



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:

Rec'd 7/11/24

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: Douglas Congregational United Church of Christ PH: 269.857.2085
 Contact Name: Mark Johnston PH: _____
 Street Address/P.O. Box: 56 Wall Street PO Box 519
 City/State/Zip Code: Douglas, MI 49406
 E-mail: _____
 CONTACT PERSON ON DAY OF EVENT: Mark Johnston PH: _____

EVENT INFORMATION

Name of Event: Douglas UCC Block Party
 Event Date(s): August 4 Anticipated Number of Attendees: 150-200
 Purpose of Event: Douglas UCC Thank You to Our Community
 Location of Event: Spring Street between Wall and Chestnut
 Event Start & End Hours: 11:30 AM - 1:30 PM
 Estimated Date/Time for Set-Up: 7:00 AM - 11:30 AM
 Estimated Date/Time for Clean-Up: 1:30 PM - 2:00 PM
 Estimated Number of Volunteers: 40-50

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: 11:30 AM end: 1:30 PM

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: Request street barriers with 'Street closed' signs at Spring/Wall and Spring/Chestnut
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'
(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): _____
Description of signs: _____
(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: 2 Tents will be placed on church property

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)

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 _____
- Awnings – Quantity _____
- Tables – Quantity _____
- Portable Toilets – Quantity _____

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.) Posters placed in local businesses

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 2
- Traffic Cones – Quantity _____
- No Parking Signs – Quantity _____
- Fencing – Quantity _____
- Electric
- Water
- 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: Request officer presence from

11:30 AM to 1:30 PM

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

Street closure date/time: 7:00 AM Street re-open date/time: 2:00 PM

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.

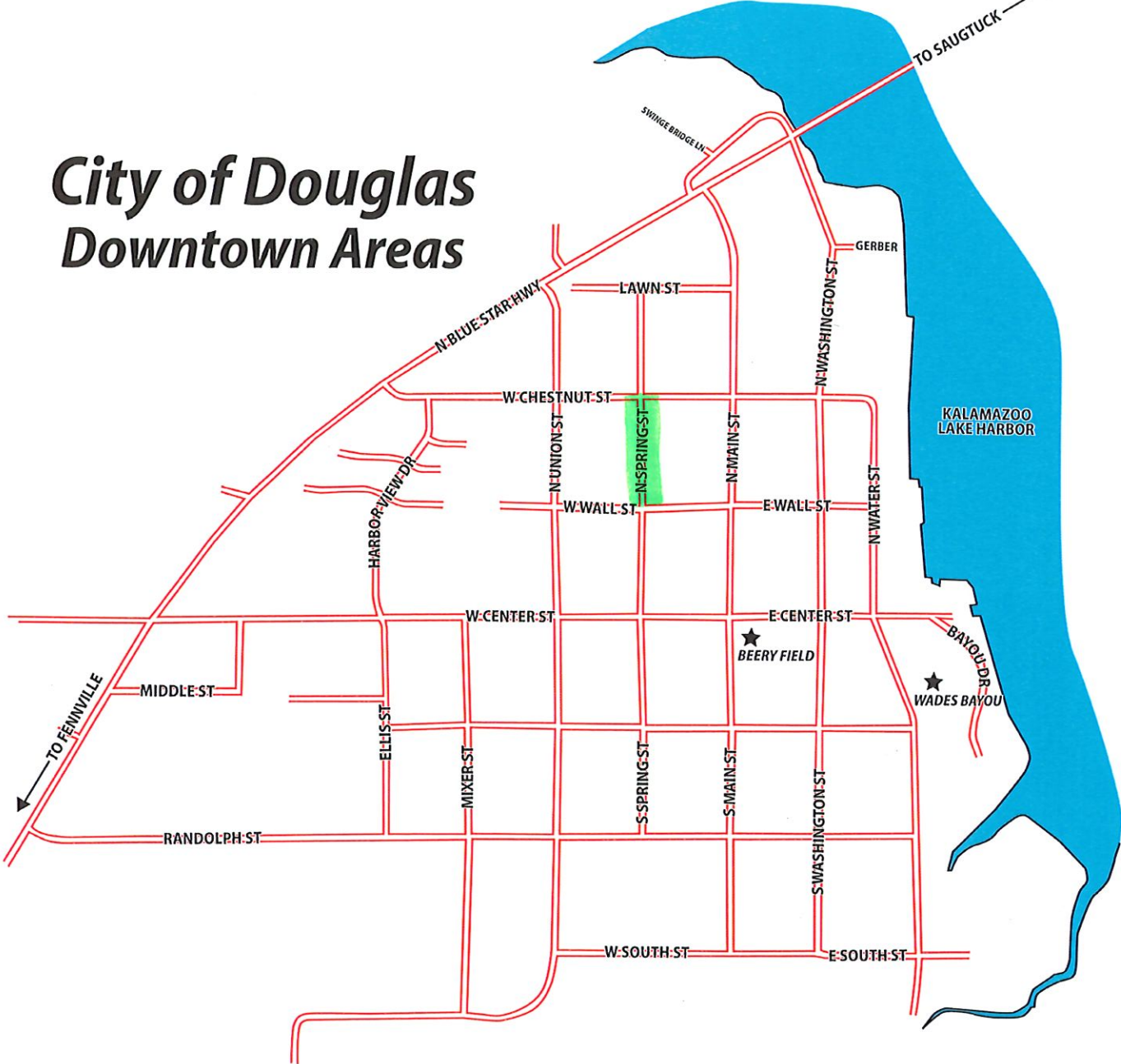
3. The Applicant/Organization shall not discriminate against any employee, or applicant for employment because of religion, race, color, national origin, age, sex, height, weight, handicap, ancestry, place of birth, sexual preference or marital status. The Applicant/Organization further covenants that 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: Mark Johnston Date: 7/10/24

Signature of Applicant: Mark Johnston RLM Date: 7/10/24

City of Douglas Downtown Areas





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/10/2024

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 Marsh & McLennan Agency LLC 110 Franklin Road, Suite 1100 Roanoke VA 24011	CONTACT NAME: PHONE (A/C, No, Ext): (269) 965-3221		FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURED K006300 Douglas Congregational UCC PO Box 519 Douglas, MI 49406	WORGEA		INSURER(S) AFFORDING COVERAGE
	INSURER A: Lexington Insurance Company		NAIC # 19437
	INSURER B: Lexington Insurance Company		NAIC # 19437
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 1610134274

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.

INSTR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		11971558 048409888	1/1/2024 1/1/2024	1/1/2025 1/1/2025	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ 5,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						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				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)
 Please contact your Insurance Board Agent, Worgess Agency, Inc dba Worgess Insurance & Financial Services at 269-965-3221 for questions regarding your Certificate of Insurance. If you would like to speak to someone at the Insurance Board, please call 800-437-8830.
 Re: 8/3/24 Block Party
 The Certificate Holder is included as Additional Insured under the General Liability if required per written or oral contract.

CERTIFICATE HOLDER**CANCELLATION**

City of Douglas
 86 W. Center St.
 Douglas MI 49406

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

H. Andrew Perry

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