



## City Council Agenda Item Report

**FROM:** Jamie Wolters

**MEETING DATE:** March 9, 2026

**SUBJECT:** Special Event – Venetian Festival

The attached Venetian Festival application requests approval for the use of Coghlin Park on July 24, 2026, for the park party, and on July 25, 2026, for a live band in the gazebo prior to the fireworks.

A safety meeting has been conducted, and the event has been reviewed and approved by the Fire Department, Police Department, and Department of Public Works (DPW).

Approval of the fireworks display will be presented to Council at a later date following the completion of the required fireworks safety meeting.

**Venetian Festival:**

**Date:** 7-24-26 & 7-25-26

**Location:** Coghlin Park

**Time:** 7-24-26 4:30pm-11:00pm  
7-25-26 11:30am – 1:00pm

**SAMPLE MOTION:**

Motion to approve/deny the 2026 Venetian Festival events to take place in Coghlin Park on July 24<sup>th</sup> & 25<sup>th</sup>.

**Council Action**

\_\_\_\_ Approved

\_\_\_\_ Denied

\_\_\_\_ Date

102 Butler Street • P.O. Box 86 • Saugatuck, MI 49453  
Phone: 269-857-2603 • Website: [www.saugatuckcity.com](http://www.saugatuckcity.com)

**SPECIAL EVENT & PARADE APPLICATION**

Must be filled out in its entirety & returned to the City Clerk's Office 60 days prior to scheduled event

**SPONSORING ORGANIZATION INFORMATION**

LEGAL BUSINESS NAME: Rotary Club of Saugatuck-Douglas TELEPHONE: 248-245-4210

MAILING ADDRESS: P.O. Box 211 Douglas MI 49406

CONTACT NAME: Helen Baldwin

TELEPHONE: —

E-MAIL ADDRESS: hbaldwin0925@gmail.com

CELL PHONE: 248-245-4210

**CONTACT PERSON ON DAY OF EVENT**

CONTACT NAME: Helen Baldwin

TELEPHONE: —

E-MAIL ADDRESS: hbaldwin0925@gmail.com

CELL PHONE: 248-245-4210

**EVENT INFORMATION**

NAME OF EVENT: Venetian Festival 2026

DATE(S) OF EVENT: July 24+25

PURPOSE OF EVENT: Charitable Fundraiser

RAIN DATE: n/a

☒ Non-Profit

☐ For-Profit

☐ City Operated/Sponsored

☐ Co-Sponsored

☐ Marathon/Race

☒ Festival/Fair

☐ Video/Film Production

☐ Other

EVENT LOCATION: Coglin Park, Wicks Park  
*Fri & Sat* *Sat. Fireworks*

EVENT HOURS: 7/24 4:30-11pm  
7/25 11:30-1pm

ESTIMATED NUMBER OF ATTENDEES: 3200

ESTIMATED NUMBER OF VOLUNTEERS: 65

ESTIMATE DATE / TIME FOR SET-UP: 7/23

9:00 ☒ A.M. ☐ P.M.

ESTIMATE DATE / TIME FOR CLEAN-UP: 7/25

3:00 ☐ 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: Fri. 6pm  
Sat (Ladies) 7pm

Fri 11pm  
END: Sat 9:30pm

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

☐ No

☐ Provide Copy of Health Department Food Service License no food trucks  
pizza supplied as delivered.

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: bar area fenced in + ID

checked at entrance (must be 21 to enter) security present, bartenders TIPS train  
liquor license will be provided pending city approval

WILL FIREWORKS BE A PART 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): entrance to Cogolin Park

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 3

☐ AWNINGS - QUANTITY \_\_\_\_\_

☐ TABLES - QUANTITY 35 high top s

☐ PORTABLE TOILETS - QUANTITY \_\_\_\_\_

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

If yes, where do you propose your vendors park? lower Griffith + west side of Culver

Will the Interurban be utilized? ☒ Yes ☐ No Time(s) \_\_\_\_\_

## DEPARTMENT OF PUBLIC WORKS

☒ APPROVED

☐ DENIED

Approved 2-26-26

Authorized Personnel Signature

Will this event require the use of any of the following municipal equipment:

☐ Yes

☐ No

☐ TRASH RECEPTACLES – QUANTITY 10

☒ BARRICADES – QUANTITY TBD pending safety mtg

☐ TRAFFIC CONES – QUANTITY \_\_\_\_\_

☒ PARKING SIGNS – QUANTITY \_\_\_\_\_

☒ FENCING

☐ WATER

☒ ELECTRIC

☐ RESTROOM CLEANING

☐ OTHER \_\_\_\_\_

## POLICE DEPARTMENT

☒ APPROVED

☐ DENIED

Approved 2-26-26

Authorized Personnel Signature

ADDITIONAL OFFICERS REQUIRED? ☒ Yes ☐ No

If yes please describe & include times Will have private security but Albany Sheriff

Other (describe): has a presence

## SAUGATUCK TOWNSHIP FIRE DISTRICT

☒ APPROVED

☐ DENIED

Approved 2-26-26

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: \_\_\_\_\_

## 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: please advise on add'l docs for fireworks  
CSE supp. insurance  
attached).

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.

