

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

7:00 PM

August 4, 2016

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

- I. Roll Call**
 - II. Pledge of Allegiance**
 - III. Agenda Approval**
 - IV. Public Comments**
 - V. Consent Agenda:**
 - A. Correction and Approval of Minutes:
Closed Session Minutes -July 07, 2016
ZBA, Regular Meeting,Closed Session -July 21, 2016**
 - B. Special Event Application 2016-SE-057 American Legion**
 - VI. Managers Report:**
 - VII. President's Report**
 - VIII. Committee Reports:**
 - X1. Old Business:**
 - A. Audit FY 2015-2016**
 - B. Change Order No. 1 MAC2003-02G Water Main Extension W. Central. Ave.**
 - C. Work Order Change No. 1 West Central Street Project**
 - D. Work Order Change No. 2 West Central Street Project**
 - X. New Business**
 - A. Village Land Exchange -Emmet County**
 - B. Acknowledge FEMA Grant**
 - C. Special Event Application 2016-SE-064 West Shore Bike Tour**
 - D. Special Event Application 2016-SE-065 Habitat for Humanity**
 - E. Special Event Application 2016-LDSE-003 Cheboygan Blueliners**
 - XII. Scheduling of Committee Meetings**
 - XIII. Accounts Payable**
 - X. Adjourn**
- FINANCE AND HUMAN RESOURCE SUBCOMMITTEE:
REVIEW BILLS @ 6:45 PM**

UNAPPROVED
MINUTES ZONING BOARD OF APPEALS
Variance Request # 2016-VA-001-Shepler Development
PUBLIC HEARING
MACKINAW CITY

7:00 PM

July 21, 2016

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

President Robert R. Heilman called the meeting to order and with the following Trustees present –Belinda Mollen, Scott Newman, Robert Glenn, Tom Chastain, and Paul Michalak. Absent-Mario Rodriguez. Also present, Kenneth Lane-Attorney, Fred Thompson Jr.-Zoning Administrator and Lana Jaggi-Clerk.

Chris Shepler from Shelper Development was present also.

Visitors – List Attached.

Pres. Heilman informed the ZBA and the public the Pledge of Allegiance would be recited during the regular meeting and all discussion or comments must regard the variance request.

Public Comments:

John Lemanski-Resident, against variance

Mathew Vermetten, Attorney representing opposing side-provided letter

The applicant requested the following consideration:

-12-104 (C) 1-3, Elimination of all yard setbacks

-04-114, Elimination of landscape requirements

-04-111 Elimination of landscape for parking lots

Lengthy discussion eschewed between council members. Attorney Lane summarized five zoning qualifications needed to allow the variance.

MOTION TO DENY VARIANCE REQUEST 2016-VA-001

Motion Newman seconded Glenn to deny variance request 2016-VA-001 based on the following:

- In accordance with Section 24-104 of the zoning ordinance, the ZBA has received public comment, materials and documents relating to a variance request submitted by Shepler Development, whose property is located at 503 East Etherington in the Village; and
- After consideration of such items, the ZBA denies the requested variances for 503 East Etherington based upon the inability to meet each of the required zoning ordinance standards; and

UNAPPROVED
MINUTES ZONING BOARD OF APPEALS
Variance Request # 2016-VA-001-Shepler Development
PUBLIC HEARING
MACKINAW CITY

7:00 PM

July 21, 2016

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- **Specifically:**
 - The need for the requested variances is not solely based upon unique circumstances or physical conditions of the property but rather the applicant's personal or economic difficulty; although the applicant can operate an off-street parking lot, it cannot fit as many parking spaces as desired on the property;
 - Strict adherence to the requirements of the zoning ordinance will not unreasonably prevent the applicant from constructing or operating an off-street parking lot;
 - The variances are not minimum actions, rather they represent a total elimination of three separate sections of the zoning ordinance.

Roll Call: Yeas-Mollen, Newman, Rodriguez, Heilman, Glenn, Chastain, Michalak.
Nays - none. Motion carried. Variance denied.

Adjournment 7:46 pm

Respectively Submitted;

Robert R. Heilman; President

Lana Jaggi; Clerk

UNAPPROVED
MINUTES REGULAR COUNCIL MEETING
MACKINAW CITY

7:46 PM

July 21, 2016

I. Roll Call:

President Robert R. Heilman called the meeting to order and with the following Trustees present—Belinda Mollen, Scott Newman, Mario Rodriguez, Robert Glenn, Tom Chastain, Paul Michalak. Also present- David White-Village Manager, Kenneth Lane-Village Attorney, Patricia B. Pepler-Treasurer and Lana Jaggi- Clerk.

DEPARTMENT HEADS PRESENT

Patrick Wyman-Chief of Police

Fred Thompson-Fire Chief/Zoning Administrator

Mike Karll-Superintendent, DPW

Pat Rivera- Superintendent, Water Sewer

Visitors List Attached

II Pledge of Allegiance

III. Agenda Approval

Motion Chastain seconded Glenn to approve the agenda as presented. Voice vote, motion carried unanimously.

Pres. Heilman acknowledged and congratulated Treasurer Pepler on her Michigan Municipal Treasurer Certification.

IV. Public Comment: None

V. Consent Agenda

Motion Newman seconded Mollen to approve consent agenda minus Closed Session minutes. Voice vote, motion carried unanimously.

Consent Agenda:

A. Correction and Approval of Minutes:Reg. and Closed Session 7/7/16, Special 7/12/16

B. Department Head Reports

C. Communications:

1. Thank You-Ft. Michilimackinac Reenactment Committee

2. Thank You-Ft. Michilimackinac Voyagers

3. Up North Prevention Letter

VI. Managers Report as presented and submitted for file.

VII. President's Report-None

VIII. Committee Report-None

UNAPPROVED
MINUTES REGULAR COUNCIL MEETING
MACKINAW CITY

7:46 PM

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X1. Old Business:

A. Larry Fox - C2AE Progress Report SAW Grant

Larry Fox, C2AE presented and submitted progress report regarding the SAW grant and presented a change order due to excessive drain cleaning needed.

Motion Newman seconded Rodriguez to approve C2AE Sanitary Sewer and Storm Sewer CCTV Contract Change Order #2 as presented in the amount of \$6,803.25. Roll Call: Yeas: Newman, Rodriguez, Heilman, Glenn, Chastain, Michalak, Mollen. Motion carried

B. DDA Sign Recommendation

Motion Chastain seconded Glenn to affirm the DDA recommendation to not erect any 15 Minute Parking Signs in the DDA District on E. Central Avenue. Voice vote, motion carried Unanimously.

X. New Business

A.C2AE Contract Change Order #2

This item was addressed earlier in Old Business A.

B. Special Event Application 2016-SE-061 Save Our Island Respect the Waters

Motion Michalak seconded Chastain to approve special event application 2016-SE-061 Our Island Respect the Waters as presented. Voice vote, motion carried unanimously.

C. Special Event Application 2016-SE-062 Michigan Fitness Foundation

*Motion Mollen seconded Newman to approve special event application 2016-SE-062 and to waive the fee for the rec center hallway. Roll Call: Yeas- Rodriguez, Glenn Chastain. Nays- Heilman, Michalak, Mollen, Newman. Motion carried

*Motion Michalak seconded Newman to approve event application 2016-SE-062 Michigan Fitness Foundation as presented. Roll Call: Yeas- Heilman, Glenn, Chastain, Michalak, Mollen, Newman, Rodriguez. Nays-None Motion carried

8:22 pm

Motion Newman seconded Glenn to go into Closed Session to discuss a property purchase. Roll Call: Yeas- Glenn, Chastain, Michalak, Mollen, Newman, Rodriguez, Heilman. Motion carried

D. Closed Session

1. To Discuss Property Purchase

8:40 pm

Motion Mollen seconded Glenn to go back into open session.

Roll Call: Yeas- Chastain, Michalak, Mollen, Newman, Rodriguez, Heilman, Glenn. Motion carried.

Motion Newman seconded Glenn to approve the hiring of State approved property appraiser for potential property purchase. Roll Call: Yeas- Michalak, Mollen, Newman, Rodriguez, Heilman, Glenn, Chastain. Motion carried

UNAPPROVED
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XI. Scheduling of Subcommittee meetings: None

XII. Accounts Payable

Motion Newman seconded Glenn to pay accounts payable for July 21, 2016 in the amount of \$57,209.121 Roll call: Yeas- Yeas- Mollen, Newman, Rodriquez, Heilman, Glenn, Chastain, Michalak. Motion carried.

