

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

7:00 PM

January 05, 2017

**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 December 15, 2016
- VI. Manager's Report
- VII. President's Report
- VIII. Committee Reports: None
- XI. Old Business: None
- X. New Business:
 - A. Special Event Application 2017-SE-015
 - B. Special Event Application 2017-SE-017
 - C. Special Event Application 2017-SE-018
 - D. Special Event Application 2017-SE-019
 - E. Letter to Terminate the ICMA-RC 401 Plan-Non Active
- 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

December 15, 2016

- I. Roll Call:**
President Robert R. Heilman called the meeting to order and with the following Trustees present—Scott Newman, Chris Herald, Robert Glenn, Tom Chastain and Paul Michalak. Excused absent—Trustee Belinda Mollen. Also present— David White—Village Manager, Patricia Peppler—Treasurer, Lana Jaggi—Clerk
Department Heads present:
Patrick Wyman, Chief of Police
Frederick Thompson, Jr., Fire Chief/Zoning Administrator
Pat Rivera, Superintendent Water Sewer
Mike Karll, DPW Superintendent
- Visitors List Attached
- II Pledge of Allegiance**
- III. Agenda Approval**
Motion Chastain seconded Glenn to approve the agenda for December 15, 2016 as presented. Voice vote, motion carried unanimously.
- IV. Public Comment:**
- V. Consent Agenda**
Motion Newman seconded Glenn to approve consent agenda. Voice vote, motion carried unanimously.
A. Correction and Approval of Minutes: Regular Meeting December 01, 2016
B. Special Event Applications 2017-SE-004 thru 2017-SE-014
C. Department Head Reports
- VI. Managers Report as presented and submitted for file.**
- VII. President's Report: None**
- VIII. Committee Reports: None**
- IX. Old Business: None**
- X. New Business:**
A. President Pro Tem Appointment
Pres. Heilman opened the nominations for Pro Tem.
Newman nominated Michalak
Herald nominated Michalak
Heilman nominated Michalak
Glenn nominated Michalak
Chastain nominated Michalak
Michalak nominated Newman
Pres. Heilman closed nominations.

UNAPPROVED
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December 15, 2016

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Motion Newman seconded Herald to appoint Trustee Michalak as President Pro Tem. Roll call: Yeas -Newman, Herald, Heilman, Glenn, Chastain. Nays-Michalak. Absent-Mollen. Motion carried.

B. Council Subcommittee Appointments

Motion Newman seconded Glenn to approve Pres. Heilman's subcommittee appointments as presented *. Yeas -Newman, Herald, Heilman, Glenn, Chastain. Nays-Michalak. Absent- Mollen. Motion carried.

*Facilities and Streets

Mollen, Michalak, Herald

Finance and Human Resource

Newman, Michalak, Glenn

Marina

Chastain, Newman, Mollen

Ordinance and Policy

Michalak, Newman, Herald

Public Safety

Herald, Michalak, Glenn

Utilities and Green Initiatives

Glenn, Chastain, Mollen

Parks and Recreation

Newman, Glenn, Chastain

Tree Board

Glenn, Herald, Chastain

Marianne Murray, Katherine Jaggi

C. DDA Resignation, Appointment/ Approval

Motion Michalak seconded to appoint Mario Rodriguez to DDA to fill a partial term until April 2019. Voice vote, Yeas-5 Nays-1. Motion carried.

D. 2017 Annual Council Calendar

Motion Glenn seconded Michalak to approve the 2017 Annual Council Calendar as presented. Voice vote, motion carried unanimously.

E. Amend Resolution 9/01/2016, Water Fund Loan

Motion Glenn seconded Newman to repeal original Water Fund Loan Resolution that was Adopted on 9/1/2016 in the amount of \$136,300.00. Yeas - Heilman, Glenn, Chastain. Nays-Michalak Newman, Herald. Absent- Mollen. Motion carried.

Motion Michalak seconded Newman to waive the reading of Water Fund Loan Resolution of 12/15/2016 as presented. Voice vote, motion carried unanimously.

Motion Michalak seconded Newman to approve Water Fund Loan Resolution 12/15/2016 in the amount of \$113,343.00 as presented. Yeas - Glenn, Chastain. Nays-Michalak Newman, Herald, Heilman. Absent- Mollen. Motion carried.

