

### CITY COUNCIL WORKSHOP AGENDA September 7, 2022 – 4:00 pm

*This is an in-person meeting at Saugatuck City Hall, 102 Butler St, Saugatuck, MI 49453. The meeting will also be available live, virtually on Zoom.* 

- 1. Call to Order
- 2. Roll Call
- 3. Agenda Changes (Additions/Deletions)
- 4. Guest Speaker:
- 5. Public Comment on Agenda Items Only (Limit 3 minutes)

#### 6. Discussion Items:

- A. Special Event- Glow In The Park
- B. Special Event- Chili Cookoff
- C. Special Event- Mt. Baldhead 24 Hour Climb-A-Thon
- D. Special Event- Fall Fundraising Dinner
- E. SHPO Mt. Baldhead
- 7. Public Comments (Limit 3 minutes)
- 8. Correspondence: None
- 9. Council Comments
- 10.Adjourn (Voice Call)

NOTICE: Join online by visiting: https://us02web.zoom.us/j/2698 572603

> Join by phone by dialing: (312) 626-6799 -or-(646) 518-9805

> Then enter "Meeting ID": 2698572603

Please send questions or comments regarding meeting agenda items prior to meeting to: <u>ryan@saugatuckcity.com</u>

Requests for accommodations or interpretive services must be made 48 hours prior to this meeting. Please contact Saugatuck City Clerk at 269-857-2603 or <u>IWolters@saugatuckcity.com</u> for further information.



# City Council Agenda Item Report

FROM: Jamie, Wolters

MEETING DATE: September 12, 2022

SUBJECT: Special Event Application- Glow in the Park

### **DESCRIPTION:**

Attached is the special event form for the Glow in the Park sponsored by Hystopolis Productions.

Special Event:	Glow in the Park
Date:	10/1/22
Location:	Coghlin Park
Event Hours:	6 p.m 11 p.m. (Set up 9/30 at 1 p.m. and Clean up 10/3 1 p.m.)
Estimated Attendees:	1,500-3,500
Estimated Volunteers:	20-30
Banner Palette Sign:	No
Barricades:	TBD
Music:	6:00 p.m. – 11:00 p.m.
Alcohol:	Yes
Road Closure:	Yes

**<u>BUDGET ACTION REQUIRED:</u>** N/A

COMMITTEE/COMMISSION REVIEW: N/A

LEGAL REVIEW: N/A

### **SAMPLE MOTION:**

Motion to **approve/deny** the special event application Glow in the Park sponsored by Hystopolis Productions to be held on October 1<sup>rst</sup>, 2022, contingent on staff approval after safety meeting is conducted.

		Council Action
RECEIVED		Approved
<i>\$</i> .	City of O	Denied
AUG 122022	Saugatuck EST. 1868	Date
	• 🗲 ESI, 1868	

CITY OF SAUGATUOK ler Street • P.O. Box 86 • Saugatuck, MI 49453 Phone: 269-857-2603 • Website: <u>www.saugatuckcity.com</u>

1.7

event

## **SPECIAL EVENT & PARADE APPLICATION**

Must be filled out in its entirety & returned to the City Clerk's Office 60 days prior to scheduled

SPONSORING (	ORGANIZATION	INFORMATION			
LEGAL BUSINESS NAME: Hystopolis Productions			ſ	TELEPHONE: 312-787-7387	
MAILING ADDRESS:2729 Cherry St., Fennville, MI 49408					
				ELEPHONE: 312-787-7387	
E-MAIL ADDRESS: hystopolis@gmail.com				CELL PHONE: 312-787-7387	
CONTACT PERS	SON ON DAY OF	EVENT			
CONTACT NAME: Erin Wilkinson			1	ELEPHONE: 616-990-1817	
E-MAIL ADDRESS:	rinwilkinson@mac.o	com		CELL PHONE: 616-990-1817	
EVENT INFORM	CONTRACTOR OF PUBLIC HOLD DO	ommunity Event		DATE(S) OF EVENT: <sup>Oct.</sup> 1, 2022	
	For-Profit	City Operated/Sponsor		Co-Sponsored	
Marathon/Race EVENT LOCATION:		Video/Film Production		Other	
	ER OF ATTENDEES:	500 - 3,500			
ESTIMATED NUMBE	ER OF VOLUNTEERS:	20-30			
ESTIMATE DATE / T	IME FOR SET-UP:	0/2022 1:0	00	□A.M. ■ P.M.	
ESTIMATE DATE / T	IME FOR CLEAN-UP:	10/3/2022 1:0	00	□A.M. ■ P.M.	

**EVENT DETAILS** WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes TYPE OF MUSIC PROPOSED: Live □ Recorded Amplification Loudspeakers END:11:00 pm PROPOSED TIME MUSIC WILL BEGIN:6:00 pm FOOD VENDORS/CONCESSIONS: (Contact Allegan County Health Department) Provide Copy of Health Department Food Service License WILL ALCOHOL BE SERVED AT THIS EVENT: Yes Provide Copy of Liquor Liability Insurance (listing the City as additionally insured) Provide Copy of Michigan Liquor Control License If yes, describe measures to be taken to prohibit the sale of alcohol to minors: A secure perimeter will be setup around the event and all adults will be carded to get a 21+ wrist band, as well as security. WILL FIREWORKS BE APART OF EVENT: Ves Provide Copy of Liability Insurance (listing the City as additionally insured) Provide Copy of Fireworks Permit EVENT SIGNAGE: City Council approval is required for any temporary signing in the public right-of-way, across a street or on City property. Which of the following signs are requested for this event: "YARD" SIGNS - Number requested:  $\frac{20}{100}$  (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.) BANNER UNDER SAUGATUCK PALETTE SIGN - (Size cannot be greater than 14' x 4'). 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): Signage around the park entrance and within the park Description of signs: Several banners and yard signs to promote and direct the event (Signs at event site cannot be displayed prior to day of the event and must removed at the end of the event.) TENTS/CANOPIES/MISC: The City of Saugatuck does not have tents, stage, tables or chairs available for rental. There are a number of businesses listed in the yellow pages under "Rental Service Stores" that specialize in the rental of event supplies. Will the following be constructed or located in the event area: **BOOTHS – QUANTITY** TENTS – QUANTITY TABLES - QUANTITY<sup>14</sup> AWNINGS – QUANTITY D PORTABLE TOILETS - QUANTITY<sup>10+2</sup> VENDOR PARKING: Have you made arrangement for vendor parking? If yes, where do you propose your vendors park? Street end will be blocked off for setup Will the Interurban be utilized? Time(s)\_\_\_ No

