

# CITY OF MUSKEGON

## CITY COMMISSION MEETING

AUGUST 11, 2009

CITY COMMISSION CHAMBERS @ 5:30 P.M.

### AGENDA

- ❑ CALL TO ORDER:
- ❑ PRAYER:
- ❑ PLEDGE OF ALLEGIANCE:
- ❑ ROLL CALL:
- ❑ HONORS AND AWARDS:
- ❑ INTRODUCTIONS/PRESENTATION:
- ❑ CONSENT AGENDA:
  - A. Approval of Minutes. CITY CLERK
  - B. Liquor License Request for Waterworks GR, LLC, 730 Terrace Point (Rafferty's Dockside Restaurant). CITY CLERK
  - C. Liquor License Request for Walgreen Co., 1000 S. Getty and 840 W. Sherman. CITY CLERK
  - D. Renewal of Maintenance Contract with MDOT Trunkline Within the City of Muskegon. PUBLIC WORKS
  - E. Request the City of Muskegon Pay the Electrical Costs to Light Basketball Courts at Clara Shepherd Park. LEISURE SERVICES
  - F. Association of Volleyball Professionals (AVP) Tournament – August 21 to 23, 2009. CITY MANAGER
  - G. Revised Family and Medical Leave Act Policy. CIVIL SERVICE
- ❑ PUBLIC HEARINGS:
- ❑ COMMUNICATIONS:
- ❑ CITY MANAGER'S REPORT:
- ❑ UNFINISHED BUSINESS:
- ❑ NEW BUSINESS:
- ❑ ANY OTHER BUSINESS:

❑ **PUBLIC PARTICIPATION:**

- *Reminder: Individuals who would like to address the City Commission shall do the following:*
- Fill out a request to speak form attached to the agenda or located in the back of the room.
- Submit the form to the City Clerk.
- Be recognized by the Chair.
- Step forward to the microphone.
- State name and address.
- Limit of 3 minutes to address the Commission.
- (Speaker representing a group may be allowed 10 minutes if previously registered with City Clerk.)

❑ **CLOSED SESSION:**

❑ **ADJOURNMENT:**

ADA POLICY: THE CITY OF MUSKEGON WILL PROVIDE NECESSARY AUXILIARY AIDS AND SERVICES TO INDIVIDUALS WHO WANT TO ATTEND THE MEETING UPON TWENTY FOUR HOUR NOTICE TO THE CITY OF MUSKEGON. PLEASE CONTACT ANN MARIE BECKER, CITY CLERK, 933 TERRACE STREET, MUSKEGON, MI 49440 OR BY CALLING (231) 724-6705 OR TDD: (231) 724-4172.

Date: August 11, 2009  
To: Honorable Mayor and City Commissioners  
From: Ann Marie Becker, City Clerk  
RE: Approval of Minutes

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**SUMMARY OF REQUEST:** To approve the minutes of the Regular Commission Meeting that was held on Tuesday, July 28, 2009.

**FINANCIAL IMPACT:** None.

**BUDGET ACTION REQUIRED:** None.

**STAFF RECOMMENDATION:** Approval of the minutes.

# CITY OF MUSKEGON

## CITY COMMISSION MEETING

JULY 28, 2009

CITY COMMISSION CHAMBERS @ 5:30 P.M.

### MINUTES

The Regular Commission Meeting of the City of Muskegon was held at City Hall, 933 Terrace Street, Muskegon, Michigan at 5:30 p.m., Tuesday, July 28, 2009.

Mayor Warmington opened the meeting with a prayer from Pastor Penny Johnson from the Oak-Crest Church of God after which the Commission and public recited the Pledge of Allegiance to the Flag.

#### **ROLL CALL FOR THE REGULAR COMMISSION MEETING:**

Present: Mayor Stephen Warmington, Vice Mayor Stephen Gawron, Commissioners Clara Shepherd, Lawrence Spataro, Sue Wierengo, Steve Wisneski, and Chris Carter, City Manager Bryon Mazade, City Attorney John Schrier, and City Clerk Ann Marie Becker.

#### **2009-64 CONSENT AGENDA:**

##### **A. Approval of Minutes. CITY CLERK**

SUMMARY OF REQUEST: To approve minutes for the July 13<sup>th</sup> Commission Worksession, and the July 14<sup>th</sup> Regular Commission Meeting.

FINANCIAL IMPACT: None.

BUDGET ACTION REQUIRED: None.

STAFF RECOMMENDATION: Approval of the minutes.

##### **B. Certification of MERS Representatives. FINANCE**

SUMMARY OF REQUEST: The MERS plan document provides that "the governing body for each municipality shall certify the names of two delegates to the Annual Meeting. One delegate shall be a member who is an officer of the municipality appointed by the governing body of the municipality. The other delegate shall be a member who is not an officer of the municipality, elected by the member officer/employees of the municipality."

Each City bargaining unit selects a member to attend the MERS annual meeting. The bargaining units have agreed to a rotating system (based on date of joining MERS) to select one official employee representative. This year the employee representative will be Teresa Ackerberg from the Clerical Unit.

FINANCIAL IMPACT: Registration for the MERS conference in Grand Rapids is \$185 per person. Additionally, mileage costs will be incurred.

BUDGET ACTION REQUIRED: None.

STAFF RECOMMENDATION: Certification of Tim Paul and Teresa Ackerberg to be the City's officer and employee delegates at the MERS annual meeting in Grand Rapids September 15 – 17.

**C. Liquor License Request for The Cheese Lady, LLC, 808 Terrace Street.**  
CITY CLERK

SUMMARY OF REQUEST: The Liquor Control Commission is seeking local recommendation on a request from The Cheese Lady, LLC, to transfer ownership of the 2009 SDM License with Direct Connection-1 from Kathleen Fagan Riegler, located at 808 Terrace Street. This request is for purposes of adding the LLC to the license, the ownership remains the same.

FINANCIAL IMPACT: None.

BUDGET ACTION REQUIRED: None.

STAFF RECOMMENDATION: All departments are recommending approval.

**D. 2009-2010 Michigan Municipal League Membership Dues.** CITY CLERK

SUMMARY OF REQUEST: Approval to pay the 2009-2010 MML dues in the amount of \$9,855.

FINANCIAL IMPACT:

MML Dues	\$8,078
Environmental Assessment	\$ 969
Legal Defense Fund	<u>\$ 808</u>
Total	\$9,855

BUDGET ACTION REQUIRED: None.

STAFF RECOMMENDATION: Approval.

**Motion by Vice Mayor Gawron, second by Commissioner Spataro to approve the Consent Agenda as read minus items E and F.**

**ROLL VOTE: Ayes: Spataro, Warmington, Wierengo, Wisneski, Carter, Gawron, and Shepherd**

**Nays: None**

***MOTION PASSES***

**2009-65 ITEMS REMOVED FROM THE CONSENT AGENDA:**

**E. Upgrade to Front Entrance of McGraft Park Building.** CITY CLERK

SUMMARY OF REQUEST: The City has been awarded a grant in the amount of \$15,750 to replace the doors at McGraft Park so they may be ADA compliant.

The lowest quote was received from Tridonn Construction in the amount of \$15,750 to upgrade the front entrance of the building. The grant requires that the awardee pay Davis-Bacon wage rate. This quote does not include Davis-

Bacon wage rate. Staff is asking authorization to negotiate the Davis-Bacon wage rate within the bid.

Automatic Equipment Sales & Service, Inc. was the lowest quote in the amount of \$3,434 to supply and install automatic door openers.

FINANCIAL IMPACT: \$3,434 match.

BUDGET ACTION REQUIRED: The funds will come out of the ADA budget.

STAFF RECOMMENDATION: It is requested that staff be authorized to negotiate to incorporate Davis-Bacon wage rate within the bid and execute the contracts with Tridonn and Automatic Equipment Sales & Services, Inc. if it is found to be acceptable. It is also recommended that the Mayor be authorized to execute the grant.