XIII. Adjournment: 8:45 PM

Respectfully submitted,

Robert R. Heilman; President

Lana Jaggi; Clerk

SIGNS ONLY

Additions to

2016-SE-057

Approved on 6-2-16

SPECIAL EVENT APPLICATION VILLAGE OF MACKINAW CITY

102 S. HURON AVENUE, MACKINAW CITY, MI 49701
(231) 436-5351

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

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: CLAYTON MURRAY POST 159 TELEPHONE: 231-436-7421

MAILING ADDRESS: P.O. BOX 940 MACKINAW CITY MI 49701

CONTACT NAME: LINDA MAASS TELEPHONE: 231-436-7421

E-MAIL ADDRESS: _____ CELL PHONE: 231-203-1557

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: LINDA MAASS TELEPHONE: 231-436-7421

E-MAIL ADDRESS: _____ CELL PHONE: 231-203-1557

EVENT INFORMATION

NAME OF EVENT: OPEN TO THE PUBLIC

PURPOSE OF EVENT: RAISE MONEY FOR BUILDING FUND

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

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

DATE(S): 9-5-16 FROM 8:00 A.M. P.M. TO 12:00 A.M. P.M.

9-17-16 FROM 12:00 A.M. P.M. TO 12:00 A.M. P.M.

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

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

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

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

EVENT LOCATION: 106 S. HURON MACKINAW CITY, MI 49701

ESTIMATED NUMBER OF ATTENDEES: _____

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: _____

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

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

Fee \$25" 7/18/16
Rec # 14276
CK # 12911

RECEIVED
7-18-16

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 more than 15 days prior to first day of event and must be removed 24 hours after end of event.)

SIGNAGE AT EVENT SITE - Location(s): 2 OPEN TO THE PUBLIC SIGNS ON BUILDING 2 SIGNS ON SIGN STORES OUT FRONT

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

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

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

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

Is this an annual event? Yes No
Is this event expected to occur next year? Yes No
How many years has this event occurred? 12yrs

Applicant Signature Linda Maass
Print name of applicant: Linda Maass

Date 7/16/14

VILLAGE USE ONLY – Department representative please initial if approved

[LM] DPW [GM] FACILITY SERVICES
[PM] POLICE [KM] FIRE [] AMBULANCE
[CW] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____
VILLAGE MANAGER

To: Mackinaw City Council
From: David M. White, Village Manager
Date: July 15, 2016
Re: Manager Report for July 21, 2016, Council Meeting

XI. Old Business:

- A. Audit FY 2015-2016-** Our Auditor will be at the August 4th meeting to review the Audit with you. The Audit will be delivered to you Monday August 1st to review before the August 4th meeting.
- B. Change order No. 1 MAC2003-02G Water Main Extension W. Central Ave.-** As has been mentioned prior, upon further investigation it has been determined that a 12 inch main that has been shown on Village maps does in fact not exist. This change order allows for the instillation of the 12 inch Water main plus road crossings, valves and other parts. The road work that was part of the bid to address the not existent main is been deleted. I would be happy to address any questions Council members may have.
- C. Work Order Change No. 1 West Central Street Project-** This change order is for balancing some quantities on the West Central project. The overall project change as a result of this change order is a deduction of \$10,889.00. Should any Council member have any questions I would be happy to address them.
- D. Work Order Change No.2 West Central Street Project-** I have requested this Change Order as of the current time no conduit crossing on West Central are called for. So as we do not need to bore or cut the new road I am requesting the Council's approval to install two 4 inch crossing on West Central. The conduit as stated in this Change Order is set to be placed near the DPW building and the Cemetery. Once in the Field conditions may dictate another location. Thank you for consideration of this item.

X. New Business:

- A. Village Land Exchange- Emmet County-** I have been in discussions with Emmet County about a possible Land Exchange that would benefit both of us. What has been proposed is that the Village trades all of the old Airport property and the approx. 3 acre parcel on Headlands Dr. just south of the Historic Village property for the County owned land behind the new EMS building. The land behind the EMS building is an ideal site for a new Police/Fire building and acquiring that parcel would allow the Village to begin the formal planning process for the new building. The Exchange as proposed would be an equal trade and as part of the sale would be designated for Public use only. I have had discussions with the Village Attorney and Appraisals are not required as part of the land swap. There are steps we need to follow and Mr. Lane can advise the Council what those steps are. The Village land that is proposed in the trade has been in the Village inventory for many years and has not been mentioned for any Village use. This trade would allow the Village to designate a site for a new Police/Fire building and start the process to see that one is constructed. I would be happy to address any questions Council may have.
- B. Acknowledge FEMA Grant-** As has been reported the Village has been awarded a \$78,572.00 grant for new turnout gear for our Fire Department. As a condition of the grant the Village must contribute a local match of \$3,928.00 or 5% of the Grant. I would ask the Council to acknowledge the grant and thank Chief Thompson and Bryce Tracy for the hard work they put in to secure this grant.
- C. Special Event Application 2016-SE-064 West Shore Bike Tour-** As stated in Janelle's synopsis this application is for parking only of between 150 to 200 cars. Last year there was miscommunication between members of the club and parking was done on the ballfield. We are going to better outline the

area for parking, if there is parking on the ballfield this year future applications for parking may not be accepted.

- D. Special Event Application 2016-SE-O65- Habitat for Humanity of Michigan-Mighty Mac Swim-** This is the Third year for this event and we have never had any issues with the group. The attached map shows where the swimmers will come ashore. The official timer will not be allowed to park his truck in the park, and arrangements have been made for him to park at the Fort. All required paperwork has been received and all staff has signed off.
- E. Special Event Application 2016-LDSE-003- Cheboygan Blueliners, Inc. -** This application is for a Labor Day booth at the Bridge to sell water and snacks as a fundraiser for the Cheboygan Chiefs Hockey Team. The hours of operation would be from 6am to 12:30pm. The only documentation we have is proof of their non-profit status. Insurance and the \$175.00 fee have not been provided. All staff has signed off on this request.

Change Order

No. 01

Date of Issuance: _____ Effective Date: _____

Project: W. Central Ave.	Owner: Village of Mackinaw City	Owner's Contract No.:
Contract: Water Main Improvements		Date of Contract:
Contractor: Elmer's Crane and Dozer, Inc.		Engineer's Project No.: MAC2003-02G

The Contract Documents are modified as follows upon execution of this Change Order:

Description:

ADD (2) additional 1 inch water service, long, HDD crossing W Central; (1) ea. 12 inch Gate Valve and Box, (1) Ea. Connect to Water Main, Modified (Askins); and 60 feet of 12 inch water main with cap (Askins)

DELETE Removal of Concrete Curb and Gutter (Perrot); Removal of Bituminous (HMA) Pavement; (1) ea. 12" Gate Valve and Box (Perrot); Connect to Water Main (Perrot); and partial Project Restoration

Attachments (list documents supporting change):

Change Order 01 Summary of Changes

CHANGE IN CONTRACT PRICE:

CHANGE IN CONTRACT TIMES:

Original Contract Price:

\$ 120,428.50

Increase from previously approved Change Orders No. N/A to No. N/A:

\$ 0.00

Contract Price prior to this Change Order:

\$ 120,428.50

Increase of this Change Order:

\$ (7,096.50)

Contract Price incorporating this Change Order:

\$ 127,525.00

Original Contract Times: Working days Calendar days

Substantial completion (days or date): August 17, 2016

Ready for final payment (days or date): August 24, 2016

Increase from previously approved Change Orders

No. _____ to No. _____: - N/A

Substantial completion (days): _____ 0

Ready for final payment (days): _____ 0

Contract Times prior to this Change Order:

Substantial completion (days or date): August 17, 2016

Ready for final payment (days or date): August 24, 2016

[Increase] [Decrease] of this Change Order:

Substantial completion (days or date): _____ 0

Ready for final payment (days or date): _____ 0

Contract Times with all approved Change Orders:

Substantial completion (days or date): August 17, 2016

Ready for final payment (days or date): August 24, 2016

RECOMMENDED:

By: Karl Repasky
Engineer (Authorized Signature)

Date: 7/29/14

Approved by Funding Agency (if applicable):

ACCEPTED:

By: _____
Owner (Authorized Signature)

Date: _____

ACCEPTED:

By: _____
Contractor (Authorized Signature)

Date: _____

Date: _____



WADE TRIM

4241 Old US 27 South
989.732.3584 - FAX: 989.732.6391

Change Order 01 Village of Mackinaw City W Central Ave. Water Main Improvements Summary or Changes

This project estimate is Wade Trim's opinion of probable cost based upon the available information.

REVISED: 07/25/16

Description	Quantity	Unit	Unit Price	Amount
12" Water Main, DI, CL-52	60	Ft	\$ 90.00	\$ 5,400.00
12" Gate Valve and Box (Askins)	1	Ea	\$ 2,600.00	\$ 2,600.00
12" Gate Valve and Box (Perrot)	(1)	Ea	\$ 2,600.00	\$ (2,600.00)
Connect to Existing Water Main, Modified (Askins)	1	Ea	\$ 1,000.00	\$ 1,000.00
Connect to Existing Water Main (Perrot)	(1)	Ea	\$ 1,000.00	\$ (1,000.00)
1" Water Service, Long, Horizontal Directional Drilled, Type K Copper	2	EA	\$ 3,500.00	\$ 7,000.00
Removal of Bituminous (HMA) Pavement	(355)	Syd	\$ 0.50	\$ (177.50)
Removal of Concrete Curb and Gutter	(126)	Ft	\$ 1.00	\$ (126.00)
Project Restoration, Credit	(1)	LSUM	\$ 5,000.00	\$ (5,000.00)
			Construction Total:	\$ 7,096.50

WORK ORDER

FILE 103

Michigan Department
of Transportation
1137 (04/15)

DISTRIBUTION: Original - Contractor
Copies - Region
Construction/Project Engineer

* Indicate extra items of work with asterisk

		NO. 01
CONTROL SECTION NO. STL 24555	PROJECT NO. 112843A	FEDERAL NO. STP 1624(007)
CONTRACTOR Reith-Riley Construction Co., Inc.		

SUBJECT:

Revisions to Excavation, Earth and Embankment, CIP plan quantities.

Revise Excavation, Earth and Embankment, CIP quantities due to revised cross sections. The original estimated plan quantities included portions of the aggregate base material being placed on top of the existing HMA prior to crushing and shaping operations. The revised datum line in the cross sections was lowered to not include this material. See attached calculations and revised Volume Reports.

The revised Excavation, Earth quantity is 7,291 cyds and the revised Embankment, CIP quantity is 3,202 cyds. These revised quantities are considered Plan Quantities and have been agreed to with the contractor. The unit prices will remain the as the as-bid unit prices.

STATION P.O.B.		TO STATION P.O.E.	CHANGE		* EXTRA	OTHER
ITEM CODE NO.	ITEM OF WORK	QUANTITY	UNIT	UNIT PRICE	COST	
2050010	Embankment, CIP	-9898	CYD	\$3.00	(\$29,694.00)	
2050016	Excavation, Earth	3761	CYD	\$5.00	\$18,805.00	
EXT COST					(\$10,889.00)	
CONTRACTOR		DATE	CONSTRUCTION/PROJECT ENGINEER		DATE	
			Paul Repasky			

Digitally signed by Paul Repasky
DN: cn=Paul Repasky, email=prepasky@mi DOT gov, o=Michigan Department of Transportation
Date: 2015.12.15 15:34:01-0500

WORK ORDER

FILE 103

Michigan Department
of Transportation
1137 (04/15)

DISTRIBUTION: Original - Contractor
Copies - Region
Construction/Project Engineer

* Indicate extra items of work with asterisk

		NO. 02
CONTROL SECTION NO. STL 24555	PROJECT NO. 112843A	FEDERAL NO. STP 1624(007)

CONTRACTOR
Reith-Riley Construction Co., Inc.

SUBJECT:

Addition of Conduit, Schedule 40, 4 inch

The contractor is directed to install conduit, schedule 40, 4 inch across W. Central Ave. a minimum of 42 inches below the finished grade for future communication wiring near the Village cemetery and DPW building. The exact locations and lengths will be located by the Engineer in the field.

Estimated quantity is 4 crossings at 60 feet per crossing equals 240 feet.

The unit price of \$10.65 per ft was negotiated with the contractor and compares with the average unit price in the Northern Michigan Region.

STATION To be field located		TO STATION	CHANGE		* EXTRA X	OTHER
ITEM CODE NO.	ITEM OF WORK		QUANTITY	UNIT	UNIT PRICE	COST
8190151	Conduit, Sch 40, 4 inch		240	CYD	\$10.65	\$2,556.00
EXT COST						\$2,556.00
CONTRACTOR		DATE	CONSTRUCTION/PROJECT ENGINEER		DATE	
			Paul Repasky			

Digitally signed by Paul Repasky
DN: cn=Paul Repasky, o=White Top, Inc. ou=Municipal Services,
email=prepsky@white.com, c=US
Date: 2010.07.27 10:56:44 -0400



FEMA

Mr. Fred Thompson
Mackinaw City Fire Department
102 S. Huron Ave
Mackinaw City, Michigan 49701-0580

Re: Award No.EMW-2015-FO-03848

Dear Mr. Thompson:

Congratulations, on behalf of the Department of Homeland Security, your application for financial assistance submitted under the Fiscal Year (FY) 2015 Assistance to Firefighters Grant has been approved in the amount of \$78,572.00. As a condition of this award, you are required to contribute a cost match in the amount of \$3,928.00 of non-Federal funds, or 5 percent of the Federal contribution of \$78,572.00.

Before you request and receive any of the Federal funds awarded to you, you must establish acceptance of the award through the Assistance to Firefighters Grant Programs' e-grant system. By accepting this award, you acknowledge that the terms of the following documents are incorporated into the terms of your award:

- Summary Award Memo
- Agreement Articles (attached to this Award Letter)
- Obligating Document (attached to this Award Letter)
- FY 2015 Assistance to Firefighters Grant Notice of Funding Opportunity.

Please make sure you read, understand, and maintain a copy of these documents in your official file for this award.

Prior to requesting Federal funds, all recipients are required to register in the System for Award Management (SAM.gov). As the recipient, you must register and maintain current information in SAM.gov until you submit the final financial report required under this award or receive the final payment, whichever is later. This requires that the recipient review and update the information annually after the initial registration, and more frequently for changes in your information. There is no charge to register in SAM.gov. Your registration must be completed on-line at <https://www.sam.gov/portal/public/SAM/>. It is your entity's responsibility to have a valid DUNS number at the time of registration.

In order to establish acceptance of the award and its terms, please follow these instructions:

Step 1: Please go to <https://portal.fema.gov> to accept or decline your award. This will take you to the Assistance to Firefighters eGrants system. Enter your User Name and Password as requested on the login screen. Your User Name and Password are the same as those used to complete the application on-line.

Once you are in the system, the Status page will be the first screen you see. On the right side of the Status screen, you will see a column entitled Action. In this column, please select the View Award Package from the drop down menu. Click Go to view your award package and indicate your acceptance or declination of award. PLEASE NOTE: your period of performance has begun. If you wish to accept your grant, you should do so immediately. When you have finished, we recommend printing your award package for your records.

Step 2: If you accept your award, you will see a link on the left side of the screen that says "Update 1199A" in the Action column. Click this link. This link will take you to the SF-1199A, Direct Deposit Sign-up Form. Please complete the SF-1199A on-line if you have not done so already. When you have finished, you must submit the form electronically. Then, using the Print 1199A Button, print a copy and take it to your bank to have the bottom portion completed. Make sure your application number is on the form. After your bank has filled out their portion of the form, you must fax a copy of the form to FEMA's SF-1199 Processing Staff at 301-998-8699. You should keep the original form in your grant files. After the faxed version of your SF 1199A has been reviewed you will receive an email indicating the form is approved. Once approved you will be able to request payments online. If you have any questions or concerns regarding your 1199A, or the process to request your funds, please call (866) 274-0960.

Sincerely,

A handwritten signature in blue ink, appearing to read "B. Kamoie", with a horizontal line extending from the end of the signature.

Brian E. Kamoie
Assistant Administrator for Grant Programs

Summary Award Memo

**SUMMARY OF ASSISTANCE ACTION
ASSISTANCE TO FIREFIGHTERS GRANT PROGRAM
Application**

INSTRUMENT: GRANT
AGREEMENT NUMBER: EMW-2015-FO-03848
GRANTEE: Mackinaw City Fire Department
DUNS NUMBER: 163964935
AMOUNT: \$82,500.00, Operations and Safety

Project Description

The purpose of the Assistance to Firefighters Program is to protect the health and safety of the public and firefighting personnel against fire and fire-related hazards.

After careful consideration, FEMA has determined that the recipient's project or projects submitted as part of the recipient's application, and detailed in the project narrative as well as the request details section of the application - including budget information - was consistent with the Assistance to Firefighters Grant program's purpose and worthy of award. The projects approved for funding are indicated by the budget or negotiation comments below. The recipient shall perform the work described in the grant application for the recipient's approved project or projects as itemized in the request details section of the application and further described in the grant application narrative. The content of the approved portions of the application - along with any documents submitted with the recipient's application - are incorporated by reference into the terms of the recipient's award. The recipient may not change or make any material deviations from the approved scope of work outlined in the above referenced sections of the application without prior written approval, via amendment request, from FEMA.