XI. Scheduling of Subcommittee meetings:

Council of the Whole-Work Sessions:

Thursday January 05, 2016 @ 3:00 pm-Goal and Priorities/Capital Improvement

Thursday January 12, 2016 @ 1:00 pm-Zoning Ordinance Re Write

UNAPPROVED
MINUTES REGULAR COUNCIL MEETING
MACKINAW CITY

7:00 PM

December 15, 2016

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XII. Accounts Payable

Motion Newman seconded Glenn to pay accounts payable for December 15, 2016 in the amount of \$78,814.26 minus three sales tax amounts. Roll call: Yeas- Chastain, Michalak, Newman, Herald, Heilman, Glenn. Nays-none. Absent- Mollen. Motion carried.

XIII. Adjournment: 7:35 pm

Respectfully submitted,

Robert R. Heilman; President

Lana Jaggi; Clerk

To: Mackinaw City Council

From: David M. White, Village Manager

Date: December 30, 2016

Re: Manager Report for January 5, 2017, Council Meeting

XI. New Business:

A,B,C,D Special Event Applications-2017-SE-015,017,018,019- All four of the Special Event Applications have taken place in prior years and we have not had any issues with any of the events. Please refer to Janelle's worksheet for specifics on each event. Please let me know should you have any questions.

E. Letter to Terminate the ICMA-RC 401 Plan for Non-Activity- For Council consideration is the termination of the ICMA-RC 401 plan that is no longer used by any current employees. The ICMA plan that I and Mike Karll use is the ICMA-RC 457 plan. The 401 plan was put in place for a former Village Manager and has not been used since. Since the plan has been inactive for many years both the ICMA-RC and the IRS have asked that the plan be terminated. As always should any Trustee have any questions I would be happy to address them.

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January 05, 2017

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- IV. Public Comments**
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 - A. Correction and Approval of Minutes: Regular Meeting of December 15, 2016**
- VI. Manager's Report**
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- VIII. Committee Reports:**
- XI. Old Business:**
- X. New Business:**
 - A. Special Event Application 2017-SE-015**
 - B. Special Event Application 2017-SE-017**
 - C. Special Event Application 2017-SE-018**
 - D. Special Event Application 2017-SE-019**
 - E. Letter to Terminate the ICMA-RC 401 Plan-Non Active**
- XI. Scheduling of Committee Meetings**
- XII. Accounts Payable**
- X. Adjourn**

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

Special Events for Council January 5, 2017

1. 2017-SE-015-Mackinaw Area Visitors Bureau-Junior Roller Derby-April 27-30, 2017 at the Recreation Center. They will be using the concession stand, showers and tables /chairs. All fees are due, I will send out a work order if approved by Council. All Department heads have signed off.
2. 2017-SE-017-Mackinaw Area Visitors Bureau-Adult Roller Derby-April 6-9, 2017 at the Recreation Center. They will be using the concession stand, showers and tables/chairs. All fees are due, if approved by Council I will issue a work order. All Department heads have signed off.
3. 2017-SE-018-Mackinaw Area Visitors Bureau-Adult Roller Derby-March 30-April 3, 2017 at the Recreation Center. Once again, they will be using the concession stand, showers and tables and chairs. All fees are due, if approved by Council I will issue a work order. All Department heads have signed off and a new certificate of liability insurance will be needed.
4. 2017-SE-019-Mackinaw City Area Arts Council-Music in Mackinaw -at Conkling Heritage Park on the dates shown on the application. The dates requested are available for the Performance Shell. If the Council decides to charge the customary fee of \$50 per day, the total will be \$1,100. In the past, this fee has been waived. Their insurance is on file and all Department heads have signed off.

Please call me if you have any questions or concerns.

Janelle

2017-SE-015

To Admin. Staff: _____
To Council: Jan 5 2017
Decision: Approved Denied
Minutes to Applicant: _____

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

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

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: Mackinaw Area Visitors Bureau TELEPHONE: 231-436-5664
MAILING ADDRESS: 10800 W. US 23 Hwy.
CONTACT NAME: Becky Yoder TELEPHONE: 231-436-5664
E-MAIL ADDRESS: becky@mackinawcity.com CELL PHONE: 231-818-0566

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Becky Yoder TELEPHONE: 231-436-5664
E-MAIL ADDRESS: becky@mackinawcity.com CELL PHONE: 231-818-0566

EVENT INFORMATION

NAME OF EVENT: Junior Roller Derby Tournament

PURPOSE OF EVENT: _____

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

DATE(S): 4-28-17 FROM 8:00 A.M. P.M. TO 10:00 A.M. P.M.
4-29-17 FROM 8:00 A.M. P.M. TO 10:00 A.M. P.M.
4-30-17 FROM 8:00 A.M. P.M. TO 10:00 A.M. P.M.
FROM _____ A.M. P.M. TO _____ A.M. P.M.

