	\$410
LABOR	\$1,776.50
Special Event	\$500.00
SEWER EUF	
CEMETERY	
<b>TOTAL</b>	<b>\$2,686.50</b>

SIGNATURE \_\_\_\_\_ DATE COMPLETED \_\_\_\_/\_\_\_\_/\_\_\_\_

**THANK YOU - PAY THIS AMOUNT**



STATE OF MICHIGAN  
RICK SNYDER, Governor



# MACKINAC BRIDGE AUTHORITY

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

WILLIAM H. GNODTKE, CHAIRMAN  
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ROBERT J. SWEENEY, P.E.  
EXECUTIVE SECRETARY

January 28, 2015

Mr. Bob Baumgras  
Owosso Tractor Parts & Equipment  
6990 West M-21  
Owosso, Michigan 48867

Dear Mr. Baumgras:

This letter is to confirm the special event sponsored by your organization that involves crossing the Mackinac Bridge. The following event is approved for the year 2015.

**Antique Tractor Parade – Friday September 11, 2015**

You agreed to notify the Mackinaw City Police Department and St. Ignace Police Department to assist with traffic control.

Mr. Dean Steiner, manager of Bridge Services, is coordinating Mackinac Bridge Authority involvement with your event. We look forward to working with you again. If you have any questions, please contact Mr. Steiner or myself at 906-643-7600.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert J. Sweeney".

Robert J. Sweeney, P.E.  
Administrator

cc: Dean Steiner



## DARROW BROS. EXCAVATING, INC.

TOP SOIL \* SAND \* GRAVEL \* STONE  
306 EAST ETHERINGTON P. O. BOX 3  
MACKINAW CITY, MI 49701  
(231) 436-5475 - (231) 436-8225 Fax

January 29, 2015

This letter is to grant permission for the Owosso Tractor Parade to use our property located on West Central Ave. on September 11 and 12, 2015 for their show.

Any questions please don't hesitate to call.

*Katie Darrow* <sup>SG</sup>

Katie Darrow  
Darrow Brothers Excavating

RECEIVED  
1-29-15



January 29, 2015

St. Ignace Visitors Bureau  
Attn: Mindy Rutgers, Director  
6 Spring St.  
St. Ignace, MI 49781

Re: Tractor Show

This letter is to acknowledge and provide permission to the St. Ignace Visitor's Bureau for the "Tractor Show and Parade" on September 11 & 12. The City of St. Ignace has given permission to use City Streets for the event.

Sincerely,

A handwritten signature in cursive script, appearing to read "Les Therrian", is written over a printed name and title.

Les Therrian  
City Manager

For Council Discussion - Department Heads Did Not Sign off

2015-SE-023

To Admin. Staff: 1-9-15  
To Council: 2-5-15  
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: St. Ignace Events Committee TELEPHONE: 906-643-6950  
MAILING ADDRESS: 6 Spring Street St. Ignace MI 49781  
CONTACT NAME: Mindy Rutgers TELEPHONE: 906-643-6950  
E-MAIL ADDRESS: Mindy.rutgers@stignace.com CELL PHONE: 313-618-6259

**CONTACT PERSON ON DAY OF EVENT**

CONTACT NAME: Mindy Rutgers TELEPHONE: 906-643-6950  
E-MAIL ADDRESS: Mindy.rutgers@stignace.com CELL PHONE: 313-618-6259

**EVENT INFORMATION**

NAME OF EVENT: Trek the mighty Mac  
PURPOSE OF EVENT: ATV tour

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

DATE(S): 10/3/15 FROM 8:30am  A.M.  P.M. TO 11am  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: Departing Darrows Gravel Pit and ending in St. Ignace

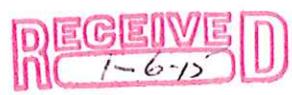
ESTIMATED NUMBER OF ATTENDEES: estimated 1,000 to 5,000 ATV's

WILL YOU UTILIZE SHOWERS:     Yes     No

ESTIMATED NUMBER OF VOLUNTEERS: 50 plus

ESTIMATE DATE/TIME FOR SET-UP: 10/2/15    12pm  A.M.  P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 10/5/15    2pm  A.M.  P.M.



**PARADE PERMIT**

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

POLICE ESCORT NEEDED:  Yes  No

PARADE ROUTE PROVIDED WITH APPLICATION:  Yes  No

PROPOSED ROUTE: Will provide when completed

Date and time Parade will start: 10/3/15 8:30  A.M.  P.M. *estimated*

Date and time Parade will end: 10/3/15 11am  A.M.  P.M. *estimated*

**EVENT DETAILS** will provide when completed

**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: Renewal of Insurance is March 2015 will provide  
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 <sup>not yet</sup>

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

If no, explain: Will be arranging in Spring 2015 and will provide

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? THIS IS THE FIRST year and will be held every year after

Mindy Rutgers  
Applicant Signature  
Print name of applicant: Mindy Rutgers

12/15/14  
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: \_\_\_\_\_  
VILLAGE MANAGER

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

**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): CURRENTLY ON DELAY - UNABLE TO USE DARROW'S W. CENTRAL PIT

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

# Trek the Mighty Mac Mackinaw City Ride Route

As proposed by: St. Ignace Events Committee (01-06-2015)

ATVs Leave Easterly

Turn North at  
Louvigny or  
Marsel/Sinclair

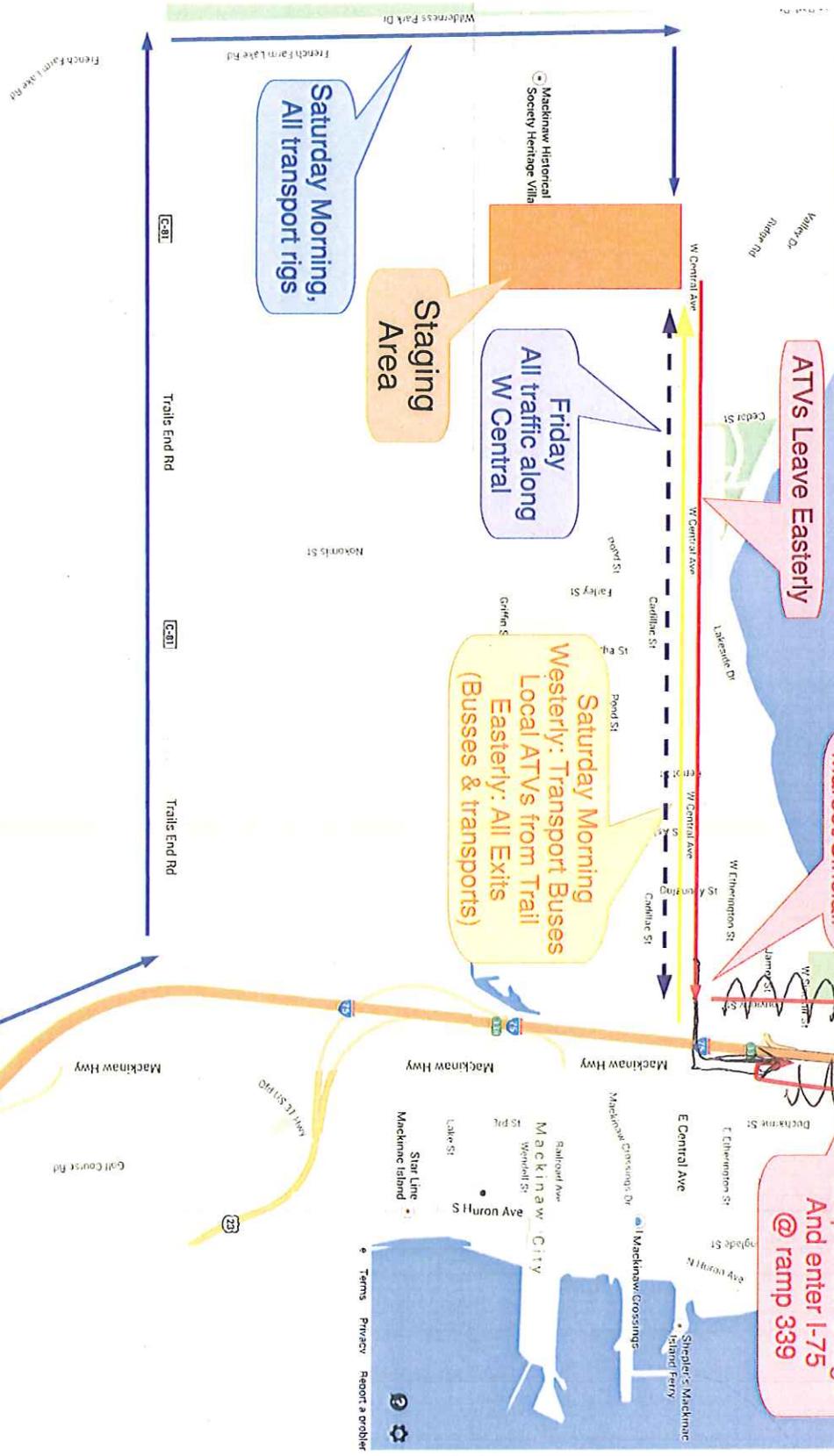
Loop under Bridge  
And enter I-75  
@ ramp 339