Period of Performance

15-JUL-16 to 14-JUL-17

Amount Awarded

The amount of the award is detailed in the attached Obligating Document for Award. The following are the budgeted estimates for object classes for this grant (including Federal share plus recipient match):

Personnel:	\$0.00
Fringe Benefits	\$0.00
Travel	\$0.00
Equipment	\$82,500.00
Supplies	\$0.00
Contractual	\$0.00
Construction	\$0.00
Other	\$0.00
Indirect Charges	\$0.00
State Taxes	\$0.00
Total	\$82,500.00

NEGOTIATION COMMENTS IF APPLICABLE (max 8000 characters)

Any questions pertaining to your award package, please contact your GPD Grants Management Specialist

Sharon Cargo at sharon.cargo@fema.dhs.gov.

FEMA Officials

Program Officer: The Program Specialist is responsible for the technical monitoring of the stages of work and technical performance of the activities described in the approved grant application. If you have any programmatic questions regarding your grant, please call the AFG Help Desk at 866-274-0960 to be directed to a program specialist.

Grants Assistance Officer: The Assistance Officer is the Federal official responsible for negotiating, administering, and executing all grant business matters. The Officer conducts the final business review of all grant awards and permits the obligation of federal funds. If you have any questions regarding your grant please call ASK-GMD at 866-927-5646 to be directed to a Grants Management Specialist.

Grants Operations POC: The Grants Management Specialist shall be contacted to address all financial and administrative grant business matters for this grant award. If you have any questions regarding your grant please call ASK-GMD at 866-927-5646 to be directed to a specialist.

ADDITIONAL REQUIREMENTS (IF APPLICABLE) (max 8000 characters)

Any questions pertaining to your award package, please contact your GPD Grants Management Specialist Sharon Cargo at sharon.cargo@fema.dhs.gov.

Special Events for Council August 4, 2016

- *1. 2016-SE-057 Additions for the American Legion for "Open to The Public" signage only. They would like to add two dates-September 5 and 17, 2016. This SE was approved on June 2, 2016. All Department Heads have signed off. Application fee of \$25 was paid.

2. 2016-SE-064-Michigan League of Bicycles-Shoreline West Bicycle Tour-This is for parking only of 150 to 200 vehicles from August 6-13, 2016. They will be parking in the area of the Rec Center and outside the fence area of the Baseball Field. Greg Vieau has checked the area and feels that there is enough parking available. They have paid their fees, provided insurance and all Dept Heads have signed off. According to their application, this is year number 30 for this event. Greg is planning on marking the area with signs and cones. Last year they did move a fence and park on the ball field-apparently there was a breakdown in communication between members. They are very much aware that parking in the ball field cannot happen again.

3. 2016-SE-065-Habitat for Humanity of Michigan-Mighty Mac Swim led by Jim Dreyer-Labor Day, September 5, 2016. This will be the third year for this event. The map attached shows where they will come ashore after the swim. The Official Timer will not be allowed to park his truck in this area. The Fort has made arrangements to save a parking space for the Timer and he will carry his equipment to the Finish Line. From the Finish Line the swimmers will disperse to the Fort. This group has an agreement already with the Fort for usage. All fees have been paid, insurance is attached and all Department heads have signed off. Chief Wyman states that he has never had any problem with this group.

4. 2016-LDSE-003-Cheboygan Blueliners, Inc.-This application is for a booth at the Bridge on Labor Day, September 5, 2016 from 6:00 AM to 12:30 PM. They would like to sell water and snacks as a fund raiser for the Cheboygan Chiefs Hockey Team. The booth will be staffed by hockey players and parents. I have proof of non-profit status, no insurance yet and fees of \$175.00 have not been paid. All department heads have signed off.

Janelle

2016-SE-064

To Admin. Staff: 7-27-16
To Council: 8-4-16
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., Suite A
CONTACT NAME: John Lindenmayer TELEPHONE: _____
E-MAIL ADDRESS: john@LMB.org CELL PHONE: _____

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Scott Elliott *Luanne St. Peter* TELEPHONE: 231-206-2530
E-MAIL ADDRESS: sellott@LMB.org *mssaintly@gmail.com* CELL PHONE: 517-315-9126

EVENT INFORMATION

NAME OF EVENT: Shoreline West Bicycle Tour

PURPOSE OF EVENT: _____

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

DATE(S): August 6-13, 2016 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.
_____ 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: Montague, MI to Mackinaw City, MI

ESTIMATED NUMBER OF ATTENDEES: 150-200 vehicles

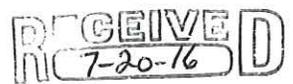
WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: _____

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

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

App Fee ~~\$50~~ - 7-22-16 Rect # 14321
Parking Fee \$250 - 7-22-16
Ins Cert - 7-20-16



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 8/6/16 to ending date: 8/13/16

Long term parking identified on the site map? Yes No

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

Name of Facility where camping: _____

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

Camp sites identified on the site map? Yes No

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

BOOTHS – QUANTITY _____

Size _____

TENTS – QUANTITY _____

CHAIRS – QUANTITY _____

AWNINGS – QUANTITY _____

TABLES – QUANTITY _____

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

PORTABLE RESTROOMS/TOILETS

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

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

If no, explain: _____

Restroom Company Name: _____

Address Street: _____

City: _____ State: _____ Zip: _____

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

Equipment set up: Date: _____ Time: _____

Equipment pick up: Date: _____ Time: _____

Portable restrooms identified on the site map? Yes No

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

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

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

Is this an annual event? Yes No
Is this event expected to occur next year? Yes No
How many years has this event occurred? 30

Applicant Signature
Print name of applicant: _____

Date

VILLAGE USE ONLY – Department representative please initial if approved	
<input checked="" type="checkbox"/> DPW	<input checked="" type="checkbox"/> FACILITY SERVICES
<input checked="" type="checkbox"/> POLICE	<input checked="" type="checkbox"/> FIRE [] AMBULANCE
<input checked="" type="checkbox"/> RECREATION	
VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____	
CONDITIONS, IF ANY: _____	

AUTHORIZED BY: _____	DATE: _____
VILLAGE MANAGER	



Scott,

The areas in green are the places for parking. Please do not park on the ball fields or any other area not highlighted. We have another Special Event taking place that weekend in this area.

Because of the lateness of the application this will not go to Village Council until August 4, 2016 @ 7 PM, Village Hall.
Please call if you have any questions -
Thank you,
Janelle

2016-SE-065

To Admin. Staff: 7-27-16
To Council: 8-4-16
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: Habitat for Humanity of Michigan TELEPHONE: (616) 878-1650
MAILING ADDRESS: C/O Event Marketing Enterprises, Inc.
CONTACT NAME: Jim Dreyer TELEPHONE: (616) 878-1650
E-MAIL ADDRESS: eventmarketing@comcast.net CELL PHONE: (616) 560-7773

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Katrina Murphy TELEPHONE: _____
E-MAIL ADDRESS: katmurph1979@gmail.com CELL PHONE: (616) 560-7773

EVENT INFORMATION

NAME OF EVENT: Mighty Mac Swim Finish Line
PURPOSE OF EVENT: Habitat for Humanity Fundraiser - Michigan Open Water Championship

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

DATE(S): 9-5-16 FROM 9:00 A.M. P.M. TO 1:00 A.M. P.M. *Does not include set-up and tear-down.*

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: Property ownership undetermined - Please see attached map,

ESTIMATED NUMBER OF ATTENDEES: 40 swimmers

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 15

ESTIMATE DATE/TIME FOR SET-UP: 9-5-16 7:30 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 9-5-16 2:00 A.M. P.M.

App Fee \$25 - 7-22-16
Property Fee \$150⁰⁰ 7-22-16
Rec# 14319

Ins - 7-22-16



PARADE PERMIT

N/A

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

Sending aerial plat map sent to me by Jene De of Mackinaw city

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: *insurance being finalized now, will have certificate of insurance for village, as additional insured, before event (soon).*
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): ~~At~~ Mighty Mac Swim
Finish Line

Description of signs: 2 Finish line "feather" banners & finish line inflatable arch
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.) (weather permitting)

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

If yes, where do you propose your vendors park? Our official timer proposes to park in grass near beach, as shown on map, but a space is reserved for him in the lighthouse parking lot, if vehicle access to beach area is not permitted.

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

If yes, from date _____ to ending date: _____

Long term parking identified on the site map? Yes No

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

Name of Facility where camping: _____

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

Camp sites identified on the site map? Yes No

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

BOOTHS - QUANTITY _____

Size _____

TENTS - QUANTITY _____

CHAIRS - QUANTITY _____

AWNINGS - QUANTITY _____

TABLES - QUANTITY 1 - supplied by Knaffles

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: Not needed

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

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

Coming Soon

Emmet County EMS Director Larry Hansen is part of this event and staging the ambulances.

If document is missing, please explain: Event insurance in process.