**Motion by Commissioner Spataro, second by Vice Mayor Gawron to approve the upgrade to the front entrance of McGraft Park building and accept the grant money.**

**ROLL VOTE: Ayes: Warmington, Wierengo, Wisneski, Carter, Gawron, Shepherd, and Spataro**

**Nays: None**

***MOITON PASSES***

**F. Special Event – Multiple Liquor License Request for 2009 AVP Crocs Tour, Muskegon Open. LEISURE SERVICES**

SUMMARY OF REQUEST: The AVP Pro Beach Volleyball Tour, Inc., 6100 Center Dr., Los Angeles, CA is requesting a temporary liquor license to set up an adult beverage tent at their professional volleyball tournament to be held at Pere Marquette beach from August 20 through August 23, 2009. The Muskegon Yacht Club was previously approved for a temporary alcohol license on August 21 through August 23, 2009.

FINANCIAL IMPACT: None.

BUDGET ACTION REQUIRED: None.

STAFF RECOMMENDATION: The request was recommended for approval by the Leisure Services Board at their July 20, 2009, meeting.

**Motion by Commissioner Spataro, second by Commissioner Carter to approve the special event multiple liquor license request for the 2009 AVP Crocs Tour, Muskegon Open.**

**ROLL VOTE: Ayes: Wierengo, Wisneski, Carter, Gawron, Shepherd, and Spataro**

**Nays: Warmington**

***MOTION PASSES***

**2009-66 PUBLIC HEARINGS:**

**A. Establishment of a Commercial Rehabilitation District – 971 Washington Avenue.** PLANNING & ECONOMIC DEVELOPMENT

SUMMARY OF REQUEST: Pursuant to Public Act 210 of 2005, as amended, Fatty Lumpkins, 971 Washington Avenue, has requested the establishment of a Commercial Rehabilitation District. The creation of the district will allow the building owner to apply for a Commercial Rehabilitation Certificate. The Commercial Rehabilitation Tax freezes the taxable value of the building and exempts the new investment from local taxes. The school operating tax and the State Education Tax (SET) are still levied on the new investment. Land and personal property cannot be abated under this act.

FINANCIAL IMPACT: None.

BUDGET ACTION REQUIRED: None.

STAFF RECOMMENDATION: Establishment of the Commercial Rehabilitation District at 971 Washington Avenue.

The Public Hearing opened to hear and consider any comments from the public. Applicant - Brett Gilbert, 2255 Castle, Muskegon, explained his request.

**Motion by Commissioner Carter, second by Commissioner Spataro to close the Public Hearing and approve the establishment of a Commercial Rehabilitation District at 971 Washington Avenue.**

**ROLL VOTE: Ayes: Wisneski, Carter, Gawron, Shepherd, Spataro, Warmington, and Wierengo**

**Nays: None**

***MOTION PASSES***

**B. Request for a Commercial Rehabilitation Certificate for Fatty Lumpkins.** PLANNING & ECONOMIC DEVELOPMENT

SUMMARY OF REQUEST: Pursuant to Public Act 210 of 2005, as amended, Fatty Lumpkins, 971 Washington Avenue, has requested the issuance of a Commercial Rehabilitation Certificate. The Sandwich Shop plans on investing \$5,000 in building upgrades and creating six new jobs. This qualifies them for seven year abatement according to the City of Muskegon Commercial Rehabilitation Policy.

FINANCIAL IMPACT: The real property taxes would be frozen at their pre-rehabilitated rate for the duration of the certificate.

BUDGET ACTION REQUIRED: None.

STAFF RECOMMENDATION: Approval of the Commercial Rehabilitation Certificate for a duration of seven years.

The Public Hearing opened to hear and consider any comments from the public. No public comments were made.

**Motion by Commissioner Carter, second by Commissioner Wierengo to close the Public Hearing and approve the request for a Commercial Rehabilitation Certificate for Fatty Lumpkins.**

**ROLL VOTE: Ayes: Carter, Gawron, Shepherd, Spataro, Warmington, Wierengo, and Wisneski**

**Nays: None**

***MOTION PASSES***

**C. Request for an Industrial Facilities Exemption Certificate for Johnson Technology. PLANNING & ECONOMIC DEVELOPMENT**

SUMMARY OF REQUEST: Pursuant to Public Act 198 of 1974, as amended, Johnson Technology, 2034 Latimer Drive, has requested the issuance of an Industrial Facilities Tax Exemption Certificate. The company plans on investing \$2,900,000 in real property improvements, which qualifies them for a 12 year abatement.

FINANCIAL IMPACT: The City will capture certain additional property taxes generated by the expansion.

BUDGET ACTION REQUIERD: None.

STAFF RECOMMENDATION: Approval of the resolution granting an Industrial Facilities Exemption Certificate for a term of 12 years on real property.

The Public Hearing opened to hear and consider any comments from the public. Tom Jassick, 7708 Heights Ravenna Road, Ravenna, Director of Operations at Johnson Technology answered questions.

**Motion by Commissioner Wisneski, second by Commissioner Shepherd to close the Public Hearing and approve the resolution granting an Industrial Facilities Exemption Certificate for a term of 12 years on real property for Johnson Technology.**

**ROLL VOTE: Ayes: Gawron, Shepherd, Spataro, Warmington, Wierengo, Wisneski, and Carter**

**Nays: None**

***MOTION PASSES***

**D. Request for Exemption of New Personal Property (PA 328) for Johnson Technology. PLANNING & ECONOMIC DEVELOPMENT**

SUMMARY OF REQUEST: Pursuant to Public Act 328 of 1998, as amended, Johnson Technology, 2034 Latimer Drive has requested an exemption of new personal property. The company plans on investing \$11,200,000 in personal property improvements and is asking Commission to determine the length of the abatement.

FINANCIAL IMPACT: The City will forgo 100% of the personal property taxes for

the length of the abatement.

BUDGET ACTION REQUIRED: None.

STAFF RECOMMENDATION: Approval of the exemption of new personal property for a duration of 12 years.

The Public Hearing opened to hear and consider any comments from the public. No public comments were made.

**Motion by Commissioner Wisneski, second by Commissioner Carter to close the Public Hearing and approve the exemption of new personal property for a duration of 12 years for Johnson Technology.**

**ROLL VOTE: Ayes: Shepherd, Spataro, Warmington, Wierengo, Wisneski, Carter, and Gawron**

**Nays: None**

***MOTION PASSES***

**2009-67 NEW BUSINESS:**

**A. Police Patrol Retirement Incentive. CITY MANAGER**

SUMMARY OF REQUEST: To provide a retirement incentive limited to one person (Ken Wansten) in the Police Patrol Unit. This incentive could encourage one person to retire and, thereby, limit the number of layoffs otherwise necessary due to budget constraints. It would also save the City money otherwise spent on unemployment compensation.

FINANCIAL IMPACT: \$5,000.

BUDGET ACTION REQUIRED: None.

STAFF RECOMMENDATION: To approve the retirement incentive, the associated document, and authorize the City Manager to sign it.

**Motion by Commissioner Spataro, second by Vice Mayor Gawron to approve the Police Patrol retirement incentive as described.**

**ROLL VOTE: Ayes: Spataro, Warmington, Wierengo, Wisneski, Carter, Gawron, and Shepherd**

**Nays: None**

***MOTION PASSES***

**B. Prosecution Services. CITY MANAGER**

SUMMARY OF REQUEST: To consider an agreement with the County of Muskegon and the Muskegon County Prosecutor to provide prosecution services to the City.

FINANCIAL IMPACT: \$86,377 for 8/01/09 through 7/31/10.

BUDGET ACTION REQUIRED: None.

STAFF RECOMMENDATION: To approve the agreement, authorize the Mayor to execute it, and authorize staff to make necessary arrangements with the City Attorney to discontinue these services.

