

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

**7:00 PM**

**September 01, 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: Regular Meeting of August 18, 2016**
  - B. Special Event Application 2017-SE-002 25<sup>th</sup> Annual Rendezvous and Trade Fair**
  - C. Special Event Application 2017-SE-003 Fort Michilimackinac Pageant sign/dinner**
  - D. 2016 MML Annual Meeting, Voting Delegate Designation-Pres. Robert R. Heilman**
- VI. Managers Report:**
- VII. President's Report**
- VIII. Committee Reports:**
  - Finance Sub Committee Report- Trustee S. Newman (Chair)**
- XI. Old Business:**
- X. New Business:**
  - A. Special Event Application 2016-SE-075 Hayes Specialties Corp Gift Show**
  - B. Change Order No. 02 Water Main Improvement Project No MAC2003-02G**
  - C. Resolution for Water Loan Repayment - Budget Amendment**
  - D. Closed Session**
    - 1. To consult with the Village Attorney regarding strategy in connection with pending litigation pursuant to Section 8(e) of the Open Meetings Act.**
- XI. Scheduling of Committee Meetings**
- XII. Accounts Payable**
- X. Adjourn**

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

**UNAPPROVED**  
**MINUTES REGULAR COUNCIL MEETING**  
**MACKINAW CITY**

7:00 PM

August 18, 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 and Paul Michalak. Also present- David White-Village Manager,Lana Jaggi-Clerk and Patricia B. Pepler-Treasurer

**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 Mollen seconded Chastain to approve the agenda as presented. Voice vote, motion carried unanimously.

**IV. Public Comment:**

Torrey Willoughby- 314 N. Huron Ave.

Diane Moreno-Manager- Short Term Rentals

**V. Consent Agenda**

Motion Mollen seconded Newman to approve consent agenda as presented. Voice vote, motion carried unanimously.

*A. Correction and Approval of Minutes: Regular Meeting of August 04, 2016*

*B. Department Reports*

*C. Special Event Application 2016-SE-074 Mackinaw Crossings-Sidewalk Sales*

*D. FEMA Grant*

**VI. Managers Report as presented and submitted for file.**

**Additions:**

Manager White and Matt Zook, Chamber Director, will be attending the Waterways Meeting in Frankfort MI regarding cruise ships docking at the Village Pier.

**VII. President's Report**

**VIII. Committee Reports were presented and submitted for file.**

Finance Subcommittee Report-Trustee Newman, Chair

Ordinance Subcommittee Report-Trustee Michalak, Chair

**IX. Old Business: None**

**UNAPPROVED**  
**MINUTES REGULAR COUNCIL MEETING**  
**MACKINAW CITY**

7:00 PM

August 18, 2016

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- X. New Business:**
- A. Traffic Order TCO 01-16**  
Motion Newman seconded Chastain to rescind TCO 01-16. Roll call: Yeas- Mollen, Newman, Rodriguez, Heilman, Glenn, Chastain, Michalak. Motion carried.
- B. Special Event Application 2016-SE-067 Mighty Mac Bridge Run**  
Motion Newman seconded Chastain to approve special event application 2016-SE-067 Mighty Mac Bridge Run as presented. Voice vote, motion carried.
- C. Special Event Application 2016-SE-068 Trek the Mighty Mac ATV Crossing**  
Motion Michalak seconded Glenn to approve special event application 2016-SE-068 Trek Across the Mac as presented. Voice vote, motion carried.
- D. Special Event Application 2016-LDSE-004 Local Cub Scout Pack # 3383**  
Motion Glenn seconded Newman to approve special event application 2016-LDSA-004 Cub Scout Pack #3383 as presented. Voice vote, motion carried.
- XI. Scheduling of Subcommittee meetings: None**
- XII. Accounts Payable**  
Motion Newman seconded Glenn to pay accounts payable for August 18, 2016 in the amount of \$14,901.32. Roll call: Yeas- Newman, Rodriguez, Heilman, Glenn, Chastain, Michalak, Mollen. Motion carried.
- XIII. Adjournment: 7:35 PM**

Respectfully submitted,

Robert R. Heilman; President

Lana Jaggi; Clerk

Special Events for Council 9/1/16

\* 2017-SE-002-Fort Michilimackinac Re-enactment Committee-25<sup>th</sup> Annual Rendezvous and Trade Fair. This application is for August 1-7, 2017 to hold the event at Conkling Heritage Park and Roth Band Shell. Once again they are requesting to use the showers at the Marina-please refer to department comments made on page 5 of the application. This is a Village Co-Sponsored event so there is no fee. A \$500 security deposit is requested to cover any potential damage to the sprinkler system. The cost of damage done this year was just over \$200 and the remainder of the deposit was returned to them. Insurance is on file and all department heads have signed off. Another concern is the placement of tents in the "bowl" area of the park. The grass becomes scorched from the cooking stands and because it is sod it takes longer to recover.

\*2017-SE-003-Fort Michilimackinac Pageant, Inc. This application is for event signage and the use of the Recreation Center for the cast dinner to be held on May 28, 2017 from 6 pm to 9 pm. The Re-enactment is a Village Co-sponsored event so there is not a fee only the \$100 cleaning deposit for the Recreation Center. All department heads have signed off and insurance is on file.

