



RECEIVED

APR 02 2018

NORTHFIELD TOWNSHIP

**Civic Event Application  
Northfield Township**

8350 Main Street  
Whitmore Lake, Michigan 48189  
(734) 449-2880

**OFFICE USE  
ONLY**

4/2/18  
Date Received

Jennifer Carls  
By

**FEE - \$100.00**

501(c)(3)  
Date Received

Wanted  
By

**\*\* APPLICATIONS MUST BE FILLED OUT COMPLETELY BEFORE THEY WILL BE CONSIDERED FOR REVIEW \*\***

Application Date Whitmore Lake 4th of July Fireworks Committee Name of Organization Dennis Cazan Name of Applicant

Street Address P.O. Box 424 City Whitmore Lake State MI Zip 48189

Cell Phone 734-368-1668 Home Phone 734-449-0664 Work Phone            Fax           

Email Address dennis.cazan@yahoo.com (optional)

Event Title 4th of July Fireworks

Event Location On Whitmore Lake

**EVENT DAYS / TIMES** (Please stipulate the following information for each date of event)

DATE	Day of Week	Beginning Time	Ending Time
<u>30 - June - 2018</u>	<u>Saturday</u>	<u>10pm</u>	<u>11pm</u>
<u>                          </u>	<u>                          </u>	<u>                          </u>	<u>                          </u>
<u>                          </u>	<u>                          </u>	<u>                          </u>	<u>                          </u>

<u>Either 6am or 10am</u>	<u>1 - July - 2018</u>	<u>1 - July - 2018</u>
<u>Set up Time/Day</u>	<u>Tear down Time / Day*</u>	<u>Rain Date (if applicable)</u>

\* Tear down time will be strictly enforced. It is the applicant's responsibility to ensure the teardown of all materials with their on-site vendors, sponsors, etc. is complete by the teardown time given above.

### ORGANIZATION / APPLICANT INFORMATION

Applications for Civic Events in Northfield Township shall NOT be approved for applicants in default to the Township. Therefore, each Application for Civic Events shall be routed to the Township Treasurer for a determination of any defaults to the Township. In the event a default to the Township exists, the Application shall be disapproved by the Treasury Department, with the nature of the default described as the reason of the disapproval.

TAX IDENTIFICATION NUMBER: 16-1718564

BRIEF DESCRIPTION OF ORGANIZATION'S PURPOSE AND/OR FUNCTION:

Fireworks display to celebrate 4th of July on Whitmore Lake

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IS THE ORGANIZATION NON-PROFIT? ☒ YES ☐ NO  
If yes, attach a copy of the organizations Sales Tax Exempt Certificate.

DOES YOUR GROUP PRESENTLY HAVE LIABILITY INSURANCE? ☒ YES ☐ NO

GENERAL LIABILITY INSURANCE IS REQUIRED NAMING NORTHFIELD TOWNSHIP AS ADDITIONAL INSURED. IF FOOD IS BEING SERVED, PRODUCT LIABILITY MUST BE INCLUDED. LIMITS OF LIABILITY SHOULD BE NO LESS THAN \$1,000,000 COMBINED SINGLE LIMIT FOR BODILY INJURY AND PROPERTY DAMAGE.

PLEASE GIVE A DESCRIPTION OF THE PROPOSED CIVIC EVENT. (Attach additional pages if necessary)

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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 (e.g., third weekend in July): Weekend before or after 4th of July

Or Next year's specific date(s): \_\_\_\_\_

PROCEEDS OF THIS EVENT WILL BE USED FOR:

While proceeds are not expected any funds generated will be used to pay for this years fireworks show or banked to \_\_\_\_\_  
pay for next years show.

IF THE PROPOSED CIVIC EVENT IS A PARADE OR RUN/WALK EVENT, PLEASE LIST THE POINT OF ORIGIN, PATH, TERMINATION POINT, NUMBER OF ENTRIES AND TRAFFIC CONTROL PLAN AS NECESSARY. (Use attached map to clarify the route)(FEE IS WAIVED FOR 4<sup>TH</sup> OF JULY PARADE AND HOMECOMING PARADE)

ARE YOU PLANNING TO CHARGE AN ADMISSION FEE?

