

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

7:00 PM

March 05, 2015

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

- I. Roll Call**
- II. Pledge of Allegiance**
- III. Agenda Approval**
- IV. Correction and Approval of Minutes-Regular Meeting January 19, 2015**
- V. Public Comments**
- VI. Communication/Petitions**
- VII. Manager Report**
- VIII. President's Report/Department Reports
Letter and Request from Rep. Chatfield**
- IX. Committee Reports:
A. Ordinance and Policy Sub Committee Report-Trustee Michalak Chair**
- X. Old Business: None**
- XI. New Business:
A. Amendment to Site Plan Section of the Zoning Ordinance-Legal Fees
B. Planning Commission Appointment
C. Audit RFP Results
D. Special Event Applications (4)
 - 1. 2015-SE-026 MAVB Zoo De Mack Finish Line Party
 - 2. 2015-SE-027 MAVB Memorial Weekend Fireworks
 - 3. 2015-SE-028 MAVB Fall Colors Fireworks
 - 4. 2015-SE-030 Sheplers Inc. Win-Some Women
 - 5. 2015-SE-029 Sheplers Inc. Miss Margy Paint and Finish
E. Transportation Applications (2)-Mackinac Old Time Trolley
F. DNR Trailhead Directional Sign for Trail System
G. Resolution to establish the nonrefundable application fee;
H. Right-of-way permit application
I. Right-of-Way permit
J. Draft letter to property owners**
- XII. Scheduling of Committee Meetings
Council and Planning Commission Joint Meeting Discussion**
- XIII. Accounts Payable**
- IX. Adjourn**

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

UNAPPROVED
MINUTES REGULAR COUNCIL MEETING
MACKINAW CITY

7:00 P.M.

February 19, 2015

- I. **Roll Call**
President Robert R. Heilman called the meeting to order and with the following Trustees present – Tom Chastain, Scott Newman, Belinda Mollen, Robert Glenn, Paul Michalak. Absent, unexcused-Trustee Richard Perlick. Also present, David White-Interim Manager, Lana Jaggi-Clerk, Patricia Peppler-Treasurer
Department Heads Present:
Patrick Wyman-Chief of Police
Fred Thompson Jr.-Fire Chief/Zoning Director
Pat Rivera-Waste Water Superintendent
Mike Karll-DPW Superintendent
- II. **Pledge of Allegiance**
- III. **Agenda Approval**
Motion Glenn seconded Chastain to approve the agenda as presented. Voice vote motion carried unanimously.
- IV. **Correction and Approval of Minutes**
Motion Chastain seconded Glenn to approve the minutes of public hearing, regular and closed session meetings of January 05, 2015 and closed session meetings of January 11, 2015 with corrections as mentioned. Voice vote motion carried unanimously.
- V. **Public Comments-None**
- VI. **Communication/Petitions**
Letter from IMMM Board-Cost Guard Cutter Mackinaw
- VII. **Manager Report**
Report as submitted.
Motion Chastain seconded Glenn to go into partnership with the Icebreaker Mackinaw Maritime Museum, Inc. to relocate the icebreaker to the State Dock Fishing Pier. Voice vote motion carried unanimously.
- VIII. **President's Report/Department Head Reports**
President Proclamation-Social Host Awareness Month April 2015
Department Head Reports as submitted
- IX. **Committee Reports-None**

UNAPPROVED

**MINUTES REGULAR COUNCIL MEETING
MACKINAW CITY**

7:00 P.M.

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X. Old Business:

A. 911 Tower Lease Agreement

Motion Michalak seconded Newman to approve the 911 tower lease agreement between the Village and CCE Central Dispatch Authority. Yeas - Mollen, Newman, Chastain, Heilman, Glenn, Michalak. Absent-Perlick Motion carried.

XI. New Business:

A. Emmet County, EMS Building Presentation as submitted

B. Agreement-Village and Fort Michilimackinac Pageant, Inc.

Motion Newman seconded Mollen to approve the agreement between the Village and the Fort Michilimackinac Pageant Co. for 2015. Yeas - Newman, Chastain, Heilman, Glenn, Michalak, Mollen. Absent-Perlick. Motion carried.

C. Agreement -Village and Mackinaw Memorial Parade, Inc.

Motion Newman seconded Mollen to approve the agreement between the Village and the Mackinaw Memorial Parade, Inc for 2015. Yeas - Chastain, Heilman, Glenn, Michalak, Mollen, Newman. Absent-Perlick. Motion carried.

D. Resolution-Moratorium on the Issuance of Permits or Approvals for PUDs

Motion Newman seconded Glenn to waive the reading of the resolution for a moratorium of PUD's. Voice vote motion carried unanimously.

Motion Michalak seconded Glenn to approve the resolution of moratorium on the issuance of permits or approvals for PUD's. Yeas - Heilman, Glenn, Michalak, Mollen, Newman, Chastain. Absent-Perlick. Motion carried.

E. Public Transportation License Applications (2) Mackinaw Trolley Company

Motion Newman seconded Mollen to approve two transportation license renewal applications from the Mackinaw Trolley Company.

Voice vote: Ayes-5 Abstain-1 Absent-1 Motion carried.

XII. Scheduling of Committee Meetings

Ordinance and Policy-February 27, 2015 at 3:00 pm

- 1. Watercraft Docking/Storage**
- 2. Truck Traffic Ordinance**

UNAPPROVED

**MINUTES REGULAR COUNCIL MEETING
MACKINAW CITY**

7:00 P.M.

February 19, 2015

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Adjournment: 8:05 PM

Respectfully submitted,

Robert R. Heilman; President

Lana Jaggi; Clerk



107TH DISTRICT
STATE CAPITOL
P.O. BOX 30014
LANSING, MI 48909-7514
PHONE: (517) 373-2629
FAX: (517) 373-8429
E-MAIL: leechatfield@house.mi.gov

MICHIGAN HOUSE OF REPRESENTATIVES

LEE CHATFIELD
STATE REPRESENTATIVE

COMMITTEES:
LOCAL GOVERNMENT, CHAIR
EDUCATION
HEALTH POLICY
TAX POLICY

February 20, 2015

President Robert Heilman
Mackinaw City Village Board of Trustees
P.O. Box 580
Mackinaw City, MI 49701

Dear President Heilman,

Thank you for your service to our local communities and for your hard work in ensuring that Northern Michigan is a great place to live and raise a family.

As Chairman of the House committee on Local Government, I wanted to extend an invitation to schedule a roundtable discussion with members of the Mackinaw City Village Board of Trustees. Since I am in Lansing three days a week, I am often unable to attend the regularly scheduled meetings, but I am eager to listen and learn about the specific challenges facing our local communities and better understand your proposed solutions.

Because local government touches on every part of our community, it is my honor to preside over this committee, and my goal is to ensure that taxpayers are provided with responsible local governments that operate with accountability and transparency.

In order to be effective on your behalf and create thoughtful policy in Lansing, I want to keep an open line of communication. I hope you take me up on my offer, and if you contact my office, we will schedule a meeting soon.

Again, thank you very much for your public service. I am looking forward to sitting down with you soon and discussing solutions to the challenges we face.

Respectfully,

Representative Lee Chatfield

PLEASE REACH OUT ANYTIME,
ROBERT. THANK YOU FOR ALL
THAT YOU DO.

Your FRIEND,

LEE

To: Mackinaw City Council
From: David M. White, Interim Village Manager
Date: February 27, 2015
Re: Manager Report for March 5, 2015, Council Meeting

XI. New Business:

A. Amendment to Site Plan Section of the Zoning Ordinance-Legal Fees

This proposed ordinance amendment would amend the current site plan review process to allow for the cost of legal review to be passed on to the applicant as part of site plan review costs. The current ordinance allows only for engineering costs to be passed on to the applicant.

B. Planning Commission Appointment- President Heilman will be presenting this item.

C. Audit RFP Results On February 25, 2015 the Village received RFP's from Audit Firms to conduct the Village audit for the just completed fiscal year and the two following. In your packet is a tabulation of the RFP's received. The Finance committee has scheduled a meeting for March 3rd at 3:30pm to review the RFP's and make a recommendation to the Council. Last year the Village paid \$25,000 for Audit services. Please let me know if you have any questions.

D. Special Event Applications

- 1. 2015-SE-026 MAVB Zoo De Mack Finish Line Party** This is an annual request from the Visitor's bureau for the Zoo De Mack finish line party. The request has been reviewed by staff and there are no changes from last year's event. I would recommend approval of this application.
- 2. 2015-SE-027 MAVB Memorial Weekend Fireworks** This is also an annual request that has been reviewed by staff with no change from last year. I would recommend approval of this application.
- 3. 2015-SE-028 MAVB Fall Colors Fireworks** An annual request that has been reviewed by staff with no changes from last year. I would recommend approval of this request.

4. **2015-SE-030 Sheplers Inc. Win-Some Women** Once again an annual event request. The staff has reviewed and has no issues, I would recommend approval of this request.
5. **2015-SE-029 Sheplers Inc. Miss Margy Paint and Finish** This is a new application from Sheplers Inc. for the placement of a temporary tent with windows for the painting and fitting out of their new boat the Miss Margy. The plans that call for the placement of the boat and enclosure have been reviewed by staff and they have no issues with this request. The tent will be temporary from May 1 2015 to July 11 2015. I would recommend approval of this request.

E. Transportation Applications (2) Mackinaw Old Time Trolley There are two requests from Mackinaw Old Time Trolley for Public Transportation Licenses. The staff has reviewed the applications and have no issues with the request, I would recommend approval of these requests.

F. Trailhead Directional Sign for Trail System For the Council consideration is a grant agreement between the DNR and the Village of Mackinaw City for \$3,500 for the upgrade of new directional signage on the trails in the Village. There is no Village match for the grant but the budget may need to be amended as this is a reimbursable grant. The trails signage has needed to be upgraded for a few years. I would ask for Council approval of this grant agreement.

G. Resolution to establish the nonrefundable application fee, This resolution will establish an application fee for the just adopted Right-of-way Permits that the Village will be issuing.

H. Right-of-way permit application For Council approval is the proposed permit application for the recently adopted right-of-way ordinance. The Village Attorney will be present to answer any questions Council members may have.

I. Right-of-Way permit and J Draft letter to property owners These are the last two items for Council approval regarding the Right-of-way ordinance. I or City Attorney would be happy to answer any questions Council members may have.

COMMITTEE REPORT

COMMITTEE: Ordinance and Policy DATE: February 27, 2015

AGENDA ITEMS: Watercraft/Trailer Docking & Storage Ordinance Revision;
Truck Traffic Ordinance Amendments;
Rezoning Proposal - Short Term Rental

PRESENT: Newman, Michalak, White, Thompson, Lane, Karl ABSENT: Perlick

PUBLIC ATTENDEES: _____

REPORT:

- 1.) Reviewed Final Draft of the Proposed Amendments to Sections 19.101 thru 19.105 and the Addition Section 19.106 of the Truck Traffic Ordinance
- 2.) Reviewed Additions to Part 35 of the Village's Compiled Code to Prohibit Docking and Storage of Watercraft, Vehicles, etc. on Village Property
- 3.) Reviewed Permit Documentation Associated with the Ordinances Identified Above
- 4.) Discussed Short Term Rental Proposal within Village Limits as an Aspect of the Village Zoning Ordinance.