2016-SE-075-Hayes Specialties Corp.-Gift Show-This application is to use the conference room downstairs at the Recreation Center to display their products. It will be held Oct 2-5, 2016, coinciding with the Gift Show held at St. Anthony's Church. They have requested the use of some tables and chairs. All department heads have signed off, fees have been paid and insurance is on file.

Respectfully,

A handwritten signature in cursive script that reads "Janelle".

Please feel free to contact me before the meeting if you have any questions or concerns.

2017-SE-002

To Admin. Staff: \_\_\_\_\_  
To Council: 9-1-16  
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: Fort Michilimackinaw Reenactment Committee TELEPHONE: 231-537-4851

MAILING ADDRESS: PO Box 312

CONTACT NAME: Cindy Snider TELEPHONE: 231-537-4851

E-MAIL ADDRESS: Sniderconst@Centurylink.net CELL PHONE: 231-420-8297  
Work 231-487-1278

**CONTACT PERSON ON DAY OF EVENT**

CONTACT NAME: Cindy or Tom Snider Tomcell TELEPHONE: 231-420-4838

E-MAIL ADDRESS: Sniderconst@Centurylink.net Cindy CELL PHONE: 231-420-8297

**EVENT INFORMATION**

NAME OF EVENT: 25th Annual Mackinaw Rendezvous & Trade Fair

PURPOSE OF EVENT: Bring History to Mackinaw City

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

DATE(S): Aug 1 FROM 10  A.M.  P.M. TO Aug 7, 12  A.M.  P.M.

(Tues) FROM \_\_\_\_\_  A.M.  P.M. TO (Mon)  A.M.  P.M.

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

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

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

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

EVENT LOCATION: Conkling Heritage Park - Band Shell

ESTIMATED NUMBER OF ATTENDEES: 250 people + public

WILL YOU UTILIZE SHOWERS:  Yes  No @ the marina

ESTIMATED NUMBER OF VOLUNTEERS: 15

ESTIMATE DATE/TIME FOR SET-UP: Aug 1 10  A.M.  P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: Aug 7 12  A.M.  P.M.

Village Co-Sponsor Event <sup>1</sup>  
Damage Deposit \$500  
Ins - On File - Will need one after 5-10-17



**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: Battle from Marina Lawn to Crossing  
Battle down Central Ave. both side till Henry.  
Battling down both sides of E. Central.

Date and time <sup>Looting</sup> Parade will start: Aug 4 3:00pm - 5:00pm  A.M.  P.M. - Friday  
Date and time <sup>Battle</sup> <sub>Start</sub> Parade will end: Aug 5 12:30pm - 1:30pm  A.M.  P.M. Saturday

**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 Battle/Looting
- 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: Aug 3 @ 11am <sup>Sun</sup> END: Aug 10 @ 3:00  
will end each night before 10:00pm (NO LATER THAN 10 P.M.)

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

Yes  No  Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT:  Yes  No

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

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

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION:  Yes  No

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

WILL FIREWORKS BE APART OF EVENT:  Yes  No

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

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

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

**SIGNAGE AT EVENT SITE** - Location(s): 2 Banner

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? Grassy area between Ball's Fishery & park  
Possibly at the Crossing & Straits Marina

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

If yes, from date Aug 1 to ending date: Aug 7

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: Conkling Heritage Park - Grassy area between

If yes, from date: Aug 1 to ending date: Aug 7 Park + Ball's Fishery

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** the ones that are on the stage area

**AWNINGS - QUANTITY** \_\_\_\_\_

**TABLES - QUANTITY** \_\_\_\_\_

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

**PORTABLE RESTROOMS/TOILETS**

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

If yes, total number of portable toilets: 4 Number of ADA accessible portable toilets: 2

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

Restroom Company Name: Rose's Septic Services

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

City: Cholamegon State: MI Zip: 49721

Telephone Day: 231-627-3662 Evening: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Equipment set up: Date: Aug 1 Time: morning

Equipment pick up: Date: Aug 7 Time: Evening

Portable restrooms identified on the site map?  Yes  No

### APPLICATION CHECK LIST

A = Applicant      V = Village

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

If document is missing, please explain: will have insurance in before event.

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? 25

Cindy M Snider  
Applicant Signature  
Print name of applicant: Cindy Snider

8-10-14  
Date

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

DPW     FACILITY SERVICES  
 POLICE     FIRE     AMBULANCE  
 RECREATION

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

CONDITIONS, IF ANY: If showers are used at marina there will be a \$10 charge per person. May offer Rec center showers as another option. Camping not allowed other than 1 camper for security.