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

EVENT LOCATION: Mackinaw City Recreation Center

ESTIMATED NUMBER OF ATTENDEES: 500

WILL YOU UTILIZE SHOWERS: Yes No

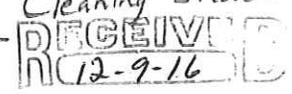
ESTIMATED NUMBER OF VOLUNTEERS: 8

ESTIMATE DATE/TIME FOR SET-UP: 4-27-17 8:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 4-30-17 10:00 A.M. P.M.

App Fee - \$25 -
Rental Fee - 4 days = \$800.00
Shower Fee - 3 days = \$600.00
Table/Chair Fee - \$50.00
\$1475 - Rental Fees

Deposits - \$100 - Cleaning Rink
- \$200 - Cleaning Showers
1 Deposit fees \$300
Ins -
Transient License needed



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: 4 (Maximum size is 2' x2'. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)

SIGNAGE AT EVENT SITE - Location(s): yard signs at Recreation center

Description of signs: _____

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

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

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

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

If yes, from date _____ to ending date: _____

Long term parking identified on the site map? Yes No

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

Name of Facility where camping: _____

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

Camp sites identified on the site map? Yes No

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

BOOTHS – QUANTITY _____

Size _____

TENTS – QUANTITY _____

CHAIRS – QUANTITY 200

AWNINGS – QUANTITY _____

TABLES – QUANTITY 10

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

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

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

Yes No

LOADER – MODEL _____ TOTAL MEN _____

TOTAL MAN HOURS _____

PICK UP TRUCKS _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER EQUIPMENT _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

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

Yes No

TRASH RECEPTACLES – QUANTITY _____

BARRICADES – QUANTITY _____

TRAFFIC CONES – QUANTITY _____

PARKING SIGNS – QUANTITY _____

FENCING WATER ELECTRIC

RESTROOM CLEANING

OTHER _____

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

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

SITE MAP APPROVED: Yes No

MACKINAW CITY FIRE DEPARTMENT

APPROVED

DENIED

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

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

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

SITE MAP APPROVED: Yes No

RECREATION DEPARTMENT

APPROVED

DENIED

SHOWERS: Yes No

TABLES: Yes No Quantity: _____

CHAIRS: Yes No Quantity: _____

CAMPING: Yes No (identified on map)

LONG TERM PARKING: Yes No (identified on map)

PORTABLE RESTROOMS: Yes No (identified on map)

SITE MAP APPROVED: Yes No

2017-SF-017

To Admin. Staff: _____
To Council: 1-5-17
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

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E-MAIL ADDRESS: becky@mackinawcity.com CELL PHONE: 231-818-0566

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Becky Yoder TELEPHONE: 231-436-5664
E-MAIL ADDRESS: becky@mackinawcity.com CELL PHONE: 231-818-0566

EVENT INFORMATION

NAME OF EVENT: Adult Roller Derby Tournament

PURPOSE OF EVENT: _____

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

DATE(S): 4-7-17 FROM 8:00 A.M. P.M. TO 10:00 A.M. P.M.
4-8-17 FROM 8:00 A.M. P.M. TO 10:00 A.M. P.M.
4-9-17 FROM 8:00 A.M. P.M. TO 10:00 A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.

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

EVENT LOCATION: Mackinaw City Recreation Center

ESTIMATED NUMBER OF ATTENDEES: 500

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 8

ESTIMATE DATE/TIME FOR SET-UP: 4-6-17 8:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 4-9-17 10:00 A.M. P.M.

