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

June 18, 2015

7:00 PM

AGENDA-REGULAR MEETING
MACKINAW CITY VILLAGE COUNCIL

I. Roll Call

II. Pledge of Allegiance

III. Agenda Approval

IV. Correction and Approval of Minutes: Regular Minutes of June 04, 2015
Closed Session of June 04, 2015

V. Public Comments

VI. Communication/Petitions:
Emmet County-Local Revenue Sharing Board-Tribal Gaming
Thank You Notes

VII. Manager Report

VIII. President's Report/Department Reports

IX. Committee Reports:
Public Safety-Trustee Perlick, Chair
Park and Recreation-Trustee Newman, Chair

X. Old Business:
A. License Agreement between Village and Library -Paintings

XI. New Business:
A. Freedom of Information Act-Procedures & Guidelines
B. Freedom of Information Act-Fee Itemization Form
C. Freedom of Information Act-Written Summary
D. Special Event Application -205-SE-047
E. Special Event Application- 2015-SE-050
F. Special Event Application-2015-SE-051
G. Special Event Application-2015-SE-052
H. Special Event Application-2016-SE-001
I. Letter of Request-Lions Club
J. Tree Board Appointment

XII. Scheduling of Committee Meetings

XIII. Accounts Payable

X. Adjourn

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

UNAPPROVED

MINUTES REGULAR COUNCIL MEETING
MACKINAW CITY

June 04, 2015

7:00 P.M.

I. Roll Call
President Robert R. Heilman called the meeting to order and with the following Trustees present –Belinda Mollen, Scott Newman, Tom Chastain, Robert Glenn, Richard Perlick and Paul Michalak. Also present, David White-Interim Manager, Lana Jaggi-Clerk, Fred Thompson Jr.-Zoning Admin./Fire Chief and Kenneth Lane- Attorney

DEPARTMENT HEADS WHEN IN ATTENDANCE

II. Pledge of Allegiance

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

IV. Correction and Approval of Minutes
Motion Newman seconded Mollen to approve the minutes of the closed session of May 21, 2015 as presented. Voice vote motion carried unanimously.
Motion Mollen seconded Newman to approve the minutes of the regular meeting of May 21, 2015 as presented. Voice vote motion carried unanimously.
Motion Heilman seconded Mollen to approve the minutes of the special meeting of May 21, 2015 as presented. Voice vote motion carried unanimously.

V. Public Comments:
Ron Wallin- Village Resident
Rosada Mann-Village Resident
Matt Yoder-Village Resident

VI. Communication/Petitions:
Letter Introducing Mike Green-Recreation Complex

VII. Manager Report:
Report as submitted.

VIII. President's Report/Department Head Reports

IX. Committee Reports:
Planning Commission Minutes -Public Hearing/Regular Meeting 4/23/2015

X. **Old Business:**

A. MERS Health Care Savings Program Agreement
Motion Mollen seconded Chastain to approve the MERS Health Care Savings Program Agreement appointing Clerk Lana Jaggi as the designated signee. Roll call: Yeas-Mollen, Newman, Chastain, Heilman, Glenn, Perlick, Michalak. Motion carried.

XI. **New Business:**

A. Site Plan Review Application-2015-SP-003 (Informational purposes only)
Designers/Engineers from Edgewater Design Group gave update presentation on the Emmet County EMS Facility to be constructed on W. Central Ave. with a five to six month construction timeline.

B. Planning Commission Resignation
Motion Chastain seconded Michalak to accept Merlyne Vartanian's resignation from Planning Commission. Voice vote motion carried unanimously.

C. Dissolution of Historic Commission
Motion Mollen seconded Michalak to dissolve the Historic Commission and assign future work to staff as needed. Yeas- Newman, Chastain, Heilman, Glenn, Perlick, Michalak, Mollen. Motion carried.

D. Rezoning of Parcel # 012-V07-002-031-01, 503 E. Etherington St., from R1 to B2 by the Estate of Rosalie O'Brien
Motion Mollen seconded Michalak to approve the request of rezoning of parcel #012-V07-002-031- 01, 503 E. Etherington St., by the Estate of Rosalie O'Brien from district R1 to B2.
Roll call: Yeas-Chastain, Perlick, Michalak, Mollen, Newman. Nays- Heilman, Glenn. Motion carried.

E. Tree Board Appointment
Motion Mollen seconded Newman to appoint Trustees Glenn (Chair), Perlick and Chastain to Tree Board. Voice vote motion carried unanimously.
Motion Newman seconded Chastain to appoint village resident Marianne Murray to Tree Board. Voice vote motion carried unanimously.

F. Closed Session-8:00 PM
Motion Newman seconded Mollen to go into closed session to review a confidential legal opinion with the Village attorney pursuant to Section 8(h) of the Open Meetings Act relating to continued due diligence concerning the Village manager candidate.
Roll call: Heilman, Glenn, Perlick, Michalak, Mollen, Newman, Chastain. Motion carried.

8:20 PM
Motion Newman seconded Mollen to go back into Open Session.
Roll call: Glenn, Perlick, Michalak, Mollen, Newman, Chastain, Heilman.
Motion carried.

Motion Glen seconded Chastain to offer David White a Village Manager contract with the Village of Mackinaw City.
Roll call: Perlick, Michalak, Mollen, Newman, Chastain, Heilman, Glenn.
Motion carried.

XII Scheduling of Subcommittee meetings:
Public Safety Subcommittee
Friday, June 12, 2015 at 11:00 AM
1. Fire Contracts

XIII. Accounts Payable:
Motion Newman seconded Glenn to pay accounts payable for June 04, 2015 in the amount of $115,673.50
Roll call: Michalak, Mollen, Newman, Chastain, Heilman, Glenn, Perlick.
Motion carried.

IX. Adjournment: 8:34 PM

Respectfully submitted,

Robert R. Heilman; President

Lana Jaggi; Clerk

UNAPPROVED

MINUTES COMMITTEE OF THE WHOLE
WORK SESSION
MACKINAW CITY

4:00 P.M. **June 11, 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, Richard Perlick and Paul Michalak. Absent, Robert Glenn.
Also present David White-Interim Manager and Patricia Peppler-Deputy Clerk.

II. Pledge of Allegiance

III. Public Comments

IV. Priority Tiers

Tier 1 Priorities

N. Huron Street Rebuild
Balanced Operational Budget
Municipal Revenue Analysis
Fire/Public Safety Building
Zoning Ordinances Update
Business Ordinance

Tier 2 Priorities

Ferry Ordinance
Water Tower
Street Plan
Public/Private Partnership & Contracted Services Agreements
Employee Fringe Benefits realignment
Recreation Plan

Tier 3 Priorities

Parks & Recreation Committee:

1. Update Recreation Plan
2. Beaches
3. Dead tree and tree lighting strategy
4. Parks and green space maintenance plan
5. Future land acquisitions
6. Fishing Pier

Finance & Human Resources Committee:

1. FY16 Balanced operational budget
2. Municipal Revenue Analysis
3. Realign Fiscal Year to July 1
4. State properties – Fees for services
5. Employee Fringe Benefits realignment
   - Personnel Manual
   - Internship Opportunities
   - Staffing Level evaluation of all departments

Facilities & Streets Committee:

1. N. Huron Ave. rebuild
2. Street Plan
3. Fire/Public Safety Building Plan
4. Recreation Complex Utilization Analysis
5. 21st Century Technology Application

Ordinance & Policy Committee:

1. Public/Private Partnerships and Contracted Service Agreements
2. Ferry Boat Ordinance
3. Business License
4. "Temporary Merchant" Consistency among Ordinances
   - Policy Manual
   - Village to City Incorporation Evaluation

Utilities & Green Initiatives Committee:

1. Enterprise Funds Sustainability(to include policy & procedure development)
2. Merit Fiber Connection (in conjunction with the Marina)
3. Preliminary Study of Second Water Tower
4. Headlands Water & Sewer

Public Safety Committee:

1. Pedestrian Safety Enhancements
2. Comprehensive vehicle replacement schedule
3. Fire/Public Safety Complex
4. School Building for Emergency Evacuation
5. Mutual Aid Agreements
6. Mackinaw Bridge Authority
7. State Property – Fee for Services

Marina Committee:

1. Financial and Operational Analysis of the Marina
2. Cruise Ship Port of Call Designation
3. Merit Fiber Connection (in conjunction with the Municipal Building)
4. Marina Upgrades

Special Committee for Economic Development
Discussion of an agenda item at the next Council Meeting to dissolve.

V. Adjournment: 6:05 P.M.

Respectfully submitted,

Robert R. Heilman; President

Patricia Peppler; Deputy Clerk

LOCAL REVENUE SHARING BOARD
(Tribal Gaming Revenue Board)
Petoskey, Michigan 49770

June 1, 2015

Village of Mackinaw City
Att: David White, Interim Manager
PO Box 580
Mackinaw City, MI 49701

Dear Mr. White:

The application by the Village of Mackinaw City, Fire Department for Local Revenue Sharing Board funding for a TurboDraft Fire Eductor and dash radars in the amount of $10,100 has been awarded $3,500 for the purchase of a TurboDraft Fire Eductor.

By accepting an allocation, the recipient agrees to use the monies solely for the purpose stated in the application, and agrees to return any excess monies not used for that purpose.
Please acknowledge your acceptance by signing below and returning to:

Emmet County Controller's Office
Attn: Kelly Moses
200 Division Street Suite G74
Petoskey, Michigan 49770

Very truly yours,

Dennis Keiser
LRSB Chairman
Supervisor, Bear Creek Township

Accepted on behalf of Village of Mackinaw City

Interim Village Manager

David White, Interim Manager

RECEIVED
6-5-15

Village Council -
Village Manager Dave White &
Village President Robert Heilman

Thank you so much for letting us camp behind the high School for the Memorial Day Weekend. This is a special event & we glad we can participate & letting us camp make it easy.

Mackinaw Voyageurs.

Village Council

Thank you so much for all that you do for us throughout the year and especially on Memorial Day Weekend. Your support is great!!

Fort Michilimackinac Pageant Committee

To: Mackinaw City Council
From: David M. White, Interim Village Manager
Date: May 15, 2015
Re: Manager Report for June 18, 2015, Council Meeting

X Old Business:

A. License Agreement between Village and Library-Paintings
For Council consideration is a License Agreement between the Village and the Library for the Conkling paintings the Village has ownership of. The agreement has been prepared by the Village Attorney and addresses all of the issues. Mr. Lane can answer any questions you may have, should the Council wish to approve this agreement a motion would be needed.

XI New Business:

A. Freedom of Information Act- Procedures & Guidelines-The Village must update various sections of the Freedom of Information Act by July 1st. Clerk Jaggi and the Village Attorney have been working together to update those sections of the Act that needed to be updated. Items A, B, and C of this part of the Council agenda are those FOIA section changes that need to be changed. Item A, addresses the procedures and guidelines that have been updated, Clerk Jaggi and Mr. Lane can address any questions the Council may have.

B. Freedom of Information Act- Fee Itemization Form The changes in the FOIA act require an Itemization cost breakdown to be provided to the requesting party when a fee is too charged. Before the Council is a proposed Fee itemization form for your review and approval. Should any Council member have any question we would be happy to address them.

C. Freedom of Information Act- Written Summary- This section deals with how to submit a FOIA request to the Village. Clerk Jaggi and Mr. Lane can answer any questions Council may have.

D. Special Event Application-2015-SE-047 Shoreline West Bicycle Tour, This is for car parking only, the area for this year's parking has been changed to

the back lot at the Recreation Center and the concrete pad at the front of the Recreation Center. In the past the ball fields were used which caused maintenance issues after the event was over. The parking is scheduled to take place August 1st thru August 8th 2015. This is an annual event and a $250 fee will be paid for the use of the area around the Recreation Center.

E. **Special Event Application 2015-SE-050- Mackinaw Bridge Labor Day Run-** This event is sponsored by the Michigan Fitness Foundation. The organization will provide all their own tables and chairs and will set up outside the Recreation Center. There is no charge for this event and is an annual event.

F. **Special Event Application 2015-SE-051- The Salvation Army-**The Salvation Army would like to ring bells in front of the Post Office and American Legion June 27, 2015. All permissions and proof of insurance are on file. The staff has no issues with this request.

G. **Special Event Application 2015-SE-052 Caroline Somers Lemonade Stand-** This event has taken place in the past and is slated for this year from June to August Monday thru Saturday. The stand will be in front of St. Anthony's church and all approvals are in place. The Village staff did not have any issues with this request.

H. **Special Event Application 2015-SE-001- Fort Michilimackinac Voyageurs-** This request is for the use of the Pavilion behind the school for next year's Pageant. There is no fee and the Insurance Cert. will be provided when available.

I. This is the annual letter from the Lions Club requesting permission once again for Labor Day parking for the locations outlined in the letter. No issues regarding the Lions parking on Labor Day have been given to me so I recommend approval of this request.

J. **Tree Board Appointment-** President Heilman will be presenting a name for the Council's review for the Tree board.

Items Not on the Agenda:

1. In the Council's agenda packet is a letter from Brian Thurston District Engineer for DEQ. The letter outlines the areas where the Village is in compliance with the Michigan Safe Water Drinking Act 1976 PA 399 as amended. The areas listed as deficiencies are not new issues and the Village continues to address as funds are available. The recommendations are being reviewed by Staff and will be addressed as funds become available. After review I would be happy to address any questions you have.

TREASURER REPORT
3/1/15 to 6/15/15

	REVENUE	EXPENSE	CASH BALANCE
GENERAL	$163,035.37	$400,360.19	$408,591.39
ADVERTISING/PROMOTION	$3,959.37	$15,388.70	PART OF GF
STREETS	$80,857.99	$174,598.48	$271,881.61
RECREATION CENTER	$9,166.00	$11,064.57	-$11,197.46
CEMETERY	$7,272.58	$11,491.41	$122,214.86
DDA	$8,058.77	$5,989.70	$100,682.44
AMBULANCE	$0.00	$4,478.98	$118,190.56
RECREATION COMPLEX	$525.00	$2,888.90	$7,816.09
SEWER FUND	$80,828.58	$144,537.47	$419,105.51
WATER FUND	$52,968.04	$131,204.55	$133,309.28
MARINA FUND	$80,459.81	$56,337.63	$175,775.26

THE CASH BALANCE IS WHAT IS ON HAND AT THE MOMENT. THIS BALANCE CHANGES CONSTANTLY.
05/16/15 TO 6/12/15 CHECKS WRITTEN #32581-#32691 IN THE AMOUNT OF $355,415.72

REVENUE AND EXPENDITURE REPORT FOR VILLAGE OF MACKINAW CITY

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 101 - GENERAL FUND							
Revenues							
Dept 000							
101-000-264.300	EMPLOYEE HEALTH BENEFIT	0.00	200.00	0.00	0.00	200.00	0.00
101-000-403.000	CURRENT PROPERTY TAX-REAL	16,425.00	920,000.00	0.00	0.00	920,000.00	0.00
101-000-403.100	CURRENT PROPERTY TAX-PERSONAL	0.00	52,500.00	0.00	0.00	52,500.00	0.00
101-000-403.200	DELINQUENT TAX	92,783.13	3,500.00	80,495.20	0.00	(76,995.20)	2,299.86
101-000-403.300	ADVERTISING MILLAGE	0.00	43,200.00	0.00	0.00	43,200.00	0.00
101-000-403.400	DELINQUENT TAX ADVERTISING	4,429.63	4,000.00	3,959.37	0.00	40.63	98.98
101-000-424.000	IN LIEU OF PROPERTY TAXES	0.00	2,730.00	0.00	0.00	2,730.00	0.00
101-000-445.000	PENALITIES AND INTEREST ON TAXES	0.00	200.00	0.00	0.00	200.00	0.00
101-000-450.000	BUSINESS LICENSE/PERMITS	3,830.00	12,100.00	3,415.00	200.00	8,685.00	28.22
101-000-476.000	NON-BUSINESS PERMITS	130.00	500.00	339.70	150.00	160.30	67.94
101-000-476.100	ROW PERMIT/FEES/REIMBURSEMNENT	1,686.12	3,000.00	3,110.00	700.00	(110.00)	103.67
101-000-476.200	SPECIAL EVENT PERMIT/FEE	8,400.00	10,000.00	632.38	32.38	9,367.62	6.32
101-000-574.000	STATE SHARED REVENUE	5,463.93	0.00	0.00	0.00	0.00	0.00
101-000-574.100	CONSTITUTIONAL STATE SHARED REV	18,734.00	51,000.00	10,881.00	0.00	40,119.00	21.34
101-000-574.200	EVIP SHARED REV	3,138.00	9,000.00	0.00	0.00	9,000.00	0.00
101-000-575.000	POLICE JUSTICE TRAINING	557.64	1,000.00	578.94	578.94	421.06	57.89
101-000-577.000	LIQUOR LICENSE	0.00	9,000.00	41.25	0.00	8,958.75	0.46
101-000-607.000	CHARGE SERVICES	1,219.50	900.00	328.00	1.00	572.00	36.44
101-000-607.100	CHARGE SERV. POLICE REPORTS	175.00	500.00	37.00	10.00	463.00	7.40
101-000-607.300	CHARGE SERVICE NOTARY FEE	25.00	100.00	25.00	20.00	75.00	25.00
101-000-618.000	ADMINISTRATION FEES - TAXES	0.00	14,000.00	0.00	0.00	14,000.00	0.00
101-000-618.100	DELINQUENT ADMIN FEE	1,520.42	1,200.00	1,367.40	0.00	(167.40)	113.95
101-000-655.000	FINES	172.17	8,500.00	640.07	190.66	7,859.93	7.53
101-000-655.100	PBT/PROSECUTION FINES	370.00	3,000.00	353.00	117.00	2,647.00	11.77
101-000-664.000	INTEREST INCOME	346.62	2,400.00	386.03	0.00	2,013.97	16.08
101-000-664.100	INT. INCOME COMBINED SAVINGS	163.38	2,000.00	81.51	0.00	1,918.49	4.08
101-000-668.000	RENTS & ROYALTIES	0.00	24,000.00	10,000.00	0.00	14,000.00	41.67
101-000-668.200	TURBINE LEASE	2,400.00	9,600.00	4,390.25	1,600.00	5,209.75	45.73
101-000-668.300	RENT DOCK LEASE	0.00	163,000.00	0.00	0.00	163,000.00	0.00
101-000-674.000	CONTRIB. WAWATAM TOWNSHIP	13,019.48	15,000.00	12,003.23	0.00	2,996.77	80.02
101-000-674.100	CONTRIB. MACKINAW TOWNSHIP	18,590.16	22,000.00	15,366.37	0.00	6,633.63	69.85
101-000-676.300	PROJECT GRAD CONTRIBUTIONS	125.85	0.00	0.00	0.00	0.00	0.00
101-000-676.500	FIREWORKS CONTRIBUTIONS	0.00	10,000.00	5,000.00	0.00	5,000.00	50.00
101-000-686.000	ZONING PERMIT DEPOSIT	0.00	2,000.00	0.00	0.00	2,000.00	0.00
101-000-688.000	REFUND	172.89	0.00	75.87	0.00	(75.87)	100.00
101-000-691.100	GRANTS	3,000.00	8,000.00	0.00	0.00	8,000.00	0.00
101-000-691.110	CONTRIB FROM MAJOR ST ADMIN SERVICE	0.00	20,000.00	0.00	0.00	20,000.00	0.00
101-000-691.120	CONTRIB FOR LOCAL ST-ADMIN SERVICE	0.00	20,000.00	0.00	0.00	20,000.00	0.00
101-000-691.130	CONTRIB FROM CEMETERY-ADMIN SERVICE	0.00	9,162.00	0.00	0.00	9,162.00	0.00
101-000-691.150	CONTRIBUTION FROM POLICE ADMIN SERVI	0.00	9,807.00	0.00	0.00	9,807.00	0.00
101-000-691.160	CONTRIBUTION FROM FIRE ADMIN SERVICE	0.00	8,516.00	0.00	0.00	8,516.00	0.00
101-000-691.170	CONTRIBUTION FROM PERF SHELL ADMIN S	0.00	2,729.00	0.00	0.00	2,729.00	0.00
101-000-691.180	CONTRIBUTION FROM REC CENTER	0.00	8,191.00	0.00	0.00	8,191.00	0.00
101-000-691.190	CONTRIBUTION FROM DDA ADMIN SERVICE	0.00	2,729.00	0.00	0.00	2,729.00	0.00
101-000-691.191	CONTRIBUTION FROM SEWER ADMIN SERVIC	0.00	38,729.00	0.00	0.00	38,729.00	0.00
101-000-691.192	CONTRIBUTION FROM WATER ADMIN SERVIC	0.00	38,729.00	0.00	0.00	38,729.00	0.00
101-000-691.193	CONTRIBUTION FROM MARINA ADMIN SERVI	0.00	12,392.00	0.00	0.00	12,392.00	0.00
101-000-691.194	CONTRIBUTION FROM EQUIPMENT ADMIN SE	0.00	5,840.00	0.00	0.00	5,840.00	0.00
101-000-691.200	DNR MNRFT-MCLOTT	182,550.47	0.00	0.00	0.00	0.00	0.00
101-000-691.300	DNR SNOWMOBILE GRANT	0.00	11,000.00	10,885.25	0.00	114.75	98.96
101-000-691.350	POLICE GRANTS	5,250.00	500.00	0.00	0.00	500.00	0.00
101-000-691.400	DNR TRAILHEAD	25,363.20	1,800.00	0.00	0.00	1,800.00	0.00
101-000-698.000	MISCELLANEOUS INCOME	105.99	0.00	2,285.92	2,250.92	(2,285.92)	100.00
101-000-698.200	APPROPRIATION FUND BALANCE	0.00	78,559.44	0.00	0.00	78,559.44	0.00
101-000-698.400	MISC. INCOME FIRE DEPT.	1,250.00	2,000.00	0.00	0.00	2,000.00	0.00

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 101 - GENERAL FUND							
Revenues							
101-000-698.500	MISC. INCOME - POLICE	3,452.07	2,500.00	317.00	0.00	2,183.00	12.68
Total Dept 000		414,849.65	1,681,313.44	166,994.74	5,850.90	1,514,318.70	9.93
TOTAL Revenues		414,849.65	1,681,313.44	166,994.74	5,850.90	1,514,318.70	9.93
Expenditures							
Dept 101-GENERAL							
101-101-702.000	WAGE & SALARY	4,000.00	16,000.00	4,050.00	0.00	11,950.00	25.31
101-101-705.000	EMPLOYER FICA	306.01	1,500.00	309.82	0.00	1,190.18	20.65
101-101-707.200	POST EMPLOYEE HEALTH EXPENSE	0.00	20,000.00	6,852.51	0.00	13,147.49	34.26
101-101-709.000	WORKMANS COMP	0.00	500.00	487.02	487.02	12.98	97.40
101-101-727.000	OFFICE SUPPLIES	335.40	0.00	79.95	79.95	(79.95)	100.00
101-101-740.000	OPERATING SUPPLIES	288.63	375.00	25.76	0.00	349.24	6.87
101-101-801.000	CONTRACTED SERVICES	919.96	15,000.00	790.06	0.00	14,209.94	5.27
101-101-850.000	COMMUNICATIONS	0.00	0.00	6.61	0.00	(6.61)	100.00
101-101-864.000	CONFERENCE/WORKSHOPS	46.24	2,500.00	62.00	0.00	2,438.00	2.48
101-101-873.000	TRAVEL	358.40	1,500.00	439.22	0.00	1,060.78	29.28
101-101-900.000	PRINT/PUBLISHING	91.41	1,500.00	2,116.26	10.00	(616.26)	141.08
101-101-910.000	INSURANCE	0.00	6,000.00	0.00	0.00	6,000.00	0.00
101-101-958.000	MEMBERSHIP/DUES	792.00	1,500.00	805.00	805.00	695.00	53.67
101-101-962.000	MISCELLANEOUS	16,925.22	0.00	50.00	50.00	(50.00)	100.00
Total Dept 101-GENERAL		24,063.27	66,375.00	16,074.21	1,431.97	50,300.79	24.22
Dept 172-ADMINISTRATION							
101-172-702.000	WAGE & SALARY	25,615.35	74,000.00	19,734.00	2,310.00	54,266.00	26.67
101-172-705.000	EMPLOYER FICA	1,943.58	5,700.00	1,509.65	176.71	4,190.35	26.49
101-172-706.000	DENTAL INSURANCE	161.28	848.04	0.00	0.00	848.04	0.00
101-172-707.000	HEALTH INSURANCE	1,472.28	13,577.52	0.00	0.00	13,577.52	0.00
101-172-708.000	OPTICAL INSURANCE	33.80	213.72	0.00	0.00	213.72	0.00
101-172-709.000	WORKMANS COMP	0.00	450.00	487.02	487.02	(37.02)	108.23
101-172-711.000	EMPLOYER SHARE RETIREMENT	2,561.58	7,400.00	0.00	0.00	7,400.00	0.00
101-172-711.100	PEHP EXPENSE	80.00	240.00	0.00	0.00	240.00	0.00
101-172-712.000	LIFE INSURANCE	69.00	210.00	0.00	0.00	210.00	0.00
101-172-713.000	UNEMPLOYMENT	0.00	950.00	85.40	0.00	864.60	8.99
101-172-727.000	OFFICE SUPPLIES	54.61	0.00	33.40	0.00	(33.40)	100.00
101-172-740.000	OPERATING SUPPLIES	32.02	100.00	39.00	0.00	61.00	39.00
101-172-751.000	GAS/OIL	514.71	3,200.00	521.13	80.44	2,678.87	16.29
101-172-801.000	CONTRACTED SERVICES	823.55	0.00	210.60	0.00	(210.60)	100.00
101-172-814.000	COMP SRV/CONT	0.00	800.00	0.00	0.00	800.00	0.00
101-172-850.000	COMMUNICATIONS	864.36	1,000.00	0.00	0.00	1,000.00	0.00
101-172-864.000	CONFERENCE/WORKSHOPS	0.00	1,200.00	12.00	0.00	1,188.00	1.00
101-172-873.000	TRAVEL	81.05	1,000.00	0.00	0.00	1,000.00	0.00
101-172-910.000	INSURANCE	0.00	500.00	0.00	0.00	500.00	0.00
101-172-910.100	VEHICLE INSURANCE	0.00	200.00	0.00	0.00	200.00	0.00
101-172-930.100	VEHICLE MAINTANCE	0.00	1,000.00	0.00	0.00	1,000.00	0.00
101-172-958.000	MEMBERSHIP/DUES	0.00	1,026.00	100.00	0.00	926.00	9.75
Total Dept 172-ADMINISTRATION		34,307.17	113,615.28	22,732.20	3,054.17	90,883.08	20.01
Dept 202-MAJOR STREET (POOLED CASH FUND)							
101-202-801.000	CONTRACTED SERVICES AUDITOR	25,700.00	28,000.00	9,496.00	0.00	18,504.00	33.91