Friday  
All traffic along  
W Central

Saturday Morning  
Westerly: Transport Buses  
Local ATVs from Trail  
Easterly: All Exits  
(Buses & transports)

Staging  
Area

Saturday Morning,  
All transport rigs



# **VILLAGE OF MACKINAW CITY**

## **TITLE VI NON-DISCRIMINATION PLAN**

**102 South Huron Avenue  
Mackinaw City, MI 49701**

**Phone: 231-436-5351**

**Fax: 231-436-4166**

**Website: <http://www.mackinawcity.org>**

**Title VI Coordinator:**

**David M. White, Village Manager**

**Email: [dwhite@mackinawcity.org](mailto:dwhite@mackinawcity.org)**

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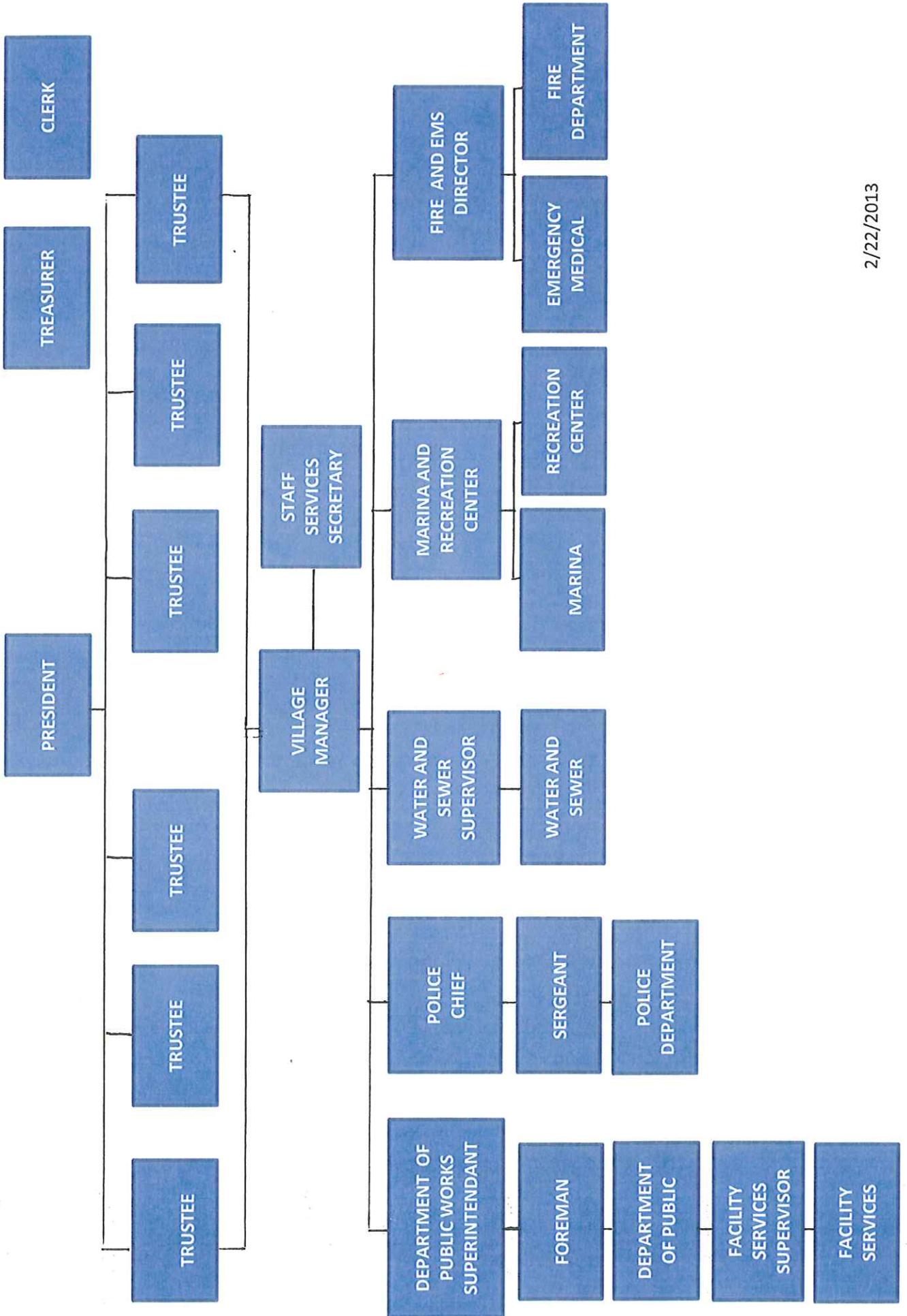
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# VILLAGE OF MACKINAW CITY ORGANIZATIONAL FLOW CHART



## INTRODUCTION

The Village of Mackinaw City is a resort community located on the shores of the Straits of Mackinac at the tip of Michigan's Lower Peninsula. Mackinaw City is a great place to live, work, and visit with beautiful scenic views of the Great Lakes, Mackinac Bridge, and countryside. The Village is host to over 1.2 million visitors each year who enjoy the Village's scenic beauty, retail shops, exciting attractions, marinas, great restaurants, hotels, bed and breakfasts, and campgrounds.

The Village is governed by the General Law Village Act, Public Act No. 3, of 1895, as amended. The Village of Mackinaw City serves all people of the Village, including minority populations, low-income populations, the elderly, persons with disabilities, and those who traverse the state of Michigan. The Village of Mackinaw City recognizes its responsibility to provide fairness and equity in all of its programs, services, and activities, and that it must abide by and enforce federal and state civil rights legislation.

Title VI of the Civil Rights Act of 1964, is the overarching civil rights law which prohibits discrimination based on race, color, or national origin, in any program, service or activity that receives federal assistance. Specifically, Title VI assures that, "No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity receiving federal assistance." Title VI has been broadened by related statutes, regulations and executive orders. Discrimination based on sex is prohibited by Section 324 of the Federal-Aid Highway Act, which is the enabling legislation of the Federal Highway Administration (FHWA). The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 prohibit unfair and inequitable treatment of persons as a result of projects which are undertaken with Federal financial assistance. The Civil Rights Restoration Act of 1987 clarified the intent of Title VI to include all programs and activities of federal-aid recipients and contractors whether those programs and activities are federally funded or not.

In addition to statutory authorities, Executive Order 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations," signed in February of 1994, requires federal agencies to achieve Environmental Justice as part of its mission by identifying disproportionately high and adverse human health or environmental effects of its programs, policies, and activities on minority populations and low-income populations. Environmental Justice initiatives are accomplished by involving the potentially affected public in the development of transportation projects that fit within their communities without sacrificing safety or mobility. In 1997, the U.S. Department of Transportation (USDOT) issued its DOT Order to Address Environmental Justice in Minority Populations and Low-Income Populations to summarize and expand upon the requirements of Executive Order 12898 on Environmental Justice. Also, Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency (LEP)," provides that no person shall be subjected to discrimination on the basis of race, color, or national origin under any program or activity that receives Federal financial assistance.

As a recipient of federal financial assistance, the Village of Mackinaw City must provide access to individuals with limited ability to speak, write, or understand the English language. The Village will not restrict an individual in any way from the enjoyment of any advantage or privilege enjoyed by others receiving any service, financial aid, or other benefit under its programs or projects. Individuals may not be subjected to criteria or methods of administration which cause adverse impact because of their race, color, or national origin, or have the effect of defeating or substantially impairing accomplishment of the objectives of the program because of race, color or national origin. Therefore, the primary goals and objectives of the Village of Mackinaw City's Title VI Program are:

1. To assign roles, responsibilities, and procedures for ensuring compliance with Title VI of the Civil Rights Act of 1964 and related regulations and directives;
2. To ensure that people affected by the Village's programs and projects receive the services, benefits, and opportunities to which they are entitled without regard to race, color, national origin, age, sex, or disability;
3. To prevent discrimination in the Village of Mackinaw City's programs and activities, whether those programs and activities are federally funded or not;
4. To establish procedures for identifying impacts in any program, service, or activity that may create illegal adverse discrimination on any person because of race, color, national origin, age, sex, or disability; or on minority populations, low-income populations, the elderly, and all interested persons and affected Title VI populations;
5. To establish procedures to annually review Title VI compliance within specific program areas within the Village;
6. To set forth procedures for filing and processing complaints by persons who believe they have been subjected to illegal discrimination under Title VI in the Village's services, programs or activities.