4

APPROVED		
	Ā	uthorized Personnel Signature
Will this event require the use	e of any of the following munici	pal equipment: 📕 Yes 🔲 No
TRASH RECEPTACLES - QU	antity <sup>10</sup>	BARRICADES - QUANTITY
TRAFFIC CONES – QUANTI	rγ <u>30</u>	PARKING SIGNS – QUANTITY <sup>4-6</sup>
FENCING WAT	ER ELECTRIC	
OTHER	the state of the s	
POLICE DEPARTMENT		
□ APPROVED	DENIED _	
	A	uthorized Personnel Signature
ADDITIONAL OFFICERS REQU	IRED? 🗆 Yes 🔲 No	
If yes please describe & includ	le times	
Other (describe):		weather attack as we have here with the
		water Construction and the service of the service o
	IIP FIRE DISTRICT	
SAUGATUCK TOWNSH	IIP FIRE DISTRICT	uthorized Personnel Signature
SAUGATUCK TOWNSH	IIP FIRE DISTRICT	uthorized Personnel Signature ap to outline proposed closures)
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SAUGATUCK TOWNSH	IIP FIRE DISTRICT	ap to outline proposed closures)
SAUGATUCK TOWNSH APPROVED STREET CLOSURES: Yes Street closure date/time	IIP FIRE DISTRICT	ap to outline proposed closures)
SAUGATUCK TOWNSH APPROVED STREET CLOSURES: Yes Street closure date/tim Street re-open date/tim Street re-open date/tim	IIP FIRE DISTRICT DENIED No (use attached m ne:10/1/2022 9am me:10/2/2022 1pm No (use atta	ap to outline proposed closures)
SAUGATUCK TOWNSH APPROVED STREET CLOSURES: Yes Street closure date/tim Street re-open date/tim SIDEWALK CLOSURES: Yes Describe Sidewalk Use	IIP FIRE DISTRICT	ap to outline proposed closures)   A.M. P.M.  A.M. P.M.  ched map to outline proposed closures)  fence around park, but sidewalk will be ope
SAUGATUCK TOWNSH APPROVED STREET CLOSURES: Yes Street closure date/tim Street re-open date/tim SIDEWALK CLOSURES: Yes Describe Sidewalk Use Sidewalk closure date/	IIP FIRE DISTRICT	ap to outline proposed closures)    A.M. P.M.   A.M. P.M.
SAUGATUCK TOWNSH APPROVED STREET CLOSURES: Yes Street closure date/tin Street re-open date/tin SIDEWALK CLOSURES: Yes Describe Sidewalk Use Sidewalk closure date/ Sidewalk re-open date,	IIP FIRE DISTRICT	ap to outline proposed closures)   A.M. P.M.  A.M. P.M.  ched map to outline proposed closures)  fence around park, but sidewalk will be ope
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SAUGATUCK TOWNSH APPROVED STREET CLOSURES: Yes Street closure date/tim Street re-open date/tim Street re-open date/tim SIDEWALK CLOSURES: Yes Describe Sidewalk Use Sidewalk closure date/ Sidewalk closure date/ Sidewalk re-open date, PARKING LOT CLOSURES: Yes	IIP FIRE DISTRICT	ap to outline proposed closures)

### **APPLICATION CHECK LIST**

Completed Application

Event Map (includes detailed event layout for vendors, booths, porta potties, etc.)

Road/Sidewalk/Parking Lot Closure Map

Certificate of Insurance (listing the City of Saugatuck as additionally insured)

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 coverages deemed necessary for the event, name the City of Saugatuck as an additional insured on all applicable policies and submit the certificate to the City Clerk's Office no later than one (1) week following notice of the event approval.

Comply with all City and County Ordinances and applicable State laws, City policies and acknowledges that the special events 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 City's review of this application. The applicant and sponsoring organization understands that it may be necessary to meet with City staff during the review of this application and that City Council approval is necessary.

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

Applicant agrees to defend, indemnify and hold harmless the City of Saugatuck, 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 City of Saugatuck 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.

Applicant Signature

8-12-22

Date



Lansing, Michigan

This is to Certify That

HYSTOPOLIS PRODUCTIONS

a nonprofit corporation existing under the laws of the state of Illinois

was validly authorized to conduct affairs in Michigan on the 1 day of April, 2019 in conformity with 1982 PA 162.

Said corporation is authorized to conduct in this state any affairs of the character set forth in its application which a domestic corporation formed under this act may lawfully conduct. The authority shall continue as long as said corporation retains its authority to conduct such affairs in the jurisdiction of its incorporation and its authority to conduct affairs in this state has not been surrendered, suspended, or revoked.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand, in in the City of Lansing, this 1st day of April, 2019.

Julia Dale, Director Corporations, Securities & Commercial Licensing Bureau

- It is worked to the address of the state of

Internal Revenue Service District Director

Date: 8 - OCT 1986

HYSTOPOlis Productions, INC.
 HI W' North Are.
 Chicago, JT. 60610

Department of the Treasury

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 509(a)

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a organization is published in the Internal Revenue section 509(4)(2) Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that status, or acquired knowledge resulted in your loss of section 5046(x2) that the Internal Revenue Service had given notice that you would be removed from 509(9)@) organization. classification as a section

(ovar)

230 S. Dearborn St., Chicago, Ill. 60604

Letter 1045(DO) (Rev. 10-83

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Becuests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

District Director

### **DPW Provided**



Hay-bail Foosball

Football



### 40x100' Tent

The large tent will have a two areas roped off for faceprinting and hair braiding. There will be two large round craft tables and the concession stand. There will not be food preparation requiring an open flame, but we will have cotton candy and popcorn. There will be exits on 3 sides of the tent, with both corners open facing the field.

Inside the tent:



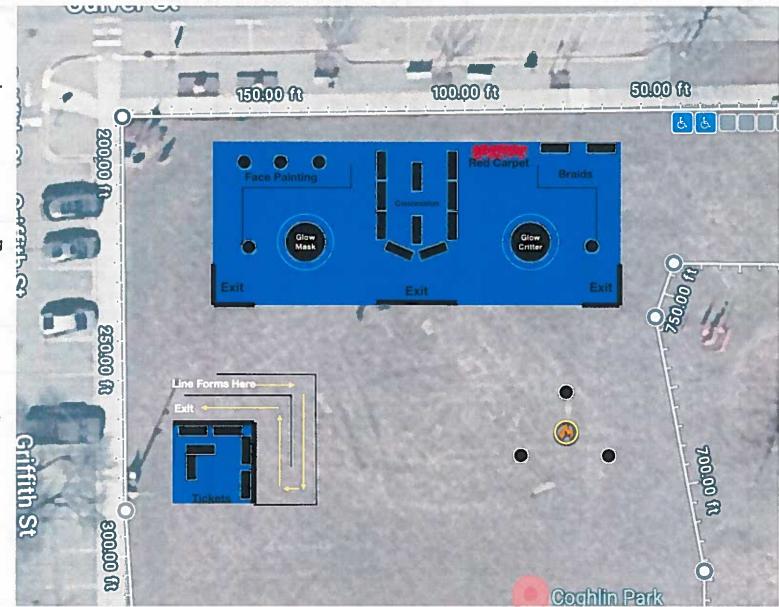
(2) 72" Round Table w/ 8 Chairs

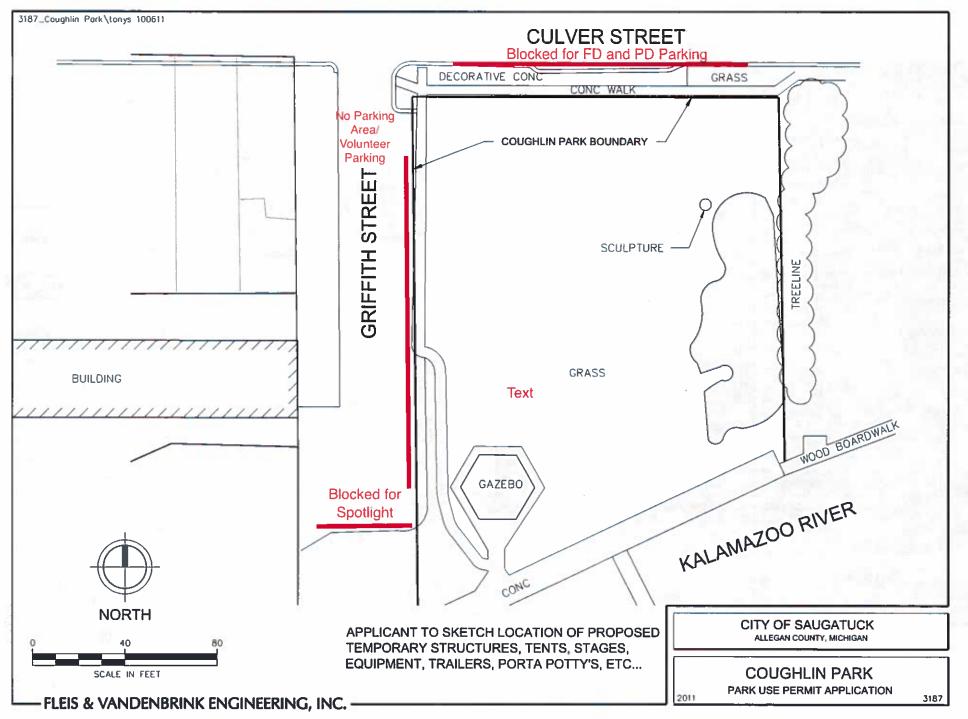
(10-12) 8' Tables

(2) 42" Cocktail Tablew/ 2 tall bar stoolsExits

20x20' Tent The small tent will be for

ticket sales and will have two sides open. There will be about (4-6) 6' tables and a few chairs.