**Motion by Commissioner Spataro, second by Commissioner Wierengo to approve the contract for prosecution services with Muskegon County Prosecutors Office.**

**ROLL VOTE: Ayes: Warmington, Wierengo, Wisneski, Gawron, Shepherd, and Spataro**

**Nays: Carter**

***MOTION PASSES***

**C. Concurrence with the Housing Board of Appeals Notice and Order to Demolish 529 Mulder Street. PUBLIC SAFETY**

SUMMARY OF REQUEST: This is to request that the City Commission concur with the findings of the Housing Board of Appeals that the structure located at 529 Mulder Street is unsafe, substandard, a public nuisance and that it be demolished within 30 days. It is further requested that administration be directed to obtain bids for the demolition of the structure and that the Mayor and City Clerk be authorized and directed to execute a contract for demolition with the lowest responsible bidder.

FINANCIAL IMPACT: CDBG Funds.

BUDGET ACTION REQUIRED: None.

STAFF RECOMMENDATION: To concur with the Housing Board of Appeals decision to demolish.

**Motion by Commissioner Spataro, second by Vice Mayor Gawron to concur with the Housing Board of Appeals notice and order to demolish 529 Mulder Street.**

**ROLL VOTE: Ayes: Wierengo, Wisneski, Carter, Gawron, Shepherd, Spataro, and Warmington**

**Nays: None**

***MOTION PASSES***

**PUBLIC PARTICIPATION:** Various comments were heard from the public.

**ADJOURNMENT:** The City Commission Meeting adjourned at 6:35 p.m.

Respectfully submitted,

Ann Marie Becker, MMC  
City Clerk

Date: August 11, 2009  
To: Honorable Mayor and City Commissioners  
From: Ann Marie Becker, City Clerk  
RE: Liquor License Request  
Waterworks GR, LLC  
730 Terrace Point  
(Rafferty's Dockside Restaurant)

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**SUMMARY OF REQUEST:** The Liquor Control Commission is seeking local recommendation on a request from Waterworks GR, LLC to transfer ownership of 2009 Class C and SDM Licensed Business located in Escrow with Entertainment Permit without Dressing Rooms, Dance Permit, Outdoor Service Area (1 Area), Official Permit (Food), and 3 Bars from Key Food & Equipment Company (Rafferty's), and request to change the Existing Entertainment without Dressing Rooms to Dance-Entertainment Permit and requests New Official Permit (Dance-Entertainment & Food) for weekdays, 5:00 a.m. to 7:00 a.m. and Sundays, 5:00 a.m. to 12:00 p.m., and add Enlarge Outdoor Area.

**FINANCIAL IMPACT:** None.

**BUDGET ACTION REQUIRED:** None.

**STAFF RECOMMENDATION:** All departments are recommending approval.



# Muskegon Police Department

Anthony L. Kleibecker  
Director of Public Safety

980 Jefferson  
Muskegon, Michigan  
49443-0536

[www.muskegonpolice.com](http://www.muskegonpolice.com)

Phone: 231-724-6750  
FAX: 231-722-5140

July 23, 2009

To: City Commission through the City Manager

From:   
Anthony L. Kleibecker, Director of Public Safety

Re: Liquor License Investigation – 601 Terrace Point (Rafferty's)  
Transfer of 2009 Class C & SDM Licensed Business with Permits

The Muskegon Police Department has received a request from the Michigan Liquor Control Commission for an investigation from applicant Waterworks GR, LLC.

Waterworks GR, LLC. is requesting to transfer ownership of 2009 Class C & SDM licensed business located in Escrow with Entertainment Permit without dressing rooms, Dance Permit, Outdoor Service Area (1 Area), Official Permit (Food), & (3) Bars from Key Food & Equipment Company; and requests to change existing entertainment without dressing rooms to Dance-Entertainment Permit and requests New Official Permit (Dance-Entertainment & Food) for weekdays, 5:00am to 7:00am & Sundays, 5:00am to 12:00pm, located at 601 Terrace Point, Muskegon MI. 49441.

Waterworks GR, LLC is comprised of Jonathan Rooks of 5349 Lake Harbor Rd, Norton Shores MI. 49441 with his office in Grand Rapids Mi. Mr. Rooks is President of Parkland Properties of Michigan. He plans to have ownership of this property but with the day to day operations being under another's control. He is also involved in another City of Muskegon redevelopment project.

A check of Muskegon Police Department records and criminal history showed no reason to deny this request.

ALK/kd

*mailed 7-12-09 AA*

### RESOLUTION

At a \_\_\_\_\_ meeting of the \_\_\_\_\_  
(Regular or Special) (Township Board, City or Village Council)

called to order by \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ P.M.

The following resolution was offered:

Moved by \_\_\_\_\_ and supported by \_\_\_\_\_

**That the request TO TRANSFER OWNERSHIP OF 2009 CLASS C LICENSED BUSINESS LOCATED IN ESCROW WITH ENTERTAINMENT PERMIT WITHOUT DRESSING ROOMS, DANCE PERMIT, FROM KEY FOOD & EQUIPMENT COMPANY; AND REQUESTS TO CHANGE EXISTING ENTERTAINMENT WITHOUT DRESSING ROOMS TO DANCE-ENTERTAINMENT PERMIT & REQUESTS NEW OFFICIAL PERMIT (DANCE-ENTERTAINMENT) FOR WEEKDAYS, 5:00 A.M. TO 7:00 A.M. & SUNDAYS, 5:00 A.M. TO 12:00 P.M, LOCATED AT 730 TERRACE POINT, MUSKEGON, MI 49441, MUSKEGON COUNTY. AND ADD ENLARGE OUTDOOR AREA.**

be considered for \_\_\_\_\_  
(Approval or Disapproval)

**APPROVAL**

**DISAPPROVAL**

Yeas: \_\_\_\_\_

Yeas: \_\_\_\_\_

Nays: \_\_\_\_\_

Nays: \_\_\_\_\_

Absent: \_\_\_\_\_

Absent: \_\_\_\_\_

It is the consensus of this legislative body that the application be:

\_\_\_\_\_ for issuance  
(Recommended or Not Recommended)

State of Michigan \_\_\_\_\_)

County of \_\_\_\_\_)

I hereby certify that the foregoing is a true and complete copy of a resolution offered and

adopted by the \_\_\_\_\_ at a \_\_\_\_\_  
(Township Board, City or Village Council) (Regular or Special)

meeting held on \_\_\_\_\_  
(Date)

(Signed) \_\_\_\_\_  
(Township, City or Village Clerk)

SEAL

\_\_\_\_\_  
(Mailing address of Township, City or Village)



Michigan Department of Energy, Labor & Economic Growth  
**MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)**  
 7150 Harris Drive, P.O. Box 30005  
 Lansing, Michigan 48909-7505

*mailed 7-12-09  
AA*

**POLICE INVESTIGATION REQUEST**

[Authorized by MCL 436.1201(4)]

July 1, 2009

Muskegon Police Department  
 Chief of Police  
 980 Jefferson Street, PO Box 536  
 Muskegon, MI 49443-0536

Request ID #: 517906

**Applicant:**

WATERWORKS GR, LLC REQUESTS TO TRANSFER OWNERSHIP OF 2009 CLASS C & SDM LICENSED BUSINESS LOCATED IN ESCROW WITH ENTERTAINMENT PERMIT WITHOUT DRESSING ROOMS, DANCE PERMIT, OUTDOOR SERVICE (1 AREA), OFFICIAL PERMIT (FOOD), & (3) BARS FROM KEY FOOD & EQUIPMENT COMPANY; AND REQUESTS TO CHANGE EXISTING ENTERTAINMENT WITHOUT DRESSING ROOMS TO DANCE-ENTERTAINMENT PERMIT & REQUESTS NEW OFFICIAL PERMIT (DANCE-ENTERTAINMENT & FOOD) FOR WEEKDAYS, 5:00 A.M. TO 7:00 A.M. & SUNDAYS, 5:00 A.M. TO 12:00 P.M, LOCATED AT 601 TERRACE POINT, MUSKEGON, MI 49441, MUSKEGON COUNTY.

