



**Special City Council Meeting
7:00 PM, MONDAY, DECEMBER 5, 2016
Conference Room
Farmington City Hall
23600 Liberty St
Farmington, MI 48335**

SPECIAL MEETING AGENDA

1. CALL TO ORDER

Roll Call

2. APPROVAL OF AGENDA

3. PUBLIC COMMENT

4. PRESENTATION: CHATHAM HILLS SUBDIVISION, DAVID RYALL

5. CITY COMMISSION INTERVIEW

**A. Interview Amber DeLind to Serve on Commission for Children,
Youth and Families**

6. SPECIAL EVENT APPLICATION

A. Special Event Request-Farmington Winter Market

7. OTHER BUSINESS

8. COUNCIL COMMENT

9. ADJOURNMENT

Motion To Adjourn

**Farmington City Council
Staff Report**

Council Meeting Date:
December 5, 2016

**Reference
Number
(ID # 2321)**

Submitted by: David Murphy, City Manager

Description: Interview Amber DeLind to Serve on Commission for Children, Youth and Families

Requested Action:

Move to appoint Amber DeLind to serve on Commission for Children, Youth and Families to serve a 3-year term ending December 31, 2019.

Background:

Agenda Review

Review:

David M. Murphy Completed 12/02/2016 11:37 AM
City Manager Completed 12/02/2016 11:37 AM
City Council Pending 12/05/2016 7:00 PM



MAIN STREET VOLUNTEER FORM

NAME: Delind Amber L.T.
Last First Middle Initial

ADDRESS: 34105 State Farmington 48335
Number and Street City Zip Code

PHONE: (517) 449-0943

BEST TIME TO CONTACT ME (circle): 9 - Noon Noon - 5 5 - 9

E-MAIL: amber.toth@gmail.com

HOW CAN I HELP? (Check all that apply):

- Event Staffing & Management
- Marketing & Web Site
- Market Surveys & Research
- Business Recruitment & Retention Programs
- Design Review
- Communications & Writing
- Volunteer Coordination
- Fundraising
- General & Administrative

WHEN CAN I HELP?

I am able to help a couple of hours per month on an as-needed basis.
 Weekdays Week Nights Weekends

I am able to commit to two hours or more per month to serve on a Committee.
 Weekdays Week Nights Weekends
(If before 9 am)

Main Street Volunteer Form
Page 2

WHAT CAN I DO BEST?

Special Skills: Public Speaking, writing, events management/
planning

Volunteer Assumption of Risk and Waiver of Liability

I understand that I may encounter various risks as a volunteer for the Farmington Downtown Development Authority. I hereby agree to assume those risks, release and hold harmless, the Downtown Development Authority, the City of Farmington, its employees, elected and appointed officials and any other representatives of the DDA, including other volunteers, from any and all liability for injury to me or damage to my property which may result from my participation in volunteer activities. This release shall be binding on me and any other persons making claim through me or on my behalf.

I agree to release the use of my likeness, photo, video, or otherwise, that may be taken during my volunteer activities for use in promotional material without compensation to me.

[Signature]
Signature of Volunteer

5/18/16
Date

If the volunteer is under 18 years old, signature of parent/guardian

Date

For Office Use Only

Volunteer Database
Volunteer E-mail List

Welcome Letter
Committee Assignment

Return completed form to:

Farmington Downtown Development Authority
33316 Grand River Avenue
Farmington MI 48336



APPLICATION FOR
BOARDS, COMMISSIONS AND COMMITTEES

Thank you for your interest in serving the City of Farmington as an appointed public representative. Applications will be maintained on file for future consideration

Date: 5/18/16

Name: Delind Amber L.T.
Last First Middle

Home Address: 34105 State St. Farmington 48335
Number & Street City Zip

Home Telephone: (517) 449-0943 Voting Precinct: 5

Email: amber.toth@gmail.com

Employer: The Center for Michigan

Business Address: 4100 N. Dixboro Ann Arbor 48105
Number & Street City Zip

Business Telephone: (734) 926-4285

Have you been a resident of Farmington for the past 12 months? Yes

Please state your reasons for volunteering to serve our community as an appointed public representative..