YES

NO

IF YES, WHAT KIND AND HOW MUCH?

DO YOU PLAN ON UTILIZING VENDORS AND/OR EXHIBITORS FOR SALES OF ANY KIND?  
YES NO

IF YES, COMPLETELY FILL OUT THE ATTACHED VENDOR CONTACT INFORMATION SHEET(S).

WHAT IS THE FEE CHARGED FOR EACH VENDOR? \_\_\_\_\_

DO YOU PLAN TO CONTRIBUTE REVENUES RECEIVED FROM THIS EVENT TO LOCAL ORGANIZATIONS AND/OR COMMUNITY GROUPS? YES NO

IF YES, TO WHOM AND HOW MUCH?

WHAT IS THE EXPECTED ATTENDANCE FOR THIS EVENT? Approximately 1000 people

DO YOU PLAN ON SUPPLYING ADDITIONAL RESTROOM FACILITIES? YES NO

NUMBER OF VOLUNTEERS / STAFF? Approximately 20

HOW WILL THIS EVENT BENEFIT THE RESIDENTS AND/OR IMPROVE THE QUALITY OF LIFE IN NORTHFIELD TOWNSHIP?

The celebration brings the community together. People attending the event will support our local businesses.

ELECTRICAL SERVICES REQUIRED (Please Be as Accurate as Possible)

No

OTHER UTILITIES REQUIRED (Please Be as Accurate as Possible)

No

TOWNSHIP FACILITIES REQUESTED (Please Be as Accurate as Possible)

No Township facilities needed

DO YOU PLAN TO UTILIZE OFF-SITE PARKING FACILITIES YES NO

IF SO, WHAT LOCATION IS PLANNED? The North Village/ Community Park next to the post office

WHAT IS YOUR PLAN FOR TRANSPORTATION FROM THE PARKING AREA TO THE EVENT LOCATION?

Currently not anticipating needing transportation, walking or viewing from the parking area is expected.

SIGNAGE REQUESTED (Detail sign locations on the attached map and provide sign renderings)