App Fee - \$25.00
Rental Fee - 4 days - \$800.00
Shower Fee - 3 days - \$600.00
Table/Chair - 50
\$1475

Deposits \$100 -
\$200 -
1 Deposits \$300.00
Cleaning Rink
Shower
RECEIVED
MCI-9-16
Ins. -

PARADE PERMIT

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

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: _____

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

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

EVENT DETAILS

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- 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

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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** 200
 AWNINGS – QUANTITY _____ **TABLES – QUANTITY** 10

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

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

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

Yes No

LOADER – MODEL _____ TOTAL MEN _____

TOTAL MAN HOURS _____

PICK UP TRUCKS _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER EQUIPMENT _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

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

Yes No

TRASH RECEPTACLES – QUANTITY _____

BARRICADES – QUANTITY _____

TRAFFIC CONES – QUANTITY _____

PARKING SIGNS – QUANTITY _____

FENCING WATER ELECTRIC

RESTROOM CLEANING

OTHER _____

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

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

SITE MAP APPROVED: Yes No

MACKINAW CITY FIRE DEPARTMENT

APPROVED

DENIED

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

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

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

SITE MAP APPROVED: Yes No

RECREATION DEPARTMENT

APPROVED

DENIED

SHOWERS: Yes No

TABLES: Yes No Quantity: _____

CHAIRS: Yes No Quantity: _____

CAMPING: Yes No (identified on map)

LONG TERM PARKING: Yes No (identified on map)

PORTABLE RESTROOMS: Yes No (identified on map)

SITE MAP APPROVED: Yes No

2017-SE-018

To Admin. Staff: _____
To Council: 1-5-17
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

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CONTACT NAME: Becky Yoder TELEPHONE: 231-436-5664
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CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Becky Yoder TELEPHONE: 231-436-5664
E-MAIL ADDRESS: becky@mackinawcity.com CELL PHONE: 231-818-0566

EVENT INFORMATION

NAME OF EVENT: Adult Roller Derby Tournament

PURPOSE OF EVENT: _____

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

DATE(S): 3-31-17 FROM 8:00 A.M. P.M. TO 10:00 A.M. P.M.
4-1-17 FROM 8:00 A.M. P.M. TO 10:00 A.M. P.M.
4-2-17 FROM 8:00 A.M. P.M. TO 10:00 A.M. P.M.
4-3-17 FROM 8:00 A.M. P.M. TO 10:00 A.M. P.M.

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

EVENT LOCATION: Mackinaw City Recreation Center

ESTIMATED NUMBER OF ATTENDEES: 500

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 8

ESTIMATE DATE/TIME FOR SET-UP: 3-30-17 8:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 4-3-17 10:00 A.M. P.M.

App Fee - \$25.00
Rental Fee - 5 days = \$1000.00
Shower Fee - 4 days = \$800.00
Tables/Chairs - 50.00
\$1875.00

Deposits - Rink - 100.00
Showers - 200.00

RECEIVED
12-9-16

\$300

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: 4 (Maximum size is 2' x2'. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)
- SIGNAGE AT EVENT SITE** - Location(s): Recreation Center

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** 200
- AWNINGS – QUANTITY** _____
- TABLES – QUANTITY** 10

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

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

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

Yes No

LOADER – MODEL _____ TOTAL MEN _____

TOTAL MAN HOURS _____

PICK UP TRUCKS _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER EQUIPMENT _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

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

Yes No

TRASH RECEPTACLES – QUANTITY _____

BARRICADES – QUANTITY _____

TRAFFIC CONES – QUANTITY _____

PARKING SIGNS – QUANTITY _____

FENCING WATER ELECTRIC

RESTROOM CLEANING

OTHER _____

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

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

SITE MAP APPROVED: Yes No

MACKINAW CITY FIRE DEPARTMENT

APPROVED

DENIED

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

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

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

SITE MAP APPROVED: Yes No

RECREATION DEPARTMENT

APPROVED

DENIED

SHOWERS: Yes No

TABLES: Yes No Quantity: _____

CHAIRS: Yes No Quantity: _____

CAMPING: Yes No (identified on map)

LONG TERM PARKING: Yes No (identified on map)

PORTABLE RESTROOMS: Yes No (identified on map)

SITE MAP APPROVED: Yes No

2017-SE-019

To Admin. Staff: _____
To Council: 1-5-18
Decision: Approved Denied
Minutes to Applicant: _____

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

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

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: MACKINAW CITY AREA ARTS COUNCIL TELEPHONE: 231-436-5050
MAILING ADDRESS: P.O. BOX 305
CONTACT NAME: MIKE FORNES TELEPHONE: 231-436-5050
E-MAIL ADDRESS: MIKEFORNES@GMAIL.COM CELL PHONE: 231-420-3091

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: MIKE FORNES TELEPHONE: 231-436-5050
E-MAIL ADDRESS: MIKEFORNES@GMAIL.COM CELL PHONE: 231-420-3091

