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## A G E N D A

### CITY COMMISSION MEETING

Monday, February 2, 2015

7:00 PM

1. Call to Order.
2. Pledge of Allegiance.
3. Roll Call.
4. Announcements, Acknowledgments and Communications and Reports.

Presentation of Proclamation to the Military Order of The Purple Heart Designating the City of Mount Clemens "A Purple Heart City".

Presentation of the City of Mount Clemens "Local Treasure" Award to Bill Mangan/Mangan's Irish Hut and Thelma Ullrich.

5. Adoption of Agenda.
6. Public Participation.
7. Administrative Response to Issues or Questions Raised During Previous Meetings.
8. Approval of Minutes.
9. General Business.

9-A - A Discussion of Interest or Intent to Revise or Amend the Mount Clemens City Charter.

9-B - Request Approval to Enter into an Agreement with Clinton River Canoe & Kayak Rentals for Use of the Marina Bath House and Shadyside Park.

9-C - Request Approval to Hold the Ashes-To-Go Event on Wednesday, February 18, 2015.

9-D - Approve Purchases and Payment of Invoices.

10. Consent Agenda.

10-A - Request to Allow the Knights of Columbus to Conduct Charitable Solicitations for their 2015 Tootsie Roll Drive on March 27-29, 2015.

10-B - Request Approval of the 2nd Annual Rubber Duck Derby on June 6, 2015.

11. City Manager's Report.

12. Commissioners' Comments.

13. Executive Session

13-A – To Consult with Attorney Regarding Pending Litigation.

13-B – To Consider Collective Bargaining Strategy.

14. Adjournment.

The City of Mount Clemens will provide necessary reasonable auxiliary aids and services, such as signers for the hearing impaired and audiotapes of printed materials being considered at the meeting, to individuals with disabilities at the meeting/hearing upon one week-notice to the City of Mount Clemens. Individuals with disabilities requiring auxiliary aids should contact the City of Mount Clemens by writing or calling the following:

City Clerk's Office  
One Crocker Boulevard  
Mount Clemens, Michigan 48043  
586.469.6818, Extension 310  
911 - TDD

## EXPLANATION OF AGENDA (REVISED) – February 2, 2015

### Administrative Response to Issues or Questions Raised During Previous Meetings

#### 1. Sidewalk Concerns

I anticipate bringing the prospect of implementing a Sidewalk Program forward for consideration in March. Mayor Pro Tem Blash mentioned the issue of requiring property owners to install a sidewalk if one is not present currently; that is an example of programmatic decisions that will need to be made if there is support for implementing a program.

In terms of snow and ice removal from sidewalks, Administration has placed a snow ordinance reminder/FYI on the homepage of the City website which informs property owners of their responsibilities and offers information on how to report issues. The text is copied below:

#### **Attention Mount Clemens Property Owners/Occupants!**

The snow is falling and with it comes responsibilities. Snow and ice is to be removed from sidewalks by property owners/occupants within 24 hours of a snow event in order to facilitate pedestrian use of the sidewalks. In fact, property owners without a sidewalk are also required to clear a path for pedestrians to use.

Failure to meet this requirement is a violation of City Ordinance and the City can issue a violation and/or clear the sidewalk or path and pass the cost on as a lien against the property.

Anyone with a complaint about a sidewalk in Mount Clemens that has not been cleared of ice and snow 24 hours after a snow event can contact Community Development at (586) 469-6818, extension 2.

#### 2. 217 N. Walnut Cleanup

The bid award for the demolition/cleanup of this property is included with the Purchases and Payment of Invoices Agenda Item this evening.

#### 3. Roll Call Votes

City Commission roll call votes are to be handled consistent with the language in the City Charter - 10.127 – Sec. 90, item 4:

“In all roll call votes the names of the members of the Commission shall be called in alphabetical order and the name to be called first shall be advanced one position alphabetically in each successive roll call vote.”

**CITY COMMISSION WORK SESSION**

**County of Macomb  
State of Michigan**

**January 20, 2015  
Conference Room**

A work session of the Mount Clemens City Commission was held on Tuesday, January 20, 2015 at 6:15 p.m. The meeting was held in the Conference Room of the Municipal Building, One Crocker Boulevard, Mount Clemens, Michigan. Present at this meeting were Mayor Barb Dempsey, and Commissioners Gary Blash, Roger Bunton, Ronald Campbell, Lois Hill, Denise Mentzer, and Joseph Rheker. Also in attendance were Steven Brown, City Manager; Michael Murray, City Attorney; and Lisa Borgacz, City Clerk.

**PUBLIC PARTICIPATION WAS CONDUCTED.**

**DISCUSSION REGARDING MASTER PLAN UPDATE WAS CONDUCTED.**

Commissioner Blash made a motion, supported by Commissioner Bunton to adjourn the meeting. The motion passed unanimously.

The meeting adjourned at 6:50 p.m.

Respectfully submitted,

---

Barb Dempsey, Mayor

---

Lisa Borgacz, City Clerk

## **CITY COMMISSION MEETING**

**County of Macomb  
State of Michigan**

**January 20, 2015  
Commission Chambers**

A regular meeting of the Mount Clemens City Commission was held on Tuesday, January 20, 2015, at 7:00 p.m. The meeting was held in the Commission Chambers of the Municipal Building, One Crocker Boulevard, Mount Clemens, Michigan. Present at this meeting were Mayor Barb Dempsey and Commissioners Gary Blash, Roger Bunton, Ronald Campbell, Lois Hill, Denise Mentzer and Joseph Rheker. Also in attendance were Steven Brown, City Manager; Michael Murray, City Attorney; and Lisa Borgacz, City Clerk.

The meeting was called to order at 7:00 p.m.

### **ANNOUNCEMENTS, ACKNOWLEDGEMENTS, COMMUNICATIONS AND REPORTS WERE ADDRESSED, ITEM 4.**

### **THE ADOPTION OF THE AGENDA WAS CONSIDERED, ITEM 5.**

Commissioner Rheker made a motion, supported by Commissioner Bunton, to approve the agenda as amended:

1. Agenda Item 9-A, Approval of the Sale of the Vacant City Owned Lot at 95 Inches, was removed from the Agenda.
2. Consent Agenda Item 10-A was moved to General Business Item 9-D
3. Consent Agenda Item 10-C was moved to General Business Item 9-E

The motion passed unanimously.

### **PUBLIC PARTICIPATION WAS CONDUCTED, ITEM 6.**

### **ADMINISTRATIVE RESPONSE TO ISSUES OR QUESTIONS RAISED DURING PREVIOUS MEETINGS WERE RECEIVED, ITEM 7.**

### **APPROVAL OF MINUTES WAS CONSIDERED, ITEM 8.**

Commissioner Mentzer made a motion, supported by Commissioner Bunton, to approve the minutes of the City Commission Regular meeting of January 5, 2015, as presented. The motion passed unanimously.