As a relatively new resident of Farmington, I am looking for ways to become more engaged in my community. I am a passionate advocate for civic engagement and would like to be part of the committees that work to make Farmington the thriving, diverse, and family-friendly community that it is today.

PLEASE CIRCLE YOUR PREFERENCE(S)

- A. Aging Commission
- B. Arts Commission
- C. Beautification Awards and Committee
- D. Board of Review
- E. Charter Review Committee
- F. Commission on Children, Youth & Families
- G. Construction Board of Appeals
- H. Downtown Development Authority*
- I. Grand River Corridor Improvement Authority
- J. Historical Commission
- K. Library Board of Directors
- L. Planning Commission
- M. Southwestern Oakland County Cable Commission
- N. Traffic & Safety Board
- O. Zoning Board of Appeals

*City of Farmington residency not required

EDUCATION ACHIEVEMENT

Grand Valley State University	Master of Public Administration	2011
Name of College/University	Degree	Year Attained
Michigan State University	Bachelor of Arts, Psychology	2008
Name of College/University	Degree	Year Attained
St. Johns High School	High School Diploma	2004
Name of Institution/High School	Diploma/Certificate	Year Attained

(Degree or advance education is not required for appointment consideration)

EMPLOYMENT/PROFESSIONAL EXPERIENCE

Please describe your professional qualifications and/or employment experience.

I am the engagement strategy director for the Center for Michigan, a 501(c)(3) nonprofit and nonpartisan "think-and-do" tank. The mission of our organization is to bring the voices of Michigan residents to state public policy. I have developed and executed statewide public engagement campaigns on K-12 education, workforce development, the state of the state, and trust in government. I also have a master's degree in public administration.

COMMUNITY/PUBLIC SERVICE EXPERIENCE

Please describe your previous experience with community-based organizations or other volunteer activities.

I currently volunteer as a coach with Girls on the Run at the Farmington Family YMCA and as a level 2 volunteer at the Haven Valley Humane Society. I served my country as an AmeriCorps VISTA member for two years in 2008⁻⁰⁹ and 2009-10.

SPECIAL SKILLS AND ABILITIES

Please describe any special skills, abilities, talents, etc., that you are willing to share.

I moderate/facilitate meetings as part of my career, and also analyze data to produce policy briefs and educational reports.



Applicant signature

Please attach any additional pages or documents and return completed application to:

City of Farmington
c/o City Manager's Office
23600 Liberty Street
Farmington, Michigan 48335
(248) 474-5500 extension 2221

**Farmington City Council
Staff Report**
Council Meeting Date:
December 5, 2016

**Reference
Number
(ID # 2320)**
Submitted by: David Murphy, City Manager

Description: Special Event Request-Farmington Winter Market

Requested Action:

Move to approve the request to allow an outdoor food vendor at the Farmington Winter Market. The market is located at the Farmington Masonic Hall at 21755 Farmington Road. The 2016 dates of operation are: November 5, 12, 19, and 26; December 3, 10, and 17 from 10 a.m. until 2 p.m. and on December 23 from 5-9 p.m. The 2017 dates are: January 28, February 25, March 25 and April 29 (the last Saturday of every month), from 10 a.m. until 2 p.m.

Background:

The Winter Farmers Market is an independent business, not affiliated with the Farmington Farmers & Artisans Market, but intended to keep a year-round farmers market available to the local community.

Agenda Review
Review:

David M. Murphy Completed 12/02/2016 11:36 AM
City Manager Completed 12/02/2016 11:36 AM
City Council Pending 12/05/2016 7:00 PM



CITY USE ONLY

Approval Needed:

City Manager

City Council

Approved

Denied

City of Farmington Special Event Application

This application is for all events in Riley Park and any other city event that will bring in more than 100 people. Complete this application in accordance with the city of Farmington's Special Events Policy and return it to the City Manager's Office at least 60 days prior to the starting date of the event.