COMMITTEE DATABASE SUMMARY INFORMATION

<u>ITEM</u>	<u>STATUS/RECOMMENDATION</u>
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- | | |
|-----|---|
| 1.) | <u>Committee Recommends Submission of Amended Truck Traffic Ordinance with Identified Revisions to the Village Council for Consideration.</u> |
| 2.) | <u>Committee Recommends Submission of Amended Docking and Storage on Village Property Ordinance with Identified Revisions to Village Council for Consideration.</u> |
| 3.) | <u>Legal/Staff to Provide Appropriate Resolutions Associated with the Above Identified Ordinances for Village Council Action.</u> |
| 4.) | <u>Committee Recommends Waiving Permit Application Fee, for a Limited Timeframe, Associated with Recently Enacted ROW Ordinance for Currently Existing ROW Matters.</u> |
| 5.) | <u>Committee Recommends No Additional Consideration or Action on Proposed Short Term Rental Capability.</u> |

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

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

ORDINANCE NO. 138

AN ORDINANCE TO AMEND SECTION 4-117 OF THE VILLAGE OF MACKINAW CITY ZONING ORDINANCE TO INCLUDE LEGAL ANALYSIS AS PART OF SITE PLAN PROFESSIONAL REVIEW

The Village of Mackinaw City ordains:

Sec. 1. Amendment of Compiled Code. Section 4-117 of the Village of Mackinaw City Zoning Ordinance (Zoning Ordinance #138) is amended to read as follows:

Sec. 4-117 Site Plan Review and Approval.

A. Purpose. A site plan review procedure is hereby established for the Village of Mackinaw City. The purpose of a site plan review is to determine compliance with the provisions set forth herein and to promote the orderly development of the Village, the stability of land values and investments in the general welfare, and to help prevent impairment or depreciation of land values and development by the erection of structures or additions or alterations thereto without proper attention to placement and appearance.

The following provisions in this section shall apply to all uses requiring site plan review by this Ordinance, including multiple family developments, mobile home parks, commercial developments, industrial developments, institutional developments, and all uses requiring a special use permit and variances. Approved plans shall regulate the development on the premises, unless modified in the same manner as the plans were originally approved. Variance requests shall be accompanied by three (3) copies of a clearly dimensioned and scaled drawing detailing the nature of the variance request. Variance requests for non-commercial uses need not comply with Sections 4-117C and 4-117D. Expansion of existing structures less than three hundred (300) sq. ft. and/or parking areas less than ten (10) spaces shall be reviewed as follows:

1. Applicant shall apply for a zoning permit as outlined within Article XXIV, Section 109 of this Ordinance.
2. Plan review shall be conducted by the Zoning Administrator or Community Development Director.
3. Approval or denial shall be based on the provisions as set forth within this Ordinance and all amendments.

Expansion of existing structures less than three hundred (300) sq. feet and parking areas less than ten (10) spaces taking place less than five (5) years apart on the same parcel shall be subject to formal Site Plan approval as based on the provisions set forth herein.

B. Submission Requirements. All Site Plans, as required by this Ordinance, shall be submitted to the Village with enough copies for each Planning Commissioner and Village Trustee. The Village Zoning Administrator shall adhere to the following procedures in the review of the Site Plan:

1. For variance requests, the site plan shall be reviewed by both the Planning Commission and Zoning Board of Appeals with the decision made by the Zoning Board of Appeals.
2. All other site plan reviews shall use the following procedures:

a. Professional review, including, but not limited to, review by approved architect, ~~—or—~~engineer or attorney, as may be required by the Zoning Administrator. The cost of review will be passed along to the applicant. No zoning permit will be issued until this fee is paid.

b. The Planning Commission shall review the Site Plan at its next regularly scheduled meeting. One (1) copy of the initial draft of the site plan and a property survey by a registered surveyor must be submitted to the Village by the first day of the month in order to be on the Planning Commission's agenda for that regular monthly meeting. If the first day of the month falls on a weekend or holiday, the site plan shall be submitted the next regular business day. The Planning Commission may elect to postpone a decision on a pending Site Plan to the next regularly scheduled meeting if the Site Plan is determined to be incomplete.

c. The Planning Commission shall recommend to Village Council for their final decision, with specified changes and/or conditions, or disapprove the applicant's request, using the standards described in Section 4-117E of this Ordinance.

d. Conditions or changes stipulated by the Planning Commission shall be recorded in the minutes of the meeting and made available to the applicant in writing. The sealed copy of the approved site plan shall contain the approval date and signature of the Zoning Administrator.

e. Of the copies submitted, one (1) shall be retained by the Zoning Administrator's office and one (1) returned to the applicant.

C. The following information shall accompany all Site Plans submitted for review:

1. A legal description of the property under consideration, including the Property Tax Identification number.
2. A map indicating the gross land area of the development, the present zoning classification thereof and the zoning classification and land use of the area surrounding the proposed development, including the location of structures and other improvements.
3. The names and addresses of the architect, planner, designer, or engineer responsible for the preparation of the Site Plan.
4. Drawings or sketches of the exterior and elevations, and/or perspective drawings of the building or structures under consideration.

D. The following information shall be included on the Site Plan:

1. A scale of not less than one inch equaling forty feet (1" = 40'), if the subject property is less than three (3) acres; and, one inch equaling one hundred feet (1" = 100'), if it is three (3) acres or more.
2. Date, north point and scale.
3. The dimensions of all lot and property lines, showing the relationship of the subject property to abutting properties.
4. The placement of all structures on the subject property and abutting properties.
5. The location of each proposed structure in the development area, the use or uses to be contained therein, the number of stories, gross building areas, distances between structures and lot lines, setback lines, and approximate location of vehicular entrances and loading points.

6. Location and descriptions of all exterior luminaries, including aiming angles. Descriptions should include the glare reduction/control devices and drawings of luminaries and its mounting devices.
7. The location of all existing and proposed drives and parking areas with the number of parking and/or loading spaces provided.
8. All pedestrian walks, malls and open areas.
9. Location and height of all walls, fences and screen planting, including a general plan for the landscaping of the development and the method by which landscaping is to be accomplished and maintained. (Plant materials shall be chosen and installed in accordance with standards recommended by the County Cooperative Extension Service or American Nursery Association). Landscaping plans are not required in Site Plan reviews of businesses in the B4 district.
10. The location and right-of-way widths of all abutting streets.
11. A site construction and improvement timeline that includes specific development benchmarks from the commencement of construction through completion.
12. Types of surfacing, such as paving, turfing or gravel to be used at the various locations.
13. A ten (10) year storm event study shall be provided for each development based on Michigan Department of Transportation and American Association of State Highway Transportation Officials Standards (MDOT and AASHTO). A grading plan with topographic elevations of the area shall also be provided.
14. Size and location of proposed sewer and water lines and connections.
15. The number of proposed units (or multiple family developments).
16. Significant environmental features such as wetlands, shoreline, streams, wood lots, existing trees and vegetation.
17. Information as may be required by the Planning Commission and Village Council to assist in the consideration of the proposed development.
18. Site Plans must contain the registered seal of a professional architect, planner, landscape architect or engineer responsible for the certification of the Site Plan.

E. In order that building, open space and landscaping will be in harmony with other structures and improvements in the area, and to assure that no undesirable health, safety, noise and traffic conditions will result from the development, the Planning Commission shall determine whether the Site Plan meets the following criteria, unless the Planning Commission determines that one (1) or more of such criteria are inapplicable:

1. The vehicular transportation system shall provide for circulation throughout the site and for efficient ingress and egress to all parts of the site by fire and safety equipment.
2. Pedestrian walkways shall be provided as deemed necessary by the Planning Commission for separating pedestrian and vehicular traffic.
3. Recreation and open space areas shall be provided in all multiple family residential developments.
4. The Site Plan shall indicate compliance with the district requirements for minimum floor space, height of building, lot size, yard space, density and all other requirements,

including applicable special use requirements, as set forth in the Village of Mackinaw City Zoning Ordinance, unless otherwise provided.

5. The requirements for fencing, walks, and other protective barriers shall be complied with as provided in the Zoning Ordinance of the Village of Mackinaw City and as deemed appropriate by the Planning Commission.

6. Adequate storage space shall be provided for the use therein.

7. Security measures shall be provided as deemed necessary by the Police Chief for resident protection in all multiple family residential developments.

8. Fire protection measures shall be provided as deemed necessary by the Fire Chief in conformance with all applicable laws of the State of Michigan for the protection of residents and/or occupants of the structures.

F. The Site Plan and the site construction and improvement timeline shall be reviewed by the Planning Commission and other appropriate bodies as heretofore designated with a recommendation for its approval or disapproval and any conditions the Planning Commission or other appropriate bodies feel should be imposed.

G. The Village Council shall have the function and power to approve or disapprove the Site Plan and/or site construction and improvement timeline subject to compliance with such modifications and conditions as may be deemed necessary to carry out the purpose of these regulations and other Ordinances or resolutions of the Village.

H. The Village Council shall have the function and power to request additional professional review from the Village Attorney, Engineering Consultant and/or Planning Consultant, and the applicant or permittee shall be responsible for any and all charges incurred therefor.

I. The permittee shall be responsible for maintaining compliance with the requirements of this Section 4-117 and this Ordinance. The Zoning Permit may be revoked in any case where the conditions of such permit have not been or are not being complied with, in which case the Village Council shall give the permittee notice of intention to revoke such permit at least ten (10) days prior to review of the permit by the Village Council. After conclusion of such review the Village Council may revoke such permit if it feels that a violation in fact exists and has not been remedied prior to such hearing.

J. Except where an extension is granted by the Village Council after a recommendation from the Planning Commission due to an unforeseen circumstance which shall not include economic changes or financial hardships, all approved Site Plans not in compliance with the site construction and improvement timeline required by Section 4-117 D 11 above shall be valid no longer than one (1) year from the date that the Site Plan is approved by the Village Council. For those Site Plans approved prior to the adoption of the amendments to this Section 4-117 requiring the submission of a site construction and improvement timeline, such Site Plan approvals shall be valid no longer than one (1) year from the effective date of such amendment unless an extension is granted by the Village Council after a recommendation from the Planning Commission.

K. **Fee.** A fee for initial Site Plan review under this Section 4-117, and for any subsequent site changes and/or approval extension requests, may be imposed by the Village in an amount set from time to time by resolution of the Village Council.

L. **Site Change.** Any structure, use, or field change added subsequent to the initial Site Plan approval must be approved by the Village Council after recommendation from the Village Planning Commission. Incidental and minor variations of the approved Site Plan with the written approval of the Zoning Administrator shall not invalidate prior site plan approval.

