

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

Updated: 12/2/2016 11:19 AM by Melissa Andrade

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MAIN STREET VOLUNTEER FORM

NAME:	Delind	AWb	2V	L	
	Last	First		М	iddle Initial
ADDRESS:	34105 State Number and Street	Farm City	ington	4 <u>{</u> zi	(335 p Code
PHONE:	(517)449-	0943	<u> </u>		
BEST TIME T	O CONTACT ME (circle):		9 - Noon	Noon – S	5 - 9
E-MAIL:	amber. toth	wan	mil.cou	N	
HOW CAN I	I HELP? (Check all that ap	()			
Marke Marke Busine Progra	Staffing & Management eting & Web Site et Surveys & Research ess Recruitment & Retentams	ion -	──── Volui Fundi	munication nteer Coord raising eral & Admi	
when can	I HELP?				
	I am able to help a coupl	e of hours	per month c	on an as-ne	eded basis.
	Weekdays>	∠ Week ۱	Vights	X_ W	/eekends
V	I am able to commit to tw Committee.	vo hours oi	r more per n	nonth to se	rve on a
	X Weekdays X (If before 9 am)	Week ۱	Nights	W	eekends/

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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

	Name:	Delind	AM	N	L. 1.	
	i variro.	Last	First		Middle	
	Home Address:	34105 State St. Number & Street		armington City		48335 Zip
	Home Telephone:	(517) 449-094	3	Voting Precinct:	5	
	Email:	amber toth The Center	@ gn	nail.com		
	Employer:	The Center	for	Michigan		
	Business Address:	4100 N. Dixb	010	Ann Arbor		48105 Zip
,	Business Telephone:	(734) 926-42	~	1.1		
-	Have you been	n a resident of Farmington for th	ne past 12 m	onths?		
vahe	Please state you As a vel says to dvocate comm and far	bur reasons for volunteering to s latively new resident become more engo the for civic engage ittes that work to mily-friendly com	erve our cor t of ta gred in ement make munity	nmunity as an appointed. I my community as an appointed my community and like Farming ton to that it is to	ed public rep am lo y. I ap le to b ye thiri day	oresentative Isking for m a passionate e part of ving, diverse,

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

_	Master of	
Grand Valley State Universi-	ty Public Adminis	tration 2011
Name of College/University	Degree	Year Attained
Michigan State University	Bachelor of Arts Psychology Degree	2008
Name of College/University	Degree	Year Attained
St. Johns High School	High School Diplor	na 2004
Name of Institution/High School	J Diploma/Certificat	e 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) nopprofit 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 of K-12 education workforce development the state and trust in government. I also have a master's degree in public administration.

Master's degree COMMUNITY/PUBLIC SERVICE EXPERIENCE

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

I corrently volunteer as a coach with Girls on the Run at the Farmington Family YMCA and as a level 2 volunteer at the Havon Valley Humane Society. I served my country as an Americarps VISTA member for two years in 2008 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

Updated: 12/2/2016 11:13 AM by Melissa Andrade

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Appr	oval 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: WINKER MARKET MINGY. E-mail: bbtmaker 100001.COM
Agent's Address: 34002 GRAND RIVER, 48335
Event Name: FARMINGTON WINTER ARTISANS MARKET
Event Purpose: Cappy over FOR FARMY, SUMMER FARMERS MKT. Vendors Until Summer MKT Resumes in May Event Dates: NOV: 5, 12, 19, 26 Dec: 3, 10, 17, (23) Friday
Event Dates: Vendors UNTIL SUMMER MKT RESOMES IN MAY
Event Times: 10 AM - 2 PM 5-9 PM
Event Location: 21755 FARMING FON Rd- MASONIC HALL
Number of People Expected: 50 - 75 sprox
1. Type of Event: Based on policy section 2, this event it:
() City Operated Event () Co-sponsored Event () Private Event
(Non-Profit Event () For-Profit Event Prohibited in Riley Park Afril
2. An Event Man [in] [in 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 lost that

you are requesting to be blocked off.

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

•	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:	
•	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 Busines 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 the 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	s iai
	() I have invited local businesses to participate. Those invited include:	
	,	
/	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:	
/	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.	
		Width
Total Sq	uare 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

6.A.a

From: Jessica Ellis <sweetmarylousbbq@gmail.com>

To: Lynn Oglesby <bbtmaker1@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



Food Unit Food Review ndard rres (SOP)						If a question	ed by the special has	-							Date C	
I Mobile I Mobile nent Plar t and Sta Procedu			1	Paris 248-135-6670	Date May 19 2016	if meeded.	u en sy de m	al sheet to					offied wate		Approva	
Special Transitory Food Unit (STFU) and Mobile Food Establishment Plan Review Worksheet and Standard Operation Procedures (SOP)			Cry Louris	Process 2	Date M.	Rional pages	be submitted of service of	Nart addition	14	Corn bread	Potato salad	Chicken	Pre-packages bottled water		Reviewer Initials T. (Approval Date	
H	Edd seed				X,MOBILE	. Use add	Techa man	erved (attac	Res	8	Po	5	Ā		Reviewer 1	
AGRICULTURE	OTYLIADSBUE Marie Basel Mary Louis BBG		- Age		STFU OH X,NC	Instructions: Answer all questions. Ose additional pages if needed. If a question does not apply, man the section as "NAA".	 Food Note: Any changes to the manumant be submitted and approved by the regulatory authority (LYD or NDARD) prior to their service. you may be required to show approved during inspections.) 	A Menu: List oil foods that will be served lattach on additional sheet or the necessary.					d	O V E D WALNIA HEALTH		4
199	CAUSSAE NA	or Javyri M 19th	Address 19887 Wayner	State 2.5 48152	977	ctions: Answort apply, mar	d (None Any our authority () operoval during	Menu: List all foor necessary)		Pork	3	enco	Pre-package soda pop	1281		The Blighter wary Th
	DIT.	Chart	Add	Brate		does r	1. For	A Mer	Breskert	Pulled Pork	Colesian	BBQ Sauce	Pre-pac	A P P	Wen S. H. P. Rep. Sept. Little Dalle.	Shalle

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