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

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

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

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

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

Is this an annual event? Yes No
Is this event expected to occur next year? Yes No
How many years has this event occurred? 2 (2007 + 2015)

James J. Dreyer

7-19-16

Applicant Signature _____
Print name of applicant: James J. Dreyer

Date _____

VILLAGE USE ONLY - Department representative please initial if approved

DPW FACILITY SERVICES
 POLICE FIRE [] AMBULANCE
 RECREATION

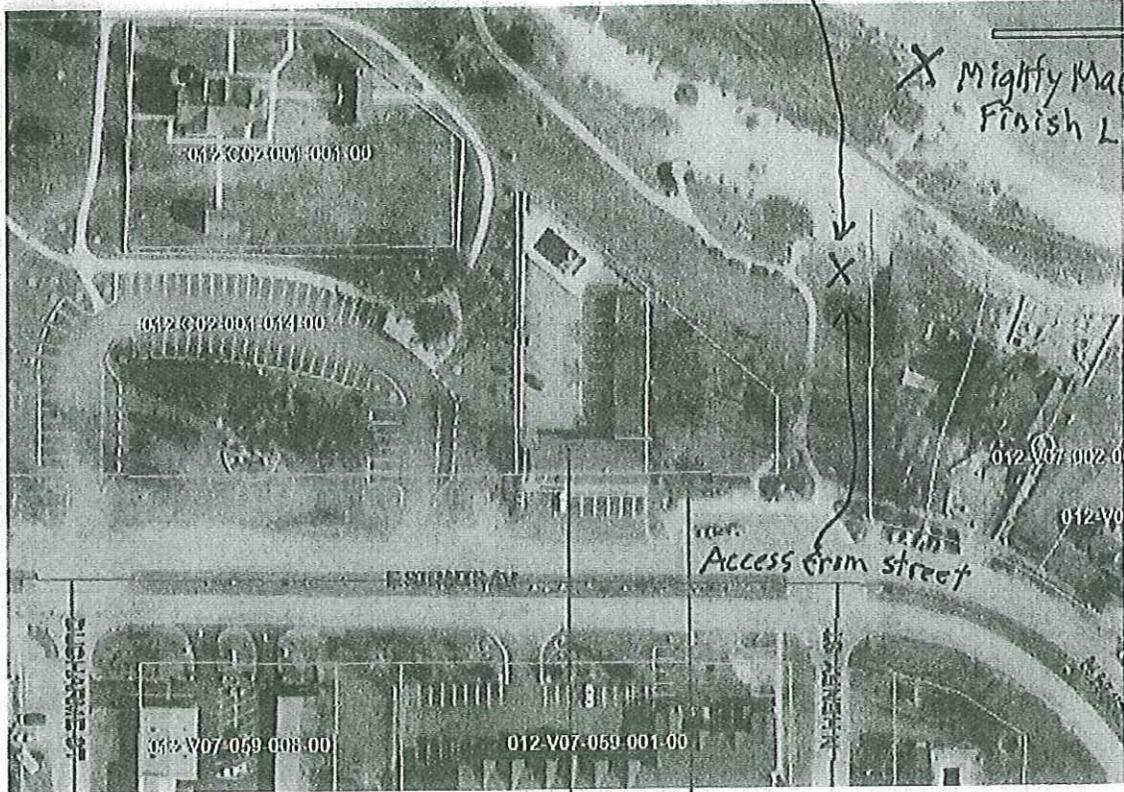
VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: No Parkie on Park. Where do Swimmers go after exiting water?

Swimmers will exit water here then move on to the Fort for Food and awards. Mr Dreyer provides a shuttle for those who need rides.

AUTHORIZED BY: _____ DATE: _____
VILLAGE MANAGER

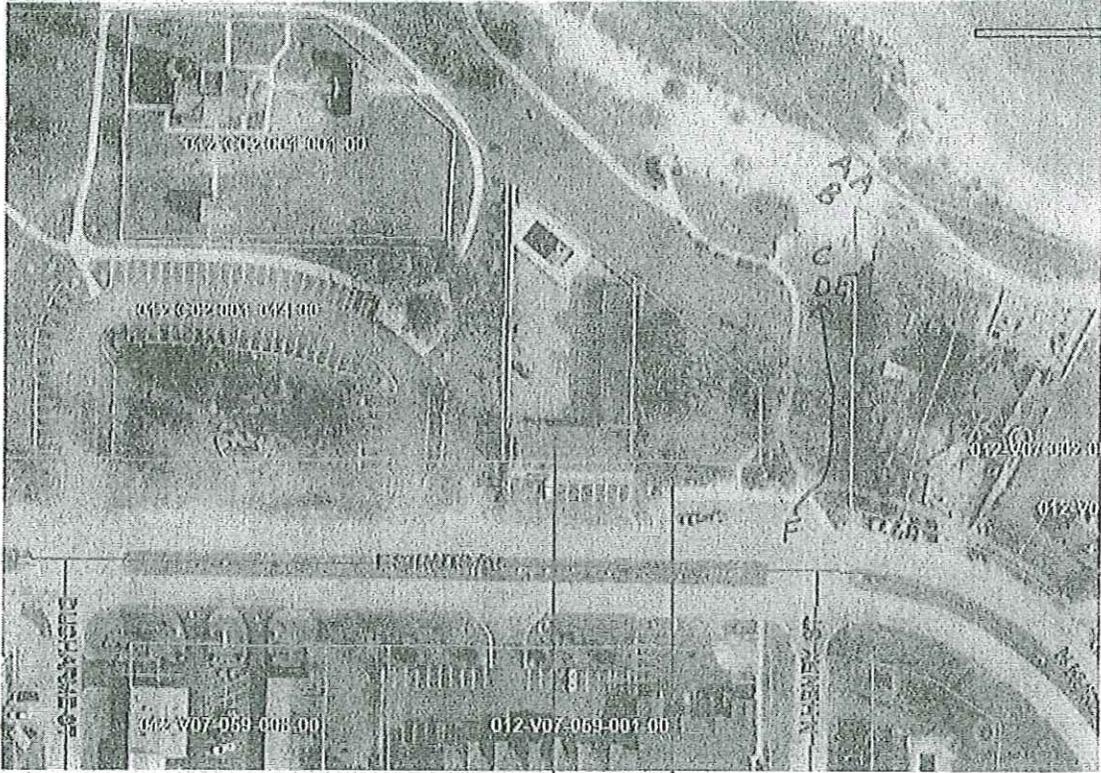
Proposed parking for
Official Timer's truck



