



CITY OF THE VILLAGE OF DOUGLAS
 415 W. Wiley Rd, Ste 103, P.O. Box 757
 Douglas, MI 49406
 Ph (269) 857-1438

www.douglasmi.gov
info@douglasmi.gov
 \$50 Fee (Free for non-profit organizations)

App. Fee pd. 3/6/2026 ✓
 Date Received: 3/5/2026
CITY COUNCIL ACTION:
 Approved ___ Denied ___ Date ___
POLICE DEPARTMENT ACTION:
 Approved Denied ___ Date 3/12/2026
DEPARTMENT OF PUBLIC WORKS ACTION:
 Approved Denied ___ Date 3/23/2026
 Estimated Fees: _____

APPLICATION FOR SPECIAL EVENT PERMIT

The City of Douglas offers two types of permits for events within the City. A Special Event is described as a large gathering of people that covers a broader range of the City, such as, the entire park(s), right-of-ways, trails, street closures, sidewalks, etc. These events also require significant coordination and requests of City resources, such as, Douglas Police Department, Department of Public Works, and Saugatuck Township Fire Department. Special Event Permits will require approval from City Council and need to be filled out in its entirety and returned to the City Clerk's office a minimum of 90 days prior to the scheduled event. A Park Reservation permit is described as a small gathering confined to a small area of a park and does not require significant City coordination or resources. Park Reservation permits require only City administration approval. Please see the City of Douglas' Event Policy for more information. **Required Authorizing Personnel Signatures page must be completed prior to submitting it to City Hall for Council approval.** A Cost Confirmation Form will be provided to the applicant/organization after application submittal. This form will outline the total estimated costs of the event. If the total estimated costs do not exceed \$3,000, then no payment will be required. However, should costs exceed this threshold, then the applicant/organization will be responsible for the additional charges above and beyond \$3,000.

APPLICANT/ORGANIZATION INFORMATION

Organization: Encompass Wellness Nonprofit: Yes No
 Applicant Name: April Gandy PH: [REDACTED]
 Street Address/P.O. Box: [REDACTED]
 City/State/Zip Code: Fennville MI 49408
 E-mail: [REDACTED]
 CONTACT PERSON ON DAY OF EVENT: April Gandy PH: [REDACTED]

EVENT INFORMATION

2 Mile
 Name of Event: 5K Pride Fun Color Run
 Location of Event: Downtown Douglas - Start & end @
 Event Date(s): JUNE 6 2026 Start Time: 8:30 AM End Time: 11:00 AM
 Estimated Date/Time for: Set-Up JUNE 6 8:00 AM Clean-Up JUNE 6 11:15 AM
 Anticipated Number of Attendees: 200 Anticipated Number of Volunteers: 30
 Event Description: A Fun Walk, run color run, powdered color thrown on participants.

Close Main Street between Center & Fremont 8:00-11:30 AM

EVENT DETAILS

Street Closure: (Use attached map to outline proposed closure)

Street closure date/time: Main Street 8:00 AM Street re-open date/time: 11:30 AM

Parade: (Use attached map to outline route) Parade Type: Pedestrian Vehicle

Parade start time: _____ Parade finish time: _____

MUSIC:

Will Music be provided during this event? Yes No

If yes, type of music proposed: Live Amplification Recorded Loudspeakers

Time music will begin: 8:30 AM end: 9:30 AM

FOOD VENDORS/CONCESSIONS: (Contact Allegan County Health Department)

Will Food Vendors/Concessions be available at your event? Yes No

If yes, Provide Copy of Health Department Food Service License

ALCOHOL:

Will alcohol be served at your event? Yes No

If yes, Provide Copy of Liquor Liability Insurance (Listing the City as additional insured)

Provide Copy of Michigan Liquor Control License

Please describe measures to be taken to prohibit the sale of alcohol to minors: _____

NOTE: It shall be unlawful for any person within the City to consume intoxicating liquor of any kind in any street, alley, park, public building, or other land owned by the City, unless the consumption is authorized under a valid permit issued by the City or its authorized agent. (1995 Code, 42-166) (Ord.43, passed 6-5-1961)

EVENT SIGNAGE:

City approval is required for any temporary signage in the public right-of-way or on City property.

Please visit www.douglasmi.gov to obtain the 14 Day Temporary Sign Permit application.

FIREWORKS:

Will fireworks be a part of your event? Yes No

If yes, Provide Copy of Liability Insurance (Listing the City as additional insured)

Council Resolution will be Required – see City Clerk

TENTS/CANOPIES/BOOTHS:

Will tents/canopies be installed? Yes No

If yes, Tents – Quantity _____

Notify the Director of the Douglas Department of Public Works @ 269-857-2763 to discuss placement locations (Irrigation systems are located at Beery Field, Schultz Park, and Wades Bayou)

Fill out the Tent Inspection form found at www.saugatuckfire.org and/or call the Saugatuck Township Fire Department with questions at (269) 857-3000.