*AND ADD ENLARGE OUTDOOR AREA  
730 TERRACE PT AA 7-29-09*

JONATHAN L. ROOKS, 940 MONROE AVENUE, SUITE 155, GRAND RAPIDS, MI 49503, B(616) 450-4600

**Please make an investigation of the application. If you do not believe that the applicants are qualified for licensing, give your reasons in detail. Complete the Police Inspection Report on Liquor License Request, LC-1800, or for Detroit police, the Detroit Police Investigation of License Request, LC-1802. If there is not enough room on the front of the form, you may use the back.**

Forward your report, along with fingerprint cards (if requested) and \$30.00 for each card to the Michigan Liquor Control Commission.

If you have any questions, contact the appropriate unit (On Premises, Off Premises or Manufacturers & Wholesalers) at (517) 322-1400.

dl

LC-1972(Rev. 09/05)  
 Authority: MCL 436.1201(4)  
 Completion: Mandatory  
 Penalty: No License

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.



<b>FOR MLCC USE ONLY</b>
Request ID # <u>517906</u>
Business ID # <u>218541</u>
<i>mailed 7-12-09 AD</i>

**POLICE INVESTIGATION REPORT**

[Authorized by MCL 436.1217 and R 436.1105; MAC]

Please conduct your investigation as soon as possible, complete all four sections of this report and return the completed report and fingerprint cards to the MLCC.

**LICENSEE/APPLICANT NAME, BUSINESS ADDRESS AND LICENSING REQUEST:**

WATERWORKS GR, LLC

**Section 1. APPLICANT INFORMATION**

APPLICANT #1:  
 JONATHAN L. ROOKS,  
 940 MONROE AVENUE, SUITE 155,  
 GRAND RAPIDS, MI 49503,  
 B(616) 450-4600

APPLICANT #2:

DATE FINGERPRINTED\*\* 7-23-09  
 DATE OF BIRTH: 5-31-63  
 Is the applicant a U.S. Citizen:  Yes  No\*  
 \*Does the applicant have permanent Resident Alien status?  
 Yes  No\*  
 \*Does the applicant have a Visa? Enter status:

DATE FINGERPRINTED\*\*:  
 DATE OF BIRTH:  
 Is the applicant a U.S. Citizen:  Yes  No\*  
 \*Does the applicant have permanent Resident Alien status?  
 Yes  No\*  
 \*Does the applicant have a Visa? Enter status:

\*\*Attach the fingerprint card and \$30.00 for each card and mail to the Michigan Liquor Control Commission\*\*

**ARREST RECORD:**  Felony  Misdemeanor  
 Enter record of all arrests and convictions (Attach a signed and dated sheet if more space is needed)

**ARREST RECORD:**  Felony  Misdemeanor  
 Enter record of all arrests and convictions (Attach a signed and dated sheet if more space is needed)

**Section 2. INVESTIGATION OF BUSINESS AND ADDRESS TO BE LICENSED**

Does applicant intend to have dancing, entertainment, topless activity, or extended hours permit?  
 No  Yes, complete LC-1636  
 Are motor vehicle fuel pumps at or directly adjacent to the establishment?  No  Yes, explain relationship:

**Section 3. LOCAL AND STATE CODES AND ORDINANCES, AND GENERAL RECOMMENDATIONS**

Will the applicant's proposed location meet all appropriate state and local building, plumbing, zoning, fire, sanitation and health laws and ordinances, if this license is granted?  Yes  No If No, indicate which state and local ordinances the location does not meet:  Building  Plumbing  Zoning  Fire  Sanitation  Health

**Section 4. RECOMMENDATION**

1. Is this applicant qualified to conduct this business if licensed?  Yes  No\*  
 2. Should the MLCC grant this request?  Yes  No\*  
 \*If any of the above questions were answered No, you must state your reasons for MLCC consideration of this recommendation on the back of this form or on an attached signed and dated sheet.  
 3. Is this recommendation subject to final inspection to determine that the proposed location meets all building, plumbing, zoning, fire, sanitation and health laws and ordinances?  Yes  No  
 4. Is this recommendation subject to any other conditions?  Yes  No  
 If Yes, list the conditions below or on an attached signed and dated sheet if more space is needed

*[Signature]*  
 Signature (Sheriff or Chief of Police)  
 Muskegon Police Department

7-28-09  
 Date



Michigan Department of Energy, Labor & Economic Growth  
**MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)**  
 7150 Harris Drive, P.O. Box 30005  
 Lansing, Michigan 48909-7505

*mailed 7-12-09 AA*

<b>FOR MLCC USE ONLY</b>	
Request ID #	<u>517906</u>
Business ID #	<u>218541</u>

**LAW ENFORCEMENT RECOMMENDATION**

[Authorized by MCL 436.1916, R 436.1105(2)(d) and R 436.1403]

July 1, 2009

TO: Muskegon Police Department  
 Chief of Police  
 980 Jefferson Street, PO Box 536  
 Muskegon, MI 49443-0536

Re: WATERWORKS GR, LLC

We have received a request from the above licensee for the type of permit indicated below. Please make an investigation and submit your recommendation to the offices of the MLCC at the above address. Questions about this request should be directed to the MLCC Licensing Division at (517) 322-1400.

OFFICIAL PERMIT FOR EXTENDED HOURS OF OPERATION FOR: FOOD

Weekdays 5:00 A.M. to 7:00 A.M.

Sundays 5:00 A.M. to 12:00 P.M.

Recommended  Recommended, subject to final inspection  Not Recommended

**NOTE:** If the applicant is requesting two separate extended hours permits and the permits are for **different hours** you must complete the box below. If additional space is needed please use reverse side of this form.

OFFICIAL PERMIT FOR EXTENDED HOURS OF OPERATION FOR: DANCE-ENTERTAINMENT

Weekdays 5:00 A.M. to 7:00 A.M.

Sundays 5:00 A.M. to 12:00 P.M.

Recommended  Recommended, subject to final inspection  Not Recommended

DANCE PERMIT

Recommended  Recommended, subject to final inspection  Not Recommended

ENTERTAINMENT PERMIT

Recommended  Recommended, subject to final inspection  Not Recommended

TOPLESS ACTIVITY PERMIT

Recommended  Recommended, subject to final inspection  Not Recommended

mailed 7-12-09  
AA

<input type="checkbox"/> OUTDOOR SERVICE - <b>ENLARGE OUTDOOR AREA AA 7-29-09</b>
<input type="checkbox"/> Recommended <input type="checkbox"/> Recommended, subject to final inspection <input type="checkbox"/> Not Recommended
<input type="checkbox"/> PARTICIPATION PERMIT
<input type="checkbox"/> Recommended <input type="checkbox"/> Recommended, subject to final inspection <input type="checkbox"/> Not Recommended
<input checked="" type="checkbox"/> ADDITIONAL BAR PERMIT (3 BARS)
<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended, subject to final inspection <input type="checkbox"/> Not Recommended
<input type="checkbox"/>
<input type="checkbox"/> Recommended <input type="checkbox"/> Recommended, subject to final inspection <input type="checkbox"/> Not Recommended

Signed:

x *Anthony L. Kleibekker*  
Signature and Title

ANTHONY L. KLEIBEKKER  
Print Name and Title  
*DIRECTOR OF PUBLIC SAFETY*  
Muskegon Police Department

Date: \_\_\_\_\_

mailed 7/12/09  
AA

Print Form



Michigan Department of Energy, Labor & Economic Growth  
**MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)**  
7150 Harris Drive, P.O. Box 30005  
Lansing, Michigan 48909-7505

**FOR MLCC USE ONLY**  
Request ID # \_\_\_\_\_  
Business ID # \_\_\_\_\_

**APPLICATION FOR OFFICIAL PERMIT FOR  
DIFFERENCE IN HOURS OF OPERATION**

[Authorized by MCL 436.1916 and R 436.1403]

Applicant or Licensee Name: Waterworks GR, LLC

Address: 940 Monroe Ave NW, Suite 155, Grand Rapids, Michigan 49503

Type of License: Class C and SDM License No.: 9506-2009 and 2960-2009

The MLCC is requested to grant an extended hours permit for: (check boxes that apply). **INCLUDE A \$70.00 INSPECTION FEE AND MAKE PAYABLE TO THE STATE OF MICHIGAN.**

- Dance (To apply for this purpose you must have a separate Dance Permit issued by the MLCC)
- Entertainment (To apply for this purpose you may have to have a separate Entertainment Permit issued by the MLCC).
- Operating our restaurant for the sale of food (Must have a full Service kitchen)
- Operating night league bowling, tournaments or Sunday morning bowling
- Registering golfers  Registering Skiers
- Registering Tennis Players  Registration of Guests
- Meetings
- Special Events, Indicate below Specific Event or Events that will be occurring.