Sponsoring Organization's Name _____

Organization Phone: _____

Organization Address _____

Organization's Agent: Penny M. Oglesby Phone: 248-478-0078

Agent's Title: Farmington Winter Market Mng'r. E-mail: bbtmaker1@aol.com

Agent's Address: 34002 GRAND RIVER, 48335

Event Name: FARMINGTON WINTER ARTISANS MARKET

Event Purpose: CARRY OVER FOR FARM. SUMMER FARMER'S MKT VENDORS UNTIL SUMMER MKT RESUMES IN MAY

Event Dates: NOV: 5, 12, 19, 26 DEC: 3, 10, 17, (23) - Friday

Event Times: 10 AM - 2 PM 5 - 9 PM

Event Location: 21755 FARMINGTON RD - MASONIC HALL

Number of People Expected: 50-75 approx

1. **Type of Event:** Based on policy section 2, this event is:

- City Operated Event
- Co-sponsored Event
- Private Event
Prohibited in Riley Park
- Non-Profit Event
- For-Profit Event

LEST SAT. of Jan. Feb March April 10-2 p.m

2. **An Event Map [is] [is not] attached.** If your event will use streets and/or sidewalks (for a parade, run, etc.) or will use multiple locations, please attach a complete map showing the assembly and dispersal locations and the route plan. Also show any streets or parking lot that you are requesting to be blocked off.

Riley Park Permit Fee:
\$100 residents/\$200 non-residents

3. **Vendors:** Food Concessions (YES) (No) Other vendors (YES) (No)

If yes, refer to Policy Section 13 for license and insurance requirements.

If yes, please list all of the vendors by vendor name:

4. **For events in Riley Park: Invitation to Civic Organizations and Merchants in the Event Vicinity.** Non-profit organizations and local merchants in the vicinity of Riley Park – the Central Business District -- should be given the opportunity to participate in the special event to the greatest extent practical; e.g., a local Deli might come out and sell bratwurst. You must demonstrate that reasonable efforts have been made with regard to such inclusion and participation. The City Manager’s office shall be responsible for determining whether this requirement has been met.

() I have invited local businesses to participate.

Those invited include: _____

5. **Exempt Parking:** Are you requesting exempt Parking? (See Policy Section 5)
(YES) (NO)

If yes, list the lots or locations where exempt parking is requested:

6. **Other Requests:**

- 7. **Event Signs:** Will this event include the use of signs (YES) (NO)
 If yes, refer to Policy Section 8 for requirements and describe the size and location of your proposed signs: Please complete sign illustrations below.

Signs or banners approved by the city of Farmington for special events shall be designed and made in an artistic and workman-like manner. THE CITY MANAGER MUST APPROVE ALL SIGNS. SIGNS CANNOT BE ERECTED UNTIL APPROVAL IS GIVEN.

Total square footage of the banner cannot exceed 32 square feet.

Banner Length

Width

Write copy of banner in the box.

Total Square Footage of the sign cannot exceed eight square feet

Height

Write copy of sign in the box.

- 8. CERTIFICATION AND SIGNATURE: I understand and agree on behalf of the sponsoring organization that:
 - a. For public events, a certificate of insurance must be provided which names the city of Farmington as an additional named insured party on the policy. (see Policy Section 10 for insurance requirements)
 - b. Event sponsors and participants will be required to sign Indemnification Agreement forms. (refer to Policy Section 12)
 - c. If the event includes solicitation by workers standing in street intersections, the required safety precautions will be maintained at all times in accordance with the Department of Public Safety. (see Policy Section 11)
 - d. All food vendors must be approved by the Oakland County Health Department, and each food and/or other vendor must provide the city with a certificate of insurance which names the city of Farmington as an additional named insured party on the policy. (see Policy Section 13)
 - e. The approval of this special event may include additional requirements and/or limitations based on the city's review of this application, in accordance with the city's special event policy. The event will be operated in conformance with the written confirmation of approval. (see Policy Sections 11 and 16)
 - f. The sponsoring organization will provide a security deposit for the estimated fees as may be required by the city and will promptly pay any billing for city services which may be rendered, pursuant to Policy Sections 3 and 4.