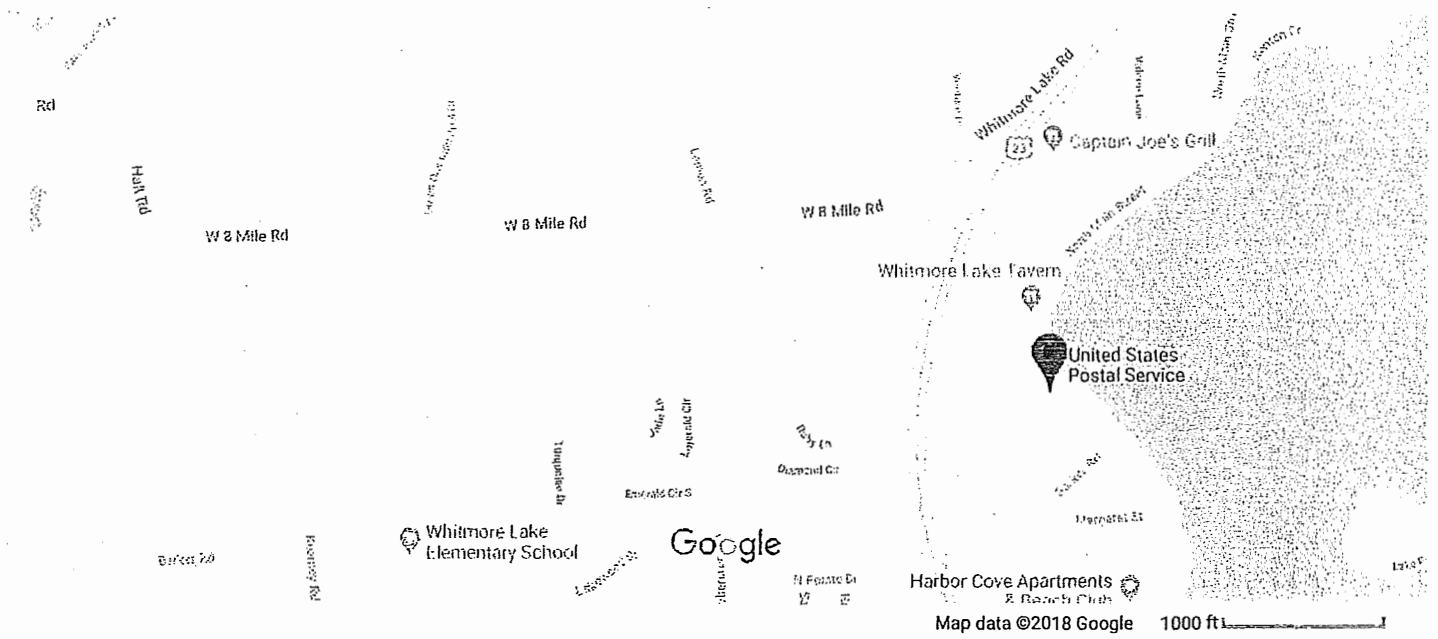
Number of Signs One

Types of Signs Banner

Locations of Signs Banner to be placed over road in front of the post office

Date Signs Posted Fri May 25<sup>th</sup>

Date Signs Removed July 14<sup>th</sup>



PLEASE ATTACH LIST OF EQUIPMENT; STAGE, TENTS, VEHICLES, ETC., THAT YOU PROPOSE TO USE IN THE EVENT OR BRING ONTO TOWNSHIP PROPERTY, STREETS OR PARK AREAS - (ALL SUBJECT TO APPROVAL).

**STREET CLOSURE**

ARE YOU REQUESTING A STREET CLOSURE FOR YOUR EVENT? YES NO  
If yes, detail the street(s) you would like closed, and the location of the closure(s) on the attached map.

**ALCOHOL**

DO YOU WANT TO SELL AND/OR SERVE ALCOHOL? YES NO

IF YES, PLEASE SEE THE ATTACHED SHEET TITLED "ALCOHOL" AND FILL IN THE QUESTIONS COMPLETELY AND IN DETAIL.

**SECURITY**

If the event requires the overnight setup or storage of goods, equipment, etc. security is the responsibility of the event applicant.

IF YOUR EVENT REQUIRES OVERNIGHT SECURITY, PLEASE PROVIDE THE FOLLOWING DETAILS OF YOUR SECURITY PLAN:


ON SITE REPRESENTATIVES NAMES AND CONTACT NUMBERS:

<u>Name</u>	<u>Contact number</u>
_____	_____
_____	_____
_____	_____

## Owner(s) Affidavit\*

Whitmore Lake 4th of July  
I, Celebration Committee, have authorized Dennis G. Cazan as My  
(company or organization owner) (Civic Event Applicant)

Representative for the purpose of obtaining a Civic Event permit(s) from Northfield Township  
for my organization located at \_\_\_\_\_  
(company or organization address)


  
\_\_\_\_\_  
Owner's Signature


25 March 2018  
\_\_\_\_\_  
Date

# INDEMNIFICATION AGREEMENT

Whitmore Lake 4th of July  
The Celebration Committee agree(s) to defend, indemnify, and hold harmless the Township of  
(business/organization)

Northfield, Michigan, and its agents, officials and employees from any claim, demand, suit, loss, cost of expense, or any damage that may be asserted, claimed or recovered against or from the Whitmore Lake 4th of July Committee (business/organization) and/or the Township of Northfield, by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss, cost of expense is caused in whole or in part by the negligence of Northfield Township or by third parties, or by the agents, servants, employees or factors of any of them.

Signature  Date 24 - March - 2018

Witness  Date 24 Mar 2018



# ALCOHOL

PLEASE GIVE A BRIEF DESCRIPTION OF THE TYPE OF ALCOHOL TO BE SOLD / SERVED

N/A

WHO WILL BE THE ALOCHOL LICENSE HOLDER?

N/A

ON THE ATTACHED MAP, DETAIL THE LOCATIONS WHERE ALOCHOL WILL BE SOLD / SERVED.