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

**FOR VILLAGE USE ONLY**

**DEPARTMENT OF PUBLIC WORKS**

APPROVED

DENIED

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

Yes  No

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

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

SITE MAP APPROVED:  Yes  No

**FACILITIES SERVICES DEPARTMENT**

APPROVED

DENIED

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

Yes  No

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

SITE MAP APPROVED:  Yes  No

**MACKINAW CITY POLICE DEPARTMENT**

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED?  Yes  No

If yes please describe & include times 2 FOR DOWNTOWN "SKIRMISH"

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

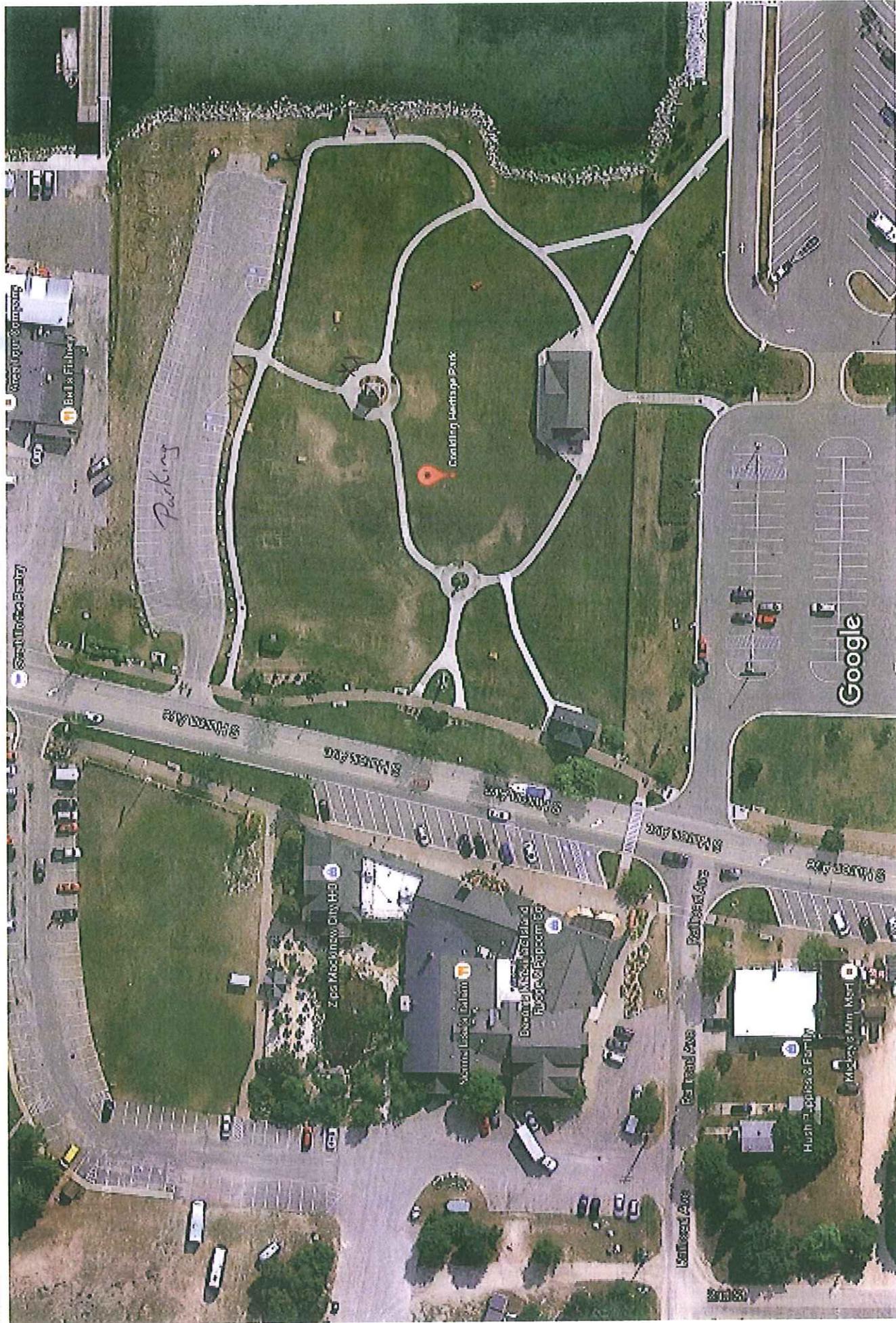
**RECREATION DEPARTMENT**

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

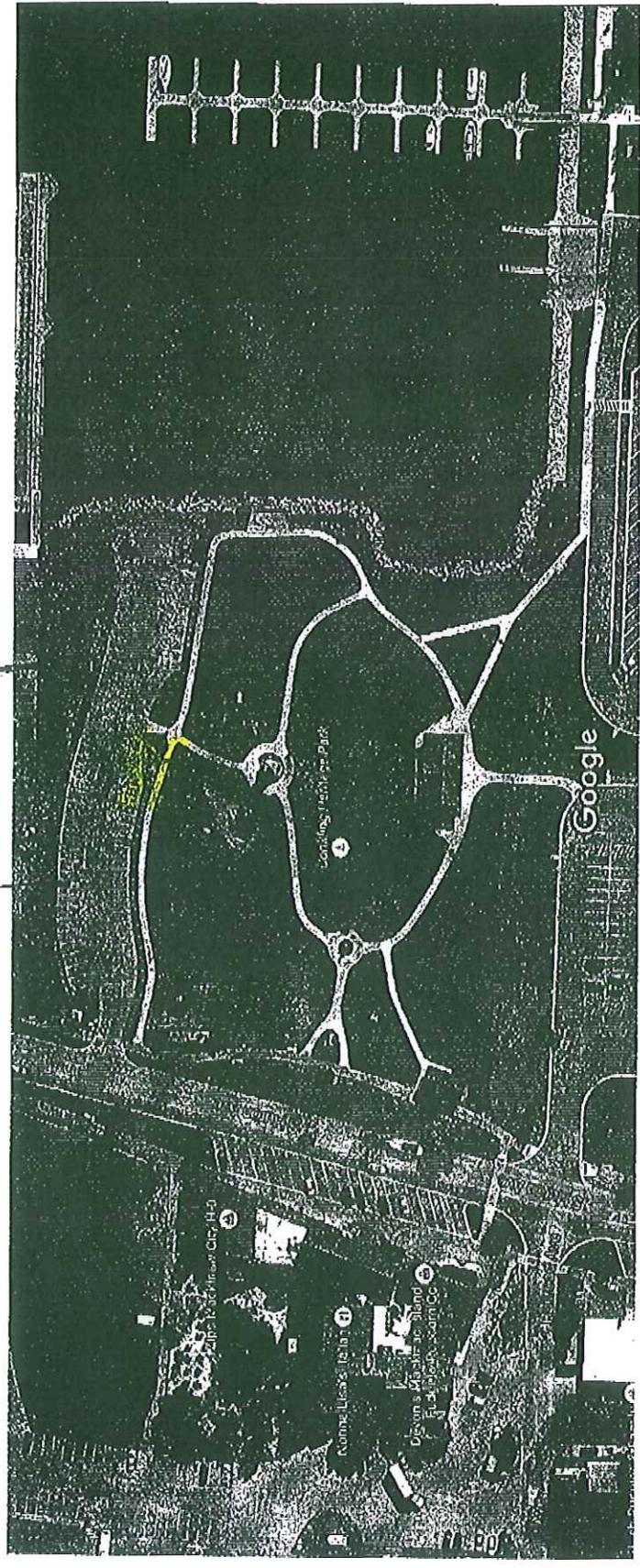


Imagery ©2016 DigitalGlobe, Map data ©2016 Google 50 ft

X- Porta Potts

Google Maps

Company  
Area  
Pole  
Area



X = part a pots

2017-SE-003

To Admin. Staff: \_\_\_\_\_

To Council: 9-1-16

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: Fort Michilimackinac Pageant, Inc. TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: P O Box 312

CONTACT NAME: Meghan Michalak TELEPHONE: 231.420.3221

E-MAIL ADDRESS: michalak.meghan@gmail.com CELL PHONE: 231.420.3221

**CONTACT PERSON ON DAY OF EVENT**

CONTACT NAME: Meghan Michalak TELEPHONE: 231.420.3221

E-MAIL ADDRESS: michalak.meghan@gmail.com CELL PHONE: 231.420.3221

**EVENT INFORMATION**

NAME OF EVENT: Fort Michilimackinac Reenactment Pageant Cast Dinner & Reenactment Event Signage

PURPOSE OF EVENT: Volunteer Participant Cast Dinner

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

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

DATE(S): May 28, 2017 FROM 6:00 pm  A.M.  P.M. TO 9:00 pm  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: Ice Rink at the Mackinaw City Recreation Complex

ESTIMATED NUMBER OF ATTENDEES: 175

WILL YOU UTILIZE SHOWERS:     Yes     No

ESTIMATED NUMBER OF VOLUNTEERS: 25

ESTIMATE DATE/ TIME FOR SET-UP: May 28, 2017    9:00 am  A.M.  P.M.

ESTIMATE DATE/ TIME FOR CLEAN-UP: May 28, 2017    9:00 pm  A.M.  P.M.

*Fee - Village Co-Sponsor*

*Ins - on file*

*#100 Cleaning deposit on Rec Center*