Alexander Henry Park

Riviera Motel

Mighty Mac Swims Finish Line

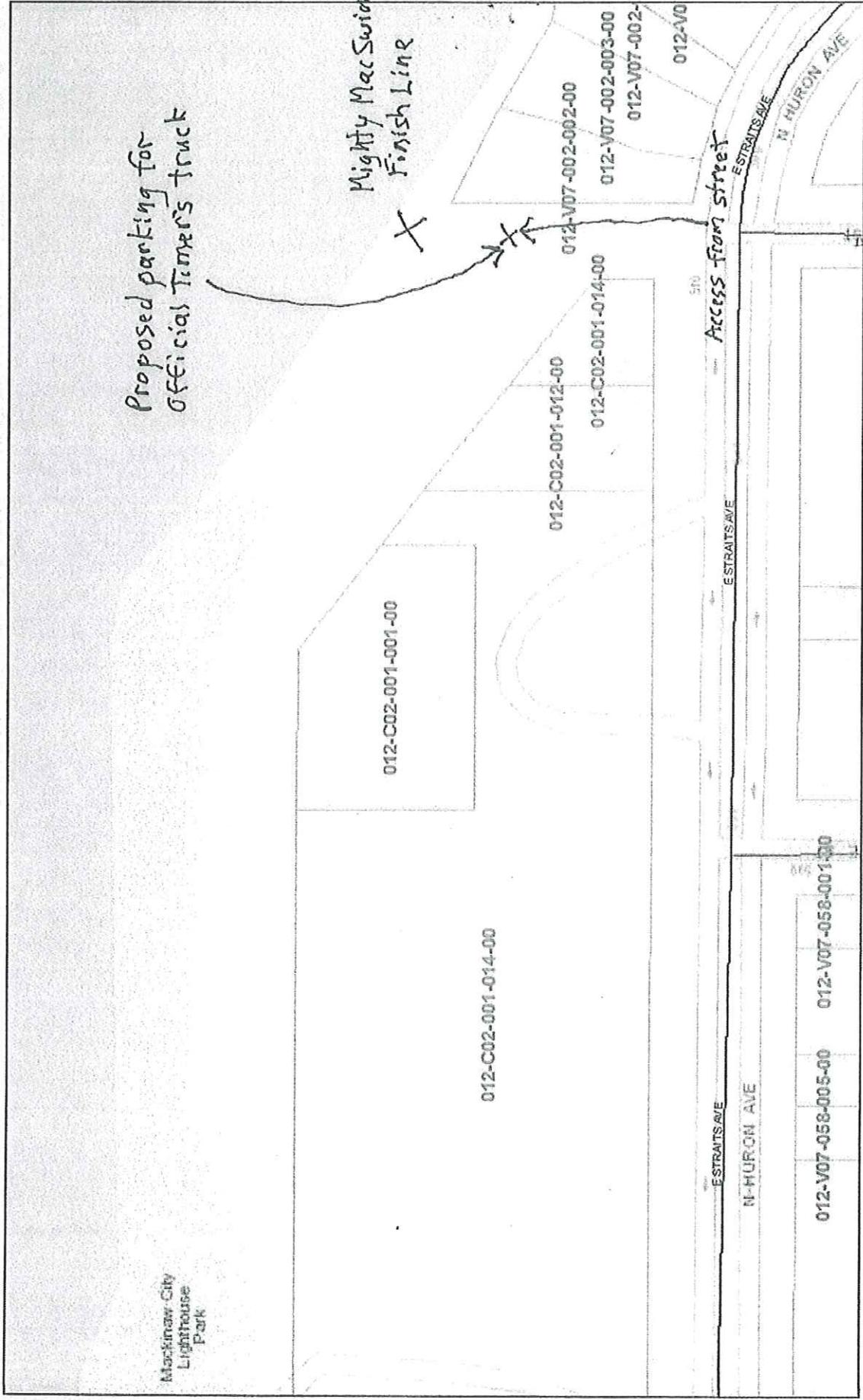


Alexander Henry Park

Riviera Motel

- A. Two "feather-style" finish line banners and/or one finish line inflatable arch (weather permitting).
- B. Official Timing Mat for swimmers to cross.
- C. Table (supplied by knaffle's) for amplification equipment (to announce the progress of the race, and to announce each swimmer as they cross the finish line).
- D. Official Timer proposes to park his truck here.
- E. Quiet Honda generator.
- F. Official Timer's proposed access from the road. If not permitted, MSHA has space reserved for him in lighthouse parking lot.

Cheboygan County

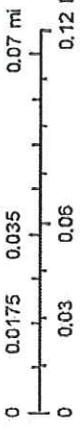


May 6, 2016

- Parcels_and_legals
- ST_CHE

Section Line

1:2,257



Sources: Esri, HERE, DeLorme, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, Geobase, IGN, Kadaster NL, Ordnance Survey,

Cheboygan County makes no warranty, express or implied, as to the accuracy, completeness, or usefulness of the information presented. The site is to be used solely as a reference tool for locating and identifying property ownership and other information about real property. LTC, Ontario Base Map, Ontario MNR, Province of Ontario, Esri, HERE, DeLorme, INCREMENT P, Intermap, USGS, EPA, USDA, AAFC, NRCAN

231.627.8811

From: eventmarketing@comcast.net [mailto:eventmarketing@comcast.net]

Sent: Monday, July 18, 2016 10:59 AM

To: Sharon Weiss

Cc: Jim Dreyer

Subject: Mighty Mac Swim

Hi Sharon,

Thank you for all of your help in going over these plat maps!

Per our phone conversation, I would like to request a brief letter of explanation regarding how no plat map of record shows ownership of the property we are using for a finish line for the Mighty Mac Swim race, nor the land between Patrick Henry Park & private property (to the east), for which our Official Timer is seeking permission to cross with his truck and park near the finish line.

Thank you so much, Sharon!

Jim Dreyer

Mighty Mac Swim, Event Director

(616) 878-1650

www.MightyMacSwim.com



Cheboygan County GIS Dept

870 S Main St. PO Box 70
Cheboygan, MI 49721
www.cheboygancounty.net

Phone (231) 627-8811
Fax (231) 627-3646
TDD 800-649-3777

07/18/2016

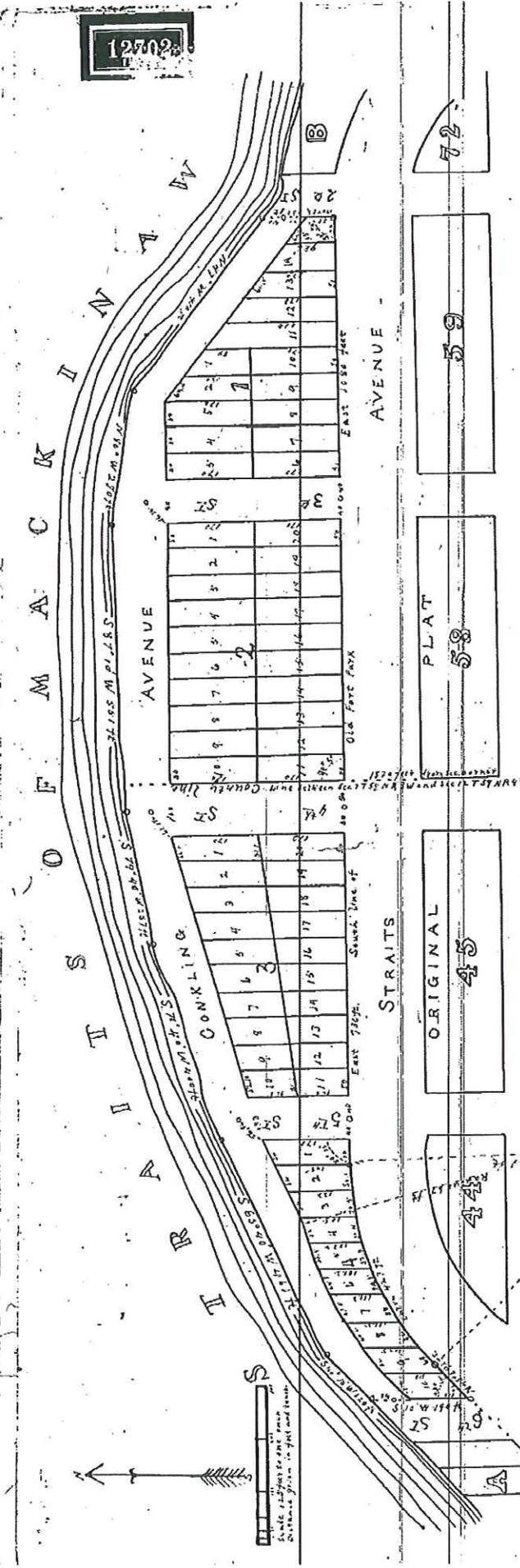
To whom it may concern:

Questions have arisen regarding property ownership on Lake Huron in the Plat of Conkling's First Addition to Mackinaw City. I have attached a copy of the original plat, which includes the dedication of the streets as platted. I have no opinion as to ownership, other than the recorded plat information I have provided.

Thanks so much.

Sharon Weiss
Cheboygan County
GIS Tech

12702



MAP OF
CONKLING'S FIRST ADDITION TO
MACKINAW CITY
OF MICHIGAN and Emmet Counties
MICHIGAN

Surveyed and plotted June 1888
by O.S. Hayden C.E.

Know all men by these presents that I, Thomas A. Conkling, of the County of Mackinac, State of Michigan, do hereby certify that the above described lots were surveyed and plotted by me on the 23rd day of June 1888, and that the same are now being offered for sale to the highest bidder for cash.

Examined and approved July 23, 1888
H. R. Boyd, Deputy Auditor General

Register Office 305
Suburban Building
A. D. 1888 - 11

Shirley certifies that this plat is a correct and true copy of the original on file in the Register Office at Mackinaw City, Michigan, and that the same were surveyed and plotted by me on the 23rd day of June 1888.

Know all men by these presents that I, Thomas A. Conkling, of the County of Mackinac, State of Michigan, do hereby certify that the above described lots were surveyed and plotted by me on the 23rd day of June 1888, and that the same are now being offered for sale to the highest bidder for cash.

Examined and approved July 23, 1888
H. R. Boyd, Deputy Auditor General

Register Office 305
Suburban Building
A. D. 1888 - 11

Shirley certifies that this plat is a correct and true copy of the original on file in the Register Office at Mackinaw City, Michigan, and that the same were surveyed and plotted by me on the 23rd day of June 1888.

Thomas A. Conkling, Surveyor
O.S. Hayden, C.E.

(461) feet. Thence S 70° 10' W one hundred twenty (120) feet. Thence S 10° W one hundred and thirty (130) feet. Thence N 15° E twenty two (22) feet. Thence curve to right on a radius of 246.44 feet for four hundred twenty seven (427) feet. Thence East seven hundred thirty (730) feet to a line of bounding survey known as Old Fort Park of Mackinac city and have surveyed the same to be removed and laid out into blocks lots and streets the same to be known as Conkling's first addition to Mackinac City.