DESCRIBE IN DETAIL YOUR ALCOHOL MANAGEMENT PLAN

N/A

**\*\* IF ALCOHOL SALES OR SERVICE IS APPROVED BY THE TOWNSHIP BOARD AS PART OF THIS EVENT, THE APPLICANT MUST ALSO RECEIVE APPROVAL FROM THE LIQUOR CONTROL COMMISSION**

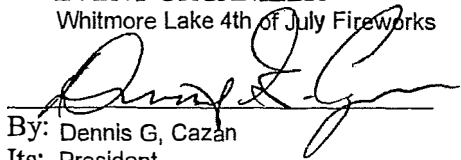
**\*\* IF ALCOHOL SALES OR SERVICE IS APPROVED, EVENT INSURANCE MUST INCLUDE AN ADDITIONAL INDEMNIFICATION FOR ALOCHOL**

## ADDITIONAL CIVIC EVENT REQUIREMENTS

- Inspection by Northfield Township Fire and Police Departments is required prior to start of event.
- Any temporary electrical supply provided during a civic event shall be subject to Northfield Township inspection and approval
- A site map shall be provided for all civic events, as required by Northfield Township Public Safety Officials
- No pets are permitted downtown during civic events, unless approved as part of the event.
- No open flame cookers or heaters are permitted without prior approval from the Northfield Township Fire Department.
- Any additional restroom facilities deemed necessary by Northfield Township for this event are to be supplied by the event organizer
- Event organizer staff / volunteers / vendors are responsible for trash control and cleanup.
- Depending upon the type of event, organizer may be required to provide security.
- If radio communications are utilized during civic event, event organizer shall ensure Northfield public safety officials have access to radio or frequencies.
- Event organizer is responsible for arranging for EMS (Ambulance) at the event.
- If privately-owned property is to be utilized by the event organizer as part of any civic event for parking, staging, or similar uses, the event organizer shall be responsible for ensuring there exists all necessary land usage agreements with the private property owner(s), which shall be reviewed and approved by Northfield Township, to ensure adequate ingress, egress, police and fire protection, insurance, etc.

Accepted and agreed to:

EVENT ORGANIZER  
Whitmore Lake 4th of July Fireworks

  
By: Dennis G. Cazan  
Its: President

Dated: 24-MARCH, 2018

# **NORTHFIELD TOWNSHIP APPROVALS/RECOMMENDATIONS/COMMENTS**

Whitmore Lake 4th of July Fireworks

**Event Title**

**Police Dept:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**Fire Dept:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**Other, if necessary:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**Clerk:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**BOARD OF TRUSTEES ACTION:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## VENDOR CONTACT INFORMATION

Company Name	Representative	Phone #	Items Being Sold / Exhibited	On Site Contact Name	On Site Contact Phone #
KONA ICE	John Price	<sup>586</sup> 709-3288	SNO CONES Beverages	John Price	<sup>586</sup> 709-3288
Marco's PIZZA	Cassandra Blaisdell	<sup>734</sup> <sup>449</sup> -1111 730-4517	PIZZA Beverages	Cassandra	734-7304517
Possible Others					

Minimum Safety Radius:  
(Per NEPA 1123)

- 3" - 210' Radius
- 4" - 280' Radius
- 5" - 350' Radius
- 6" - 420' Radius
- 8" - 560' Radius

1,000 Radius  
Fallout Zone

Main Platform

Launch Location

ACE  
PYRO  
LLC

Imagery Date: 5/9/2010 42°23'35.20"



# CERTIFICATE OF LIABILITY INSURANCE

WHITM-3

OP ID: DF

DATE (MM/DD/YYYY)

03/08/2018

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).

<b>PRODUCER</b> Abbott Ins & Financial Center 2205 Abbot Road East Lansing, MI 48823 Dennis K Fisher	<b>CONTACT NAME:</b> Dennis K Fisher	
	<b>PHONE (A/C, No, Ext):</b> 517-351-5785	<b>FAX (A/C, No):</b> 517-351-1122
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> West Bend Mutual	
<b>INSURED</b> Whitmore Lake 4th of July Committee P.O. Box 424 Whitmore Lake, MI 48189	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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	X		NSP 1297466	05/10/2018	05/10/2019	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
							MED EXP (Any one person) \$ excluded	
							PERSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000	
	OTHER:						\$	
A	AUTOMOBILE LIABILITY			NSP 127466	05/10/2018	05/10/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						<input checked="" type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						<input type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						<input type="checkbox"/> AUTOS	PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$	
	EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$	
		<input type="checkbox"/> CLAIMS-MADE					\$	
	DED	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <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)

Northfield Township is listed as an additional named insured on a primary and non contributory basis.