Athletic Activities, Indicate below Specific Athletic activities that will be occurring.

Others Please Specify Activities:

Mailed 7.12.09  
AS

Application for Difference in Hours of Operation (cont'd)

**NOTE:** The licensed premises may not be occupied by anyone except the licensee and bona fide employees who are working between the hours of 2:30 A.M. and 12:00 Noon on any Sunday or from 2:30 A.M. until 7:00 A.M. on any other day. Please indicate below the extended hours you are applying for to conduct the activities indicated on Page 1.

Weekdays 5 A.M. to 7 A.M.

Note: Saturday night after midnight is Sunday and requires Sunday hours if the premises is to be occupied after 2:30 A.M.

Sundays 5 A.M. to 12:00 A.M. / P.M.

Will Licensee be conducting the requested activity?  YES  NO

If no, attach a request for waiver of R 436.1437 and copy of concession and/or licensing agreement for person conducting that activity.

It is understood that the licensee issued an extended hours permit shall not allow customers on the licensed premises during the time period provided by the extended hours permit unless the activities, and only those activities, allowed by the extended hours permit are occurring. If you apply for two separate activities and the activities are for different hours you must fill out and attach a separate application. **THIS PERMIT DOES NOT ALLOW THE SALE, SERVICE, OR CONSUMPTION OF ALCOHOLIC LIQUOR DURING THE EXTENDED HOURS.**

**ISSUANCE OF THIS PERMIT REQUIRES APPROVAL BY YOUR LOCAL LAW ENFORCEMENT AGENCY. IF MAKING APPLICATION FOR EXTENDED HOURS FOR DANCE OR ENTERTAINMENT A RECOMMENDATION FROM THE LOCAL LEGISLATIVE BODY IS ALSO REQUIRED.**

Your request will be referred to your local law enforcement agency and local legislative body (if needed) for their recommendation upon receipt of a complete and acceptable application and the required \$70.00 inspection fee.

**THE LICENSEE/APPLICANT, AN AUTHORIZED CORPORATE OFFICER OR MEMBER OF A LIMITED LIABILITY COMPANY MUST SIGN THIS APPLICATION.**

Licensee or Applicant Signatures:   
Manager of Waterworks GR, LLC

**CONTACT INFORMATION**

Name: Jonathan Rooks

Address: 940 Monroe Ave NW, Suite 155, Grand Rapids MI 49503  
(street address) (city) (state)

Phone Number: (616) 450-4600

E-Mail Address: jon@parklandgr.com



Date: August 11, 2009  
To: Honorable Mayor and City Commissioners  
From: Ann Marie Becker, City Clerk  
RE: Liquor License Request  
Walgreen Co.  
1000 S. Getty and 840 W. Sherman

---

**SUMMARY OF REQUEST:** The Liquor Control Commission is seeking local recommendation on a request from Walgreen Co. for two new SDM Licenses, one to be located at 1000 S. Getty Street and the other one to be located at 840 W. Sherman.

**FINANCIAL IMPACT:** None.

**BUDGET ACTION REQUIRED:** None.

**STAFF RECOMMENDATION:** All departments are recommending approval.



# Muskegon Police Department

*Anthony L. Kleibecker*  
*Director of Public Safety*

980 Jefferson  
Muskegon, Michigan  
49443-0536

[www.muskegonpolice.com](http://www.muskegonpolice.com)

Phone: 231-724-6750  
FAX: 231-722-5140

July 24, 2009

To: City Commission through the City Manager

From:   
Anthony L. Kleibecker, Director of Public Safety

Re: Liquor License Investigation – 1000 S. Getty St.  
Add New SDM License

The Muskegon Police Department has received a request from the Michigan Liquor Control Commission for an investigation from applicant Walgreen Co. (an Illinois Corporation) of 1000 S. Getty Street, Muskegon, MI. 49442.

Walgreen Co. is requesting New SDM License to be located at 1000 S. Getty Street Muskegon MI. 49442.

A check of Muskegon Police Department records showed no reason to deny this request.

ALK/kd



Michigan Department of Energy, Labor & Economic Growth  
**MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)**  
 7150 Harris Drive, P.O. Box 30005  
 Lansing, Michigan 48909-7505

522470  
 VAA  
 7-20-09

**POLICE INVESTIGATION REQUEST**

[Authorized by MCL 436.1201(4)]

July 10, 2009

Muskegon Police Department  
 Chief of Police  
 980 Jefferson Street, PO Box 536  
 Muskegon, MI 49443-0536

Request ID #: 522470

Applicant:

WALGREEN CO. (AN ILLINOIS CORPORATION) REQUESTS NEW SDM LICENSE, TO BE LOCATED AT 1000 S GETTY, MUSKEGON, MI 49442, MUSKEGON COUNTY.

CONTACT: ERIC LYLES, 104 WILMOT RD, DEERFIELD, IL 60015, PHONE (847) 315-3404

**Please make an investigation of the application. If you do not believe that the applicants are qualified for licensing, give your reasons in detail. Complete the Police Inspection Report on Liquor License Request, LC-1800, or for Detroit police, the Detroit Police Investigation of License Request, LC-1802. If there is not enough room on the front of the form, you may use the back.**

Forward your report, along with fingerprint cards (if requested) and \$30.00 for each card to the Michigan Liquor Control Commission.

If you have any questions, contact the appropriate unit (On Premises, Off Premises or Manufacturers & Wholesalers) at (517) 322-1400.

dl



<b>FOR MLCC USE ONLY</b>	
Request ID #	<u>522470</u>
Business ID #	<u>220147</u>
<u>7-20-09</u>	<u>788A</u>

**POLICE INVESTIGATION REPORT**  
 [Authorized by MCL 436.1217 and R 436.1105; MAC]

Please conduct your investigation as soon as possible, complete all four sections of this report and return the completed report and fingerprint cards to the MLCC.

**LICENSEE/APPLICANT NAME, BUSINESS ADDRESS AND LICENSING REQUEST: \*\*\*PUBLIC CHAIN\*\*\***  
 WALGREEN CO. (AN ILLINOIS CORPORATION) REQUESTS NEW SDM LICENSE, TO BE LOCATED AT 1000 S GETTY, MUSKEGON, MI 49442, MUSKEGON COUNTY

**Section 1. APPLICANT INFORMATION**

APPLICANT #1: ***CHAIN APPLICANT***	APPLICANT #2:
DATE FINGERPRINTED**:	DATE FINGERPRINTED**:
DATE OF BIRTH: Is the applicant a U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No* *Does the applicant have permanent Resident Alien status? <input type="checkbox"/> Yes <input type="checkbox"/> No* *Does the applicant have a Visa? Enter status:	DATE OF BIRTH: Is the applicant a U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No* *Does the applicant have permanent Resident Alien status? <input type="checkbox"/> Yes <input type="checkbox"/> No* *Does the applicant have a Visa? Enter status:
**Attach the fingerprint card and \$30.00 for each card and mail to the Michigan Liquor Control Commission**	
<b>ARREST RECORD:</b> <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor Enter record of all arrests and convictions (Attach a signed and dated sheet if more space is needed)	<b>ARREST RECORD:</b> <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor Enter record of all arrests and convictions (Attach a signed and dated sheet if more space is needed)

