



City Council Agenda Item Report

FROM: Jamie Wolters

MEETING DATE: March 9, 2026

SUBJECT: Special Event-Community Pride Car Parade

DESCRIPTION:

The proposed Annual Community Pride Car Parade is scheduled to take place on June 6, 2026. Please find the attached event application and a breakdown of the event for your review.

A Sheriff's Deputy will lead the parade. There are no service requests from the Fire Department or the Department of Public Works (DPW) associated with this event.

The event application has been reviewed and approved by the Fire Department, Police Department, and DPW.

BREAKDOWN OF EVENT:

Date: June 6, 2026

Time: 10:30am - 11:30am

Car Parade Route: 80 cars to travel from Saugatuck High School through downtown via Butler Street and existing town to Blue Star Highway.

SAMPLE MOTION:

Motion to approve/deny the Community Pride Car Parade to take place on June 6, 2026.

RECEIVED

JAN 29 2026

CITY OF SAUGATUCK
102 BUTLER ST
SAUGATUCK, MI 49453

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



Council Action

____ Approved

____ Denied

____ Date

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: Community Pride MI

TELEPHONE: 630-388-9730

MAILING ADDRESS: PO Box 437, Douglas MI 49406

CONTACT NAME: Michael Wright

TELEPHONE: 630-388-9730

E-MAIL ADDRESS: mdwright1985@gmail.com

CELL PHONE: 630-388-9730

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Michael Wright

TELEPHONE: 630-388-9730

E-MAIL ADDRESS: mdwright1985@gmail.com

CELL PHONE: 630-388-9730

EVENT INFORMATION

NAME OF EVENT: Community Pride Parade

DATE(S) OF EVENT: 6/6/26

PURPOSE OF EVENT: Kickoff of Saturday Pride events

RAIN DATE: NONE

☒ Non-Profit

☐ For-Profit

☐ City Operated/Sponsored

☐ Co-Sponsored

☐ Marathon/Race

☐ Festival/Fair

☐ Video/Film Production

☐ Other _____

EVENT LOCATION: Parade from Saugatuck HS to Douglas

EVENT HOURS: 10:30a - 11:30a

ESTIMATED NUMBER OF ATTENDEES: 80 CARS

ESTIMATED NUMBER OF VOLUNTEERS: 10

ESTIMATE DATE / TIME FOR SET-UP: 10:30a

11:00a ☒ A.M. ☐ P.M.

ESTIMATE DATE / TIME FOR CLEAN-UP: 11:30a

12:00p ☐ A.M. ☒ P.M.

EVENT DETAILS

WILL MUSIC BE PROVIDED DURING THIS EVENT: ☐ Yes

☒ No

WE WILL HAVE A
COMMENTATOR WITH
A MICROPHONE ON
EITHER BUTLER OR
CULVER
STREET

TYPE OF MUSIC PROPOSED: ☐ Live ☐ Amplification

☐ Recorded

☐ Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: _____

END: _____

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

☒ No

☐ Provide Copy of Health Department Food Service License

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: 12 (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** _____

☐ **AWNINGS – QUANTITY** _____

☐ **TABLES – QUANTITY** _____

☐ **PORTABLE TOILETS – QUANTITY** _____

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

If yes, where do you propose your vendors park? _____

Will the Interurban be utilized? ☐ Yes ☐ No

Time(s) _____

DEPARTMENT OF PUBLIC WORKS

☒ APPROVED

☐ DENIED

Approved 2-6-26

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 _____

☐ PARKING SIGNS – QUANTITY _____

☐ FENCING

☐ WATER

☐ ELECTRIC

☐ RESTROOM CLEANING

☐ OTHER _____

POLICE DEPARTMENT

☒ APPROVED

☐ DENIED

Approved 2-13-26

Authorized Personnel Signature

ADDITIONAL OFFICERS REQUIRED? ☒ Yes ☐ No

If yes please describe & include times

Sheriff to drive as lead car in parade.

Other (describe): _____

SAUGATUCK TOWNSHIP FIRE DISTRICT

☒ APPROVED

☐ DENIED

Approved 2-7-26

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: _____

Volunteers will work at street intersections along parade route to block traffic

APPLICATION CHECK LIST

- ☒ Completed Application
- ☒ Event Map (includes detailed event layout for vendors, booths, porta potties, etc.)
- ☐ Road/Sidewalk/Parking Lot Closure Map
- ☒ Certificate of Insurance (listing the City of Saugatuck as additionally insured)
- ☐ Fireworks Permit (if applicable)
- ☐ Michigan Liquor Control Commission Special Event License (if applicable)
- ☐ 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.

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



Date

Saugatuck/Douglas Area Map





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/21/2025

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 have ADDITIONAL INSURED provisions or 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 Saugatuck Harbor Insurance Agency 102 S. Blue Star Hwy, Ste. 118 PO Box 730 Douglas MI 49406		CONTACT NAME: Keaton Boerema PHONE (A/C, No, Ext): (269) 857-1751 E-MAIL ADDRESS: keatonb@shinsurance.com FAX (A/C, No): (269) 857-1838	
INSURED Community Pride Mi Po Box 437 Douglas MI 49406		INSURER(S) AFFORDING COVERAGE INSURER A: Michigan Millers Ins. Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL2542105943

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y		C0550174	06/01/2026	06/01/2027	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ Excluded						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OPAGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☐	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 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)

City of Saugatuck is endorsed as an additional insured regarding Car Parade on June 6, 2026 sponsored by Community Pride MI.

CERTIFICATE HOLDER

CANCELLATION

The City of Saugatuck 102 Butler St Saugatuck MI 49453	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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