**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**

**SITEMAP:** 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: previously on file  
See page 4 for required language naming the Village as an additional insured

WILL FIREWORKS BE A PART 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: 15 (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): Please see attached

Description of signs: Banners advertising Fort Michilimackinac Reenactment Pageant @ Fort Michilimackinac, Memorial Day Weekend  
(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? N/A

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

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

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

- |   |   |
|---|---|
| <input type="checkbox"/> <b>BOOTHS</b> — QUANTITY _____<br>Size _____ | <input type="checkbox"/> <b>TENTS</b> — QUANTITY _____  |
| <input type="checkbox"/> <b>AWNINGS</b> — QUANTITY _____              | <input type="checkbox"/> <b>CHAIRS</b> — QUANTITY _____ |
|   | <input type="checkbox"/> <b>TABLES</b> — 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? \_\_\_\_\_ 55 \_\_\_\_\_

Meghan Michalak  
Applicant Signature  
Print name of applicant: Meghan Michalak

8/24/16  
Date

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

[ mm ] DPW    [ EW ] FACILITY SERVICES  
[ fw ] POLICE    [ fw ] FIRE    [    ] AMBULANCE  
[ ew ] RECREATION

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

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

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

Fort Michilimackinac Pageant Committee  
P O Box 312  
Mackinaw City, MI 49701  
*Celebrating our 55<sup>th</sup> consecutive year*

Mackinaw City Village Council  
102 South Huron Avenue  
P O Box 580  
Mackinaw City, MI 49701

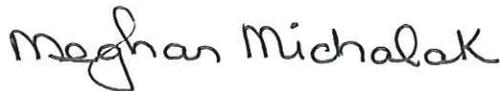
Dear Council Members,

The Fort Michilimackinac Pageant Committee is requesting permission to use the Ice Rink at the Mackinaw City Recreational Complex for our annual Fort Michilimackinac Reenactment Pageant Volunteer Cast Dinner. The Fort Michilimackinac Pageant is celebrating its 55<sup>th</sup> consecutive year in 2017 and is proud to have an all-volunteer cast numbering over 200. These volunteers include current and past village residents as well as numerous others who travel to Mackinaw City to celebrate the Memorial Day Weekend holiday.

The Fort Michilimackinac Reenactment Pageant Volunteer Cast Dinner was traditionally held on the Monday evening of Memorial Day Weekend, after the conclusion of the weekend long Pageant. While celebrating the 50<sup>th</sup> consecutive Pageant in 2012, the dinner was moved to Sunday evening to allow those travelers who would normally leave on Monday the opportunity to attend. Since 2012, the Fort Michilimackinac Pageant Committee has received a positive response holding the dinner on Sunday evening instead of Monday so the decision has continued to hold the dinner on Sunday evening again for 2017. In previous years, as this event is conducted with the coordinating sponsorship of the Village, the Village Council was gracious in allowing the associated fee to be waived. We ask the Council to please consider extending this gesture for 2017.

The Fort Michilimackinac Pageant Committee appreciates the cooperation, participation and partnership of the Village of Mackinaw City that has continued through the years. We look forward to continuing our partnership for many years to come.

Sincerely,



Meghan Michalak  
President, Fort Michilimackinac Pageant Committee

August 4, 2016

**Michigan Municipal League Annual Meeting Notice**

(Please present at the next Council, Commission or Board Meeting)

Dear Official:

The Michigan Municipal League Annual Convention will be held on Mackinac Island, September 14-16, 2016. The League's "Annual Meeting" is scheduled for 1:30 pm on Wednesday, September 14 in the Terrace Room at the Grand Hotel. The meeting will be held for the following purposes:

1. Election of Trustees. To elect six members of the Board of Trustees for terms of three years each (see #1 on page 2).
2. Policy. A) **To vote on the Core Legislative Principles document.**  
In regard to the proposed League Core Legislative Principles, the document is available on the League website at <http://www.mml.org/delegate>. If you would like to receive a copy of the proposed principles by fax, please call Monica Drukis at the League at 800-653-2483.  
  
B) **If the League Board of Trustees has presented any resolutions to the membership, they also will be voted on. (See #2 on page 2.)**  
In regard to resolutions, member municipalities planning on submitting resolutions for consideration by the League Trustees are reminded that under the Bylaws, they must be submitted to the Trustees for their review by **August 15, 2016.**
3. Other Business. To transact such other business as may properly come before the meeting.

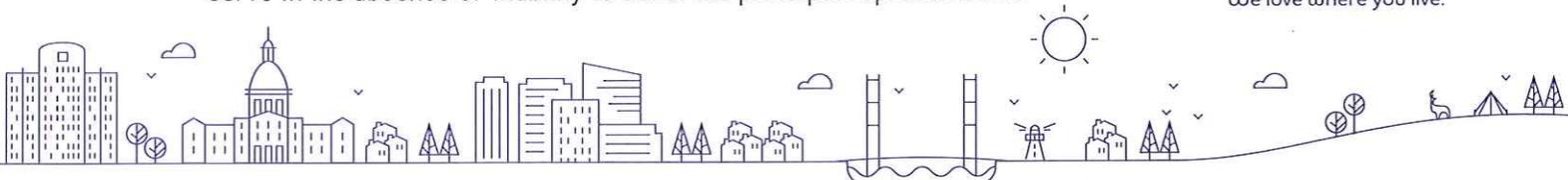
Designation of Voting Delegates

Pursuant to the provisions of the League Bylaws, you are requested to designate by action of your governing body one of your officials who will be in attendance at the Convention as your official representative to cast the vote of the municipality at the Annual Meeting, and, if possible, to designate one other official to serve as alternate. Please submit this information through the League website by visiting <http://www.mml.org/delegate> **no later than August 15, 2016.**

Regarding the designation of an official representative of the member to the annual meeting, please note the following section of the League Bylaws:

"Section 4.4 - Votes of Members. Each member shall be equally privileged with all other members in its voice and vote in the election of officers and upon any proposition presented for discussion or decision at any meeting of the members. Honorary members shall be entitled to participate in the discussion of any question, but such members shall not be entitled to vote. The vote of each member shall be cast by its official representative attending the meeting at which an election of officers or a decision on any proposition shall take place. Each member shall, by action of its governing body prior to the annual meeting or any special meeting, appoint one official of such member as its principal official representative to cast the vote of the member at such meeting, and may appoint one official as its alternate official representative to serve in the absence or inability to act of the principal representative."

We love where you live.



1. Election of Trustees

Regarding election of Trustees, under Section 5.3 of the League Bylaws, six members of the Board of Trustees will be elected at the annual meeting for a term of three years. The regulations of the Board of Trustees require the Nominations Committee to complete its recommendations and post the names of the nominees for the Board of Trustees on a board at the registration desk at least four hours before the hour of the business meeting.