**Section 2. INVESTIGATION OF BUSINESS AND ADDRESS TO BE LICENSED**

Does applicant intend to have dancing, entertainment, topless activity, or extended hours permit?  
 No  Yes, complete LC-1636  
 Are motor vehicle fuel pumps at or directly adjacent to the establishment?  No  Yes, explain relationship:

**Section 3. LOCAL AND STATE CODES AND ORDINANCES, AND GENERAL RECOMMENDATIONS**

Will the applicant's proposed location meet all appropriate state and local building, plumbing, zoning, fire, sanitation and health laws and ordinances, if this license is granted?  Yes  No **If No**, indicate which state and local ordinances the location does not meet:  Building  Plumbing  Zoning  Fire  Sanitation  Health

**Section 4. RECOMMENDATION**

1. Is this applicant qualified to conduct this business if licensed?  Yes  No\*  
 2. Should the MLCC grant this request?  Yes  No\*  
 \*If any of the above questions were answered No, you must state your reasons for MLCC consideration of this recommendation on the back of this form or on an attached signed and dated sheet.  
 3. Is this recommendation subject to final inspection to determine that the proposed location meets all building, plumbing, zoning, fire, sanitation and health laws and ordinances?  Yes  No  
 4. Is this recommendation subject to any other conditions?  Yes  No  
**If Yes**, list the conditions below or on an attached signed and dated sheet if more space is needed

[Signature] 7-28-09  
 Signature (Sheriff or Chief of Police) Date  
 Muskegon Police Department



# Muskegon Police Department

*Anthony L. Kleibecker*  
*Director of Public Safety*

980 Jefferson  
Muskegon, Michigan  
49443-0536

[www.muskegonpolice.com](http://www.muskegonpolice.com)

Phone: 231-724-6750  
FAX: 231-722-5140

July 24, 2009

To: City Commission through the City Manager

From:   
Anthony L. Kleibecker, Director of Public Safety

Re: Liquor License Investigation – 840 W. Sherman  
Add New SDM License

The Muskegon Police Department has received a request from the Michigan Liquor Control Commission for an investigation from applicant Walgreen Co. (an Illinois Corporation) of 840 W. Sherman Street, Muskegon, MI. 49441.

Walgreen Co. is requesting New SDM License to be located at 840 W. Sherman Muskegon MI. 49441.

A check of Muskegon Police Department records showed no reason to deny this request.

ALK/kd



Michigan Department of Energy, Labor & Economic Growth  
**MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)**  
 7150 Harris Drive, P.O. Box 30005  
 Lansing, Michigan 48909-7505

522444  
 TMM  
 7-20-09

**POLICE INVESTIGATION REQUEST**

[Authorized by MCL 436.1201(4)]

July 9, 2009

Muskegon Police Department  
 Chief of Police  
 980 Jefferson Street, PO Box 536  
 Muskegon, MI 49443-0536

Request ID #: 522444

Applicant:

WALGREEN CO. (AN ILLINOIS CORPORATION) REQUESTS NEW SDM LICENSE, TO BE LOCATED AT 840 W SHERMAN, MUSKEGON, MI 49441, MUSKEGON COUNTY.

CONTACT: ERIC LYLES, 104 WILMOT RD, DEERFIELD, IL 60015, PHONE (847) 315-3404

**Please make an investigation of the application. If you do not believe that the applicants are qualified for licensing, give your reasons in detail. Complete the Police Inspection Report on Liquor License Request, LC-1800, or for Detroit police, the Detroit Police Investigation of License Request, LC-1802. If there is not enough room on the front of the form, you may use the back.**

Forward your report, along with fingerprint cards (if requested) and \$30.00 for each card to the Michigan Liquor Control Commission.

If you have any questions, contact the appropriate unit (On Premises, Off Premises or Manufacturers & Wholesalers) at (517) 322-1400.

dl



Michigan Department of Energy, Labor & Economic Growth  
**MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)**  
 7150 Harris Drive, P.O. Box 30005  
 Lansing, Michigan 48909-7505

<b>FOR MLCC USE ONLY</b>	
Request ID #	522444
Business ID #	220123
	7-20-09 TSM

**POLICE INVESTIGATION REPORT**  
 [Authorized by MCL 436.1217 and R 436.1105; MAC]

Please conduct your investigation as soon as possible, complete all four sections of this report and return the completed report and fingerprint cards to the MLCC.

**LICENSEE/APPLICANT NAME, BUSINESS ADDRESS AND LICENSING REQUEST: \*\*\*PUBLIC CHAIN\*\*\***  
 WALGREEN CO. (AN ILLINOIS CORPORATION) REQUESTS NEW SDM LICENSE, TO BE LOCATED AT  
 840 W SHERMAN, MUSKEGON, MI 49441, MUSKEGON COUNTY.

**Section 1. APPLICANT INFORMATION**

APPLICANT #1: CHAIN APPLICANT**	APPLICANT #2:
DATE FINGERPRINTED**:	DATE FINGERPRINTED**:
DATE OF BIRTH: Is the applicant a U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No* *Does the applicant have permanent Resident Alien status? <input type="checkbox"/> Yes <input type="checkbox"/> No* *Does the applicant have a Visa? Enter status:	DATE OF BIRTH: Is the applicant a U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No* *Does the applicant have permanent Resident Alien status? <input type="checkbox"/> Yes <input type="checkbox"/> No* *Does the applicant have a Visa? Enter status:
**Attach the fingerprint card and \$30.00 for each card and mail to the Michigan Liquor Control Commission**	
<b>ARREST RECORD:</b> <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor Enter record of all arrests and convictions (Attach a signed and dated sheet if more space is needed)	<b>ARREST RECORD:</b> <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor Enter record of all arrests and convictions (Attach a signed and dated sheet if more space is needed)

**Section 2. INVESTIGATION OF BUSINESS AND ADDRESS TO BE LICENSED**

Does applicant intend to have dancing, entertainment, topless activity, or extended hours permit?  
 No  Yes, complete LC-1636  
 Are motor vehicle fuel pumps at or directly adjacent to the establishment?  No  Yes, explain relationship:

**Section 3. LOCAL AND STATE CODES AND ORDINANCES, AND GENERAL RECOMMENDATIONS**

Will the applicant's proposed location meet all appropriate state and local building, plumbing, zoning, fire, sanitation and health laws and ordinances, if this license is granted?  Yes  No If No, indicate which state and local ordinances the location does not meet:  Building  Plumbing  Zoning  Fire  Sanitation  Health

**Section 4. RECOMMENDATION**

1. Is this applicant qualified to conduct this business if licensed?  Yes  No\*  
 2. Should the MLCC grant this request?  Yes  No\*  
 \*If any of the above questions were answered No, you must state your reasons for MLCC consideration of this recommendation on the back of this form or on an attached signed and dated sheet.  
 3. Is this recommendation subject to final inspection to determine that the proposed location meets all building, plumbing, zoning, fire, sanitation and health laws and ordinances?  Yes  No  
 4. Is this recommendation subject to any other conditions?  Yes  No  
 If Yes, list the conditions below or on an attached signed and dated sheet if more space is needed

*[Signature]* \_\_\_\_\_ 7-28-09  
 Signature (Sheriff or Chief of Police) Date  
 Muskegon Police Department

**AGENDA ITEM NO. \_\_\_\_\_**

**CITY COMMISSION MEETING \_\_\_\_\_**

TO: Honorable Mayor and City Commissioners  
FROM: Department of Public Works  
DATE: August 11, 2009  
SUBJECT: Renewal of Maintenance Contract with MDOT  
Trunkline within the City of Muskegon

**SUMMARY OF REQUEST:**

The Michigan Department of Transportation (MDOT) seeks to renew its contract with the City of Muskegon for road maintenance on State Highways located within the City of Muskegon.

The City of Muskegon designates Mohammed Al-Shatel, its Deputy Director of Public Works, as the Maintenance Superintendent on state trunkline highways, and authorizes him and Ann Marie Becker, City Clerk, to execute this contract on the City's behalf.

This is a five-year, renewable contract.

**FINANCIAL IMPACT:**

Our annual contract with MDOT is approximately \$221,000.

**BUDGET ACTION REQUIRED:**

None.

**STAFF RECOMMENDATION:**

Recommend approval of five-year contract and the designation of Mohammed Al-Shatel as the Maintenance Superintendent, and authorize him and Ann Marie Becker, City Clerk, to execute the contract on the City's behalf.

**COMMITTEE RECOMMENDATION:**

Resolution No. \_\_\_\_\_

**MUSKEGON CITY COMMISSION**

RESOLUTION DESIGNATING MAINTENANCE SUPERINTENDENT  
ON STATE TRUNK LINE HIGHWAYS  
AND  
OFFICIALS AUTHORIZED TO SIGN MICHIGAN DEPARTMENT OF  
TRANSPORTATION MAINTENANCE CONTRACT

WHEREAS, the Michigan Department of Transportation has affirmatively found that contracting with municipalities for the maintenance of state trunk lines and bridges within its jurisdiction is in the best public interest; and

WHEREAS, 1925 PA 17 Section 2, MCL 250-61 et seq; MSA 9.902 authorizes the Michigan Department of Transportation MDOT to contract with municipalities for the construction, improvement, and/or maintenance of State trunk line highways; and

WHEREAS, the Michigan Department of Transportation has presented to the City of Muskegon a maintenance contract, the term of which is October 1, 2009 through September, 30, 2014; and

WHEREAS, the City of Muskegon desires to enter into this agreement; and

WHEREAS, the City of Muskegon must designate a Maintenance Superintendent on State trunk line highways, one who will supervise all work covered by the contract; and

WHEREAS, the City of Muskegon must designate City of Muskegon officials authorized to sign the maintenance contract.

NOW THEREFORE BE IT RESOLVED THAT, the Muskegon City Commission of the City of Muskegon, Michigan that:

1. Mohammed Al-Shatel, Deputy Director of Public Works, is designated as the Maintenance Superintendent on State trunk line highways, as applies to this contract.

2. Mohammed Al-Shatel, Deputy Director of Public Works, and Ann Marie Becker, City Clerk, are authorized to sign this contract.

Adopted this 11th day of August, 2009.

Ayes:

Nays:

Absent:

By: \_\_\_\_\_  
Stephen J. Warmington  
Mayor

Attest: \_\_\_\_\_  
Ann Marie Becker  
City Clerk, MMC

I hereby certify that the foregoing constitutes a true and complete copy of a resolution adopted by the City Commission for the City of Muskegon, County of Muskegon, Michigan, at a regular meeting held on August 11, 2009.

\_\_\_\_\_  
Ann Marie Becker  
City Clerk, MMC

Date: August 3, 2009  
To: Honorable Mayor and City Commissioners  
From: Lowell Kirksey, Recreation Supervisor  
RE: Request the City of Muskegon pay the electrical costs to light basketball courts at Clara Shepherd Park

---

SUMMARY OF REQUEST: The Public Health Department of Muskegon County received funding from the Michigan Department of Community Health's "Building Healthy Communities" program. The Nelson Neighborhood was awarded a grant focusing on improving health in the community. A community survey and assessment was done which determined that the installation of lights at the Clara Shepherd Park Basketball courts will improve opportunities and extend physical activities during the evening hours. The grant will cover installation costs of lights, labor, materials, equipment, fixtures, excavation, and permits. Approval of annual electrical costs during the dates of operation is requested.

FINANCIAL IMPACT: Estimated costs to the City of Muskegon for two 35' wood poles with two light fixtures attached burning 1500 watts each is \$17.00 per pole for each month of operation.

Public Health Muskegon County will reimburse the City of Muskegon for all installation costs of the lights; including labor, materials, equipment, fixtures, excavation, and permits.

BUDGET ACTION REQUIRED: None.

STAFF RECOMMENDATION: Staff recommends approval.

COMMITTEE RECOMMENDATION: The Leisure Service Board approved the recommendation at their July 20, 2009 meeting.

**Kirksey, Lowell**

**From:** Jill Montgomery Keast [montgomerykeastji@co.muskegon.mi.us]  
**Sent:** Tuesday, August 04, 2009 3:52 PM  
**To:** Kirksey, Lowell; Young, Bernadette; Al-Shatel, Mohammed  
**Subject:** Clara Shepherd Park

During the summer of 2008 with funding from the Michigan Department of Community Health's Building Healthy Communities program, PHMC completed a community needs assessment in Nelson Neighborhood focused on improving opportunities for physical activity, access to nutritious foods, and a decrease in exposure to tobacco. One of the four target areas prioritized from that assessment for 2009 was the improvement of Clara Shepherd Park. Following an empirically based survey called "System for Observing Play and Recreation in Communities (SOPARC)", Clara Shepherd Park was found to be of high use with neighborhood youth during the later hours of the day - specifically after 6pm. With the goal of improving opportunities for physical activities, users suggested lighting the park to enable players to play after dark, but before closing time and during special events. We are requesting that the City of Muskegon approve the installation of lighting for either one or both courts at Clara Shepherd Park. Public Health Muskegon County will reimburse the City of Muskegon for all installation costs including labor, materials, equipment, fixtures, excavation, and permits through funding from PHMC's Building Healthy Communities grant. An initial quotation was obtained by Bernadette Young from Belasco Electric which quoted \$5,314.00 to light one court; and \$8,531.00 to light both courts. This quote included all labor, materials, equipment, fixtures, excavation, and permits. Other associated costs for the project such as maintenance and electric will not be able to be provided by PHMC.

Jill Montgomery Keast  
Public Health Quality Improvement Specialist  
Public Health - Muskegon County  
209 E. Apple Ave  
Muskegon, MI 49442  
Phone: 231.724.1293  
fax: 231.724.6674  
montgomerykeastji@co.muskegon.mi.us

Email box [montgomeryji@co.muskegon.mi.us](mailto:montgomeryji@co.muskegon.mi.us) is no longer available and will not be forwarded.  
Please contact me by emailing [montgomerykeastji@co.muskegon.mi.us](mailto:montgomerykeastji@co.muskegon.mi.us). Thank you!

**AGENDA ITEM NO.** \_\_\_\_\_

**CITY COMMISSION MEETING** \_\_\_\_\_

**TO:** Honorable Mayor and City Commissioners

**FROM:** Bryon L. Mazade, City Manager

**DATE:** August 5, 2009

**RE:** Association of Volleyball Professionals (AVP) Tournament – August 21-23, 2009

**SUMMARY OF REQUEST:**

To approve waiving costs of providing city services (except any police services for the alcohol service) for the AVP event on August 21-23, 2009.

**FINANCIAL IMPACT:**

Minimal cost to the City.

**BUDGET ACTION REQUIRED:**

None.

**STAFF RECOMMENDATION:**

To waive the costs of City services (except police services for the alcohol) and authorize City staff to enter into an agreement with the AVP for the event.

**COMMITTEE RECOMMENDATION:**

None.

**AGENDA ITEM**

**CITY COMMISSION MEETING**

August 5, 2009

**TO: Honorable Mayor and City Commissioners**  
**FROM: Karen Scholle, Civil Service Personnel Director**  
**DATE: August 5, 2009**  
**RE: Revised Family and Medical Leave Act Policy**

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**SUMMARY OF REQUEST:**

Pursuant to the January 16, 2009, federal revisions to the Family and Medical Leave Act, Civil Service modified the City's FMLA policy to come into compliance with the amended act. The Civil Service Commission approved and adopted the revised policy at its July 2, 2009 meeting. Since the City Commission approved and adopted the 1993 policy, staff requests approval and adoption of the revised policy to replace the 1993 policy of record.

