



City Council Agenda Item Report

From: Jamie Wolters
Date: September 22, 2025
Subject: Special Event – Dark Sky Night at Oval Beach

Douglas UCC has applied requesting approval of a special event application. Dark Sky Night at Oval Beach is proposed for Tuesday October 21, 2025. Please see breakdown of event below.

Event Details

- **Event:** Dark Sky Night at Oval Beach
Date: October 21, 2025
Location: Oval Beach
Time: 8 p.m. – 10 p.m. *set up 7 p.m. – 8 p.m. clean up 10 p.m. – 11p.m.*
Estimated Attendance: 50 participants
Volunteers: 10-12
- Request to close all Parking lots North of the ticket gate during event and use of only South parking lot for vendor and public parking.
- Request for public rest rooms to be open.
- Information table with Dark Skies/Artificial Light Pollution information available for people to take with them.
- Shoreline Amateur Astronomical Association/ Saugatuck Township resident- Barry Schoenfelner (Vice President) will support the event with High powered telescopes and astronomy information to share with stargazers.
- Dark-sky friendly flashlights for a guided beach hike for those who are interested.

Budget Action Required:

N/A

Legal Review:

N/A

Sample Motion:

Motion to approve Dark Sky Night at Oval Beach to take place on October 21, 2025.

**Council Action**☐ Approved☐ Denied☐ Date

102 Butler Street • P.O. Box 86 • Saugatuck, MI 49453
Phone: 269-857-2603 • Website: www.saugatuckcity.com

SPECIAL EVENT & PARADE APPLICATION

Must be filled out in its entirety & returned to the City Clerk's Office 30 days prior to scheduled event

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: Douglas UCC (PPW, pending vote & approval) TELEPHONE: 574-276-2275
248-470-2050

MAILING ADDRESS: PO Box - 56 Wall St, Douglas

CONTACT NAME: Chris Clark, Judy Thiel

TELEPHONE: 248-470-2050
574-276-2275

E-MAIL ADDRESS: clark.96@nd.edu

CELL PHONE: Same

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Chris Clark
Judy Thiel

TELEPHONE: 574-276-2275
248-470-2050

E-MAIL ADDRESS: clark.96@nd.edu
jtimar@gmail.com

CELL PHONE: Same

EVENT INFORMATION

NAME OF EVENT: Dark Sky Night at
Oval Beach

DATE(S) OF EVENT: 10/21/2025

PURPOSE OF EVENT: Light Pollution awareness
Stargazing with Pros
Red-light Beach hike

RAIN DATE: 10/22/2025

☒ Non-Profit ☐ For-Profit ☐ City Operated/Sponsored
☐ Marathon/Race ☐ Festival/Fair ☐ Video/Film Production

☒ Co-Sponsored Approved - PPW Committee + Douglas UCC
☐ Other

EVENT LOCATION: Oval Beach

EVENT HOURS: 8-10 pm

ESTIMATED NUMBER OF ATTENDEES: Anticipating around 50 at most

ESTIMATED NUMBER OF VOLUNTEERS: 10-12

ESTIMATE DATE / TIME FOR SET-UP: 7:00

8:00 ☐ A.M. ☒ P.M.

ESTIMATE DATE / TIME FOR CLEAN-UP: 10:00

11:00 ☐ A.M. ☒ P.M.

EVENT DETAILS

WILL MUSIC BE PROVIDED DURING THIS EVENT: ☐ Yes

☒ No

TYPE OF MUSIC PROPOSED: ☐ Live

☐ Amplification

☐ Recorded

☐ Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: _____

END: _____

FOOD VENDORS/CONCESSIONS: (Contact Allegan County Health Department) ☐ Yes

☐ Provide Copy of Health Department Food Service License

☒ No

WILL ALCOHOL BE SERVED AT THIS EVENT: ☐ Yes

☒ No

☐ Provide Copy of Liquor Liability Insurance (listing the City as additionally insured)

☐ Provide Copy of Michigan Liquor Control License

If yes, describe measures to be taken to prohibit the sale of alcohol to minors: _____

WILL FIREWORKS BE APART OF EVENT: ☐ Yes

☒ No

☐ Provide Copy of Liability Insurance (listing the City as additionally insured)

☐ Provide Copy of Fireworks Permit

EVENT SIGNAGE: City Council approval is required for any temporary signing in the public right-of-way, across a street or on City property. Which of the following signs are requested for this event:

☐ "YARD" SIGNS - Number requested: ____ (Maximum size is 2' x 2'. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)

☐ BANNER UNDER SAUGATUCK PALETTE SIGN - (Size cannot be greater than 14' x 4'). Cannot be displayed more than 15 days prior to first day of event and must be removed 24 hours after end of event.)