2. Statements of Policy and Resolutions

Regarding consideration of resolutions and statements of policy, under Section 4.5 of the League Bylaws, the Board of Trustees acts as the Resolutions Committee, and "no resolution or motion, except procedural and incidental matters having to do with business properly before the annual meeting or pertaining to the conduct of the meeting, shall be considered at the annual meeting unless it is either (1) submitted to the meeting by the Board of Trustees, or (2) submitted in writing to the Board of Trustees by resolution of the governing body of a member at least thirty (30) days preceding the date of the annual meeting." Thus the deadline this year for the League to receive resolutions is **August 15, 2016**. Please submit resolutions to the attention of Daniel P. Gilmartin, Executive Director/CEO at 1675 Green Rd., Ann Arbor, MI 48105. Any resolution submitted by a member municipality will go to the League Board of Trustees, serving as the resolutions committee under the Bylaws, which may present it to the membership at the Annual Meeting or refer it to the appropriate policy committee for additional action.

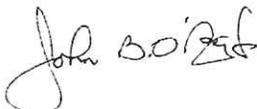
Further, "Every proposed resolution submitted by a member shall be stated in clear and concise language and shall be accompanied by a statement setting forth the reasons for recommending the proposed resolution. The Board shall consider the proposal at a Board meeting prior to the next annual meeting and, after consideration, shall make a recommendation as to the advisability of adopting each such resolution or modification thereof."

3. Posting of Proposed Resolutions and Core Legislative Principles

The proposed Michigan Municipal League Core Legislative Principles and any new proposed Resolutions recommended by the Board of Trustees for adoption by the membership will be available on the League website, or at the League registration desk to permit governing bodies of member communities to have an opportunity to review such proposals and delegate to their voting representative the responsibility for expressing the official point of view of the member at the Annual Meeting.

The Board of Trustees will meet on Wednesday, September 14 in the Terrace Room in the Grand Hotel for the purpose of considering such other matters as may be requested by the membership, in addition to other agenda items.

Sincerely,



John B. O'Reilly, Jr.  
President  
Mayor of Dearborn



Daniel P. Gilmartin  
Executive Director & CEO

To: Mackinaw City Council  
From: David M. White, Village Manager  
Date: August 26, 2016  
Re: Manager Report for October 1, 2016, Council Meeting

**XI New Business:**

- A. Special Event Application 2016-SE-075 Hayes Specialties Corporation-** This Special event application is for a 4 day sale of products from the Hayes Specialties Corporation which will be taking place in the Recreation Center's conference room. Chris West has been working with them to bring their show to the Recreation Center. Staff has no issues with this application except that signage needs have yet to be determined, we have been told if any are put up they will be onsite and minor in nature. I would ask the Council to approve this application with signage if needed to be determined by Mr. West and myself. I would be happy to answer any questions that Council members may have.
- B. Resolution for Water Loan Repayment-Budget Amendment-** For Council consideration is a Resolution that outlines the Loan conditions for a loan from the General Fund to the Water Fund to address improvements on West Central. In the resolution are the payback terms and interest rate to be charged. The resolution also directs that the General Fund and Water Fund budgets will be amended to address the transfer of the funds. This resolution has also been reviewed by the Auditor who had no changes. As always I would be happy to answer any questions Council members may have.

2016-SE-075  
3-4-5

To Admin. Staff: \_\_\_\_\_  
To Council: 9-1-16  
Decision:  Approved  Denied  
Minutes to Applicant: \_\_\_\_\_ j.c

**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: HAYES SPECIALTIES CORP TELEPHONE: 989-755-6541  
MAILING ADDRESS: 1761 E GENESEE, SALINAW MI  
CONTACT NAME: JASON HAYES KIRK ATKINS TELEPHONE: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_ KIRK@EHAYES.COM CELL PHONE: \_\_\_\_\_

**CONTACT PERSON ON DAY OF EVENT**

CONTACT NAME: KIRK ATKINS TELEPHONE: 989-755-6541  
E-MAIL ADDRESS: KIRK@ehayes.com CELL PHONE: 989-330-4931

**EVENT INFORMATION**

NAME OF EVENT: ~~XXXXXXXXXX~~ Private Selling Show  
PURPOSE OF EVENT: SHOWING PRODUCTS (NOVELTIES)

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

DATE(S): Oct 2-5 FROM 8:30 ~~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: ARENA MEETING ROOM  
ESTIMATED NUMBER OF ATTENDEES: TRD > 100 (Estimated)

WILL YOU UTILIZE SHOWERS:     Yes     No

ESTIMATED NUMBER OF VOLUNTEERS: NA

ESTIMATE DATE/TIME FOR SET-UP: ~~XXXX~~ Oct 2 \_\_\_\_\_  A.M.  P.M.

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

App Fee \$25  
Tables/chairs \$50-  
How Many?  
Conf Rm -  
4 days - \$400  
Oct 5-6  
\$475  
1 Rm + 14542

RECEIVED  
8-22-16

Ins-8-25-16

**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: 0 N/A

Date and time Parade will start: N/A  A.M.  P.M.