### **APPROVAL IN SUPPORT OF A STRATEGIC PLANNING PROCESS WAS CONSIDERED, ITEM 9-B.**

Commissioner Rheker made a motion, supported by Commissioner Hill, to direct the City Manager to engage SEMCOG as the facilitator of a strategic planning process for the City of Mount Clemens. The motion passed unanimously.

January 20, 2015

**APPROVAL OF PURCHASES AND THE PAYMENT OF INVOICES WERE CONSIDERED, ITEM 9-C.**

Commissioner Bunton made a motion, supported by Commissioner Blash, to approve purchases and payment of invoices as presented. The motion passed unanimously.

**APPOINTMENTS TO BOARDS, COMMITTEES AND COMMISSIONS WERE CONSIDERED, ITEM 9-D.**

Commissioner Rheker made a motion, supported by Commissioner Blash, to approve the following appointments:

Catherine Anderson was appointed to the Beautification Advisory Committee for a 3-year term, which expires June 30, 2018.

Grant Anderson was appointed to the Beautification Advisory Committee for a 3-year term, which expires June 30, 2018.

The motion passed unanimously.

**APPROVAL OF THE FISCAL YEAR (FY) 2015 SPECIALIZED SERVICES OPERATING ASSISTANCE PROGRAM THIRD-PARTY CONTRACT BETWEEN SUBURBAN MOBILITY AUTHORITY FOR REGIONAL TRANSPORTATION (SMART) AND THE CITY OF MOUNT CLEMENS WAS CONSIDERED, ITEM 9-E.**

Commissioner Bunton made a motion, supported by Commissioner Hill, to approve the FY 2015 Specialized Services Operating Assistance Program Third-Party contract between SMART and the City of Mount Clemens as presented; and to authorize the execution of the contracts by the appropriate City officials. The motion passed unanimously.

**THE CONSENT AGENDA WAS CONSIDERED, ITEM 10.**

Commissioner Hill made a motion, supported by Commissioner Blash, to approve the consent agenda as amended:

In Item 10-B, a request for a resolution for a blanket permit for general road maintenance within Macomb County right-of-way for the period beginning February 1, 2015 and ending February 1, 2019; and to authorize the City Manager to sign the application, was approved.

In Item 10-D, a request to hold the 5<sup>th</sup> Annual Macomb Health and Fitness Foundation “Let’s Move Festival of Races” on Friday, April 24, 2015 and Saturday, April 25, 2015 with the necessary road closures to be coordinated with the Department of Public Services, was approved.

The motion passed unanimously.

**THE CITY MANAGER’S REPORT WAS GIVEN, ITEM 11.**

**COMMISSIONERS’ COMMENTS WERE RECEIVED, ITEM 12.**

January 20, 2015

Commissioner Blash made a motion, supported by Commissioner Bunton, to adjourn the meeting. The motion passed unanimously.

The meeting was adjourned at 8:10 p.m.

Respectfully submitted,

---

Barb Dempsey, Mayor

---

Lisa Borgacz, City Clerk

**EXPLANATION OF AGENDA – February 2, 2015**

**Agenda Item No. 9-A**

**A Discussion of Interest or Intent to Revise or Amend the Mount Clemens City Charter**

According to a memorandum issued by City Attorney Michael J. Murray, and dated September 3, 2014, the City Charter may be amended at any time in the manner provided by statute. (This memorandum has been included under separate cover.)

The Michigan Supreme Court declared that *Charter Revision* implies re-examination of the entire document and to recreate it without obligation to maintain the form, scheme or structure of the former charter. A revision will require an election of a 9-member charter commission.

*Charter Amendment* implies that the general plan and scope of the City Charter will be maintained, with correction to details.

**SUBMITTED BY:** Denise Mentzer, City Commissioner  
Joseph Rheker, City Commissioner

**RECOMMENDED MOTION:** To discuss interest in revising or amending the Mount Clemens City Charter.

**EXPLANATION OF AGENDA – February 2, 2015**

**Agenda Item No. 9-B**

**Request Approval to Enter into an Agreement with Clinton River Canoe & Kayak Rentals for Use of the Marina Bath House and Shadyside Park**

On January 27, 2015, the Harbor Commission made a recommendation that the City enter into a Concession Agreement with Clinton River Canoe & Kayak Rental for the 2015 season. The enclosed Concession Agreement would run from April 1, 2015 through October 31, 2015. This agreement is identical to the 2014 agreement. In lieu of rental paid to the City, the contractor will be responsible for any maintenance and cleaning of restrooms. This agreement can be terminated by either party with 30 days written notice.

**SUBMITTED BY:**

Brian L. Tingley  
Community Development Director

**RECOMMENDED MOTION:**

Approve the Agreement for use of the Marina Bath House and Shadyside Park for canoe and kayak rental between the City of Mount Clemens and Clinton River Canoe and Kayak Rentals; and to authorize the Mayor and City Clerk to execute the same.

**CONCESSION AGREEMENT  
FOR CANOE AND KAYAK RENTAL**

**THIS AGREEMENT** made and entered into this \_\_\_\_ day of \_\_\_\_\_, 2015, between the **CITY OF MOUNT CLEMENS**, a Michigan Municipal Corporation, whose address is One Crocker Boulevard, Mount Clemens, MI 48043, hereinafter referred to as “*City*”, and **OUTDOOR ESCORTS, LLC**, a Michigan Limited Liability Company, d/b/a **CLINTON RIVER CANOE & KAYAK RENTALS**, whose address is 916 Highlander, Lake Orion, MI 48362, hereinafter referred to as “*Contractor*”.

**WITNESSETH:** That the City, for and in consideration of the covenants and agreements hereinafter contained and made on the part of the Contractor, does hereby contract with Contractor for use by Contractor, the premises known and described as:

**Mount Clemens Municipal Marina Bath House, located off Northbound Gratiot Avenue, in downtown Mount Clemens, Michigan 48043; and**

**Mount Clemens Shadyside Park, located off Clinton River Drive, east of Northbound Gratiot along the banks of the Clinton River in Mount Clemens, Michigan 48043.**

to be used explicitly for:

**Providing Canoes and Kayaks, including all associated safety and paddling equipment, for rent to park visitors, by Contractor staff, and the sale of prepackaged food and beverages incidental thereto.**

The term of this Agreement shall be one season, commencing April 1, 2015 and expiring on October 31, 2015.

**NOW, THEREFORE, in consideration of the foregoing covenants and agreements, the parties HEREBY AGREE as follows:**

**1. Payment and Term.**

a. In lieu of monthly rent, Contractor shall provide and pay for exterior and landscaping improvements to the premises. Provided, however, all such improvements shall be reviewed and approved by City prior to commencement of the same.

b. Both parties agree that Contractor will collect all rental monies and provide documentation of the same to City upon written request.

c. On or before the 15<sup>th</sup> of each and every month during the term of this Agreement, the Contractor will furnish the City a report stating the number of rentals for the previous month.