M. Phased Construction. Where phases or staged construction is contemplated for the development of a project, the Site Plan submitted must show the inter-relationship of the proposed project to the future stages, including the following:

1. Relationship and identification of future structures, roadways, drainage, water, and sewer.
2. Pedestrian and vehicular circulation.
3. Time schedule for completion of the various phases of the proposed construction.
4. Temporary facilities or construction of same as required to facilitate the stated development.

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

Yeas: Trustees _____

Nays: Trustees _____

Abstain: Trustees _____

Absent: Trustees _____

Ordinance declared adopted.

Robert Heilman, Village President

Lana Jaggi, Clerk

CERTIFICATION

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

_____, 2015

Lana Jaggi, Clerk

PC Review: December 11, 2014
PC Recommend: Denial, December 11, 2014
Introduced: _____, 2015
Adopted: _____, 2015
Published: _____, 2015
Effective: _____, 2015

February 26, 2015

AUDIT RFP RESULTS

Rehmann	Basic Financial Audit	F65, PA-51	Total	Single Audit
2014-15	\$15,000	\$900	\$15,900	\$2,500
2115-16	\$16,000	\$950	\$16,900	\$2,500
2016-17	\$17,000	\$1,000	\$18,000	\$2,500

Garbridge & Co.	Basic Financial Audit	F65, PA-51	Total	Single Audit
2014015	\$12,110 NTE	Included	\$12,110	\$2,000
2015-16	\$12,300 NTE	Included	\$12,300	\$2,000
2016-17	\$12,500 NTE	Included	\$12,500	\$2,000
Use of Becky Jacques preparing some reported relied on.				

Abraham & Gaffeny	Basic Financial Audit	F65, PA-51	Total	Single Audit
2014-15	\$18,200	Included	\$18,200	\$2,000
2015-16	\$18,800	Included	\$18,800	\$2,000
2016-17	\$19,400	Included	\$19,400	\$2,000

Berthianne	Basic Financial Audit	F65, PA-51	Total	Single Audit
2104-15	\$11,200	Included	\$11,200	\$ 2,900
2015-16	\$11,400	Included	\$11,400	\$ 2,900
2016-17	\$11,600	Included	\$11,600	\$2,900

Douglas Wohlberg, CPA	Basic Financial Audit	F65, PA-51	Total	Single Audit
2104-15	\$14,000	Included	\$14,000	NA
2015-16	\$14,400	Included	\$14,400	NA
2016-17	\$14,800	Included	\$14,800	NA

Baird Cotter& Bishop	Basic Financial Audit	F65, PA-51	Total	Single Audit
2014-15	\$29,500	Included	\$29,500	\$1,500
2015-16	\$30,385	Included	\$30,385	\$1,500
2016-17	\$31,300	Included	\$31,300	\$1,500

Anderson Tackman Basic Financial Audit		F65, PA-51	Total	Single Audit
2014-15	\$12,000	Included	\$12,000	\$1,500
2015-16	\$12,000	Included	\$12,000	\$1,500
2016-17	\$12,000	Included	\$12,000	\$1,500

To Admin. Staff: 1-30-15
To Council: 3-5-15
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: Mackinaw Area Visitors Bureau TELEPHONE: 231-436-5664
MAILING ADDRESS: 10800 W US 23 HWY
CONTACT NAME: Debra Spence TELEPHONE: 231-436-5664
E-MAIL ADDRESS: deb@mackinawcity.com CELL PHONE: 231-420-8862

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Debra Spence TELEPHONE: 231-420-8862
E-MAIL ADDRESS: deb@mackinawcity.com CELL PHONE: 231-420-8862

EVENT INFORMATION

NAME OF EVENT: Zoo-De-Mack Finish Line Party
PURPOSE OF EVENT: Keep people in Mackinaw City

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

DATE(S): May 16, 2015 FROM 12:00 A.M. P.M. TO 9:00 A.M. P.M.

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

EVENT LOCATION: Open field area behind Starbucks / Lot next to Mackinaw Bay Trading

ESTIMATED NUMBER OF ATTENDEES: 3500

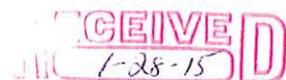
WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 0

ESTIMATE DATE/TIME FOR SET-UP: May 15, 2015 11:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: May 17, 2015 11:00 A.M. P.M.

*Food Service License
Liquor Control*



PARADE PERMIT

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

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: _____

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

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

EVENT DETAILS

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

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

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes No

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: 12:00 p.m. END: 9:00 p.m.
(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: Orange snow fence surrounding event.

Security at entrance

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: 4 (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): The finish line blow up will be placed in the field area behind Stabucks

Description of signs: Finish Line blow up
(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?:

- | | |
|--|---|
| <input type="checkbox"/> BOOTHS – QUANTITY _____ | <input checked="" type="checkbox"/> TENTS – QUANTITY <u>2</u> |
| Size _____ | <input checked="" type="checkbox"/> CHAIRS – QUANTITY <u>300</u> |
| <input type="checkbox"/> AWNINGS – QUANTITY _____ | <input checked="" type="checkbox"/> TABLES – QUANTITY <u>15</u> |

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: 5 Number of ADA accessible portable toilets: 1

If no, explain: _____

Restroom Company Name: Rose's Septic Service

Address Street: 4296 Levering Road

City: Cheboygan State: MI Zip: 49721

Telephone Day: 231-627-3662 Evening: _____ Fax: _____ Cell: _____

Equipment set up: Date: May 15, 2015 Time: 11:00 a.m.

Equipment pick up: Date: May 17, 2015 Time: 11:00 a.m.

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? ⁶ _____

Debra Spence
Applicant Signature
Print name of applicant: Debra Spence

1/5/2015
Date

VILLAGE USE ONLY – Department representative please initial if approved

DPW FACILITY SERVICES
 POLICE FIRE [] [REDACTED]
 RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____
VILLAGE MANAGER

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

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

Yes No

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

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

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

Yes No

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

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): IF AVAILABLE CAN ASSIST TRAIL/NICOLET CROSSING IF NEEDED

PARADE ROUTE RECEIVED AND APPROVED: Yes No

POLICE ESCORT NEEDED: Yes No LIQUOR APPLICATION RECEIVED AND REVIEWED: Yes
 No NEED LCC PERMIT

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

To Admin. Staff: 1-30-15
To Council: 3-5-15
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: Mackinaw Area Visitors Bureau TELEPHONE: 231-436-5664
MAILING ADDRESS: 10800 W. US 23
CONTACT NAME: Deb Spence TELEPHONE: 231-436-5664
E-MAIL ADDRESS: deb@mackinawcity.com CELL PHONE: 231-420-8862

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Deb Spence TELEPHONE: 231-436-5664
E-MAIL ADDRESS: deb@mackinawcity.com CELL PHONE: 231-420-8862

EVENT INFORMATION

NAME OF EVENT: Memorial Weekend Fireworks

PURPOSE OF EVENT: _____

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

DATE(S): 5/23/2015 FROM dusk A.M. P.M. TO _____ A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.

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

EVENT LOCATION: State Dock

ESTIMATED NUMBER OF ATTENDEES: _____

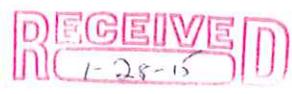
WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: _____

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

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

*Fireworks permit ?
Ambulance on sight ??*



PARADE PERMIT

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

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: _____

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

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

EVENT DETAILS

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

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

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes No

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

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

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

Yes No Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No

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

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

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No

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

WILL FIREWORKS BE APART OF EVENT: Yes No

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

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

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

SIGNAGE AT EVENT SITE - Location(s): _____

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

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

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

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

If yes, from date _____ to ending date: _____

Long term parking identified on the site map? Yes No

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

Name of Facility where camping: _____

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

Camp sites identified on the site map? Yes No

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

BOOTHS – QUANTITY _____

Size _____

TENTS – QUANTITY _____

CHAIRS – QUANTITY _____

AWNINGS – QUANTITY _____

TABLES – QUANTITY _____

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

PORTABLE RESTROOMS/TOILETS

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

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

If no, explain: _____

Restroom Company Name: _____

Address Street: _____

City: _____ State: _____ Zip: _____

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

Equipment set up: Date: _____ Time: _____

Equipment pick up: Date: _____ Time: _____

Portable restrooms identified on the site map? Yes No

APPLICATION CHECK LIST

A = Applicant V = Village

A

V

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

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

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

DEBRA SPENCE

Digitally signed by DEBRA SPENCE
DN: cn=DEBRA SPENCE, o=MACKINAW AREA VISITORS BUREAU, ou=EXECUTIVE DIRECTOR,
email=DEB@MACKINAWCITY.COM, c=US
Date: 2015.01.05 11:55:42 -0500

01/05/2015

Applicant Signature

Date

Print name of applicant: Debra Spence

VILLAGE USE ONLY – Department representative please initial if approved

[*MS*] DPW [*MS*] FACILITY SERVICES
[*psw*] POLICE [*psw*] FIRE [] [REDACTED]
[] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____

DATE: _____

VILLAGE MANAGER

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

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

Yes No

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

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

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

Yes No

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

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

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

SITE MAP APPROVED: Yes No

MACKINAW CITY FIRE DEPARTMENT

APPROVED

DENIED

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

Street closure date/time: ____/____/____ A.M. P.M.

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

SITE MAP APPROVED: Yes No

RECREATION DEPARTMENT

APPROVED

DENIED

SHOWERS: Yes No

TABLES: Yes No

Quantity: _____

CHAIRS: Yes No

Quantity: _____

CAMPING: Yes No

(identified on map)

LONG TERM PARKING: Yes No

(identified on map)

PORTABLE RESTROOMS: Yes No

(identified on map)

SITE MAP APPROVED: Yes No

2015-SE-028

To Admin. Staff: 1-30-15

To Council: 3-5-15

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: Mackinaw Area Visitors Bureau

TELEPHONE: 231-436-5664

MAILING ADDRESS: 10800 W. US 23

CONTACT NAME: Deb Spence

TELEPHONE: 231-436-5664

E-MAIL ADDRESS: deb@mackinawcity.com

CELL PHONE: 231-420-8862

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Deb Spence

TELEPHONE: 231-436-5664

E-MAIL ADDRESS: deb@mackinawcity.com

CELL PHONE: 231-420-8862

EVENT INFORMATION

NAME OF EVENT: Fall Colors Fireworks

PURPOSE OF EVENT: _____

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

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

DATE(S): 10/10/2015 FROM 9:30 A.M. P.M. TO _____ A.M. P.M.