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 101 - GENERAL FUND							
Expenditures							
Total Dept 202-MAJOR STREET (POOLED CASH FUND)		25,700.00	28,000.00	9,496.00	0.00	18,504.00	33.91
Dept 203-LOCAL STREET (POOLED CASH FUND)							
101-203-801.000	CONTRACTED SERVICES ATTORNEY	15,221.50	48,000.00	24,560.30	462.00	23,439.70	51.17
Total Dept 203-LOCAL STREET (POOLED CASH FUND)		15,221.50	48,000.00	24,560.30	462.00	23,439.70	51.17
Dept 215-CLERK							
101-215-702.000	WAGE & SALARY	13,850.00	43,940.00	13,464.00	1,690.00	30,476.00	30.64
101-215-705.000	EMPLOYER FICA	1,023.81	3,043.17	986.97	123.14	2,056.20	32.43
101-215-706.000	DENTAL INSURANCE	483.88	1,452.00	415.24	103.81	1,036.76	28.60
101-215-707.000	HEALTH INSURANCE	4,416.76	15,485.00	4,381.64	1,095.41	11,103.36	28.30
101-215-708.000	OPTICAL INSURANCE	101.40	304.00	74.68	18.67	229.32	24.57
101-215-709.000	WORKMANS COMP	0.00	80.00	0.00	0.00	80.00	0.00
101-215-711.000	EMPLOYER SHARE RETIREMENT	1,385.00	3,978.00	1,346.40	169.00	2,631.60	33.85
101-215-711.100	PEHP EXPENSE	80.00	240.00	80.00	20.00	160.00	33.33
101-215-712.000	LIFE INSURANCE	55.20	165.96	55.20	13.80	110.76	33.26
101-215-727.000	OFFICE SUPPLIES	95.43	0.00	0.00	0.00	0.00	0.00
101-215-801.000	CONTRACTED SERVICES	536.06	0.00	42.56	0.00	(42.56)	100.00
101-215-850.000	COMMUNICATIONS	592.54	0.00	16.52	0.00	(16.52)	100.00
101-215-864.000	CONFERENCE/WORKSHOPS	382.50	800.00	0.00	0.00	800.00	0.00
101-215-873.000	TRAVEL	138.46	500.00	695.40	0.00	(195.40)	139.08
101-215-910.000	INSURANCE	0.00	75.00	0.00	0.00	75.00	0.00
101-215-958.000	MEMBERSHIP/DUES	0.00	200.00	0.00	0.00	200.00	0.00
Total Dept 215-CLERK		23,141.04	70,263.13	21,558.61	3,233.83	48,704.52	30.68
Dept 253-TREASURER							
101-253-702.000	WAGE & SALARY	15,935.85	46,957.74	14,423.63	1,806.06	32,534.11	30.72
101-253-705.000	EMPLOYER FICA	1,169.85	3,592.27	1,057.07	131.82	2,535.20	29.43
101-253-706.000	DENTAL INSURANCE	483.88	1,323.00	368.60	92.15	954.40	27.86
101-253-707.000	HEALTH INSURANCE	4,416.76	15,485.00	5,606.68	1,401.67	9,878.32	36.21
101-253-708.000	OPTICAL INSURANCE	101.40	203.64	88.16	22.04	115.48	43.29
101-253-709.000	WORKMANS COMP	0.00	90.00	0.00	0.00	90.00	0.00
101-253-711.000	EMPLOYER SHARE RETIREMENT	1,593.63	4,695.77	1,442.40	180.61	3,253.37	30.72
101-253-711.100	PEHP EXPENSE	80.00	240.00	80.00	20.00	160.00	33.33
101-253-712.000	LIFE INSURANCE	55.20	166.00	55.20	13.80	110.80	33.25
101-253-727.000	OFFICE SUPPLIES	101.77	0.00	0.00	0.00	0.00	0.00
101-253-740.000	OPERATING SUPPLIES	0.00	500.00	1.40	0.00	498.60	0.28
101-253-801.000	CONTRACTED SERVICES	536.06	600.00	0.00	0.00	600.00	0.00
101-253-801.500	CONTRACTED SERVICE TAX ROLL	0.00	600.00	0.00	0.00	600.00	0.00
101-253-850.000	COMMUNICATIONS	592.54	0.00	9.91	0.00	(9.91)	100.00
101-253-864.000	CONFERENCE/WORKSHOPS	951.99	1,000.00	955.29	0.00	44.71	95.53
101-253-873.000	TRAVEL	191.52	200.00	171.00	0.00	29.00	85.50
101-253-900.000	PRINT/PUBLISHING	0.00	50.00	0.00	0.00	50.00	0.00
101-253-910.000	INSURANCE	0.00	150.00	0.00	0.00	150.00	0.00
101-253-958.000	MEMBERSHIP/DUES	0.00	100.00	0.00	0.00	100.00	0.00
Total Dept 253-TREASURER		26,210.45	75,953.42	24,259.34	3,668.15	51,694.08	31.94
Dept 265-MUNICIPAL BUILDING							

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Fund 101 - GENERAL FUND							
Expenditures							
101-265-702.111	CLERICAL WAGES	9,720.00	28,080.00	8,797.69	1,101.60	19,282.31	31.33
101-265-702.112	CLERICAL WAGES OT	81.00	100.00	0.00	0.00	100.00	0.00
101-265-702.310	DPW SUPERINTENDENT SALARY WAGE	950.11	0.00	0.00	0.00	0.00	0.00
101-265-702.311	DPW WAGE	5,092.58	18,438.00	3,936.26	453.79	14,501.74	21.35
101-265-702.312	DPW WAGE OT	103.50	0.00	0.00	0.00	0.00	0.00
101-265-705.000	EMPLOYER FICA	1,186.96	3,558.63	958.54	114.32	2,600.09	26.94
101-265-706.000	DENTAL INSURANCE	473.74	1,223.00	322.27	73.51	900.73	26.35
101-265-707.000	HEALTH INSURANCE	4,327.04	15,327.00	4,889.97	1,163.52	10,437.03	31.90
101-265-707.100	OPT OUT HEALTH INSURANCE	212.45	991.00	247.86	0.00	743.14	25.01
101-265-708.000	OPTICAL INSURANCE	99.69	188.00	75.88	18.32	112.12	40.36
101-265-709.000	WORKMANS COMP	0.00	767.00	2,251.60	2,251.60	(1,484.60)	293.56
101-265-711.000	EMPLOYER SHARE RETIREMENT	833.23	4,129.00	1,203.66	145.71	2,925.34	29.15
101-265-711.100	PEHP EXPENSE	109.11	313.00	107.43	24.90	205.57	34.32
101-265-712.000	LIFE INSURANCE	38.76	110.00	37.75	8.74	72.25	34.32
101-265-713.000	UNEMPLOYMENT	745.90	1,544.00	654.35	7.60	889.65	42.38
101-265-727.000	OFFICE SUPPLIES	44.59	5,000.00	1,397.42	187.61	3,602.58	27.95
101-265-740.000	OPERATING SUPPLIES	993.86	3,000.00	224.51	80.00	2,775.49	7.48
101-265-768.000	UNIFORMS	0.00	70.00	0.00	0.00	70.00	0.00
101-265-775.000	REPAIRS/MAINTENANCE	134.75	2,500.00	17.27	0.00	2,482.73	0.69
101-265-801.000	CONTRACTED SERVICES	501.90	1,000.00	40.00	0.00	960.00	4.00
101-265-801.119	CONTRACTED SERVICE - COMMUNICATIONS	626.71	2,000.00	1,342.13	251.83	657.87	67.11
101-265-801.400	CONTRACTED SERVICE-I.T. SERVICE	302.15	2,000.00	0.00	0.00	2,000.00	0.00
101-265-801.600	CONTRACTED SERVICE-BUILDING	60.00	2,500.00	0.00	0.00	2,500.00	0.00
101-265-801.700	CONTRACTED SERVICE - BS&A	267.80	300.00	0.00	0.00	300.00	0.00
101-265-910.000	INSURANCE	0.00	600.00	0.00	0.00	600.00	0.00
101-265-921.000	ELECTRICITY	567.01	2,000.00	477.09	310.94	1,522.91	23.85
101-265-922.100	INTERNET	780.73	500.00	460.00	115.00	40.00	92.00
101-265-923.000	HEAT	288.70	1,800.00	210.80	94.60	1,589.20	11.71
101-265-928.000	ROW PERMIT REIMBURSEMENT	0.00	2,000.00	0.00	0.00	2,000.00	0.00
101-265-930.000	R/M EQUIPMENT	150.00	0.00	0.00	0.00	0.00	0.00
101-265-943.000	EQUIP RENTAL	539.41	2,500.00	741.69	98.85	1,758.31	29.67
101-265-958.000	MEMBERSHIP/DUES	0.00	26.00	0.00	0.00	26.00	0.00
101-265-975.000	BLDG/GRDS C/O BUILDING	0.00	5,000.00	2,500.00	0.00	2,500.00	50.00
Total Dept 265-MUNICIPAL BUILDING		29,231.68	107,564.63	30,894.17	6,502.44	76,670.46	28.72
Dept 269-VPO							
101-269-702.310	DPW SUPERINTENDENT SALARY WAGE	2,137.74	0.00	0.00	0.00	0.00	0.00
101-269-702.311	DPW WAGE	17,150.69	62,075.00	16,133.92	2,180.18	45,941.08	25.99
101-269-702.312	DPW WAGE OT	0.00	1,000.00	284.25	153.00	715.75	28.43
101-269-705.000	EMPLOYER FICA	1,460.24	4,825.24	1,255.89	172.38	3,569.35	26.03
101-269-706.000	DENTAL INSURANCE	314.15	684.00	327.28	65.28	356.72	47.85
101-269-707.000	HEALTH INSURANCE	2,867.62	8,563.00	3,280.40	655.48	5,282.60	38.31
101-269-707.100	OPT OUT HEALTH INSURANCE	442.60	2,195.00	548.83	0.00	1,646.17	25.00
101-269-708.000	OPTICAL INSURANCE	65.87	105.00	45.11	9.05	59.89	42.96
101-269-709.000	WORKMANS COMP	0.00	2,048.00	0.00	0.00	2,048.00	0.00
101-269-711.000	EMPLOYER SHARE RETIREMENT	1,192.88	3,820.00	1,341.91	175.11	2,478.09	35.13
101-269-711.100	PEHP EXPENSE	78.81	221.00	95.68	22.59	125.32	43.29
101-269-712.000	LIFE INSURANCE	29.66	84.00	35.68	8.45	48.32	42.48
101-269-713.000	UNEMPLOYMENT	788.80	2,261.00	474.55	47.04	1,786.45	20.99
101-269-727.000	OFFICE SUPPLIES	42.34	0.00	0.00	0.00	0.00	0.00
101-269-740.000	OPERATING SUPPLIES	7,143.50	5,000.00	233.98	0.00	4,766.02	4.68
101-269-768.000	UNIFORMS	0.00	228.00	0.00	0.00	228.00	0.00
101-269-775.000	REPAIRS/MAINTENANCE	200.75	4,000.00	347.17	112.08	3,652.83	8.68
101-269-801.000	CONTRACTED SERVICES	2,234.52	6,000.00	1,571.22	342.12	4,428.78	26.19

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Fund 101 - GENERAL FUND							
Expenditures							
101-269-910.000	INSURANCE	0.00	900.00	0.00	0.00	900.00	0.00
101-269-921.000	ELECTRICITY	403.41	0.00	0.00	0.00	0.00	0.00
101-269-921.100	DUCHARME REST ROOM ELECTRIC	102.18	2,000.00	944.24	327.40	1,055.76	47.21
101-269-921.300	TRAILHEAD REST ROOM ELECTIC	525.76	2,000.00	963.16	489.43	1,036.84	48.16
101-269-927.100	DUCHARME REST ROOM WATER SEWER	47.84	500.00	48.84	48.84	451.16	9.77
101-269-927.300	TRAILHEAD REST ROOM WATER SEWER	91.55	1,000.00	965.12	93.55	34.88	96.51
101-269-927.400	CONKLING WATER SEWER	0.00	0.00	161.11	161.11	(161.11)	100.00
101-269-943.000	EQUIP RENTAL	8,591.91	35,000.00	13,301.56	909.34	21,698.44	38.00
101-269-962.000	MISCELLANEOUS	10,240.00	0.00	0.00	0.00	0.00	0.00
101-269-974.100	LAND EASEMENTS	17.00	0.00	0.00	0.00	0.00	0.00
101-269-974.400	VPO/TRAILHEAD BLDG	779.95	3,000.00	3,225.00	1,425.00	(225.00)	107.50
101-269-991.000	TAXES	1,612.87	0.00	0.00	0.00	0.00	0.00
Total Dept 269-VPO		58,562.64	147,509.24	45,584.90	7,397.43	101,924.34	30.90
Dept 285-PROMO							
101-285-702.000	WAGE & SALARY	149.66	0.00	0.00	0.00	0.00	0.00
101-285-702.310	DPW SUPERINTENDENT SALARY WAGE	475.05	0.00	0.00	0.00	0.00	0.00
101-285-702.311	DPW WAGE	3,189.12	14,999.00	1,944.33	160.91	13,054.67	12.96
101-285-702.312	DPW WAGE OT	163.88	2,500.00	27.11	0.00	2,472.89	1.08
101-285-705.000	EMPLOYER FICA	321.67	1,338.67	159.34	11.44	1,179.33	11.90
101-285-706.000	DENTAL INSURANCE	17.85	131.00	8.91	2.94	122.09	6.80
101-285-707.000	HEALTH INSURANCE	162.95	1,646.00	83.85	25.98	1,562.15	5.09
101-285-707.100	OPT OUT HEALTH INSURANCE	336.39	779.00	194.76	0.00	584.24	25.00
101-285-708.000	OPTICAL INSURANCE	3.74	20.00	1.14	0.34	18.86	5.70
101-285-709.000	WORKMANS COMP	0.00	508.00	0.00	0.00	508.00	0.00
101-285-711.000	EMPLOYER SHARE RETIREMENT	192.22	860.00	137.29	13.85	722.71	15.96
101-285-711.100	PEHP EXPENSE	7.33	53.00	4.15	2.01	48.85	7.83
101-285-712.000	LIFE INSURANCE	3.09	20.00	1.99	0.84	18.01	9.95
101-285-713.000	UNEMPLOYMENT	198.04	570.00	54.06	0.00	515.94	9.48
101-285-740.000	OPERATING SUPPLIES	0.00	2,000.00	0.00	0.00	2,000.00	0.00
101-285-768.000	UNIFORMS	0.00	40.00	0.00	0.00	40.00	0.00
101-285-801.000	CONTRACTED SERVICES	0.00	0.00	450.00	0.00	(450.00)	100.00
101-285-801.110	CONTRACTED SERVICE- NEMCOG	0.00	1,000.00	0.00	0.00	1,000.00	0.00
101-285-801.120	CONTRACTED SERVICE-NWMCOG	0.00	1,000.00	0.00	0.00	1,000.00	0.00
101-285-801.122	CONTRACTED SERVICE-EMMET CO.	0.00	1,000.00	0.00	0.00	1,000.00	0.00
101-285-801.123	CONTRACTED SERVICE-G.U.N.	0.00	1,000.00	0.00	0.00	1,000.00	0.00
101-285-801.900	CONTRACTED SERVICE-NLEA	0.00	2,000.00	2,000.00	0.00	0.00	100.00
101-285-880.000	PROMOTIONAL PAGEANT	4,000.00	2,000.00	0.00	0.00	2,000.00	0.00
101-285-880.100	PARADE	2,000.00	1,000.00	1,000.00	0.00	0.00	100.00
101-285-881.000	HOLIDAY DECORATIONS	0.00	0.00	(1,522.60)	0.00	1,522.60	100.00
101-285-882.000	FIREWORKS	10,125.00	27,000.00	10,125.00	3,750.00	16,875.00	37.50
101-285-883.000	CHAMBER OF COMMERCE CONT SERVICE	0.00	4,000.00	0.00	0.00	4,000.00	0.00
101-285-884.000	PROJECT GRADUATION	650.00	0.00	0.00	0.00	0.00	0.00
101-285-900.000	PRINT/PUBLISHING	697.43	1,500.00	0.00	0.00	1,500.00	0.00
101-285-910.000	INSURANCE	0.00	160.00	0.00	0.00	160.00	0.00
101-285-943.000	EQUIP RENTAL	1,068.39	3,000.00	719.37	82.76	2,280.63	23.98
Total Dept 285-PROMO		23,761.81	70,124.67	15,388.70	4,051.07	54,735.97	21.94
Dept 301-POLICE							
101-301-702.100	OVERTIME WAGES	0.00	0.00	188.92	0.00	(188.92)	100.00
101-301-702.110	CHIEF WAGES	19,768.50	58,251.00	17,703.52	2,240.43	40,547.48	30.39
101-301-702.120	SERGEANT WAGE	17,782.12	52,187.20	16,036.88	2,007.20	36,150.32	30.73

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Fund 101 - GENERAL FUND							
Expenditures							
101-301-702.130	SERGEANT WAGES OT	1,014.93	1,906.50	2,057.95	591.02	(151.45)	107.94
101-301-702.140	FULL TIME PATROL WAGES	50,313.80	134,777.40	53,640.73	5,391.20	81,136.67	39.80
101-301-702.150	FULL TIME PATROL WAGES OT	1,876.43	4,929.00	1,266.96	189.71	3,662.04	25.70
101-301-702.160	PART TIME PATROL WAGE	8,088.50	40,000.00	5,451.50	360.00	34,548.50	13.63
101-301-702.180	ODE ENFORCEMENT	4,665.00	0.00	0.00	0.00	0.00	0.00
101-301-702.190	SNOW PATROL	0.00	1,630.00	137.19	0.00	1,492.81	8.42
101-301-702.200	HOLIDAY PAY	1,955.33	5,983.00	1,601.10	0.00	4,381.90	26.76
101-301-702.311	DPW WAGE	761.98	1,800.00	885.52	3.47	914.48	49.20
101-301-705.000	EMPLOYER FICA	8,304.26	23,317.00	7,629.16	810.21	15,687.84	32.72
101-301-706.000	DENTAL INSURANCE	1,354.84	5,292.00	1,479.55	425.38	3,812.45	27.96
101-301-707.000	HEALTH INSURANCE	12,369.32	66,228.00	11,410.18	3,345.13	54,817.82	17.23
101-301-707.100	OPT OUT HEALTH INSURANCE	3,647.13	7,081.00	2,245.60	0.00	4,835.40	31.71
101-301-708.000	OPTICAL INSURANCE	284.32	814.00	114.70	34.90	699.30	14.09
101-301-709.000	WORKMANS COMP	0.00	5,171.00	6,209.50	6,209.50	(1,038.50)	120.08
101-301-711.000	EMPLOYER SHARE RETIREMENT	9,273.27	26,906.10	9,334.14	1,042.29	17,571.96	34.69
101-301-711.100	PEHP EXPENSE	401.00	1,200.00	383.69	100.04	816.31	31.97
101-301-712.000	LIFE INSURANCE	165.94	497.00	159.98	41.42	337.02	32.19
101-301-713.000	UNEMPLOYMENT	1,631.73	6,300.00	1,202.28	200.98	5,097.72	19.08
101-301-727.000	OFFICE SUPPLIES	33.06	2,000.00	1,325.82	219.74	674.18	66.29
101-301-740.000	OPERATING SUPPLIES	1,469.66	5,127.00	4,122.50	208.00	1,004.50	80.41
101-301-751.000	GAS/OIL	4,049.78	17,500.00	2,157.55	724.53	15,342.45	12.33
101-301-768.000	UNIFORMS	96.21	3,000.00	57.12	57.12	2,942.88	1.90
101-301-775.000	REPAIRS/MAINTENANCE	98.54	250.00	336.00	0.00	(86.00)	134.40
101-301-801.000	CONTRACTED SERVICES	333.90	650.00	340.10	0.00	309.90	52.32
101-301-801.300	LEGAL FEES	0.00	4,000.00	0.00	0.00	4,000.00	0.00
101-301-801.400	CONTRACTED SERVICE-I.T. SERVICE	302.16	3,000.00	1,270.00	0.00	1,730.00	42.33
101-301-850.000	COMMUNICATIONS	1,251.20	4,000.00	555.78	116.67	3,444.22	13.89
101-301-864.000	CONFERENCE/WORKSHOPS	0.00	500.00	0.00	0.00	500.00	0.00
101-301-864.100	CONF/WORKSHP. STATE	0.00	500.00	459.99	0.00	40.01	92.00
101-301-864.200	TRAINING	1,037.21	2,000.00	900.00	0.00	1,100.00	45.00
101-301-873.000	TRAVEL	8.00	500.00	30.21	0.00	469.79	6.04
101-301-900.000	PRINT/PUBLISHING	20.00	400.00	0.00	0.00	400.00	0.00
101-301-910.000	INSURANCE	0.00	7,100.00	0.00	0.00	7,100.00	0.00
101-301-921.000	ELECTRICITY	566.98	1,200.00	477.10	310.95	722.90	39.76
101-301-923.000	HEAT	182.34	1,200.00	116.20	0.00	1,083.80	9.68
101-301-927.000	WATER SEWER	0.00	86.00	0.00	0.00	86.00	0.00
101-301-930.000	R/M EQUIPMENT	863.00	1,000.00	0.00	0.00	1,000.00	0.00
101-301-930.100	VEHICLE MAINTANCE	301.33	3,000.00	605.83	565.83	2,394.17	20.19
101-301-958.000	MEMBERSHIP/DUES	115.00	326.00	165.00	0.00	161.00	50.61
101-301-965.900	CONTRIBUTION TO AMIN SERVICE	0.00	9,807.00	0.00	0.00	9,807.00	0.00
Total Dept 301-POLICE		154,386.77	511,416.20	152,058.25	25,195.72	359,357.95	29.73
Dept 336-FIRE							
101-336-702.000	WAGE & SALARY	0.00	27,825.00	0.00	0.00	27,825.00	0.00
101-336-702.201	FIRE CHIEF SALARY & WAGE	3,178.00	9,725.00	3,241.56	0.00	6,483.44	33.33
101-336-702.311	DPW WAGE	1,045.11	2,500.00	512.68	4.76	1,987.32	20.51
101-336-705.000	EMPLOYER FICA	324.71	3,066.56	285.08	0.34	2,781.48	9.30
101-336-706.000	DENTAL INSURANCE	0.00	242.00	16.84	0.00	225.16	6.96
101-336-707.000	HEALTH INSURANCE	0.00	6,000.00	278.58	0.00	5,721.42	4.64
101-336-707.100	OPT OUT HEALTH INSURANCE	88.53	360.00	97.38	0.00	262.62	27.05
101-336-708.000	OPTICAL INSURANCE	0.00	51.00	4.36	0.00	46.64	8.55
101-336-709.000	WORKMANS COMP	0.00	1,500.00	1,704.57	1,704.57	(204.57)	113.64
101-336-711.000	EMPLOYER SHARE RETIREMENT	120.54	950.00	215.93	0.48	734.07	22.73
101-336-711.100	PEHP EXPENSE	1.13	200.00	0.19	0.06	199.81	0.10

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GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 101 - GENERAL FUND							
Expenditures							
101-336-712.000	LIFE INSURANCE	0.38	1,500.00	0.07	0.02	1,499.93	0.00
101-336-713.000	UNEMPLOYMENT	0.15	500.00	86.85	0.00	413.15	17.37
101-336-727.000	OFFICE SUPPLIES	60.42	0.00	0.00	0.00	0.00	0.00
101-336-740.000	OPERATING SUPPLIES	0.00	1,500.00	43.00	0.00	1,457.00	2.87
101-336-751.000	GAS/OIL	572.72	2,000.00	481.00	147.95	1,519.00	24.05
101-336-768.000	UNIFORMS	0.00	1,000.00	0.00	0.00	1,000.00	0.00
101-336-768.100	TURN OUT GEAR	0.00	7,000.00	0.00	0.00	7,000.00	0.00
101-336-775.000	REPAIRS/MAINTENANCE	342.26	500.00	0.00	0.00	500.00	0.00
101-336-801.000	CONTRACTED SERVICES	133.90	2,500.00	260.60	0.00	2,239.40	10.42
101-336-801.111	CONTRACTED SERVICE - VEHICLES	0.00	2,500.00	0.00	0.00	2,500.00	0.00
101-336-801.400	CONTRACTED SERVICE-I.T. SERVICE	302.16	650.00	0.00	0.00	650.00	0.00
101-336-850.000	COMMUNICATIONS	860.05	1,500.00	499.71	116.67	1,000.29	33.31
101-336-864.000	CONFERENCE/WORKSHOPS	0.00	400.00	0.00	0.00	400.00	0.00
101-336-864.100	CONF/WORKSHP. STATE	0.00	200.00	0.00	0.00	200.00	0.00
101-336-864.200	TRAINING	62.50	4,000.00	255.10	126.85	3,744.90	6.38
101-336-873.000	TRAVEL	0.00	1,000.00	0.00	0.00	1,000.00	0.00
101-336-900.000	PRINT/PUBLISHING	0.00	150.00	10.00	10.00	140.00	6.67
101-336-910.000	INSURANCE	0.00	5,000.00	0.00	0.00	5,000.00	0.00
101-336-921.000	ELECTRICITY	872.73	2,100.00	374.72	91.88	1,725.28	17.84
101-336-923.000	HEAT	1,005.37	3,000.00	1,291.48	624.64	1,708.52	43.05
101-336-927.000	WATER SEWER	0.00	85.00	0.00	0.00	85.00	0.00
101-336-930.000	R/M EQUIPMENT	875.26	14,000.00	69.12	69.12	13,930.88	0.49
101-336-930.100	VEHICLE MAINTANCE	650.06	3,000.00	487.57	0.00	2,512.43	16.25
101-336-958.000	MEMBERSHIP/DUES	150.00	276.00	29.00	0.00	247.00	10.51
101-336-965.900	CONTRIBUTION TO AMIN SERVICE	0.00	8,516.00	0.00	0.00	8,516.00	0.00
101-336-977.110	CAPITAL OUTLAY - SMALL TOOLS	0.00	2,000.00	0.00	0.00	2,000.00	0.00
101-336-977.120	RADIOS - CAPITAL OUTLAY	0.00	1,500.00	0.00	0.00	1,500.00	0.00
101-336-977.500	BOND PAYMENT 2005	8,382.46	8,382.38	0.00	0.00	8,382.38	0.00
101-336-977.550	BOND PAYMENT 2009	4,220.50	37,145.00	3,642.50	0.00	33,502.50	9.81
Total Dept 336-FIRE		23,248.94	164,323.94	13,887.89	2,897.34	150,436.05	8.45
Dept 420-CCD/ZONING							
101-420-686.100	ZONING PERMIT DEPOSIT REFUND	0.00	0.00	500.00	0.00	(500.00)	100.00
101-420-702.000	WAGE & SALARY	8,480.00	32,000.00	7,124.04	964.92	24,875.96	22.26
101-420-705.000	EMPLOYER FICA	634.92	1,500.00	522.06	69.02	977.94	34.80
101-420-706.000	DENTAL INSURANCE	75.56	200.00	119.30	36.67	80.70	59.65
101-420-707.000	HEALTH INSURANCE	689.82	1,500.00	1,974.75	606.93	(474.75)	131.65
101-420-708.000	OPTICAL INSURANCE	15.84	50.00	30.91	9.50	19.09	61.82
101-420-711.000	EMPLOYER SHARE RETIREMENT	154.84	450.00	163.11	0.00	286.89	36.25
101-420-712.000	LIFE INSURANCE	25.85	75.00	37.43	13.80	37.57	49.91
101-420-713.000	UNEMPLOYMENT	0.00	0.00	204.35	0.00	(204.35)	100.00
101-420-727.000	OFFICE SUPPLIES	(26.98)	0.00	0.00	0.00	0.00	0.00
101-420-801.000	CONTRACTED SERVICES	0.00	15,000.00	1,063.94	853.34	13,936.06	7.09
101-420-850.000	COMMUNICATIONS	0.00	750.00	6.61	0.00	743.39	0.88
101-420-900.000	PRINT/PUBLISHING	490.62	3,000.00	119.00	0.00	2,881.00	3.97
Total Dept 420-CCD/ZONING		10,540.47	54,525.00	11,865.50	2,554.18	42,659.50	21.76
Dept 444-TRANSFERS							
101-444-965.300	425 AGREEMENT MACK TOWNSHIP	0.00	3,508.55	0.00	0.00	3,508.55	0.00
Total Dept 444-TRANSFERS		0.00	3,508.55	0.00	0.00	3,508.55	0.00