As the sub-recipient of federal transportation funds, the Village of Mackinaw City must comply with federal and state laws, and related statutes, to ensure equal access and opportunity to all persons, with respect to transportation services, facilities, activities, and programs, without regard to race, color, national origin, sex, socio-economic status, or geographical location. Every effort will be made to prevent discrimination in any program or activity, whether those programs and activities are federally funded or not, as guaranteed by the Civil Rights Restoration Act of 1987.

The Village of Mackinaw City shall also ensure that their sub-recipients adhere to state and federal law and include in all written agreements or contracts, assurances that the sub-recipient must comply with Title VI and other related statutes. The Village of Mackinaw City, as a sub-recipient who distributes federal transportation funds, shall monitor their sub-recipients for voluntary compliance with Title VI. In the event that non-compliance is discovered, the Village will make a good faith effort to ensure that the sub-recipient corrects any deficiencies arising out

of complaints related to Title VI; and that sub-recipients will proactively gauge the impacts of any program or activity on minority populations and low-income populations, the elderly, persons with disabilities, all interested persons and affected Title VI populations.

## **Discrimination under Title VI**

There are two types of illegal discrimination prohibited under Title VI and its related statutes. One type of discrimination which may or may not be intentional is “disparate treatment.” Disparate treatment is defined as treating similarly situated persons differently because of their race, color, national origin, sex, disability, or age.

The second type of illegal discrimination is “disparate impact.” Disparate impact discrimination occurs when a “neutral procedure or practice” results in fewer services or benefits, or inferior services or benefits, to members of a protected group. With disparate impact, the focus is on the consequences of a decision, policy, or practice rather than the intent.

The Village of Mackinaw City’s efforts to prevent such discrimination must address, but not be limited to, a program’s impacts, access, benefits, participation, treatment, services, contracting opportunities, training, investigation of complaints, allocation of funds, prioritization of projects, and the overarching functions of planning, project development and delivery, right-of-way, construction, and research.

The Village of Mackinaw City has developed this Title VI Plan to assure that services, programs, and activities of the Village are offered, conducted, and administered fairly, without regard to race, color, national origin, sex, age, or disability of the participants or beneficiaries of federally funded programs, services, or activities (see Title VI Assurances).

**VILLAGE OF MACKINAW CITY  
NON-DISCRIMINATION POLICY STATEMENT**

The Village of Mackinaw City reaffirms its policy to allow all individuals the opportunity to participate in federal financially assisted services and adopts the following provision:

“No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” In applying this policy, the Village and its sub-recipients of federal funds shall not:

1. Deny any individual with any service, opportunity, or other benefit for which such individual is otherwise qualified;
2. Provide any individual with any service, or other benefit, which is inferior (in quantity or quality) to, or which is provided in a different manner from that which is provided to others;
3. Subject any individual to segregated or disparate treatment in any manner related to such individual's receipt of services or benefits;
4. Restrict an individual in any way from the enjoyment of services, facilities or any other advantage, privilege or other benefit provided to others;
5. Adopt or use methods of administration, which would limit participation by any group of recipients or subject any individual to discrimination;
6. Address any individual in a manner that denotes inferiority because of race, color, or national origin;
7. Permit discriminatory activity in a facility built in whole or in part with federal funds;
8. Deny any segment of the population the opportunity to participate in the operations of a planning or advisory body that is an integral part of a federally funded program;
9. Fail to provide information in a language other than English to potential or actual beneficiaries who are of limited English speaking ability, when requested and as appropriate;
10. Subject an individual to discriminatory employment practices under any federally funded program whose objective is to provide employment;
11. Locate a facility in any way, which would limit or impede access to a federally-funded service or benefit.

The Village of Mackinaw City will actively pursue the prevention of any Title VI deficiencies or violations and will take the necessary steps to ensure compliance. If irregularities occur in the administration of the program's operation, procedures will be promptly implemented to resolve Title VI issues all within a period not to exceed 90 days.

The Village of Mackinaw City designates David M. White, Interim Village Manager, as the Title VI Coordinator. The Village Manager will be responsible for initiating and monitoring Title VI activities and other required matters, ensuring that the Village of Mackinaw City complies with the Title VI regulations and pursues prevention of Title VI deficiencies or violations. Inquiries concerning the Village of Mackinaw City and Title VI may be directed to the Village Manager, 102 S. Huron Avenue, MI 49701; Phone: 231-436-5351; Fax: 231-436-4166; E-mail: [dwhite@mackinawcity.org](mailto:dwhite@mackinawcity.org).

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Robert Heilman  
Village President

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David M. White  
Interim Village Manager/Title VI Coordinator

## VILLAGE OF MACKINAW CITY TITLE VI ASSURANCES

The Village of Mackinaw City (hereinafter referred to as the "Recipient") hereby agrees that as a condition to receiving any Federal financial assistance from the U.S. Department of Transportation, it will comply with Title VI of the Civil Rights Act of 1964, 78 Stat. 252, 42 USC 2000d-42 USC 2000d-4 (hereinafter referred to as the "Act"), and all requirements imposed by or pursuant to Title 49, Code of Federal Regulations, Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Non-discrimination in Federally-Assisted Programs for the Department of Transportation – Effectuation of Title VI of the Civil Rights Act of 1964 (hereinafter referred to as the "Regulations") and other pertinent directives, to the end that in accordance with the Act, Regulations, and other pertinent directives, no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Recipient received Federal financial assistance from the Department of Transportation, including the Federal Highway Administration, and hereby gives assurances that it will promptly take any measures necessary to effectuate this agreement. This assurance is required by subsection 21.7 (a) (1) and (b) of the Regulations.

More specifically and without limiting the above general assurance, the Recipient hereby gives the following specific assurance with respect to the Federal Aid Highway Program:

1. That the Recipient agrees that each "program" and each "facility" as defined in subsections 21.23(e) and 21.23(b) of the Regulations, will be (with regard to a "program") conducted, or will be (with regard to a "facility") operated in compliance with all requirements imposed by, or pursuant to, the Regulations.
2. That the Recipient shall insert the following notification in all solicitations for bids for work or material subject to the Regulations and made in connection with all Federal Aid Highway Programs and, in adapted form in all proposals for negotiated agreements:

“The (Recipient), in accordance with Title VI of the Civil Rights Act of 1964, 78 Stat. 252, 42 U.S.C 2000d to 2000d-4 and Title 49, Code of Federal Regulations, Department of Transportation, Subtitle A, Office the Secretary, Part 21, Nondiscrimination in Federally assisted programs of the Department of Transportation issued pursuant to such Act, hereby notifies all bidders that it will affirmatively insure that in any contract entered into pursuant to this advertisement, minority business enterprises will be afforded full opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, or national origin in consideration for an award.”

3. That the Recipient shall insert the clauses of Appendix A of this assurance in every contract subject to the Act and the Regulations.
4. That the Recipient shall insert the clauses of Appendix B of this assurance, as a covenant running with the land, in any deed from the United States effecting a transfer of real property, structures, or improvements thereon, or interest therein.
5. That where the Recipient receives Federal financial assistance to construct a facility, or part of a facility, the assurance shall extend to the entire facility and facilities operated in connection therewith.

6. That where the Recipient receives Federal financial assistance in the form, or for the acquisition of real property or an interest in real property, the assurance shall extend to rights to space on, over or under such property.
7. That the Recipient shall include the appropriate clauses set forth in Appendix C of this assurance, as a covenant running with the land, in any future deeds, leases, permits, licenses, and similar agreements entered into by the Recipient with other parties: (a) for the subsequent transfer of real property acquired or improved under the Federal Aid Highway Program; and (b) for the construction or use of or access to space on, over or under real property acquired, or improved under the Federal Aid Highway Program.
8. That this assurance obligates the Recipient for the period during which Federal financial assistance is extended to the program, except where the Federal financial assistance is to provide, or is in the form of, personal property, or real property or interest therein or structures or improvements thereon, in which case the assurance obligates the Recipient or any transferee for the longer of the following periods: (a) the period during which the property is used for a purpose for which the Federal financial assistance is extended, or for another purpose involving the provision of similar services or benefits; or (b) the period during which the Recipient retains ownership or possession of the property.
9. The Recipient shall provide for such methods of administration for the program as are found by the Secretary of Transportation or the official to whom it delegates specific authority to give reasonable guarantee that it, other recipients, sub-grantees, contractors, subcontractors, transferees, successors in interest, and other participants of Federal financial assistance under such program will comply with all requirements imposed or pursuant to the Act, the Regulations and this assurance.
10. The Recipient agrees that the United States has a right to seek judicial enforcement with regard to any matter arising under the Act, the Regulations, and this assurance.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Recipient under the Federal Aid Highway Program and is binding on it, other recipients, sub-grantees, contractors, sub-contractors, transferees, successors in interest and other participants in the Federal Aid Highway Program. The person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Recipient.

