

AGENDA
ISHPEMING CITY COUNCIL SPECIAL MEETING
Wednesday, November 15, 2017 at 10:00 a.m.
Ishpeming City Hall, 100 E. Division Street, Ishpeming, MI 49849
City Hall Telephone Number: 906-486-1091

Meeting Called to Order

Roll Call

Agenda Comment

AGENDA ITEMS

1. Health Insurance per Public Act 152 of 2011
2. Special Event Application - Ishpeturkey Trot: November 23, 2017
3. Special Event Application and Parade Permit – Christmas Parade – November 24, 2017
And Sleigh Rides Thursday Nights thru December 21st
4. 2018 Budget Workshop

Adjournment



Mark Slown
City Manager

CITY OF ISHPEMING

SPECIAL EVENT APPLICATION

Please complete this application and return it to the City Manager's Office at least 30 calendar days prior to the starting date of the event.

Organization's Name Gauthier Insurance Phone 485-6391

Organization Address 219 S. Main Street

Organization's Agent Erin Gauthier Phone 302-4342

Agent's Title Acct Executive

Agent's Address 37 Lakewood Lane, Ishpeming

Event Name Ishpeming Turkey Trot

Event purpose Gather family + friends on Thanksgiving Day to enjoy our outdoors (while walking or running) + raising funds to feed those who are hungry

Event Dates 11/23

Event Times 9 am

Event Location Iron Ore Heritage Trail
IHS to Maize (point to point)

1. Type of Event:

- ☐ City Operated Event ☐ Co-Sponsored Event
☐ Other Non-Profit Event ☒ Other For-Profit Event
☐ Political or Ballot Issue Event

All Proceeds to Feeding America

2. Annual Event: Is this event expected to occur next year? [YES] ☒ [NO]

If yes, you can reserve a date for next year with this application. To reserve dates for next year, please provide the following information:

Normal Event Schedule Thanksgiving Day
Next year's Specific Dates: Thanksgiving Thursday

3. An Event Map [Is] ☒ [Is Not] attached. If your event will use streets and/or sidewalks (for a parade, run, etc.) or will use multiple locations, please attach a complete map showing the assembly and dispersal locations and the route plan. Also please show any streets or parking lots that you are requesting to be blocked off.

4. Vendors: Food Concessions? [Yes] ☒ [No] Other vendors? [Yes] ☒ [No]

5. Event signs: Will this event include the use of signs? [Yes] ☒ [No]

6. Other Requests: Start + Finish sign, banners for road crossings, cones

7. CERTIFICATION AND SIGNATURE: I understand and agree on behalf of the sponsoring organization that:

a. A certificate of Insurance must be provided which names the City of Ishpeming as an additional named insured party on the policy.

b. Event organizers and participants will be required to sign Indemnification Agreement forms.

c. All food vendors must be approved by the Marquette County Health Department and each food vendor must provide the City with a Certificate of Insurance which names the City as an additional named insured on the policy.

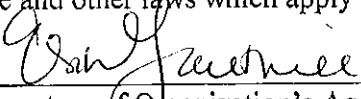
d. All liquor vendors must obtain a liquor license for the event which must be approved by the Michigan Liquor Control Commission and must provide the City with a Certificate of Insurance which names the City as an additional named insured on the policy.

e. The approval of this special event may include additional requirements based on the City's review of this application in accordance with the City's Special Event Policy. The event will be operated in conformance with the written confirmation of approval.

f. The organization will provide a security deposit for the estimated fees as may be required by the City and will promptly pay any billing for City services which may be rendered.

As the duly authorized agent of the organization, I hereby apply for approval of this Special Event, affirm the above understandings, and agree that my sponsoring organization will comply with the City's Special Event Policy, the terms of the Written Confirmation of Approval, and all other City requirements, ordinance and other laws which apply to this Special Event.

11/13/17
Date


Signature of Organization's Agent

Return this Application at least thirty (30) days prior to the first day of the event to:

City Manager's Office
City Hall
E. Division Street
Ishpeming, Michigan 49849

CITY OF ISHPEMING

SPECIAL EVENT APPLICATION

Please complete this application and return it to the City Manager's Office at least 30 calendar days prior to the starting date of the event.

or Rich Dalton 204-0766

Organization's Name Ishpeming Business Assn. Phone 486-8680

Organization Address 121 S. Main St. (w/ Wilderness Sports)

Organization's Agent David Aew/sandee Phone 486 8680

Agent's Title IBA member Sundquist

Agent's Address As above

(Horse-drawn wagon rides)

Event Name Ishpeming Christmas Parade + Christmas

Event purpose Enhance the Christmas Events on Th. even.
Spirit in downtown Ishpeming. Visit Santa
+ Mrs. Claus.

Event Dates Friday 11/24, Th. 11/30, 12/7, 12/14, 12/21

Event Times 6PM - 8 PM in ea. case

Event Location Parade: Bluff @ Main, north to Old Ish.
area of Main St.; Th. even: Main St. and
blk. of Pearl & Front just W. of Main,

1. Type of Event: and Pine St. between

- ☐ City Operated Event ☒ Co-Sponsored Event
☐ Other Non-Profit Event ☐ Other For-Profit Event
☐ Political or Ballot Issue Event

- The Th. even
any ride route may
change to Cleveland Ave
and will obey rules of
the road.

old
Ishp
Tim
Pearl

2. Annual Event: Is this event expected to occur next year? ☒ [YES] ☐ [NO]

If yes, you can reserve a date for next year with this application. To reserve dates for next year, please provide the following information:

Normal Event Schedule Day after Thanksgiving

Next year's Specific Dates: _____

3. An Event Map [Is] ☐ [Is Not] ☒ attached. If your event will use streets and/or sidewalks (for a parade, run, etc.) or will use multiple locations, please attach a complete map showing the assembly and dispersal locations and the route plan. Also please show any streets or parking lots that you are requesting to be blocked off.

4. Vendors: Food Concessions? [Yes] ☒ [No] ☐ Other vendors? [Yes] ☐ [No] ☒

5. Event signs: Will this event include the use of signs? [Yes] ☐ [No] ☒

6. Other Requests: Sawhorses to control traffic
and cones for "no PKG." signs

7. CERTIFICATION AND SIGNATURE: I understand and agree on behalf of the sponsoring organization that:

- a. A certificate of Insurance must be provided which names the City of Ishpeming as an additional named insured party on the policy.
- b. Event organizers and participants will be required to sign Indemnification Agreement forms.
- c. All food vendors must be approved by the Marquette County Health Department and each food vendor must provide the City with a Certificate of Insurance which names the City as an additional named insured on the policy.
- d. All liquor vendors must obtain a liquor license for the event which must be approved by the Michigan Liquor Control Commission and must provide the City with a Certificate of Insurance which names the City as an additional named insured on the policy.
- e. The approval of this special event may include additional requirements based on the City's review of this application in accordance with the City's Special Event Policy. The event will be operated in conformance with the written confirmation of approval.
- f. The organization will provide a security deposit for the estimated fees as may be required by the City and will promptly pay any billing for City services which may be rendered.

As the duly authorized agent of the organization, I hereby apply for approval of this Special Event, affirm the above understandings, and agree that my sponsoring organization will comply with the City's Special Event Policy, the terms of the Written Confirmation of Approval, and all other City requirements, ordinance and other laws which apply to this Special Event.

11/2/16
Date

David Allen
Signature of Organization's Agent

Return this Application at least thirty (30) days prior to the first day of the event to:

City Manager's Office
City Hall
E. Division Street
Ishpeming, Michigan 49849



PARADE PERMIT APPLICATION FORM

I, David Allen, an official representative of (Name of Organization)

Ishpeming Business Association

hereby make application to conduct a parade on (date) Fri 11/24/17. It will begin at

6pm and end at Cross w/ Santa + Mrs. Clark end by

The parade will form at (location) Main St., BLUFF to Old Ish & on

Line of march will be as follows (List Streets and Directions).

Northbound on Main, crossing Johnson,
Division, Pearl and Front/Cleveland

I wish to have parking restricted on the following streets: by 11pm, +/-

I wish to have the following intersections blocked: Pearl, + control
traffic on Division. Parade takes 10 mins, +/-

Estimated number of units to be in the parade: 15 to pass

Equestrian (horse) units: 0

Number of people provided to monitor the parade: 10

We understand that the parade route, parking restrictions, and street intersections to be blocked are subject to review and approval by officials of the City. It is also understood that the assignment of City personnel will be subject to review by the proper City officials.

I, hereby, assume full responsibility for the conduct of this parade.

Signature of Applicant: David L. Allen

APPROVED BY:

Chief of Police: _____ City Clerk: _____

From
Range
Agency
Policy