Will booths be set up? Yes, Quantity _____ No

The City of Douglas does have tables and chairs available for rental through the Downtown Development Authority – see www.douglasmi.gov for application. Pick up and drop off are the responsibility of the applicant.

REQUIRED AUTHORIZING PERSONNEL SIGNATURES:

If your event requires City services, please seek proper authorization. Applicable fees may apply depending upon the assistance required by the City. See event fee schedule for associated costs.

DEPARTMENT OF PUBLIC WORKS:

Will this event require the use of any of the following municipal equipment by a municipal employee?

- Trucks – Size _____ Qty _____
- Loaders – Tele or Regular
- Trailer – Size _____ Qty _____
- Traffic cones – Qty 20
- Trash Receptacles (limit 10) – Qty _____
- Fencing – _____ Ft.
- Water Hook Up Y N
- Barricades – Concrete Qty _____
- Electric Hook Up Y N
- Barricades – 3-bar Qty 14-16



Approved Denied
 Approved with Conditions Renome it to the "2 mile Pride Color Run"

Type 3 Berricades Qty 14-16

Authorized Personnel Signature [Signature] Date: 3/23/2026

DOUGLAS POLICE DEPARTMENT:

Will this event require additional officers & equipment? Yes No
If yes, please describe & include times: _____

Approved Denied
 Approved with Conditions PROPER BARRICADES AND STORAGE FOR STREET CLOSURE. SAFETY OF PARTICIPANTS. Plus 2 officers. Volunteers for street crossings.

Authorized Personnel Signature [Signature] Date: 03/12/26

APPLICANT/ORGANIZATION CHECK LIST

- Completed Application
- Event Map (include detailed event layout for food vendors/concessions, booths, portable restrooms, road closures, barricades, music, parade route, event signage, etc.)
- Certificate of Insurance (listing the City of Douglas as additional insured – once approved)
- Fireworks Resolution – 60 days in advance (if applicable)
- Michigan Liquor Control Commission Special Event License (if applicable)
- Health Department Food Service License (if applicable)
- Requirements for Tent Structures (if applicable)
- Department of Public Works Authorized Personnel Signature
- Police Department Authorized Personnel Signature
- Yes, I have read the City of Douglas' Event Policy

If document(s) are missing, please explain: _____

The Applicant/Organization understand and agrees to the following:

1. Provide a certificate of insurance with all coverage deemed necessary for the event, naming the City of Douglas as an additional insured on all applicable policies. The certificate shall be submitted to the City Clerk's Office no later than 1 (one) week following notice of the event approval.
2. Comply with all local and applicable State Laws and City policies. Applicant/Organization acknowledges that the special events permit does not relieve the Applicant/Organization from meeting any requirements of law or those of other public bodies or agencies applicable to the event.
3. Applicant/Organization further understands the approval of the event may include additional requirements and/or limitations based on the City's review of this application. The Applicant/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 before the event may be held.
4. Applicant/Organization 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.
5. Applicant/Organization also agrees to clean-up and leave/restore the area in the condition it was found. The City is not responsible for equipment or personal items left on public property.
6. Prohibit its organization and guests from engaging in profane or inappropriate language or actions.
7. Abide by City of Douglas Ordinance Chapter 95.01 regarding Noise Nuisances.
8. A breach of any of these understandings and agreements may result in the denial of Application or revocation of an approval of the City.

HOLD HARMLESS/INDEMNITY

1. Upon approval of Event Permit, Applicant/Organization agrees to fully defend, indemnify and hold harmless the City, its City Council, its officers, employees, agents, volunteers, and Contactors from any and all claims, demands, losses, obligations, costs, expenses, verdicts, and settlements (including but not limited to attorney fees and interest) resulting from:

- A. Acts or omissions by the Applicant/Organization, its agents, employees, servants and Contractors in furtherance of the event, including, but not limited to, acts or omissions alleged to be in the nature of gross negligence or willful misconduct. The Applicant/Organization agrees to reimburse the City for reasonable attorney fees and court costs incurred in the defense of any actions, suits, claims, or demands arising from the operations of the Applicant/Organization due to the above referenced acts or omissions.
- B. Violations of state or federal law by Applicant/Organization, its agents, employees, servants, and Contractors whether administrative or judicial, arising from the nature and extent of this Application. Permit and/or event.
- C. Other acts of Applicant/Organization or attendees causing personal injury or property damages in connection with this event, unless resulting from the sole negligence of the City, its officers, employees, or agents.

2. The Applicant/Organization agrees that it is its responsibility and not the responsibility of the City to safeguard the property and materials used in the event and the property and materials of the attendees. Further the Applicant/Organization agrees to hold the City harmless for any loss of such property and materials.

3. The Applicant/Organization shall not discriminate against any employee, or applicant for employment because of religion, race, color, national origin, age, sex, height, weight, handicap, ancestry, place of birth, sexual preference or marital status. The Applicant/Organization further covenants that it will comply with the Civil Rights Act of 1973, as amended; and the Michigan Civil Rights Act of 1976 (78. Stat. 252 and 1976 PA 453) and will require a similar covenant on the part of any consultant or sub-Contractor involved in the hosting of this event.

As the Applicant or duly authorized agent of the 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.

Printed Name of Applicant: April Glendon Date: 3-4-2026

Signature of Applicant:  Date: 3-4-2026



COMMERCIAL GENERAL AND PROFESSIONAL LIABILITY COVERAGE CERTIFICATE

IT IS AGREED THAT THIS CERTIFICATE IS ISSUED TO THE CERTIFICATE HOLDER LISTED BELOW TO CERTIFY COVERAGE UNDER THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY LISTED BELOW.

CERTIFICATE HOLDER: Encompass Wellness	POLICY NUMBER: N0221GL00000100
ADDRESS: 2902 Blue Star Hwy, Douglas, MI 49406	CERTIFICATE NUMBER: CPTNT249330
CERTIFICATE POLICY PERIOD: 03/05/2026 TO 03/05/2027 5:53 AM MST AT YOUR ADDRESS SHOWN ABOVE.	

INSURANCE COMPANY: Accelerant National Insurance Company NAMED INSURED: BEAUTY HEALTH & TRADE ALLIANCE ADDRESS: 1 North Franklin Street, Suite 900, Chicago, IL 60606
--

LIMITS OF INSURANCE	
General and Professional Aggregate Limit (Other than Products-Completed Operations)	\$3,000,000
Products-Completed Operations Aggregate Limit	\$3,000,000
Personal and Advertising Injury Limit	INCLUDED
General and Professional Each Occurrence Limit	\$2,000,000
Damage to Premises Rented to You Limit	\$300,000 Any One Premises
Medical Expense Limit	\$5,000 Any One Person

BUSINESS TYPE	
<input checked="" type="checkbox"/> Individual Technician <small>Covered Technician: April Gundy</small>	
DESCRIPTION: <input checked="" type="checkbox"/> Personal Trainer <input type="checkbox"/> Yoga Instructor <input type="checkbox"/> Dance Instructor <input type="checkbox"/> Pilates Instructor <input type="checkbox"/> Crossfit Trainer <input type="checkbox"/> Online Fitness Instructor <input type="checkbox"/> Other () <input checked="" type="checkbox"/> Group Fitness Instructor <input type="checkbox"/> Coaching <input type="checkbox"/> Referee & Umpire <input type="checkbox"/> Water Aerobics <input type="checkbox"/> Youth Fitness <input type="checkbox"/> Non-contact Martial Arts	
Entity type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership or Joint Venture <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Individual/Sole Proprietor Other:	

FORMS AND ENDORSEMENTS
THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY. THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY <small>Endorsements attached to this policy: REFER TO N GL 220 00 18 05 24</small>

ADDITIONAL COVERAGE OPTIONS – Coverage Applies When Checked

- Cupping Endorsement
- Micro-Current Endorsement
- Dietary and Nutritionist Endorsement
- Ad-hoc Endorsement
- Fitness Endorsement
- Primary, Noncontributory
- Specific Waiver of Subrogation
- Loss Payee
- Primary, Noncontributory & Waiver of Subrogation
- CG 20 11 Additional Insured – Managers or Lessors of Premises
- Earlier Notice of Cancellation Provided by Us
- 1 Year - Extended Reporting Period
- 2 year - Extended Reporting Period
- 3 Year - Extended Reporting Period
- Hired and Non-Owned Auto
- Agent changed
- Account manager changed
- 1 Year - Extended Reporting Period (SL taxed)
- 2 year - Extended Reporting Period (SL taxed)
- 3 Year - Extended Reporting Period (SL taxed)
- Waiver of Subrogation

THIS INSURANCE IS SUBJECT TO ALL THE TERMS AND CONDITIONS, INCLUDING APPLICABLE ENDORSEMENTS, OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY. A COPY OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY ACCOMPANIES THIS CERTIFICATE. ADDITIONAL COPIES WILL BE PROVIDED TO THE CERTIFICATE HOLDER UPON REQUEST. PLEASE READ THE POLICY AND ALL ENDORSEMENTS

CLAIMS/INCIDENTS REPORTING

Full detail of any incident should be sent immediately by email to Claims@ideal3.com, Phone: (844) 443-3253, Fax: (612) 230-9875, or submit via your customer dashboard.

NO ADMISSION OF LIABILITY MAY BE MADE EITHER VERBALLY OR IN WRITING

IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL OF THE TERMS OF THE POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.	PREMIUM	\$57.00
	SURPLUS LINES TAX	\$0.00
	STAMPING FEE	\$0.00
	TOTAL COST	\$57.00

Administrated By:



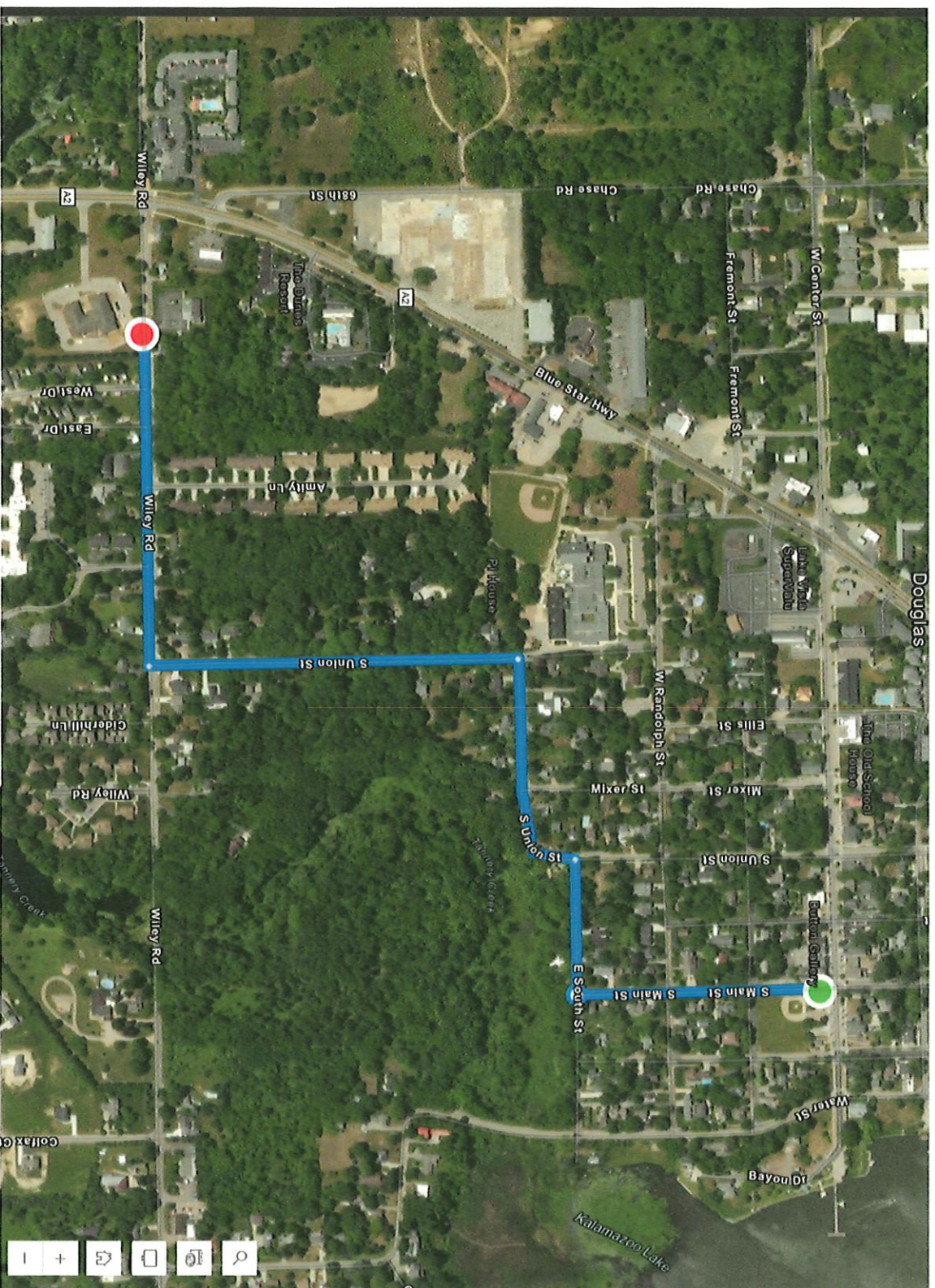
Veracity Insurance
Solutions, LLC
260 South 2500 West
Suite 303
Pleasant Grove Utah
84062
844.520.6993
info.veracityins.com

Administrator's Signature:

Michigan

"This insurance has been placed with an insurer that is not licensed by the state of Michigan. In case of insolvency, payment of claims may not be guaranteed."

Beery Field to Southstar main, turn Right (west on south) take south to a Left on Union - follow Union south - take a right (west) on Wiley. End @ 415 Wiley



Route

Directions

- 25 Main St, Douglas, ...
- 415 Wiley Rd, Dougla...

+ Add stop Edit route

Mode

Driving Time

Departure time

Leave now

Optimize order

3 min (1.6 km)

11:09 AM