Village of Mackinaw City

---

Robert Heilman, Village President

---

Date

## AUTHORITIES

**Title VI of the Civil Rights Act of 1964, 42 USC 2000d to 2000d-4; 42 USC 4601 to 4655; 23 USC 109(h);**

Title VI of the Civil Rights Act of 1964 provides that no person in the United States shall, on the grounds of race, color, or national origin (including Limited English Proficiency), be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving federal financial assistance (please refer to 23 CFR 200.9 and 49 CFR 21). Related statutes have broadened the grounds to include age, sex, low income, and disability.

The Civil Rights Restoration Act of 1987 also broadened the scope of Title VI coverage by expanding the definition of terms “programs or activities” to include all programs or activities of Federal Aid recipients, sub-recipients, and contractors, whether such programs and activities are federally assisted or not (Public Law 100-259 [S. 557] March 22, 1988).

**Federal Aid Highway Act of 1973, 23 USC 324:** No person shall on the ground of sex be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance under this title or carried on under this title.

**Age Discrimination Act of 1975, 42 USC 6101:** No person in the United States shall, on the basis of age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity receiving federal financial assistance.

**Americans With Disabilities Act of 1990 PL 101-336:** No qualified individual with a disability shall, by reason of his/her disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination by a department, agency, special purpose district or other instrumentality of a state or local government.

**Section 504 of the Rehabilitation Act of 1973:** No qualified individual with a disability shall, solely by reason of his/her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity that receives or benefits from federal financial assistance.

**USDOT Order 1050.2:** Standard Title VI Assurances

**EO12250:** Department of Justice Leadership and coordination of Non-discrimination Laws.

**EO12898:** Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations.

**28 CFR 50.3:** Guidelines for the enforcement of Title VI of the Civil Rights Act of 1964.

**EO13166:** Improving Access to Services for Persons with Limited English Proficiency.

## DEFINITIONS

Adverse Effects – The totality of significant individual or cumulative human health or environmental effects including interrelated social and economic effects, which may include, but are not limited to: (See Appendix E for additional discussion of “significant”)

- Bodily impairment, infirmity, illness or death
- Air, noise and water pollution and soil contamination
- Destruction or disruption of man-made or natural resources
- Destruction or diminution of aesthetic values
- Destruction or disruption of community cohesion or community’s economic vitality
- Destruction or disruption of the availability of public and private facilities and services
- Adverse employment effects
- Displacement of person’s businesses, farms or non-profit organizations
- Increased traffic congestion, isolation, exclusion or separation of minority or low-income individuals within a given community or from the broader community
- Denial of, reduction in, or significant delay in the receipt of benefits of the Village programs, policies and activities

Federal Assistance – Includes grants and loans of federal funds; the grant or donation of federal property and interests in property; the detail of federal personnel, federal property or any interest in such property without consideration or at a nominal consideration or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale or lease to the recipient; and any federal agreement, arrangement or other contract which has, as one of its purposes, the provision of assistance.

Limited English Proficiency - Individuals with a primary or home language other than English who must, due to limited fluency in English, communicate in that primary or home language if the individuals are to have an equal opportunity to participate effectively in or benefit from any aid, service or benefit provided by the Village.

Low-Income – A person whose median household income is at or below the Department of Health and Human Service Poverty guidelines (see <http://aspe.hhs.gov/poverty/>).

Low-Income Population – Any readily identifiable group of low-income persons who live in geographic proximity and, if circumstances warrant, geographically dispersed/transient persons (such as migrant workers or Native Americans) who will be similarly affected by a proposed Village program, policy or activity.

Minority – A person who is:

- a. Black – A person having origins in any of the black racial groups of Africa;
- b. Hispanic – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race;
- c. Asian American – A person having origins in any of the original people of the Far East, Southeast Asia, the Indian sub-continent, or the Pacific Islands; or

- d. American Indian and Alaskan Native – A person having origins in any of the original people of North America and who maintains cultural identification through tribal affiliation or community recognition.

Minority Population – Any readily identifiable groups of minority persons who live in geographic proximity and, if circumstances warrant, geographically dispersed/transient persons (such as migrant workers or Native Americans) who will be similarly affected by a proposed Village program, policy or activity.

Non-Compliance – A recipient has failed to meet prescribed requirements and has shown an apparent lack of good faith effort in implementing all the requirements of Title VI and related statutes.

Persons – Where designation of persons by race, color or national origin is required, the following designation ordinarily may be used; “White not of Hispanic origin”, “Black not of Hispanic origin”, “Hispanic”, “Asian or Pacific Islander”, “American Indian or Alaskan Native”. Additional sub-categories based on national origin of primary language spoken may be used, where appropriate, on either a national or a regional basis.

Program – Includes any road or park project including planning or any activity for the provision of services financial aid or other benefits to individuals. This includes education or training, work opportunities, health welfare, rehabilitation, or other services, whether provided directly by the recipient of federal financial assistance or provided by others through contracts or other arrangements with the recipient.

Recipient - Any state, territory, possession, the District of Columbia, Puerto Rico, or any political subdivision, or instrumentality thereof, or any public or private agency, institution, or organization, or other entity, or any individual, in any state, territory, possession, the District of Columbia, or Puerto Rico, to whom Federal assistance is extended, either directly or through another recipient, for any program. Recipient includes any successor, assignee, or transferee thereof, but does not include any ultimate beneficiary under any such program.

Significant Adverse effects on Minority and Low-Income Populations – An adverse effect that:

- a. is predominantly borne by a minority population and/or a low-income population, or
- b. will be suffered by the minority population and/or low-income population and is shown to be appreciably more severe or greater in magnitude than the adverse effect that will be suffered by the non-minority population and/or non-low-income population.

Sub-Recipient – Any agency such as a council of governments, regional planning agency, or educational institution, for example, that received Federal Highway Administration (FHWA) funds through the State DOT and not directly from the FHWA. Other agencies, local governments, contractors, consultants that receive these funds are all considered sub-recipients.

## ADMINISTRATION – GENERAL

The Village of Mackinaw City designates Adam Smith, Village Manager, as the Title VI Coordinator (hereinafter referred to as the “Title VI Coordinator”). Mr. Smith shall have lead responsibility for coordinating the administration of the Title VI and related statutes, programs, plans, and assurances.

Complaints: If any individual believes that he/she or any other program beneficiaries have been the object of unequal treatment or discrimination as to the receipt of benefits and/or service, or on the grounds of race, color, national origin (including Limited English Proficiency), sex, age or disability, he/she may exercise his/her right to file a complaint with the Village. Complaints may be filed with the Title VI Coordinator. Every effort will be made to resolve complaints informally at the lowest level.

Data Collection: Statistical data on race, color, national origin, English language ability and sex of participants in and beneficiaries of the Village programs; e.g., impacted citizens and affected communities will be gathered and maintained by the Village. The gathering procedures will be reviewed annually to ensure sufficiency of the data in meeting the requirements of the Title VI program.

Program Reviews: Special emphasis program reviews will be conducted based on the annual summary of Title VI activities, accomplishments, and problems. The reviews will be conducted by the Title VI Coordinator to assure effectiveness in their compliance of Title VI provisions. The Title VI Coordinator will coordinate efforts to ensure the equal participation in all their programs and activities at all levels. The Village does not have any special emphasis programs at this time.

Title VI Reviews on Sub-Recipients: Title VI compliance reviews will be conducted annually by the Title VI Coordinator. Priority for conducting reviews will be given to those recipients of federal (U.S. Department of Transportation) funds with the greatest potential of impact to those groups covered by the Act. The reviews will entail examination of the recipients’ adherence to all Title VI requirements. The status of each review will be reported in the annual update and reported to relevant U.S. Department of Transportation (USDOT) modes upon request.

