Special City Council Meeting
May 22, 2019
Agenda

7:30 p.m.  Call to Order
Pledge of Allegiance
Roll Call

Approval of Agenda

Public Comment

I. New Business

1. Approval of road closures for Memorial Day Parade May 27, 2019

II. Adjournment

*Please see reverse side for rules of conduct for public comment at City Council meetings*
SOUTH LYON POLICE DEPARTMENT
219 Whipple
South Lyon, Michigan 48178
Ph: (248)437-1773 / Fax: (248)437-0459
Lloyd T. Collins
Chief of Police

PARADE / DEMONSTRATION/EVENT APPLICATION

Date Application Submitted: 5/14/19  
Requested Date of Event: 5/27/2019

Applicant / Contact's Name: Dayna Johnston
Applicant Address: [redacted]

Name of Event(s): Memorial Day Parade
Business / Organizations Name (if Applicable): South Lyon VFW Love Well Hall Post #1224
Bus. Ph#: 248-437-2977  
Bus. Address: 126 E. Matter Rd

President/CEO (Responsible for Event): John Anderson  
Direct Ph#: 248-437-2977

Line up & Check-in: 7:00 a.m. / p.m.
Event START Time: 9:00 a.m. / p.m.
Event END Time: 10:45 a.m. / p.m

Approximate Number of PERSONS: 600
Organization Names: Dayna Johnston - Boy Scout
Girl Scouts, Basketball Teams, Bands, Vets

Approximate Number of VEHICLES: 30
Types of Vehicles: Cars, Antiques, Hot Rods, Tractors, Bus

Approximate Number of ANIMALS: 50
Specific Animals: Dogs, Cows, Goats, Horses,
there will be proper scoopers for the animals.

Amount of space to be maintained between and /all units in Parade: 10 FEET

Route to be traveled (Include Street Names and Turning Directions) or area to be utilized:
Walken South to Lake Street West Proceeding to Center of Town where there will be a pause for Taps - the Pledge and Day's Howling
after will Proceed Down to Reynold Street Blu to Stikker in to the Cemetery

Dayna Johnston
Applicant's SIGNATURE

Dayna Johnston
Responsible Party's SIGNATURE

APPROVED [✓] DENIED [ ]

Chief Christopher J. Smith
HOLD HARMLESS

To the fullest extent permitted by law the **South Lyon VFW Post # 1224**
(Name of Applicant/Organization)
agrees to defend, pay on behalf of, indemnify, and hold harmless the City of South Lyon, its elected and appointed officials, employees and volunteers, and others working on behalf of the City of South Lyon against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed, or recovered against or from the City of South Lyon by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of, or is in any way connected or associated with this event.

**Danya Johnston**
Signature

**May 10th, 2019**
Date
CERTIFICATE OF LIABILITY INSURANCE

DATE (PRODUCED BY) 06/29/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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 INSURING INSURER(s), AUTHORIZED REPRESENTATIVE OR PROVIDER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policyholder must be endorsed. If ENDORSEMENT 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
Select Underwriters Inc
100 N. Lakeview Lake Forest A

INSURED
South Lyon Library
5111 W. Van Post 1224
126 E Michigan St
South Lyon

LICENSE:
LI-05327
LI-08178

COVERAGE NUMBER:
CERTIFICATE NUMBER:

MIN: 06/29/2019

A

C0065111

06/29/2019 - 12/15/2019

B

C0065111

06/29/2019 - 12/15/2019

D

06/29/2019 - 12/15/2019

E

06/29/2019 - 12/15/2019

F

06/29/2019 - 12/15/2019


ENDORSEMENT:
MODIFICATIONS:

The City of South Lyon, all elected and appointed officials, all employees and volunteers, all boards, commissions, and/or statistical and board members, including employees and volunteers thereof are named as additional insured(s).

CERTIFICATE HOLDER
City Of South Lyon
Fax: 248-450-5043
335 Siverse
South Lyon, MI 48178

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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