# City Council Agenda Item Report

FROM: Jamie, Wolters

**MEETING DATE:** September 12, 2022

SUBJECT: Special Event Application- Cow Hill Yacht Club Chili Cookoff

### **DESCRIPTION:**

Attached is the special event form for the Chili Cookoff sponsored by Cow Hill Yacht Club.

Cow Hill Yacht Club Chili Cookoff
10/9/22
Wicks Park
1 p.m 7 p.m. (Setup at 7 a.m. and Cleanup 7 p.m.)
500
15
Yes
TBD
1:00 p.m. – 11:00 p.m.
Yes
Yes

**<u>BUDGET ACTION REQUIRED:</u>** N/A

COMMITTEE/COMMISSION REVIEW: N/A

LEGAL REVIEW: N/A

### **SAMPLE MOTION:**

Motion to **approve/deny** the special event application Chili Cookoff sponsored by Cow Hill Yacht Club to be held on October 9<sup>th</sup>, 2022, contingent on staff approval after safety meeting is conducted.

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RECEIVED Council Action	
Approved	
AllC_T_F_constDenied	
AUG 1 5 2022	1.1.1.1.1
± EST. 1868	
CITY OF SAUGATUCK Phone: 269-857-2603 • Website: <u>www.saugatuckcity.com</u>	
SPECIAL EVENT & PARADE APPLICATION Must be filled out in its entirety & returned to the City Clerk's Office <u>60 days prior</u> to scheduled	
SPONSORING ORGANIZATION INFORMATION	
LEGAL BUSINESS NAME: COW HELL GATCH CLUB TELEPHONE:	
MAILING ADDRESS: P.O. BOX 544 SAUGATUCK MI 49453	
CONTACT NAME: ANTHONY DOUCOTTE TELEPHONE: 269-543-4105	,
E-MAIL ADDRESS: doucerrea 677 @ 6 Mail, Com CELL PHONE: 269-214-2813	
CONTACT PERSON ON DAY OF EVENT	
CONTACT NAME: ANTHONY DOUCOTTE TELEPHONE: 269-543-4105	
E-MAIL ADDRESS: doucerte a 677 Q g MAIL Com CELL PHONE: 269-214-2813	
EVENT INFORMATION	
NAME OF EVENT: COW HILL GATCH CLUB CHILL COOK OFF DATE(S) OF EVENT: 10-9-22	
PURPOSE OF EVENT: FUND RAISER RAIN DATE: 10-9-22	
K Non-Profit □ For-Profit □ City Operated/Sponsored □ Co-Sponsored	
Marathon/Race Festival/Fair Video/Film Production Other	
EVENT LOCATION: WICKS PARIC SAUGATUCK EVENT HOURS: 1pm Till 7pm	
ESTIMATED NUMBER OF ATTENDEES: 500	
ESTIMATED NUMBER OF VOLUNTEERS: 15	
ESTIMATE DATE / TIME FOR SET-UP: $10 - 9 - 27$ $7AH$ DA.M. D P.M.	
ESTIMATE DATE / TIME FOR CLEAN-UP: $10 - 9 - 22$ 7 DA.M. APP.M.	

### **EVENT DETAILS**

WILL MUSIC BE PROVIDED DURING THIS EV	VENT: 🖾 Yes	🗖 No	
TYPE OF MUSIC PROPOSED: 쩓 Live	X Amplification	Recorded	Loudspeakers
PROPOSED TIME MUSIC WILL BEGIN:	Ірм	END:	604
FOOD VENDORS/CONCESSIONS: (Contact A			🗖 No
WILL ALCOHOL BE SERVED AT THIS EVENT: Provide Copy of Liquor Lice Provide Copy of Michigan If yes, describe measures to be taken to provide	ability Insurance (listing Liquor Control License	g the City as additional	
	FUL Rown		<b>A</b> 100

# I.U. (HETIKUD AT GATE WHIST DANDS FOR ZIAND OUGR

### WILL FIREWORKS BE APART OF EVENT:

- Derivide Copy of Liability Insurance (listing the City as additionally insured)
- D Provide Copy of Fireworks Permit

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

- YARD" SIGNS Number requested: <u>//</u> (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.)
- Solution Section 24 Hours and Section 24 Hours after end of event and must be removed 24 hours after end of event.)

Description of signs: Cow HILL YATCH CLUB CHILLI GOOK OFF

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

**TENTS/CANOPIES/MISC:** The City of Saugatuck does not have tents, stage, tables or chairs available for rental. There are a number of businesses listed in the yellow pages under "Rental Service Stores" that specialize in the rental of event supplies. Will the following be constructed or located in the event area:

		TENTS-QUANTITY_4
		TABLES - QUANTITY 35
$\Box$ portable toilets – quantity <u>Z</u>	- 158A	WOARD   HANDICAP
VENDOR PARKING: Have you made arran	gement for v	vendor parking? 🛛 Yes 🛛 No
If yes, where do you propose your vendor	s park?	
Will the Interurban be utilized? 🗖 Yes	1 No	Time(s)

☑ No

DEPARTMENT OF PUBLIC WORKS
Authorized Personnel Signature
Will this event require the use of any of the following municipal equipment: 🛛 Yes 🔹 🗋 No
$\square$ TRASH RECEPTACLES – QUANTITY <u>6</u> $\square$ BARRICADES – QUANTITY
TRAFFIC CONES – QUANTITY A PARKING SIGNS – QUANTITY 6
Image: Second
OTHER FONCEING POR MAP NO PARKING SIGNS ON WATCH ST.
POLICE DEPARTMENT
Authorized Personnel Signature
If yes please describe & include times 1706 DM SUNDAY 10220FEICERS
Other (describe):
SAUGATUCK TOWNSHIP FIRE DISTRICT
Authorized Personnel Signature
STREET CLOSURES: Yes IN (use attached map to outline proposed closures)
PER CHIEF JANIK RECOMENDATION Street closure date/time: 10-9-2022 // SA.M. DP.M.
Street re-open date/time: $10 - 9 - 2027$ 7 $\Box$ A.M. $\blacksquare$ P.M.
SIDEWALK CLOSURES: I Yes I No (use attached map to outline proposed closures) Pon CINEF JANIES Recommonation Describe Sidewalk Use:
Sidewalk closure date/time: $10 - 9 - 2022$ $11$ D'A.M. $\Box$ P.M.
Sidewalk re-open date/time: <u>10-9-2022</u> <u>2</u> <b>A.M. ¤P.M.</b>
PARKING LOT CLOSURES:  Yes IN (use attached map to outline proposed closures)
Parking Lot Location: WEST SIDE OF WATER ST MAIN ST TO GAZEBO
Sidewalk closure date/time: 10 - 9 - 2022 7 🛛 🖾 A.M. 🗆 P.M.
Sidewalk re-open date/time: 10-9-2022 7 DA.M. & P.M.
What parking arrangements are proposed to accommodate potential attendance: FIRST Come
FIRST SERVE

ti di a si

### **APPLICATION CHECK LIST**

Completed Application

Event Map (includes detailed event layout for vendors, booths, porta potties, etc.)