Annual Reporting Form: The Title VI Coordinator will be responsible for coordination, compilation, and submission of the annual reporting form data to the Michigan Department of Transportation (MDOT), Civil Rights Program Unit via the Sub-Recipient Annual Certification Form (MDOT form #0179) by October 5<sup>th</sup>.

Title VI Plan Updates: If updated, a copy of Title VI Plan will be submitted to the MDOT, Civil Rights Program Unit, as soon as the update has been completed, or as soon as practicable, and no later than 30 days if significant changes are made.

Public Dissemination: The Village will disseminate Title VI Program information to the Village employees and to the general public. Title VI Program information will be submitted to sub-recipients, contractors and beneficiaries. Public dissemination will include inclusions of Title VI

language in contracts and publishing the Village's Title VI Plan within 90 days of approval on the main page of the Village of Mackinaw City's internet website, at <http://www.mackinawcity.org>.

Remedial Action: The Village, through the Title VI Coordinator, will actively pursue the prevention of Title VI deficiencies and violations and will take the necessary steps to ensure compliance with all program administrative requirements. When deficiencies are found, procedures will be promptly implemented to correct the deficiencies and to put in writing the corrective action(s). The period to determine corrective action(s) and put it/them in writing to effect compliance may not exceed 90 days from the date the deficiencies are found.

## LIMITED ENGLISH PROFICIENCY (LEP)

On August 11, 2000, President William J. Clinton signed an executive order, Executive Order 13166: Improving Access to Service for Persons with Limited English Proficiency<sup>i</sup>, to clarify Title VI of the Civil Rights Act of 1964. It had as its purpose, to ensure accessibility to programs and services to otherwise eligible persons who are not proficient in the English language.

This executive order stated that individuals who do not speak English well and who have a limited ability to read, write and speak, or understand English are entitled to language assistance under Title VI of the Civil Rights Act of 1964 with respect to a particular type of service, benefit, or encounter<sup>ii</sup>. These individuals are referred to as being limited in their ability to speak, read, write, or understand English, hence the designation, "LEP," or Limited English Proficient. The Executive Order states that:

"Each federal agency shall prepare a plan to improve access to its federally conducted programs and activities by eligible LEP persons. Each plan shall be consistent with the standards set forth in the LEP Guidance, and shall include the steps the agency will take to ensure that eligible LEP persons can meaningfully access the agency's programs and activities."

Not only are all federal agencies required to develop LEP plans as a condition of receiving federal financial assistance, recipients have to comply with Title VI and LEP guidelines of the federal agency from which funds are provided as well.

Federal financial assistance includes grants, training, use of equipment, donations of surplus property, and other assistance. Recipients of federal funds range from state and local agencies, to nonprofits and organizations. Title VI covers a recipient's entire program or activity. This means all parts of a recipient's operations are covered, even if only one part of a recipient's organization receives the federal assistance. Simply put, any organization that receives federal financial assistance is required to follow this Executive Order.

The Village of Mackinaw City receives funds from the US Department of Transportation via the Federal Highway Administration.

The US Department of Transportation published *Policy Guidance Concerning Recipients' responsibilities to Limited English Proficient Person* in the December 14<sup>th</sup>, 2005 Federal Register.<sup>iii</sup>

The Guidance implies that the Village of Mackinaw City is an organization that must follow this guidance:

This guidance applies to all DOT funding recipients, which include state departments of transportation, state motor vehicle administrations, airport operators, metropolitan planning organizations, and regional, state, and local transit operators, among many others. Coverage extends to a recipient's entire program or activity, i.e., to all parts of a recipient's operations.

This is true even if only one part of the recipient receives the Federal assistance. For example, if DOT provides assistance to a state department of transportation to rehabilitate a particular highway on the National Highway System, all of the operations of the entire state department of transportation—not just the particular highway program or project—are covered by the DOT guidance.

### **Elements of an Effective LEP Policy**

The US Department of Justice, Civil Rights Division has developed a set of elements that may be helpful in designing an LEP policy or plan. These elements include:

1. Identifying LEP persons who need language assistance
2. Identifying ways in which language assistance will be provided
3. Training Staff
4. Providing notice to LEP persons
5. The recommended method of evaluating accessibility to available transportation services is the Four-Factor Analysis identified by the USDOT.

These recommended plan elements have been incorporated into this plan.

### **Methodology for Assessing Needs and Reasonable Steps for an Effective LEP Policy**

The DOT guidance outlines four factors recipients should apply to the various kinds of contacts they have with the public to assess language needs and decide what reasonable steps they should take to ensure meaningful access for LEP persons:

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by a program, activity, or service of the recipient or grantee.
2. The frequency with which LEP individuals come in contact with the program.
3. The nature and importance of the program, activity, or service provided by the recipient to the LEP Community.
4. The resources available to the Village of Mackinaw City and overall cost.

The greater the number or proportion of eligible LEP persons, the greater the frequency with which they have contact with a program, activity, or service and the greater the importance of that program, activity, or service, the more likely enhanced language services will be needed. The intent of DOT's guidance is to suggest a balance that ensures meaningful access by LEP persons to critical services while not imposing undue burdens on small organizations and local governments.

Smaller recipients with more limited budgets are typically not expected to provide the same level of language service as larger recipients with larger budgets.

The DOT guidance is modeled after the Department of Justice's guidance and requires recipients and sub-recipients to take steps to ensure meaningful access to their programs and activities to

LEP persons. More information for recipients and sub-recipients can be found at <http://www.lep.gov>.

### **The Four-Factor Analysis**

This plan uses the recommended four-factor analysis of an individualized assessment considering the four factors outlined above. Each of the following factors is examined to determine the level and extent of language assistance measures required to sufficiently ensure meaningful access to Village of Mackinaw City services and activities that may affect their quality of life. Recommendations are then based on the results of the analysis.

#### **Factor 1: The Proportion, Numbers and Distribution of LEP Persons**

The Census Bureau has a range for four classifications of how well people speak English. The classifications are: 'very well,' 'well,' 'not well,' and 'not at all.' For our planning purposes, we are considering people that speak English less than 'very well' as Limited English Proficient persons.

As seen in Table #1, the Census 2012 Data for the Village of Mackinaw City shows a small number of the population that speak English less than 'very well.'

**TABLE #1**

<b>LANGUAGE SPOKEN AT HOME</b>	<b># of Individuals</b>	<b>Percentage</b>
Population 5 years and over	782	
English only	767	98.1%
Language other than English	15	1.9%
Speak English less than "very well"	4	0.5%
Spanish	4	0.5%
Speak English less than "very well"	4	0.5%
Other Indo-European languages	11	1.4%
Speak English less than "very well"	0	0.0%
Asian and Pacific Islander languages	0	0.0%
Speak English less than "very well"	0	0.0%
Other languages	0	0.0%
Speak English less than "very well"	0	0.0%

#### **Factor 2: Frequency of Contact with LEP Individuals**

The Village has conducted an informal survey of our employees with regard to whether they have had encounters with LEP individuals in the performance of their job functions and found that they have not had encounters with LEP individuals and we have staff that work in the field that could encounter LEP individuals. Additionally, regular Council meetings are held the first and third Thursday of every month at 7:00 p.m. which would potentially bring LEP individuals

to these meetings. Given the number of LEP individuals, as displayed in Table #1 (above), the probability of our employees to encounter an LEP individual is low.

### **Factor 3: The Nature and Importance of the Program, Activity, or Service to LEP**

The Village of Mackinaw City serves individuals throughout the Village in a variety of ways including managing roads, water, sewer, police, fire, elections, and other services to residents and other individuals, such as visitors and those traversing the state. The nature of the services that the Village provides is very important to an individual's day-to-day life. Therefore the denial of services to an LEP individual could have a significant detrimental effect. Given the number of LEP individuals in the Village, we will ensure accessibility to all of our programs, services, and activities.

### **Factor 4: The Resources Available to the Village of Mackinaw City and Overall Cost**

US Department of Transportation Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficient (LEP) Persons published in the Federal Register: December 14, 2005 (Volume 70, Number 239) states:

*"Certain DOT recipients, such as those serving very few LEP persons or those with very limited resources, may choose not to develop a written LEP plan."*

The Village of Mackinaw City serves very few LEP persons and has very limited resources. However, it has decided to include a LEP section in its Title VI Plan in order to comply with the Executive Order and to ensure access and reasonable accommodations for LEP persons who may be unknown at this time.