**2. City Responsibilities.**

- a. City will supply the use of the Bath House located in the Mount Clemens Municipal Marina as a take-out location for Contractor services.
- b. City will provide Contractor with keys to access Bath House and the restrooms located therein.
- c. Restrooms will be open for public use.

**3. Contractor Responsibilities.**

- a. Contractor will handle the day-to-day rentals of vessels.
- b. Contractor will supply U.S. Coast Guard approved personal floatation devices (PFD's) equal to the maximum authorized capacity of the watercraft.
- c. Contractor will supply paddles and other equipment deemed appropriate.
- d. Contractor is responsible for maintenance and/or replacement of all equipment and will provide City with proof of yearly safety inspections for the same and be solely responsible for costs of the same.
- e. Contractor agrees to remove all equipment from the exterior of the premises at the end of each work day.
- f. Contractor agrees to remove any business related refuse and/or debris from the premises at the conclusion of each work day.
- g. Contractor shall be responsible for maintenance and cleaning of restrooms.
- h. Contractor shall follow the City's ordinance 20.017, prohibiting alcohol possession and consumption on City property, unless approved by the City Commission.

**4. Liability.** Contractor is required to provide proof of the minimum levels of insurance coverage as hereinafter set forth on Exhibit "A" attached hereto and made a part hereof by reference. The purpose of this coverage shall be to protect the City from claims which may arise as a result of this Agreement.

Contractor hereby releases, waives, discharges and covenants not to sue, the City, officers, officials, employees and agents, from any and all liability to Contractor, its officers, employees and agents for all losses, injury, death or damage, and any claims or demands therefore, on account of injury to person or property, or resulting in death of Contractor, its officers, employees or agents, whether caused by the City, its officers, officials, employees or agents, in reference to the activities of this Agreement.

Insurance shall be written for not less than any minimum coverage herein specified or required by law, whichever is greater. All deductibility amounts for any of the required policies must be approved by the City.

The City reserves the right to reject insurance written by an insurer the City deems unacceptable.

Before starting work or services, Contractor must provide and maintain during the term of this Agreement and any renewal thereof, certificate(s) of insurance verifying insurance coverage. All such certificate(s) are to be prepared and submitted by the Insurance Carrier and not by the Contractor. All such certificate(s) shall contain a provision indicating that coverages afforded under the policies will not be cancelled or materially changed without thirty (30) days written notice having been given to City. Such insurance must include as an additional insured: **“The City of Mount Clemens, including all elected and appointed officials and employees and all other individuals working on behalf of the City are named as additional insured and said coverage shall be considered to be the primary coverage rather than any policies and insurance or self-insurance retention owned or maintained by the City of Mount Clemens”**.

**5. Indemnification.** To the fullest extent permitted by law, Contractor shall indemnify and hold harmless City and its officers, officials, employees and agents from and against all claims, damages, losses in full and/or in part by any negligent act or omission of the Contractor, any sub-contractor, any person directly or indirectly employed by any of them, or any person for whose acts any of them may be liable (including taxes) and all related costs and expenses (including reasonable attorney fees and disbursements and costs of investigation, litigation, settlement, judgments, interest and penalties), regardless of whether or not it is caused in part by a party indemnified hereunder.

In any and all claims against City or any of its officers, officials, employees and agents, by any officer, employee or agent of the Contractor, or any sub-contractor, any person directly or indirectly employed by any of them, or any person for whose acts any of them may be liable, the indemnification's obligation under this paragraph shall not be limited in any way by any limitation on the amount or type of damages, compensation or benefits payable by or for the Contractor or any sub-contractor under workers or workmens compensation acts, disability benefit acts or other employee benefit acts.

The duty to indemnify will continue in full force and effect notwithstanding the expiration or termination of this Agreement.

**6. Subcontract.** The Contractor shall not assign this Agreement or sublet the premises or any part thereof, without the prior written consent of the City.

**7. Act of God.** Whenever as a result of any cause beyond the City's control (such as fire, flood, windstorm or other act of God; law order or regulation of any governmental agencies; or inability to secure people, materials or transportation as a result of any war), Contractor is prevented from complying with any obligation of this Agreement, the City shall not be liable for any damages or forfeiture of this Agreement and in that event, at the option of the City this

contract shall terminate and each party hereto shall be released from further obligation hereunder.

**8. Independent Contractor.** It is expressly understood and agreed that Contractor, its officers, employees and agents, is an independent contractor for all purposes under the terms of this Agreement, and it is not intended to be an agent, servant, employee, partner or appointee of the City.

**9. Termination.** This Agreement may be terminated by either party at any time upon providing the other party with thirty (30) days prior written notice of voluntary termination. Any such voluntary termination of this Agreement shall terminate the rights and obligations of each of the parties hereto.

**10. Miscellaneous.**

a. In the event any provision of this agreement is held to be invalid or unenforceable, the remaining provisions shall be unaffected and shall remain in full force and effect and such invalid or unenforceable provision shall be severed in whole or in part.

b. This agreement shall be construed and enforced in accordance with the laws of the State of Michigan.

c. The covenants, conditions and agreements made and entered into by the parties hereto are declared binding on their respective successors, representatives and assigns. This Agreement contains the entire agreement of the parties and there are no other promises or conditions in any other agreements, whether oral or written, and the same may not be modified or amended, except by written agreement of the parties.

**IN WITNESS WHEREOF**, the parties hereto have hereunto set their hands and seals the day and year first above written.

City:

**CITY OF MOUNT CLEMENS,**  
a Michigan Municipal Corporation,  
“City”

By: \_\_\_\_\_  
Barb Dempsey, Mayor

By: \_\_\_\_\_  
Lisa Borgacz, Clerk

Contractor:

**Outdoor Escorts, LLC,** a Michigan  
Limited Liability Co., d/b/a Clinton River  
Canoe & Kayak Rentals,

By: \_\_\_\_\_

Its: Member

## Exhibit "A"

### INSURANCE REQUIREMENTS

The contractor/subcontractor shall not commence work under this contract until he has obtained the insurance required within this contract. All insurance coverage shall be with issuance carriers acceptable to the City of Mount Clemens. If any insurance is written with a deductible or self-insured retention, the contractor/subcontractor shall be solely responsible for said deductible or self-insured retention. The purchase of insurance and the furnishing of a certificate of insurance shall not be a satisfaction of the contractor/subcontractor's indemnification of the City of Mount Clemens. The contractor/subcontractor is responsible to meet all MIOSHA requirements for on-the-job safety. The contractor/subcontractor and his subcontractor/subcontractor shall procure and maintain during the life of this contract for the following coverage:

- a. Workers Compensation Insurance in accordance with all applicable statutes of the State of Michigan. Coverage shall include Employers Liability Coverage.
- b. Commercial General Liability Insurance on an "Occurrence" basis with limits of liability not less than \$1,000,000.00 (as stated above level of hazard) per occurrence and/or aggregate combined single limit, Personal Injury, Bodily Injury, and Property Damage.
- c. Motor Vehicle Liability Coverage, including Michigan No-Fault Coverage with limits of liability not less than \$500,000.00 per occurrence combined single limit bodily injury and property damage for all vehicles used in the performance of the contract. The City reserves the right to require specific limits of coverage if the contract involves the use of a motor vehicle for other than transportation to the work site.
- d. Additional Insured. Commercial General Liability Insurance as described above shall include an endorsement stating the following shall be an additional insured: **"The City of Mount Clemens, including all elected and appointed officials and employees and all other individuals working on behalf of the City are named as additional insured and said coverage shall be considered to be the primary coverage rather than any policies and insurance or self-insurance retention owned or maintained by the City of Mount Clemens."**
- e. Cancellation Notice. Workers Compensation Insurance, Commercial General Liability Insurance, and Motor Vehicle Liability Insurance as described above shall include an endorsement stating that thirty (30) days advance written notice of cancellation, non-renewal, reduction and/or material change shall be sent to:  

City of Mount Clemens  
Terese G. Lucci, Purchasing Assistant  
One Crocker Boulevard  
Mount Clemens, MI 48043
- f. Professional Liability, where applicable.

**EXPLANATION OF AGENDA – February 2, 2015**

**Agenda Item No. 9-C**

**Request Approval to Hold the Ashes-To-Go Event on Wednesday, February 18, 2015**

On behalf of five Mount Clemens churches, Grace Episcopal Church is seeking permission to have five clergy assemble on Main Street between Market Street and Macomb Place on February 18, 2015 from 12:00 p.m. to 1:00 p.m. to offer ashes to the public for Ash Wednesday. No road closures or City services are being requested. If approved, all public sidewalks would have to remain passable at all times.

A Certificate of Liability Insurance naming the City as an additional insured has been submitted.

**SUBMITTED BY:**

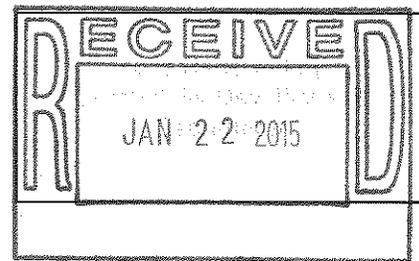
Brian L. Tingley  
Community Development Director

**RECOMMENDED MOTION:**

Move to grant approval to Grace Episcopal Church to hold the Ashes-To-Go event on Wednesday, February 18, 2015, and to allow five clergy to assemble on Main Street between Market Street and Macomb Place from 12:00 p.m. to 1:00 p.m.



**CITY OF MOUNT CLEMENS**  
**APPLICATION FOR SPECIAL EVENT APPROVAL**  
 ONE CROCKER BLVD., MOUNT CLEMENS, MI 48043  
 (586) 469-6818 EXT. 901 FAX (586) 469-7695  
[www.cityofmountclemens.com](http://www.cityofmountclemens.com)



**NOTE: A COMPLETE AND DETAILED SITE PLAN/SITE MAP OF THE PROPERTY SHOWING THE EVENT AREA IS REQUIRED. PLAN MUST SHOW LOCATIONS OF SIGNS, TENTS OR ANY STRUCTURES, AMUSEMENT RIDES, FOOD SERVICES, PARKING AREA, THE LOCATION OF EXISTING BUILDINGS, ETC. REQUEST WILL NOT BE REVIEWED UNTIL THIS PLAN IS RECEIVED.**  
**IF A TENT IS TO BE ERRECTED, SPECIFICATIONS ARE REQUIRED**  
**ADDITIONAL PERMITS MAY BE REQUIRED FOR BUILDING, ELECTRICAL AND MECHANICAL, IF APPLICABLE.**

Sponsoring Organization's Legal Name: Grace Episcopal Church of Mount Clemens

Address: 115 S main ST City Mount Clemens State MI Zip 48043

Phone: Office: 586 465 4573 Cell: 586 872 7883 Email: gracemtcllemens@yahoo.com

Sponsoring Organization's Agent's Name: Pastor Susan Buck

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Office: 586 465 4573 Cell: 586 872 7883 Email: gracemtcllemens@yahoo.com  
thetrealgirlpriest@yahoo.com

Event Name: Ashes-TO-GO

Event Purpose: PROVIDING ASHES TO ANYONE WHO CANNOT MAKE A church service on this Ash Wednesday.

Event Location: Main Street Between Market Street and Macomb Place

Event Date: Wednesday, February 18, 2015

Event Time(s): 12:00 - 1:00 pm

**GIVE A DETAILED DESCRIPTION OF THE PROPOSED SPECIAL EVENT: (use back or attach additional sheets if necessary)**

FIVE MT. CLEMENS CHURCHES SEEK A PERMIT TO ALLOW THEIR CLERGY TO OFFER "ASHES TO GO" ON February 18, Ash Wednesday, from 12 noon until 1:00. This would mean five clergy, at most, with one sandwich board, on Main Street, between Market Street and Macomb Place, most likely closest to the court house, and just placing ashes on passers-by who want them. This is a trend in the Church just now, because so few people can get to church that day, but still want ashes.

IS THE EVENT OPEN TO THE GENERAL PUBLIC  YES  NO  
 NUMBER OF PEOPLE PROPOSED TO ATTEND OR PARTICIPATE EACH DAY: 25-50

WILL ELECTRIC EQUIPMENT BE USED AND/OR WILL WATER HOOK-UPS BE REQUIRED \_\_\_\_\_ YES  NO  
 IF YES, PLEASE DESCRIBE THE PROPOSED LOCATION(S):  
 \_\_\_\_\_

WILL TENTS BE USED DURING THE EVENT? \_\_\_\_\_ YES  NO

WILL THE EVENT HAVE FOOD OR OTHER VENDORS? \_\_\_\_\_ YES  NO

\*\*\* ALL FOOD VENDORS MUST BE APPROVED BY THE MACOMB COUNTY HEALTH DEPARTMENT.

WILL ALCOHOL BE SERVED OR SOLD AT THE EVENT? \_\_\_\_\_ YES  NO

\*\*\*IF YES, PLEASE PROVIDE PROOF OF LIQUOR LIABILITY INSURANCE AND APPROVAL BY THE LCC

WILL ANY CITY SERVICES BE REQUIRED FOR THIS EVENT? \_\_\_\_\_ YES  NO

IF YES, DESCRIBE IN DETAIL THE TYPE OF SERVICES REQUESTED:

\*\*\*THE CITY MAY CHARGE THE ACUTAL COST OF PROVIDING THESE SERVICES FOR THE EVENT.

IS ANY SIGNAGE PROPOSED?  YES \_\_\_\_\_ NO \* sandwich board (portable)

IF YES, NOTE LOCATIONS OF ANY SIGNS PROPOSED ON THE MAP PROVIDED WITH THIS APPLICATION.

