

January 15th, 2026

Dear Members of the Village of Pinckney Board,

On behalf of the organizers of the Run for The Gold 5K, I respectfully request consideration for a waiver of the application fee for our upcoming event.

As the Board is aware, Run for The Gold is a local nonprofit event that directly supports our school and operates within a limited budget. The race has been a long-standing tradition in the Pinckney community and has become a valued part of the annual St. Patrick's Day Parade weekend, bringing together residents, families, and local supporters.

We are proud of the positive impact this event continues to have on our students and community, and we are grateful for the Village's ongoing support over the years. Waiving the application fee would greatly assist us in continuing this tradition while ensuring that the maximum benefit remains with the school and participants it serves.

Thank you for your time and consideration. Please do not hesitate to reach out if any additional information is needed.

Sincerely,

Sherri Garron

(810) 874-1965

2026 Run For The Gold Race Director



VILLAGE OF PINCKNEY

220 S Howell Street, Pinckney MI 48161
Phone: 734-878-6206

SPECIAL EVENTS PERMIT APPLICATION

Chapter 95 of the Village Code of Ordinances

Application must be made not less than **60 days** prior to the event

Permit # _____ Fee Paid _____ \$ _____
Clean-up Deposit Paid _____ \$ _____ Refunded: _____ (date)

Application must be complete with appropriate documentation. Incomplete applications will not be considered.

Type of Event:

☐
☐
☐
☐
☐

Art/Craft/Antique Show
Food Truck
Fireworks
Car/Boat Show
demonstration

☐
☐
☐
☒
☐

Concert/Live Entertainment
Block Party
Parade
Bike Race/Run/Walk
Other

Date(s) of Event: Saturday March 14th

Description of Event: Light of the World Academy's Annual "Run For the Gold" 5K and Kids Fun Run

Location of Event: Downtown square as well as main street and various streets in both the Village and Putnam Twp



Property Owner Permission Provided (Approved Putnam Township Square Usage Application if using Putnam Township Square)

Roads/Streets that require closing: _____

Parade route (if applicable): _____



Map Provided

Hours of Event: 10:00 AM _____ to 11:30 AM

Estimated time for set-up: 3 hours _____ Estimated time for clean-up: 2 hours

Anticipated Attendance: 400 people _____ Number of Staff: 15

Applicant:

Name: Sherri Garron Race Director/ Light of The World Academy

Address: 550 E Hamburg St, Pinckney MI 48169

Phone: 810-874-1965 Email 5k@lightoftheworldacademy.org

Organization/Business Sponsoring Event (if different from Applicant)

Name: _____

Address: _____

Phone: _____ Email _____



501 (c)3 Organization (Provide documentation)

Contact on Day of Event:

Name: Sherri Garron _____ Cell #810-874-1965

Event Detail:

Number of Staff: 15 people

Will staff have identifiers (cards, badges, shirts, etc.) ☒ Yes ☐ No

Details: Shirts and badges (weather permitting for shirts as they are t-shirts and it may be cold)

Will the public assembly involve the use of fire, open flames or fireworks? ☐ Yes ☒ No

Details: _____

Will amplified sound be used? ☒ Yes ☐ No

Hours: 9:30am - 11:00am (Will likely use same PA system as St. Patrick's Day Parade)

Will the public assembly use tents or other temporary structures ☒ Yes ☐ No

Details: Typically weather permitting a tent about 20 X 20 will be put up professionally

Will the public assembly involve the use of alcoholic beverages? Yes No X No alcohol

If yes, special requirements may need to be met with the State Liquor Control Commission and Village Police Department.

Will there be booths, tents or awnings? ☐ Yes ☒ No

Details (Provide proposed layout):

Will there be food trucks at the event? ☐ Yes ☒ No

Types of cooking equipment to be used:

Will there be animals participating in the event? ☐ Yes ☒ No If yes, Approximate # of Animals _____ & type _____

Clean-up arrangements

- ☒ Certificate of Liability Insurance Provided with the Village as a named insured
- ☒ Property Owner Permission Provided. If Putnam Township Square is being used, provide authorization from Putnam Township
- ☒ Statement of Indemnification Provided
- ☐ Liquor Control Commission and/or Livingston County Health Department permits (if required)
- ☐ Detailed Site Plan Drawing of the premises, including the following:
____ Health & Sanitation Facilities Identified
____ Vehicle Access & Parking facilities Identified – depict layout of all proposed areas and users for parking (public, vendors, emergency vehicles, etc.)
____ Noise Control Identified
____ Illumination of site – provide source of power, type of lighting and wiring.
____ Camping & Trailer facilities (note: location and property owner authorization required)
____ Medical facilities & services
- ☒ Detail of Police & Fire Safety – including but not limited to traffic control, crowd control, traffic management, road closures, security & Fire Code compliance.
- ☐ Detailed signage/advertising plan. Include Main Street Banner Request Form if needed
- ☐ Clean-up plan – timeline, vendors, etc. **All garbage & debris must be removed after the event. If Putnam Township Square is being utilized, all trash receptacles must be emptied. Any required clean-up expense will be deducted from the deposit.**

To the fullest extent permitted by law, the Light of The World Academy (Name of applicant/organization) agrees to defend, pay on behalf of, indemnify, and hold harmless the Village of Pinckney, its elected and appointed officials, employees, volunteers, and others working on behalf of the village of Pinckney 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 Village 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.

Light of the World Academy (Name of applicant/organization) agrees to be held liable for the conduct of the event and each of its participants.

Applicants Signature: Sherri Garron Date: _____

Approvals:

Signature of Police Chief: _____ Date: _____

Signature of Fire Department: _____ Date: _____

Signature of DPW Director: _____ Date: _____

☐ Permit approved ☐ Total Amount Paid_\$_____ Check#_____

☐ Permit Denied Reason for denial: _____

Signature of Village Clerk: _____ Date: _____



LIGHOFT-01

JROBINSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/22/2025

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 General Agency Company 525 E. Broadway Mount Pleasant, MI 48858	CONTACT NAME: Jennifer Robinson		
	PHONE (A/C, No, Ext): (989) 817-4265	FAX (A/C, No): (989) 772-1855	
	E-MAIL ADDRESS: jrobinson@ga-ins.com		
INSURED Light of the World Academy 550 E Hamburg Pinckney, MI 48169	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Employers Mutual Casualty Co		21415
	INSURER B: EMC Property & Casualty Co		25186
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		5D64437	4/1/2025	4/1/2026	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
							\$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5E64437	4/1/2025	4/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5J64437	4/1/2025	4/1/2026	EACH OCCURRENCE \$ 4,000,000
							AGGREGATE \$ 4,000,000
							Pers/Adv Injury \$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		5H64437	4/1/2025	4/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Linebacker			5K64437	4/1/2025	4/1/2026	Each Loss 1,000,000
A	Retro date: 7/1/2015			5K64437	4/1/2025	4/1/2026	Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event - 3/14/2026 - Run for the Gold

Village of Pinckney & Putnam Township are additional insured with regard to General Liability as respects their contract with the named insured.

CERTIFICATE HOLDER

CANCELLATION

Village of Pinckney 220 S Howell Pinckney, MI 48169	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 <i>Jeff B. Reinhardt</i>