### **Safe Harbor Stipulation**

Federal law provides a "Safe Harbor" situation so that recipients can ensure with greater certainty that they comply with their obligation to provide written translations in languages other than English. A "Safe Harbor" means that if a recipient provides written translation in certain circumstances, such action will be considered strong evidence of compliance with the recipient's written-translation obligations under Title VI.

The failure to provide written translations under the circumstances does not mean there is non-compliance, but rather provides a guide for recipients that would like greater certainty of compliance than can be provided by a fact-intensive, four factor analysis. For example, even if a Safe Harbor is not used, if written translation of a certain document(s) would be so burdensome as to defeat the legitimate objectives of its program, it is not necessary. Other ways of providing meaningful access, such as effective oral interpretation of certain vital documents, might be acceptable under such circumstances.

Strong evidence of compliance with the recipient's written translation obligations under "Safe Harbor" includes providing written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons

eligible to be served or likely to be affected or encountered. Translation of other documents, if needed, can be provided orally.

This “Safe Harbor” provision applies to the translation of written documents only. It does not affect the requirement to provide meaningful access to LEP individuals through competent oral interpreters where oral language services are needed and are reasonable.

Given the small number of LEP language group members, the Village of Mackinaw City’s budget and number of staff, it is deemed that written translations of vital documents would be so burdensome as to defeat the legitimate objectives of our programs. It is more appropriate for the Village of Mackinaw City to proceed with oral interpretation options for compliance with LEP regulations.

### **Providing Notice to LEP Persons**

USDOT LEP guidance says:

Once an agency has decided, based on the four factors, that it will provide language service, it is important that the recipient notify LEP persons of services available free of charge. Recipients should provide this notice in languages LEP persons would understand.

The guidance provides several examples of notification including:

1. Signage, in languages that an LEP individual would understand that free language assistance is available with advance notice.
2. Stating in outreach documents that free language services are available from the agency.
3. Working with community-based organizations and other stakeholders to inform LEP individuals of the recipient’s services, including the availability of language assistance services.

Statements in languages that an LEP individual would understand will be placed in public information and public notices informing LEP individuals that those requiring language assistance and/or special accommodations will be provided the requested service free of charge, with reasonable advance notice to the Village of Mackinaw City.

### **Options and Proposed Actions**

#### **Options:**

Federal fund recipients have two (2) main ways to provide language services: oral interpretation either in person or via telephone interpretation service and written translation. The correct mix should be based on what is both necessary and reasonable in light of the four-factor analysis.<sup>iv</sup>

The Village of Mackinaw City is defining an interpreter as a person who translates spoken language orally, as opposed to a translator, who translates written language or who transfers the meaning of written text from one language into another. The person who translates orally is not a translator, but an interpreter.<sup>v</sup>

Considering the relatively small size of the Village, the small number of LEP individuals in the service area, and limited financial resources, it is necessary to limit language aid to the most basic and cost-effective services. However, when requested appropriate assistance will be provided.

**What the Village of Mackinaw City will do. What actions will the Village of Mackinaw City take?**

- Notify the public that interpreter services are available upon request, with seven day advance notice.
- With advance notice of seven calendar days, the Village will provide interpreter services at public meetings, including language translation and signage for the hearing impaired.
- The Village will utilize the *Translators Resource List* as provided by MDOT for translation services and verbal interpretation.
- The Census Bureau “I-speak” Language Identification Card will be distributed to all employees that may potentially encounter LEP individuals.
- Once the LEP individual’s language has been identified, an agency from the *Translators Resource List* will be contacted to provide interpretation services.
- Publications of the Village’s complaint form will be made available online and upon request.
- In the event that a Village employee encounters a LEP individual, they will follow the procedure listed below:

OFFICE ENCOUNTER

1. Provide an I-speak language identification card to determine the language spoken by the LEP individual.
2. Once the foreign language is determined, provide information to Title VI coordinator who will contact an interpreter from MDOT’s *Translators Resource List*.
3. If the need is for a document to be translated, the Title VI coordinator will have the document translated and provided to the requestor as soon as possible.

ROAD ENCOUNTER

1. Road crew employee will immediately contact the Title VI coordinator for assistance, and provide an I-speak language identification card to the LEP individual to determine the language spoken by the individual.

2. Once the foreign language is determined, provide information to Title VI coordinator who will contact an interpreter from MDOT's *Translators Resource List* to provide telephonic interpretation.
3. If the need is for a document to be translated, the Title VI coordinator will have the document translated and provided to the requestor as soon as possible.

#### IN WRITING

1. Once a letter has been received it will be immediately forwarded to the Title VI Coordinator.
2. The Title VI Coordinator will contact a translator from the MDOT's *Translators Resource List* to determine the specifics of the letter request information.
3. The Title VI Coordinator will work with the selected agency to provide the requested service to the individual in a timely manner.

#### OVER THE PHONE

1. If someone calls into our office speaking another language every attempt will be made to keep that individual on the line until an interpreter can be conferenced into the line and if possible determine the language spoken by the caller.
2. Once the language spoken by the caller has been identified, we will proceed with providing the requested assistance to the LEP individual.

#### **The Village of Mackinaw City's Staff Training**

The Village of Mackinaw City's staff will be provided training on the requirements for providing meaningful access to services for LEP persons.

#### **ENVIRONMENTAL JUSTICE (EJ)**

Compliance with Title VI includes ensuring that no minority or low income population suffers "disproportionately high and adverse human health or environmental effect" due to any "programs, policies and activities" undertaken by any agency receiving federal funds. This obligation will be met by the Village in the following ways:

- When planning specific programs or projects, identifying those populations that will be affected by a given program or project.
- If a disproportionate effect is anticipated, follow mitigation procedures.
- If mitigation options do not sufficiently eliminate the disproportionate effect, discussing and, if necessary, implementing reasonable alternatives.

Disproportionate effects are those effects which are appreciably more severe for one group or predominantly borne by a single group. The Village will use U.S. Census data to identify low income and minority populations.

Where a project impacts a small number or area of low income or minority populations, the Village will document that:

- Other reasonable alternatives were evaluated and were eliminated for reasons such as the alternatives impacted a far greater number of people or did greater harm to the environment; etc.
- The project's impact is unavoidable;
- The benefits of the project far out-weigh the overall impacts; and
- Mitigation measures are being taken to reduce the harm to low income or minority populations.

If it is concluded that no minority and/or low income population groups are present in the project area, the Village will document how the conclusion was reached. If it is determined that one or more of these population groups are present in the area, the Village will administer potential disproportionate effects test.

The following steps will be taken to assess the impact of projects on minority and/or low income population groups:

**STEP ONE:** Determine if a minority or low income population is present within the project area. If the conclusion is that no minority and/or low income population is present within the project area, document how the conclusion was reached. If the conclusion is that there are minority population groups and/or low income population groups present, proceed to Step Two.

**STEP TWO:** Determine whether project impacts associated with the identified low income and minority populations are disproportionately high and adverse. In doing so, refer to the list of potential impacts and questions contained in Appendix E. If it is determined that there are disproportionately high and adverse impacts to minority and low income populations, proceed to Step Three.

**STEP THREE:** Propose measures that will avoid, minimize and/or mitigate disproportionately high and disproportionate adverse impacts and provide offsetting benefits and opportunities to enhance communities, neighborhoods and individuals affected by proposed project.

**STEP FOUR:** If after mitigation, enhancements and off-setting benefits to the affected populations, there remains a high and disproportionate adverse impact to minority or low income populations, then the following questions must be considered:

Question 1: Are there further mitigation measures that could be employed to avoid or reduce the adverse effect to the minority or low income population?

Question 2: Are there other additional alternatives to the proposed action that would avoid or reduce the impacts to the low income or minority populations?

Question 3: Considering the overall public interest, is there a substantial need for the project?

Question 4: Will the alternatives that would satisfy the need for the project and have less impact on protected populations (a) have other social economic or environmental impacts that are more severe than those of the proposed action (b) have increased costs of extraordinary magnitude?

**STEP FIVE:** Include all findings, determinations or demonstrations in the environmental document prepared for the project.

## **FILING A TITLE VI COMPLAINT**

### **I. Introduction**

The Title VI complaint procedures are intended to provide aggrieved persons an avenue to raise complaints of discrimination regarding the Village programs, activities, and services as required by statute.

### **II. Purpose**

The purpose of the discrimination complaint procedures is to describe the process used by the Village for processing complaints of discrimination under Title VI of the Civil Rights Act of 1964 and related statutes.

### **III. Roles and Responsibilities**

The Title VI Coordinator has overall responsibility for the discrimination complaint process and procedures. The Title VI Coordinator may, at his/her discretion assign a capable person to investigate the complaint.