I hereby dedicate and streets to the public for ever to be used for highway purposes only. and I hereby certify that this plat is a true plat of the lands above described according to the said survey.

In witness whereof I have hereunto set my hand and seal this 20th day of June A.D. 1888.

Mercie A Conkling

Signed and sealed in presence of
Clinton L. Conkling
George B. Conkling

State of Michigan } ss

County of Ingham } On this 28th day of July 1888 before me a Notary Public in and for said county personally came the above named Mercie A Conkling known to me to be the person who executed the above dedication and acknowledges the same to be her free act and deed

H. R. Pratt

Notary Public Ingham Co. Michigan

Permanent monuments have been located and planted in the ground at all the angles of the land plotted and at all the interior corners of the streets and marked on the plat by planting a stone

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
07/21/2016

PRODUCER AND THE NAMED INSURED
Evolution Insurance Brokers, I.L.C.

8722 S. Harrison St.
Sandy, UT 84070
(801) 304-5500

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
Event Marketing Enterprises, Inc.

DBA: Mighty Mac Swim
7671 Wilson Ave. SW
Byron Center, MI 49315

INSURER A: Prime Insurance Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:

"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"

COVERAGES

The policies of insurance listed below have been issued to the insured named above for the policy 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. Aggregate limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/> Commercial Liability <input checked="" type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Exclude Products <input checked="" type="checkbox"/> Exclude Completed Operations	SC1607023	9/2/2016	9/6/2016	\$250,000 Per Person \$1,000,000 Per Accident \$5,000,000 Policy Aggregate \$100,000 Participant Legal
<input type="checkbox"/> Commercial Auto Liability Any Auto All Owned Autos Scheduled Autos Hired Autos Non-Owned Autos Drive Away				
<input type="checkbox"/> Commercial Garage Liability G.K.L.L. O.T.R.P.D. D.O.C. Cargo On Hook Employee Dishonesty Wrongful Repossession Claims Made Exclude Products Exclude Completed Operations				
<input type="checkbox"/> Excess Liability <input type="checkbox"/> Claims Made				

LIMITATION OF COVERAGE FOR ADDITIONAL INSURED

Liability Coverage is only provided to the Additional Insured with respect to Accidents otherwise covered under the Policy/Coverage Contract where the Insured is found directly liable and not where the Additional Insured is found independently negligent of the Insured.

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Coverage is limited to only insured activities or operations identified in the Policy. Special Event Liability - Mighty Mac Swim - Spectator Liability, Special Event - Might Mac Swim - Per Participant, Special Event - Per Event Day, Boats - Support Boats - Per boat, Non-Owned Auto - Per driver, Volunteers, Additional Insured Endorsement - Scheduled, Independent Contractors - Schedule 7.

CERTIFICATE HOLDER
 ADDITIONAL INSURED
 LOSS PAYEE

Village of Mackinaw ***See Attached Form***

102 S. Huron Ave.
Mackinaw City, MI 49701

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Melani Boed

**ADDITIONAL NAMED INSURED ENDORSEMENT
FOR STATE OR POLITICAL SUBDIVISIONS AND U.S. GOVERNMENT AGENCIES**

RCL-99-13

This Endorsement changes the terms and conditions of the Coverage Contract issued. Please read it carefully!

The "Who is a Participating Member?" provision of this Coverage Contract shall include as an additional Named Insured under the Coverage Contract issued, any state, political subdivision, or U.S. government agency so designated in the schedule below ("Additional Named Insured"), subject to the following additional provisions:

1. Coverage applies only to operations performed by or on behalf of the Participating Member for which an Additional Named Insured has issued a permit to the Participating Member, and only with respect to liability arising from the operations of the Participating Member shown on the Participating Member's Declarations Page.
2. No coverage exists for Bodily Injury or Property Damage arising out of operations for which a permit was not issued by an Additional Named Insured.
3. Liability coverage is provided to, and the Insurer has the duty to defend, any Additional Named Insured listed below only with respect to injury, loss, or damage associated with the Participating Member's use and occupancy of State or Federal lands covered by this Coverage Contract.
4. If the Participating Member fails to conduct special permit activities in full compliance with the special representations that are a part of this Coverage Contract, then the Coverage Contract shall nevertheless apply; however, special use permit activities that are not conducted in full compliance with the special representations are subject to an automatic and immediate \$5,000 increase of the Participating Member's Self-Insured Retention.
5. No Endorsements issued after the initial Coverage Contract shall be added to the Coverage Contract without the approval of the Additional Named Insured.
6. The Participating Member may use a participant agreement form approved by the Additional Named Insured. This participating agreement provision supersedes any contrary provision contained in the Policy or any other Endorsement.
7. Should this Coverage Contract be cancelled before the end of its stated term, the Insurer shall give any Additional Named Insured 30 day's prior written notice of such cancellation. If notice to any Additional Named Insured is not provided for any reason, the Participating Member's Coverage Contract will cancel; however, coverage will be provided to any Additional Named Insured through the stated term or until proper notice is delivered.

Master Coverage Contract #

Certificate #

Participating Member: Event Marketing Enterprises, Inc.

Effective Date: 7/21/2016

Date Issued: 7/21/2016

Additional Named Insured - Designation of State, Political Subdivision, or U.S. Government Agency:

Village of Mackinaw

Village of Mackinaw ***See Attached Form***

102 S. Huron Ave.

Mackinaw City, MI 49701

Endorsement # 4

CERTIFICATE OF INSURANCE ADDENDUM

This addendum modifies the Certificate Holder, Additional Insured, or Loss Payee information on the attached Certificate of Insurance.

Policy Number: SC1607023

Insured Event Marketing Enterprises, Inc.

Effective Date: 9/2/2016

Certificate Holder, Additional Insured, or Loss Payee Description:

Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents are additional insureds.



Michigan Department of Natural Resources

APPLICATION/PERMIT TO USE STATE LAND

*This information is required under authority of Part 5 of Act 451 of 1994, as amended,
MCL 324.501- 511 and the Rules for the Regulation of State Lands, R299.921 - R299.932.*

EXHIBIT A

PAGE 1 OF 1

Exhibit Page for Jim Dreyer Group Activity Permit for Mighty Mac Swimming Event Held on 9/5/16

1. Park Staff will block off 4 parking spots at the Old Mackinac Point Lighthouse Parking lot on the evening of 9/4/16 for event use on 9/5/16. Permittee should occupy the parking sites as soon as possible due to the heavy traffic on Labor Day. MSHP will not be responsible for guarding parking spots.
2. Permittee may use additional parking at 107 W. Sinclair.
3. The Service Center gate at 302 W. Sinclair Street will remain open during the event. In an emergency situation this gate can be used to access the beach area inside Colonial Michilimackinac. Due to safety concerns please notify the park staff if this area needs to be accessed in an emergency situation. Park personal can always be located at the Visitor Center under the Mackinac Bridge.
4. The Tent must be located within the agreed upon area.
5. All motorized Vehicles may not be driven off of designated roadways or parking areas. Emergency response vehicles may only be used in true emergency situations.
6. Food may only be provided to event participants and guest.
7. The tent must be set up well in advance of the event (night before) as the area will get very congested due to the Bridge walk. The event organizer must also wait until after the bridge walk (for congestion to lessen) before removing the tent.
8. The event tent can be staked in the approved location. No other stakes may be placed in the ground.
9. The Race Finish Line will be located at Alexander Henry Park (administered by the village of Mackinaw City). Permittee is responsible for obtaining any required permits/permission from the Village of Mackinaw City.
10. Amplified equipment is not allowed on MSHP administered property per administrative rule R 318.146(b).
11. This Group Activity Permit allows the permittee to set up a large tent on MSHP administered property to use as a reception area at the conclusion of the Mighty Mac Swim.
12. Permittee is responsible for obtaining necessary permits/permissions from other agency's involved/impacted by the event.
12. Solicitation of the General Public is not permitted (selling/raffles/etcetera).

I certify that all the information provided in this Exhibit to PR1138 or PR1138-1 is true and correct to the best of my knowledge and agree to the terms and conditions stated herein.

Signature of Applicant/Permittee

Date

James J. Dreyer

7-27-16

2016 - LDSF-003

To Admin. Staff: 7-27-16
To Council: 8-4-16
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: Cheboygan Blueliners, Inc TELEPHONE: 231-818-9539
MAILING ADDRESS: PO Box 5016, Cheboygan, MI 49721
CONTACT NAME: Dana Stempky / Blueliner Secretary TELEPHONE: 231-818-9539
E-MAIL ADDRESS: stempky1875@att.net CELL PHONE: 231-818-9539

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Dana Stempky TELEPHONE: 231-818-9539
E-MAIL ADDRESS: stempky1875@att.net CELL PHONE: 231-818-9539

EVENT INFORMATION

NAME OF EVENT: Booth/table at the end of the Labor Day Bridgewalk
PURPOSE OF EVENT: Fundraiser to support Cheboygan Chiefs Varsity Hockey Program

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

DATE(S): 09/05/2016 FROM 8:30-6:00 A.M. P.M. TO 12:30 A.M. P.M.

