



City Council Agenda Item Report

FROM: Jamie Wolters

MEETING DATE: July 28, 2025

SUBJECT: Annual Special Event-Art in the Park Saugatuck

DESCRIPTION:

Art Entrepreneurs is proposing Art in the Park Saugatuck to be held on September 13, 2025. See attached application and breakdown of event below. Fire, Police & DPW have approved the safety plan.

BREAKDOWN OF EVENT:

Name: Art in the Park Saugatuck

Dates: 9/13/25

Hours: 10am-4pm

Location: Wicks Park

Booths: 40

Volunteers: 12

Vendor Parking: Saugatuck High School and local church via Interurban

Music: 11:00am-4:00pm

BUDGET ACTION REQUIRED:

N/A

LEGAL REVIEW:

N/A

SAMPLE MOTION:

Motion to approve/deny the Art in the Park Saugatuck to take place on September 13th, 2025, organized by the Artist Entrepreneurs.

**Council Action**

_____ Approved

_____ Denied

_____ Date

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

5-19-2025

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: Artist Entrepreneurs TELEPHONE: 6162923930

MAILING ADDRESS: 2522 Grand Vista Ct Nw, Grand Rapids, MI 49534

CONTACT NAME: Anna Donahue TELEPHONE: 6162923930

E-MAIL ADDRESS: anna@annadonahue.com CELL PHONE: 6162923930

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Anna Donahue TELEPHONE: 6162923930

E-MAIL ADDRESS: anna@annadonahue.com CELL PHONE: 6162923930

EVENT INFORMATION

NAME OF EVENT: Art in the Park Saugatuck DATE(S) OF EVENT: Sept 13, 2025

PURPOSE OF EVENT: Art Festival RAIN DATE: N/A

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

EVENT LOCATION: Wicks Park EVENT HOURS: 10 am - 4 pm

ESTIMATED NUMBER OF ATTENDEES: _____

ESTIMATED NUMBER OF VOLUNTEERS: 12

ESTIMATE DATE / TIME FOR SET-UP: Sept. 13, 2025 7:00 ☒ A.M. ☐ P.M.

ESTIMATE DATE / TIME FOR CLEAN-UP: Sept, 13, 2025 5:00 ☐ 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: 11:00 am END: 4:00 pm

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: 16 (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): Gazebo banner and yard signs near sidewalks
Description of signs: We have a banner for the Palette Sign but your online check-off does not work. 16 yard signs
(Signs at event site cannot be displayed prior to day of the event and must 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 40 ☐ **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? High School lot if available or church lot

Will the Interurban be utilized? ☒ Yes ☐ No Time(s) 7 am- 10 am and 4 pm - 5 pm

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 6

☐ BARRICADES – QUANTITY 2

☐ TRAFFIC CONES – QUANTITY _____

☒ PARKING SIGNS – QUANTITY 2

☐ FENCING ☐ WATER ☐ ELECTRIC

☒ RESTROOM CLEANING

☐ OTHER _____

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: Next to Wicks Park

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: _____

We need 6 spaces reserved next to Wicks Park for
officiale and handicapped artists



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

ARTIST ENTREPRENEURS
C/O ANNA DONAHUE
2522 GRAND VISTA CT NW
GRAND RAPIDS, MI 49534

Date:
02/22/2024
Employer ID number:
87-4062217
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
509(a)(2)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
February 10, 2024
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053443008164

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Letter 947 (Rev. 2-2020)
Catalog Number 35152P



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/12/2025

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  Justin Vander Iest 6840 Northway Drive NE Ste B2 Rockford MI 493417568	CONTACT NAME: Justin Vander Iest PHONE (A/C, No, Ext): 616-951-7188 E-MAIL: justin.vanderiest.f0ru@statefarm.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : State Farm Fire and Casualty Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 25143
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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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR	N	N	92-GP-A711-1	04/01/2025	04/01/2026	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
	GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 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 ☐ OCCUR ☐ CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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)

CERTIFICATE HOLDER**CANCELLATION**

CITY OF SAUGATUCK 102 BUTLER STREET 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  This form was system-generated on 05/12/2025
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SIDEWALK TO CHAIN FERRY

WATERFRONT SIDEWALK

SIDEWALK

ONSTREET PARKING-----UNLOAD ALONG HERE

27 26 25 24 23 22 21 20

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RESTROOM

ART IN THE PARK
2024

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GAZEBO

SIDEWALK

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VIP

WICKS PARK
420 WATER STREET
SAUGATUCK, MI 49453

1

SMALL PARKING LOT

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