The designated investigator will conduct an impartial and objective investigation, collect factual information and prepare a fact-finding report based upon information obtained from the investigation.

### **IV. Filing a Complaint**

The complainant shall make himself/herself reasonably available to the designated investigator, to ensure completion of the investigation within the timeframes set forth.

Applicability: The complaint procedures apply to the beneficiaries of Village programs, activities, and services, including but not limited to: the public, contractors, sub-contractors, consultants, and other sub-recipients of federal and state funds.

Eligibility: Any person who believes that he/she has been excluded from participation in, denied benefits or services of any program or activity administered by the Village or its sub-recipients, consultants, and contractors on the basis of race, color, national origin (including Limited English Proficiency), sex, age or disability may bring forth a complaint of discrimination under Title VI.

Time Limitation on Filing Complaints: Title VI complaints may be filed with the Title VI Coordinator's office. In all situations, the employees of the Village must contact the Title VI Coordinator immediately upon receipt of Title VI related complaints.

Complaints must be filed within 180 days of the alleged discrimination. If the complainant could not reasonably be expected to know that the act was discriminatory within the 180 day period,

he/she will have 60 additional days after becoming aware of the illegal discrimination to file the complaint.

Complaints must be in writing, and must be signed by the complainant and/or the complainant's representative. The complaint must set forth as fully as possible the facts and circumstances surrounding the claimed discrimination. In cases where the complainant is unable or incapable of providing a written statement, the complainant will be assisted in converting the verbal complaint into a written complaint. All complaints, however, must be signed by the complainant and/or by the complainant's representative.

Items that should not be considered a formal complaint: (unless the items contain a signed cover letter specifically alleging a violation of Title VI) include but are not limited to:

1. An anonymous complaint that is too vague to obtain required information
2. Inquiries seeking advice or information
3. Courtesy copies of court pleadings
4. Newspaper articles
5. Courtesy copies of internal grievances

## **V. Investigation**

Investigation Plan: The investigator shall prepare a written plan, which includes, but is not limited to the following:

- Names of the complainant(s) and respondent(s)
- Basis for complaint
- Issues, events or circumstances that caused the person to believe that he/she has been discriminated against
- Information needed to address the issue
- Criteria, sources necessary to obtain the information
- Identification of key people
- Estimated investigation time line
- Remedy sought by the complainant(s)

Conducting the Investigation:

- The investigation will address only those issues relevant to the allegations in the complaint.
- Confidentiality will be maintained as much as possible.
- Interviews will be conducted to obtain facts and evidence regarding the allegations in the complaint. The investigator will ask questions to elicit information about aspects of the case.
- A chronological contact sheet is maintained in the case file throughout the investigation.
- If a Title VI complaint is received on a MDOT related contract against the Village of Mackinaw City, MDOT will be responsible for conducting the investigation of the complaint. Upon receipt of a Title VI complaint filed against the Village of Mackinaw City, the complaint and any pertinent information should immediately be forwarded to the MDOT, Civil Rights Program Unit.

### Investigation Reporting Process:

- Complaints made against a Village of Mackinaw City sub-recipient should be investigated by the Village following the internal complaint process.
- Within 40 days of receiving the complaint, the investigator prepares an investigative report and submits the report and supporting documentation to the office of Adam Smith for review.
- The Title VI Coordinator reviews the file and investigative report. Subsequent to the review, the Title VI Coordinator makes a determination of “probable cause” or “no probable cause” and prepares the decision letter.

### Retaliation:

The laws enforced by this Village prohibit retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint please contact:

David M. White, Interim Village Manager  
102 South Huron Avenue  
Mackinaw City, MI 49701  
Phone: 231-436-5351  
Fax: 231-436-4166  
Email: [dwhite@mackinawcity.org](mailto:dwhite@mackinawcity.org)

### **Reporting Requirements to an External Agency**

A copy of the complaint, together with a copy of the investigation report and final decision letter will be forwarded to the MDOT, Civil Rights Program Unit within 60 days of the date the complaint was received.

### **Records**

All records and investigative working files are maintained in a confidential area. Records are kept for three years.

**APPENDIX A - [TO BE INSERTED IN ALL FEDERAL-AID CONTRACTS]**

During the performance of this contract, the contractor, for itself, its assignees and successors in interest (hereinafter referred to as the “contractor”) agrees, as follows:

1. **Compliance with Regulations:** The contractor shall comply with Regulations relative to nondiscrimination in Federally-assisted programs of the Department of Transportation, Title 49, Code of Federal Regulations, Part 21, as they may be amended from time to time (hereinafter referred to as the Regulations), which are herein incorporated by reference and made a part of this contract.
2. **Nondiscrimination:** The contractor, with regard to the work performed by it during the contract, shall not discriminate on the grounds of race, color, sex, or national origin in the selection, retention, and treatment of subcontractors, including procurements of materials in the discrimination prohibited by Section 21.5 of the Regulation, including employment practices when the contractor covers a program set for in Appendix B of the Regulations.
3. **Solicitation for Subcontracts, Including Procurements of Materials and Equipment:** In all solicitations either by competitive bidding or negotiation made by the contractor for work to be performed under a subcontract, including procurements of materials or leases of equipment, each potential subcontractor or supplier shall be notified by the contractor of the contractor’s obligations under the contract and the Regulations relative to nondiscrimination on the grounds of race, color, or national origin.
4. **Information and Reports:** The contractor shall provide all information and reports required by the Regulations, or directives issues pursuant thereto, and shall permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the State Highway Department or the Federal Highway Administration to be pertinent to ascertain compliance with such Regulations or directives. Where any information required of a contractor is in the exclusive possession of another who fails or refuses to furnish this information, the contractor shall so certify to the State Highway Department or the Federal Highway Administration, as appropriate, and shall set forth what efforts it has made to obtain the information.
5. **Sanctions for Noncompliance:** In the event the contractor’s noncompliance with the nondiscrimination provisions of this contract, the State Highway Department shall impose such contract sanctions as it or the Federal Highway Administration may determine to be appropriate, including, but not limited to:
  - a. Withholding payments to the contractor under the contract until the contractor complies and/or

b. Cancellation, termination or suspension of the contract, in whole or in part.

6. **Incorporation of Provisions:** The contractor shall include provisions of paragraphs (1) through (6) in every subcontract, including procurement of material and leases of equipment, unless exempt by the Regulations, or directives issued pursuant thereto. The contractor shall take such action with respect to any subcontract or procurement as the State Highway Department or the Federal Highway Administration may direct as a means of enforcing such provisions including sanctions for noncompliance: provided, however, that, in the event a contractor becomes involved in, or is threatened with, litigation with a subcontractor or supplier as a result of such direction, the contractor may request the State Highway Department to enter into such litigation to protect the interests of the State, and, in addition, the contractor may request the United States to enter into such litigation to protect the interests of the United States.

## APPENDIX B - TRANSFER OF PROPERTY

The following clauses shall be included in any and all deeds effecting or recording the transfer of real property, structures or improvements thereon, or interest therein from the United States.

### (GRANTING CLAUSE)

NOW THEREFORE, the Department of Transportation, as authorized by law, and upon the condition that the State of Michigan, will accept title to the lands and maintain the project constructed thereon, in accordance with Title 23, United States Code, the Regulations for the Administration of the Department of Transportation and, also in accordance with and in compliance with all requirements imposed by or pursuant to Title 49, Code of Federal Regulations, Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally-assisted programs of the Department of Transportation (hereinafter referred to as the Regulations) pertaining to and effectuating the provisions of Title VI of the Civil Rights Act of 1964 (78 Stat. 252; 42 U.S.C. 2000d to 2000d-4) does hereby remise, release, quitclaim and convey unto the State of Michigan all the right, title and interest of the Department of Transportation in and to said lands described Exhibit "A" attached hereto and made a part hereof.

### (HABENDUM CLAUSE)\*

TO HAVE AND TO HOLD said lands and interests therein unto the State of Michigan, and its successors forever, subject, however, the covenant, conditions, restrictions and reservations herein contained as follows, which will remain in effect for the period during which the real property or structures are used for a purpose for which Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits and shall be binding on the State of Michigan, its successors and assigns.