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

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

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

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

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

EVENT LOCATION: Jamet Street, at the end of the Bridgewalk, Nicolet St. - where approved

ESTIMATED NUMBER OF ATTENDEES: Passers by completing the walk

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 15

ESTIMATE DATE/TIME FOR SET-UP: 09/05/16 7:30 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 09/05/16 1:00 A.M. P.M.

App Fee \$25⁰⁰
Fee - \$150⁰⁰

Ins - ✓

RECEIVED
7-19-16

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): Banner on Table and poster board with information

Description of signs: Chief Hockey Banner and sign with items and costs
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

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

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

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

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

<input checked="" type="checkbox"/> BOOTHS – QUANTITY <u>1</u>	<input type="checkbox"/> TENTS – QUANTITY _____
Size <u>1- 3 X 8 foot table</u>	<input type="checkbox"/> CHAIRS – QUANTITY _____
<input type="checkbox"/> AWNINGS – QUANTITY _____	<input type="checkbox"/> TABLES – QUANTITY _____

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

PORTABLE RESTROOMS/TOILETS

Have you made arrangements to provide portable restroom facilities at your event? Yes No
If yes, total number of portable toilets: _____ Number of ADA accessible portable toilets: _____
If no, explain: _____

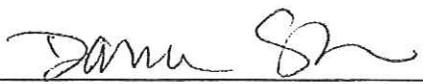
Restroom Company Name: _____
Address Street: _____
City: _____ State: _____ Zip: _____
Telephone Day: _____ Evening: _____ Fax: _____ Cell: _____
Equipment set up: Date: _____ Time: _____
Equipment pick up: Date: _____ Time: _____
Portable restrooms identified on the site map? Yes No

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

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

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

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



7/18/16

Applicant Signature
Print name of applicant: Dana A Stempky for Cheboygan Blueliners

Date

VILLAGE USE ONLY – Department representative please initial if approved

DPW FACILITY SERVICES
 POLICE FIRE [] AMBULANCE
 RECREATION

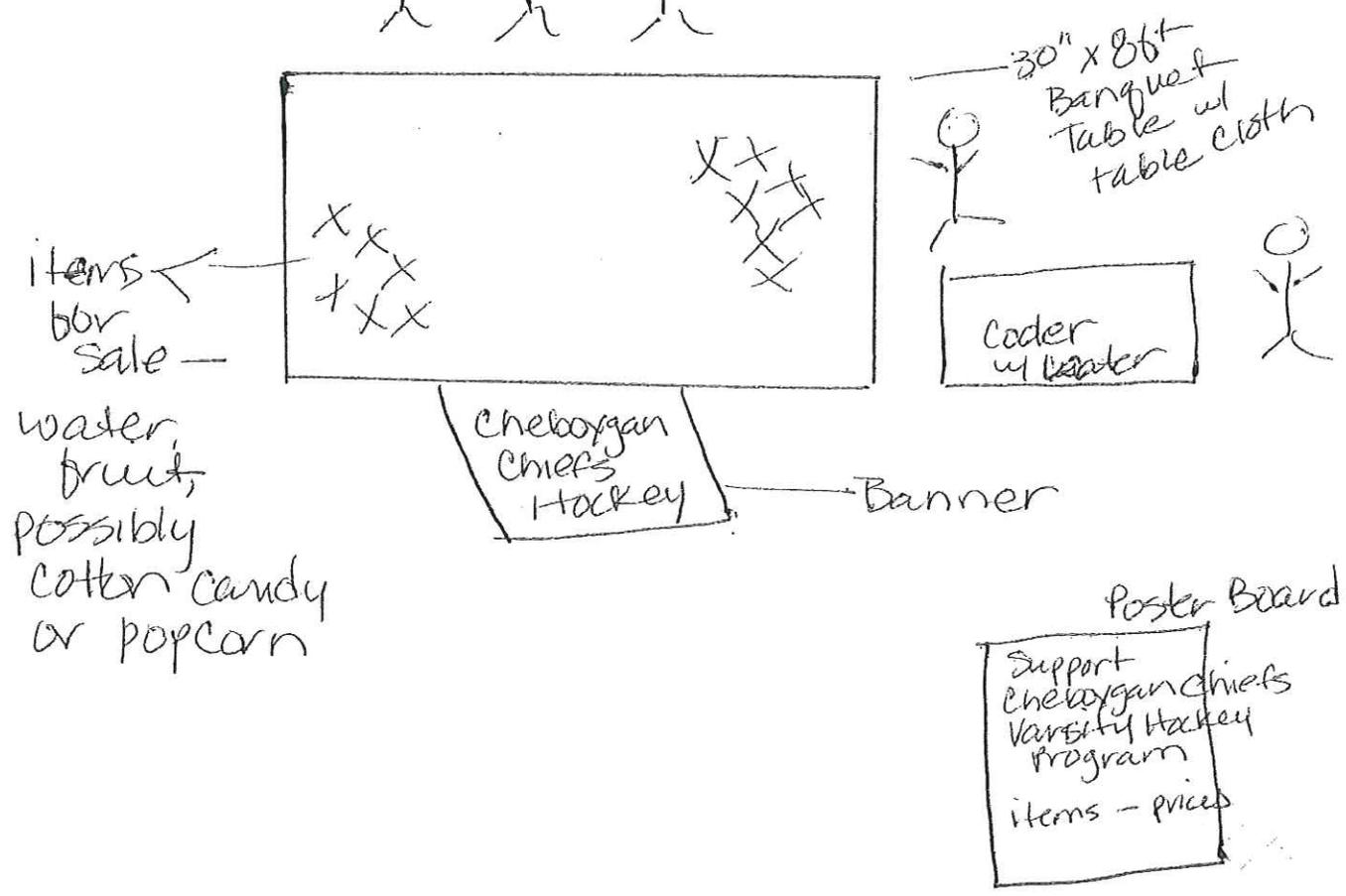
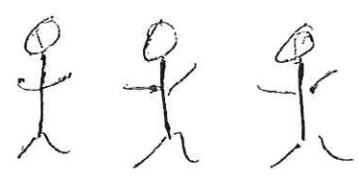
VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ DATE: _____

VILLAGE MANAGER

7/10/16



water, fruit, possibly cotton candy or popcorn

Poster Board

Support
Cheboygan Chiefs
Varsity Hockey
Program
Items - prices

We would set up a table - where directed - and sell water and snack items. The profits support the Cheboygan High School Hockey team which is funded completely by the Blueliners. The booth would be staffed by High School Hockey Players - supervised by parents. The area would be cleaned at the end of the event.

Bridgeway Booth 9-5-16 - Cheboygan Blueliners

Michigan Sales and Use Tax Certificate of Exemption

DO NOT send to the Department of Treasury. Certificate must be retained in the seller's records. This certificate is invalid unless all four sections are completed by the purchaser.

SECTION 1: TYPE OF PURCHASE

A. One-Time Purchase
Order or Invoice Number: _____

C. Blanket Certificate
Expiration Date (maximum of four years): _____

B. Blanket Certificate, Recurring Business Relationship

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made from the vendor listed below. This certifies that this claim is based upon the purchaser's proposed use of the items or services, OR the status of the purchaser.

Vendor Name and Address

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

1. All items purchased.

2. Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

1. For Resale at Retail. Enter Sales Tax License Number: _____

2. For Lease. Enter Use Tax Registration Number: _____

The following exemptions DO NOT require the purchaser to provide a number:

3. For Resale at Wholesale.

4. Agricultural Production. Enter percentage: _____%

5. Industrial Processing. Enter percentage: _____%

6. Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization).

7. Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organization (must provide IRS authorized letter with this form).

8. Nonprofit Organization with an authorized letter issued by the Michigan Department of Treasury prior to June 1994 (must provide copy of letter with this form).

9. Rolling Stock purchased by an Interstate Motor Carrier.

10. Other (explain): _____

SECTION 4: CERTIFICATION

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

Business Name Cheboygan Blueliners Club Inc		Type of Business (see codes on page 2) 15 Non Profit
Business Address P.O. Box 5016		City, State, ZIP Code Cheboygan MI 49721
Business Telephone Number (include area code) (231) 825-9632		Name (Print or Type) Dana S. Stempky
Signature and Title Michael Givoda PRESIDENT		Date Signed 11/11/13

20-3508458