**CERTIFICATE HOLDER****CANCELLATION**

Northfield Township  
8350 Main Street  
P.O. box 576  
Whitmore Lake, MI 48189

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

*Dennis K Fisher*

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RECEIVED

APR 05 2018

NORTHFIELD TOWNSHIP



Civic Event Application

Northfield Township

8350 Main Street

Whitmore Lake, Michigan 48189

(734) 449-2880

OFFICE USE  
ONLY

4/5/18

Date Received

By [Signature]

FEE - \$100.00

Non-Profit

Date Received

waived

By

\*\* APPLICATIONS MUST BE FILLED OUT COMPLETELY BEFORE THEY WILL BE CONSIDERED FOR REVIEW \*\*

4/5/2018 German Park Recreation Club Walter Jarvis

Application Date

Name of Organization

Name of Applicant

5549 Pontiac Trail Ann Arbor MI 48105

Street Address

City

State

Zip

517-416-1519

Cell Phone

Home Phone

Work Phone

Fax

1 prezofg@gmail.com

Email Address

(optional)

German Park Open Picnics

Event Title

5549 Pontiac Trail Ann Arbor MI 48105

Event Location

EVENT DAYS / TIMES (Please stipulate the following information for each date of event)

DATE	Day of Week	Beginning Time	Ending Time
6-30-18	Saturday	4:00 pm	11:00 pm
7-28-18	Saturday	4:00 pm	11:00 pm
8-25-18	Saturday	4:00 pm	11:00 pm
N/A	N/A	N/A	N/A

Set up Time/Day Tear down Time / Day\* Rain Date (if applicable)

\* Tear down time will be strictly enforced. It is the applicant's responsibility to ensure the teardown of all materials with their on-site vendors, sponsors, etc. is complete by the teardown time given above.

**ORGANIZATION / APPLICANT INFORMATION**

Applications for Civic Events in Northfield Township shall NOT be approved for applicants in default to the Township. Therefore, each Application for Civic Events shall be routed to the Township Treasurer for a determination of any defaults to the Township. In the event a default to the Township exists, the Application shall be disapproved by the Treasury Department, with the nature of the default described as the reason of the disapproval.

TAX IDENTIFICATION NUMBER: 38-1777787

BRIEF DESCRIPTION OF ORGANIZATION'S PURPOSE AND/OR FUNCTION:

Social Club

IS THE ORGANIZATION NON-PROFIT?

☒ YES

☐ NO

If yes, attach a copy of the organizations Sales Tax Exempt Certificate.

DOES YOUR GROUP PRESENTLY HAVE LIABILITY INSURANCE?

☒ YES

☐ NO

GENERAL LIABILITY INSURANCE IS REQUIRED NAMING NORTHFIELD TOWNSHIP AS ADDITIONAL INSURED. IF FOOD IS BEING SERVED, PRODUCT LIABILITY MUST BE INCLUDED. LIMITS OF LIABILITY SHOULD BE NO LESS THAN \$1,000,000 COMBINED SINGLE LIMIT FOR BODILY INJURY AND PROPERTY DAMAGE.

PLEASE GIVE A DESCRIPTION OF THE PROPOSED CIVIC EVENT. (Attach additional pages if necessary)

German Cultural Family Festival

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 (e.g., third weekend in July): \_\_\_\_\_



Or Next year's specific date(s): \_\_\_\_\_

PROCEEDS OF THIS EVENT WILL BE USED FOR:

Members social events & property/  
maintenance

IF THE PROPOSED CIVIC EVENT IS A PARADE OR RUN/WALK EVENT, PLEASE LIST THE POINT OF ORIGIN, PATH, TERMINATION POINT, NUMBER OF ENTRIES AND TRAFFIC CONTROL PLAN AS NECESSARY. (Use attached map to clarify the route)(FEE IS WAIVED FOR 4<sup>TH</sup> OF JULY PARADE AND HOMECOMING PARADE)

ARE YOU PLANNING TO CHARGE AN ADMISSION FEE?