The State of Michigan, in consideration of the conveyance of said lands and interests in lands, does hereby covenant and agree as a covenant running with the land for itself, its successors and assigns, that (1) no person shall on the grounds of race, color, national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination with regard to any facility located wholly or in part, on, over, or under such lands hereby conveyed (,) (and)\*(2) that the State of Michigan shall use the lands and interests in lands so conveyed, in compliance with all requirements imposed by or pursuant to Title 49, Code of Federal Regulations, Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally-assisted programs of the Department of Transportation – Effectuation of Title VI of the Civil Rights Act of 1964, and as said Regulations may be amended (,) and (3) that in the event of breach of any of the above-mentioned nondiscrimination conditions, the Department shall have a right to re-enter said lands and facilities on said land, and

the above described land and facilities shall thereon revert to and vest in and become the absolute property of the Department of Transportation and its assigns as such interest existed prior to this deed.

\*Reverter clause and related language to be used only when it is determined that such a clause is necessary in order to effectuate the purpose of Title VI of the Civil Rights Act of 1964.

## APPENDIX C - PERMITS, LEASES AND LICENSES

The following clauses shall be included in all deeds, licenses, leases, permits, or similar instruments entered into by the Michigan Department of Transportation, pursuant to the provisions of Assurance 7(a).

The grantee, licensee, lessee, permittee, etc., (as appropriate) for himself, his heirs, personal representative, successors in interest, and assigns, as a part of the consideration hereof, does hereby covenant and agree (in the case of deeds and leases, add, "as a covenant running with the land") that in the event facilities are constructed, maintained, or otherwise operated on the said property described in this (deed, license, lease, permit, etc.) for a purpose for which a Department of Transportation program or activity is extended or for another purpose involving the provision of similar services or benefits, the (grantee, licensee, lessee, permittee, etc.) shall remain and operate such facilities and services in compliance with all other requirements imposed pursuant to Title 49, Code of Federal Regulations, Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally-assisted programs of the Department of Transportation – Effectuation of Title VI of the Civil Rights Act of 1964, and as said Regulations may be amended.

(Include in licenses, leases, permits, etc.)\*

That in the event of breach of any of the above nondiscrimination covenants, the Michigan Department of Transportation shall have the right to terminate the license, lease, permit, etc., and to re-enter and repossess said land and the facilities thereon, and hold the same as if said license, lease, permit, etc., had never been made or issued.

(Include in deeds)\*

That in the event of breach of any of the above nondiscrimination covenants, the Michigan Department of Transportation shall have the right to re-enter lands and facilities hereon, and the above described lands and facilities shall thereupon revert to and vest in and become the absolute property of the State of Michigan Department of Transportation and its assigns.

\*Reverter clause and related language to be used only when it is determined that such a clause is necessary in order to effectuate the purpose of the Title VI of the Civil Rights Act of 1964 and the Civil Rights Act of 1987.

**APPENDIX D - TITLE VI COMPLAINT FORM**

**VILLAGE OF MACKINAW CITY  
TITLE VI COMPLAINT FORM**

Title VI of the Civil Rights Act of 1964 states that "No person in the United States shall on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefit of, or otherwise be subjected to discrimination in any program, service, or activity receiving federal assistance."

This form may be used to file a complaint with the Village of Mackinaw City based on violations of Title VI of the Civil Rights Act of 1964. You are not required to use this form; a letter that provides the same information may be submitted to file your complaint. **Complaints should be filed within 180 days of the alleged discrimination. If you could not reasonably be expected to know the act was discriminatory within 180 day period, you have 60 days after you became aware to file your complaint.**

*If you need assistance completing this form, please contact David M. White by phone at 231-436-5351 or via e-mail at [dwhite@mackinawcity.org](mailto:dwhite@mackinawcity.org).*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Individual(s) discriminated against, if different than above (use additional pages, if needed).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Please explain your relationship with the individual(s) indicated above: \_\_\_\_\_

Name of agency and department or program that discriminated:

Agency or department name: \_\_\_\_\_

Name of individual (if known): \_\_\_\_\_

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

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

Date(s) of alleged discrimination:

Date discrimination began \_\_\_\_\_ Last or most recent date \_\_\_\_\_

**ALLEGED DISCRIMINATION:**

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you by others by the agency or department indicated above, please indicate below the basis on which you believe these discriminatory actions were taken.

\_\_\_ Race

\_\_\_ Income

\_\_\_ Color

\_\_\_ National Origin

\_\_\_ Age

\_\_\_ Sex

\_\_\_ Disability

\_\_\_ Religion

Explain: Please explain as clearly as possible what happened. Provide the name(s) of witness(es) and others involved in the alleged discrimination. (Attach additional sheets, if necessary, and provide a copy of written material pertaining to your case).

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to:** David M. White, Interim Village Manager, 102 S. Huron Avenue, MI 49701; Phone: 231-436-5351; Fax: 231-436-4166; E-mail: [dwhite@mackinawcity.org](mailto:dwhite@mackinawcity.org).

*Note: The Village of Mackinaw City prohibits retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by policies of the Village. Please inform the person listed above if you feel you were intimidated or experience perceived retaliation in relation to filing this complaint.*

## APPENDIX E - DETERMINE/DISTINGUISH SIGNIFICANT/NON-SIGNIFICANT EFFECTS

“Significant” requires considerations of both context and intensity:

- (a) *Context.* This means that the significance of an action must be analyzed in several contexts such as society as a whole (human, nation), the affected region, the affected interests, and the locality. Significance varies with the setting of the proposed action. For instance, in the case of a site-specific action, significance would usually depend upon the effects in the local area rather than in the world as a whole. Both short-and long-term effects are relevant.
- (b) *Intensity.* This refers to the severity of impact. Responsible officials must bear in mind that more than one agency may make decisions about partial aspects of a major action. The following should be considered in evaluating intensity:
  - (1) Impacts that may be both beneficial and adverse. A significant effect may exist even if, on balance, the effect would be beneficial.

“Non-significant effect” means no substantial change to an environmental component and this has no material bearing on the decision-making process.

Scientific, technical, institutional, the public’s value, and the local economic conditions influence the meaning of significant effect.

If an alternative would provide a beneficial effect, then the alternative would cause no significant adverse effect. If an alternative would provide an adverse effect, the effect might be significant or the effect might be non-significant.

Determinations of “significant” and “non-significant” effects will be made by the Village Manager.

## APPENDIX F - PROGRAM COMPLIANCE/PROGRAM REVIEW GOALS FOR CURRENT PLAN YEAR

1. The Village of Mackinaw City's Title VI Plan will be communicated to each Village Department Head who will review the plan with departmental employees. All Village of Mackinaw City employees will be trained or made aware of the Title VI and LEP policies and complaint procedures.
2. The Village of Mackinaw City's Title VI Plan will be published on the main page of the Village's website <http://www.mackinawcity.org/>, within 90 days of approval.
3. Appendix A will be included in all Village contracts as outlined in the Title VI Plan.
4. The language in Number 2 of the Village of Mackinaw City's Title VI Assurances will be included in all solicitations for bids for work or material subject to the Regulations and in all proposals for negotiated agreements.
5. The procedure(s) for responding to individuals with Limited English Proficiency will be implemented.
6. A review of Village facilities will be conducted in reference to compliance with the American Disabilities Act.
7. The following data will be collected and reviewed by the Title VI Coordinator and included, where appropriate, in the annual report submitted to MDOT.
  - a. **Boards and Commissions:** The number of vacancies; how vacancies are advertised and filled; the number of applicants; the representation of minorities will be evaluated.
  - b. **Public Meetings:** The number of open meetings; how meeting dates and times are communicated to the general public and to individuals directly affected by the meeting.
  - c. **Construction Projects:** The number of construction projects and minority contractors bidding and the number selected; verification that Title VI language was included in bids and contracts for each project.
  - d. **LEP Needs:** The number of requests for language assistance that were requested or required; the outcome of these requests.
  - e. **Complaints:** The number of Title VI complaints received; nature of the complaints; resolution of the complaints.
  - f. **Timeliness of Services:** The number of requests for services; amount of time from request to when service was delivered; number of requests denied.
  - g. **Right of Way/Eminent Domain:** The number of such actions and diversity of individual(s) affected.
  - h. **Program Participants:** Racial data of program participants where possible.

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<sup>i</sup> The executive order verbatim can be found online at <http://www.usdoj.gov/crt/cor/Pubs/eolep.htm>.

<sup>ii</sup> Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficient (LEP) Persons. Federal Register: December 14, 2005 (Volume 70, Number 239)

<sup>iii</sup> The DOT has also posted an abbreviated version of this guidance on their website at <http://www.dotcr.ost.dot.gov/asp/lep.asp>.

<sup>iv</sup> <http://www.dotcr.ost.dot.gov/asp/lep/asp>

<sup>v</sup> Department of Justice Final LEP Guidelines, Federal Register June 18, 2002-Vol. 67-Number 117.