

# **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 May27, 2019

#### **II. Adjournment**

\*Please see reverse side for rules of conduct for public comment at City Council meetings\*

Blow #39 Cub Scout's  
35



# 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: 5/11/19 Requested Date of Event: May 27, 2019

Applicant / Contact's Name: Dayna Johnston PH #: [REDACTED]

Applicant Address: [REDACTED]

Name of Event(s): MEMORIAL DAY PARADE

Business / Organizations Name (if Applicable): SOUTH LYON VFW LOVEWELL HALL POST # 1224

Bus. Ph#: 248-437-2977 Bus. Address: 125 E McHATTIE RD

President / CEO (Responsible for Event): JOHN ANDERSON Direct Ph#: 248-437-2977  
DAYNA JOHNSTON

Event START Time: LINE UP 8:00 AM  
SEP 09 9:00 a.m. / p.m. Event END Time: 10:45 a.m. / p.m.

Approximate Number of PERSONS: 600 Organization Names: DAYNA JOHNSTON - BOYSCOUT  
GIRLSCOUTS, BASEBALL 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, Cow, goat, 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:  
WARREN South to LAKE STREET WEST Proceeding to center of  
TOWN where there will be a pause for TAPS - the Pledge and Dog's howling  
after will Proceed Down to Reynolds Sweet Blv. to STRIKER  
IN to THE Cemetery

Dayna Johnston  
Applicant's SIGNATURE

Dayna Johnston  
Responsible Party's SIGNATURE

APPROVED [  ] DENIED [  ]

Chief Christopher J. Hill

**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.

Dayna Johnston  
Signature

May 10<sup>th</sup> 2017  
Date

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)  
05/06/2019

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 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> Select Underwriters Inc 100 N. Williams Lake Rd Ste A  Waterford MI 48327	<b>CONTACT</b> Name: Kim Anderson Phone (Ac. No. 601): (248) 698-7600 FAX (Ac. No.): (248) 698-7634 Email Address: kim@selectunderwriters.com
<b>INSURED</b>  South Lyon Lovewell-Hill Vfw Post 1224 125 E McHattie St  South Lyon MI 48178	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: MICHIGAN MILLERS MUTUAL 14508 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

**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.

POLICY	TYPE OF INSURANCE	ADDC. SUBS. (INS2) (W02)	POLICY NO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS	
						PER OCCURRENCE	AGGREGATE
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> GEN. AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PER OCC. <input type="checkbox"/> LOG OTHER		C0509111	12/15/2018	12/15/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MEDICAL EXP. (Any one person) \$ 5,000 PERSONAL & ADJ. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COVERAGE \$ 2,000,000	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS		C0509111	12/15/2018	12/15/2019	CARTRIED SHARE LIABILITY \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per structure) \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED. <input type="checkbox"/> RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (Mandatory for Non-Construction or Description of Operations)	Y/N N N/A	W0510700	12/15/2018	12/15/2019	PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 10), Additional Remarks Schedule, may be attached if more space is required.  
 Memorial Day Parade, Monday, May 27, 2019

The City of South Lyon, all elected and appointed officials, all employees and volunteers, all boards, commissions, and/or authorities and board members, including employees and volunteers thereof are named as additional insureds.

<b>CERTIFICATE HOLDER</b>  City Of South Lyon Fax 248-486-0049 335 South Warren South Lyon, MI 48178	<b>CANCELLATION</b>  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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