Date and time Parade will end: N/A  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: N/A 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 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 \_\_\_\_\_ N/A  TENTS – QUANTITY \_\_\_\_\_  
Size \_\_\_\_\_  CHAIRS – QUANTITY \_\_\_\_\_
- AWNINGS – QUANTITY \_\_\_\_\_  TABLES – QUANTITY \_\_\_\_\_

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

**PORTABLE RESTROOMS/TOILETS**

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

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

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

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

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

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

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

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

Portable restrooms identified on the site map?  Yes  No

# APPLICATION CHECK LIST

A = Applicant      V = Village

A      V

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

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

The applicant and sponsoring organization understand and agrees to:

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

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

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

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

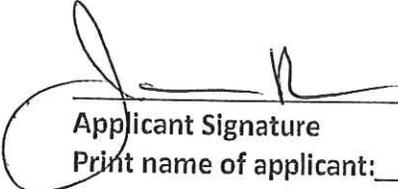
Applicant further agrees to defend, indemnify and hold harmless the Village of Mackinaw City, Michigan from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from this Special Event by reason of any damage to property, personal injury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

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

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

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

Is this an annual event?  Yes     No  
Is this event expected to occur next year?  Yes     No  
How many years has this event occurred? 10+

  
Applicant Signature \_\_\_\_\_  
Print name of applicant: Jason Hayes

8-19-16  
Date

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

[ MM ] DPW    [ GV ] FACILITY SERVICES  
[ pew ] POLICE    [ hw ] FIRE    [    ] AMBULANCE  
[ cu ] RECREATION

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

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

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

1-800-521-5219

Cart 0

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## About Us

Hayes Specialties Corporation was founded in 1967 by Jim and Judy Hayes as a small wholesale operation in a storefront in Saginaw, Michigan. The company can trace its roots to the 1930s when Eugene L. Hayes sold pocket combs, aspirin tins and non food items from his truck to restaurants, taverns and small stores. Currently in our third location, we boast a 110,000 square-foot warehouse, and are one of the largest importers of toys and novelties in the United States.

With one of the most diverse product lines of any importer, from toys to keychains to plush animals and gifts, we have items suited for all types of business. But what has given us a competitive advantage for many years was our ability to find hot new items well ahead of competitors. We view ourselves as innovators, not followers...Our buyers' frequent trips to Asia to source new product allow us to find items well ahead of other importers. Hayes products have been featured on NBC's Tonight Show with Jay Leno, in Wired Magazine, in movies and on network television shows.

In addition, we maintain a buying office in Shanghai, China, staffed by Hayes employees. This office serves as a direct contact point for the numerous factories which we deal with in China. It allows for easier consolidation of shipments, better quality control, and it gives us our own 'eye' on potential new, hot items coming from the region.

Our customer base is mainly in the United States, but also boast many customers in South America, Europe, Canada, Mexico, and even Asia. We sell to many different types of businesses, such as gift shops, chain stores, resorts, fundraisers, wholesalers/jobbers, carnivals and amusement parks. All of our merchandise is generally stocked at the Saginaw location, however, we do a great deal of importing for many other companies throughout the United States and Canada.

What sets us ahead of the rest is our service...In addition to our great prices and large selection; it is our service that has allowed us to grow all these years. We pride ourselves in our quick turn-around times (most orders are shipped the same day we receive them), friendly and knowledgeable salespeople, and simplicity of ordering.





# CERTIFICATE OF LIABILITY INSURANCE

HAYSP01

OP ID: LU

DATE (MM/DD/YYYY)

08/22/2016

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).

<b>PRODUCER</b> Heritage Wise Group 6660 Gratiot Road Saginaw, MI 48609 Tony Wise		<b>CONTACT NAME:</b> Tony Wise <b>PHONE (A/C, No, Ext):</b> 989-781-3010 <b>FAX (A/C, No):</b> 989-781-5510 <b>E-MAIL ADDRESS:</b> lisa@heritagewisegroup.com	
<b>INSURED</b> Hayes Specialties Corp. 1761 East Genesee Saginaw, MI 48601		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: EMC INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		<b>NAIC #</b> 21415	

**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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		4D72802	03/01/2016	03/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		4E72802	03/01/2016	03/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$		4J72802	03/01/2016	03/01/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	4H72802	03/01/2016	03/01/2017	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
n						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents are listed as additional insured as required by written contract.

**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  
 Tony Wise

# Change Order

No. 02

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: July 17, 2016
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** approximately 355 LFT of 2 inch HDPE water service, long, HDD crossing Perrot St to the south side of the High School. The water service will be directed below the existing building footing. Connection to the water Service at the School is not part of the Work Order but shall be coordinated with the School. Some HMA hand patch will be required on Perrot St to tap the existing water main.

**ADD** approximately 110 LFT of 2 inch irrigation service, HDD crossing W Central Ave and connect to irrigation service near Marest St.