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

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

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

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

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

EVENT LOCATION: State Dock

ESTIMATED NUMBER OF ATTENDEES: _____

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: _____

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

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

*Fireworks permit?
Ambulance on sight?*



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

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

SIGNAGE AT EVENT SITE - Location(s): _____

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

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

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

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

If yes, from date _____ to ending date: _____

Long term parking identified on the site map? Yes No

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

Name of Facility where camping: _____

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

Camp sites identified on the site map? Yes No

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

BOOTHS – QUANTITY _____

Size _____

TENTS – QUANTITY _____

CHAIRS – QUANTITY _____

AWNINGS – QUANTITY _____

TABLES – QUANTITY _____

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

PORTABLE RESTROOMS/TOILETS

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

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

If no, explain: _____

Restroom Company Name: _____

Address Street: _____

City: _____ State: _____ Zip: _____

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

Equipment set up: Date: _____ Time: _____

Equipment pick up: Date: _____ Time: _____

Portable restrooms identified on the site map? Yes No

APPLICATION CHECK LIST

A = Applicant V = Village

A

V

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

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

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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? _____

DEBRA SPENCE

Digitally signed by DEBRA SPENCE
DN: cn=DEBRA SPENCE, o=MACKINAW AREA VISITORS BUREAU, ou=EXECUTIVE DIRECTOR,
email=DEB@MACKINAWCITY.COM, c=US
Date: 2015.01.05 11:05:42 -0500

01/05/2015

Applicant Signature

Date

Print name of applicant: Debra Spence

VILLAGE USE ONLY – Department representative please initial if approved

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

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____

DATE: _____

VILLAGE MANAGER

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

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

Yes No

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

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

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

Yes No

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

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

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

SITE MAP APPROVED: Yes No

MACKINAW CITY FIRE DEPARTMENT

APPROVED

DENIED

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

Street closure date/time: ____/____/____ A.M. P.M.

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

SITE MAP APPROVED: Yes No

RECREATION DEPARTMENT

APPROVED

DENIED

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

SITE MAP APPROVED: Yes No

2015-SE-030

To Admin. Staff: 2-2015
To Council: 3-5-15
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: Shepler's, Inc.

TELEPHONE: 436-5023

MAILING ADDRESS: PO BOX 250

CONTACT NAME: Chris Shepler

TELEPHONE: 436-5023

E-MAIL ADDRESS: CHRIS@SHEPLERSFERRY.COM

CELL PHONE: _____

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Chris Shepler

TELEPHONE: 436-5023

E-MAIL ADDRESS: same as above

CELL PHONE: _____

EVENT INFORMATION

NAME OF EVENT: Win-Some Women Conference

PURPOSE OF EVENT: Parking & luggage for Win-Some Women Conference

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

DATE(S): May 12-15, 2015 FROM 7 A.M. P.M. TO 5 A.M. P.M.

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

RAIN DATE(S): OCT. 20-23, 2015 FROM 7 A.M. P.M. TO 5 A.M. P.M.

EVENT LOCATION: "Depot Lot" corner of Nicolet & Mackinaw Crossings Dr

ESTIMATED NUMBER OF ATTENDEES: 3000

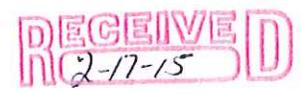
WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 0

ESTIMATE DATE/TIME FOR SET-UP: 5/12/15 2:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 5/16/15 8:00 A.M. P.M.

Set-up: 10/20/15 2:00 p.m.
Clean-up: 10/24/15 8:00 a.m.



Need proof of Ins.

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): Huron @ Mackinaw Crossings Dr. & Nicolet @ Mackinaw Crossings Dr.

Description of signs: A-Frame signs "Winsome Women parking"
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

Nicolet St. right across from Exit 338 4'x5' Banner Attached to cutren bill board
VENDOR PARKING: Have you made arrangement for vendor parking? Yes No

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 3 - 20'x30' each

CHAIRS - QUANTITY _____

AWNINGS - QUANTITY _____

TABLES - QUANTITY _____

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

PORTABLE RESTROOMS/TOILETS

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

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

If no, explain: _____

Restroom Company Name: _____

Address Street: _____

City: _____ State: _____ Zip: _____

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

Equipment set up: Date: _____ Time: _____

Equipment pick up: Date: _____ Time: _____

Portable restrooms identified on the site map? Yes No

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

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

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

Is this an annual event? Yes No
Is this event expected to occur next year? Yes No
How many years has this event occurred? 4

May & October

Christopher B. Stepler

Applicant Signature

Print name of applicant: Christopher B. Stepler

2-12-15

Date

VILLAGE USE ONLY – Department representative please initial if approved

[MS] DPW [CS] FACILITY SERVICES
[PCW] POLICE [FW] FIRE [] AMBULANCE
[] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____

DATE: _____

VILLAGE MANAGER

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

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

Yes No

LOADER – MODEL _____ TOTAL MEN _____

TOTAL MAN HOURS _____

PICK UP TRUCKS _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER EQUIPMENT _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

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

Yes No

TRASH RECEPTACLES – QUANTITY _____

BARRICADES – QUANTITY _____

TRAFFIC CONES – QUANTITY _____

PARKING SIGNS – QUANTITY _____

FENCING WATER ELECTRIC

RESTROOM CLEANING

OTHER _____

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

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

SITE MAP APPROVED: Yes No

MACKINAW CITY FIRE DEPARTMENT

APPROVED

DENIED

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

Street closure date/time: ____/____/____ A.M. P.M.

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

SITE MAP APPROVED: Yes No

RECREATION DEPARTMENT

APPROVED

DENIED

SHOWERS: Yes No

TABLES: Yes No Quantity: _____

CHAIRS: Yes No Quantity: _____

CAMPING: Yes No (identified on map)

LONG TERM PARKING: Yes No (identified on map)

PORTABLE RESTROOMS: Yes No (identified on map)

SITE MAP APPROVED: Yes No

2015-SE-029

To Admin. Staff: 2-2015
To Council: 3-5-15
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: Shepler's, Inc. TELEPHONE: 231-436-5023
MAILING ADDRESS: PO Box 250
CONTACT NAME: Chris Shepler TELEPHONE: 231-436-5023
E-MAIL ADDRESS: chris@sheplersferry.com CELL PHONE: 231-590-3632

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Chris Shepler TELEPHONE: 231-436-5023
E-MAIL ADDRESS: chris@sheplersferry.com CELL PHONE: 231-590-3632

EVENT INFORMATION

NAME OF EVENT: Miss Margy Paint and Finish
PURPOSE OF EVENT: Painting and finish work on boat-Miss Margy

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

DATE(S): May 1, 2015 FROM 8:00 A.M. P.M. TO _____ A.M. P.M.
- July 11, 2015 FROM _____ A.M. P.M. TO 5:00 A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.

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: Shepler's Marine Service 121 S. Huron Mackinaw City

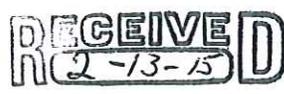
ESTIMATED NUMBER OF ATTENDEES: _____

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 0

ESTIMATE DATE/TIME FOR SET-UP: May 1, 2015 8:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: July 11, 2015 5:00 A.M. P.M.



PARADE PERMIT

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

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: _____

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: July 11, 2015 3:00pm END: July 11, 2015 4:00pm
(NO LATER THAN 10 P.M.)

FOOD VENDORS/CONCESSIONS: (Contact Emmet or Cheboygan County Health Department)
 Yes No Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No

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

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

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No

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

WILL FIREWORKS BE APART OF EVENT: Yes No

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

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): See attached diagram

Description of signs: Vinyl banners affixed to tent - see diagram for sizes
(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? at Shepler's Marine service

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 1 - see attached for 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 Not needed

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

If no, explain: _____

Restroom Company Name: _____

Address Street: _____

City: _____ State: _____ Zip: _____

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

Equipment set up: Date: _____ Time: _____

Equipment pick up: Date: _____ Time: _____

Portable restrooms identified on the site map? Yes No

APPLICATION CHECK LIST

A = Applicant

V = Village

A

V

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

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

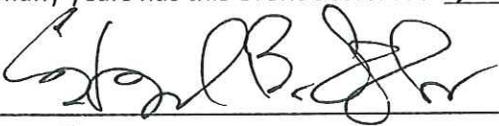
Applicant further agrees to defend, indemnify and hold harmless the Village of Mackinaw City, Michigan from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from this Special Event by reason of any damage to property, personal injury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

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

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

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

Is this an annual event? Yes No
Is this event expected to occur next year? Yes No
How many years has this event occurred? 0


Applicant Signature
Print name of applicant: Chris Shepler

2/13/15
Date

VILLAGE USE ONLY – Department representative please initial if approved

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

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____
VILLAGE MANAGER

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

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

Yes No

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

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

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

Yes No

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

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

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

SITE MAP APPROVED: Yes No

MACKINAW CITY FIRE DEPARTMENT

APPROVED

DENIED

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

Street closure date/time: ____/____/____ A.M. P.M.

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

SITE MAP APPROVED: Yes No

RECREATION DEPARTMENT

APPROVED

DENIED

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

SITE MAP APPROVED: Yes No

Shepler's Mackinac Island Ferry
Mackinaw City & St. Ignace



P.O. Box 250 | Mackinaw City, Michigan 49701
Phone: 231-436-5023 | 800-828-6157 | Fax: 231-436-7521

February 13, 2015

Fred Thompson
Village of Mackinaw City
PO Box 580
Mackinaw City, MI 49701

Dear Fred,

I am writing to request permission to install a temporary facility (tent) on the west side of our existing marina building. The temporary facility will be installed on or about May 1, 2015 and will remain up until July 11, 2015, and will be used to house our new ferry so that we can detail (install seats, windows, prime and paint) MV "Miss Margy". Our current facility is not big enough to house the "Miss Margy" and we need a climate controlled environment for painting and detailing.

Please find enclosed the facility drawings and dimensions, the completed permit and the requested wording we would like to put on the side of the facility. Please note that the temporary tent will be attached to the west end of the building with the current garage door removed.

I thank you in advance for your consideration. If there are any questions or comments, please do not hesitate to contact me at any time.

