

RECEIVED
FEB 20 2026



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)

Date Received: 2/20/2026
CITY COUNCIL ACTION:
Approved _____ Denied _____ Date 3/16/26
POLICE DEPARTMENT ACTION:
Approved Denied _____ Date 2/24/26
DEPARTMENT OF PUBLIC WORKS ACTION:
Approved Denied _____ Date 2/23/26
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: Rotary Club of Saugatuck - Douglas Nonprofit: Yes No
Applicant Name: Helen Baldwin PH: [REDACTED]
Street Address/P.O. Box: [REDACTED]
City/State/Zip Code: Douglas, MI 49406
E-mail: [REDACTED]
CONTACT PERSON ON DAY OF EVENT: Helen Baldwin PH: [REDACTED]

EVENT INFORMATION

Name of Event: Mt. Baldhead Challenge
Location of Event: start @ Oval Beach, end @ Coghlin Park
Event Date(s): Sept. 12, 2024 Start Time: 9am End Time: 1pm
Estimated Date/Time for: Set-Up n/a Clean-Up n/a
Anticipated Number of Attendees: 650 Anticipated Number of Volunteers: 125

Event Description: Mt. Baldhead Challenge - race starts and ends in City of Saugatuck - Rotary requests permission for runners to go through parts of Douglas - course map attached - identical to prior year's.

*Called applicant and let her know we will need updated Cert. of Liab. Ins. prior to event (for this and Duck Dash). 1

EVENT DETAILS

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

Street closure date/time: _____ Street re-open date/time: _____

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: _____ end: _____

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/BOOTHES:

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:

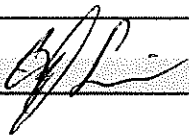
If your event requires City services, please seek proper authorization. Applicable fees may apply depending upon the assistance required by the City. See event fee schedule for associated costs.

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 _____
- Trash Receptacles (limit 10) – Qty _____
- Traffic cones – Qty _____
- Fencing – _____ Ft.
- Water Hook Up Y N
- Barricades – Concrete Qty _____ 
- Electric Hook Up Y N
- Barricades – 3-bar Qty _____ 

- Approved Denied
- Approved with Conditions _____

Authorized Personnel Signature  Date: 2/23/2026

DOUGLAS POLICE DEPARTMENT:

Will this event require additional officers & equipment? Yes No

If yes, please describe & include times: _____

PLUS 2 / TRAFFIC

- Approved Denied
- Approved with Conditions _____

PRE MEETING FOR POLICE

AND DFW THIS YEAR.

Authorized Personnel Signature  Date: 02/24/26

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 Contractors 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: Feb. 20, 2024

Signature of Applicant:  Date: Feb 20, 2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

PRODUCER Hylant Group Inc. 811 Madison Ave. Toledo, OH 43604	CONTACT NAME: Sara Humphries / Macy Gorrell
	PHONE (A/C, No, Ext): (419) 259-2710 FAX (A/C, No): (419) 255-7557 E-MAIL ADDRESS: Rotary@hylant.com
INSURED All Active U.S. Rotary Clubs & Districts ATTN: Risk Management Dept. 1560 Sherman Avenue Evanston, IL 60201	INSURER(S) AFFORDING COVERAGE
	INSURER A: Westchester Surplus Lines Ins NAIC # 10172
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		G73578917 004	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$ 2,000,000
A	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		G73578917 004	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE 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.

CERTIFICATE HOLDER City of Douglas P.O. Box 757 Douglas MI 49406	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Judy K. Wilson</i>
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MT. BALDHEAD CHALLENGE

RACE ROUTES

Legend

- Water Stations
- Restrooms
- Radio Positions
- 10k+
- 1/2 Marathon

**Re-Route
through Isabel's
to Ferry Street**