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 Mount Clemens as an additional insured party on the policy.
- b) All food vendors must be approved by the Macomb County Health Department
- c) The approval of this Special Event may include additional requirements and/or limitations, based on the City's review of this application. The event will be operated in conformance with the approved guidelines from the City Commission. Such additional requirements may include but are not limited to the procurement of permits and/or inspections in regards to health services, electric or water services, fire issues, or a certificate of use from the building department. Please note: You should contact the Mount Clemens Fire Inspector regarding specific tent requirements well in advance of your event. A certificate of Flame Resistance for the Tent needs to be provided 10 days prior to the date of event/sales.

As the duly authorized agent of the sponsoring organization, I herby apply for the 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 approval as given by the City Commission, all other City requirements, ordinances and other laws which apply to this Special Event.

Susan Bock/xsp  
Applicant's Signature

22 February 2015  
Date

Susan Bock  
Printed Name of Applicant

<b>For City Use Only:</b>
Approved _____
Approved with Conditions _____
Denied _____
Date of City Commission Decision _____



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/19/2015

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 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 Church Mutual Insurance Company 3000 Schuster Lane Merrill WI 54452	CONTACT NAME: Shelly L. Kyska	FAX (A/G, No): 855-264-2329	
	PHONE (A/G, No, Ext): 1-800-554-2642 Option 1	E-MAIL ADDRESS: cs5@churchmutual.com	
INSURED GRACE EPISCOPAL CHURCH OF MOUNT CLEMENS  115 S MAIN ST MOUNT CLEMENS MI 48043-2379	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Church Mutual Insurance Company		18767
	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	Y		0258116-02-678317	04/15/2014	04/15/2017	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 15,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 2,000,000
	OTHER:						GENERAL AGGREGATE	\$ 5,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					PROPERTY DAMAGE (Per accident)	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE						\$
	DED	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N					PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Evidence of Liability Insurance for Ashes to Go on February 18, 2015 from 11:00 AM until 2:00 PM at the 37 block of N Main Street between Market Street and Macomb Place. Commercial General Liability Additional Insured = The City of Mount Clemens, including all elected and appointed officials and employees and all other individuals working on behalf of the City subject to the coverage provided by the referenced policy. A220 UWAP 073.

## CERTIFICATE HOLDER

## CANCELLATION

City of Mount Clemens  
1 Crocker Blvd  
Mount Clemens, MI 48043-2525

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

*Shelly Kyska*

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**EXPLANATION OF AGENDA – February 2, 2015**

**Agenda Item No. 9-D**

**APPROVE PURCHASES AND PAYMENT OF INVOICES**

VENDOR (PURCHASES)	DESCRIPTION	FUND/ DEPARTMENT/ APPROPRIATION	ACCOUNT NUMBER	AMOUNT	CURRENT BALANCE
1.Able Demolition, Inc. 5675 Auburn Road Shelby Township, MI 48317	Demolition/Debris Removal at 217 North Walnut	General Fund/ Land Improvement, Demolition, Acquisitions/ Contractual Services	101-90200-818000	\$14,990.00	*
2.EJ USA, Inc. 301 Spring Street P.O. Box 439 East Jordan, MI 49727	Estimated annual Requirement of Water Pipe and Fittings and Hydrants (Part III)	Water-Utilities Fund/ Transmission/ Hydrant Parts	591-53704-790000	\$5,000.00	\$2,800.00*
		Water-Utilities Fund/ Transmission/ Hydrants	591-53704-980000	\$20,152.20	\$7,040.00*
3.Etna Supply Company 529 32 <sup>nd</sup> Street SE Grand Rapids, MI 49548	Estimated annual Requirement of Water Pipe and Fittings (Part II)	Water-Utilities Fund/ Transmission/ Water Pipe and Fittings	591-53704-789000	\$13,236.00	\$19,357.54
4.HD Supply Water Works 4901 DeWitt Road Canton, MI 48186	Estimated annual Requirement of Water Pipe and Fittings (Part I)	Water-Utilities Fund/ Transmission/ Water Pipe and Fittings	591-53704-789000	\$16,803.00	\$19,357.54*

VENDOR (INVOICES)	DESCRIPTION	FUND/ DEPARTMENT/ APPROPRIATION	ACCOUNT NUMBER	AMOUNT	CURRENT BALANCE
1.Utilities Instrumentation Service SCADA 2290 Bishop Circle East Dexter, MI 48130	Emergency Troubleshooting and Repairs to radio Connection between Water Plant and Water Tower	Water-Utilities Fund/ Operation of Plant/ Contractual Services	591-53708-818000	\$4,375.76	\$26,989.73

\*Budget amendment to be made at a later date.

**SUBMITTED BY:** Marilyn Dluge, Finance Director/Treasurer

**RECOMMENDED MOTION:** Approve purchases and payment of invoices as presented.

**CITY OF MOUNT CLEMENS**

Tabulation of sealed bids received and opened on Tuesday, January 13, 2015, to complete the Demolition/Debris Removal of 217 North Walnut:

BIDDER	TOTAL COST
1. Able Demolition, Inc. 5675 Auburn Road Shelby Township, Michigan 48317	\$14,990.00
2. Ahern Contracting, Inc. 25875 New Forest Court Chesterfield, Michigan 48051	\$15,900.00
3. Blue Star, Inc. 21950 Hoover Warren, Michigan 48089	\$17,900.00
4. International Construction 53618 Cherrywood Shelby Township, Michigan 48315	\$17,900.00
5. S.A. Torello Demolition, Inc. 3500 Dove Road Port Huron, Michigan 48060	\$19,749.00

Marilyn Dluge  
Finance Director/Treasurer

**CITY OF MOUNT CLEMENS**

Tabulation of sealed bids received and opened on Tuesday, December 16, 2014, for our estimated annual requirement of water pipe and fittings used by the Water Department:

BIDDER	TOTAL PART I	TOTAL PART II	TOTAL PART III	GRAND TOTAL
1. EJ USA, Inc. 301 Spring Street P.O. Box 439 East Jordan, MI 49727	\$20,178.30	\$10,741.64*	\$25,152.20	\$56,072.14
2. Etna Supply Company 529 – 32 <sup>nd</sup> Street SE Grand Rapids, MI 49548	\$21,997.00	\$13,236.00	No Bid	\$35,233.00
3. HD Supply Water Works 4901 DeWitt Road Canton, MI 48186	\$16,803.00	\$14,621.80	\$27,880.00	\$59,304.80
4. SLC Meter, LLC** 595 Bradford Pontiac, MI 48341	\$17,546.00	\$6,153.60*	\$1,345.50*	\$25,045.10

\*Incomplete.

\*\*Alternate brands.

Marilyn Dluge  
Finance Director/Treasurer

**CITY OF MOUNT CLEMENS**

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\*\*Alternate brands.

Marilyn Dluge  
Finance Director/Treasurer

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\*Incomplete.

\*\*Alternate brands.

Marilyn Dluge  
Finance Director/Treasurer

**EXPLANATION OF CONSENT AGENDA – February 2, 2015**

**Agenda Item No. 10-A**

**Request to Allow the Knights of Columbus to Conduct Charitable Solicitations for their 2015 Tootsie Roll Drive on March 27-29, 2015**

The Knights of Columbus Council #744 is seeking permission to hold its annual “Tootsie Roll” Drive from 7:00 a.m. to 8:00 p.m. on March 27 – 29, 2015, with proceeds being given to organizations that assist the mentally impaired. The locations proposed are Northbound Gratiot/Cass, Groesbeck/Cass and Market/Southbound Gratiot.

The organization has committed to submitting a Certificate of Insurance naming the City as an additional insured. Solicitors will be wearing bright vests clearly identifying them as Knights of Columbus. No additional City services are required.

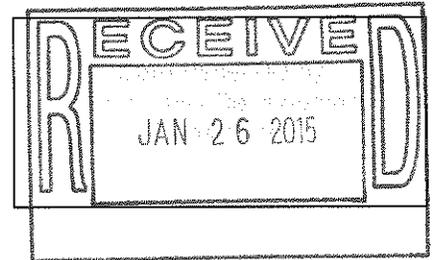
**SUBMITTED BY:** Brian L. Tingley  
Community Development Director

**RECOMMENDED MOTION:** Move to allow the Knights of Columbus Council #744 to conduct charitable solicitations for their 2015 “Tootsie Roll” Drive on March 27-29, 2015 from 7:00 a.m. to 8:00 p.m.



**CITY OF MOUNT CLEMENS  
APPLICATION FOR SPECIAL EVENT APPROVAL**

ONE CROCKER BLVD., MOUNT CLEMENS, MI 48043  
(586) 469-6818 EXT. 901 FAX (586) 469-7695  
[www.cityofmountclemens.com](http://www.cityofmountclemens.com)



**NOTE: A COMPLETE AND DETAILED SITE PLAN/SITE MAP OF THE PROPERTY SHOWING THE EVENT AREA IS REQUIRED. PLAN MUST SHOW LOCATIONS OF SIGNS, TENTS OR ANY STRUCTURES, AMUSEMENT RIDES, FOOD SERVICES, PARKING AREA, THE LOCATION OF EXISTING BUILDINGS, ETC. REQUEST WILL NOT BE REVIEWED UNTIL THIS PLAN IS RECEIVED.  
IF A TENT IS TO BE ERECTED, SPECIFICATIONS ARE REQUIRED  
ADDITIONAL PERMITS MAY BE REQUIRED FOR BUILDING, ELECTRICAL AND MECHANICAL, IF APPLICABLE.**

Sponsoring Organization's Legal Name: Knights of Columbus Council #744

Address: 110 New St. City Mt Clemens State MI Zip 48043

Phone: Office: 586-949-8148 Cell: — Email: tmschmidt2@yahoo.com

Sponsoring Organization's Agent's Name: Thomas Schmidt

Address: 48638 Wheatfield St City Chesterfield State MI Zip 48051

Phone: Office: Res: 586-9498148 Cell: — Email: tmschmidt2@yahoo.com

Event Name: Mentally Impaired Drive (Tootsie Roll)

Event Purpose: Raise funds to aid mentally impaired Michigan citizens

Event Location: City Streets (Cass/N. B. Gratiot); Cass/Groesbeck); MARKET/S. B. GRATIOT

Event Date: MARCH 27-29, 2015

Event Time(s): 7 a.m. - 8 p.m.

**GIVE A DETAILED DESCRIPTION OF THE PROPOSED SPECIAL EVENT: (use back or attach additional sheets if necessary)**

Council members will solicit monetary donations from pedestrians & motorists. Workers will wear bright vests for ease of viewing by motorists.

IS THE EVENT OPEN TO THE GENERAL PUBLIC  YES  NO

NUMBER OF PEOPLE PROPOSED TO ATTEND OR PARTICIPATE EACH DAY: 10

WILL ELECTRIC EQUIPMENT BE USED AND/OR WILL WATER HOOK-UPS BE REQUIRED  YES  NO

IF YES, PLEASE DESCRIBE THE PROPOSED LOCATION(S):

WILL TENTS BE USED DURING THE EVENT? \_\_\_\_\_ YES X NO

WILL THE EVENT HAVE FOOD OR OTHER VENDORS? \_\_\_\_\_ YES X NO  
\*\*\* ALL FOOD VENDORS MUST BE APPROVED BY THE MACOMB COUNTY HEALTH DEPARTMENT.

WILL ALCOHOL BE SERVED OR SOLD AT THE EVENT? \_\_\_\_\_ YES X NO  
\*\*\*IF YES, PLEASE PROVIDE PROOF OF LIQUOR LIABILITY INSURANCE AND APPROVAL BY THE LCC

WILL ANY CITY SERVICES BE REQUIRED FOR THIS EVENT? \_\_\_\_\_ YES X NO  
IF YES, DESCRIBE IN DETAIL THE TYPE OF SERVICES REQUESTED:  
\*\*\*THE CITY MAY CHARGE THE ACUTAL COST OF PROVIDING THESE SERVICES FOR THE EVENT.

IS ANY SIGNAGE PROPOSED? \_\_\_\_\_ YES X NO  
IF YES, NOTE LOCATIONS OF ANY SIGNS PROPOSED ON THE MAP PROVIDED WITH THIS APPLICATION.

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 Mount Clemens as an additional insured party on the policy.
- b) All food vendors must be approved by the Macomb County Health Department
- c) The approval of this Special Event may include additional requirements and/or limitations, based on the City's review of this application. The event will be operated in conformance with the approved guidelines from the City Commission. Such additional requirements may include but are not limited to the procurement of permits and/or inspections in regards to health services, electric or water services, fire issues, or a certificate of use from the building department. Please note: You should contact the Mount Clemens Fire Inspector regarding specific tent requirements well in advance of your event. A certificate of Flame Resistance for the Tent needs to be provided 10 days prior to the date of event/sales.

As the duly authorized agent of the sponsoring organization, I herby apply for the 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 approval as given by the City Commission, all other City requirements, ordinances and other laws which apply to this Special Event.

Thomas Schmidt  
Applicant's Signature

1-23-15  
Date

Thomas Schmidt  
Printed Name of Applicant

<b>For City Use Only:</b>
Approved _____
Approved, with Conditions _____
Denied _____
Date of City Commission Decision _____

**EXPLANATION OF CONSENT AGENDA – February 2, 2015**

**Agenda Item No. 10-B**

**Request Approval of the 2nd Annual Rubber Duck Derby on June 6, 2015**

On behalf of the Hope Center in Macomb and the Kiwanis Clubs of Macomb, WW Community Connections is requesting City Commission approval to hold the 2nd annual Rubber Duck Derby fundraiser on Saturday, June 6, 2015 from 8:00 a.m. to 6:00 p.m. The event would include dropping rubber ducks into the Clinton River from the Crocker Boulevard bridge with pick up at the Dickinson Street bridge.

Event organizers are requesting use of both banks of Clinton River Park, the Gazebo stage and a portion of the City Hall parking lot for set up. They are also requesting the use of barricades, cones, a dump truck for the duck drop and help with trash removal. The event would include vendors and entertainment. The timing of the bridge closures would be coordinated with the Department of Public Services so that proper vehicle access is maintained at all times.

A Certificate of Liability Insurance naming the City as an additional insured will be required as a condition of approval.

**SUBMITTED BY:** Brian L. Tingley  
Community Development Director

**RECOMMENDED MOTION:** Move to approve the 2nd annual Rubber Duck Derby on Saturday, June 6, 2015 from 8:00 a.m. to 6:00 p.m.

# APPLICATION FOR SPECIAL EVENT PERMIT

CITY OF MOUNT CLEMENS  
ONE CROCKER BLVD., MOUNT CLEMENS, MI 48043  
(586) 469-6818 EXT. 901 FAX (586) 469-7695

**NOTE: A COMPLETE AND DETAILED SITE PLAN/SITE MAP OF THE PROPERTY SHOWING THE EVENT AREA IS REQUIRED. PLAN MUST SHOW LOCATIONS OF SIGNS, TENTS OR ANY STRUCTURES, AMUSEMENT RIDES, FOOD SERVICES, PARKING AREA, THE LOCATION OF EXISTING BUILDINGS, ETC. REQUEST WILL NOT BE REVIEWED UNTIL THIS PLAN IS RECEIVED.**  
**IF A TENT IS TO BE ERECTED, SPECIFICATIONS ARE REQUIRED**  
ADDITIONAL PERMITS MAY BE REQUIRED FOR BUILDING, ELECTRICAL AND MECHANICAL, IF APPLICABLE.

APPLICANT'S NAME: (Please include name of partner, if a partnership or all officers/directors, if corporation)

WW Community Connections, Inc.

APPLICANT ADDRESS:

33222 Groesbeck Hwy., Fraser MI 48026  
CITY ST ZIP

APPLICANT'S PHONE: Office: 586.491.2924 Cell: 586.610.7584

RELATION OF APPLICANT TO BUSINESS/EVENT/SALES: Owner  Manager  Representative  Other

PROPERTY OWNER NAME:

City of Mount Clemens - Clinton River Park and Gazebo Stage from Crocker Bridge to Dickinson Bridge

ADDRESS OF THE PROPERTY AT WHICH THE EVENT OR SALES WILL BE CONDUCTED:

One Crocker Blvd., Mount Clemens, MI 48043

DOES APPLICANT OWN OR OCCUPY THE PROPERTY AT WHICH THE EVENT IS TO BE HELD?  
 YES  NO IF NOT, ATTACH THE WRITTEN CONSENT OF THE PROPERTY OWNER.

GIVE A DETAILED DESCRIPTION OF THE PROPOSED EVENT: (use back if needed)

2nd Annual Great Clinton River Wild Duck Derby benefitting Hope Center in Macomb and Kiwanis Clubs of Macomb.  
We will drop ducks from bridge on Crocker Blvd and pick up under bridge just past Dickinson St.  
Bridge. Entertainment on lawn areas and emcee at Gazebo stage. Vendor booths in parking lot.

DATE OF THE EVENT: Saturday, June 6, 2014

TIME OF YOUR EVENT: 8:00 AM - 6:00 PM

IS THE EVENT OPEN TO THE GENERAL PUBLIC?  YES  NO

IF SPECIAL EVENT, WILL ANY GOODS OR MERCHANDISE BE OFFERED FOR SALE TO THOSE ATTENDING:  
 YES  NO IF YES, PLEASE CONTACT THE CLERK'S OFFICE DIRECTLY FOR  
VENDOR INFORMATION.

MAXIMUM NUMBER OF PEOPLE PROPOSED TO ATTEND OR PARTICIPATE EACH DAY: 1,000-2,000

HAS THE APPLICANT, PARTNERS, OFFICERS OR DIRECTORS EVER BEEN CONVICTED OF A FELONY?

YES  NO IF YES, DESCRIBE: \_\_\_\_\_

PERMANENT STRUCTURES ARE **NOT ALLOWED** TO BE ERECTED. DO YOU PLAN ANY TEMPORARY STRUCTURES SUCH AS A TENT, STAGE, ETC?

YES  NO IF YES, PLEASE DESCRIBE WHAT THOSE ARE:

Vendors / sponsors will have small tents / table displays

IF A TENT IS PROPOSED, INDICATE THE SIZE AND NAME AND ADDRESS OF THE COMPANY PROVIDING THE TENT AND WHO IS ERECTING THE TENT:

NOTE: You should contact the Mount Clemens Fire Inspector regarding specific tent requirements well in advance of your event. A certificate of Flame Resistance for the Tent needs to be provided 10 days prior to the date of event/sales.

WILL ELECTRICAL EQUIPMENT BE USED FOR THIS EVENT?  YES  NO  
IF YES, DESCRIBE IN DETAIL WHAT TYPE OF ELECTRICAL EQUIPMENT WILL BE USED:

Electrical at Gazebo stage for music and emcee

WILL A WATER HOOK UP BE REQUIRED FOR THIS EVENT?  YES  NO  
IF YES, PLEASE DESCRIBE THE PROPOSED LOCATION OF THE WATER HOOK UP:

\*\*\* PLEASE NOTE THAT A SEPARATE INSPECTION WILL BE REQUIRED TO INSURE PROPER BACKFLOW PROTECTION DEVICES ARE BEING USED.

WILL THE EVENT HAVE FOOD VENDORS?  YES  NO  
IF YES, DESCRIBE IN DETAIL WHAT TYPE OF FOOD AND NUMBER OF VENDORS:

\*\*\*PLEASE NOTE THAT ALL FOOD VENDORS MUST ALSO BE APPROVED BY THE MACOMB COUNTY HEALTH DEPARTMENT AND HAVE A VALID CERTIFICATE OF INSURANCE NAMING THE CITY OF MOUNT CLEMENS AS AN ADDITIONAL INSURED.

There may be food and beverage trucks. Yet to be finalized.

WILL ALCOHOL BE SERVED OR SOLD AT THE EVENT?  YES  NO  
IF YES, PLEASE PROVIDE PROOF OF LIQUOR LIABILITY INSURANCE AND APPROVAL BY THE LCC

WILL ANY CITY SERVICES BE REQUIRED FOR THIS EVENT?  YES  NO  
IF YES, DESCRIBE IN DETAIL THE TYPE OF SERVICES REQUESTED:

\*\*\*THE CITY MAY CHARGE THE ACUTAL COST OF PROVIDING THESE SERVICES FOR THE EVENT.

DTW use of barricades and cones; trash pick-up. Dump truck for duck drop off Crocker Bridge

IS ANY SIGNAGE PROPOSED?  YES  NO IF YES, NOTE LOCATIONS OF ANY SIGNS PROPOSED ON THE MAP PROVIDED WITH THIS APPLICATION.

IS THIS EVENT TO TAKE PLACE IN A CITY OWNED PARK  YES  NO  
IF YES, WHICH PARK ARE YOU REQUESTING? Clinton River Park



Applicant's Signature

DATE: January 5, 2015

Karla Gardner

Printed Name of Applicant

Note: Other permits and/or inspections **MAY** be required along with permission to conduct the special event. This could be for health facilities (food), electric services, fire issues, or a certificate of use from the city's Building Department

**RECEIVED**

Application  
Fee  
Clean Up Deposit  
Insurance Certificate  
Complete Site Plan/Map

**IF APPLICABLE:**

Neighborhood Signatures  
Tent Cert. of Flame Resistance  
Tent Co. Information (see above)

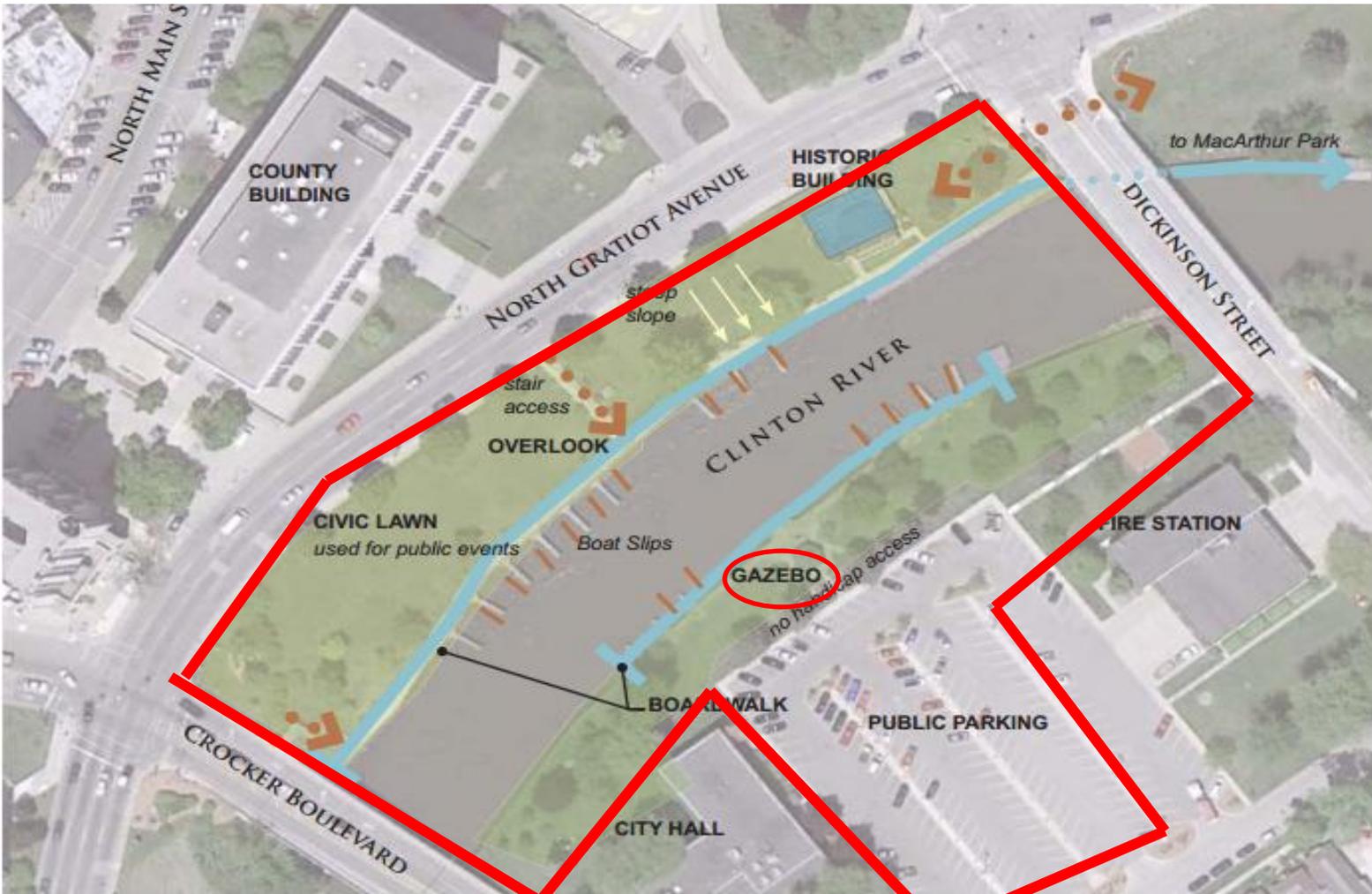
**FOR OFFICE USE ONLY**

\_\_\_\_\_  
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\_\_\_\_\_

APPROVALS:

Community Development \_\_\_\_\_  
DPS \_\_\_\_\_  
Sheriff \_\_\_\_\_  
Fire Inspector \_\_\_\_\_  
Traffic Safety \_\_\_\_\_





**LEGEND**

- Park
- Building
- Park Access
- Boardwalk

## EXPLANATION OF AGENDA – February 2, 2015

**TO:** The Honorable Mayor Barb Dempsey and  
All City Commissioners

**FROM:** Steven M. Brown, City Manager

**DATE:** January 29, 2015

**RE:** Report from the City Manager's Office

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1. Fire Consolidation Study Update: I have received the bids as well as the summary document generated by Macomb County Emergency Management staff. The Leadership Committee representing the involved communities and fire departments will meet in early February to discuss the bids and make a recommendation to the County.
2. Memorial Park Baseball/Softball Fields Update: The City's contractor/partner that previously handled the scheduling and use of the Memorial Park Baseball/Softball fields issued a letter to us in mid-December. In the letter, we were informed that they were no longer interested in coordinating the scheduling and use of our fields as they preferred to concentrate their staffing and efforts on the Mount Clemens Ice Arena which they also manage.

Since that time, we have held meetings, received contact lists and worked out the initial plan for handling this responsibility. Initial communications have gone out to the contact list regarding this shift in responsibility.

For informational purposes, anyone interested in potentially utilizing our fields should contact the DPS via one of the following numbers:

- (586) 469-6847
- (586) 469-6818, extension 515

3. Sheriff Sub Station Update: Sgt. Darren Bondy, formerly of our Mount Clemens Sub Station, has moved on to new opportunities within the Sheriff Department. He started with our Sub Station in 2013. He was a pleasure to work with and I thank him for his service at the Mount Clemens Sub Station and I wish him all the best in the future.

Sgt. Tim McFadden is newly in charge of our Sub Station. Sgt. McFadden comes to us with years of experience and a great reputation. I look forward to building a strong working relationship with Sgt. McFadden and continuing the outstanding relationship the City has enjoyed with the Macomb County Sheriff Department.