☒ YES

☐ NO

IF YES, WHAT KIND AND HOW MUCH?

\$5 - to guests over the age of 12

DO YOU PLAN ON UTILIZING VENDORS AND/OR EXHIBITORS FOR SALES OF ANY KIND?  
YES ☒ NO

IF YES, COMPLETELY FILL OUT THE ATTACHED VENDOR CONTACT INFORMATION SHEET(S).

WHAT IS THE FEE CHARGED FOR EACH VENDOR? \_\_\_\_\_

DO YOU PLAN TO CONTRIBUTE REVENUES RECEIVED FROM THIS EVENT TO LOCAL ORGANIZATIONS AND/OR COMMUNITY GROUPS? YES ☒ NO

IF YES, TO WHOM AND HOW MUCH?

WHAT IS THE EXPECTED ATTENDANCE FOR THIS EVENT?

Approx. 3000 people

DO YOU PLAN ON SUPPLYING ADDITIONAL RESTROOM FACILITIES?

☒ YES

NO

NUMBER OF VOLUNTEERS / STAFF?

125-150

HOW WILL THIS EVENT BENEFIT THE RESIDENTS AND/OR IMPROVE THE QUALITY OF LIFE IN NORTHFIELD TOWNSHIP?

Our events are an outdoor social gathering of people from throughout the region. The event provides a nice evening for people of all ages and promotes education of the German culture.

ELECTRICAL SERVICES REQUIRED (Please Be as Accurate as Possible)

OTHER UTILITIES REQUIRED (Please Be as Accurate as Possible)

TOWNSHIP FACILITIES REQUESTED (Please Be as Accurate as Possible)

DO YOU PLAN TO UTILIZE OFF-SITE PARKING FACILITIES

YES

☒ NO

IF SO, WHAT LOCATION IS PLANNED?

WHAT IS YOUR PLAN FOR TRANSPORTATION FROM THE PARKING AREA TO THE EVENT LOCATION?

SIGNAGE REQUESTED (Detail sign locations on the attached map and provide sign renderings)

Number of Signs

Types of Signs

Locations of Signs

Date Signs Posted

Date Signs Removed



## Owner(s) Affidavit\*

I, German Park Recreation Club, have authorized Walter Jarvis as My  
(company or organization owner) (Civic Event Applicant)

Representative for the purpose of obtaining a Civic Event permit(s) from Northfield Township

for my organization located at 5549 Pontiac Trail Ann Arbor MI 48105  
(company or organization address)

W Jarvis  
Owners Signature

4.2.18  
Date

# INDEMNIFICATION AGREEMENT

The German Park Rec. Club agree(s) to defend, indemnify, and hold harmless the Township of  
(business/organization)

Northfield, Michigan, and its agents, officials and employees from any claim, demand, suit, loss, cost of expense, or any damage that may be asserted, claimed or recovered against or from the German Park (business/organization) and/or the Township of Northfield, by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss, cost of expense is caused in whole or in part by the negligence of Northfield Township or by third parties, or by the agents, servants, employees or factors of any of them.

Signature W. Ferris Date 4.2.18  
Witness Marlene Mead Date 4-2-18

# ALCOHOL

PLEASE GIVE A BRIEF DESCRIPTION OF THE TYPE OF ALCOHOL TO BE SOLD / SERVED

Beer & Wine

WHO WILL BE THE ALCOHOL LICENSE HOLDER?

German Park Recreation Club

ON THE ATTACHED MAP, DETAIL THE LOCATIONS WHERE ALCOHOL WILL BE SOLD / SERVED.

DESCRIBE IN DETAIL YOUR ALCOHOL MANAGEMENT PLAN

TIPS training Program renewed annually. ID checked at gate entrance by members who have been TIPS trained. Guests over 21 are handstamped. Designated driver program encouraged & advertised.

**\*\* IF ALCOHOL SALES OR SERVICE IS APPROVED BY THE TOWNSHIP BOARD AS PART OF THIS EVENT, THE APPLICANT MUST ALSO RECEIVE APPROVAL FROM THE LIQUOR CONTROL COMMISSION**


**\*\* IF ALCOHOL SALES OR SERVICE IS APPROVED, EVENT INSURANCE MUST INCLUDE AN ADDITIONAL INDEMNIFICATION FOR ALCOHOL**

## ADDITIONAL CIVIC EVENT REQUIREMENTS

- Inspection by Northfield Township Fire and Police Departments is required prior to start of event.
- Any temporary electrical supply provided during a civic event shall be subject to Northfield Township inspection and approval
- A site map shall be provided for all civic events, as required by Northfield Township Public Safety Officials
- No pets are permitted downtown during civic events, unless approved as part of the event.
- No open flame cookers or heaters are permitted without prior approval from the Northfield Township Fire Department.
- Any additional restroom facilities deemed necessary by Northfield Township for this event are to be supplied by the event organizer
- Event organizer staff / volunteers / vendors are responsible for trash control and cleanup.
- Depending upon the type of event, organizer may be required to provide security.
- If radio communications are utilized during civic event, event organizer shall ensure Northfield public safety officials have access to radio or frequencies.
- Event organizer is responsible for arranging for EMS (Ambulance) at the event.
- If privately-owned property is to be utilized by the event organizer as part of any civic event for parking, staging, or similar uses, the event organizer shall be responsible for ensuring there exists all necessary land usage agreements with the private property owner(s), which shall be reviewed and approved by Northfield Township, to ensure adequate ingress, egress, police and fire protection, insurance, etc.

Accepted and agreed to:

EVENT ORGANIZER

  
By: Walter Jarvis  
Its: President

Dated: 4.2, 2018

# **NORTHFIELD TOWNSHIP APPROVALS/RECOMMENDATIONS/COMMENTS**

\_\_\_\_\_  
**Event Title**

**Police Dept:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

**Fire Dept:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

**Other, if necessary:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

**Clerk:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

**BOARD OF TRUSTEES ACTION:** \_\_\_\_\_ **Date:** \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/20/2018

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).

<b>PRODUCER</b> Kapnick Insurance Group P.O. Box 1801 Adrian MI 49221-7801		<b>CONTACT NAME:</b> Karol Judkins <b>PHONE (A/C, No, Ext):</b> 517-266-6456 <b>E-MAIL ADDRESS:</b> karol.judkins@kapnick.com <b>FAX (A/C, No):</b> 517-263-6658	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A : Michigan Millers Mutual	14508
<b>INSURED</b> German Park Recreation Club 10156 Arnold Dexter MI 48130		<b>INSURER B :</b> CNA Surety	
		<b>INSURER C :</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

**COVERAGES****CERTIFICATE NUMBER:** 1361852138**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			C0511829	7/11/2017	7/11/2018	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			C0511829	7/11/2017	7/11/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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	\$
B A	Liquor Bond Liquor Liability			63533267 C0511829	6/30/2018 7/11/2017	8/26/2018 7/11/2018	Limit Aggregate	1,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AUTOMATIC STATUS POLICY FORMS (WHEN REQUIRED BY WRITTEN CONTRACT OR WRITTEN AGREEMENT WITH NAMED INSURED, PER POLICY TERMS &amp; CONDITIONS)

**GENERAL LIABILITY**

—Additional Insureds

—CG 1078 (01/14) — Specialty Liability Pak

—Additional Insured - Managers or Lessors of Premises - Automatic Status

—Additional Insured - Lessor of Leased Equipment - Automatic Status

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Northfield Township  
attn: William Wagner, Twp Manager  
8350 Main St. PO Box 576  
Whitmore Lake MI 48189

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

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# ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Kapnick Insurance Group		NAMED INSURED German Park Recreation Club 10156 Arnold Dexter MI 48130	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

- Additional Insured – Broad Form Vendors - Automatic Status
- Additional Insured – State or Political Subdivisions Permits - Automatic Status
- Additional Insured - Volunteers - Automatic Status
- Additional Insured – Written by Contract - Automatic Status
- General Liability Waiver of Subrogation - Per Form CG1078 (01/14)