☐ SIGNAGE AT EVENT SITE - Location(s): _____

Description of signs: _____

(Signs at event site cannot be displayed prior to day of the event and must be removed at the end of the event.)

TENTS/CANOPIES/MISC: The City of Saugatuck does not have tents, stage, tables or chairs available for rental. There are a number of businesses listed in the yellow pages under "Rental Service Stores" that specialize in the rental of event supplies. Will the following be constructed or located in the event area:

☐ BOOTHS - QUANTITY _____

☒ TENTS - QUANTITY 1 (small canopy)

☐ AWNINGS - QUANTITY _____

☒ TABLES - QUANTITY 1

☐ PORTABLE TOILETS - QUANTITY _____

(we will provide both)

VENDOR PARKING: Have you made arrangement for vendor parking? ☐ Yes ☒ No

If yes, where do you propose your vendors park? (we plan to use the beach parking lot to the left of the entrance Booth)

Will the Interurban be utilized? ☐ Yes

☒ No

Time(s) _____

DEPARTMENT OF PUBLIC WORKS☐ APPROVED☐ DENIED_____
*Authorized Personnel Signature*Will this event require the use of any of the following municipal equipment: ☒ Yes ☐ No☐ TRASH RECEPTACLES – QUANTITY _____☐ BARRICADES – QUANTITY _____☒ TRAFFIC CONES – QUANTITY 10-12☐ PARKING SIGNS – QUANTITY _____☐ FENCING ☐ WATER ☐ ELECTRIC☐ RESTROOM CLEANING☒ OTHER Can beach restrooms be open for event?**POLICE DEPARTMENT**☐ APPROVED☐ DENIED_____
*Authorized Personnel Signature*ADDITIONAL OFFICERS REQUIRED? ☐ Yes ☐ No

If yes please describe & include times _____

Other (describe): _____

SAUGATUCK TOWNSHIP FIRE DISTRICT☐ APPROVED☐ DENIED_____
*Authorized Personnel Signature*STREET CLOSURES: ☐ Yes ☐ No (use attached map to outline proposed closures)Street closure date/time: _____ ☐ A.M. ☐ P.M.Street re-open date/time: _____ ☐ A.M. ☐ P.M.SIDEWALK CLOSURES: ☐ Yes ☐ No (use attached map to outline proposed closures)

Describe Sidewalk Use: _____

Sidewalk closure date/time: _____ ☐ A.M. ☐ P.M.Sidewalk re-open date/time: _____ ☐ A.M. ☐ P.M.PARKING LOT CLOSURES: ☐ Yes ☐ No (use attached map to outline proposed closures)

Parking Lot Location: _____

Sidewalk closure date/time: _____ ☐ A.M. ☐ P.M.Sidewalk re-open date/time: _____ ☐ A.M. ☐ P.M.

What parking arrangements are proposed to accommodate potential attendance: _____

APPLICATION CHECK LIST

☐ Completed Application

☐ Event Map (includes detailed event layout for vendors, booths, porta potties, etc.)

WA ☒ Road/Sidewalk/Parking Lot Closure Map

☐ Certificate of Insurance (listing the City of Saugatuck as additionally insured)

NA ☒ Fireworks Permit (if applicable)

WA ☒ Michigan Liquor Control Commission Special Event License (if applicable)

NA ☒ Health Department Food Service License (if applicable)

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

Provide a certificate of insurance with all coverages deemed necessary for the event, name the City of Saugatuck as an additional insured on all applicable policies and submit the certificate to the City Clerk's Office no later than one (1) week following notice of the event approval.

Comply with all City and County Ordinances and applicable State laws, City policies and acknowledges that the special events permit does not relieve the applicant or organization from meeting any application requirements of law or other public bodies or agencies.

Applicant and sponsoring organization further understands the approval of this special event may include additional requirements and/or limitations based on the City's review of this application. The applicant and sponsoring organization understands that it may be necessary to meet with City staff during the review of this application and that City Council approval is necessary.

Applicant understands that he/she is responsible for contacting the Michigan Liquor Control Commission and/or Allegan County Health Department to secure all permits required for this event.

WA ☒ Applicant agrees to defend, indemnify and hold harmless the City of Saugatuck, Michigan from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from this Special Event 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 the City of Saugatuck or by third parties, or by the agents, servants, employees or factors of any of them.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.


Applicant Signature

9/9/25
Date