EVENT INFORMATION

NAME OF EVENT: MUSIC IN MACKINAW
PURPOSE OF EVENT: SUMMER CONCERT SEASON IN CONKLING HERITAGE PARK

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

DATE(S): JULY 4 FROM 9:00 A.M. P.M. TO 10:00 A.M. P.M.
JUNE 24
JULY 1, 7, 8, 11, 18, 21, 22 FROM 8:00 A.M. P.M. TO 9:00 A.M. P.M.
25, 28, 29
FROM _____ A.M. P.M. TO _____ A.M. P.M.
AUGUST 1, 8, 15, 22, 29
11, 12, 19, 25, 26 FROM 8:00 A.M. P.M. TO 9:00 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: ROTH PERFORMANCE SHELL, CONKLING HERITAGE PARK
ESTIMATED NUMBER OF ATTENDEES: 300-500

WILL YOU UTILIZE SHOWERS: Yes No

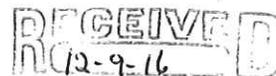
ESTIMATED NUMBER OF VOLUNTEERS: 2-4

ESTIMATE DATE/TIME FOR SET-UP: 6:00 P.M. _____ A.M. P.M.

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

Fee - \$25
Park Fee 50/day = 22 x \$50 = \$1,100.00

Inv - On File



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: 8:00 P.M. END: 9:00 P.M.
(EXCEPT JULY 4 - 9 P.M TO 10 P.M. (NO LATER THAN 10 P.M.))

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

Yes No Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No

Provide Copy of Liquor Liability Insurance

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

Provide Copy of Michigan Liquor Control License

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

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: 8 (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): CHANGEABLE LETTER SIGN IN CONKLING PARK
CHAIR RENTAL SIGN

Description of signs: 2 PROFESSIONAL A-FRAME SIGNS AT CROSSINGS CENTRAL AVE. ENTRANCE
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.) CORNER
of HURON & CON.
TRAIL

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

If yes, where do you propose your vendors park? MUSICIANS PARKING BEHIND STAGE ON STATE
HARBOR LOT

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

If yes, from date _____ to ending date: _____

Long term parking identified on the site map? Yes No

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

Name of Facility where camping: _____

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

Camp sites identified on the site map? Yes No

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

BOOTHS - QUANTITY _____ TENTS - QUANTITY _____

Size _____ CHAIRS - QUANTITY _____

AWNINGS - QUANTITY _____ TABLES - QUANTITY _____

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

PORTABLE RESTROOMS/TOILETS

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

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

If no, explain: _____

Restroom Company Name: _____

Address Street: _____

City: _____ State: _____ Zip: _____

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

Equipment set up: Date: _____ Time: _____

Equipment pick up: Date: _____ Time: _____

Portable restrooms identified on the site map? Yes No

APPLICATION CHECK LIST

A = Applicant V = Village

- | | | |
|--------------------------|--------------------------|---|
| <u>A</u> | <u>V</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Special Event Fee received on _____, receipt no _____
amount: \$_____ |
| <input 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 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. _____
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: _____

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? SINCE 1994 - 22 YEARS

Mike Fornes

12/9/16

Applicant Signature

Date

Print name of applicant: MIKE FORNES

VILLAGE USE ONLY - Department representative please initial if approved

[mf] DPW [Gv] FACILITY SERVICES
[fw] POLICE [mk] FIRE [hw] AMBULANCE
[cw] RECREATION Manager

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____
VILLAGE MANAGER

DATE: _____

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

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

Yes No

LOADER – MODEL _____ TOTAL MEN _____

TOTAL MAN HOURS _____

PICK UP TRUCKS _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER EQUIPMENT _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

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

Yes No

TRASH RECEPTACLES – QUANTITY _____

BARRICADES – QUANTITY _____

TRAFFIC CONES – QUANTITY _____

PARKING SIGNS – QUANTITY _____

FENCING WATER ELECTRIC

RESTROOM CLEANING

OTHER _____

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): _____

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

01/06/2016

**Mr. Michael Diacont
Manager, New Business Services
ICMA-RC**

Dear Mr. Diacont,

The Village of Mackinaw City Council met on January 05, 2017 and voted to terminate the existing ICMA-RC 401 Plan (# 109167) they currently hold, as of the meeting date.

The last contribution was made on December 12, 2012.

Please let this letter serve as the official request for termination. Enclosed are the council minutes which include the vote.

Should you have any questions do not hesitate to call.

Sincerely,

**David White
Manager
Village of Mackinaw City**