Sincerely,

Chris Shepler

CBS/lad

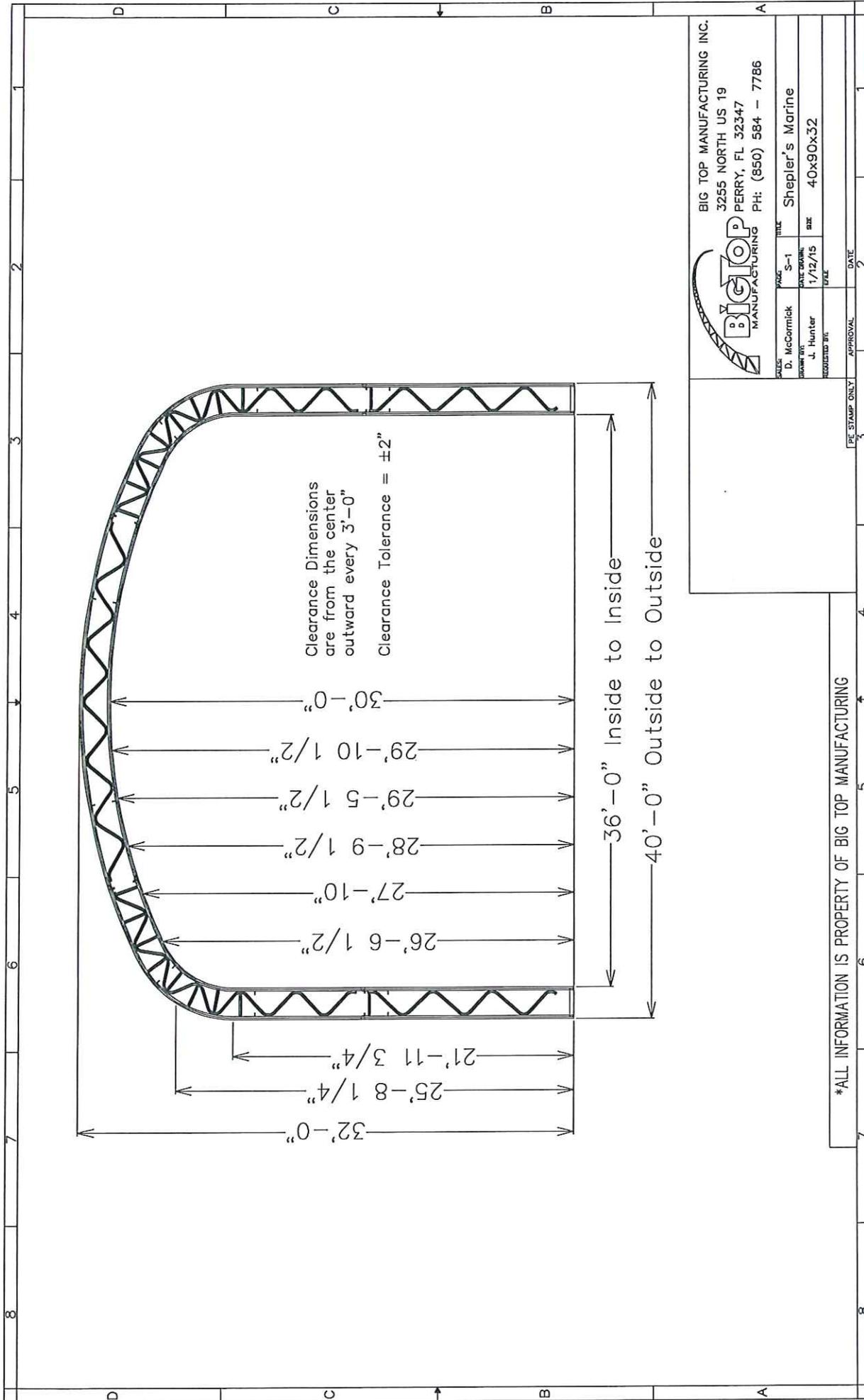
Enclosure



Shepler's Marine 40x90x32

Proposal
Drawings

2/12/2015

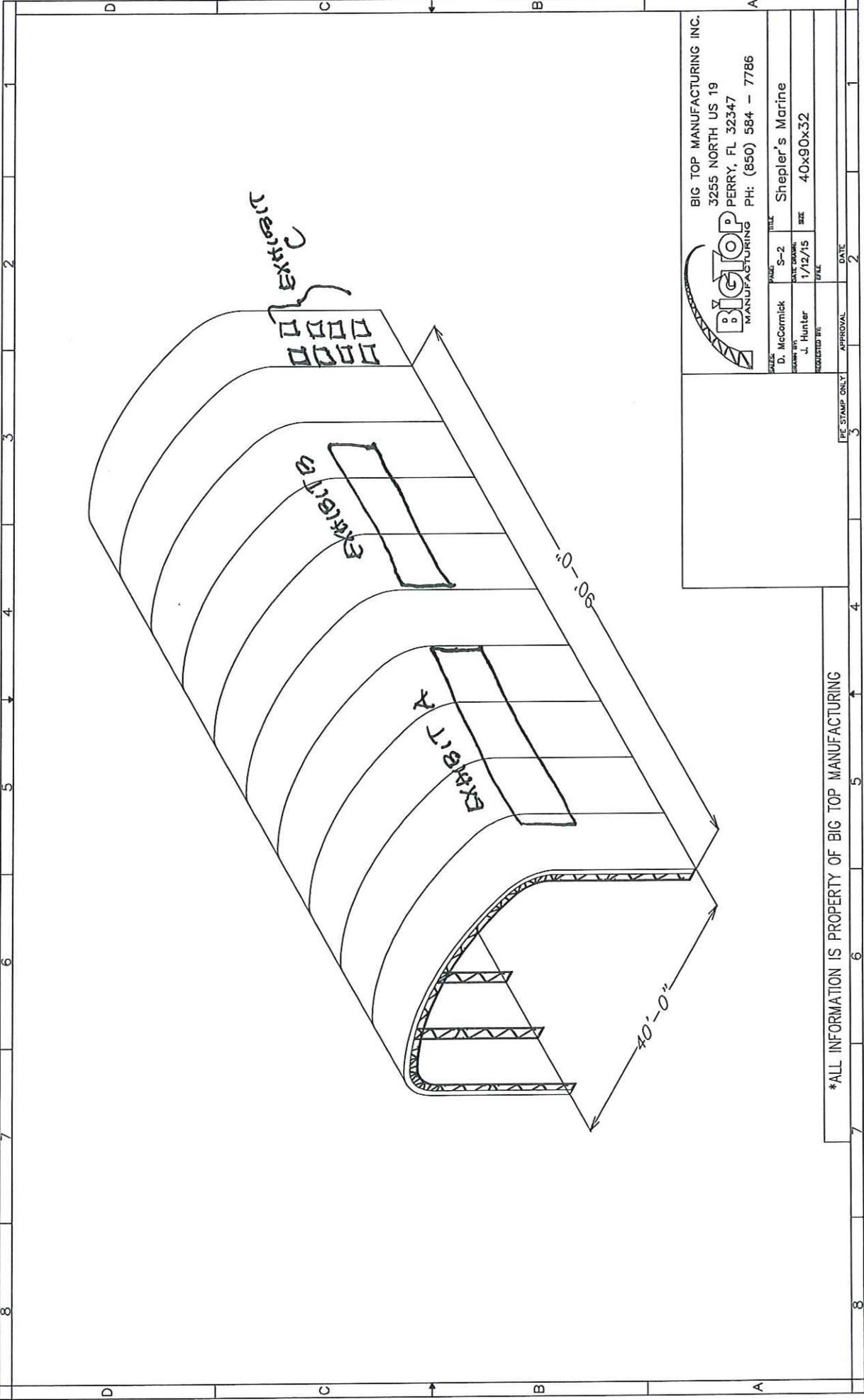


BIG TOP
 MANUFACTURING

BIG TOP MANUFACTURING INC.
 3255 NORTH US 19
 PERRY, FL 32347
 PH: (850) 584 - 7786

DATE	1/12/15	DATE	2
DESIGNER	D. McCormick	APPROVAL	
CHECKER	J. Hunter	DATE	2
QUANTITY	40x90x32	FILE	
SHEPHERD'S MARINE		SHEPHERD'S MARINE	

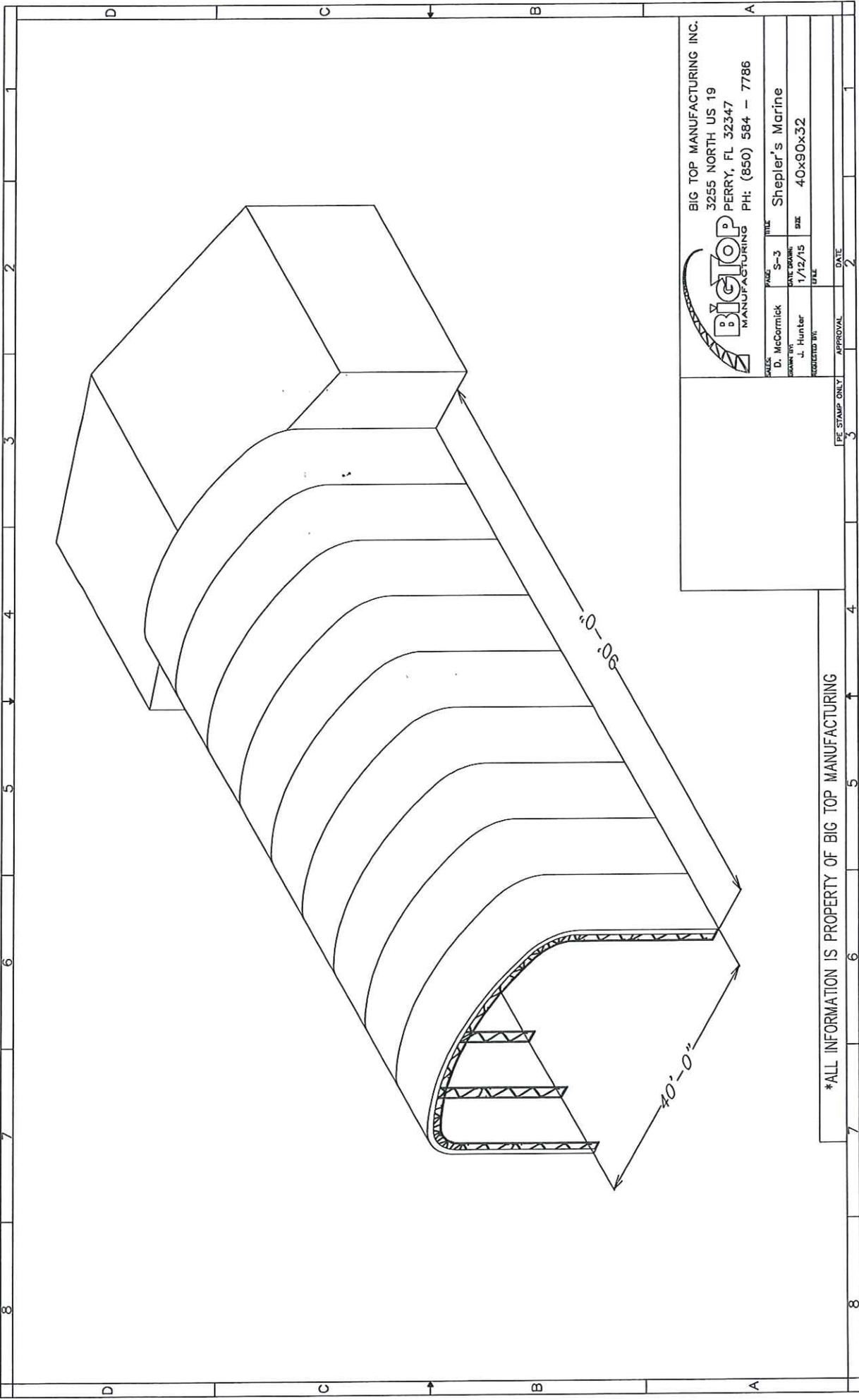
*ALL INFORMATION IS PROPERTY OF BIG TOP MANUFACTURING



BIG TOP MANUFACTURING INC.
 3255 NORTH US 19
 PERRY, FL 32347
 PH: (850) 584 - 7786

DESIGNER	D. McCormick	TITLE	Shepler's Marine
DATE	1/12/15	SIZE	40x90x32
APPROVED BY	J. Hunter	DRAWN BY	
PROJECT NO.		DATE	2