As the duly authorized agent of the sponsoring organization, thereby apply for approval of this special event, affirm the above understandings, and agree that my sponsoring organization will comply with the city's Special Event Policy, the terms of the Written Confirmation of Approval and all other city requirements, ordinances and other laws which apply to this special event.

Date Signature of Sponsoring Organization's Agent

RETURN THIS APPLICATION at least sixty (60) days prior to the first day of the event to:

City Manager's Office
 23600 Liberty Street
 Farmington, MI 48336

Phone: 248-474-5500, ext. 2221

From: Jessica Ellis <sweetmarylousbbq@gmail.com>

To: Lynn Oglesby <bbtnmaker1@aol.com>

Subject: Sweet Mary Lou's BBQ License and Insurance

Date: Wed, Nov 9, 2016 7:25 pm

Attachments: Scanned from a Xerox Multifunction Printer (2).pdf (50K), IMG_4888.JPG (160K), IMG_5334.JPG (120K)

Dear Penny,

Per our conversation today I have enclosed our Michigan food license for Mobile Food, and a copy of our insurance. We are licensed through Wayne County, which gives us the availability to legally serve in the entire State of Michigan. We are not a Food Truck, just a licensed food vendor. If there is any other paper work required please let me know. I am happy to provide it.

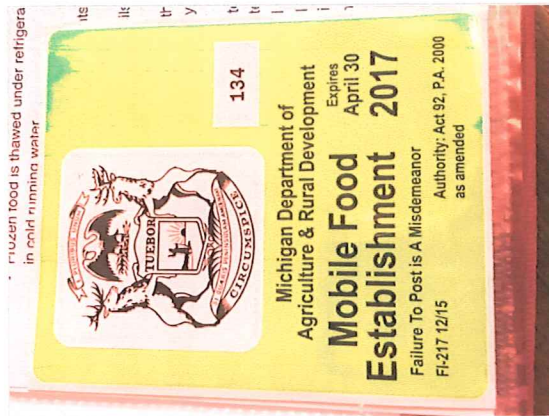
We enjoyed serving last Saturday in The Farmington Winter Artisan's Market. And hope to do so again.

Forgive me, but I have to ask. Are the other food vendors such as the baked goods, coffee, honey, etc. going through this process as well or are we being singled out?

Our best to you,
Warm Regards,

Jessica Ellis
248-331-6670

2 Attached Images



Special Transitory Food Unit
 Application and Approval Form
 Establish Your Food
 Worksheet and Standard
 Operation Procedures (SOP)

Midwest AGRICULTURE
 Dept. of Development

STANDARD Name: Special May 13th 2022
 Owner: James M. Elin
 Address: 16817 Weyburn
 State: IA 52242
 City: Lewistown
 Phone: 319.339.6426
 Date: May 13, 2022

STPL: OR Mobile Date: May 13, 2022

Instructions: Answer all questions. Use additional pages if needed. If a question does not apply, mark the section as "N/A".

Food: List all food items to be prepared for the event. Indicate the menu item, quantity, and preparation method. (List all items on the menu approval survey questionnaire.)

A. Menu: List all foods that will be served (attach an additional sheet for items if necessary)

Bread	Ribs
Pulled Pork	Corn bread
Combs	Potato salad
BBQ Sauce	Chicken
Pre-packaged soda pop	Pre-packaged bottled water

APPROVED
 DIVISION OF ENVIRONMENTAL HEALTH
 ✓ Iowa State Dept. of Agriculture
 IFA 5212388
 IFA 5212388
 Date: 5/13/2022

Reviewer Initials: Approval Date: