

CITY OF THE VILLAGE OF DOUGLAS  
 86 West Center Street, P.O. Box 757  
 Douglas, MI 49406  
 (269) 857-1438 phone / (269) 857-4751 fax

www.douglasmi.gov  
 info@douglasmi.gov  
 Payable Online At: tinyurl.com/PayItOnline

CITY COUNCIL ACTION: Approved Denied  
 POLICE DEPARTMENT: Approved Denied  
 DEPT. PUBLIC WORKS: Approved Denied

Fee: \$50  
 Received by: N/A - Non Profit

## 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 60 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. Park reservation fee is \$50.

### APPLICANT/ORGANIZATION INFORMATION

Applicant/Organization: Rotary Club of Saugatuck Douglas PH: [REDACTED]  
 Contact Name: Helen Baldwin PH: 248 345 4215  
 Street Address/P.O. Box: P.O. Box 211 Douglas MI 49406  
 City/State/Zip Code: Douglas MI 49406  
 E-mail: [REDACTED]  
 CONTACT PERSON ON DAY OF EVENT: Helen Baldwin PH: 248 345 4215

### EVENT INFORMATION

Name of Event: Mt. Baldhead Challenge  
 Event Date(s): Sat. Sept 7, 2024 Anticipated Number of Attendees: 500  
 Purpose of Event: Support Boys & Girls Club  
 Location of Event: Start @ Oval Beach, finish @ Coogan Park  
 Event Start & End Hours: 8:45am - 3pm  
 Estimated Date/Time for Set-Up: Sep 6, 2024 9am  
 Estimated Date/Time for Clean-Up: Sep. 7, 2024 3-5pm  
 Estimated Number of Volunteers: 100

NOTE: event takes place fully in Saugatuck but runners need access through some Douglas streets.

**EVENT DETAILS**

**MUSIC:**

Will Music be provided during this event?  Yes  No

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

Time music will begin: 8am end: 3pm

**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: Bar area

fenced in, ID checked at entrance

**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, across a street, or on City property. Which of the following signs are requested for this event?

Temporary Signs: Number requested: \_\_\_\_\_ Maximum size is 2'x2' (Cannot be displayed more than 15 days prior to first day of event and must be removed 24 hours after end of event.)

Banner Signage: Maximum size is 14'x4' Saagatuh Palatke (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): Coghtin  
Description of signs: Arch, sponsor signs, course map  
(Signs at event site cannot be displayed prior to the day of the event and must be removed at the end of the event.)

Please see the City Clerk to obtain the correct application based on the event signage requested.

**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 attached sample

**TENTS/CANOPIES/MISC:**

Will tents/canopies be installed?  Yes  No

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

Fill out the Special Event Requirements for Tent Structures form and/or call the Saugatuck Township Fire Department with questions at (269) 857-3000.

Booths – Quantity \_\_\_\_\_

Tents – Quantity 120' x 30'

Awnings – Quantity \_\_\_\_\_

Tables – Quantity 10

Portable Toilets – Quantity 10

The City of Douglas does not have tents, tables, or chairs available for rental.

**MARKETING:**

How do you plan to market your event? (Example: Saugatuck/Douglas Area Convention & Visitors Bureau, Local Businesses, etc.) social media, email

**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.

**DEPARTMENT OF PUBLIC WORKS:**

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

Trash Receptacles – Quantity \_\_\_\_\_

Barricades – Quantity \_\_\_\_\_

Traffic Cones – Quantity TBD @

No Parking Signs – Quantity \_\_\_\_\_

Fencing – Quantity \_\_\_\_\_ safety

Electric

Water

mtg.

Restroom Cleaning

Approved  Denied

Approved with Conditions \_\_\_\_\_

Authorized Personnel Signature \_\_\_\_\_ Date: \_\_\_\_\_

**DOUGLAS POLICE DEPARTMENT:**

Will this event require additional officers & equipment?  Yes  No

If yes, please describe & include times: \_\_\_\_\_

Street Closure: (Use attached map to outline proposed closure) TBD @ safety mtg.

Street closure date/time: \_\_\_\_\_ Street re-open date/time: \_\_\_\_\_

Parade Type:  Pedestrian  Vehicle

Parade Route: (Use attached map to outline route)

Parade start time: \_\_\_\_\_ Parade finish time: \_\_\_\_\_

Approved  Denied

Approved with Conditions \_\_\_\_\_

\_\_\_\_\_  
*Authorized Personnel Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_

### APPLICANT/ORGANIZATION CHECK LIST

Completed Application

Event Map (include detailed event layout for food vendors/concessions, booths, portable restrooms, road closures, barricades, music, event signage, etc.)

Certificate of Insurance (listing the City of Douglas as additional insured – see sample provided)

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 (if applicable)

Police Department Authorized Personnel Signature (if applicable)

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: Helen Baldwin Date: 8/13/24

Signature of Applicant:  Date: 8/13/24

**SAME TWO COURSES!**

# MOUNT BALDHEAD CHALLENGE

THE ULTIMATE MULTI-TERRAIN RACE

**SATURDAY  
SEPTEMBER 7**

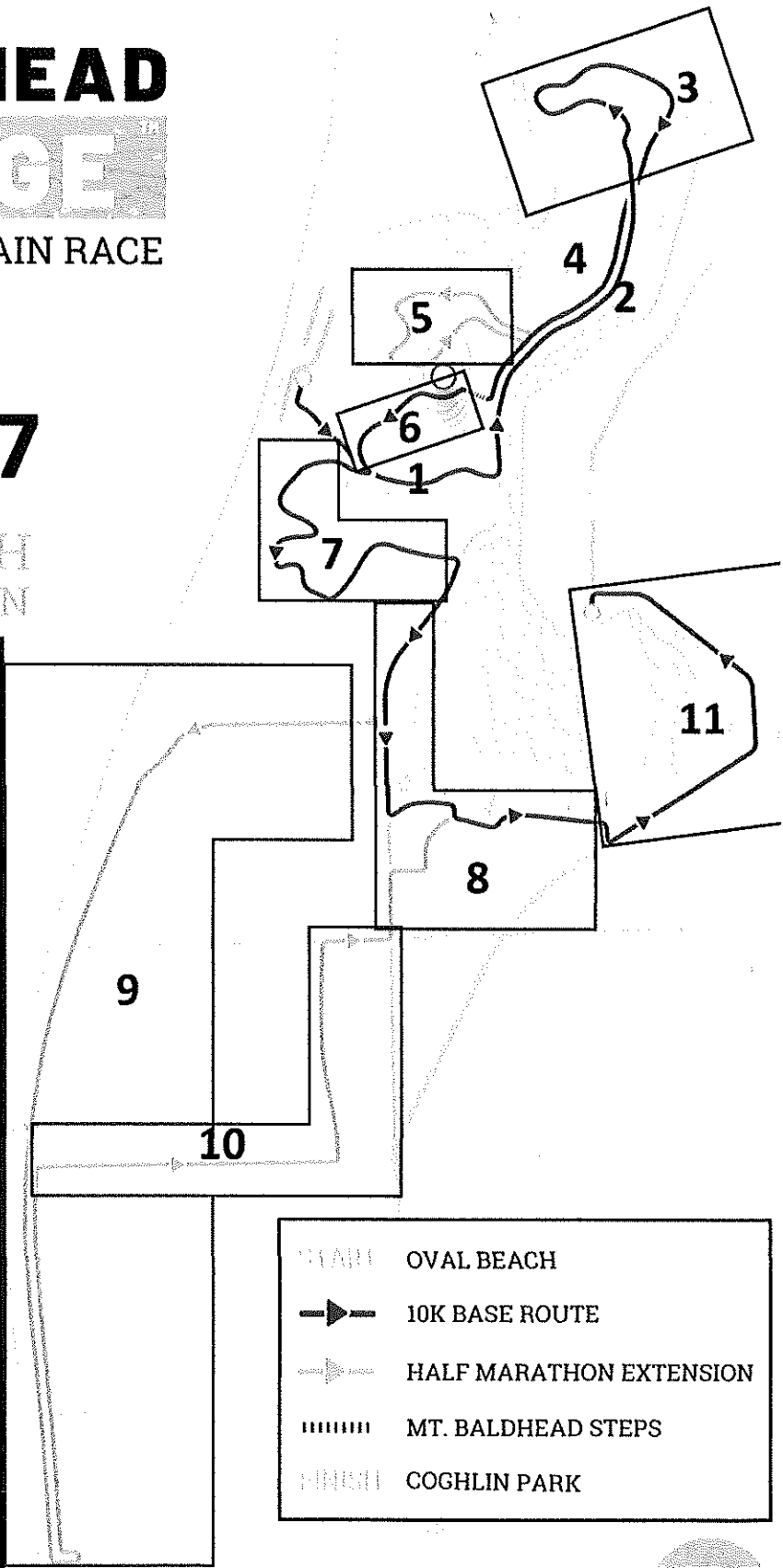
9 AM • OVAL BEACH  
SAUGATUCK, MICHIGAN

**CAT Zones**

1. Perryman to Park Street Outbound
2. Park Street to OxBow Northbound
3. OxBow/Crow's Nest Trail
4. Park Street to MBC Steps Southbound
5. Fishtown Loop Trail
6. MBC Steps to Dunegrass via Perryman
7. Dunegrass to Vine and Park Streets
8. Park thru Condos and Marina to Blue Star Hwy.
9. Campbell Rd. to Old Owl back to Wiley on LSD
10. Wiley Rd., Barker Property, Center and Ferry St.
11. Blue Star at Red Dock Boat Ramp to Finish Line

**CAT Team Assignments**

- CAT A: Zones 1-4
- CAT B: Zone 5
- CAT C: Zone 6
- CAT D: Zone 7
- CAT E: Zones 8 & 11
- CAT F: Zones 9 & 10





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
July 14, 2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008	<b>CONTACT NAME:</b> Toni Hanes <b>PHONE (A/C, No., Ext.):</b> 1-833-3ROTARY <b>E-MAIL ADDRESS:</b> rotary@ajg.com	<b>FAX (A/C, No.):</b> 630-285-4062
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  All Active US Rotary Clubs & Districts  The Rotary Club of Saugatuck-Douglas 84123 ATTN: Risk Management Dept. 1560 Sherman Ave. Evanston, IL 60201-3698	<b>INSURER A:</b> Westchester Surplus Lines Insurance Company 10172	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES                      CERTIFICATE NUMBER: 899307648                      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	G73578917 002	7/1/2023	7/1/2024	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			G73578917 002	7/1/2023	7/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	NOT APPLICABLE			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is included as an additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

<b>CERTIFICATE HOLDER</b>  The City of the Village of of Douglas, MI	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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