*ALL INFORMATION IS PROPERTY OF BIG TOP MANUFACTURING



BIG TOP
MANUFACTURING

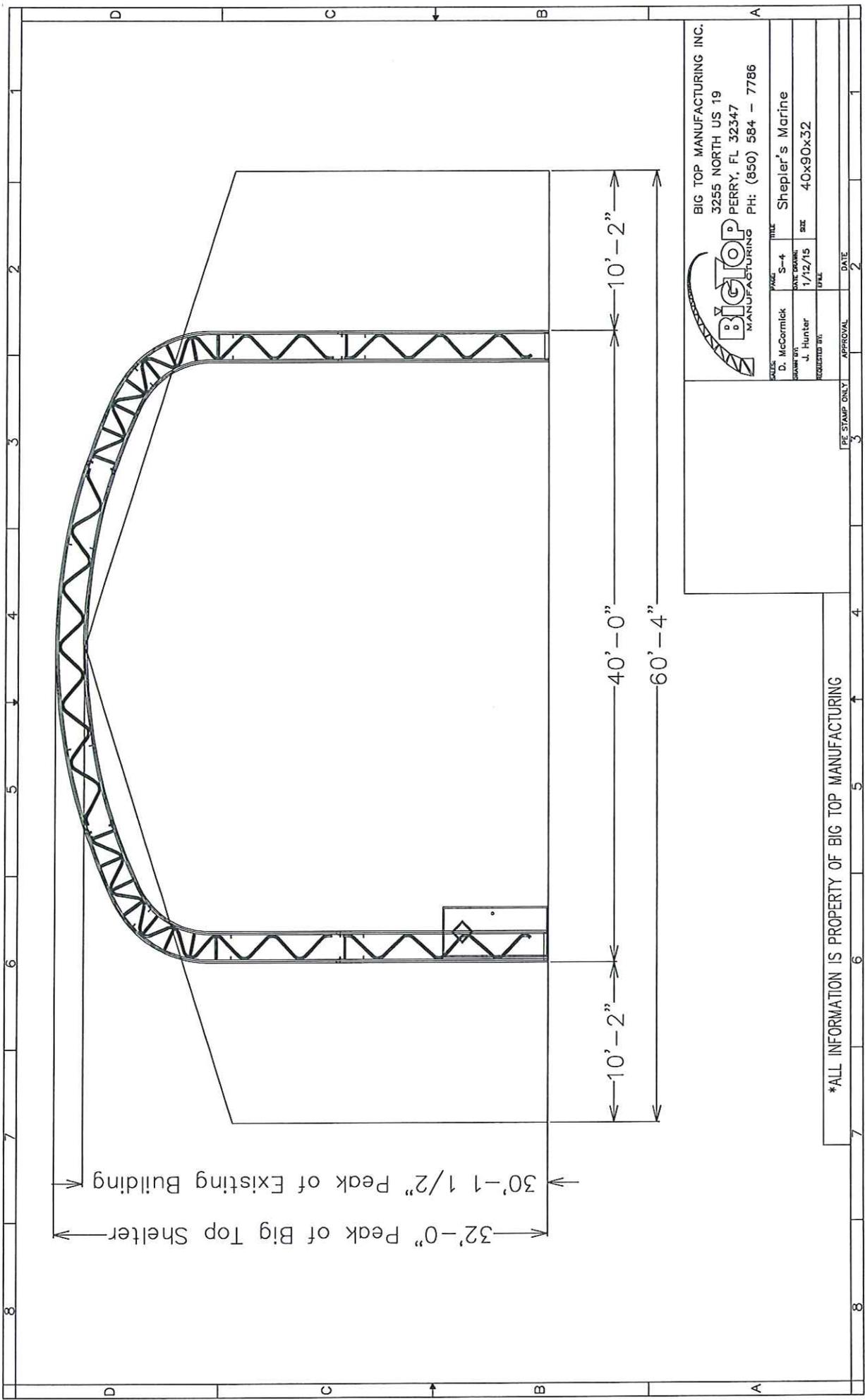
BIG TOP MANUFACTURING INC.
3255 NORTH US 19
PERRY, FL 32347
PH: (850) 584 - 7786

DESIGNER	D. McCormick	TITLE	S-3
DRAWN BY	J. Hunter	DATE DRAWN	1/12/15
CHECKED BY		DATE	2
		SIZE	40x90x32

PE STAMP ONLY

APPROVAL

*ALL INFORMATION IS PROPERTY OF BIG TOP MANUFACTURING



BIG TOP MANUFACTURING INC.
 3255 NORTH US 19
 PERRY, FL 32347
 MANUFACTURING PH: (850) 584 - 7786

DESIGNER	D. McCormick	DATE	1/12/15
DRAWN BY	J. Hunter	SCALE	40x90x32
PROJECT NO.		APPROVAL	
REVISIONS		DATE	2

*ALL INFORMATION IS PROPERTY OF BIG TOP MANUFACTURING

Dimensions of all Exhibits

Exhibit A

- This will be our 70th Anniversary logo
- Dimension of logo 12' X 15'

Exhibit B

- This will be wording with a Pure Michigan logo
- "Built in Michigan...For Michigan...By Michigan"
- Dimensions of lettering will be 18"

Exhibit C

- This will be (6) 2' X 2' logos of all the companies that have had a hand in building this boat

All Exhibits will be in vinyl. Exhibits will be in sticker form or banner form.

Also, please note that there will be (5) 54" X 45" vinyl windows located on the north side of the building (these windows will not be located on the south side of the building due to traffic concerns) for viewing. The west end of the tent will be enclosed with a 12' X 12' garage door and a personal door (same size as a regular door on a house for access.)



B15-01

PERMIT TO USE PUBLIC RIGHT OF WAY
VILLAGE OF MACKINAW CITY
102 S. Huron Avenue, Mackinaw City, MI 49701

PROPOSED USE

- Curb cut/driveway
- Storm Sewer
- Irrigation System
- Cable T.V.
- Sidewalk
- Sanitary Sewer
- Tree Planting
- Natural Gas
- Parking
- Water Tap
- Phone Cable
- Sign/Awning
- Construction Dumpster
- Fire Suppression/Water Supply

Other Erect 2 temporary building (tent) to the west side of current Mercantile building

BEFORE YOU DIG, CALL MISS DIG 1-800-482-7171

Description of work: We are requesting permission to erect 2 temporary building which will project into the Right of way Depth of Excavation: _____

Start Date of Proposed Work: May 1 2015 Completion End Date: July 11 2015 Plans attached

APPLICANT INFORMATION

Owner: Chris Shepler Phone: Home/Work 231-590-3632
 Address: 556 East Central Avenue
 Contractor Name: Big Top Tents Contact Person: Dustin McCormick
 Address: 3255 N US 19 Perry Florida 32347
 Subcontractor Name: _____ Contact Person: _____
 Address: _____

LOCATION

Street Address: _____ Tax Parcel Id No _____
 Cross Streets: _____ and _____

APPLICANT SIGNATURE

Signature: [Signature] Date: 2-19-2015

*****OFFICE USE*****

Zoning Permit Issued: Yes No N/A Connection Fee Paid: Yes No N/A
 Council Approval: Yes No N/A Date: 2-25-2015, 20
 Staff Analysis and Report: _____

Permit Approved Approved by: [Signature]
 Permit approved subject to: _____ Fee: \$50 No Fee Req'd
 _____ Cash Date Paid: 2-19-, 2015
 _____ Deposit: _____ No Deposit Req'd
 Permit Denied Date Refunded: _____

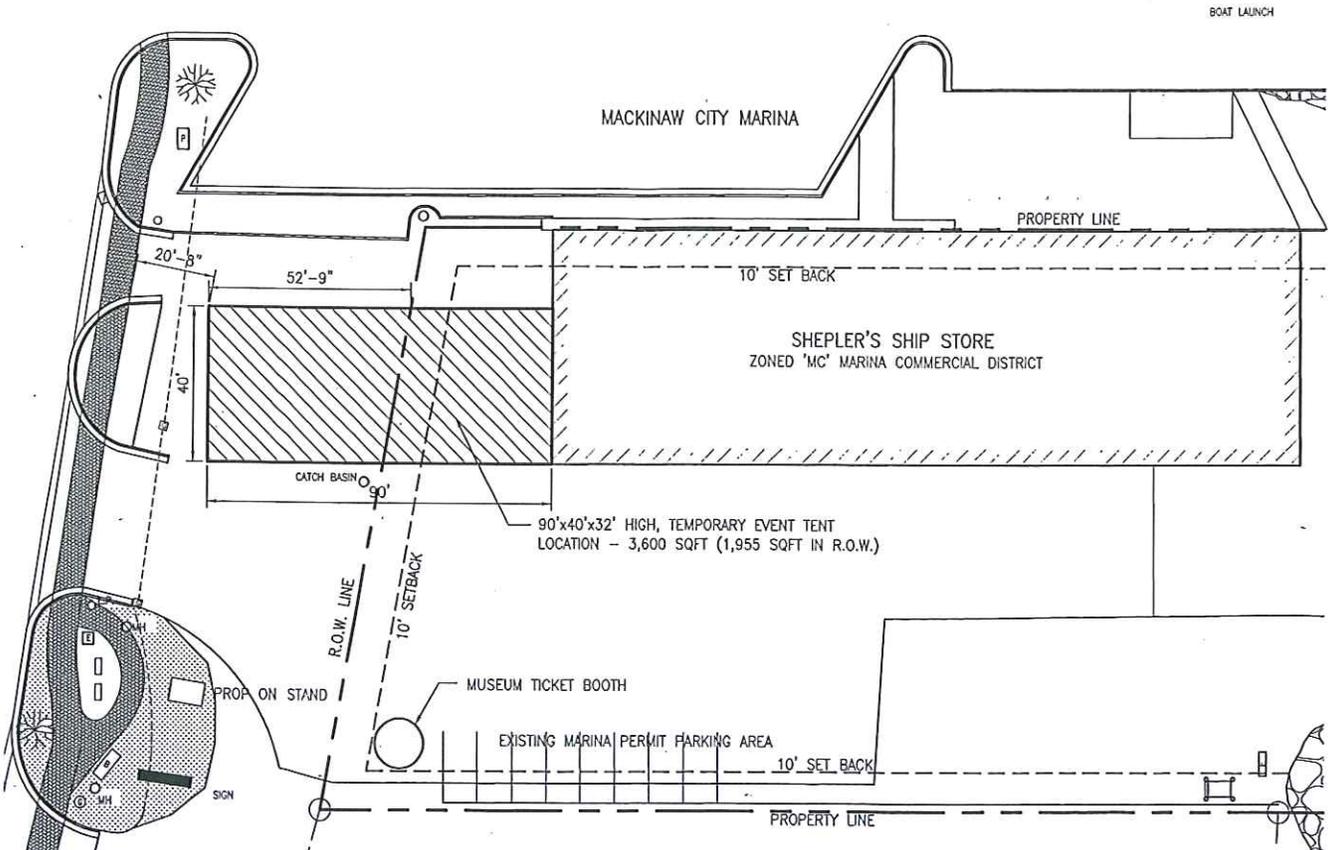
#forms/ROW Permit.10

FWT/Fire
Pew/PD

Rec # 9437

the
architect
forum

707 north huron avenue s
p.o. b
mackinaw city, michigan
49751-43



**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: 08-15

Applicant Name (print): ENZO LIEGHIO
Home address: 516 N HURON AVE
City MACKINAW CITY State MI Zip 49701
Home Phone no: 231-436-5005 Cell: 248-760-8777

Is Applicant a: Person Partnership Corporation Other _____

Business name: MACKINAC old time winey Years in Business: 9

Business address: 708 S. HURON AVE

City MACKINAW CITY State MI Zip 49701

Business phone: 231-436-5474 Fax no. 231-436-7869

Type of Vehicle: <u>Malley Trolley</u>
Year: <u>2014</u> Make: <u>FREIGHT LUNA</u>
Model: <u>MB-65</u> Color: <u>RED</u>
Vehicle Identification No.: <u>4U2ADEADV1E1FR7506</u>
Plate No. <u>CA 43513</u> Capacity: <u>40</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) 2-27-15

SCHEDULE OF OPERATION

Commencement Date of Operation: APRIL 1 to December 31, 2015

Applicant's Signature: [Signature] Date: 2/25/15

Applicant's Printed Name: ENZO R LIEGHIO Title: PRES

Proposed Routes (stops, loading/unloading): _____

*****FOR VILLAGE USE ONLY*****	
Approved by: _____	
Title: _____	
Date of approval: _____	Expiration date: <u>12/31/15</u>
Approved with conditions: <u>NO DECAL UNTIL UPDATED INSPECTION (08/14)</u>	
Amount Paid: <u>25.⁰⁰</u>	Decal Provided: _____ License Issued: _____

JAN	 <p>396.17 Safety Certified MOTOR BUS</p> <p>EXPRES ON LAST DAY OF MONTH PUNCHED</p> <p>2014</p>	64491	JUL
FEB			AUG
MAR			SEP
APR			OCT
MAY			NOV
JUN			DEC

PUBLIC TRANSPORTATION LICENSE APPLICATION - LIST OF ALL OPERATORS

✓
PCW

08-15

NAME OF TAXI COMPANY: MACKINAC OLD TIME TAXI CO

OPERATOR 1

Name: <u>Enzo Lioglio</u>	Date of Birth: <u>1/24/1974</u>
Address: <u>516 N. Huron Ave Mackinac City MI</u>	
Operator's License Number: <u>L 200230744065</u> Endorsements: <u>E, CC, Cy, P</u>	
Medical Card: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

OPERATOR 2

Name: <u>Brendan Kosloski</u>	Date of Birth: <u>11/23/1968</u>
Address: <u>512 JAMS ST Chesapeake MI 49721</u>	
Operator's License Number: <u>K 222098 352 896</u> Endorsements: <u>Cy PS</u>	
Medical Card: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

OPERATOR 3

Name: <u>CHRISTOPHER BRUNS</u>	Date of Birth: <u>11-23-1961</u>
Address: <u>618 S. HURON AVE MACKINAC CITY MI 49701</u>	
Operator's License Number: <u>B-650115 760 896</u> Endorsements: <u>CC P</u>	
Medical Card: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

OPERATOR 4

Name: <u>Michael L. Williams</u>	Date of Birth: <u>1-23-1944</u>
Address: <u>518 N. Huron Ave Mackinac City MI 49701</u>	
Operator's License Number: <u>W 452603 497002</u> Endorsements: <u>CC P</u>	
Medical Card: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

OPERATOR 5

Name: _____	Date of Birth: _____
Address: _____	
Operator's License Number: _____ Endorsements: _____	
Medical Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	

USE BACK IF MORE SPACE IS NEEDED

**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: 09-15

Applicant Name (print): ENZO LIEGHIO
Home address: 516 N HURON AVE
City MACKINAW CITY State MI Zip 49701
Home Phone no: 231-436-5005 Cell: 248-760-8777

Is Applicant a: Person Partnership Corporation Other _____

Business name: MACKINAC old Time Mince Years in Business: 9

Business address: 708 S. HURON AVE

City MACKINAW CITY State MI Zip 49701

Business phone: 231-436-5474 Fax no. 231-436-7869

Type of Vehicle: <u>MOLLEY Trolley</u>
Year: <u>2007</u> Make: <u>FORD</u>
Model: <u>MOLLEY 607</u> Color: <u>RED</u>
Vehicle Identification No.: <u>1FGNF453Y160A18361</u>
Plate No. <u>CC 41772</u> Capacity: <u>40</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) 2-27-15

SCHEDULE OF OPERATION

Commencement Date of Operation: APRIL 1 to December 31, 2015

Applicant's Signature: [Signature] Date: 2/25/15

Applicant's Printed Name: ENZO R LIEGHIO Title: MRS

Proposed Routes (stops, loading/unloading): S. HURON TO FORT MACKINAW

*****FOR VILLAGE USE ONLY*****	
Approved by: _____	
Title: _____	
Date of approval: _____	Expiration date: <u>12/31/15</u>
Approved with conditions: <u>NO DECAL UNTIL UPDATED INSPECTION (05/14)</u>	
Amount Paid: <u>25.00</u>	Decal Provided: _____ License Issued: _____

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

64428



396.17

Safety Certified
MOTOR
BUS

EXPIRES ON LAST DAY OF MONTH PUNCHED

2014

PUBLIC TRANSPORTATION LICENSE APPLICATION – LIST OF ALL OPERATORS

PW
09-15

NAME OF TAXI COMPANY: MACKINAW OLD TIME TOLLEY

OPERATOR 1

Name: Enzo L'Esghio Date of Birth: 01/24/1974
Address: 516 N. Huron Ave Mackinaw City MI
Operator's License Number: L 200230744065 Endorsements: E, CC, Cy, P
Medical Card: Yes No

OPERATOR 2

Name: Brendon KASHOSHEK Date of Birth: 11/23/1968
Address: 512 JAMES ST Cheboygan MI 49721
Operator's License Number: K 222098 352 896 Endorsements: Cy PS
Medical Card: Yes No

OPERATOR 3

Name: CHRISTOPHER BROWN Date of Birth: 11-23-1961
Address: 618 S. HURON AVE MACKINAW CITY MI 49701
Operator's License Number: B-650115 760 896 Endorsements: CCP
Medical Card: Yes No

OPERATOR 4

Name: Michael L. Williams Date of Birth: 1-23-1944
Address: 518 N. Huron Ave Mackinaw City MI 49701
Operator's License Number: W 452-003 497002 Endorsements: CCP
Medical Card: Yes No

OPERATOR 5

Name: _____ Date of Birth: _____
Address: _____
Operator's License Number: _____ Endorsements: _____
Medical Card: Yes No

USE BACK IF MORE SPACE IS NEEDED



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

RECEIPT

Receipt 9461
 02/25/15

Cashier: JANELLE
 Received Of: MACKINAW OLD TIME TROLLEY
 The sum of \$50.00

PMTS	PERMITS				\$50.00
		101-000-450.000		50.00	
		TENDERED:	CHECK	1060	\$50.00

reception

From: D White
Sent: Monday, February 23, 2015 10:35 AM
To: reception
Subject: FW: Mackinaw City - grant for directional signs for the trail system
Attachments: MOU RIF15-02-01 Mackinaw City directional signs.docx; ReimRequest RIF15-02-01 MackCty signs.doc

Here you go

From: Mandenberg, Mark (DNR) [<mailto:MandenbergM@michigan.gov>]
Sent: Friday, February 20, 2015 12:51 PM
To: D White
Cc: Emily Myerson (emeyerson@charter.net); Yauk, Paul (DNR); Currier, Bruce (DNR)
Subject: Mackinaw City - grant for directional signs for the trail system

Hi Dave – Emily Meyerson sent me your e-mail address. We have decided it makes sense for the Village to proceed with purchase and installation of the signs developed by “Letters-Online” based on the sign report put together by Commissioner Planisek. We think they will be very helpful to assist trail users with information on destinations and to locate the major amenities in the Mackinaw City area.

The funding is based on the quote for signs delivered by Letters-Online (\$2850), Post Installation by the Village (\$300) and an estimate provided me by Mark Postma of Letters-Online for a couple of hours for sign installation at \$40/hr. (I figured 4 hrs. to make sure there was enough, \$160.00) = \$3,310. I rounded up to \$3,500 just to be sure there is enough funding (reimbursement will be for actual costs not exceeding \$3,500)

To execute this agreement:

I've attached the MOU. Please **print two** copies and sign and date both copies, and **send both** originals to me in the mail. Once I receive them I will have both executed and return one original to you for the Village's files. FYI, the funds may not be expended until the agreement has been executed by the State Trails Coordinator.

I have also attached the form to use to request for reimbursement once the project has been completed.

Hope this helps out. Let me know if you have any questions.

Also, please let me know you got this e-mail ok.

Sincerely, Mark M.

Mark Mandenberg, Non-motorized Trails Specialist
Trails Section
Parks and Recreation Division
Michigan Department of Natural Resources
PO Box 30257
Lansing MI 48909
517-284-6114
mandenbergm@michigan.gov

Check Yes for the outdoors! Learn more about the Recreation Passport at www.michigan.gov/recreationpassport



**MEMORANDUM OF UNDERSTANDING AND AGREEMENT
FOR THE
RECREATION IMPROVEMENT FUND**

*This information is required by authority of Part 711 of Act 451 of 1994,
as amended, to qualify for reimbursement.*

Grantee Village of Mackinaw City	
Attention Dave White, Interim Village Manager	
Address 102 S. Huron Ave.	
City, State, ZIP Mackinaw City, Michigan 49701	
Telephone (231) 436-5351	Federal Employer Identification Number (FEIN) 38-6007230

It is expressly understood by and between the parties hereto that the proposal bears the above Grant Agreement Number and associated documents including all attachments, are by this reference made part of this understanding. All materials bearing this number constitute the entire understanding between the parties.

An agreement is made between the MICHIGAN DEPARTMENT OF NATURAL RESOURCES (hereinafter called the Department; **State Trails Coordinator**, contracting officer) and the above-named Grantee for funding **Purchase and installation of trail directional/ information signage put together by Letters-Online in East Jordan Michigan. Includes sign purchase, post installation by the Village and sign installation by Letters-Online.**

The project period shall be from Date Trails Coordinator signs to September 30, 2015. Funds provided under this agreement shall not in any event exceed Three Thousand Five Hundred (\$ 3,500.00) dollars. This sum shall be used only for the elements called for in the project scope.

All projects will comply with the Americans with Disabilities Act of 1990.

All work must comply with State and Federal guidelines rules, regulations, and laws.

Additional guidelines and specifications for this agreement:

- **Project Coordination:** The Department contact for this project is Emily Meyerson, hereinafter referred to as the Coordinator. The Grantee will confer regularly with the Coordinator on the progress of this project.
- **Payment:** Where applicable, the Department agrees to reimburse the Grantee for authorized expenditures upon verification of actual expenditures up to 90 percent of the grant amount. The Department will pay the final 10 percent upon project completion and final audit. Total payment under this grant is not to exceed the actual costs or \$3,500, whichever is less. Initial request for payment shall be made by completing *Request for Grant Reimbursement, PR4121*, (additional forms are available from the address at the end of this agreement). All requests for payment must be submitted quarterly and received by the Department no later than the 15th of the month following the end of the quarter. A final request must be made by **October 15, 2015**. Requests for payment must include copies of invoices and cancelled checks for all expenditures.
- **Fiscal Control and Accounting Procedures:** In addition to the summary documentation submitted to the Department, the Grantee will maintain complete financial records. Documents required to be maintained for audit include: purchase orders, vouchers, authorized payments, and time records for individual employee(s) charged to this program. All financial records for this Grant will be retained by the Grantee until audit, or for a minimum of three (3) years, whichever is less. Records under audit will be retained until the audit is closed.
- **Procurement:** The Grantee will use their own procurement procedures provided they reflect applicable state and local laws and regulations, to include low bidder competition bid process, as applicable.
- **Prevailing Wage and Fringe Benefits:** Any sub-contractor performing work under this agreement must comply with the requirements of P.A. 166 of 1965.

- **Insurance:** The Grantee will add the State of Michigan, Department of Natural Resources, as an additional insured party on Grantee's liability insurance policy. Proof of liability insurance must be supplied to the State Trails Coordinator prior to the Department releasing any reimbursements for this grant.
- **Changes:** From time to time, changes may be needed in the scope or an extension of the project and the grant. All changes must be submitted in writing to the Coordinator and approved by the Department 45 days prior to September 30, 2015. Changes implemented prior to approval by the Department will not be eligible for reimbursement.
- **Audits:** The project and related reports are subject to audit by the Department. This may include both financial audits and site visits.
- **Hold Harmless:** Each party to this agreement will be responsible for its own negligent acts, including the acts of its officers, agents, and employees.
- **Right of Cancellation:** This grant agreement may be cancelled by either party upon giving thirty (30) days' written notice to that effect to the other party.

The individuals or officers signing on behalf of the parties to this Agreement certify by their signatures that they have read, understand and agree to comply with this Agreement, and have the authority to enter into this Agreement on behalf of the Grantee.

DEPARTMENT COORDINATOR

Printed Name: Paul Yauk Title: Interim State Trails Coordinator
 Signature: _____ Date: _____

GRANTEE'S REPRESENTATIVE(S)

Printed Name: Dave White Title: Interim Village Manager
 Signature: _____ Date: _____

Printed Name: _____ Title: _____
 Signature: _____ Date: _____

Printed Name: _____ Title: _____
 Signature: _____ Date: _____

Please sign and return both copies to:

**PROGRAM SERVICES SECTION
 PARKS AND RECREATION DIVISION
 MICHIGAN DEPARTMENT OF NATURAL RESOURCES
 PO BOX 30257
 LANSING MI 48909**

A fully executed copy will be returned for Grantee's files to the address provided on page 1.

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

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

RESOLUTION NO. _____

**A RESOLUTION TO ESTABLISH AN APPLICATION FEE FOR
RIGHT-OF-WAY PERMITS ISSUED UNDER THE COMPILED
CODE OF THE VILLAGE OF MACKINAW CITY**

WHEREAS, Section 34.004 of the Village code of ordinances provides that the Village Council shall set an application fee by resolution for right-of-way permits issued by the Village.

NOW THEREFORE, BE IT RESOLVED AS FOLLOWS:

1. The Village Council sets the following application fee for right-of-way permits issued under the Compiled Code of the Village of Mackinaw City:

Title	Application fee	Relevant Section
RIGHT-OF-WAY PERMIT ORDINANCE:	\$50.00	34.004

2. The above fee is nonrefundable, unless otherwise stated, or unless approved by the Village Council.

3. All resolutions and parts of resolutions insofar as they conflict with the provisions of this Resolution are rescinded.

YEAS: Trustee(s) _____

NAYS: Trustee(s) _____

ABSTAIN: Trustee(s) _____

ABSENT: Trustee(s) _____

CERTIFICATION

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

Date: _____, 2015

Lana Jaggi, Clerk

VILLAGE OF MACKINAW CITY RIGHT OF WAY PERMIT APPLICATION

Application Fee: \$ _____

Applicant:

Contact:

Address:

Phones (office and cell):

Email:

Emergency (24 hr) contact person with contact information:

Proposed activity and location:

Explanation of potential conflict, if any, with current use of right-of-way:

Date activity will begin:

Date Activity will be complete:

Pedestrian and Traffic Safety Plan submission date:

Subcontractor(s): Attach additional sheets if more than one subcontractor

Contact:

Address:

Phones (office and cell):

Email:

Permit requirements (including, but not limited to):

1. No street, sidewalk, apron or any public property shall be disturbed in any way without first obtaining a permit signed by the Director of Public Works.
2. All permits applications must include detailed construction plans and specifications in a form acceptable to the Director of Public Works.
3. Above ground, permanent installations to be located in the public right-of-way or on any public property shall be subject to the following additional requirements:
 - a. All plans, including photographs of proposed installations, to be submitted to the Director of Public Works for review and comment,
 - b. Plans shall be accompanied by specific explanation of need for above ground installation, options considered and supported finding of fact that below ground or private property installation is not feasible,
 - c. Following preliminary plan approval by the Director of Public Works, plans shall be forwarded to the Village Manager for final review and approval.
4. Applicant shall submit or have on file at the Village Clerk's office current certificate of insurance providing minimum insurance requirements.
5. Bond or cash deposit with Village Treasurer required in an amount not less than estimated cost to totally restore right of way plus any amounts deemed reasonable by the Director of Public Works to cover any exposure to the use and function of all public installations within or adjacent to work area.
6. Contractor/subcontractor to include complete pedestrian and traffic safety plan which shall include a complete explanation of all activities that may cause interruption of pedestrian, bicycle, vehicular or other traffic flow and their expected duration. Plans to include detour signing, barricade installation and all other necessary precautions to ensure the protection of the public safety.
7. Plans to include complete explanation of any potential for conflict with any existing use of the right-of-way.
8. Contractor and/or subcontractor to notify Director of Public Works 5 business days in advance of mobilization.
9. The Village Manager to be notified 3 business days in advance of proposed final pouring of concrete, placing of asphalt or placement of any permanent installation and preparations must be inspected and approved by the department of public works or the designated representative before final application of materials.
10. Violations of permit conditions subject to citation and fines imposed pursuant to section 34.008 of the Village of Mackinaw City Code of Ordinances.
11. Unless otherwise specified or shown on the plans, all areas disturbed by construction operations shall be restored to original condition as determined by the department of public works.

Estimated cost of installation:

Estimated cost to restore right-of-way:

Bond submitted:

Insurance Certification and Type on file:

I, the undersigned, hereby certify that the above information is accurate and that I have read and understand the permit requirements attached hereto:

Applicant signature

Date: _____

FOR VILLAGE STAFF ONLY: PLAN SUBMITTAL CHECKLIST

- Application form/fee
- Scale plan view drawings of existing topography and proposed work
- Cross section details for pavement/walk repairs
- Technical specifications
- Photographs of location
- Explanation of activities and impacts
- Traffic safety/control plan
- Pedestrian safety/control plan
- Schedule of activities
- Project Bond/Deposit

**PERMIT TO USE PUBLIC RIGHT OF WAY
VILLAGE OF MACKINAW CITY
102 S. Huron Avenue, Mackinaw City, MI 49701**

PROPOSED USE

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Curb cut/driveway | <input type="checkbox"/> Storm Sewer | <input type="checkbox"/> Irrigation System | <input type="checkbox"/> Cable T.V. |
| <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Sanitary Sewer | <input type="checkbox"/> Tree Planting | <input type="checkbox"/> Natural Gas |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Water Tap | <input type="checkbox"/> Phone Cable | <input type="checkbox"/> Sign/Awning |
| <input type="checkbox"/> Construction Dumpster | <input type="checkbox"/> Fire Suppression/Water Supply | | |
| <input type="checkbox"/> Other _____ | | | |

****BEFORE YOU DIG, CALL MISS DIG 1-800-482-7171****

Description of work: _____

Depth of Excavation: _____

Start Date of Proposed Work: _____ Completion End Date: _____ Plans attached

APPLICANT INFORMATION

Owner: _____ Phone: Home/Work _____

Address: _____

Contractor Name: _____ Contact Person: _____

Address: _____

Subcontractor Name: _____ Contact Person: _____

Address: _____

LOCATION

Street Address: _____ Tax Parcel Id No _____

Cross Streets: _____ and _____

INDEMNIFICATION: By signing this permit, the Applicant agrees to assume all risk and responsibility for, and agrees to indemnify and hold harmless, the Village, and its elected and appointed officials, against any and all claims or losses, damages, injuries, liabilities, costs and expenses of any kind or nature, caused by, resulting from or arising out of the use, occupation or access of the public right-of-way pursuant to this permit.

APPLICANT SIGNATURE

Signature: _____ Date: _____

*****OFFICE USE*****

Zoning Permit Issued: Yes No N/A Connection Fee Paid: Yes No N/A

Council Approval: Yes No N/A Date: _____, 20__

Staff Analysis and Report: _____

Permit Approved Approved by: _____

Permit approved subject to: _____ Fee: _____ No Fee Req'd

_____ Date Paid: _____, 20__

_____ Deposit: _____ No Deposit Req'd

Permit Denied Date Refunded: _____

VILLAGE OF MACKINAW CITY LETTERHEAD

_____, 2015

Mr/Mrs. Property Owner
1234 Anystreet
Mackinaw City, MI 49701

RE: Permit for use/occupation of the public rights-of-way

Dear Property Owner:

Recently, the Village of Mackinaw City adopted an ordinance to regulate the use and occupation of its public rights-of-way. Under this ordinance, occupation of the public rights-of-way, on either a permanent or temporary basis, with buildings, structures, landscaping, utilities, construction, development or maintenance requires a permit issued by the Village's Department of Public Works. Copies of the ordinance are available for inspection at the office of the Village Clerk during regular business hours.

Based upon a visual inspection conducted by Village staff, it has been determined that a _____ is occupying the _____ Street right-of-way adjacent to your property. Therefore, you are required to obtain a permit in accordance with the ordinance.

Enclosed for your convenience is a right-of-way permit application. Please fill out the application and return it to the Village of Mackinaw City Department of Public Works, 102 South Huron, Mackinaw City, MI 49701. Applications submitted on or before June 30, 2015, will not be required to pay the associated application fee (*i.e.*, fee waiver for early submission). Completed applications will be processed and reviewed by the Department of Public Works in accordance with the ordinance.

If you have any questions or concerns, please contact the office of the Village Manager at (231) 436-5351.

Sincerely,

Mike Karll
DPW Superintendent