

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 Garrow 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

JRROBINSON

DATE (MM/DD/YYYY)

10/22/2025

CERTIFICATE OF LIABILITY INSURANCE

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

COVERS **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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> JECT <input type="checkbox"/> LOC <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> 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- 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