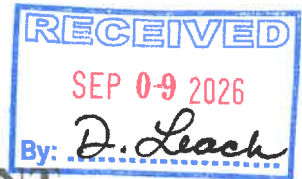


**CITY OF MACKINAC ISLAND
PERMIT APPLICATION FOR
PARADE OR COMPETITIVE EVENT**



As prescribed under Provisions of City of Mackinac Island Ordinance No. 273

**West Michigan Bootscoters Dancing*

Name of Applicant: Emily Delperdang | Mackinac Island Tourism Bureau

Address: Po Box 451 Mackinac Island MI 49757
(P.O. Box) (Street) (City) (State) (Zip)

Phone Number: (906) 430 - 4080
(Phone)

Name of Group or Organization Sponsoring the Event: _____
Mackinac Island Tourism Bureau

Address: Po Box 451 Mackinac Island MI 49757
(P.O. Box) (Street) (City) (State) (Zip)

Group Status: _____ Profit ☒ Non-Profit

Type of Event: ☒ Parade _____ Competitive Event

Date of Event: Saturday, October 3rd Time of Event: 5:30pm 7:30pm
(Day) (Date) (Start) (End)

Location of Event (starting and ending locations and proposed route): _____

Market Street in front of the Stuart House for line dancing in the streets

Name of Liability Insurance Company: Cheeseman Insurance Agency

Policy or Binder Number: 924670-33588064-25 Amount of Coverage: \$2,000,000

Applicant Signature

9/7/26
Date

Application Received: 9/9/26 Fee Received: _____ Ck #: _____

Approved: _____ Denied: _____ By: Council



LIABILITY WAIVER

It is hereby understood that the person, organization, or group applying for or sponsoring the event described on the permit application agrees to hold harmless the City of Mackinac Island, its several agents, agencies, or officers either in said agent's, agencies' or officers' public or private capacity, against any claim for property or personal injury due to participation in the proposed event. It is also understood that any participants in the proposed event likewise will hold harmless in the above particulars the above named individuals. It is also understood that the person, organization or group sponsoring this event shall have informed each and every individual participant of the hold harmless agreement, and in addition thereto, shall inform each participant in unambiguous language and prior to the event that he/she participates at their own risk.

[Signature]
Signature of Permit Applicant

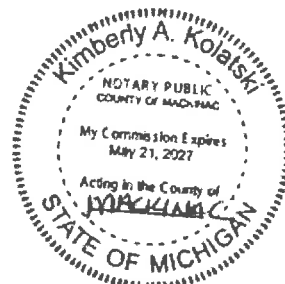
9/7/26
Date

Mackinac Island Tourism Bureau
Representing (Name of Group or Organization)

Subscribed and sworn before me, this 7 day of September,
2026, a Notary Public in and for Mackinac County, Michigan.

[Signature]
Signature of Notary Public

05/21/2027
My Commission Expires



Note: This liability waiver must be completed and attached to the permit application for parade or competitive event and submitted to the Mackinac Island City Clerk.