X Road/Sidewalk/Parking Lot Closure Map

- $\psi$  🙀 Certificate of Insurance (listing the City of Saugatuck as additionally insured)
  - 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: <u>Applyon</u> For

The applicant and sponsoring organization understand and agrees to:

Provide a certificate of insurance with all coverages deemed necessary for the event, name the City of Saugatuck as an additional insured on all applicable policies and submit the certificate to the City Clerk's Office no later than one (1) week following notice of the event approval.

Comply with all City and County Ordinances and applicable State laws, City policies and acknowledges that the special events 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 City's review of this application. The applicant and sponsoring organization understands that it may be necessary to meet with City staff during the review of this application and that City Council approval is necessary.

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

Applicant agrees to defend, indemnify and hold harmless the City of Saugatuck, 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 City of Saugatuck or by third parties, or by the agents, servants, employees or factors of any of them.

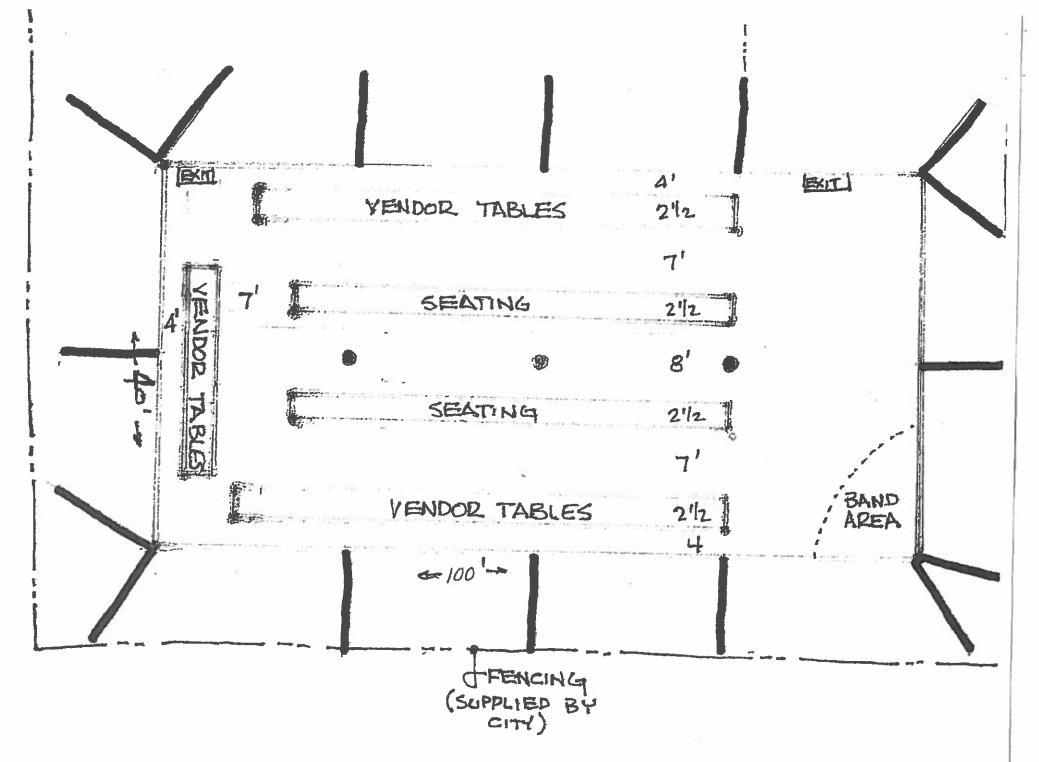
As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

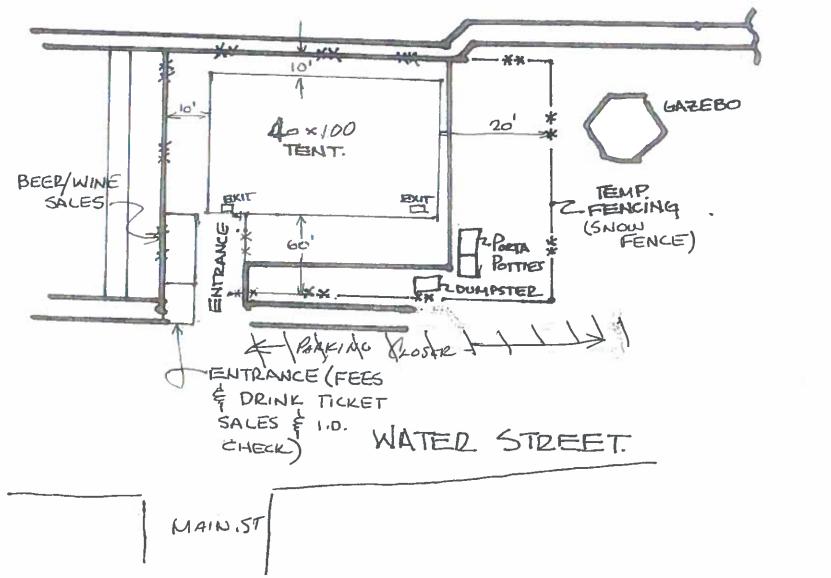
1) Deultto

**Applicant Signature** 

10-9-2022

Date





### Page: Certificate of Flame Resistance Invoice Number: 0243304-IN

Date Manufactured 8/14/2020

AZTEC TENTS 2665 COLUMBIA ST TORRANCE, CA 90503 (800) 228-3687

This is to certify that the materials described below have been flame retardant treated (or are inherently flame retardant).

Taylor Rental Center #13775-5

True Value Corporate P.O. Box 31850 Chicago, IL 60631

Certification is hereby made that the articles described below hereof are made from a flame-retardant fabric or material registered and approved by the California State Fire Marshal for such use. The fabric has been tested and passes the following standards; NFPA 701 Large Scale, UK BS7837:1996 (2015), Canadian-CAN/ULC S109-03, European M2. See chart to right for trade name of flame-resistant fabric or material used and additionally referenced on the label of the fabric panel.

THE FLAME RETARDANT PROCESS USED WILL NOT BE REMOVED BY WASHING

#### David Bradley

Name of Applicator or Production Superintendent

General Manager- Manufacturing Title of Applicator or Production Superintendent

Versesseg

# 2022 Cow Hill Yacht Club Chili Cook Out 40 x 100 White Rope Tent

All Attached Sidewalls

Hard- Gras P-222.04 **Sinin** Mash Lim:Tex 12, 14, 14, 1802 F-419.01 Caving Comp 1-370.02 Casted Fabrics Clear Vinyi 16ga / 20ga F-593 01 Clear View 16gs / 20ga for F DAT LAF 6-593-02 PolySateen Lin 1-454.01 LICH Fracentrains 50. F-444.01 F erral 7-444.0 Fernar Precontraint 702 £ 500.01 FTHE-TON LINCE Philips lexts PVC tech. Smydee P-504.01 Decs Open / Velo 1140.01 Westherspare F-368-05 Foresist Survive In Vaniao F 121 44 Tri Vantage Facio 500 F 121 10 Dog Top In Ventege F 069 01 to vania) e Vanguard Weblor Weblery / Coastin F 069.01 In variage Duraskin 81673, 81515 1-540.01

Trank State

1

CALLER, F

Customer P.O.: 0224080619835

Customer Number: TAYL494





3342 Blue Star Highway Saugatuck, MI 49453 Phone: 269 857-3000 E-mail: office@saugatuckfire.org

# **REQUIREMENTS FOR TENT STRUCTURES**

Date: OCT 9-2022 Location: WICKS PARIC Address: WICKES PARK Municipality: SAUGATUCK WATER ST. Note this is a partial check list of requirements based on the International Fire Code 2015 edition (IFC). If you have further requirements consult with Saugatuck Twp. Fire District. Check off when complete: A detailed site and floor plan for tents with an occupant load of 50 or more shall be provided with each application for approval. The floor plan shall indicate details the means of egress, seating capacity, arrangement of seating and location of any heating and electrical equipment. (3103.6) \_ Fire apparatus access roads shall be provided. (3103.8.1 / 503) Tents shall not be located within 20 feet of lot lines, buildings, other tents, parked vehicles, or internal combustion engines. Support ropes and guy wires shall be considered as part of the tent. Note: There are exceptions, consult with the Saugatuck Township Fire District. (3103.8.2) An unobstructed fire break passageway or fire road not less than 12 feet wide and free from guy ropes, or other obstructions shall be maintained on all sides of all tents. (3103.8.6) All tents and side curtains shall be composed of flame resistant material in accordance with NFPA 701 and IFC. (3104.2) Tents shall have a permanently affixed label bearing the identification of size and fabric or material type. (3104.3) A copy of the certificate attesting to the flame resistance of the fabric shall be submitted to Saugatuck Township Fire District. (3104.4) Combustible materials shall not be located within any tent structure. (3104.5) Open flame or other devices emitting flame, fire or heat including parked cars shall not be permitted inside or within 20 feet of the tent. (3104.7)



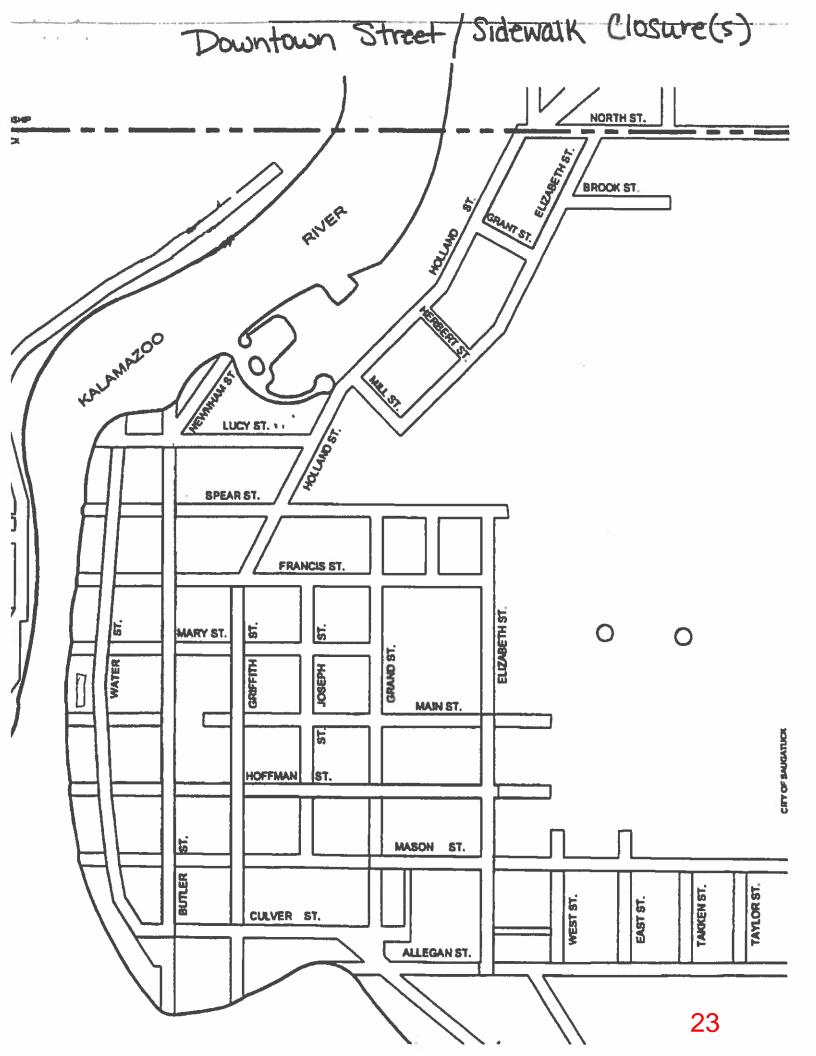


Page 2 of 2

Proudly serving : Douglas Saugatuck Saugatuck Township

IGATUCK TOWNSHIP FIRE

Portable fire extinguishers shall be provided at the exits. A minimum rating size of 2A10BC. (3104.12 /906) The occupant load shall be stated. (3104.14 / Chapter 10) Side curtains shall be flame resistant and when used at exit openings shall be of a color that contrasts with the color of the tent. (3103.12.3) Aisles having a minimum width of not less than 44 inches shall be provided from seating areas and aisles shall progressively increase in width to provide, at all points. not less than 1 foot or aisle width for each 50 persons served by such aisle at that point. (3103.12.5) A minimum number of means of egress and means of egress widths are as follows: (3102.12.5.1) Min. # of Means of Egress Min. Width of Egress Occupant Load 10-199 200-499 Exits shall be clearly marked if the occupant load is 50 or more. (3103.12.6) Exit signs shall be approved self-luminous type or shall be internally or externally illuminated. (3103.12.6.1) Means of egress shall be illuminated. (3103.12.7) Required width of exits, aisles and passageways shall be maintained at all times. (3103.12.8)Trained crowd manager/supervisor shall be provided at a ratio of one crowd manager/supervisor for every 250 occupants. (3104.20.2) "No Smoking" signs shall be posted in conspicuous locations. (3104.6) will Provide STFD with a copy of the "Miss Dig" ticket number and documentation for location and marking of underground utilities where tent will be erected. (102.9) Saugatuck Township Fire District will inspect the tent installation. Signature of Applicant: ( Signature of Fire Inspector: Date: 10-9-2022 Revised 8/2016-CM





# City Council Agenda Item Report

FROM: Jamie, Wolters

**MEETING DATE:** September 12, 2022

SUBJECT: Special Event Application- Mt. Baldhead 24 Hour Climb-A-Thon

### **DESCRIPTION:**

Attached is the special event form for the Mt. Baldhead 24 Hour Climb-A-Thon sponsored by Michigami Collective LLC.

Special Event:	Mt. Baldhead 24 Hour Climb-A-Thon
Date:	10/22/22-10/23/22
Location:	Mt. Baldhead Park
Event Hours:	1 p.m 7 p.m. (Setup at 7 a.m. and Cleanup 7 p.m.)
Estimated Attendees:	5
Estimated Volunteers:	N/A
Banner Palette Sign:	No
Barricades:	No
Music:	No
Alcohol:	No
Road Closure:	No

**BUDGET ACTION REQUIRED:** 

N/A

COMMITTEE/COMMISSION REVIEW: N/A

<u>LEGAL REVIEW:</u> N/A

### **SAMPLE MOTION:**

Motion to **approve/deny** the special event application Mt. Baldhead 24 Hour Climb-A-Thon sponsored by Michigami Collective LLC to be held on October 22<sup>nd</sup>-23<sup>rd</sup>, 2022, contingent on staff approval after safety meeting is conducted.

8.6		Council Action
RECEIVED		Approved
AUG 15 2022	City of A	Denied
	Saugatuck EST. 1868	Date
	🗸 🧚 EST. 1868	

CITY	OF	SAUGATUGE Street • P.O. Box 86 • Saugatuck, MI 49453
		Phone: 269-857-2603 • Website: <u>www.saugatuckcity.com</u>

### **SPECIAL EVENT & PARADE APPLICATION**

Must be filled out in its entirety & returned to the City Clerk's Office <u>60 days prior</u> to scheduled event

SPONSORING O	ORGANIZATION	INFORMATION			
LEGAL BUSINESS NA	ME: Michigami Colle	TELEPHONE:231-736-8947			
MAILING ADDRESS:	115 N Weber Rd. N	North Muskegon, MI, 49445			
		- 197 To 197 To 1	TELEPHONE: 231-736-8947		
	aniel.bonner4@gm	CELL PHONE: 231-736-8947			
CONTACT PERS	ON ON DAY OF	EVENT			
	aniel Bonner		TELEPHONE: 231-736-8947		
	laniel.bonner4@gm	nail.com	CELL PHONE: 231-736-8947		
<b>EVENT INFORM</b>	IATION				
NAME OF EVENT:	ount Baldhead 24 I	nour Climb-A-Thon	DATE(S) OF EVENT: Oct 22/23,2022		
PURPOSE OF EVENT	To raise money fo	RAIN DATE:			
Non-Profit	For-Profit	City Operated/Sponsored	Co-Sponsored		
Marathon/Race	Festival/Fair	Video/Film Production	Other		
EVENT LOCATION:	/It. Baldhead Park	EVENT HOURS: 24			
ESTIMATED NUMBE		n na na decontrance na glinwolfa an-thairt	within a second se		
ESTIMATED NUMBE	R OF VOLUNTEERS:	NA	interfacil - the store of		
ESTIMATE DATE / TI		■A.M. □ P.M.			
	ME FOR CLEAN-UP:_	■A.M. □ P.M.			

			<b>DBVIEDHH</b>					
EVENT DETAILS								
WILL MUSIC BE PROVIDED DURING THIS EVEN	IT: 🛛 Yes	D No						
TYPE OF MUSIC PROPOSED: Live	Amplification	Recorded	Loudspeakers					
PROPOSED TIME MUSIC WILL BEGIN: NA		END: NA	Mainta an Yn					
FOOD VENDORS/CONCESSIONS: (Contact Allegan County Health Department)       Yes         Provide Copy of Health Department Food Service License								
WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No Provide Copy of Liquor Liability Insurance (listing the City as additionally insured) Provide Copy of Michigan Liquor Control License If yes, describe measures to be taken to prohibit the sale of alcohol to minors:								
WILL FIREWORKS BE APART OF EVENT:  Yes Provide Copy of Liability Insul Provide Copy of Fireworks Pe	rance (listing the		nsured)					
EVENT SIGNAGE: City Council approval is requi a street or on City property. Which of the follo								
"YARD" SIGNS - Number requested: ( days prior to first day of event and must b								
BANNER UNDER SAUGATUCK PALETTE SI displayed more than 15 days prior to first event.)	day of event and	must be removed 2	4 hours after end of					
SIGNAGE AT EVENT SITE - Location(s): <u>8.</u>	5"x11" flyer at b	ase of stairs to rai	se funds for Park					
Description of signs: (Signs at event site cannot be displayed prevent.)	rior to day of the	event and must ren	noved at the end of the					
<b>TENTS/CANOPIES/MISC:</b> The City of Saugatuck There are a number of businesses listed in the the rental of event supplies. Will the following	ellow pages und	er "Rental Service S	tores" that specialize in					
		NTS – QUANTITY						
AWNINGS – QUANTITY   I TABLES – QUANTITY								
PORTABLE TOILETS - QUANTITY								

VENDOR PARKING: Have you made arrangement for vendor parking?  Yes 📓 No				
If yes, where do you propose your vendors	s park?	8 - S		1.5
Will the Interurban be utilized? 🔲 Yes	🔳 No	Time(s)		

<b>DEPARTMENT OF PUBLIC W</b>	ORKS
APPROVED [	DENIED
	Authorized Personnel Signature
Will this event require the use of any o	of the following municipal equipment: 🗍 Yes 🛛 No
TRASH RECEPTACLES - QUANTITY	BARRICADES – QUANTITY
TRAFFIC CONES – QUANTITY	D PARKING SIGNS – QUANTITY
POLICE DEPARTMENT	
APPROVED	□ DENIED
	Authorized Personnel Signature
ADDITIONAL OFFICERS REQUIRED?	🕽 Yes 🔲 No
If yes please describe & include times	
Other (describe):	to the many states of the second states in the
CALLCATLICK TOWNSLUD FID	- DICTOLOT
	Denied
APPROVED [	
APPROVED [	DENIED Authorized Personnel Signature
Street closure date/time:	DENIED Authorized Personnel Signature No (use attached map to outline proposed closures)
APPROVED  STREET CLOSURES:  Yes  Street closure date/time:  Street re-open date/time:	DENIED Authorized Personnel Signature No (use attached map to outline proposed closures)
APPROVED  STREET CLOSURES:  Yes  Street closure date/time:  Street re-open date/time:  SIDEWALK CLOSURES:  Yes	DENIED Authorized Personnel Signature  No (use attached map to outline proposed closures)  A.M. DP.M. A.M. DP.M. No (use attached map to outline proposed closures)
APPROVED  STREET CLOSURES:  Yes  Street closure date/time:  Street re-open date/time:  SIDEWALK CLOSURES:  Yes  Describe Sidewalk Use:	DENIED Authorized Personnel Signature No (use attached map to outline proposed closures)
APPROVED  STREET CLOSURES:  Yes  Street closure date/time:  Street re-open date/time:  SIDEWALK CLOSURES:  Yes  Describe Sidewalk Use:  Sidewalk closure date/time:	DENIED Authorized Personnel Signature No (use attached map to outline proposed closures)
APPROVED STREET CLOSURES:  Yes Street closure date/time: Street re-open date/time: SIDEWALK CLOSURES:  Yes Describe Sidewalk Use: Sidewalk closure date/time: Sidewalk re-open date/time:	DENIED Authorized Personnel Signature No (use attached map to outline proposed closures)
APPROVED STREET CLOSURES:  Yes Street closure date/time: Street re-open date/time: SIDEWALK CLOSURES:  Yes Describe Sidewalk Use: Sidewalk closure date/time: Sidewalk re-open date/time:	DENIED Authorized Personnel Signature No (use attached map to outline proposed closures)
APPROVED STREET CLOSURES:  Yes Street closure date/time: Street re-open date/time: SIDEWALK CLOSURES:  Yes Describe Sidewalk Use: Sidewalk closure date/time: Sidewalk re-open date/time:	DENIED Authorized Personnel Signature No (use attached map to outline proposed closures)
APPROVED  STREET CLOSURES:  Yes  Street closure date/time: Street re-open date/time: SIDEWALK CLOSURES:  Yes  Describe Sidewalk Use: Sidewalk closure date/time: Sidewalk re-open date/time: PARKING LOT CLOSURES:  Yes	DENIED Authorized Personnel Signature No (use attached map to outline proposed closures)
APPROVED  STREET CLOSURES: Yes  Street closure date/time: Street re-open date/time: SIDEWALK CLOSURES: Yes Describe Sidewalk Use: Sidewalk closure date/time: Sidewalk re-open date/time: PARKING LOT CLOSURES: Yes Parking Lot Location:	DENIED   Authorized Personnel Signature   No (use attached map to outline proposed closures)   A.M. □ P.M.   No (use attached map to outline proposed closures)   A.M. □ P.M.   A.M. □ P.M.   No (use attached map to outline proposed closures)

- 6

### **APPLICATION CHECK LIST**

Completed Application

**Event Map (includes detailed event layout for vendors, booths, porta potties, etc.)** 

□ Road/Sidewalk/Parking Lot Closure Map

Certificate of Insurance (listing the City of Saugatuck as additionally insured)

□ 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 coverages deemed necessary for the event, name the City of Saugatuck as an additional insured on all applicable policies and submit the certificate to the City Clerk's Office no later than one (1) week following notice of the event approval.

Comply with all City and County Ordinances and applicable State laws, City policies and acknowledges that the special events 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 City's review of this application. The applicant and sponsoring organization understands that it may be necessary to meet with City staff during the review of this application and that City Council approval is necessary.

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

Applicant agrees to defend, indemnify and hold harmless the City of Saugatuck, 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 City of Saugatuck 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.

**Applicant Signature** 



# City Council Agenda Item Report

FROM: Jamie, Wolters **MEETING DATE:** September 12, 2022 Special Event Application- Fall Fundraising Dinner **SUBJECT:** 

### **DESCRIPTION:**

Attached is the special event form for the Fall Fundraising Dinner sponsored by Friends of the Saugatuck/Douglas Library.

Special Event:	Fall Fundraising Dinner
Date:	9/27/22
Location:	Wicks Park parking lot
Event Hours:	5 p.m 7 p.m. (Setup 3 p.m. and Cleanup 7 p.m.)
Estimated Attendees:	50-60 vehicles
Estimated Volunteers:	8-10
Banner Palette Sign:	No
Barricades:	No
Music:	No
Alcohol:	No
Road Closure:	No

**BUDGET ACTION REQUIRED:** 

N/A

### **COMMITTEE/COMMISSION REVIEW:** N/A

#### **LEGAL REVIEW:** N/A

### **SAMPLE MOTION:**

Motion to approve/deny the special event application Fall Fundraising Dinner sponsored by Friends of the Saugatuck/Douglas Library to be held on September 27<sup>th</sup>, 2022, contingent on staff approval after safety meeting is conducted.

August 29, 2022

City of Saugatuck P. O. Box 856 Saugatuck, MI 49453

To Whom it May Concerned,

Please find enclosed an application for a Special Event from Friends of Saugatuck Douglas District Library for an event we are planning for September 27, 2022

The event that we have planned is a Fall Fundraising Dinner provided by Baldy's. The dinners will be preordered and "to-go." It is hoped that vehicles can drive into the Water Street parking lot to pickup orders (see map),

Please feel free to call me with any questions you may have about the event.

Thank you for your consideration.

Sincerely,

ine looper

Gini Cooper for FOL Attachment: Event Application with supporting material.



AUG 29 2022



Council Action	
Approved	
Denied	
Date	

# CITY OF SAUGATUCK

102 Butler Street • P.O. Box 86 • Saugatuck, MI 49453 Phone: 269-857-2603 • Website: <u>www.saugatuckcity.com</u>

# **SPECIAL EVENT & PARADE APPLICATION**

Must be filled of	ut in its entirety & ret	urned to the City Clerk's Office	e <u>60 days prior</u> to scheduled		
SPONSORING C	<b>DRGANIZATION I</b>	NFORMATION			
LEGAL BUSINESS NA	ME: Friends of the Sa	TELEPHONE:269-857-2287			
MAILING ADDRESS:	P.O. Box 205, Dougl	as, MI 49406			
CONTACT NAME:	ni Cooper		TELEPHONE:269-857-2287		
		net	TELEPHONE: <sup>269-857-2287</sup> CELL PHONE: <sup>616-212-5365</sup>		
CONTACT PERS	ON ON DAY OF	VENT			
	ni Cooper/Keith Chai		TELEPHONE: Keith:269-543-7547		
E-MAIL ADDRESS:	nicooper@comcast.r	net/einstein042@gmail.com	CELL PHONE: Gini: 616-212-5365		
EVENT INFORM	IATION				
NAME OF EVENT: Fall Fundraising Dinner DATE(S) OF EVENT: September 27, 2022					
PURPOSE OF EVENT: Raise funds for providing for the library			RAIN DATE:		
Non-Profit	For-Profit	City Operated/Sponsored	Co-Sponsored		
Marathon/Race	rathon/Race		□ Other		
EVENT LOCATION: Parking lot between Baldy's & Wicks Park EVENT HOURS: 5:00 pm - 7:00					
	R OF ATTENDEES:	0 vehicles passing through	to pick up take-out meals		
	R OF VOLUNTEERS:	10			
ESTIMATE DATE / TIME FOR SET-UP:					
ESTIMATE DATE / TIME FOR CLEAN-UP: <sup>7:00</sup>					

# **EVENT DETAILS**

WILL	MUSIC BE PROVIDED DURING THIS E	VENT:	Yes	No No			
ТҮРЕ	OF MUSIC PROPOSED: D Live	🗖 An	nplification	Recorded	Loudspeakers		
PRO	PROPOSED TIME MUSIC WILL BEGIN: END:						
FOO	D VENDORS/CONCESSIONS: (Contact	-	-		No		
	ALCOHOL BE SERVED AT THIS EVENT Provide Copy of Liquor Li Provide Copy of Michigan s, describe measures to be taken to pr	ability li n Liquor	nsurance (listi Control Licen	ng the City as additiona	lly insured)		
WILL	. FIREWORKS BE APART OF EVENT: □ □ Provide Copy of Liability □ Provide Copy of Firework	Insuran			ired)		
	IT SIGNAGE: City Council approval is re eet or on City property. Which of the				lic right-of-way, across		
	"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.)						
	BANNER UNDER SAUGATUCK PALET displayed more than 15 days prior to event.)	first day	y of event and	must be removed 24 h	ours after end of		
	SIGNAGE AT EVENT SITE - Location(s)						
	Description of signs: A volunteer will						
	(Signs at event site cannot be displayeevent.)	ed prior	to day of the	event and must remove	ed at the end of the		
Ther	<b>S/CANOPIES/MISC:</b> The City of Sauga e are a number of businesses listed in ental of event supplies. Will the follow	the yell	ow pages und	er "Rental Service Store	es" that specialize in		
🗆 во	DOTHS – QUANTITY			NTS - QUANTITY			
	WNINGS – QUANTITY			BLES - QUANTITY			
🗆 P(	ORTABLE TOILETS - QUANTITY		_				
VENI	OOR PARKING: Have you made arrang	ement f	for vendor par	king? 🛛 Yes 🛛 🔳 No	)		
If yes	, where do you propose your vendors	park?					
Will 1	Vill the Interurban be utilized?  Yes No Time(s)						

DEPARTMENT OF PUBLIC	WORKS			
APPROVED	DENIED			
		Authorized Personne	el Signature	
Will this event require the use of a	ny of the following mur	icipal equipment:	Yes	🗖 No
TRASH RECEPTACLES - QUANTI	TY	BARRICAL	DES – QUANTITY	<u>/1</u>
TRAFFIC CONES - QUANTITY		D PARKING	SIGNS – QUANT	r <b>ity</b>
FENCING WATER			M CLEANING	
			~	
POLICE DEPARTMENT				
APPROVED				
		Authorized Personne	el Signature	
ADDITIONAL OFFICERS REQUIRED	? 🗖 Yes 📕 No			
If yes please describe & include tin	nes			
Other (describe):				
APPROVED		Authorized Personne	el Sianature	
STREET CLOSURES: 🗖 Yes	No (use attached		-	
Street closure date/time:	,	Q A.I	М. 🗆 Р.М.	
Street re-open date/time:_		O A.I	М. 🛛 Р.М.	
SIDEWALK CLOSURES: 🔲 Yes	📕 No (use at	ttached map to outlin	e proposed clos	iures)
Describe Sidewalk Use:				
Sidewalk closure date/time	:		A.M P.	.м.
Sidewalk re-open date/time	e:		О.А.М. 🛛 Р.	.M.
PARKING LOT CLOSURES: Yes	🗖 No (use at	ttached map to outlin	e proposed clos	sures)
Parking Lot Location:Water	r Street			
Sidewalk closure date/time	:		A.M. 🗆 P.	.M.
Sidewalk re-open date/time	e:		A.M.  P.	.M.
What parking arrangement	s are proposed to accor	nmodate potential at	tendance: N/A s	since drive thru

### APPLICATION CHECK LIST

- Completed Application
- Event Map (includes detailed event layout for vendors, booths, porta potties, etc.)
- Road/Sidewalk/Parking Lot Closure Map
- Certificate of Insurance (listing the City of Saugatuck as additionally insured)
- **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 coverages deemed necessary for the event, name the City of Saugatuck as an additional insured on all applicable policies and submit the certificate to the City Clerk's Office no later than one (1) week following notice of the event approval.

Comply with all City and County Ordinances and applicable State laws, City policies and acknowledges that the special events 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 City's review of this application. The applicant and sponsoring organization understands that it may be necessary to meet with City staff during the review of this application and that City Council approval is necessary.

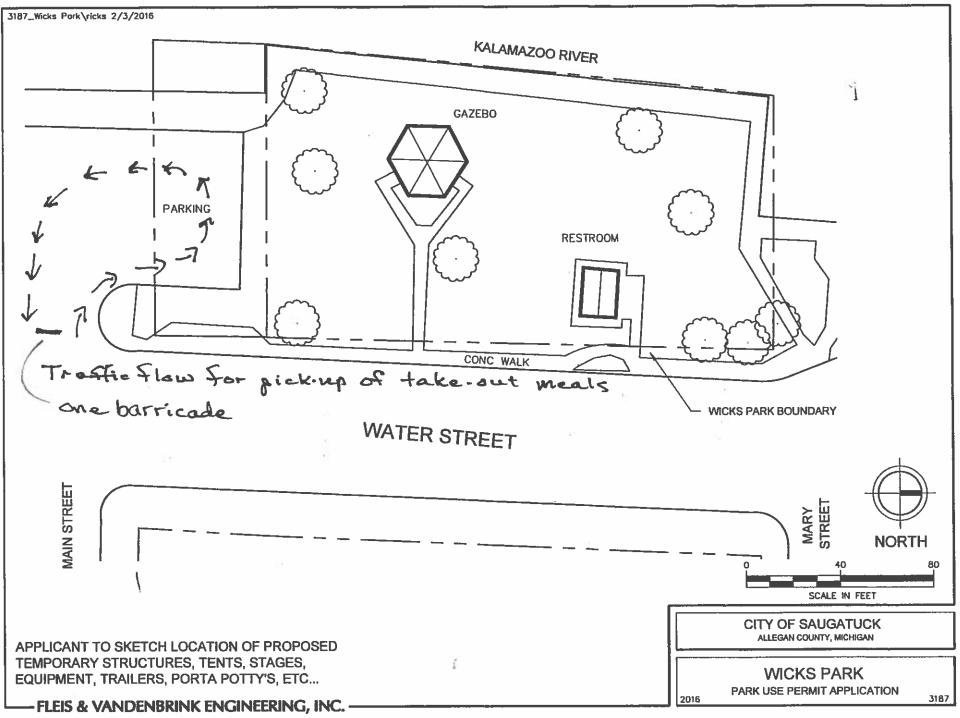
Applicant understands that he/she is responsible for contacting the Michigan Liquor Control Commission and/or Allegan County Health Department to secure all permits required for this event.

Applicant agrees to defend, indemnify and hold harmless the City of Saugatuck, 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 City of Saugatuck 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.

ooper for TON Applicant Signature

8.29-22





City Council Agenda Item Report

FROM:	Ryan Heise
MEETING DATE:	September 12, 2022
SUBJECT:	Letter of support for Saugatuck Gap-Filler Radar Station National Register of Historic Places nomination

#### **DESCRIPTION:**

Attached is a draft letter from the City of Saugatuck to the Michigan State Historic Preservation Review Board in support of the site being added to the National Register of Historical Places. The SHPO Board is scheduled to review (and presumably approve) this nomination on September 23, 2022. The deadline to submit letters of support is September 15.

The application to list this property on the National Register of Historical Places was started in September 2017 by Chuck Gustafson (private citizen), Eric Gollannek (Executive Director, Saugatuck-Douglas History Center) and Paula Bradford (volunteer, Saugatuck-Douglas History Center).

#### **BUDGET ACTION REQUIRED:**

N/A <u>COMMITTEE/COMMISSION REVIEW:</u> N/A <u>LEGAL REVIEW:</u> N/A

#### SAMPLE MOTION:

Motion to **approve/deny** the letter of support to the Michigan State Historic Preservation Board to add the Saugatuck Gap-Filler Radar Station to the National Register of Historic Places.

Michigan State Historic Preservation Review Board MEDC Building 300 North Washington Square Lansing, MI 48913

To Whom It May Concern:

As owner of the Saugatuck Gap-Filler Radar Station located at 753 Park St., Saugatuck MI, the City of Saugatuck requests the designation as a historic property and supports the nomination as written by Chuck Gustafson, member, Mt. Baldhead Radar Station Workgroup, Paula Bradford, volunteer, Saugatuck-Douglas History Center, and Eric Gollannek, PhD, Executive Director, Saugatuck-Douglas History Center.

Thank you for your consideration.

Sincerely,

Ryan Heise City Manager, City of Saugatuck



GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN MICHIGAN STRATEGIC FUND STATE HISTORIC PRESERVATION OFFICE

QUENTIN L. MESSER, JR. PRESIDENT

Friday, August 19, 2022

Mr. Ryan Heise, City Manager City of Saugatuck PO Box 86 Saugatuck, Michigan 49453

Dear Mr. Heise,

I am pleased to inform you that Saugatuck Gap Filler Annex, 753 Park Street, Saugatuck, Allegan County, Michigan, will be considered for nomination to the National Register of Historic Places by the State Historic Preservation Review Board at the meeting to be held on Friday, September 23, at 10:00 a.m. The meeting is scheduled to be held in the Lake Michigan Room of the Michigan Economic Development Corporation headquarters, 300 North Washington Square, Lansing, Michigan. The meeting will also be available by Zoom. More information and meeting links will be available at www.michigan.gov/shpo.

The National Register of Historic Places is the official list of the nation's historic places worthy of preservation. Authorized by the National Historic Preservation Act of 1966, the National Register of Historic Places is part of a national program to coordinate and support public and private efforts to identify, evaluate, and protect America's historic and archeological resources.

Listing in the National Register provides federal recognition of a property's historic significance, enables historic preservation tax incentives for certain properties, and enables review of federal or federally assisted projects. Listing in the National Register does not interfere with the right of a private property owner to use, alter, manage, or dispose of their property. Please see the enclosed notices for additional information about the results of listing in the National Register and the rights of property owners to comment on or object to listing their property in the National Register of Historic Places.

You are invited to attend the review board meeting at which the nomination will be considered. You may also provide written comments concerning the nomination of this property prior to the meeting. All written correspondence should be sent in time to be received prior to the date of the review board meeting. Please note that owners may object to listing by submitting a letter that has either been notarized by a notary public or that meets the requirements of 28 U.S.C. 1746. The letter must certify that a party is the sole or partial owner of the property, as appropriate, and state that they object to the listing.

Any comments or questions you may have concerning the nomination of this property, the National Register program, or the State Historic Preservation Review Board may be directed to Todd A. Walsh, National Register coordinator, by e-mail at WalshT@michigan.gov or by mail at the address below.

Sincerely yours,

with I. Martan

Martha MacFarlane-Faes Deputy State Historic Preservation Officer



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