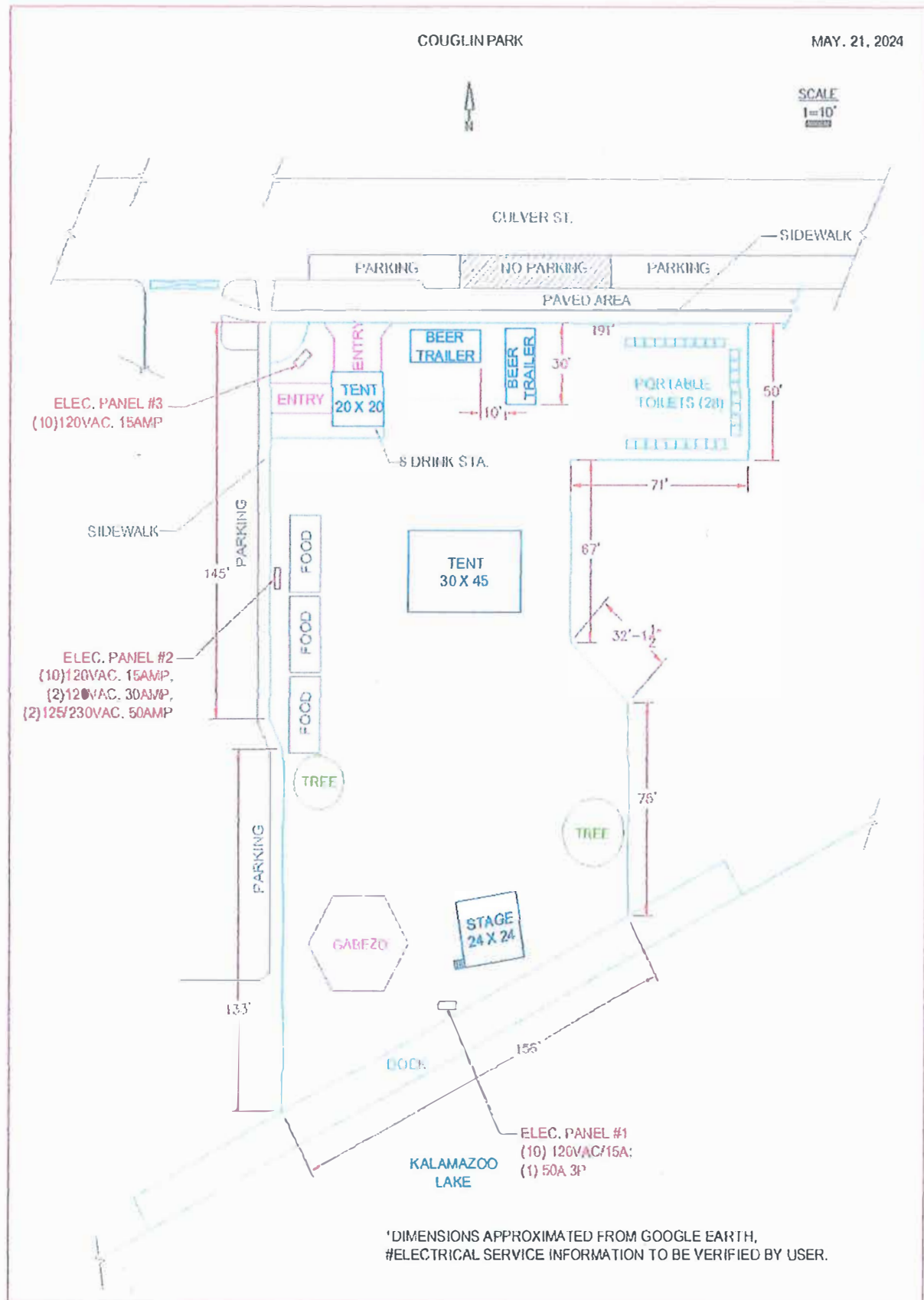
  
\_\_\_\_\_  
Applicant Signature

Jan 29, 2026  
\_\_\_\_\_  
Date

COUGLIN PARK

MAY. 21, 2024

SCALE  
1"=10'



\*DIMENSIONS APPROXIMATED FROM GOOGLE EARTH,  
#ELECTRICAL SERVICE INFORMATION TO BE VERIFIED BY USER.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

|                                                                                                                                                |                                                                                  |               |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------|
| <b>PRODUCER</b><br>Hylant Group Inc.<br>811 Madison Ave.<br>Toledo, OH 43604                                                                   | <b>CONTACT NAME:</b> Sara Humphries / Macy Gorrell                               |               |
|                                                                                                                                                | <b>PHONE (A/C, No, Ext):</b> (419) 259-2710 <b>FAX (A/C, No):</b> (419) 255-7557 |               |
|                                                                                                                                                | <b>E-MAIL ADDRESS:</b> Rotary@hylant.com                                         |               |
| <b>INSURED</b><br><br>All Active U.S. Rotary Clubs & Districts<br><br>ATTN: Risk Management Dept.<br>1560 Sherman Avenue<br>Evanston, IL 60201 | <b>INSURER(S) AFFORDING COVERAGE</b>                                             | <b>NAIC #</b> |
|                                                                                                                                                | <b>INSURER A:</b> Westchester Surplus Lines Ins                                  | 10172         |
|                                                                                                                                                | <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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Liquor Liability<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: | X         |          | G73578917 004 | 7/1/2025                | 7/1/2026                | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COM/OP AGG \$ 4,000,000 |
| A        | <input type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                              | X         |          | G73578917 004 | 7/1/2025                | 7/1/2026                | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                         |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                                                                                   |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$                                                                                                                                                                                                |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                        |           | N/A      |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.I. EACH ACCIDENT \$<br>E.I. DISEASE - EA EMPLOYEE \$<br>E.I. DISEASE - POLICY LIMIT \$                                                                  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The Certificate Holder is included as an additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

**CERTIFICATE HOLDER****CANCELLATION**

City of Saugatuck  
P.O. Box 86  
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