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Fund 101 - GENERAL FUND							
Expenditures							
Dept 448-SIDEWALKS							
101-448-702.211	SIDE WALK SALARY & WAGE	1,128.64	4,975.00	789.45	83.71	4,185.55	15.87
101-448-702.213	SIDEWALK SNOW REMOVAL WAGE	0.00	5,000.00	648.32	0.00	4,351.68	12.97
101-448-702.311	DPW WAGE	26.56	0.00	1,260.05	17.96	(1,260.05)	100.00
101-448-705.000	EMPLOYER FICA	90.77	763.09	204.33	7.66	558.76	26.78
101-448-706.000	DENTAL INSURANCE	20.31	214.00	64.04	3.29	149.96	29.93
101-448-707.000	HEALTH INSURANCE	185.53	2,679.00	711.18	34.16	1,967.82	26.55
101-448-707.100	OPT OUT HEALTH INSURANCE	53.11	212.00	53.11	0.00	158.89	25.05
101-448-708.000	OPTICAL INSURANCE	4.26	33.00	10.95	0.50	22.05	33.18
101-448-709.000	WORKMANS COMP	0.00	351.00	0.00	0.00	351.00	0.00
101-448-711.000	EMPLOYER SHARE RETIREMENT	78.74	998.00	242.29	7.37	755.71	24.28
101-448-711.100	PEHP EXPENSE	4.37	53.00	16.12	1.04	36.88	30.42
101-448-712.000	LIFE INSURANCE	2.05	20.00	6.21	0.55	13.79	31.05
101-448-713.000	UNEMPLOYMENT	13.24	209.00	50.85	0.00	158.15	24.33
101-448-775.000	REPAIRS/MAINTENANCE	0.00	2,500.00	0.00	0.00	2,500.00	0.00
101-448-943.000	EQUIP RENTAL	1,156.45	2,500.00	1,426.80	0.00	1,073.20	57.07
101-448-943.100	EQUIP RENTAL SNOW REMOVAL	0.00	9,000.00	0.00	0.00	9,000.00	0.00
Total Dept 448-SIDEWALKS		2,764.03	29,507.09	5,483.70	156.24	24,023.39	18.58
Dept 690-PLANNING COMMISSION							
101-690-702.000	WAGE & SALARY	201.00	5,500.00	593.00	0.00	4,907.00	10.78
101-690-705.000	EMPLOYER FICA	15.38	420.75	45.40	0.00	375.35	10.79
101-690-709.000	WORKMANS COMP	0.00	10.45	0.00	0.00	10.45	0.00
101-690-727.000	OFFICE SUPPLIES	2.24	0.00	0.00	0.00	0.00	0.00
101-690-801.000	CONTRACTED SERVICES	402.16	0.00	0.00	0.00	0.00	0.00
101-690-864.000	CONFERENCE/WORKSHOPS	150.00	1,000.00	0.00	0.00	1,000.00	0.00
101-690-873.000	TRAVEL	0.00	300.00	0.00	0.00	300.00	0.00
101-690-900.000	PRINT/PUBLISHING	0.00	500.00	195.00	10.00	305.00	39.00
101-690-900.100	PRINTING/PUBLISHING ZO	20.00	500.00	0.00	0.00	500.00	0.00
101-690-958.000	MEMBERSHIP/DUES	0.00	200.00	0.00	0.00	200.00	0.00
Total Dept 690-PLANNING COMMISSION		790.78	8,431.20	833.40	10.00	7,597.80	9.88
Dept 691-PARKS AND RECREATION							
101-691-702.310	DPW SUPERINTENDENT SALARY WAGE	2,137.75	0.00	0.00	0.00	0.00	0.00
101-691-702.311	DPW WAGE	11,559.10	38,912.00	9,579.89	1,771.36	29,332.11	24.62
101-691-702.312	DPW WAGE OT	0.00	250.00	0.00	0.00	250.00	0.00
101-691-705.000	EMPLOYER FICA	1,056.41	2,995.89	729.92	130.98	2,265.97	24.36
101-691-706.000	DENTAL INSURANCE	215.59	118.00	200.47	48.52	(82.47)	169.89
101-691-707.000	HEALTH INSURANCE	1,967.89	1,481.00	2,061.45	502.79	(580.45)	139.19
101-691-707.100	OPT OUT HEALTH INSURANCE	584.24	1,133.00	283.28	0.00	849.72	25.00
101-691-708.000	OPTICAL INSURANCE	45.17	18.00	30.04	7.28	(12.04)	166.89
101-691-709.000	WORKMANS COMP	0.00	1,055.00	0.00	0.00	1,055.00	0.00
101-691-711.000	EMPLOYER SHARE RETIREMENT	804.67	1,128.00	741.93	127.92	386.07	65.77
101-691-711.100	PEHP EXPENSE	56.29	64.00	56.18	15.93	7.82	87.78
101-691-712.000	LIFE INSURANCE	21.89	26.00	20.90	5.77	5.10	80.38
101-691-713.000	UNEMPLOYMENT	574.18	1,886.00	310.26	44.17	1,575.74	16.45
101-691-740.000	OPERATING SUPPLIES	3,501.81	6,000.00	411.96	0.00	5,588.04	6.87
101-691-768.000	UNIFORMS	0.00	500.00	0.00	0.00	500.00	0.00
101-691-775.000	REPAIRS/MAINTENANCE	45.42	3,500.00	224.66	9.38	3,275.34	6.42
101-691-801.000	CONTRACTED SERVICES	161.10	10,000.00	1,182.00	0.00	8,818.00	11.82
101-691-801.116	CONTRACTED SERVICE-ON CELL HISTORIC	0.00	900.00	0.00	0.00	900.00	0.00
101-691-801.201	HISTORICAL VILLAGE	0.00	10,000.00	0.00	0.00	10,000.00	0.00

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Fund 101 - GENERAL FUND							
Expenditures							
101-691-801.400	CONTRACTED SERVICE-I.T. SERVICE	302.15	0.00	0.00	0.00	0.00	0.00
101-691-910.000	INSURANCE	0.00	450.00	0.00	0.00	450.00	0.00
101-691-921.000	ELECTRICITY	419.33	1,800.00	315.05	218.51	1,484.95	17.50
101-691-927.000	WATER SEWER	0.00	1,500.00	0.00	0.00	1,500.00	0.00
101-691-943.000	EQUIP RENTAL	4,592.74	20,000.00	4,723.61	1,272.32	15,276.39	23.62
101-691-965.000	TRANSFER TO OTHER FUNDS	0.00	47,905.00	0.00	0.00	47,905.00	0.00
101-691-965.100	TRANSFER TO REC COMPLEX 425	0.00	17,720.86	0.00	0.00	17,720.86	0.00
101-691-965.900	CONTRIBUTION TO AMIN SERVICE	0.00	8,000.00	0.00	0.00	8,000.00	0.00
101-691-974.300	TREE PROGRAM	0.00	2,000.00	0.00	0.00	2,000.00	0.00
101-691-974.400	VPO/TRAILHEAD BLDG	91.55	0.00	0.00	0.00	0.00	0.00
Total Dept 691-PARKS AND RECREATION		28,137.28	179,342.75	20,871.60	4,154.93	158,471.15	11.64
Dept 728-ECONOMIC DEV CORP							
101-728-864.000	CONFERENCE/WORKSHOPS	0.00	500.00	0.00	0.00	500.00	0.00
101-728-873.000	TRAVEL	0.00	300.00	0.00	0.00	300.00	0.00
101-728-958.000	MEMBERSHIP/DUES	0.00	300.00	0.00	0.00	300.00	0.00
Total Dept 728-ECONOMIC DEV CORP		0.00	1,100.00	0.00	0.00	1,100.00	0.00
Dept 751-PERFORMANCE SHELL							
101-751-702.311	DPW WAGE	9.21	1,573.00	81.44	0.00	1,491.56	5.18
101-751-705.000	EMPLOYER FICA	0.70	120.34	6.06	0.00	114.28	5.04
101-751-709.000	WORKMANS COMP	0.00	55.00	0.00	0.00	55.00	0.00
101-751-711.000	EMPLOYER SHARE RETIREMENT	0.00	0.00	3.55	0.00	(3.55)	100.00
101-751-713.000	UNEMPLOYMENT	0.92	86.00	4.60	0.00	81.40	5.35
101-751-775.000	REPAIRS/MAINTENANCE	0.00	2,000.00	3.92	0.00	1,996.08	0.20
101-751-801.000	CONTRACTED SERVICES	0.00	3,000.00	0.00	0.00	3,000.00	0.00
101-751-910.000	INSURANCE	0.00	190.00	0.00	0.00	190.00	0.00
101-751-921.000	ELECTRICITY	45.36	600.00	91.65	46.80	508.35	15.28
101-751-943.000	EQUIP RENTAL	0.00	500.00	8.90	0.00	491.10	1.78
101-751-965.900	CONTRIBUTION TO AMIN SERVICE	0.00	2,729.00	0.00	0.00	2,729.00	0.00
Total Dept 751-PERFORMANCE SHELL		56.19	10,853.34	200.12	46.80	10,653.22	1.84
TOTAL Expenditures		480,124.02	1,690,413.44	415,748.89	64,816.27	1,274,664.55	24.59
Fund 101 - GENERAL FUND:							
TOTAL REVENUES		414,849.65	1,681,313.44	166,994.74	5,850.90	1,514,318.70	9.93
TOTAL EXPENDITURES		480,124.02	1,690,413.44	415,748.89	64,816.27	1,274,664.55	24.59
NET OF REVENUES & EXPENDITURES		(65,274.37)	(9,100.00)	(248,754.15)	(58,965.37)	239,654.15	2,733.56

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Fund 202 - MAJOR STREETS							
Revenues							
Dept 000							
202-000-540.000	CONTRIB STATE/SNOW REMOVABLE	9,917.68	18,000.00	0.00	0.00	18,000.00	0.00
202-000-569.000	GAS & WEIGHT TAX-ACT 51	21,942.88	60,000.00	23,293.49	7,409.70	36,706.51	38.82
202-000-570.000	ACT 51/MILEAGE TRANSFER	0.00	15,000.00	2,740.97	0.00	12,259.03	18.27
202-000-690.200	CHEBOYGAN COUNTY ROAD MILLAGE	0.00	50,000.00	11,359.07	0.00	38,640.93	22.72
202-000-691.000	CONTRIB FROM OTHER FUND	0.00	1,323,000.00	0.00	0.00	1,323,000.00	0.00
202-000-698.200	APPROPRIATION FUND BALANCE	0.00	78,361.22	0.00	0.00	78,361.22	0.00
Total Dept 000		31,860.56	1,544,361.22	37,393.53	7,409.70	1,506,967.69	2.42
TOTAL Revenues		31,860.56	1,544,361.22	37,393.53	7,409.70	1,506,967.69	2.42
Expenditures							
Dept 451-CONSTRUCTION							
202-451-702.310	DPW SUPERINTENDENT SALARY WAGE	831.38	0.00	0.00	0.00	0.00	0.00
202-451-702.311	DPW WAGE	150.76	2,035.00	774.91	78.26	1,260.09	38.08
202-451-705.000	EMPLOYER FICA	74.22	155.68	58.76	5.94	96.92	37.74
202-451-706.000	DENTAL INSURANCE	11.58	37.00	7.32	1.50	29.68	19.78
202-451-707.000	HEALTH INSURANCE	105.70	464.00	86.96	16.42	377.04	18.74
202-451-708.000	OPTICAL INSURANCE	2.43	6.00	1.40	0.26	4.60	23.33
202-451-709.000	WORKMANS COMP	0.00	129.00	489.62	489.62	(360.62)	379.55
202-451-711.000	EMPLOYER SHARE RETIREMENT	38.45	203.00	46.25	3.92	156.75	22.78
202-451-711.100	PEHP EXPENSE	2.80	8.00	3.55	0.70	4.45	44.38
202-451-712.000	LIFE INSURANCE	1.93	6.00	2.20	0.49	3.80	36.67
202-451-713.000	UNEMPLOYMENT	19.07	33.00	2.56	0.00	30.44	7.76
202-451-801.000	CONTRACTED SERVICES	0.00	524,577.00	61,482.23	0.00	463,094.77	11.72
202-451-807.000	ENGINEERING	3,300.00	72,000.00	8,025.63	0.00	63,974.37	11.15
202-451-943.000	EQUIP RENTAL	0.00	0.00	158.46	0.00	(158.46)	100.00
Total Dept 451-CONSTRUCTION		4,538.32	599,653.68	71,139.85	597.11	528,513.83	11.86
Dept 463-ROUTINE MAINTENANCE							
202-463-702.310	DPW SUPERINTENDENT SALARY WAGE	2,137.81	0.00	0.00	0.00	0.00	0.00
202-463-702.311	DPW WAGE	13,369.24	37,583.00	11,522.64	2,354.92	26,060.36	30.66
202-463-705.000	EMPLOYER FICA	1,173.00	2,875.10	865.05	173.12	2,010.05	30.09
202-463-706.000	DENTAL INSURANCE	282.86	876.00	198.03	104.21	677.97	22.61
202-463-707.000	HEALTH INSURANCE	2,581.99	10,970.00	2,087.23	1,064.86	8,882.77	19.03
202-463-707.100	OPT OUT HEALTH INSURANCE	94.70	496.00	123.93	0.00	372.07	24.99
202-463-708.000	OPTICAL INSURANCE	59.30	135.00	29.48	14.65	105.52	21.84
202-463-709.000	WORKMANS COMP	0.00	2,375.00	489.62	489.62	1,885.38	20.62
202-463-711.000	EMPLOYER SHARE RETIREMENT	1,204.33	3,758.00	1,042.50	214.01	2,715.50	27.74
202-463-711.100	PEHP EXPENSE	73.41	199.00	52.42	25.60	146.58	26.34
202-463-712.000	LIFE INSURANCE	27.78	76.00	20.59	9.47	55.41	27.09
202-463-713.000	UNEMPLOYMENT	214.10	789.00	166.24	11.39	622.76	21.07
202-463-740.000	OPERATING SUPPLIES	15.96	0.00	0.00	0.00	0.00	0.00
202-463-768.000	UNIFORMS	0.00	296.00	0.00	0.00	296.00	0.00
202-463-775.000	REPAIRS/MAINTENANCE	1,864.42	5,000.00	124.00	0.00	4,876.00	2.48
202-463-801.000	CONTRACTED SERVICES	350.00	300.00	210.60	0.00	89.40	70.20
202-463-801.118	CONTRACTED SERVICEP-CRACK SEALANT	0.00	5,000.00	4,925.00	0.00	75.00	98.50
202-463-910.000	INSURANCE	0.00	50.00	0.00	0.00	50.00	0.00
202-463-943.000	EQUIP RENTAL	15,841.50	35,000.00	16,432.85	4,210.48	18,567.15	46.95
202-463-962.000	MISCELLANEOUS	2,761.25	0.00	0.00	0.00	0.00	0.00

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 202 - MAJOR STREETS							
Expenditures							
Total Dept 463-ROUTINE MAINTENANCE		42,051.65	105,778.10	38,290.18	8,672.33	67,487.92	36.20
Dept 474-TRAFFIC SERVICES							
202-474-702.311	DPW WAGE	145.91	899.00	56.30	6.96	842.70	6.26
202-474-705.000	EMPLOYER FICA	11.10	68.77	4.24	0.53	64.53	6.17
202-474-706.000	DENTAL INSURANCE	1.09	9.00	0.26	0.14	8.74	2.89
202-474-707.000	HEALTH INSURANCE	9.90	112.00	4.18	2.27	107.82	3.73
202-474-708.000	OPTICAL INSURANCE	0.23	1.00	0.07	0.04	0.93	7.00
202-474-709.000	WORKMANS COMP	0.00	57.00	489.62	489.62	(432.62)	858.98
202-474-711.000	EMPLOYER SHARE RETIREMENT	10.45	90.00	5.63	0.70	84.37	6.26
202-474-711.100	PEHP EXPENSE	0.55	5.00	0.15	0.08	4.85	3.00
202-474-712.000	LIFE INSURANCE	0.18	2.00	0.05	0.03	1.95	2.50
202-474-713.000	UNEMPLOYMENT	1.29	33.00	0.29	0.00	32.71	0.88
202-474-740.000	OPERATING SUPPLIES	217.00	1,200.00	0.00	0.00	1,200.00	0.00
202-474-801.000	CONTRACTED SERVICES	0.00	500.00	0.00	0.00	500.00	0.00
202-474-801.117	CONTRACTED SERVICE-STRIPING	0.00	20,000.00	0.00	0.00	20,000.00	0.00
202-474-921.000	ELECTRICITY	47.13	275.00	67.83	22.61	207.17	24.67
202-474-943.000	EQUIP RENTAL	0.00	800.00	0.00	0.00	800.00	0.00
Total Dept 474-TRAFFIC SERVICES		444.83	24,051.77	628.62	522.98	23,423.15	2.61
Dept 478-WINTER MAINTENANCE							
202-478-702.310	DPW SUPERINTENDENT SALARY WAGE	2,137.69	0.00	0.00	0.00	0.00	0.00
202-478-702.311	DPW WAGE	7,698.94	32,146.00	6,110.86	340.40	26,035.14	19.01
202-478-702.312	DPW WAGE OT	548.30	3,000.00	0.00	0.00	3,000.00	0.00
202-478-705.000	EMPLOYER FICA	787.04	2,688.67	473.00	25.58	2,215.67	17.59
202-478-706.000	DENTAL INSURANCE	230.53	669.00	105.33	10.91	563.67	15.74
202-478-707.000	HEALTH INSURANCE	2,104.36	8,375.00	1,131.81	110.77	7,243.19	13.51
202-478-707.100	OPT OUT HEALTH INSURANCE	181.47	991.00	247.85	0.00	743.15	25.01
202-478-708.000	OPTICAL INSURANCE	48.31	103.00	16.37	1.61	86.63	15.89
202-478-709.000	WORKMANS COMP	0.00	2,055.00	489.62	489.62	1,565.38	23.83
202-478-711.000	EMPLOYER SHARE RETIREMENT	786.34	3,215.00	530.81	23.98	2,684.19	16.51
202-478-711.100	PEHP EXPENSE	55.48	175.00	34.52	3.55	140.48	19.73
202-478-712.000	LIFE INSURANCE	18.72	68.00	14.44	1.85	53.56	21.24
202-478-713.000	UNEMPLOYMENT	325.16	741.00	190.61	0.00	550.39	25.72
202-478-768.000	UNIFORMS	0.00	228.00	0.00	0.00	228.00	0.00
202-478-775.000	REPAIRS/MAINTENANCE	0.00	12,000.00	0.00	0.00	12,000.00	0.00
202-478-943.000	EQUIP RENTAL	7,196.62	30,000.00	7,911.41	0.00	22,088.59	26.37
Total Dept 478-WINTER MAINTENANCE		22,118.96	96,454.67	17,256.63	1,008.27	79,198.04	17.89
Dept 483							
202-483-801.400	CONTRACTED SERVICE-I.T. SERVICE	302.16	0.00	0.00	0.00	0.00	0.00
202-483-965.900	CONTRIBUTION TO AMIN SERVICE	0.00	20,000.00	0.00	0.00	20,000.00	0.00
Total Dept 483		302.16	20,000.00	0.00	0.00	20,000.00	0.00
TOTAL Expenditures		69,455.92	845,938.22	127,315.28	10,800.69	718,622.94	15.05
Fund 202 - MAJOR STREETS:							

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GL NUMBER DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 202 - MAJOR STREETS						
TOTAL REVENUES	31,860.56	1,544,361.22	37,393.53	7,409.70	1,506,967.69	2.42
TOTAL EXPENDITURES	69,455.92	845,938.22	127,315.28	10,800.69	718,622.94	15.05
NET OF REVENUES & EXPENDITURES	(37,595.36)	698,423.00	(89,921.75)	(3,390.99)	788,344.75	12.87

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 203 - LOCAL STREETS							
Revenues							
Dept 000							
203-000-540.000	CONTRIB STATE/SNOW REMOVABLE	0.00	15,000.00	0.00	0.00	15,000.00	0.00
203-000-569.000	GAS & WEIGHT TAX-ACT 51	10,171.92	35,000.00	10,794.31	3,433.67	24,205.69	30.84
203-000-691.000	CONTRIB FROM OTHER FUND	0.00	111,932.52	0.00	0.00	111,932.52	0.00
203-000-698.200	APPROPRIATION FUND BALANCE	0.00	38,077.87	0.00	0.00	38,077.87	0.00
Total Dept 000		10,171.92	200,010.39	10,794.31	3,433.67	189,216.08	5.40
TOTAL Revenues		10,171.92	200,010.39	10,794.31	3,433.67	189,216.08	5.40
Expenditures							
Dept 451-CONSTRUCTION							
203-451-702.310	DPW SUPERINTENDENT SALARY WAGE	831.39	0.00	0.00	0.00	0.00	0.00
203-451-702.311	DPW WAGE	150.76	2,035.00	625.11	78.27	1,409.89	30.72
203-451-705.000	EMPLOYER FICA	74.23	155.68	47.52	5.94	108.16	30.52
203-451-706.000	DENTAL INSURANCE	11.58	37.00	6.00	1.50	31.00	16.22
203-451-707.000	HEALTH INSURANCE	105.70	464.00	65.68	16.42	398.32	14.16
203-451-708.000	OPTICAL INSURANCE	2.43	6.00	1.08	0.27	4.92	18.00
203-451-709.000	WORKMANS COMP	0.00	129.00	489.62	489.62	(360.62)	379.55
203-451-711.000	EMPLOYER SHARE RETIREMENT	38.45	203.00	31.27	3.92	171.73	15.40
203-451-711.100	PEHP EXPENSE	2.80	8.00	2.79	0.70	5.21	34.88
203-451-712.000	LIFE INSURANCE	1.92	6.00	1.93	0.49	4.07	32.17
203-451-713.000	UNEMPLOYMENT	19.07	33.00	2.56	0.00	30.44	7.76
Total Dept 451-CONSTRUCTION		1,238.33	3,076.68	1,273.56	597.13	1,803.12	41.39
Dept 463-ROUTINE MAINTENANCE							
203-463-702.310	DPW SUPERINTENDENT SALARY WAGE	2,137.77	0.00	0.00	0.00	0.00	0.00
203-463-702.311	DPW WAGE	7,420.75	27,882.00	5,310.23	689.49	22,571.77	19.05
203-463-705.000	EMPLOYER FICA	724.95	2,132.97	406.90	51.44	1,726.07	19.08
203-463-706.000	DENTAL INSURANCE	170.79	611.00	60.36	21.03	550.64	9.88
203-463-707.000	HEALTH INSURANCE	1,559.19	7,657.00	665.73	226.44	6,991.27	8.69
203-463-707.100	OPT OUT HEALTH INSURANCE	126.59	496.00	123.93	0.00	372.07	24.99
203-463-708.000	OPTICAL INSURANCE	35.78	94.00	9.86	3.23	84.14	10.49
203-463-709.000	WORKMANS COMP	0.00	1,762.00	389.62	389.62	1,372.38	22.11
203-463-711.000	EMPLOYER SHARE RETIREMENT	760.57	2,788.00	450.67	58.87	2,337.33	16.16
203-463-711.100	PEHP EXPENSE	36.28	146.00	22.37	7.50	123.63	15.32
203-463-712.000	LIFE INSURANCE	14.94	58.00	10.19	3.20	47.81	17.57
203-463-713.000	UNEMPLOYMENT	80.82	580.00	46.53	0.00	533.47	8.02
203-463-768.000	UNIFORMS	0.00	220.00	0.00	0.00	220.00	0.00
203-463-775.000	REPAIRS/MAINTENANCE	1,241.03	5,000.00	0.00	0.00	5,000.00	0.00
203-463-801.000	CONTRACTED SERVICES	394.00	100.00	0.00	0.00	100.00	0.00
203-463-801.118	CONTRACTED SERVICEP-CRACK SEALANT	0.00	10,000.00	5,900.00	0.00	4,100.00	59.00
203-463-910.000	INSURANCE	0.00	50.00	0.00	0.00	50.00	0.00
203-463-943.000	EQUIP RENTAL	12,357.76	27,000.00	5,637.74	759.13	21,362.26	20.88
203-463-962.000	MISCELLANEOUS	2,761.27	0.00	0.00	0.00	0.00	0.00
Total Dept 463-ROUTINE MAINTENANCE		29,822.49	86,576.97	19,034.13	2,209.95	67,542.84	21.99
Dept 474-TRAFFIC SERVICES							
203-474-702.311	DPW WAGE	62.66	1,514.00	130.40	11.76	1,383.60	8.61
203-474-705.000	EMPLOYER FICA	4.65	115.82	9.58	0.86	106.24	8.27

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GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 203 - LOCAL STREETS							
Expenditures							
203-474-706.000	DENTAL INSURANCE	0.93	40.00	3.75	0.62	36.25	9.38
203-474-707.000	HEALTH INSURANCE	8.38	497.00	40.48	7.22	456.52	8.14
203-474-708.000	OPTICAL INSURANCE	0.19	6.00	0.61	0.12	5.39	10.17
203-474-709.000	WORKMANS COMP	0.00	96.00	389.62	389.62	(293.62)	405.85
203-474-711.000	EMPLOYER SHARE RETIREMENT	6.26	151.00	13.05	1.18	137.95	8.64
203-474-711.100	PEHP EXPENSE	0.15	7.00	0.79	0.12	6.21	11.29
203-474-712.000	LIFE INSURANCE	0.05	2.00	0.28	0.04	1.72	14.00
203-474-713.000	UNEMPLOYMENT	0.19	29.00	0.33	0.00	28.67	1.14
203-474-740.000	OPERATING SUPPLIES	214.92	500.00	0.00	0.00	500.00	0.00
203-474-943.000	EQUIP RENTAL	0.00	300.00	0.00	0.00	300.00	0.00
Total Dept 474-TRAFFIC SERVICES		298.38	3,257.82	588.89	411.54	2,668.93	18.08
Dept 478-WINTER MAINTENANCE							
203-478-702.310	DPW SUPERINTENDENT SALARY WAGE	1,662.60	0.00	0.00	0.00	0.00	0.00
203-478-702.311	DPW WAGE	7,943.83	29,561.00	5,257.22	299.50	24,303.78	17.78
203-478-702.312	DPW WAGE OT	283.12	3,000.00	0.00	0.00	3,000.00	0.00
203-478-705.000	EMPLOYER FICA	754.03	2,490.92	411.95	22.48	2,078.97	16.54
203-478-706.000	DENTAL INSURANCE	216.50	586.00	93.20	10.13	492.80	15.90
203-478-707.000	HEALTH INSURANCE	2,023.04	7,338.00	996.12	102.53	6,341.88	13.57
203-478-707.100	OPT OUT HEALTH INSURANCE	181.47	1,062.00	265.56	0.00	796.44	25.01
203-478-708.000	OPTICAL INSURANCE	45.38	90.00	13.93	1.47	76.07	15.48
203-478-709.000	WORKMANS COMP	0.00	1,892.00	438.32	438.32	1,453.68	23.17
203-478-711.000	EMPLOYER SHARE RETIREMENT	782.31	2,956.00	464.13	22.12	2,491.87	15.70
203-478-711.100	PEHP EXPENSE	54.45	163.00	29.87	3.17	133.13	18.33
203-478-712.000	LIFE INSURANCE	17.66	62.00	12.28	1.58	49.72	19.81
203-478-713.000	UNEMPLOYMENT	339.26	694.00	182.84	0.00	511.16	26.35
203-478-768.000	UNIFORMS	0.00	204.00	0.00	0.00	204.00	0.00
203-478-775.000	REPAIRS/MAINTENANCE	0.00	12,000.00	0.00	0.00	12,000.00	0.00
203-478-943.000	EQUIP RENTAL	5,993.53	25,000.00	6,913.82	0.00	18,086.18	27.66
Total Dept 478-WINTER MAINTENANCE		20,297.18	87,098.92	15,079.24	901.30	72,019.68	17.31
Dept 483							
203-483-801.400	CONTRACTED SERVICE-I.T. SERVICE	302.15	0.00	0.00	0.00	0.00	0.00
203-483-965.900	CONTRIBUTION TO AMIN SERVICE	0.00	20,000.00	0.00	0.00	20,000.00	0.00
Total Dept 483		302.15	20,000.00	0.00	0.00	20,000.00	0.00
TOTAL Expenditures		51,958.53	200,010.39	35,975.82	4,119.92	164,034.57	17.99
Fund 203 - LOCAL STREETS:							
TOTAL REVENUES		10,171.92	200,010.39	10,794.31	3,433.67	189,216.08	5.40
TOTAL EXPENDITURES		51,958.53	200,010.39	35,975.82	4,119.92	164,034.57	17.99
NET OF REVENUES & EXPENDITURES		(41,786.61)	0.00	(25,181.51)	(686.25)	25,181.51	100.00

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GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 204 - MUNICIPAL STREETS							
Revenues							
Dept 000							
204-000-403.000	CURRENT PROPERTY TAX-REAL	5,522.00	306,000.00	0.00	0.00	306,000.00	0.00
204-000-403.100	CURRENT PROPERTY TAX-PERSONAL	0.00	22,029.59	0.00	0.00	22,029.59	0.00
204-000-403.200	DELINQUENT TAX	36,020.93	36,323.83	32,197.09	0.00	4,126.74	88.64
204-000-664.300	INTEREST INCOME-LOUVIGNY	0.00	358.71	0.00	0.00	358.71	0.00
204-000-664.400	INTEREST INCOME- W. CENTRAL	0.00	2,234.20	473.06	0.00	1,761.14	21.17
204-000-664.500	INCOME - N. HURON	0.00	427.31	0.00	0.00	427.31	0.00
204-000-672.300	LOUVIGNY SPECIAL ASSES	0.00	2,902.12	0.00	0.00	2,902.12	0.00
204-000-672.500	SPEC ASSESS PRINCIPAL-N. HURON	0.00	1,920.79	0.00	0.00	1,920.79	0.00
204-000-691.000	CONTRIB FROM OTHER FUND	0.00	995,000.00	0.00	0.00	995,000.00	0.00
204-000-691.201	RURAL TASK FORCE MONEY	0.00	255,000.00	0.00	0.00	255,000.00	0.00
204-000-691.700	TRANSFER IN FROM 308 FUND	12,395.98	0.00	0.00	0.00	0.00	0.00
Total Dept 000		53,938.91	1,622,196.55	32,670.15	0.00	1,589,526.40	2.01
TOTAL Revenues		53,938.91	1,622,196.55	32,670.15	0.00	1,589,526.40	2.01
Expenditures							
Dept 444-TRANSFERS							
204-444-965.000	TRANSFER TO OTHER FUNDS	0.00	1,434,932.52	0.00	0.00	1,434,932.52	0.00
204-444-965.100	TRANSFER TO 2011 BOND PAYMENT	0.00	30,829.50	1,883.70	0.00	28,945.80	6.11
204-444-965.400	TRANSFER TO 2007 CAPITAL IMPROVEMENT	0.00	29,117.40	0.00	0.00	29,117.40	0.00
204-444-965.500	TRANSFER TO 2009 CAPITAL IMPROVE BON	3,761.75	33,107.50	3,248.75	0.00	29,858.75	9.81
Total Dept 444-TRANSFERS		3,761.75	1,527,986.92	5,132.45	0.00	1,522,854.47	0.34
Dept 450							
204-450-926.000	STREET LIGHTS	4,850.54	27,000.00	6,174.93	869.29	20,825.07	22.87
Total Dept 450		4,850.54	27,000.00	6,174.93	869.29	20,825.07	22.87
TOTAL Expenditures		8,612.29	1,554,986.92	11,307.38	869.29	1,543,679.54	0.73
Fund 204 - MUNICIPAL STREETS:							
TOTAL REVENUES		53,938.91	1,622,196.55	32,670.15	0.00	1,589,526.40	2.01
TOTAL EXPENDITURES		8,612.29	1,554,986.92	11,307.38	869.29	1,543,679.54	0.73
NET OF REVENUES & EXPENDITURES		45,326.62	67,209.63	21,362.77	(869.29)	45,846.86	31.79

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 209 - CEMETERY							
Revenues							
Dept 000							
209-000-403.000	CURRENT PROPERTY TAX-REAL	364.00	61,000.00	0.00	0.00	61,000.00	0.00
209-000-403.100	CURRENT PROPERTY TAX-PERSONAL	0.00	4,404.57	0.00	0.00	4,404.57	0.00
209-000-403.200	DELINQUENT TAX	7,202.16	5,000.00	6,437.58	0.00	(1,437.58)	128.75
209-000-642.000	CHARGE FOR SERVICES SALES	1,200.00	3,500.00	0.00	0.00	3,500.00	0.00
209-000-642.100	CHARG SERV. INTERNMENT	2,615.00	3,500.00	460.00	0.00	3,040.00	13.14
209-000-642.200	RECORDING FEE	45.00	150.00	0.00	0.00	150.00	0.00
209-000-642.300	CHARGE FOR SERVICES LABOR	705.00	1,900.00	375.00	0.00	1,525.00	19.74
Total Dept 000		12,131.16	79,454.57	7,272.58	0.00	72,181.99	9.15
TOTAL Revenues		12,131.16	79,454.57	7,272.58	0.00	72,181.99	9.15
Expenditures							
Dept 276							
209-276-702.000	WAGE & SALARY	5,349.06	22,181.00	5,821.32	1,762.92	16,359.68	26.24
209-276-702.100	OVERTIME WAGES	0.00	250.00	0.00	0.00	250.00	0.00
209-276-702.310	DPW SUPERINTENDENT SALARY WAGE	1,187.64	0.00	0.00	0.00	0.00	0.00
209-276-702.311	DPW WAGE	939.13	3,862.00	1,273.29	159.20	2,588.71	32.97
209-276-702.312	DPW WAGE OT	17.25	250.00	0.00	0.00	250.00	0.00
209-276-702.500	CEMETERY SEXTON SALARY WAGE	1,200.00	3,600.00	1,200.00	300.00	2,400.00	33.33
209-276-705.000	EMPLOYER FICA	663.18	2,305.94	633.44	169.87	1,672.50	27.47
209-276-706.000	DENTAL INSURANCE	19.83	79.00	13.17	2.34	65.83	16.67
209-276-707.000	HEALTH INSURANCE	181.12	994.00	141.44	25.85	852.56	14.23
209-276-708.000	OPTICAL INSURANCE	4.16	12.00	2.18	0.42	9.82	18.17
209-276-709.000	WORKMANS COMP	0.00	893.00	487.02	487.02	405.98	54.54
209-276-711.000	EMPLOYER SHARE RETIREMENT	120.27	386.00	82.70	10.34	303.30	21.42
209-276-711.100	PEHP EXPENSE	5.46	17.00	5.53	1.55	11.47	32.53
209-276-712.000	LIFE INSURANCE	3.27	10.00	3.29	0.89	6.71	32.90
209-276-713.000	UNEMPLOYMENT	568.24	1,766.00	590.53	176.29	1,175.47	33.44
209-276-740.000	OPERATING SUPPLIES	248.76	700.00	414.69	135.68	285.31	59.24
209-276-751.000	GAS/OIL	0.00	1,000.00	0.00	0.00	1,000.00	0.00
209-276-768.000	UNIFORMS	0.00	108.00	0.00	0.00	108.00	0.00
209-276-775.000	REPAIRS/MAINTENANCE	177.25	1,500.00	0.00	0.00	1,500.00	0.00
209-276-801.000	CONTRACTED SERVICES	0.00	300.00	0.00	0.00	300.00	0.00
209-276-864.000	CONFERENCE/WORKSHOPS	0.00	100.00	0.00	0.00	100.00	0.00
209-276-910.000	INSURANCE	0.00	6.00	0.00	0.00	6.00	0.00
209-276-921.000	ELECTRICITY	52.39	300.00	70.88	25.77	229.12	23.63
209-276-930.000	R/M EQUIPMENT	0.00	1,500.00	293.13	41.20	1,206.87	19.54
209-276-943.000	EQUIP RENTAL	714.90	1,800.00	458.80	0.00	1,341.20	25.49
209-276-962.000	MISCELLANEOUS	364.25	0.00	0.00	0.00	0.00	0.00
209-276-965.900	CONTRIBUTION TO AMIN SERVICE	0.00	9,162.00	0.00	0.00	9,162.00	0.00
209-276-973.200	EQUIPMENT RESERVE	0.00	3,000.00	0.00	0.00	3,000.00	0.00
Total Dept 276		11,816.16	56,081.94	11,491.41	3,299.34	44,590.53	20.49
TOTAL Expenditures		11,816.16	56,081.94	11,491.41	3,299.34	44,590.53	20.49
Fund 209 - CEMETERY:							
TOTAL REVENUES		12,131.16	79,454.57	7,272.58	0.00	72,181.99	9.15
TOTAL EXPENDITURES		11,816.16	56,081.94	11,491.41	3,299.34	44,590.53	20.49

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 209 - CEMETERY							
NET OF REVENUES & EXPENDITURES		315.00	23,372.63	(4,218.83)	(3,299.34)	27,591.46	18.05

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 210 - AMBULANCE							
Revenues							
Dept 000							
210-000-626.000	CHARGE FOR SERVICES-AMBULANCE	88,539.42	0.00	0.00	0.00	0.00	0.00
210-000-664.000	INTEREST INCOME	0.15	0.00	0.16	0.00	(0.16)	100.00
210-000-676.000	CONTRIB CHEB. COUNTY	7,552.68	0.00	0.00	0.00	0.00	0.00
210-000-676.100	CONTRIB. EMMET COUNTY	63,363.50	0.00	0.00	0.00	0.00	0.00
210-000-688.000	MED. BILLING INSURANCE REFUND	668.00	0.00	0.00	0.00	0.00	0.00
Total Dept 000		160,123.75	0.00	0.16	0.00	(0.16)	100.00
TOTAL Revenues		160,123.75	0.00	0.16	0.00	(0.16)	100.00
Expenditures							
Dept 346							
210-346-702.230	AMBULANCE DIRECTOR SALARY WAGE	3,512.32	0.00	292.70	0.00	(292.70)	100.00
210-346-702.240	PARAMEDIC FULL TIME WAGE	9,675.00	0.00	0.00	0.00	0.00	0.00
210-346-702.250	PARAMEDIC FULL TIME WAGE OT	14,203.19	0.00	0.00	0.00	0.00	0.00
210-346-702.260	PARAMEDIC/EMT PART TIME WAGE	28,629.81	0.00	0.00	0.00	0.00	0.00
210-346-702.270	PARAMEDIC/EMT PART TIME WAGE OT	19,973.58	0.00	0.00	0.00	0.00	0.00
210-346-702.311	DPW WAGE	495.03	0.00	8.65	0.00	(8.65)	100.00
210-346-705.000	EMPLOYER FICA	5,772.66	0.00	21.66	0.00	(21.66)	100.00
210-346-706.000	DENTAL INSURANCE	569.60	0.00	10.54	0.00	(10.54)	100.00
210-346-707.000	HEALTH INSURANCE	5,199.22	0.00	174.39	0.00	(174.39)	100.00
210-346-707.100	OPT OUT HEALTH INSURANCE	88.53	0.00	0.00	0.00	0.00	0.00
210-346-708.000	OPTICAL INSURANCE	119.36	0.00	2.73	0.00	(2.73)	100.00
210-346-711.000	EMPLOYER SHARE RETIREMENT	2,720.85	0.00	0.86	0.00	(0.86)	100.00
210-346-711.100	PEHP EXPENSE	7.12	0.00	0.10	0.00	(0.10)	100.00
210-346-712.000	LIFE INSURANCE	31.28	0.00	4.01	0.00	(4.01)	100.00
210-346-713.000	UNEMPLOYMENT	10.04	0.00	29.66	0.00	(29.66)	100.00
210-346-727.000	OFFICE SUPPLIES	93.97	0.00	0.00	0.00	0.00	0.00
210-346-740.000	OPERATING SUPPLIES	1,431.49	0.00	0.00	0.00	0.00	0.00
210-346-751.000	GAS/OIL	1,329.55	0.00	0.00	0.00	0.00	0.00
210-346-768.000	UNIFORMS	22.30	0.00	0.00	0.00	0.00	0.00
210-346-775.000	REPAIRS/MAINTENANCE	77.50	0.00	0.00	0.00	0.00	0.00
210-346-801.000	CONTRACTED SERVICES	938.70	0.00	210.60	0.00	(210.60)	100.00
210-346-801.115	CONTRACTED SERVICE-AMBULANCE BILLING	720.00	0.00	0.00	0.00	0.00	0.00
210-346-801.400	CONTRACTED SERVICE-I.T. SERVICE	302.16	0.00	0.00	0.00	0.00	0.00
210-346-850.000	COMMUNICATIONS	795.04	0.00	33.04	0.00	(33.04)	100.00
210-346-864.000	CONFERENCE/WORKSHOPS	128.05	0.00	0.00	0.00	0.00	0.00
210-346-921.000	ELECTRICITY	1,064.23	0.00	783.03	0.00	(783.03)	100.00
210-346-922.100	INTERNET	220.00	0.00	0.00	0.00	0.00	0.00
210-346-923.000	HEAT	288.69	0.00	116.20	0.00	(116.20)	100.00
210-346-927.000	WATER SEWER	47.85	0.00	48.84	48.84	(48.84)	100.00
210-346-930.100	VEHICLE MAINTANCE	713.49	0.00	0.00	0.00	0.00	0.00
210-346-962.000	MISCELLANEOUS	150.00	0.00	0.00	0.00	0.00	0.00
210-346-963.000	INSURANCE WRITE OFFS	35,102.54	0.00	2,741.97	0.00	(2,741.97)	100.00
210-346-977.000	CAPITAL OUTLAY	1,524.09	0.00	0.00	0.00	0.00	0.00
210-346-977.550	BOND PAYMENT 2009	1,192.75	0.00	0.00	0.00	0.00	0.00
Total Dept 346		137,149.99	0.00	4,478.98	48.84	(4,478.98)	100.00
TOTAL Expenditures		137,149.99	0.00	4,478.98	48.84	(4,478.98)	100.00

PERIOD ENDING 06/30/2015

GL NUMBER DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 210 - AMBULANCE						
Fund 210 - AMBULANCE:						
TOTAL REVENUES	160,123.75	0.00	0.16	0.00	(0.16)	100.00
TOTAL EXPENDITURES	137,149.99	0.00	4,478.98	48.84	(4,478.98)	100.00
NET OF REVENUES & EXPENDITURES	22,973.76	0.00	(4,478.82)	(48.84)	4,478.82	100.00

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 216 - RECREATION CENTER							
Revenues							
Dept 000							
216-000-587.100	CONTRIB WAWATAM TOWNSHIP	2,500.00	2,500.00	2,500.00	0.00	0.00	100.00
216-000-642.000	CHARGE FOR MEMBERSHIP	475.00	2,000.00	740.00	65.00	1,260.00	37.00
216-000-642.100	CHARG FOR CENTER FOB	90.00	200.00	90.00	10.00	110.00	45.00
216-000-642.200	ICE REVENUE	5,000.00	0.00	0.00	0.00	0.00	0.00
216-000-642.300	CHARGE FOR SERVICES LABOR	419.50	1,200.00	2,636.00	0.00	(1,436.00)	219.67
216-000-668.000	RENTS & ROYALTIES	0.00	0.00	3,100.00	0.00	(3,100.00)	100.00
216-000-668.100	ROOM RENTAL	950.00	1,000.00	0.00	0.00	1,000.00	0.00
216-000-676.000	CONTRIB FROM OTHER FUND	0.00	47,905.00	0.00	0.00	47,905.00	0.00
216-000-698.000	MISCELLANEOUS INCOME	0.00	0.00	100.00	100.00	(100.00)	100.00
Total Dept 000		9,434.50	54,805.00	9,166.00	175.00	45,639.00	16.72
TOTAL Revenues		9,434.50	54,805.00	9,166.00	175.00	45,639.00	16.72
Expenditures							
Dept 691-PARKS AND RECREATION							
216-691-702.311	DPW WAGE	5,859.87	8,174.00	3,956.63	252.79	4,217.37	48.41
216-691-702.312	DPW WAGE OT	0.00	0.00	26.58	0.00	(26.58)	100.00
216-691-702.400	RECREATION DIRECTOR SALARY WAGE	3,157.02	0.00	0.00	0.00	0.00	0.00
216-691-705.000	EMPLOYER FICA	704.63	0.00	290.11	17.24	(290.11)	100.00
216-691-706.000	DENTAL INSURANCE	23.77	0.00	1.65	0.00	(1.65)	100.00
216-691-707.000	HEALTH INSURANCE	216.93	0.00	20.14	0.00	(20.14)	100.00
216-691-707.100	OPT OUT HEALTH INSURANCE	531.15	708.00	177.04	0.00	530.96	25.01
216-691-708.000	OPTICAL INSURANCE	4.99	0.00	0.28	0.00	(0.28)	100.00
216-691-709.000	WORKMANS COMP	0.00	222.00	0.00	0.00	222.00	0.00
216-691-711.000	EMPLOYER SHARE RETIREMENT	674.48	376.00	348.62	23.85	27.38	92.72
216-691-711.100	PEHP EXPENSE	37.47	24.00	22.44	3.30	1.56	93.50
216-691-712.000	LIFE INSURANCE	18.46	8.00	7.74	1.14	0.26	96.75
216-691-713.000	UNEMPLOYMENT	336.40	352.00	120.02	1.43	231.98	34.10
216-691-727.000	OFFICE SUPPLIES	(126.95)	100.00	0.00	0.00	100.00	0.00
216-691-740.000	OPERATING SUPPLIES	498.57	1,000.00	281.04	0.00	718.96	28.10
216-691-751.000	GAS/OIL	0.00	500.00	0.00	0.00	500.00	0.00
216-691-775.000	REPAIRS/MAINTENANCE	3,697.18	1,000.00	49.35	0.00	950.65	4.94
216-691-801.000	CONTRACTED SERVICES	749.02	2,000.00	210.60	0.00	1,789.40	10.53
216-691-801.400	CONTRACTED SERVICE-I.T. SERVICE	295.49	600.00	0.00	0.00	600.00	0.00
216-691-850.000	COMMUNICATIONS	0.00	50.00	0.00	0.00	50.00	0.00
216-691-910.000	INSURANCE	0.00	3,000.00	0.00	0.00	3,000.00	0.00
216-691-921.000	ELECTRICITY	2,600.94	15,000.00	3,036.86	681.72	11,963.14	20.25
216-691-923.000	HEAT	5,624.46	10,000.00	2,139.45	271.88	7,860.55	21.39
216-691-927.000	WATER SEWER	95.69	1,000.00	107.45	107.45	892.55	10.75
216-691-930.000	R/M EQUIPMENT	80.00	500.00	0.00	0.00	500.00	0.00
216-691-930.200	R/M ZAMBONI	0.00	500.00	0.00	0.00	500.00	0.00
216-691-943.000	EQUIP RENTAL	1,337.65	1,500.00	268.57	8.90	1,231.43	17.90
216-691-962.000	MISCELLANEOUS	175.00	0.00	0.00	0.00	0.00	0.00
216-691-965.900	CONTRIBUTION TO AMIN SERVICE	0.00	8,191.00	0.00	0.00	8,191.00	0.00
Total Dept 691-PARKS AND RECREATION		26,592.22	54,805.00	11,064.57	1,369.70	43,740.43	20.19
TOTAL Expenditures		26,592.22	54,805.00	11,064.57	1,369.70	43,740.43	20.19

PERIOD ENDING 06/30/2015

GL NUMBER DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 216 - RECREATION CENTER						
Fund 216 - RECREATION CENTER:						
TOTAL REVENUES	9,434.50	54,805.00	9,166.00	175.00	45,639.00	16.72
TOTAL EXPENDITURES	26,592.22	54,805.00	11,064.57	1,369.70	43,740.43	20.19
NET OF REVENUES & EXPENDITURES	(17,157.72)	0.00	(1,898.57)	(1,194.70)	1,898.57	100.00

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 244 - DOWNTOWN DEVELOPMENT							
Revenues							
Dept 000							
244-000-403.000	CURRENT PROPERTY TAX	212.00	28,000.00	0.00	0.00	28,000.00	0.00
244-000-403.100	PERSONAL CURRENT PROPERTY TAX	0.00	500.00	0.00	0.00	500.00	0.00
244-000-403.200	DELINQUENT TAX	8,997.21	1,500.00	8,058.77	0.00	(6,558.77)	537.25
Total Dept 000		9,209.21	30,000.00	8,058.77	0.00	21,941.23	26.86
TOTAL Revenues		9,209.21	30,000.00	8,058.77	0.00	21,941.23	26.86
Expenditures							
Dept 412							
244-412-702.000	WAGE & SALARY	100.32	0.00	71.58	0.00	(71.58)	100.00
244-412-702.311	DPW WAGE	0.00	0.00	896.22	579.03	(896.22)	100.00
244-412-702.312	DPW WAGE OT	0.00	4,066.00	0.00	0.00	4,066.00	0.00
244-412-705.000	EMPLOYER FICA	7.15	311.05	72.11	43.04	238.94	23.18
244-412-706.000	DENTAL INSURANCE	0.00	0.00	1.20	1.20	(1.20)	100.00
244-412-707.000	HEALTH INSURANCE	0.00	0.00	9.21	9.21	(9.21)	100.00
244-412-708.000	OPTICAL INSURANCE	0.00	0.00	0.09	0.09	(0.09)	100.00
244-412-709.000	WORKMANS COMP	0.00	123.00	0.00	0.00	123.00	0.00
244-412-711.000	EMPLOYER SHARE RETIREMENT	9.66	0.00	25.85	15.16	(25.85)	100.00
244-412-711.100	PEHP EXPENSE	0.00	0.00	2.10	2.10	(2.10)	100.00
244-412-712.000	LIFE INSURANCE	0.00	0.00	0.73	0.73	(0.73)	100.00
244-412-713.000	UNEMPLOYMENT	0.00	238.00	70.92	42.75	167.08	29.80
244-412-740.000	OPERATING SUPPLIES	0.00	6,000.00	2,784.39	1,709.50	3,215.61	46.41
244-412-801.000	CONTRACTED SERVICES	6,680.00	11,000.00	2,037.50	1,037.50	8,962.50	18.52
244-412-943.000	EQUIP RENTAL	0.00	0.00	17.80	0.00	(17.80)	100.00
244-412-958.000	MEMBERSHIP/DUES	0.00	1,000.00	0.00	0.00	1,000.00	0.00
244-412-962.000	MISCELLANEOUS	212.24	0.00	0.00	0.00	0.00	0.00
244-412-965.600	CONTRIB. TO '04 BOND FUND	17,083.50	0.00	0.00	0.00	0.00	0.00
244-412-965.900	CONTRIBUTION TO AMIN SERVICE	0.00	2,729.00	0.00	0.00	2,729.00	0.00
Total Dept 412		24,092.87	25,467.05	5,989.70	3,440.31	19,477.35	23.52
TOTAL Expenditures		24,092.87	25,467.05	5,989.70	3,440.31	19,477.35	23.52
Fund 244 - DOWNTOWN DEVELOPMENT:							
TOTAL REVENUES		9,209.21	30,000.00	8,058.77	0.00	21,941.23	26.86
TOTAL EXPENDITURES		24,092.87	25,467.05	5,989.70	3,440.31	19,477.35	23.52
NET OF REVENUES & EXPENDITURES		(14,883.66)	4,532.95	2,069.07	(3,440.31)	2,463.88	45.65

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 295 - IWWF							
Revenues							
Dept 000							
295-000-690.000	REV/DONATIONS	1,250.00	1,250.00	200.00	0.00	1,050.00	16.00
Total Dept 000		1,250.00	1,250.00	200.00	0.00	1,050.00	16.00
TOTAL Revenues		1,250.00	1,250.00	200.00	0.00	1,050.00	16.00
Expenditures							
Dept 295-IWWF (POOLED CASH FUND)							
295-295-740.000	OPERATING SUPPLIES	0.00	400.00	0.00	0.00	400.00	0.00
295-295-801.000	CONTRACTED SERVICES	75.00	850.00	0.00	0.00	850.00	0.00
Total Dept 295-IWWF (POOLED CASH FUND)		75.00	1,250.00	0.00	0.00	1,250.00	0.00
TOTAL Expenditures		75.00	1,250.00	0.00	0.00	1,250.00	0.00
Fund 295 - IWWF:							
TOTAL REVENUES		1,250.00	1,250.00	200.00	0.00	1,050.00	16.00
TOTAL EXPENDITURES		75.00	1,250.00	0.00	0.00	1,250.00	0.00
NET OF REVENUES & EXPENDITURES		1,175.00	0.00	200.00	0.00	(200.00)	100.00

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 297 - WAWATAM SENIORS							
Revenues							
Dept 000							
297-000-690.000	REV/DONATIONS	13,820.25	0.00	0.00	0.00	0.00	0.00
297-000-690.100	CHEBOYGAN COUNTY MLG	18,633.32	0.00	0.00	0.00	0.00	0.00
Total Dept 000		32,453.57	0.00	0.00	0.00	0.00	0.00
TOTAL Revenues		32,453.57	0.00	0.00	0.00	0.00	0.00
Expenditures							
Dept 000							
297-000-977.000	CAPITAL OUTLAY	36,000.00	0.00	0.00	0.00	0.00	0.00
Total Dept 000		36,000.00	0.00	0.00	0.00	0.00	0.00
TOTAL Expenditures		36,000.00	0.00	0.00	0.00	0.00	0.00
Fund 297 - WAWATAM SENIORS:							
TOTAL REVENUES		32,453.57	0.00	0.00	0.00	0.00	0.00
TOTAL EXPENDITURES		36,000.00	0.00	0.00	0.00	0.00	0.00
NET OF REVENUES & EXPENDITURES		(3,546.43)	0.00	0.00	0.00	0.00	0.00

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 375 - LOUVIGNY PHASE II SA/DEBT SERVICE							
Revenues							
Dept 000							
375-000-664.000	INTEREST INCOME	1.75	0.00	1.63	0.00	(1.63)	100.00
375-000-691.011	CONTRIB FROM STREET FUND	0.00	29,117.40	0.00	0.00	29,117.40	0.00
375-000-691.014	CONTRIB FROM SEWER FUND	0.00	45,542.60	0.00	0.00	45,542.60	0.00
Total Dept 000		1.75	74,660.00	1.63	0.00	74,658.37	0.00
TOTAL Revenues		1.75	74,660.00	1.63	0.00	74,658.37	0.00
Expenditures							
Dept 932							
375-932-910.000	INSURANCE	0.00	65,000.00	0.00	0.00	65,000.00	0.00
375-932-994.000	PRINCIPAL ON BONDS	0.00	9,660.00	0.00	0.00	9,660.00	0.00
375-932-995.000	INTEREST EXPENSE	6,180.00	0.00	0.00	0.00	0.00	0.00
Total Dept 932		6,180.00	74,660.00	0.00	0.00	74,660.00	0.00
TOTAL Expenditures		6,180.00	74,660.00	0.00	0.00	74,660.00	0.00
Fund 375 - LOUVIGNY PHASE II SA/DEBT SERVICE:							
TOTAL REVENUES		1.75	74,660.00	1.63	0.00	74,658.37	0.00
TOTAL EXPENDITURES		6,180.00	74,660.00	0.00	0.00	74,660.00	0.00
NET OF REVENUES & EXPENDITURES		(6,178.25)	0.00	1.63	0.00	(1.63)	100.00

REVENUE AND EXPENDITURE REPORT FOR VILLAGE OF MACKINAW CITY

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 376 - 2009 CAP IMP BOND DEBT SERVICE							
Revenues							
Dept 000							
376-000-664.000	INTEREST INCOME	1.63	0.00	10.76	0.00	(10.76)	100.00
376-000-691.011	CONTRIB FROM STREET FUND	3,761.75	33,107.50	3,248.75	0.00	29,858.75	9.81
376-000-691.012	CONTRIB FROM FIRE FUND	4,220.50	37,145.00	3,642.50	0.00	33,502.50	9.81
376-000-691.013	CONTRIB FROM AMBULANCE FUND	1,192.75	10,497.50	0.00	0.00	10,497.50	0.00
Total Dept 000		9,176.63	80,750.00	6,902.01	0.00	73,847.99	8.55
TOTAL Revenues		9,176.63	80,750.00	6,902.01	0.00	73,847.99	8.55
Expenditures							
Dept 932							
376-932-994.000	PRINCIPAL ON BONDS	0.00	65,000.00	0.00	0.00	65,000.00	0.00
376-932-995.000	INTEREST EXPENSE	9,175.00	15,750.00	7,875.00	0.00	7,875.00	50.00
Total Dept 932		9,175.00	80,750.00	7,875.00	0.00	72,875.00	9.75
TOTAL Expenditures		9,175.00	80,750.00	7,875.00	0.00	72,875.00	9.75
Fund 376 - 2009 CAP IMP BOND DEBT SERVICE:							
TOTAL REVENUES		9,176.63	80,750.00	6,902.01	0.00	73,847.99	8.55
TOTAL EXPENDITURES		9,175.00	80,750.00	7,875.00	0.00	72,875.00	9.75
NET OF REVENUES & EXPENDITURES		1.63	0.00	(972.99)	0.00	972.99	100.00

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 377 - 2011 CAP IMP BOND PAYMENT FUND							
Revenues							
Dept 000							
377-000-691.011	CONTRIB FROM STREET FUND	0.00	30,829.50	1,883.70	0.00	28,945.80	6.11
377-000-691.014	CONTRIB FROM SEWER FUND	0.00	29,620.50	2,946.30	0.00	26,674.20	9.95
Total Dept 000		0.00	60,450.00	4,830.00	0.00	55,620.00	7.99
TOTAL Revenues		0.00	60,450.00	4,830.00	0.00	55,620.00	7.99
Expenditures							
Dept 932							
377-932-994.000	PRINCIPAL ON BONDS	0.00	30,450.00	0.00	0.00	30,450.00	0.00
377-932-995.000	INTEREST EXPENSE	0.00	30,000.00	4,830.00	0.00	25,170.00	16.10
Total Dept 932		0.00	60,450.00	4,830.00	0.00	55,620.00	7.99
TOTAL Expenditures		0.00	60,450.00	4,830.00	0.00	55,620.00	7.99
Fund 377 - 2011 CAP IMP BOND PAYMENT FUND:							
TOTAL REVENUES		0.00	60,450.00	4,830.00	0.00	55,620.00	7.99
TOTAL EXPENDITURES		0.00	60,450.00	4,830.00	0.00	55,620.00	7.99
NET OF REVENUES & EXPENDITURES		0.00	0.00	0.00	0.00	0.00	0.00

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 425 - RECREATION COMPLEX							
Revenues							
Dept 000							
425-000-587.100	CONTRIB WAWATAM TOWNSHIP	0.00	2,500.00	0.00	0.00	2,500.00	0.00
425-000-587.200	CONTRIBUTIONS FROM MACKINAW TOWNSHIP	0.00	2,500.00	0.00	0.00	2,500.00	0.00
425-000-587.300	CONTRIBUTION FROM MC. SCHOOLS	600.00	600.00	0.00	0.00	600.00	0.00
425-000-642.200	SOFTBALL FEES	675.00	3,000.00	75.00	75.00	2,925.00	2.50
425-000-668.000	RENTS & ROYALTIES	200.00	500.00	450.00	0.00	50.00	90.00
425-000-676.000	CONTRIB FROM OTHER FUND	0.00	17,720.86	0.00	0.00	17,720.86	0.00
Total Dept 000		1,475.00	26,820.86	525.00	75.00	26,295.86	1.96
TOTAL Revenues		1,475.00	26,820.86	525.00	75.00	26,295.86	1.96
Expenditures							
Dept 691-PARKS AND RECREATION							
425-691-702.000	WAGE & SALARY	275.66	8,000.00	91.00	91.00	7,909.00	1.14
425-691-702.100	OVERTIME WAGES	0.00	0.00	214.50	214.50	(214.50)	100.00
425-691-702.311	DPW WAGE	926.01	8,691.00	1,059.85	281.09	7,631.15	12.19
425-691-702.400	RECREATION DIRECTOR SALARY WAGE	3,156.95	0.00	0.00	0.00	0.00	0.00
425-691-705.000	EMPLOYER FICA	372.05	1,276.86	114.45	44.37	1,162.41	8.96
425-691-706.000	DENTAL INSURANCE	15.69	0.00	8.71	0.00	(8.71)	100.00
425-691-707.000	HEALTH INSURANCE	143.23	0.00	82.27	0.00	(82.27)	100.00
425-691-707.100	OPT OUT HEALTH INSURANCE	531.14	708.00	177.06	0.00	530.94	25.01
425-691-708.000	OPTICAL INSURANCE	3.29	0.00	1.06	0.00	(1.06)	100.00
425-691-709.000	WORKMANS COMP	0.00	236.00	243.51	243.51	(7.51)	103.18
425-691-711.000	EMPLOYER SHARE RETIREMENT	400.07	376.00	60.67	5.78	315.33	16.14
425-691-711.100	PEHP EXPENSE	23.60	24.00	3.46	0.80	20.54	14.42
425-691-712.000	LIFE INSURANCE	13.67	8.00	1.20	0.28	6.80	15.00
425-691-713.000	UNEMPLOYMENT	89.09	1,340.00	85.71	52.87	1,254.29	6.40
425-691-740.000	OPERATING SUPPLIES	691.95	1,000.00	2.05	0.00	997.95	0.21
425-691-740.100	SUPPLIES-SOFTBALLS	0.00	500.00	0.00	0.00	500.00	0.00
425-691-751.000	GAS/OIL	288.24	0.00	0.00	0.00	0.00	0.00
425-691-775.000	REPAIRS/MAINTENANCE	48.50	0.00	0.00	0.00	0.00	0.00
425-691-801.000	CONTRACTED SERVICES	75.00	0.00	0.00	0.00	0.00	0.00
425-691-921.000	ELECTRICITY	212.81	1,500.00	134.54	41.83	1,365.46	8.97
425-691-930.000	R/M EQUIPMENT	1,202.00	0.00	0.00	0.00	0.00	0.00
425-691-943.000	EQUIP RENTAL	55.29	3,161.00	608.86	360.29	2,552.14	19.26
425-691-977.000	CAPITAL OUTLAY	2,200.00	0.00	0.00	0.00	0.00	0.00
Total Dept 691-PARKS AND RECREATION		10,724.24	26,820.86	2,888.90	1,336.32	23,931.96	10.77
TOTAL Expenditures		10,724.24	26,820.86	2,888.90	1,336.32	23,931.96	10.77
Fund 425 - RECREATION COMPLEX:							
TOTAL REVENUES		1,475.00	26,820.86	525.00	75.00	26,295.86	1.96
TOTAL EXPENDITURES		10,724.24	26,820.86	2,888.90	1,336.32	23,931.96	10.77
NET OF REVENUES & EXPENDITURES		(9,249.24)	0.00	(2,363.90)	(1,261.32)	2,363.90	100.00

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 590 - SEWER							
Revenues							
Dept 000							
590-000-607.100	SEWER HOOKUP FEE	1,409.98	5,000.00	0.00	0.00	5,000.00	0.00
590-000-626.100	SEWER NEW INSTALLATION	0.00	1,340.00	0.00	0.00	1,340.00	0.00
590-000-642.000	CHARGE FOR SERVICES SALES WATER/SEWE	86,017.13	570,662.00	72,035.70	72,035.70	498,626.30	12.62
590-000-642.300	CHARGE FOR SERVICES LABOR	248.23	500.00	0.00	0.00	500.00	0.00
590-000-656.000	PENALITIES	4,134.58	15,000.00	4,225.20	0.00	10,774.80	28.17
590-000-664.000	INTEREST INCOME	0.00	10.00	0.00	0.00	10.00	0.00
590-000-691.100	GRANTS	0.00	360,000.00	4,567.68	0.00	355,432.32	1.27
590-000-698.100	WATER TOWER RENT INCOME	1,705.25	0.00	0.00	0.00	0.00	0.00
590-000-698.200	APPROPRIATION FUND BALANCE	0.00	125,208.35	0.00	0.00	125,208.35	0.00
Total Dept 000		93,515.17	1,077,720.35	80,828.58	72,035.70	996,891.77	7.50
TOTAL Revenues		93,515.17	1,077,720.35	80,828.58	72,035.70	996,891.77	7.50
Expenditures							
Dept 548							
590-548-702.000	WAGE & SALARY	28,700.26	93,547.00	27,980.50	3,485.55	65,566.50	29.91
590-548-702.100	OVERTIME WAGES	448.78	2,500.00	414.67	0.00	2,085.33	16.59
590-548-702.300	SEWER ON CALL	960.00	3,120.00	960.00	180.00	2,160.00	30.77
590-548-702.310	DPW SUPERINTENDENT SALARY WAGE	2,375.27	0.00	0.00	0.00	0.00	0.00
590-548-702.311	DPW WAGE	2,387.20	18,282.00	6,834.86	1,307.48	11,447.14	37.39
590-548-702.312	DPW WAGE OT	34.42	1,000.00	0.00	0.00	1,000.00	0.00
590-548-705.000	EMPLOYER FICA	2,739.82	9,061.35	2,831.52	376.11	6,229.83	31.25
590-548-706.000	DENTAL INSURANCE	599.61	1,874.00	576.90	152.63	1,297.10	30.78
590-548-707.000	HEALTH INSURANCE	5,473.59	23,465.00	5,972.45	1,623.12	17,492.55	25.45
590-548-707.100	OPT OUT HEALTH INSURANCE	1,150.80	4,639.00	1,159.65	0.00	3,479.35	25.00
590-548-708.000	OPTICAL INSURANCE	125.64	289.00	83.68	23.16	205.32	28.96
590-548-709.000	WORKMANS COMP	0.00	2,400.00	1,217.55	1,217.55	1,182.45	50.73
590-548-711.000	EMPLOYER SHARE RETIREMENT	3,212.16	10,823.00	3,471.67	465.14	7,351.33	32.08
590-548-711.100	PEHP EXPENSE	153.55	520.00	178.79	47.59	341.21	34.38
590-548-712.000	LIFE INSURANCE	72.33	237.00	81.01	21.24	155.99	34.18
590-548-713.000	UNEMPLOYMENT	374.16	2,627.00	357.34	21.00	2,269.66	13.60
590-548-727.000	OFFICE SUPPLIES	176.92	1,000.00	18.54	0.00	981.46	1.85
590-548-740.000	OPERATING SUPPLIES	6,808.80	18,000.00	4,812.52	2,355.43	13,187.48	26.74
590-548-740.100	SUPPIES-CHEMICALS	595.00	40,000.00	1,753.17	1,753.17	38,246.83	4.38
590-548-740.200	LAB TESTS	0.00	1,000.00	0.00	0.00	1,000.00	0.00
590-548-751.000	GAS/OIL	1,276.80	6,000.00	952.44	345.24	5,047.56	15.87
590-548-768.000	UNIFORMS	0.00	826.00	78.23	78.23	747.77	9.47
590-548-775.000	REPAIRS/MAINTENANCE	0.00	14,000.00	735.42	35.94	13,264.58	5.25
590-548-801.000	CONTRACTED SERVICES	7,907.17	25,000.00	11,476.84	5,716.00	13,523.16	45.91
590-548-801.114	CONTRACTED SERVICE - SAW GRANTS	0.00	360,000.00	31,076.37	24,975.86	328,923.63	8.63
590-548-801.400	CONTRACTED SERVICE-I.T. SERVICE	302.15	1,000.00	0.00	0.00	1,000.00	0.00
590-548-801.700	CONTRACTED SERVICE - BS&A	0.00	300.00	0.00	0.00	300.00	0.00
590-548-802.000	LICENSES/PERMITS	0.00	500.00	0.00	0.00	500.00	0.00
590-548-807.000	ENGINEERING	0.00	25,000.00	0.00	0.00	25,000.00	0.00
590-548-850.000	COMMUNICATIONS	971.50	4,000.00	1,335.89	247.73	2,664.11	33.40
590-548-864.000	CONFERENCE/WORKSHOPS	0.00	750.00	0.00	0.00	750.00	0.00
590-548-873.000	TRAVEL	15.00	250.00	0.00	0.00	250.00	0.00
590-548-900.000	PRINT/PUBLISHING	0.00	600.00	0.00	0.00	600.00	0.00
590-548-910.000	INSURANCE	0.00	4,500.00	0.00	0.00	4,500.00	0.00
590-548-921.000	ELECTRICITY	22,699.65	95,000.00	21,700.60	6,914.16	73,299.40	22.84
590-548-922.100	INTERNET	0.00	200.00	49.50	15.00	150.50	24.75
590-548-923.000	HEAT	2,869.36	6,500.00	1,521.45	250.30	4,978.55	23.41

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 590 - SEWER							
Expenditures							
590-548-927.000	WATER SEWER	0.00	250.00	0.00	0.00	250.00	0.00
590-548-930.000	R/M EQUIPMENT	2,078.18	0.00	0.00	0.00	0.00	0.00
590-548-930.100	VEHICLE MAINTANCE	932.75	1,500.00	14.25	0.00	1,485.75	0.95
590-548-943.000	EQUIP RENTAL	922.39	3,800.00	1,346.59	582.76	2,453.41	35.44
590-548-958.000	MEMBERSHIP/DUES	209.50	826.00	242.50	0.00	583.50	29.36
590-548-959.000	DEPRECIATION EXPENSE	0.00	143,242.50	0.00	0.00	143,242.50	0.00
590-548-962.000	MISCELLANEOUS	(921.73)	0.00	53.04	0.00	(53.04)	100.00
590-548-965.200	TRANSFER TO 2011 BOND PAYMENT	0.00	29,620.50	2,946.30	0.00	26,674.20	9.95
590-548-965.400	TRANSFER TO 2007 CAPITAL IMPROVEMENT	0.00	45,542.00	0.00	0.00	45,542.00	0.00
590-548-965.900	CONTRIBUTION TO AMIN SERVICE	0.00	38,729.00	0.00	0.00	38,729.00	0.00
590-548-974.000	C/O PARK/LAND IMPROVEMENT	0.00	15,000.00	1,885.00	0.00	13,115.00	12.57
590-548-977.000	CAPITAL OUTLAY	0.00	20,400.00	10,418.23	0.00	9,981.77	51.07
Total Dept 548		95,651.03	1,077,720.35	144,537.47	52,190.39	933,182.88	13.41
TOTAL Expenditures		95,651.03	1,077,720.35	144,537.47	52,190.39	933,182.88	13.41
Fund 590 - SEWER:							
TOTAL REVENUES		93,515.17	1,077,720.35	80,828.58	72,035.70	996,891.77	7.50
TOTAL EXPENDITURES		95,651.03	1,077,720.35	144,537.47	52,190.39	933,182.88	13.41
NET OF REVENUES & EXPENDITURES		(2,135.86)	0.00	(63,708.89)	19,845.31	63,708.89	100.00

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 591 - WATER							
Revenues							
Dept 000							
591-000-607.100	CHARGE SERV. WATER HOOKUP	0.00	2,000.00	0.00	0.00	2,000.00	0.00
591-000-607.200	WATER ONS/OFFS	4,740.00	10,000.00	4,710.00	90.00	5,290.00	47.10
591-000-642.000	CHARGE FOR SERVICES SALES WATER/SEWE	42,027.35	285,160.00	36,571.46	36,571.46	248,588.54	12.82
591-000-642.100	CHARGE SERVICE- FIRE HYDRANT SALES	756.49	3,000.00	145.06	145.06	2,854.94	4.84
591-000-642.300	CHARGE FOR METER PARTS/LABOR	679.41	2,000.00	999.34	918.31	1,000.66	49.97
591-000-642.400	QUARTERLY METER CHARGE	4,570.70	18,317.00	4,583.69	4,583.69	13,733.31	25.02
591-000-656.000	PENALITIES	1,590.29	5,000.00	1,072.80	0.00	3,927.20	21.46
591-000-698.000	MISCELLANEOUS INCOME	0.00	0.00	1,314.94	1,314.94	(1,314.94)	100.00
591-000-698.100	WATER TOWER RENT INCOME	6,306.00	44,283.00	3,570.75	0.00	40,712.25	8.06
591-000-698.200	APPROPRIATION FUND BALANCE	0.00	45,803.64	0.00	0.00	45,803.64	0.00
Total Dept 000		60,670.24	415,563.64	52,968.04	43,623.46	362,595.60	12.75
TOTAL Revenues		60,670.24	415,563.64	52,968.04	43,623.46	362,595.60	12.75
Expenditures							
Dept 556							
591-556-702.000	WAGE & SALARY	22,562.33	62,365.00	21,107.77	3,131.68	41,257.23	33.85
591-556-702.100	OVERTIME WAGES	1,051.37	2,000.00	312.37	0.00	1,687.63	15.62
591-556-702.290	WATER ON CALL	640.00	2,080.00	640.00	120.00	1,440.00	30.77
591-556-702.310	DPW SUPERINTENDENT SALARY WAGE	3,087.90	0.00	0.00	0.00	0.00	0.00
591-556-702.311	DPW WAGE	3,307.94	26,372.00	6,561.86	970.89	19,810.14	24.88
591-556-702.312	DPW WAGE OT	72.81	1,000.00	81.08	0.00	918.92	8.11
591-556-705.000	EMPLOYER FICA	2,400.53	7,177.00	2,245.70	319.89	4,931.30	31.29
591-556-706.000	DENTAL INSURANCE	504.87	1,461.00	403.76	122.67	1,057.24	27.64
591-556-707.000	HEALTH INSURANCE	4,608.71	18,291.00	4,116.58	1,259.52	14,174.42	22.51
591-556-707.100	OPT OUT HEALTH INSURANCE	885.24	3,541.00	885.23	0.00	2,655.77	25.00
591-556-708.000	OPTICAL INSURANCE	105.77	225.00	57.75	17.78	167.25	25.67
591-556-709.000	WORKMANS COMP	0.00	2,882.00	2,935.00	2,935.00	(53.00)	101.84
591-556-711.000	EMPLOYER SHARE RETIREMENT	2,698.09	8,634.00	2,550.79	350.23	6,083.21	29.54
591-556-711.100	PEHP EXPENSE	125.05	415.00	124.93	36.83	290.07	30.10
591-556-712.000	LIFE INSURANCE	57.74	187.00	57.68	16.36	129.32	30.84
591-556-713.000	UNEMPLOYMENT	420.15	2,024.00	416.23	57.50	1,607.77	20.56
591-556-727.000	OFFICE SUPPLIES	165.13	1,000.00	226.61	215.48	773.39	22.66
591-556-740.000	OPERATING SUPPLIES	5,633.54	8,000.00	1,870.24	626.06	6,129.76	23.38
591-556-740.100	CHEMICALS	2,949.50	10,000.00	3,734.68	1,753.18	6,265.32	37.35
591-556-740.200	LAB TESTS	0.00	1,500.00	0.00	0.00	1,500.00	0.00
591-556-751.000	GAS/OIL	1,276.80	4,000.00	634.97	230.16	3,365.03	15.87
591-556-768.000	UNIFORMS	0.00	640.00	52.15	52.15	587.85	8.15
591-556-775.000	REPAIRS/MAINTENANCE	3,084.75	5,000.00	0.00	0.00	5,000.00	0.00
591-556-801.000	CONTRACTED SERVICES	9,784.86	44,000.00	6,279.67	2,001.12	37,720.33	14.27
591-556-801.113	CONTRACTED SERVICE WATER TOWER MAINT	0.00	65,257.00	65,257.00	0.00	0.00	100.00
591-556-801.300	LEGAL FEES	0.00	5,000.00	0.00	0.00	5,000.00	0.00
591-556-801.400	CONTRACTED SERVICE-I.T. SERVICE	302.16	1,000.00	0.00	0.00	1,000.00	0.00
591-556-807.000	ENGINEERING	0.00	1,000.00	0.00	0.00	1,000.00	0.00
591-556-850.000	COMMUNICATIONS	696.39	2,300.00	35.50	0.00	2,264.50	1.54
591-556-864.000	CONFERENCE/WORKSHOPS	0.00	750.00	0.00	0.00	750.00	0.00
591-556-873.000	TRAVEL	0.00	250.00	0.00	0.00	250.00	0.00
591-556-900.000	PRINT/PUBLISHING	0.00	500.00	0.00	0.00	500.00	0.00
591-556-910.000	INSURANCE	0.00	3,416.90	0.00	0.00	3,416.90	0.00
591-556-921.000	ELECTRICITY	2,794.81	12,000.00	2,458.21	699.30	9,541.79	20.49
591-556-922.100	INTERNET	30.00	200.00	49.50	15.00	150.50	24.75
591-556-923.000	HEAT	170.12	500.00	106.97	0.00	393.03	21.39

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 591 - WATER							
Expenditures							
591-556-927.000	WATER SEWER	0.00	250.00	0.00	0.00	250.00	0.00
591-556-930.000	R/M EQUIPMENT	18.18	0.00	0.00	0.00	0.00	0.00
591-556-930.100	VEHICLE MAINTANCE	169.00	1,000.00	14.24	0.00	985.76	1.42
591-556-943.000	EQUIP RENTAL	955.69	4,000.00	1,579.04	320.98	2,420.96	39.48
591-556-958.000	MEMBERSHIP/DUES	147.50	1,526.00	242.50	0.00	1,283.50	15.89
591-556-959.000	DEPRECIATION EXPENSE	0.00	47,490.74	0.00	0.00	47,490.74	0.00
591-556-962.000	MISCELLANEOUS	0.00	0.00	32.25	0.00	(32.25)	100.00
591-556-962.200	EXPENSES FOR CONSTRUCTION IN PROGRES	0.00	0.00	3,539.16	0.00	(3,539.16)	100.00
591-556-965.900	CONTRIBUTION TO AMIN SERVICE	0.00	38,729.00	0.00	0.00	38,729.00	0.00
591-556-974.000	C/O PARK/LAND IMPROVEMENT	3,690.00	4,000.00	0.00	0.00	4,000.00	0.00
591-556-977.000	CAPITAL OUTLAY	0.00	13,600.00	2,595.13	0.00	11,004.87	19.08
Total Dept 556		74,396.93	415,563.64	131,204.55	15,251.78	284,359.09	31.57
TOTAL Expenditures		74,396.93	415,563.64	131,204.55	15,251.78	284,359.09	31.57
Fund 591 - WATER:							
TOTAL REVENUES		60,670.24	415,563.64	52,968.04	43,623.46	362,595.60	12.75
TOTAL EXPENDITURES		74,396.93	415,563.64	131,204.55	15,251.78	284,359.09	31.57
NET OF REVENUES & EXPENDITURES		(13,726.69)	0.00	(78,236.51)	28,371.68	78,236.51	100.00

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 594 - MARINA							
Revenues							
Dept 000							
594-000-607.100	CHARGE SERVICE PUMP OUTS	250.00	2,000.00	15.00	0.00	1,985.00	0.75
594-000-642.000	CHARGE FOR SERVICES SALES GAS/OIL	23,113.65	103,000.00	807.45	0.00	102,192.55	0.78
594-000-642.100	CHARG SERV. ICE	372.50	2,100.00	0.00	0.00	2,100.00	0.00
594-000-642.200	LAUNDRY CONCESSION	0.00	1,800.00	0.00	0.00	1,800.00	0.00
594-000-653.000	MOORAGE TRANSIENT	30,743.80	104,712.00	8,632.20	0.00	96,079.80	8.24
594-000-653.100	TEMPORARY MOORAGE	75.00	1,000.00	0.00	0.00	1,000.00	0.00
594-000-653.200	RAMP FEES	290.00	1,500.00	30.00	0.00	1,470.00	2.00
594-000-653.400	SEASONAL MOORAGE	52,008.00	73,960.77	70,775.00	0.00	3,185.77	95.69
594-000-664.000	INTEREST INCOME	0.13	1.00	0.16	0.00	0.84	16.00
594-000-691.100	GRANTS	15,645.95	2,000.00	0.00	0.00	2,000.00	0.00
594-000-698.000	MISCELLANEOUS INCOME	89.70	0.00	200.00	200.00	(200.00)	100.00
594-000-698.200	APPROPRIATION FUND BALANCE	0.00	25,526.00	0.00	0.00	25,526.00	0.00
Total Dept 000		122,588.73	317,599.77	80,459.81	200.00	237,139.96	25.33
TOTAL Revenues		122,588.73	317,599.77	80,459.81	200.00	237,139.96	25.33
Expenditures							
Dept 544							
594-544-702.000	WAGE & SALARY	10,788.10	40,943.00	14,634.76	3,655.50	26,308.24	35.74
594-544-702.100	OVERTIME WAGES	0.00	2,500.00	148.50	0.00	2,351.50	5.94
594-544-702.311	DPW WAGE	1,319.74	3,192.00	2,108.09	90.14	1,083.91	66.04
594-544-702.600	HARBOR MASTER SALARY WAGE	8,418.30	22,000.00	0.00	0.00	22,000.00	0.00
594-544-705.000	EMPLOYER FICA	1,648.32	5,250.58	1,280.44	286.14	3,970.14	24.39
594-544-706.000	DENTAL INSURANCE	40.02	0.00	12.54	1.20	(12.54)	100.00
594-544-707.000	HEALTH INSURANCE	365.27	0.00	132.42	9.21	(132.42)	100.00
594-544-707.100	OPT OUT HEALTH INSURANCE	1,062.27	0.00	0.00	0.00	0.00	0.00
594-544-708.000	OPTICAL INSURANCE	8.39	0.00	1.76	0.09	(1.76)	100.00
594-544-709.000	WORKMANS COMP	0.00	2,500.00	2,935.00	2,935.00	(435.00)	117.40
594-544-711.000	EMPLOYER SHARE RETIREMENT	1,027.74	0.00	163.29	5.21	(163.29)	100.00
594-544-711.100	PEHP EXPENSE	56.00	0.00	14.45	0.73	(14.45)	100.00
594-544-712.000	LIFE INSURANCE	35.67	0.00	4.97	0.25	(4.97)	100.00
594-544-713.000	UNEMPLOYMENT	925.78	5,000.00	1,570.60	369.35	3,429.40	31.41
594-544-727.000	OFFICE SUPPLIES	947.90	500.00	17.61	0.00	482.39	3.52
594-544-740.000	OPERATING SUPPLIES	639.03	2,000.00	563.44	284.63	1,436.56	28.17
594-544-740.300	CREDIT CARD FEES	0.00	6,000.00	366.49	0.00	5,633.51	6.11
594-544-750.000	MARINA ICE	348.80	1,600.00	331.20	331.20	1,268.80	20.70
594-544-751.000	GAS/OIL	0.00	88,000.00	0.00	0.00	88,000.00	0.00
594-544-768.000	UNIFORMS	384.00	400.00	540.00	0.00	(140.00)	135.00
594-544-775.000	REPAIRS/MAINTENANCE	614.46	11,000.00	7,656.35	1,528.46	3,343.65	69.60
594-544-801.000	CONTRACTED SERVICES	26,824.40	19,000.00	15,608.16	13,825.00	3,391.84	82.15
594-544-801.400	CONTRACTED SERVICE-I.T. SERVICE	302.16	1,000.00	0.00	0.00	1,000.00	0.00
594-544-802.000	LICENSES/PERMITS	225.00	2,000.00	0.00	0.00	2,000.00	0.00
594-544-807.000	ENGINEERING	12,325.00	5,000.00	0.00	0.00	5,000.00	0.00
594-544-850.000	COMMUNICATIONS	649.49	2,000.00	269.31	0.00	1,730.69	13.47
594-544-864.000	CONFERENCE/WORKSHOPS	0.00	600.00	0.00	0.00	600.00	0.00
594-544-873.000	TRAVEL	0.00	200.00	0.00	0.00	200.00	0.00
594-544-900.000	PRINT/PUBLISHING	112.00	3,200.00	860.54	0.00	2,339.46	26.89
594-544-910.000	INSURANCE	688.58	6,100.00	0.00	0.00	6,100.00	0.00
594-544-921.000	ELECTRICITY	3,634.50	15,000.00	4,330.84	928.62	10,669.16	28.87
594-544-922.000	CABLE TV	198.93	2,900.00	193.01	0.00	2,706.99	6.66
594-544-922.100	INTERNET	720.00	2,000.00	630.34	0.00	1,369.66	31.52
594-544-923.000	HEAT	224.46	3,000.00	18.29	0.00	2,981.71	0.61

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GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 594 - MARINA							
Expenditures							
594-544-927.000	WATER SEWER	366.49	4,000.00	375.45	375.45	3,624.55	9.39
594-544-930.000	R/M EQUIPMENT	66.78	1,500.00	0.00	0.00	1,500.00	0.00
594-544-930.100	VEHICLE MAINTANCE	0.00	200.00	0.00	0.00	200.00	0.00
594-544-943.000	EQUIP RENTAL	303.80	1,000.00	369.78	84.60	630.22	36.98
594-544-958.000	MEMBERSHIP/DUES	395.00	1,026.00	0.00	0.00	1,026.00	0.00
594-544-959.000	DEPRECIATION EXPENSE	0.00	36,596.19	0.00	0.00	36,596.19	0.00
594-544-962.000	MISCELLANEOUS	1,200.00	0.00	1,200.00	0.00	(1,200.00)	100.00
594-544-965.900	CONTRIBUTION TO AMIN SERVICE	0.00	12,392.00	0.00	0.00	12,392.00	0.00
594-544-977.000	CAPITAL OUTLAY	1,050.03	0.00	0.00	0.00	0.00	0.00
594-544-977.100	BUBBLER SYSTEM	0.00	2,000.00	0.00	0.00	2,000.00	0.00
594-544-991.000	MARINA SALES TAX	395.30	6,000.00	0.00	0.00	6,000.00	0.00
Total Dept 544		78,311.71	317,599.77	56,337.63	24,710.78	261,262.14	17.74
TOTAL Expenditures		78,311.71	317,599.77	56,337.63	24,710.78	261,262.14	17.74
Fund 594 - MARINA:							
TOTAL REVENUES		122,588.73	317,599.77	80,459.81	200.00	237,139.96	25.33
TOTAL EXPENDITURES		78,311.71	317,599.77	56,337.63	24,710.78	261,262.14	17.74
NET OF REVENUES & EXPENDITURES		44,277.02	0.00	24,122.18	(24,510.78)	(24,122.18)	100.00

PERIOD ENDING 06/30/2015

GL NUMBER	DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 661 - EQUIPMENT							
Revenues							
Dept 000							
661-000-675.000	EQUIPMENT RENTAL	61,628.03	200,061.00	62,625.65	8,690.41	137,435.35	31.30
661-000-691.111	VEHICLE CONTIBUTION FROM SEWER	0.00	20,400.00	0.00	0.00	20,400.00	0.00
661-000-691.112	VEHICLE CONTRIBUTION FROM WATER	0.00	13,600.00	0.00	0.00	13,600.00	0.00
661-000-698.200	APPROPRIATION FUND BALANCE	0.00	111,879.77	0.00	0.00	111,879.77	0.00
Total Dept 000		61,628.03	345,940.77	62,625.65	8,690.41	283,315.12	18.10
TOTAL Revenues		61,628.03	345,940.77	62,625.65	8,690.41	283,315.12	18.10
Expenditures							
Dept 901							
661-901-702.310	DPW SUPERINTENDENT SALARY WAGE	1,187.61	0.00	0.00	0.00	0.00	0.00
661-901-702.311	DPW WAGE	12,305.97	39,175.00	15,525.42	1,706.31	23,649.58	39.63
661-901-702.312	DPW WAGE OT	0.00	1,000.00	0.00	0.00	1,000.00	0.00
661-901-702.313	DPW ON CALL	0.00	2,500.00	0.00	0.00	2,500.00	0.00
661-901-705.000	EMPLOYER FICA	1,055.49	3,264.64	1,210.92	127.65	2,053.72	37.09
661-901-706.000	DENTAL INSURANCE	127.10	525.00	137.01	14.42	387.99	26.10
661-901-707.000	HEALTH INSURANCE	1,160.15	6,575.00	1,453.08	150.12	5,121.92	22.10
661-901-707.100	OPT OUT HEALTH INSURANCE	531.12	2,620.00	655.05	0.00	1,964.95	25.00
661-901-708.000	OPTICAL INSURANCE	26.59	81.00	21.04	2.26	59.96	25.98
661-901-709.000	WORKMANS COMP	0.00	1,222.00	1,727.55	1,727.55	(505.55)	141.37
661-901-711.000	EMPLOYER SHARE RETIREMENT	510.27	3,918.00	1,465.24	159.44	2,452.76	37.40
661-901-711.100	PEHP EXPENSE	67.79	202.00	98.30	19.11	103.70	48.66
661-901-712.000	LIFE INSURANCE	17.78	78.00	36.30	7.27	41.70	46.54
661-901-713.000	UNEMPLOYMENT	106.68	798.00	191.48	0.00	606.52	23.99
661-901-727.000	OFFICE SUPPLIES	569.11	500.00	0.00	0.00	500.00	0.00
661-901-740.000	OPERATING SUPPLIES	1,150.47	3,000.00	1,110.25	110.98	1,889.75	37.01
661-901-751.000	GAS/OIL	9,149.53	35,000.00	5,256.24	1,866.29	29,743.76	15.02
661-901-768.000	UNIFORMS	0.00	800.00	0.00	0.00	800.00	0.00
661-901-775.000	REPAIRS/MAINTENANCE	235.73	4,000.00	77.70	77.70	3,922.30	1.94
661-901-801.000	CONTRACTED SERVICES	974.97	5,000.00	580.99	207.75	4,419.01	11.62
661-901-801.400	CONTRACTED SERVICE-I.T. SERVICE	302.16	700.00	0.00	0.00	700.00	0.00
661-901-801.700	CONTRACTED SERVICE - BS&A	0.00	300.00	0.00	0.00	300.00	0.00
661-901-850.000	COMMUNICATIONS	1,697.21	3,500.00	286.29	0.00	3,213.71	8.18
661-901-864.000	CONFERENCE/WORKSHOPS	75.00	1,000.00	75.00	0.00	925.00	7.50
661-901-900.000	PRINT/PUBLISHING	117.40	500.00	72.60	0.00	427.40	14.52
661-901-910.000	INSURANCE	0.00	7,500.00	0.00	0.00	7,500.00	0.00
661-901-921.000	ELECTRICITY	689.50	2,800.00	706.96	242.15	2,093.04	25.25
661-901-922.100	INTERNET	47.03	700.00	165.00	0.00	535.00	23.57
661-901-923.000	HEAT	1,945.44	3,500.00	1,247.26	604.14	2,252.74	35.64
661-901-927.000	WATER SEWER	56.09	224.36	57.37	57.37	166.99	25.57
661-901-930.000	R/M EQUIPMENT	515.89	25,000.00	3,335.62	795.34	21,664.38	13.34
661-901-930.100	VEHICLE MAINTANCE	6,549.17	0.00	0.00	0.00	0.00	0.00
661-901-959.000	DEPRECIATION EXPENSE	0.00	57,583.87	0.00	0.00	57,583.87	0.00
661-901-965.100	TRANSFER TO 2004 BOND FUND	23,591.50	0.00	0.00	0.00	0.00	0.00
661-901-965.200	2013 BOND PAYMENT	13,766.95	27,533.90	13,766.95	0.00	13,766.95	50.00
661-901-965.900	CONTRIBUTION TO AMIN SERVICE	0.00	5,840.00	0.00	0.00	5,840.00	0.00
661-901-973.100	VEHICLE ALLOCATION	0.00	34,000.00	0.00	0.00	34,000.00	0.00
661-901-977.000	CAPITAL OUTLAY	0.00	65,000.00	0.00	0.00	65,000.00	0.00
Total Dept 901		78,529.70	345,940.77	49,259.62	7,875.85	296,681.15	14.24

PERIOD ENDING 06/30/2015

GL NUMBER DESCRIPTION	YTD BALANCE 06/30/2014 NORM (ABNORM)	2015-16 AMENDED BUDGET	YTD BALANCE 06/30/2015 NORM (ABNORM)	ACTIVITY FOR MONTH 06/30/2015 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 661 - EQUIPMENT						
Expenditures						
TOTAL Expenditures	78,529.70	345,940.77	49,259.62	7,875.85	296,681.15	14.24
Fund 661 - EQUIPMENT:						
TOTAL REVENUES	61,628.03	345,940.77	62,625.65	8,690.41	283,315.12	18.10
TOTAL EXPENDITURES	78,529.70	345,940.77	49,259.62	7,875.85	296,681.15	14.24
NET OF REVENUES & EXPENDITURES	(16,901.67)	0.00	13,366.03	814.56	(13,366.03)	100.00
TOTAL REVENUES - ALL FUNDS	1,084,478.78	7,612,896.56	561,690.96	141,493.84	7,051,205.60	7.38
TOTAL EXPENDITURES - ALL FUNDS	1,198,845.61	6,828,458.35	1,020,305.20	190,129.48	5,808,153.15	14.94
NET OF REVENUES & EXPENDITURES	(114,366.83)	784,438.21	(458,614.24)	(48,635.64)	1,243,052.45	58.46

ARRESTS MADE BY THE MACKINAW CITY POLICE DEPARTMENT
YEAR TO DATE THROUGH MAY 31

CRIME TYPE	2010	2011	2012	2013	2014	2015
CRIMES AGAINST PERSON	3	4	2	1	11	7
PROPERTY CRIMES	11	10	3	6	8	4
MORALS/DECENCY CRIMES	7	10	2	5	8	1
PUBLIC ORDER CRIMES	33	24	24	39	17	37
TOTAL	**54**	**48**	**31**	**51**	**44**	**49**

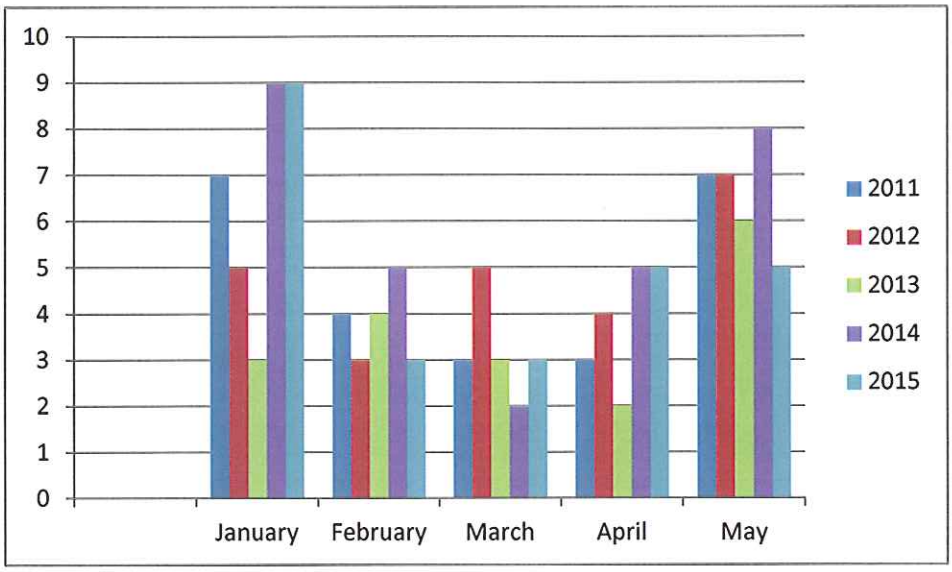
Citations Issued Year To Date 2015:	**62**
Citations Issued Year To Date 2014:	**49**
Citations Issued Year To Date 2013:	**60**

COMPLAINTS RECEIVED BY THE MACKINAW CITY POLICE DEPARTMENT
YEAR TO DATE THROUGH MAY 31

	2010	2011	2012	2013	2014	2015
Traffic Crash:						
Public Roadway	6	16	9	5	17	12
Private Property	7	6	15	9	9	6
Personal Injury Crash:	0	1	1	0	1	0
TOTAL	**13**	**23**	**25**	**14**	**27**	**18**
Breaking and Entering:						
Business	1	0	0	0	0	1
Residence	0	2	0	1	1	0
Other	0	1	0	0	0	0
TOTAL	**1**	**3**	**0**	**1**	**1**	**1**
Larceny:						
From Bldg./Veh./Pub. Place	16	11	11	8	2	3
Fail to Pay for Services	2	0	0	4	5	1
Bad Check/Fraud	2	0	1	1	0	0
TOTAL	**20**	**11**	**12**	**13**	**7**	**4**
Malicious Destruction of Property:	2	3	2	1	6	1
Domestic/Civil:	12	14	27	13	10	9
Assault:	7	7	8	1	5	4
Stolen Vehicle:	0	0	0	0	0	0
Reports Taken to Date:	274	309	355	290	307	290

MACKINAW CITY FIRE DEPARTMENT
Activity Report

	2011	2012	2013	2014	2015	2016
January	7	5	3	9	9	
February	4	3	4	5	3	
March	3	5	3	2	3	
April	3	4	2	5	5	
May	7	7	6	8	5	
June	3	8	14	7		
July	9	10	8	5		
August	12	10	11	5		
September	9	9	7	6		
October	11	3	9	7		
November	7	6	5	6		
December	4	2	2	5		
TOTAL RUNS FOR YEAR	**79**	**72**	**74**	**70**	**25**	**0**
Training						
January	2	1	2	2	2	
February	3	2	2	2	2	
March	2	2	2	4	2	
April	1	2	2	2	2	
May	2	2	2	2	2	
June	2	2	2	2		
July	2	3	2	2		
August	2	3	2	2		
September	1	1	2	1		
October	3	2	4	2		
November	2	2	2	2		
December	1	0	1	3		
TOTAL TRAININGS FOR YEAR	**23**	**22**	**25**	**26**	**10**	**0**



Village of Mackinaw City
Monthly Report – Water & Wastewater For MAY 2015

Routine Maintenance and Usage

WATER FLOW	2015	2014	WASTEWATER FLOW	2015	2014
MAXIMUM	.469 MG	.450 MG	MAXIMUM	.556 MG	.565 MG
AVERAGE	.276 MG	.240 MG	AVERAGE	.321 MG	.382 MG
TOTAL	8.310 MG	8.996 MG	TOTAL	9.965 MG	11.844 MG

- Number of water shutoffs during the month: 0
- Number of water turn-ons during the month: 79
- Number of new water service connections during the month: 0
- Number of new sewer service connections during the month: 0
- Continue to maintain plant operation to efficiently treat wastewater
- Submit wastewater report to the state of Michigan DEQ & EPA
- Continue to conduct operation to meet the village's national pollution discharge permit
- Continue lab operations that efficiently and accurately measure wastewater operation parameters
- Conduct daily monitoring of the village's eight wastewater lift stations to maintain efficiency and reliable pumping operations
- Continue to operate our water system to meet state and federal drinking water standards
- Perform daily monitoring of the village's four municipal water wells
- Coordinate and perform water analysis for quality and to maintain safety of drinking water
- Conduct routine maintenance to our water system
- Continue performing monthly checks and required testing of necessary safety equipment
- Exercise emergency backup equipment to ensure reliability

New and Continued Projects:

- The Village water department currently has Well #2 out of service. Peerless Midwest is in the process of a scheduled well overhaul. The department hopes to have the well back in service by the middle of the month.
- The Village has received an updated Source Water Assessment from the DEQ district engineer. This program requires the DEQ to analyze all public water supply sources for susceptibility to contamination.
- C2AE and the Village have been working on our SAW program, including locating our sewer manholes and storm drains. C2AE is also in progress of GPS mapping and conducting manhole evaluations.
- UIS Programmable Service has completed several maintenance projects and equipment upgrades to our SCADA (Supervisory Control and Data Acquisition) system.
- The sewer department, with assistance from Gorman Rupp and the DPW, has completed installing a new master control system at the Du Jaunay lift station.
- The water department is waiting for MI-SPOT to remove their equipment off the water tower due to their termination.
- The water department continues to complete service turn-ons for residential water services for the season.
- The water and sewer department is in the process of performing yearly maintenance on pumps, aerators and valves. We have also begun annual calibrations of our equipment for the upcoming season.
- Quarterly water and sewer meter readings have been completed during the month.
- The large generators were put online at our treatment plant during the month, as part of our annual practice of exercising the generators with a load. Each generator ran the plant for approximately five to six hours.
- The Water & Sewer department is in the process of updating our Village Of Mackinaw City Emergency Response Plan.
- The Water department continues working on the Cross Connection program with H2O Compliance Services. Inspections throughout the village have begun.
- The Water department continues working on locating and logging data on our water service shut-offs, fire hydrants and fire hydrant valves.

Notable Events Affecting Water & Wastewater Department:

The water department experienced two power failures during the month, one of which was a scheduled outage. The DPW has completed spring sewer cleaning maintenance.

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
CADILLAC DISTRICT OFFICE

DAN WYANT
DIRECTOR

May 14, 2015

Mr. David White, Interim Manager
Village of Mackinaw City
102 S Huron Ave
PO Box 580
Mackinaw City, Michigan 49701-0580

WSSN: 03980
County: Emmet

Dear Mr. White:

SUBJECT: Village of Mackinaw City's Water Supply System Sanitary Survey

This letter will confirm my visits with Mr. Pat Rivera on December 18, 2014 and May 13, 2015, and summarizes the review and discussion regarding the water supply facilities serving the Village of Mackinaw City (Village). The purpose of these visits and system review was to evaluate the Village's water system with respect to the requirements of the Michigan Safe Drinking Water Act, 1976 PA 399, as amended (Act 399). In addition, the enclosed Water System Sanitary Survey form was updated to gather information on the Village's water supply system.

The Village strives to provide the best quality and safest drinking water to its residents and visitors. Toward this effort the Village has completed many water system improvements since the Department of Environmental Quality's (DEQ's) previous Sanitary Survey in 2011:

- Rehabilitating Well No. 2 in 2015
- Recoated Elevated Storage interior and exterior in 2014
- Completed March 2012 Water Reliability Study.
- Updated many elements in the Village's General Plan.
- Developed and Updated an Emergency Response Plan.
- Revitalized a Comprehensive Cross Connection Control Program.
- Revitalized the Hydrant Maintenance and Flushing Program.
- Initiated a Valve Preventative Maintenance Program.

The following table summarizes the DEQ's findings from the Sanitary Survey of the water system:

Survey Element	Findings
Source	Recommendations made
Treatment	No Deficiencies/Recommendations made
Distribution System	No Deficiencies/Recommendations made
Finished Water Storage	**Deficiencies Identified**
Pumps	No Deficiencies/Recommendations made
Monitoring & Reporting	No Deficiencies/Recommendations made
Management & Operations	No Deficiencies/Recommendations made

Operator Compliance	No Deficiencies/Recommendations made
Security	Recommendations made
Financial	Recommendations made

The following deficiencies are violations of Act 399 and must be resolved in order to return the water system to compliance:

1. The Village has deficient storage capacity. Part 11 *Distribution Systems and Storage Tanks* of Act 399 requires the Village to have sufficient distribution system capacity to meet peak flows and emergency conditions while maintaining minimum pressures throughout the entire distribution system. Page 7 of the enclosed Sanitary Survey form provides more detailed information also the Village's March 2012 Reliability Study discusses this deficiency in greater depth. Please provide a compliance schedule to address this on-going deficiency.

It is hoped that the following recommendations will prove useful in enhancing the operation and maintenance of the City's water supply:

1. The Village needs to evaluate its staffing plan to ensure continued compliance with Act 399. The Village has a good preventative maintenance program started for valves and hydrants, is collecting data for its Asset Management program, and working on a comprehensive cross-connection control program. All of these programs take staff hours to keep them updated and functioning. The DEQ highly encourages the Village to continue all of these programs to continue to provide high quality drinking water to its residents and visitors.

2. The Village needs to evaluate its current security plan for effectiveness in keeping water system facilities safe and deterring malicious activity. We recommend the Village consider adding fencing and signage around source and tower facilities. The Village needs to ensure adequate security is provided for all of its facilities.

3. Provide a detailed 20-year Capital Improvements Plan along with budget information by no later than December 31, 2015, to meet the requirements of Act 399; specifically, Rule 1606, *publically owned or operated community water supplies; additional general plan requirements.*

If you should have any questions or concerns with this letter, or your water supply in general, please contact me at the number listed below.

Sincerely,

Brian E. Thurston, P.E., District Engineer
Office of Drinking Water and Municipal Assistance
231-590-3430

Enclosures
cc/enc: Mr. Pat Rivera, Water & Wastewater Superintendent

DPW/Facilities Progress for May 2015

The DPW has been working on many things over the month of May. The work completed is as follows but not limited to.

Roads

- Cold patching of roads has been done as needed.
- South Huron construction project was completed ahead of schedule except for the sidewalks in front of the marina which MDOT gave an extension of time for. That should be finished by Father's Day weekend.
- Street sweeping of curb lines and grading of shoulders and gravel roads.
- Streets were crack sealed in an attempt to slow the breakdown caused by water getting beneath the pavement via cracks.
- Lines were painted on roads, parking spaces, and crosswalks.

Equipment

- Routine maintenance continues to be done on vehicles and equipment.
- Hot patch trailer should arrival was pushed to the third week of June due to production delays.
- Leaf Vac trailer should also be arriving the around the third week of June.
- Older trucks/equipment are being evaluated to determine which can be sold.

Water/Sewer

- Miss Dig locating has been done as locate tickets come in for work being done in the area.
- SAW grant work continues.
- Sewer lines known to have periodic issues were cleaned prior to Memorial Day.

Parks

- Restrooms have been cleaned and trash emptied.
- Parks have been evaluated for any places that trees can be trimmed to improve view shed and also where bollards can be placed to better identify to the visiting public where the park boundaries are.
- Irrigation is being turned on and evaluated for damage from the winter.

Cemetery

- Cemetery clean-up was completed and regular routine maintenance has begun for the season.

Mackinaw City Marina Report
6/12/2015

Over the past month the marina has gained a couple of seasonal slips and had a good amount of transient boaters for this time of year. We have hired a couple of new employees, Zach Smith and Anthony Paquet. Both are going to be great additions to our team. Below are items and projects accomplished.

- Painted marina metal pilings
- Repaired over 50 power pedestals
- Installed pilings on finger piers
- Durocher Marine repaired the damages from last winter
- Training in customer service
- Marina employees trained on reservation system
- 33 seasonal slips confirmed as of today with a potential of 4 more
- Radio training on proper etiquette for answering boaters hailing the marina
- Began landscaping and removing dead shrubbery
- Began restraining decks
- Requested quotes for the following upgrades to the marina
  -Addition of 60 ft floating docks
  -Upgrading bubbler system
  -Re-planking entire marina
  -Upgrading 100 outdated power pedestals

If you have any questions or would like to see the improvements so far feel free to stop by any time.

CDD
June 18, 2015

The Office of the CDD is in the process of reviewing 1 Variance, 1 Zoning Permit, 1 Special Use Permit, 2 Site Plans and 1 Property Split. There have been numerous sign permits and sign face change permits requested.

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

COMMITTEE: Public Safety DATE 6-12-15

AGENDA ITEMS: Fire Contracts

PRESENT: Michalak, Perlick, Glenn, Dave White

ABSENT:

REPORT: the proposed fire contracts with the 2 Townships was discussed.

COMMITTEE DATA BASE SUMMARY INFORMATION

ITEM	STATUS/RECOMMENDATION
	Committee recommends having a public information meeting to inform all Township residents what is involved in having fire protection and the costs involved

forms/committee report.10

LICENSE AGREEMENT

This License Agreement is made as of _____, 2015, between the Village of Mackinaw City, a Michigan municipal corporation, the principal business address of which is 102 South Huron Avenue, Mackinaw City, MI 49701 (the "**Village**"), and the Mackinaw Area Public Library, a public body corporate, the principal business address of which is 528 West Central Avenue, Mackinaw City, MI 49701 (the "**Library**").

RECITALS

A. The Village owns _____ large historical paintings, as more accurately described on the attached Exhibit A (the "Paintings").

B. As a benefit to its patrons, the Library wishes to display the Paintings at its facility.

C. The Village wishes to accommodate the Library's request in accordance with the terms and conditions of this Agreement.

TERMS AND CONDITIONS

In exchange for the consideration in and referred to by this Agreement, the parties agree as follows:

1. License. The Village licenses to the Library the use of the Paintings for display at 528 West Central Avenue, subject to the terms and conditions of this Agreement, and for no other purpose.

2. Term. The term of the license shall commence upon the date of this Agreement and continue until terminated as provided in this Agreement.

3. Consideration. The Library shall, without cost to the Village, maintain the Paintings as reasonably necessary to ensure their safety and general appearance.

4. Requirements of the Library. The Library accepts the Paintings "AS IS" and with all faults. The parties acknowledge and agree that the Village has not made, does not make, and has not authorized anyone else to make any representation or warranty as to the Paintings.

5. Assignment or Use by Others Prohibited. The Library may not assign this Agreement or its rights, privileges, duties or obligations under this Agreement without the Village's prior written consent.

6. Property Rights. This license does not grant or convey to the Library any rights, title, or interest in the Paintings. The Village retains all of its property rights in the Paintings.

7. Indemnification. The Library shall hold the Village (defined for purposes of this paragraph to include the Village's officers and employees) harmless from, indemnify it for and defend it (with legal counsel reasonably acceptable to the Village) against any demand, claim, judgment, award, legal proceeding or loss of any kind arising from the Library's use or maintenance of the Paintings.

8. Termination. The license granted pursuant to this Agreement is terminable at the will of either the Village Council of the Village or the Library. Upon the termination of this Agreement, the Library shall, unless the Village otherwise consents by resolution of the Village Council, without cost to the Village, return the Paintings to the Village.

9. Binding Effect. This Agreement shall be binding upon the parties to this Agreement as well as their successors and permitted assigns.

10. Miscellaneous. This is the entire agreement between the parties regarding its subject matter. There are no prior or contemporaneous agreements. It may not be modified or amended except in writing, signed by all parties after approval of both the Village Council and the Library. It shall not be affected by any course of dealing. The captions are for reference only and shall not affect its

interpretation. More than one copy of this Agreement may be signed, but all constitute but one agreement.

The parties have caused this Agreement to be executed as of the date first above written.

VILLAGE OF MACKINAW CITY	MACKINAW AREA PUBLIC LIBRARY
By:_____ Robert Heilman, President	By:_____ Its:
By:_____ Lana Jaggi, Clerk	Date signed: _____, 2015
Date signed: _____, 2015	

EXHIBIT A
PAINTING DESCRIPTIONS

[NAME OF PUBLIC BODY]

FREEDOM OF INFORMATION ACT

PROCEDURES & GUIDELINES

It is the policy of the [Name of Public Body] (the "[public body]") that all persons are entitled to full and complete information regarding governmental decision-making, consistent with the Michigan Freedom of Information Act (the "FOIA" or the "Act").

For purpose of these procedures and guidelines, a "public record" means: a writing prepared, owned, used, in the possession of, or retained by [Name of Public Body] in the performance of an official function, from the time it is created. Public record does not include computer software.

Procedures & Guidelines:

I. GENERAL INFORMATION

1. All officers, employees, and agents of the [public body] shall protect public records from loss, unauthorized alteration, mutilation, or destruction.

2. The [name of position] is hereby designated the "FOIA Coordinator" with the authority and responsibilities stated in the Act and these procedures and guidelines.

3. The FOIA Coordinator shall be responsible to accept and process all written requests for public records under the Act and shall be responsible for approving a denial under Section 5 of the Act (MCL 15.235).

4. These procedures and guidelines regarding time frames, appeals, and fees do not apply to public records prepared for, or disclosed pursuant to another act or statute (i.e., requests for medical records made pursuant to the Public Health Code, or requests made pursuant to the Public Employment Relations Act or the Bullard-Plawecki Employee Right to Know Act, etc.).

II. WRITTEN REQUESTS

1. All individuals desiring to inspect or receive a copy of a public record shall make a written request to the FOIA Coordinator that describes the public record sufficiently to enable the FOIA Coordinator, or his/her designee, to identify and locate the public record.

2. The FOIA Coordinator, or any other designee, is not required to respond to oral requests for public records, but may do so for routine requests that can be granted immediately.

3. If a written request is received directly by a [public body] employee other than the FOIA Coordinator, the original shall be promptly forwarded to the FOIA Coordinator. The date the [public body] employee receives the request shall be considered the date the request is validly received by the [public body], for the purpose of determining when a response is due.

4. A written request made by facsimile, electronic mail, or other electronic transmission is not received by the FOIA Coordinator until one business day after the electronic submission is made. If a request is delivered to a spam or junk mail folder, the request is not received by the FOIA Coordinator until one business day after it is discovered.

5. Upon receiving a written request for a public record pursuant to these procedures and guidelines, a person or entity has the right to inspect, copy, or receive copies of the requested public record(s), unless the requested public record is exempt from disclosure pursuant to Section 13 of the Act (MCL 15.243), as amended. If the exempt status of any request is questioned, legal counsel should be consulted. New public records, compilations, summaries, and/or reports of information shall not be created in response to a FOIA request.

6. Upon request for public inspection, the FOIA Coordinator, or any other designee, shall furnish a requestor a reasonable opportunity for inspection and examination of the requested public records, subject to applicable exemptions, and shall furnish reasonable facilities for making memoranda or abstracts from its public records during regular business hours.

7. A requestor may stipulate that the public records be provided on non-paper physical media, electronically mailed, or otherwise electronically provided to him or her in lieu of paper copies. Notwithstanding the foregoing, such stipulation must be within the technological capabilities of the [public body].

8. A person or entity may subscribe to future issuances of public records that are created, issued, or disseminated on a regular basis. A subscription shall be valid for up to six months, at the request of the subscriber, and shall be renewable.

9. If a requested public record may be obtained on the [public body]'s website or webpage, the FOIA Coordinator shall notify the requestor in writing of such availability and provide the direct internet address or link to obtain such public record. If, after receiving such written notification from the FOIA Coordinator, the requestor notifies the [public body] that he or she continues to want the [public body] to provide a copy of the available public record, in any format, the [public body] shall process such request and may impose additional labor costs as specified within Article IV below.

III. REQUEST PROCESSING

1. When the [public body name] receives a written request for a public record, the FOIA Coordinator, or any other designee, shall, in not more than five (5) business days after the [public body] receives the request, respond to the request by one of the following:

    a. Grant the request.

    b. Issue a written notice to the requestor denying the request.

    c. Grant the request in part and issue a written notice to the requestor denying the request in part.

    d. Issue a written notice extending, for not more than ten (10) business days, the period during which the [public body] shall respond to the request.

2. Any failure to respond to a written request as provided for above constitutes the [public body]'s determination to deny the request.

3. Any written response denying a request for a public record, in whole or in part, is a final determination to deny the request or portion of that request. A denial response should contain the following:

    a. An explanation of the basis under the Act or other statute for the determination that a public record(s), or portion(s) thereof, is exempt from disclosure, if that is the reason for denying all or part of a request.

    b. A statement that the public record(s) do not exist under the name/description given by the requestor or by another name reasonably known to the [public body].

    c. A description of a public record(s) or information on a public record that is separated or deleted if such separation or deletion is made.

    d. A full explanation of the requestor's right to either file an appeal with the [head of the public body (i.e., Board, Commission, etc.)] or seek judicial review of the denial pursuant to Section 10 of the Act (MCL 15.240).

    e. Notice that a requestor may receive attorneys' fees and damages pursuant to the Act if the Court determines that the [public body] has not complied with Section 5 (MCL 15.235) of the Act and orders disclosure of all or a portion of a public record.

IV. DEPOSIT & FEES

1. Fees for responding to any request shall include duplication (copying) costs and mailing costs. Duplication (copying) costs shall be set from time to time by resolution of the [head of the public body] in an amount that does not exceed 10 cents per page (8½ x 11 and 8½ x 14). The [public body] shall use the most economical method of duplication (*i.e.*, double-siding, etc.) and the least expensive form of postal delivery, unless a more expensive method is specifically requested by the FOIA requestor.

2. The cost of hourly labor may also be charged if the failure to do so will result in unreasonably high costs to the [public body] because of the nature of the request in a particular instance. If such is the case, the [public body] shall specifically identify the nature of these unreasonably high costs. For purposes of these procedures and guidelines, "unreasonably high costs" shall generally mean calculated labor costs that are estimated to exceed $50.00, inclusive of salary or wage and fringe benefits.

3. Labor costs shall include the cost of the search, examination, review, separation, and/or deletion of exempt information from non-exempt information in order to fulfill a request.

4. Labor costs will be calculated using the wage of the lowest paid [public body] employee capable of searching for, locating, and examining the public record(s), regardless of whether that person is available or actually performs the labor. Labor costs shall be charged in increments of at least 15 minutes or more with all partial time increments rounded down. The [public body] may also add up to 50% to the applicable labor charge amount to cover or partially cover the cost of fringe benefits. If it does so, it will clearly note the percentage multiplier used to account for benefits in the detailed itemization form. Subject to the 50% limitation, the [public body] shall not charge more than the actual cost of fringe benefits, and overtime wages shall not be used in calculating the cost of fringe benefits. Notwithstanding the foregoing, 100% of fringe benefit costs may be added to the applicable labor charge if a requestor is notified in writing that public records are available on the [public body]'s website or webpage and the requestor continues to request that the [public body] provide a copy, in any format, of the available public record.

5. Overtime wages shall not be included in the calculation of labor costs unless the requestor specifically approves the use of overtime in writing, and overtime wages are clearly noted in the detailed itemization form.

6. If the [public body] does not employ a person in-house who is capable of separating exempt from non-exempt information in a particular instance, as determined by the FOIA Coordinator, it may utilize an outside contractor. In those instances, the [public body] shall clearly note the name of the contractor or firm on the detailed itemization form. The cost of the contractor's labor, including necessary review directly associated with separating and deleting exempt information from non-exempt

information, shall not exceed an amount equal to 6 times the state minimum hourly wage rate.

7. The [public body] will not charge for labor directly associated with redaction if it knows or has reason to know that it previously redacted the record in question and still has the redacted version in its possession.

8. The [public body] may require a good faith deposit (not to exceed 50% of the total labor and duplication costs) from the requestor, if the total estimated fee exceeds fifty dollars ($50.00). A request for a good faith deposit shall include a detailed itemization of the fee the [public body] estimates or charges pursuant to the Act. Additionally, a request for a good faith deposit shall include a best efforts estimate regarding the time frame it will take to comply with the Act in providing the public records to the requestor. The [public body] may require a one-hundred percent (100%) deposit from a requestor who has not previously paid a fulfilled FOIA request, provided the requirements in Section 5 of the Act are met.

9. All fees and deposits calculated under these procedures and guidelines shall be listed within a detailed itemization form that shall be provided to the requestor. A copy of such form is attached hereto and incorporated by reference.

10. Pursuant to Section 4(2) of the Act, the [public body] shall search for and furnish a copy of a public record without charge for the first $20.00 of the fee for each request made by either of the following:

    a. An individual who is entitled to information under the Act and who submits an affidavit stating that the individual is indigent and receiving specific public assistance or, if not receiving public assistance, stating facts showing an inability to pay the cost because of indigence. If an individual is ineligible for a discount, then the [public body] will inform the individual of the specific reason for the ineligibility in its written response. The right to financial assistance for indigent individuals shall not apply where:

        (i) an individual has received discounted copies of public records from [public body] twice during the calendar year; or

        (ii) an individual requests information in conjunction with outside parties who are offering or providing payment, or other remuneration to the individual to make the request.

    b. A non-profit organization formally designated by the state to carry out activities under Subtitle C of The Developmental Disabilities Assistance And Bill Of Rights Act of 2000, Public Law 106-402, and The Protection And Advocacy For Individuals With Mental Illness Act, Public Law 99-319, or their successors provided the following requirements are satisfied:

(i) The request is made directly on behalf of the organization or its clients;

(ii) the request is made for a reason wholly consistent with the mission and provisions of those laws under Section 931 of the Mental Health Code, MCL 330.1931; and

(iii) the request is accompanied by documentation of its designation by the State, if requested by [public body].

11. The [public body] may waive any charges if the FOIA Coordinator determines the cost is de minimis. For purposes of these procedures and guidelines, "de minimis" shall mean a calculated fee that is estimated to be less than $10.00, inclusive of labor costs, duplication and mailing.

V. FEE DISPUTE APPEAL

1. If the requestor believes the fee estimated or charged for the request exceeds the amount permitted under these procedures and guidelines or Section 4 of the Act, the requestor is required to submit to the [head of the public body] a written appeal for a fee reduction that specifically states the word "appeal" and identifies how the required fee exceeds the amount permitted under these procedures and guidelines or Section 4 of the Act.

2. Within 10 business days after receiving a written appeal, the [head of a public body] shall do one of the following:

   a. Waive the fee.

   b. Reduce the fee and issue a written determination to the requestor indicating the specific basis under Section 4 of the Act that supports the remaining fee. The determination shall include a certification from the [head of the public body] that the statements in the determination are accurate and that the reduced fee complies with these procedures and guidelines and Section 4 of the Act.

   c. Uphold the fee and issue a written determination to the requestor indicating the specific basis under Section 4 of the Act that supports the required fee. The determination shall include a certification from the [head of the public body] that the statements in the determination are accurate and that the fee complies with these procedures and guidelines and Section 4 of the Act.

   d. Issue a notice extending, for not more than 10 business days, the period during which the [head of the public body] shall respond to the written appeal. The notice of extension shall include a detailed reason or reasons why the extension is necessary. The [head of a public body] shall not issue more than one notice of extension for a particular written appeal.

3. If a requestor disagrees with the [public body's] determination, the requestor may comment an action in Circuit Court in the County in which [public body] is located, within 45 days of the public body's determination, to seek a fee reduction.

VI. RIGHT TO APPEAL A DENIAL OF A PUBLIC RECORD REQUEST

1. If a requestor desires to appeal a denial of a request for a public record, in whole or in part, the requestor may submit a written appeal to the [head of the public body] or may seek judicial review of the denial, pursuant to Section 10 of the Act (MCL 15.240). A written appeal to the [head of the public body] shall specifically state the word "appeal" and identify the reason(s) for reversal of the denial.

2. Within 10 business days after receiving a written appeal, the [head of the public body] shall do one of the following:

   a. Reverse the disclosure denial.

   b. Issue a written notice to the appellant upholding the denial.

   c. Reverse the denial in part and issue a written notice to the appellant upholding the denial in part.

   d. Under unusual circumstances, issue a notice extending, for not more than 10 business days, the period during which the [head of the public body] shall respond to the written appeal. The [head of a public body] shall not issue more than 1 notice of extension for a particular written appeal.

3. The [head of the public body] is not considered to have received a written appeal until its next regularly scheduled meeting after the appeal is submitted.

4. Any failure to respond to an appeal shall be considered a decision to uphold the denial. If an appeal is denied in whole or in part by the [head of the public body], the appellant may seek judicial review of the nondisclosure by commencing an action in Circuit Court in the County in which [public body] is located.

Adopted: _____, 2015

[NAME OF PUBLIC BODY]

FREEDOM OF INFORMATION ACT

FEE ITEMIZATION FORM

Pursuant to Section 4 of the Michigan Freedom of Information Act, MCL 15.234 (the "FOIA" or the "Act"), the following costs will be charged for responses to FOIA requests, pursuant to the FOIA Fee Schedule adopted and periodically revised by the [public body].[i]

Y / N (circle one): A fee for labor cost is being charged because the failure to do so will result in unreasonably high costs to the [public body] because of the nature of the request in this particular instance. Specifically, [identify the nature of this unreasonably high cost(s)].

Labor costs shall not be more than the hourly wage of the [public body]'s lowest-paid employee capable of performing the labor in the particular instance, regardless of whether that person is available or actually performs the labor. Labor costs will be estimated and charged in [# must be 15-minutes or more]-minute time increments. All partial time increments will be rounded down. No overtime will be charged unless the person making the request provides written approval. If the number of minutes is less than 15, there will be no charge. If the [public body] charges to cover or partially cover the cost of fringe benefits, it will use a [# cannot exceed 50]-percent multiplier to account for those benefits.[ii]

1. LABOR COST TO LOCATE [iii]		
Hourly Wage Charged = $_____. OT Wages (as Stipulated by the Requestor) = $ _____ Charge per increment = $_____.	It is estimated to take [___] minutes to perform this task ÷ [__] minute increments = ____ increment(s).	**Subtotal Cost = $_____**
or		
Hourly Wage with Fringe Benefit Cost = $_____. Charge per increment = $_____.		

2. LABOR COST TO COPY [iv]		
Hourly Wage Charged = $_____. OT Wages (as Stipulated by the Requestor) = $ _____ Charge per increment = $ _____.	It is estimated to take [___] minutes to perform this task ÷ [__] minute increments = ____ increment(s).	**Subtotal Cost = $_____**
or		
Hourly Wage with Fringe Benefit Cost = $_____. Charge per increment = $_____.		

3. EMPLOYEE LABOR COST TO SEPARATE EXEMPT FROM NON-EXEMPT MATERIAL [v]		
Hourly Wage Charged = $_____. Charge per increment = $_____.	It is estimated to take [___] minutes to perform this task ÷ [__] minute increments = ____ increment(s).	**Subtotal Cost = $_____**
or		
Hourly Wage with Fringe Benefit Cost = $_____. Charge per increment = $_____.		

4. CONTRACTED LABOR COST TO SEPARATE EXEMPT FROM NON-EXEMPT MATERIAL [vi]		
Name of contracted person or firm = _____		
Hourly Wage Charged = $_____. Charge per increment = $_____. or Hourly Wage with Fringe Benefit Cost = $_____. Charge per increment = $_____.	It is estimated to take [___] minutes to perform this task ÷ [__] minute increments = ____ increment(s).	**Subtotal Cost[vii] = $_____**

5. COPYING (DUPLICATION OR PRINTING) COST [viii]		
Letter (8 1/2 x 11-inch, single- or double-sided): ___ cents per sheet	Number of sheets = _____	Cost = $ _____
Legal (8 1/2 x 14-inch, single- or double-sided): ___ cents per sheet	Number of sheets = _____	Cost = $ _____
Other paper sizes (single- or double-sided): ___ cents per sheet	Number of sheets = _____	Cost = $ _____
Actual and most reasonably economical cost of non-paper physical digital media (or being provided to the requestor in such format as stipulated) = $ _____ *Circle applicable:* Disc / Tape / Drive / Other Digital Medium Cost per Item:	Number of items = _____	Cost = $ _____
		Subtotal Cost = $ _____

6. MAILING COST [ix]		
	Number of envelope(s), package(s), stamp(s), etc.	
Cost of Envelope or Package = $_____	_____	Cost = $ _____
Postage = $_____ per stamp.	_____	Cost = $ _____
Postage = $_____ per pound.	_____	Cost = $ _____
Postage = $_____ per package.	_____	Cost = $ _____
Postal Delivery Confirmation = $_____.	_____	Cost = $ _____
Expedited Shipping or Insurance, if requested = $_____.	_____	Cost = $ _____
		Subtotal Cost = $ _____

Affidavit of Indigency Submitted? Y / N[x] Qualified Non-Profit Organization per Section 4(2)(f)(2)(b) of the FOIA? Y / N	If Yes, subtract $20.00	($_____)
		TOTAL ESTIMATED FEE = $ _____
If the estimated cost exceeds $50.00, a good faith deposit of 50% is required before the request will be processed.	50% Deposit = $ _____.	Date Paid = ___/___/___.
The request will be processed, but the balance of the cost must be paid before copies may be picked up, delivered, or mailed.	Balance Due = $_____.	Date Paid = ___/___/___.

[i] The [public body] may require a one-hundred percent (100%) deposit from a requestor who has not previously paid a fulfilled FOIA request, provided the requirements in Section 5 of the Act are met.

[ii] Please note, 100% of fringe benefit costs will be added to the applicable labor charge if a requestor is notified in writing that public records are available on the [public body]'s website or webpage and the requestor continues to request that the [public body] provide a copy, in any format, of the available public record.

[iii] This is the cost of labor directly associated with the necessary searching for, locating, and examining public records in conjunction with receiving and fulfilling a granted written request.

[iv] This is the cost of labor directly associated with duplication of publication, including making paper copies, making digital copies, or transferring digital public records to be given to the requestor on non-paper physical media or through the Internet or other electronic means as stipulated by the requestor.

[v] This is the cost of labor of an in-house, [public body] employee, including necessary review, directly associated with separating and deleting exempt from nonexempt information.

[vi] As this [public body] does not employ a person in-house who is capable of separating exempt from non-exempt information in this particular instance, as determined by the FOIA Coordinator, this is the cost of labor of a contractor (i.e., outside attorney), including necessary review, directly associated with separating and deleting exempt information from nonexempt information. The [public body] will not charge for labor directly associated with redaction if it knows or has reason to know that it previously redacted the record in question and still has the redacted version in its possession.

[vii] This amount shall not exceed six (6) times the State minimum hourly wage rate.

[viii] Copying costs may be charged if a copy of a public record is requested, or for the necessary copying of a record for inspection (i.e., to redact exempt information, to protect old or delicate original public records, or because the original public record is a digital file or database not available for public inspection). No more than the actual cost of a sheet of paper will be charged, up to maximum 10 cents per sheet. Whenever feasible double-sided printing will be utilized.

[ix] The [public body] will charge the actual cost of mailing, if any, for sending records in a reasonably economical and justifiable manner. The [public body] will not charge more for expedited shipping or insurance unless specifically requested by the requestor. The [public body] may charge for the least expensive form of postal delivery confirmation.

[x] Persons establishing indigence (i.e. affidavit that the individual is receiving specific public assistance, or if not stating facts showing an inability to pay) and nonprofit organizations formally designated by the State of Michigan to carry out activities under Developmental Disabilities Assistance and Bill of Rights Act, Public Law 106-402 or the Protection and Advocacy for Individuals with Mental Illness Act, Public Law 99-139, are entitled to a discount. If a requestor is ineligible for the discount, the [public body] shall inform the requestor specifically of the reason for ineligibility in its written response.

[NAME OF PUBLIC BODY]

FREEDOM OF INFORMATION ACT

WRITTEN SUMMARY

Pursuant to Section 4 of the Michigan Freedom of Information Act, MCL 15.234, (the "FOIA" or the "Act") the [public body], (the "[public body]"), issues this written public summary of the following:

How to Submit Written Requests to the [Public Body]

The [public body] requires individuals or entities to submit FOIA requests in writing. FOIA requests may be mailed to the following address:

FOIA Coordinator
[Name of the Public Body]
[Address]

An individual or entity may also make a request in person at the [designate an office of the public body], or email a request to [_____@_____._____] or fax a request to [(___)____-_____].

Please review the following checklist to ensure a timely and accurate response to a request:

a. Make sure the correspondence is addressed to the "FOIA Coordinator" and includes the proper address and/or fax number.
b. Clearly state that the request is being made for a public record(s) pursuant to the "Freedom of Information Act" or the "FOIA."
c. Describe the public record(s) requested in sufficient detail so that it can be more-easily identified and located.
d. Describe the subject matter of the public record(s) requested and, if possible, the approximate date that the public record(s) was created.
e. Clearly state the manner in which you prefer the [public body] to provide the public records, such as: paper copies, non-paper physical media, email, etc. (please note, all requests must be within the technological capabilities of the [public body]).
f. You can stipulate that public records be provided on nonpaper, physical media, electronically mailed, or otherwise electronically provided in lieu of paper copies. If the requested public records are available on the [name of public body]'s website and the response includes the website address, then any request for paper format or other form, such as electronic form, may result in additional charges.

How to Understand the [Public Body]'s Written Responses

When the FOIA Coordinator receives a written request for a public record, the FOIA Coordinator, or his or her designee, shall, in not more than five (5) business days after the [public body] receives the request, respond to the request in one of the following ways:

a. Grant the request.
b. Issue a written notice to the requestor denying the request.
c. Grant the request in part and issue a written notice to the requestor denying the request in part.
d. Issue a written notice extending, for not more than ten (10) business days, the period during which the [public body] shall respond to the request.

Deposit Requirements

If the estimated cost of responding to a request exceeds $50.00, the [public body] may require a good faith deposit of 50% to be submitted before the request is processed. Once the good faith deposit is submitted, the [public body] will process the request. The balance of the cost of the request must be paid before copies may be picked up, mailed, or delivered. Good faith deposits and fees charged for responding to FOIA requests may be mailed to the following address:

FOIA Coordinator
[Name of the Public Body]
[Address]

Fee Calculations

Please review the attached Fee Itemization Form, which provides a line-by-line summary and explanation of the fees that the [public body] may charge in response to a request, pursuant to Section 4 of the Act (MCL 15.234(1)).

Avenues for Challenge and Appeal

If the requestor believes the fee estimated or charged for the request exceeds the amount permitted under the [public body]'s procedures and guidelines or Section 4 of the Act, the requestor must:

a. Submit to the [head of the public body] a written appeal for a fee reduction that specifically states the word "appeal" and identifies why the requestor believes the required fee exceeds the amount permitted under the [public body]'s procedures and guidelines or Section 4 of the Act. If the requestor disagrees with the [public body's] final determination, the requestor may, after exhausting internal administrative remedies, commence a civil action in Circuit Court where the [name of the public body] is located for a fee reduction. The civil action must be filed within 45 days of the public body's final determination to deny a request pursuant to Section 10(1)(b) of the Act.

Any written response denying a request for a public record, in whole or in part, is a final determination to deny the request or portion of that request. A requestor may file an appeal with the [head of the public body] or may seek judicial review of the denial, pursuant to Section 10 of the Act (MCL 15.240). A requestor may receive attorneys' fees and damages pursuant to the Act if the Court determines that the [public body] has not complied with Section 5 (MCL 15.235) of the Act and orders the disclosure of all or a portion of a public record.

2015-SE-047

To Admin. Staff: _____
To Council: 6-18-15
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: League of Michigan Bicyclists TELEPHONE: 517-334-9100

MAILING ADDRESS: 416 S Cedar St., Ste A, Lansing MI 48912

CONTACT NAME: Kyle Kirkby TELEPHONE: 517-334-9100

E-MAIL ADDRESS: Kyle@LMB.org CELL PHONE: _____

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Mary Dougherty TELEPHONE: _____

E-MAIL ADDRESS: medough@aol.com CELL PHONE: 517-410-3713

EVENT INFORMATION

NAME OF EVENT: 2015 Shoreline West Bicycle Tour

PURPOSE OF EVENT: Parking for bicycle tour

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

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

DATE(S): August 1st, 2015 FROM 6:00 ■ A.M. ☐ P.M. TO 10:00 ■ A.M. ☐ P.M.

August 8th, 2015 FROM 10:00 ■ A.M. ☐ P.M. TO 2:00 ☐ A.M. ■ P.M.

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

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

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: Rec Center Parking Lot and field to south of Rec Center for parking.

ESTIMATED NUMBER OF ATTENDEES: Approx 100 cars will be parked for the week (8/1/15 8/8/15)

WILL YOU UTILIZE SHOWERS: ☐ Yes ■ No

ESTIMATED NUMBER OF VOLUNTEERS: 6

ESTIMATE DATE/TIME FOR SET-UP: August 1, 2015 6:00 ■ A.M. ☐ P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: August 2, 2015 10:00 ■ A.M. ☐ P.M.

Fee = $250.00

Ins - with App -

RECEIVED 5-15-15

6-12-15 - message for Kyle

PARADE PERMIT

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

POLICE ESCORT NEEDED: ☐ Yes ■ No

PARADE ROUTE PROVIDED WITH APPLICATION: ☐ Yes ■ No

PROPOSED ROUTE:_____

_____

_____

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

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

EVENT DETAILS

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

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

WILL MUSIC BE PROVIDED DURING THIS EVENT: ☐ Yes ■ No

TYPE OF MUSIC PROPOSED: ☐ Live ☐ Amplification ☐ Recorded ☐ Loudspeakers

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

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

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

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

☐ *Provide Copy of Michigan Liquor Control License*

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

_____

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

Date insurance binder provided: May 5, 2015
See page 4 for required language naming the Village as an additional insured

WILL FIREWORKS BE APART OF EVENT: ☐ Yes ■ No

☐ *Provide Copy of Liability Insurance*

☐ *Provide Copy of Fireworks Permit*

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

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

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

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

_____

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

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

EVENT LONG TERM PARKING: Will there be long term parking? ■ Yes ☐ No
If yes, from date August 1st, 2015 to ending date: August 8, 2015
Long term parking identified on the site map? ■ Yes ☐ No

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

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

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

Size _____ ☐ **CHAIRS – QUANTITY**_____

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

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

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

APPLICATION CHECK LIST

A = Applicant V = Village

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

If document is missing, please explain:_____

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

Is this an annual event? ■ Yes ☐ No
Is this event expected to occur next year? ■ Yes ☐ No
How many years has this event occurred? 28

Applicant Signature 5-11-15 **Date**
Print name of applicant: John Lindenmayer

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

[ ] **DPW** [GV] **FACILITY SERVICES**
[pcw] **POLICE** [ ] **FIRE** [ ] **AMBULANCE**
[ ] **RECREATION**

VILLAGE COUNCIL COUNCIL APPROVAL DATE:_____

CONDITIONS, IF ANY:_____

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

Forms/SEA 02 20 12

LEAGOFM-01 TMERCER

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/4/2015

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

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

PRODUCER License # 0019304-1
Hub International Midwest East
625 Kenmoor Ave SE
Suite 200
Grand Rapids, MI 49546

CONTACT NAME: Tamara Mercer
PHONE (A/C, No, Ext): (616) 233-4111 FAX (A/C, No): (616) 233-4110
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : NSI- West Bend	
INSURER B : Accident Fund Insurance Company of America	10166
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
League of Michigan Bicyclists
416 S. Cedar St
Suite A
Lansing, MI 48912

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$	1,000,000
	CLAIMS-MADE X OCCUR	X		NSL0981861	03/10/2015	03/10/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	$	200,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	2,000,000
	OTHER:							$	
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
	ANY AUTO			NSL0981861	03/10/2015	03/10/2016	BODILY INJURY (Per person)	$	
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$	
								$	
A	X UMBRELLA LIAB / X OCCUR			NUL098764307	03/10/2015	03/10/2016	EACH OCCURRENCE	$	1,000,000
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$	1,000,000
	DED X RETENTION $ 0							$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N	N / A		WCV6041830	03/10/2015	03/10/2016	E.L. EACH ACCIDENT	$	500,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	500,000
							E.L. DISEASE - POLICY LIMIT	$	500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Ave, Mackinaw City, MI 49701, as an additional insured with respects to General Liability.

CERTIFICATE HOLDER

Village of Mackinaw City
102 S. Huron Ave
Mackinaw City, MI 49701

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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reception

To: Kyle Kirkby
Subject: RE: 2015 Shoreline West bicycle tour

Good afternoon Kyle, I am sorry it has taken so long to respond. I needed to gather input from Village Staff. Please go forward with the Special Event Application for the Shoreline West Bicycle Tour. I will have the Department Heads review it as soon as possible, if they approve then it will be sent to the Village Council for final approval.
The area you will use for parking has been changed, no parking will be allowed in the ball fields. Your parking area will be at the Recreation Center, in the back lot and if necessary on the concrete pad in the front of the building. This year's fee will be $250.00. Please feel free to call if you have any questions or concerns. Thank you, Janelle

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

From: lmb.kyle@gmail.com [mailto:lmb.kyle@gmail.com] **On Behalf Of** Kyle Kirkby
Sent: Thursday, March 12, 2015 1:54 PM
To: Barb Marshall; Jeffrey Curth; Jerry Hallack; Kyle Work; Lori Martinchek; reception; Mari Schumaker; Marilyn Zielinski; Mary Russell; Tom Stobie
Subject: 2015 Shoreline West bicycle tour

Hello!

LMB appreciates your hosting the 2014 Shoreline West Bicycle Tour riders this past August. The response from our tour survey was riders truly loved their experience along the Lake Michigan shoreline.

I am beginning the planning process for the 2015 Shoreline West Bicycle Tour, which will be held from Saturday August 1st through Sunday August 8th, 2015. The itinerary is as follows:

August 1st: Mackinaw City: Bus leaves for Montague @ 10 am.
August 1st - 2nd: Montague
August 2nd - 3rd: Ludington
August 3rd - 4th: Frankfort
August 4th - 6th: Traverse City
August 6th - 7th: Charlevoix
August 7th - 8th: Harbor Springs
August 8th: Mackinaw City. Bus returns to Montague @ 2 pm.

I know that I've spoken with many of you already, but please confirm: are you willing to host us again? Will these dates work for you in 2015?

Our Typical Schedule at a Host Site:

- 10-11 am Baggage Trucks and Staff Van arrive
- 12-5 pm Riders arrive

- 5:30-7 pm Dinner
- 10 pm – 6 am Quiet Time in Campground
- 6:30 – 8:00 am Breakfast
- 9 am Last Riders leave
- 9 am Baggage Trucks and Staff Van leave

Shoreline West tour needs access to:

Cafeteria -- either for contracted food service or some access for caterers and diners.
Both Men's and Women's Shower Rooms to handle 500 riders.
Bathrooms to handle 500 riders.
Area for Camping to accommodate 250 individual tents, occupying up to 100 sf. each.
Overnight parking for 10-15 vehicles, including two 26' baggage trucks.
(Weekly parking at both Montague and Mackinaw City for ~100 vehicles).
Outdoor Trash receptacles.
Outside electrical outlets.
Outside hose outlet to fill water bottles (we have a multi-station fountain).
Location for an emergency shelter in case of threatening weather.

Once we get the dates and the hosts sites confirmed, I will contact each of you individually in the near future, to formalize a contract for your facilities services and meals (if not catered elsewhere). I will be contacting food service personnel and caterers directly to set up menus, etc.

If there are other persons that should be included in this discussion, or if you have any questions, please have them contact me. Again, thanks for your hospitality and I look forward to seeing you next summer!

Kyle

--
Kyle Elizabeth Kirkby
Membership & Events Coordinator
League of Michigan Bicyclists

www.LMB.org
517-334-9100
416 S. Cedar St., Ste. A
Lansing MI 48912

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Find us on Facebook
Find us on Twitter

TAKE THE SHARE THE ROAD PLEDGE

reception

From: lmb.kyle@gmail.com on behalf of Kyle Kirkby [kyle@lmb.org]
Sent: Thursday, March 12, 2015 1:54 PM
To: Barb Marshall; Jeffrey Curth; Jerry Hallack; Kyle Work; Lori Martinchek; reception; Mari Schumaker; Marilyn Zielinski; Mary Russell; Tom Stobie
Subject: 2015 Shoreline West bicycle tour

Hello!

LMB appreciates your hosting the 2014 Shoreline West Bicycle Tour riders this past August. The response from our tour survey was riders truly loved their experience along the Lake Michigan shoreline.

I am beginning the planning process for the 2015 Shoreline West Bicycle Tour, which will be held from Saturday August 1st through Sunday August 8th, 2015. The itinerary is as follows:

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August 4th - 6th: Traverse City
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August 8th: Mackinaw City. Bus returns to Montague @ 2 pm.

I know that I've spoken with many of you already, but please confirm: are you willing to host us again? Will these dates work for you in 2015?

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- 10-11 am Baggage Trucks and Staff Van arrive
- 12-5 pm Riders arrive
- 5:30-7 pm Dinner
- 10 pm – 6 am Quiet Time in Campground
- 6:30 – 8:00 am Breakfast
- 9 am Last Riders leave
- 9 am Baggage Trucks and Staff Van leave

Shoreline West tour needs access to:

Cafeteria -- either for contracted food service or some access for caterers and diners.
Both Men's and Women's Shower Rooms to handle 500 riders.
Bathrooms to handle 500 riders.
Area for Camping to accommodate 250 individual tents, occupying up to 100 sf. each.
Overnight parking for 10-15 vehicles, including two 26' baggage trucks.
(Weekly parking at both Montague and Mackinaw City for ~100 vehicles).
Outdoor Trash receptacles.
Outside electrical outlets.
Outside hose outlet to fill water bottles (we have a multi-station fountain).
Location for an emergency shelter in case of threatening weather.

Once we get the dates and the hosts sites confirmed, I will contact each of you individually in the near future, to formalize a contract for your facilities services and meals (if not catered elsewhere). I will be contacting food service personnel and caterers directly to set up menus, etc.

If there are other persons that should be included in this discussion, or if you have any questions, please have them contact me. Again, thanks for your hospitality and I look forward to seeing you next summer!