**DELETE** Item 12 2" Water Service, Long, HDD, Type K Copper

**Attachments (list documents supporting change):**

Change Order 02 Summary of Changes

**CHANGE IN CONTRACT PRICE:**

**CHANGE IN CONTRACT TIMES:**

Original Contract Price:

\$ 120,428.50

Increase from previously approved Change Orders No. 1 to No. 1:

\$11,034.50

Contract Price prior to this Change Order:

\$131,463.00

Increase of this Change Order:

\$4,840.00

Contract Price incorporating this Change Order:

\$136,303.00

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: \_\_\_\_\_  
Engineer (Authorized Signature)

ACCEPTED:

By: \_\_\_\_\_  
Owner (Authorized Signature)

ACCEPTED:

By: \_\_\_\_\_  
Contractor (Authorized Signature)

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

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

Approved by Funding Agency (if applicable):

\_\_\_\_\_

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

# CHANGE ORDER



**Esphalt • Excavation • Concrete • Cranes**

P.O. Box 6150 Traverse City, MI 49696-6150  
 1-800-3ELMERS • 231-943-3443 • 231-943-8975 Fax  
 www.TeamElmers.com

Change Order submitted to:

**Mackinaw City  
 c/o Wade Trim Engineering**

Number <b>1</b>	Date <b>08/18/16</b>
Phone	
Job Name/Location	<b>Central Ave Water Improvements</b>
Job Number	Job Phone
Existing Contract No.	Date of Existing Contract

We hereby agree to make the change(s) specified below:

**2" Water Service, Long, Horizontal Directional Drilled 355 Lft @ \$ 21.00/Lft = \$7,455.00**

**Hand Patching HMA 8 Ton @ \$150.00/TN= \$ 1,200.00**

**Quantities are approximate. Final amount to be measured in field.**

NOTE: This Change Order becomes part of and in conformance with the existing contract.

<b>WE AGREE</b> hereby to make change(s) specified above at this price ➤ <b>ADD</b>	<b>\$ 8,655.00</b>
DATE <b>08/18/16</b>	PREVIOUS CONTRACT AMOUNT \$
AUTHORIZED SIGNATURE (CONTRACTOR) 	REVISED CONTRACT TOTAL \$

**ACCEPTED** - The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in original contract unless otherwise stipulated.

Date of acceptance \_\_\_\_\_

Signature \_\_\_\_\_

(OWNER)



# WADE TRIM

4241 Old US 27 South  
989.732.3584 - FAX: 989.732.6391

**Change Order 02**  
**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: 08/22/16

Item No.	Description	Quantity	Unit	Unit Price	Amount
27	2" Water Service, Long, Horizontal Directional Drilled, HDPE	355	Lft	\$ 21.00	\$ 7,455.00
28	2" Irrigation Service, Long, Horizontal Directional Drilled, HDPE	110	Lft	\$ 21.00	\$ 2,310.00
29	HMA hand patch	8	Ton	\$ 150.00	\$ 1,200.00
12	2" Water Service, Long, Horizontal Directional Drilled, Type K Copper	(245)	Lft	\$ 25.00	\$ (6,125.00)
				<b>Construction Total:</b>	<b>\$ 4,840.00</b>

RESOLUTION

WHEREAS; The upgrading of underground Utilities is an ongoing priority for the Village of Mackinaw City which now has the opportunity to complete a much needed Water main improvement on West Central Ave. To fund the Water main improvements on West Central Ave. a loan of \$127,500 is required from the General Fund to the Water fund.

THERE FOR BE IT RESOLVED: That the Village Council of the Village of Mackinaw City does hereby approve a loan of \$136,303 from the 2016-2017 General Fund appropriated fund balance to the 2016-2017 Water Fund. Said loan shall have an annual interest rate of 3% with the term of the loan to be five years with the first payment in April 2017. The attached Amortization Schedule which is included as a part of this resolution outlines the annual principal and interest payments. There will be four annual payments of \$29,762.38 and one final payment of \$29,762.40.

BE IT FURTHER RESOLVED; That the Village Council of the Village of Mackinaw City hereby approves amending the 2016-2017 budget and adding two additional funding line items as needed. The following line items are to be amended: General Fund Appropriated Fund Balance 101-000-698.000 an increase of \$136,303.00, Water Fund Contracted Services 591-536-801.000 and increase of \$136,303.00.

Approved September 1, 2016

Motion offered by \_\_\_\_\_ Seconded by \_\_\_\_\_

Ayes:

Nays:

Abstain:

In Witness Whereof, I have hereto affixed my official signature this \_\_\_ day of September 2016

\_\_\_\_\_

Lana Jaggi, Village Clerk, CMC

## Amortization Schedule

Principal: \$136,303.00				
Interest Rate: 3.00%				
Payment Interval: Annually				
# of Payments: 5				
Payment: \$29,762.38				
Schedule of Payments				
Please allow for slight rounding differences.				
Pmt #	Payment	Principal	Interest	Balance
1	29,762.38	25,673.29	4,089.09	110,629.71
Year 1		25,673.29	4,089.09	
2	29,762.38	26,443.49	3,318.89	84,186.22
Year 2		26,443.49	3,318.89	
3	29,762.38	27,236.79	2,525.59	56,949.43
Year 3		27,236.79	2,525.59	
4	29,762.38	28,053.90	1,708.48	28,895.53
Year 4		28,053.90	1,708.48	
5	29,762.40	28,895.53	866.87	0.00
Year 5		28,895.53	866.87	
<b>Grand Total</b>		<b>136,303.00</b>	<b>12,508.92</b>	

Close Window