Kyle

--
Kyle Elizabeth Kirkby
Membership & Events Coordinator
League of Michigan Bicyclists

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Lansing MI 48912

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Find us on Twitter

TAKE THE SHARE THE ROAD PLEDGE

2015-SE-050

To Admin. Staff: 5-29-15
To Council: 6-18-15
Decision: ☐Approved ☐ Denied
Minutes to Applicant: _____

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

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

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: Michigan Fitness Foundation TELEPHONE: 517-908-3800
MAILING ADDRESS: 1213 Center St. Lansing, MI 48909
CONTACT NAME: Michelle Phillipich TELEPHONE: 517-908-3878
E-MAIL ADDRESS: mphillipich@michiganfitness.org CELL PHONE: 517-899-5211

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Michelle Phillipich TELEPHONE: 517-899-5211
E-MAIL ADDRESS: mphillipich@michiganfitness.org CELL PHONE: _____

EVENT INFORMATION

NAME OF EVENT: Mackinaw Bridge Labor Day Run
PURPOSE OF EVENT: Bring awareness of benefits of physical activity

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

DATE(S): 9/7/2015 FROM 4:30 ■ A.M. ☐ P.M. TO 9:00 ■ A.M. ☐ P.M.
_____ FROM _____ ☐ A.M. ☐ P.M. TO _____ ☐ A.M. ☐ P.M.
_____ FROM _____ ☐ A.M. ☐ P.M. TO _____ ☐ A.M. ☐ P.M.
_____ FROM _____ ☐ A.M. ☐ P.M. TO _____ ☐ A.M. ☐ P.M.
RAIN DATE(S): _____ FROM _____ ☐ A.M. ☐ P.M. TO _____ ☐ A.M. ☐ P.M.
_____ FROM _____ ☐ A.M. ☐ P.M. TO _____ ☐ A.M. ☐ P.M.

EVENT LOCATION: Mackinaw City Recreation Center
ESTIMATED NUMBER OF ATTENDEES: 500
WILL YOU UTILIZE SHOWERS: ☐ Yes ■ No
ESTIMATED NUMBER OF VOLUNTEERS: 5
ESTIMATE DATE/TIME FOR SET-UP: 9/7/2015 4:30 ■ A.M. ☐ P.M.
ESTIMATE DATE/TIME FOR CLEAN-UP: 9/7/2015 9:00 ■ A.M. ☐ P.M.

Need Ins Cert.

RECEIVED 5-28-15

They do their sign in outside of The Rec Center, provide own tables, etc. No charge.

6-12-15 - Talked to Michelle re mtg date

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

PARADE PERMIT

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

POLICE ESCORT NEEDED: ☐ Yes ☐ No

PARADE ROUTE PROVIDED WITH APPLICATION: ☐ Yes ☐ No

PROPOSED ROUTE:_____

_____

_____

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

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

EVENT DETAILS

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

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

WILL MUSIC BE PROVIDED DURING THIS EVENT: ☐ Yes ☐ No

TYPE OF MUSIC PROPOSED: ☐ Live ☐ Amplification ☐ Recorded ☐ Loudspeakers

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

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

☐ Yes ☐ No ☐ *Provide Copy of Health Department Food Service License*

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

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

☐ *Provide Copy of Michigan Liquor Control License*

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

_____

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

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

WILL FIREWORKS BE APART OF EVENT: ☐ Yes ☐ No

☐ *Provide Copy of Liability Insurance*

☐ *Provide Copy of Fireworks Permit*

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

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

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

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

_____

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

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

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

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

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

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

Size _____ ☐ **CHAIRS – QUANTITY** _____

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

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

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

APPLICATION CHECK LIST

A = Applicant V = Village

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

If document is missing, please explain:_____

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

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

M Phillipich
Applicant Signature
Print name of applicant: Michelle Phillipich

5/28/15
Date

VILLAGE USE ONLY: *(Department representative please initially approved)*

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

VILLAGE COUNCIL/COUNCIL APPROVAL DATE:

CONDITIONS IF ANY:

AUTHORIZED BY: _____ DATE: _____
VILLAGE MANAGER

GV facilities
-PD - PCW
DPW
fact fire
-CW Rec

Forms/SEA 02 20 12

2015-SE-051

To Admin. Staff: _____
To Council: 6-18-15
Decision: ☐ Approved ☐ Denied
Minutes to Applicant: _____

SPECIAL EVENT APPLICATION
VILLAGE OF MACKINAW CITY
102 S. HURON AVENUE, MACKINAW CITY, MI 49
(231) 436-5351
436-4166

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

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: The Salvation Army TELEPHONE: 231-627-9003
MAILING ADDRESS: 444 S. Main St. Cheboygan, MI 49721
CONTACT NAME: Tammy Kauffman TELEPHONE: 231-627-9003
E-MAIL ADDRESS: Tammy_Kauffman@usc.salvationarmy.org CELL PHONE: 231-818-5344

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Tammy Kauffman TELEPHONE: Same
E-MAIL ADDRESS: Same CELL PHONE: Same

EVENT INFORMATION

NAME OF EVENT: Bell Ringing
PURPOSE OF EVENT: Fundraising

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

DATE(S): 6/27 FROM 9:00 ☒ 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.
_____ 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: American Legion + Post Office
ESTIMATED NUMBER OF ATTENDEES: _____
WILL YOU UTILIZE SHOWERS: ☐ Yes ☒ No
ESTIMATED NUMBER OF VOLUNTEERS: 5-10
ESTIMATE DATE/TIME FOR SET-UP: 6/27 9:00 ☒ A.M. ☐ P.M.
ESTIMATE DATE/TIME FOR CLEAN-UP: 6/27 5:00 ☐ A.M. ☒ P.M.

Proof of Ins - on file
Permission from Legion - on file
Permission from PO - 6-8-15

RECEIVED 6-1-15

6-12-15 - Wynne - left message for Tammy mtg. date -

06/06/2015

The Salvation Army can ring bells on June 27th, 2015 in front of the USPS in Mackinaw City.

Postmaster,

PARADE PERMIT

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

POLICE ESCORT NEEDED: ☐ Yes ☒ No

PARADE ROUTE PROVIDED WITH APPLICATION: ☐ Yes ☒ No

PROPOSED ROUTE:_____

_____

_____

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

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

EVENT DETAILS

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

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

WILL MUSIC BE PROVIDED DURING THIS EVENT: ☐ Yes ☒ No

TYPE OF MUSIC PROPOSED: ☐ Live ☐ Amplification ☐ Recorded ☐ Loudspeakers

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

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

WILL ALCOHOL BE SERVED AT THIS EVENT: ☐ Yes ☒ No
☐ *Provide Copy of Liquor Liability Insurance*
See page 4 for required language naming the Village as an additional insured
☐ *Provide Copy of Michigan Liquor Control License*

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

_____

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: ☒ Yes ☐ No
Date insurance binder provided:_____
See page 4 for required language naming the Village as an additional insured

WILL FIREWORKS BE APART OF EVENT: ☐ Yes ☒ No
☐ *Provide Copy of Liability Insurance*
☐ *Provide Copy of Fireworks Permit*
See page 4 for required language naming the Village as an additional insured

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

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

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

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

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

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

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

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

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

Size _____ ☐ **CHAIRS – QUANTITY**_____

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

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

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

APPLICATION CHECK LIST

A = Applicant **V = Village**

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

If document is missing, please explain:_____

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

Is this an annual event? ☐ Yes ☒ No maybe ??
Is this event expected to occur next year? ☒ Yes ☐ No
How many years has this event occurred? 1

Tammy Kauffman
Applicant Signature

6/1/15
Date

Print name of applicant: Tammy Kauffman

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

[ ] **DPW** [GV] **FACILITY SERVICES**
[PCW] **POLICE** [ ] **FIRE** [ ] **AMBULANCE**
[LW] **RECREATION**

VILLAGE COUNCIL COUNCIL APPROVAL DATE:_____

CONDITIONS, IF ANY:_____

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

Forms/SEA 02 20 12

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS ☐ APPROVED ☐ DENIED

Will this event require the use of any of the following municipal equipment: ☐ Yes ☐ No

☐ LOADER – MODEL _____ TOTAL MEN _____ TOTAL MAN HOURS _____

☐ PICK UP TRUCKS _____ TOTAL MEN _____ TOTAL MAN HOURS _____

☐ OTHER EQUIPMENT _____ TOTAL MEN _____ TOTAL MAN HOURS _____

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: ☐ Yes ☐ No

FACILITIES SERVICES DEPARTMENT ☐ APPROVED ☐ DENIED

Will this event require the use of any of the following municipal equipment: ☐ Yes ☐ No

☐ TRASH RECEPTACLES – QUANTITY _____ ☐ BARRICADES – QUANTITY _____

☐ TRAFFIC CONES – QUANTITY _____ ☐ PARKING SIGNS – QUANTITY _____

☐ FENCING ☐ WATER ☐ ELECTRIC ☐ RESTROOM CLEANING

☐ OTHER _____

SITE MAP APPROVED: ☐ Yes ☐ No

MACKINAW CITY POLICE DEPARTMENT ☐ APPROVED ☐ DENIED

ADDITIONAL OFFICERS REQUIRED? ☐ Yes ☐ No

If yes please describe & include times _____

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: ☐ Yes ☐ No

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

SITE MAP APPROVED: ☐ Yes ☐ No

MACKINAW CITY FIRE DEPARTMENT ☐ APPROVED ☐ DENIED

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

Street closure date/time: ___/___/___ _____ ☐ A.M. ☐ P.M.

Street re-open date/time: ___/___/___ _____ ☐ A.M. ☐ P.M.

SITE MAP APPROVED: ☐ Yes ☐ No

RECREATION DEPARTMENT ☐ APPROVED ☐ DENIED

SHOWERS: ☐ Yes ☐ No

TABLES: ☐ Yes ☐ No Quantity: _____

CHAIRS: ☐ Yes ☐ No Quantity: _____

CAMPING: ☐ Yes ☐ No (identified on map)

LONG TERM PARKING: ☐ Yes ☐ No (identified on map)

PORTABLE RESTROOMS: ☐ Yes ☐ No (identified on map)

SITE MAP APPROVED: ☐ Yes ☐ No

2015-SE-052

To Admin. Staff: 6-11-15
To Council: 6-18-15
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: Caroline Somers **TELEPHONE:** 436-7789

MAILING ADDRESS: 1140 Valley Drive, P.O. Box 372, Mackinaw City, MI 49701

CONTACT NAME: Caroline Somers **TELEPHONE:** 436-7789

E-MAIL ADDRESS: pigheadinc@yahoo.com **CELL PHONE:** 231-420-2416

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Caroline Somers/Lisa or Pat Rivera **TELEPHONE:** 436-7789

E-MAIL ADDRESS: pigheadinc@yahoo.com **CELL PHONE:** 231-420-2416

EVENT INFORMATION

NAME OF EVENT: Lemonade Stand

PURPOSE OF EVENT: to raise funds and donate a portion to charity

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

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

DATE(S): 6/2015 - 8/2015 (Mon.-Sat.) **FROM** 12:00 ☐ A.M. ☒ P.M. **TO** 3:00 ☐ A.M. ☒ P.M.

Depending on Weather/schedule **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: _____

ESTIMATED NUMBER OF ATTENDEES: _____

WILL YOU UTILIZE SHOWERS: ☐ Yes ☒ No

ESTIMATED NUMBER OF VOLUNTEERS: 2

ESTIMATE DATE/TIME FOR SET-UP: _____ 12:00 ☐ A.M. ☐ P.M.

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

Letter of approval from St. Anthony's — 6-11-15
Cert. from Health Dept. — 6-11-15

RECEIVED 6-10-15

6-12-15 - Pat R. to inform Caroline of

PARADE PERMIT

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

POLICE ESCORT NEEDED: ☐ Yes ☒ No

PARADE ROUTE PROVIDED WITH APPLICATION: ☐ Yes ☐ No

PROPOSED ROUTE: N/A

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

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

EVENT DETAILS

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

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

WILL MUSIC BE PROVIDED DURING THIS EVENT: ☐ Yes ☒ No

TYPE OF MUSIC PROPOSED: ☐ Live ☐ Amplification ☐ Recorded ☐ Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: _____ **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: small 2'x2' handmade sign promoting lemonade sale "Ice Cold Lemonade"
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

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

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

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

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

☐ **BOOTHS – QUANTITY**_____

Size _____

☐ **AWNINGS – QUANTITY**_____

☐ **TENTS – QUANTITY**_____

☐ **CHAIRS – QUANTITY**_____

☐ **TABLES – QUANTITY**_____

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

PORTABLE RESTROOMS/TOILETS

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

APPLICATION CHECK LIST

A = Applicant V = Village

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

If document is missing, please explain:_____

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

Is this an annual event? ☐ Yes ☒ No
Is this event expected to occur next year? ☐ Yes ☒ No
How many years has this event occurred? 1

Caroline Somers
Applicant Signature
Print name of applicant: Caroline Somers

6/8/15
Date

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

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

VILLAGE COUNCIL COUNCIL APPROVAL DATE:_____

CONDITIONS, IF ANY:_____

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

Forms/SEA 02 20 12

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS ☐ APPROVED ☐ DENIED

Will this event require the use of any of the following municipal equipment: ☐ Yes ☐ No

☐ **LOADER – MODEL** _____ **TOTAL MEN**_____ **TOTAL MAN HOURS**_____

☐ **PICK UP TRUCKS** _____ **TOTAL MEN**_____ **TOTAL MAN HOURS**_____

☐ **OTHER EQUIPMENT**_____ **TOTAL MEN**_____ **TOTAL MAN HOURS**_____

OTHER SERVICES PROVIDED OR REQUIRED_____

SITE MAP APPROVED: ☐ Yes ☐ No

FACILITIES SERVICES DEPARTMENT ☐ APPROVED ☐ DENIED

Will this event require the use of any of the following municipal equipment: ☐ Yes ☐ No

☐ **TRASH RECEPTACLES – QUANTITY**_____ ☐ **BARRICADES – QUANTITY**_____

☐ **TRAFFIC CONES – QUANTITY** _____ ☐ **PARKING SIGNS – QUANTITY**_____

☐ **FENCING** ☐ **WATER** ☐**ELECTRIC** ☐ **RESTROOM CLEANING**

☐ **OTHER**_____

SITE MAP APPROVED: ☐ Yes ☐ No

MACKINAW CITY POLICE DEPARTMENT ☐ APPROVED ☐ DENIED

ADDITIONAL OFFICERS REQUIRED? ☐ Yes ☐ No

If yes please describe & include times_____

Other (describe):_____

PARADE ROUTE RECEIVED AND APPROVED: ☐ Yes ☐ No

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

SITE MAP APPROVED: ☐ Yes ☐ No

MACKINAW CITY FIRE DEPARTMENT ☐ APPROVED ☐ DENIED

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

Street closure date/time:___/___/___ _____ ☐ **A.M.** ☐ **P.M.**

Street re-open date/time:___/___/___ _____ ☐ **A.M.** ☐ **P.M.**

SITE MAP APPROVED: ☐ Yes ☐ No

RECREATION DEPARTMENT ☐ APPROVED ☐ DENIED

SHOWERS: ☐ Yes ☐ No

TABLES: ☐ Yes ☐ No Quantity:_____

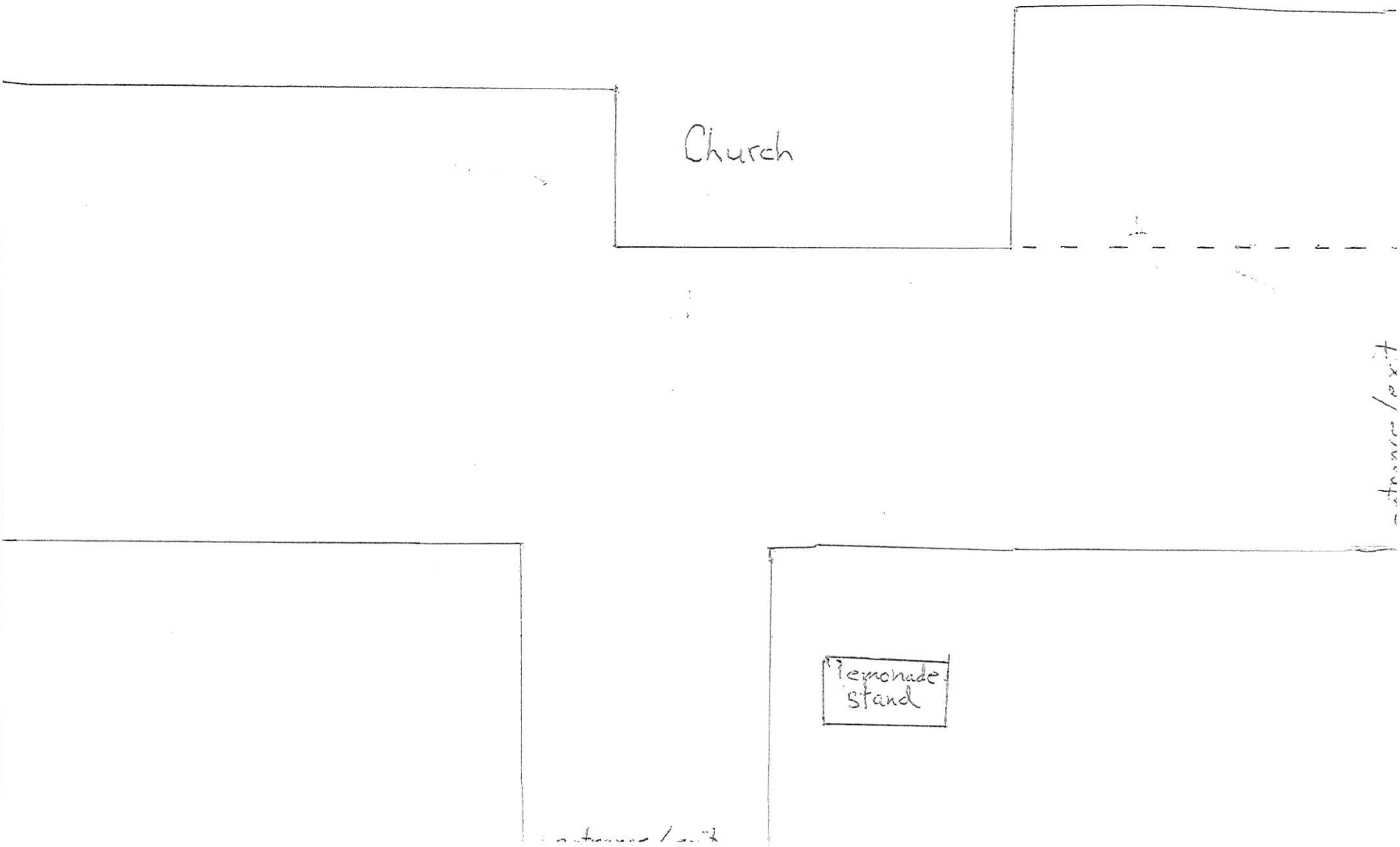
CHAIRS: ☐ Yes ☐ No Quantity:_____

CAMPING: ☐ Yes ☐ No (identified on map)

LONG TERM PARKING: ☐ Yes ☐ No (identified on map)

PORTABLE RESTROOMS: ☐ Yes ☐ No (identified on map)

SITE MAP APPROVED: ☐ Yes ☐ No


Church
entrance/exit
lemonade stand
entrance/exit

church
lemonade stand
entrance/exit

From: Sr. Chris Herald <chrisop@sbcglobal.net>
To: 'Lisa Workens Rivera' <i_love_the_bills@yahoo.com>
Sent: Thursday, June 11, 2015 11:15 AM
Subject: Caroline Somers

TO: Village of Mackinaw City
FROM: Sister Chris Herald
RE: Caroline's Lemonade Stand
DATE: June 11, 2015

Dear Friends,
I have been involved in several conversations with Caroline Somers regarding her proposed Lemonade Stand. She would like to situate her business on St. Anthony's property. I have granted her permission to do that.
Caroline is an energetic, entrepeneuring and responsible young girl. We are very happy to have her establish her business on our premises.
Thank you for your time. Getting the necessary letters and permits for the Lemonade Stand has been a "teachable moment" for Caroline.

Sister Chris Herald, OP
Pastoral Administrator
St. Anthony of Padua Catholic Church
Mackinaw City, MI 49701

LICENSE NO. **SFE0524048017**

STATE of MICHIGAN LICENSE

EXPIRES: **4/30/2016**

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

600 W CENTRAL AVE MACKINAW CITY 49701

THIS LICENSE IS NOT TRANSFERABLE AS TO PERSON OR PLACE. NOTIFY THE LOCAL HEALTH DEPARTMENT PRIOR TO CHANGE OF OWNERSHIP. {SECTION 4123}

RESTRICTIONS OR CONDITIONS :

IS GRANTED TO: **ST ANTHONY'S CATHOLIC CHURCH**

ST ANTHONY'S CATHOLIC CHURCH
PO BOX 460
MACKINAW CITY, MI 49701

DIRECT INQUIRIES TO: HEALTH DEPT OF NORTHWEST MICHIGAN 0524

OPERATOR COPY **FAILURE TO POST IN A CONSPICUOUS PLACE IS A MISDEMEANOR SECTION [4119]** FI-210 (1/2005)

2016-SE-001

To Admin. Staff: _____
To Council: 6-18-15
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: Michilmackinac Voyageurs TELEPHONE: 231-818-2600
MAILING ADDRESS 5448 Powers Rd., Alanson, MI 49706
CONTACT NAME: Farrell Thompson TELEPHONE: 231-818-2600
E-MAIL ADDRESS: _____ CELL PHONE: _____

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Cindy Snider TELEPHONE: 231-537-4851
E-MAIL ADDRESS: Sniderconste centurylink.Net CELL PHONE: 231-420-8297

EVENT INFORMATION

NAME OF EVENT: Fort Michilmackinac Pageant
PURPOSE OF EVENT: Historical Re-enactment

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

DATE(S): May 26 2016 FROM 6:00 ☐A.M. ☒P.M. TO May 30 6:00 ☐A.M. ☒P.M.
_____ FROM _____ ☐A.M. ☐P.M. TO _____ ☐A.M. ☐P.M.
_____ FROM _____ ☐A.M. ☐P.M. TO _____ ☐A.M. ☐P.M.
_____ FROM _____ ☐A.M. ☐P.M. TO _____ ☐A.M. ☐P.M.
RAIN DATE(S): _____ FROM _____ ☐A.M. ☐P.M. TO _____ ☐A.M. ☐P.M.
_____ FROM _____ ☐A.M. ☐P.M. TO _____ ☐A.M. ☐P.M.

EVENT LOCATION: High School Pavilion & grounds
ESTIMATED NUMBER OF ATTENDEES: 50
WILL YOU UTILIZE SHOWERS: ☐ Yes ☒ No
ESTIMATED NUMBER OF VOLUNTEERS: 50
ESTIMATE DATE/TIME FOR SET-UP: May 26 6:00 ☐A.M. ☒P.M.
ESTIMATE DATE/TIME FOR CLEAN-UP: May 30 6:00 ☐A.M. ☒P.M.

No Fee - Village Partner -
Ins Cert - as soon as available

6-12-15 - Cindy C mtg date

PARADE PERMIT

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

POLICE ESCORT NEEDED: ☐ Yes ☐ No

PARADE ROUTE PROVIDED WITH APPLICATION: ☐ Yes ☐ No

PROPOSED ROUTE:_____

_____

_____

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

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

EVENT DETAILS

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

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

WILL MUSIC BE PROVIDED DURING THIS EVENT: ☐ Yes ☒ No

TYPE OF MUSIC PROPOSED: ☐ Live ☐ Amplification ☐ Recorded ☐ Loudspeakers

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

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

WILL ALCOHOL BE SERVED AT THIS EVENT: ☐ Yes ☒ No
☐ *Provide Copy of Liquor Liability Insurance*
See page 4 for required language naming the Village as an additional insured
☐ *Provide Copy of Michigan Liquor Control License*

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

_____

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: ☒ Yes ☐ No
Date insurance binder provided: 5-15-15
See page 4 for required language naming the Village as an additional insured

WILL FIREWORKS BE APART OF EVENT: ☐ Yes ☒ No
☐ *Provide Copy of Liability Insurance*
☐ *Provide Copy of Fireworks Permit*
See page 4 for required language naming the Village as an additional insured

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

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

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

_____

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

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

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

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

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

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

Size _____ ☐ **CHAIRS – QUANTITY** _____

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

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

PORTABLE RESTROOMS/TOILETS
Have you made arrangements to provide portable restroom facilities at your event? ☒ Yes ☐ No
If yes, total number of portable toilets: 2 Number of ADA accessible portable toilets: 5-26-16
If no, explain: _____
Restroom Company Name: Rose's Septic
Address Street: _____
City: Cheboygan State: MI Zip: 49721
Telephone Day: 231-627-3662 Evening: _____ Fax: _____ Cell: _____
Equipment set up: Date: 5-26-16 Time: _____
Equipment pick up: Date: 5-30-16 Time: _____
Portable restrooms identified on the site map? ☒ Yes ☐ No

APPLICATION CHECK LIST

A = Applicant V = Village

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

If document is missing, please explain:_____

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

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

Cindy Snider
Applicant Signature
Print name of applicant: Cindy Snider

6-5-15
Date

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

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

VILLAGE COUNCIL COUNCIL APPROVAL DATE:_____

CONDITIONS, IF ANY:_____

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

Forms/SFA 02 2013

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: _____

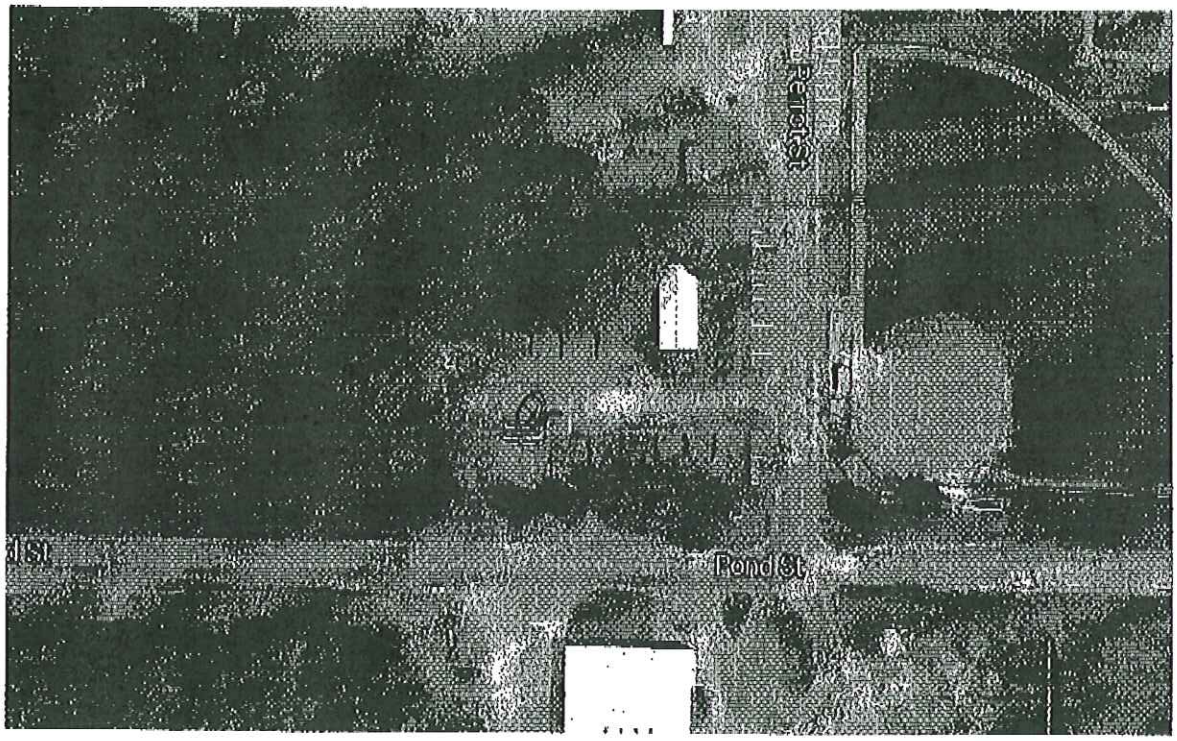
CHAIRS: ☐ Yes ☐ No Quantity: _____

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



(X) Port a pots

1 campers

O tents

Ø Old time tents

Jun. 10. 2015 4:50PM Mackinaw Branch 231 436 7266 RECEIVED 06/10/2015 16:58 No. 3743 P. 1

MACKINAW CITY
LIONS CLUB

P.O. BOX 760
MACKINAW CITY, MI 49701

June 10, 2015

Dear Village of Mackinaw City

On behalf of the Mackinaw City Lions Club I humbly request the permission of the village council to conduct our annual fundraisers on Labor Day, Monday, September 7, 2015. We will be using the following property for car parking.

1. MDOT property next to Ember's Restaurant
2. The north end parking lot of Pine Crest and the Big Boy Restaurant
3. Citizen's National Bank
4. Krueger Service Station
5. And the vacant lot across from Krueger Service Station

We have also contacted MDOT and proper permits have been submitted.

If any further information is needed please do not hesitate to call me at (231) 436-7042.

Thank you for your time in this matter.

Sincerely

Penny Vance McGaffin

Penny Vance-McGaffin

Mackinaw City Lions Club