**FINANCIAL IMPACT:**

None

**BUDGET ACTION REQUIRED:**

None

**COMMITTEE RECOMMENDATION:**

N/A

**STAFF RECOMMENDATION:**

Staff respectfully requests approval and adoption of the revised FMLA policy to replace the previously adopted 1993 policy to bring the City in compliance with the FMLA's requirements.



## CITY OF MUSKEGON

### Family and Medical Leave Act Policy

The City of Muskegon is required to comply with the Family and Medical Leave Act (FMLA). As the employer, the City reserves the right to designate FMLA leave for any eligible employee. Following the expiration of protected leave, if extended leave is requested, the employer will determine whether non-FMLA leave ought to apply.

#### **General Provisions**

Under the Family & Medical Leave Act of 1993, eligible employees may take job-protected leave for certain family-related, medical, or military-related reasons. As described below, leave entitlements vary depending upon the reason for the leave.

Eligible employees are those working for the City:

1. for a total of 12 months, or 52 weeks. (The 12 months, or 52 weeks, need not be consecutive. An employee on the payroll for only part of a week or on leave during the week will be considered as employed for an entire week.);
2. at least 1,250 hours during the 12-month period immediately before the date the employee requests the leave to begin;
3. within 75 miles of at least forty-nine (49) other City employees.

Employees are eligible for paid, unpaid, or a combination of paid and unpaid leave, depending on the circumstances of the leave and as specified in this policy.

The City tracks leave according to a 12-month period. Except as provided below, the 12-month period used for tracking FMLA leave looks forward 12 months from the date of any leave usage.

Only those employees meeting the above requirements are eligible for FMLA leave. (Note: Employees may be eligible for other types of leave as provided for under leave provisions of the Civil Service Rules and Regulations or applicable union contracts.)

#### **Leave Entitlements**

An eligible employee shall be entitled to a total of 12 weeks of leave during any 12-month period for one or more of the following reasons:

1. Because of the birth of a son or daughter of the employee and in order to care for such son or daughter;
2. Because of the placement of a son or daughter with the employee or adoption or foster care;
3. In order to care for the spouse, son, daughter, or parent of the employee if such spouse, son, daughter or parent has a serious health condition;
4. Because of a serious health condition that makes the employee unable to perform the functions of the position of employee; or
5. Because of any qualifying exigency arising out of the fact that the spouse, or a son, daughter, parent, or next-of-kin of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.

#### **Total Leave Entitlement**

Leave taken for all categories of family, medical, and military leave will be combined toward the applicable 12-week or 26-week entitlements outlined in this policy. Where a husband and wife both work for the City of Muskegon, their merged FMLA limit is 12 weeks of leave due to birth, adoption, or

## **FAMILY AND MEDICAL LEAVE ACT POLICY**

Page 2

placement of a child for foster care or to care for a parent with a serious health condition; and 26 weeks to deal with a qualifying exigency or to care for a family member with serious injury or illness arising out of their military service.

### **Expiration of Leave Entitlements**

The entitlement to leave under Reasons No. 1 and No. 2, for the birth or placement of a son or daughter, expires at the end of the 12-month period beginning on the date of such birth or placement. Leave due to the birth, adoption, or placement of a child is allowable on a reduced schedule or intermittent basis with the approval of the employee's supervisor and department/division head.

*Service-related Family Leave:* An eligible employee who is the spouse, son, daughter, parent, or next-of-kin of a covered service member is entitled to a total of 26 work weeks of leave during a single 12-month period to care for the service member. The leave described in this paragraph is available during a single 12-month period beginning from the first date of leave. Leave is allowable in a single block of time, intermittently, or on a reduced-schedule basis.

*Combined Leave Total:* During the single 12-month period described in *Service-related Family Leave*, an eligible employee shall be entitled to a combined total of 26 workweeks of leave under *Family & Medical Leave* and *Service-related Family Leave*.

### **Serious Health Condition**

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves:

1. Overnight inpatient care in a hospital, hospice, or residential medical care facility including any period of incapacity (a period of incapacity involving the inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment, or recovery) or subsequent treatment in connection with the inpatient care;
2. Continuing treatment by a healthcare provider, including:
  - A period of incapacity of more than three (3) consecutive calendar days and any subsequent treatment or period of incapacity relating to the same condition that involves:
    - (i) Treatment by a healthcare provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the healthcare provider;
    - (ii) Any period of incapacity due to pregnancy or for prenatal care;
    - (iii) Any period of incapacity or treatment for such incapacity due to a chronic serious health condition;
    - (iv) A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective and the employee or family member is under the continuing supervision of a healthcare provider; or
    - (v) Any period of absence for multiple treatments by a healthcare provider and recovery for restorative surgery after an accident, injury, or a condition likely resulting in a period of incapacity of more than three consecutive calendar days.

Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition also are covered; routine physical examinations, eye examinations, or dental examination are not covered.

Where medically necessary, leave due to a serious health condition may be taken on a reduced schedule or intermittent basis. Where an employee takes leave for planned medical treatment on an intermittent or reduced scheduled basis, the employee must make a reasonable effort to work with the City to schedule such leave so as not to disrupt the City's operations. Reduced schedule or intermittent leave may not exceed 12 weeks in aggregate and must be completed within one year of the beginning of the leave.

If an employee requests intermittent or reduced leave schedule that is foreseeable based on planned medical treatment, the City may require the employee to temporarily transfer to an available alternative

## FAMILY AND MEDICAL LEAVE ACT POLICY

Page 3

position for which the employee is qualified that has equivalent pay and benefits and better accommodates recurring periods of leave than the regular position of the employee.

### **Military-Related Leave**

Employees are eligible for up to 12 weeks of leave because of a “qualifying exigency” arising out of the fact that a spouse, parent or child of the employee is on active duty or has been notified of an impending call or order to active duty in the National Guard, the Reserves, or retired Armed Forces in support of a contingency operation. Qualifying exigencies relate to the active duty or call or order to active duty and include such things as attending to legal and financial matters; providing urgent childcare or making alternative schooling or childcare arrangements; attending or participating in certain non-medical counseling sessions; attending military events; attending post-deployment and reintegration briefings; spending time with a military member who is on short-term rest and recuperation leave during deployment; and addressing issues that arise due to short-notice call or order to active duty. Leave is available as a single block of time, intermittently, or on a reduced-schedule basis.

Eligible employees may take up to 26 weeks of leave during a 12-month period to care for a family member (spouse, child, parent, or next-of-kin) who is a member of the Armed Forces, the National Guard, or the Reserves and who is undergoing medical treatment, recuperation, or therapy; is otherwise in outpatient status; or is on the temporary disability retired list for a serious injury or illness incurred in the line of active duty.

### **Duties of Employees**

In any case in which the necessity for leave is foreseeable based on the expected birth or placement of a son or daughter, the employee shall provide not less than 30 days notice before the date the leave is to begin of the employee’s intention to take leave. When the date of the birth or placement calls for leave to begin in less than 30 days, then the employee shall provide notice as is practicable.

In cases where leave is necessary to care for the employee’s spouse, son, daughter or parent because of a serious health condition that makes the employee unable to perform the functions of his/her position, or for an eligible employee to care for a family service member and the leave is foreseeable based on planned medical treatment, the employee shall provide the City 30 days notice before the leave is to begin. If the date of treatment requires leave to begin in less than 30 days, the employee shall provide notice as is practicable.

Employees must make a reasonable effort to schedule treatment so as not to disrupt the operations of the City of Muskegon, subject to the approval of the appropriate healthcare provider.

Subject to the above, **employees must comply with the City’s normal absence notification procedures as provided by collective bargaining agreement or policy, as applicable.** Failure to provide timely notice of absence may result in the delay of leave approval. When the need for leave is unforeseeable, the employee or someone on the employee’s behalf *must* notify the City. The caller needs to provide as much information as possible about the reason for the absence in order to make a proper and timely inquiry as to whether the absence qualifies for leave under this policy. **Please note that calling in “sick” is not sufficient.**

When an employee is approved for intermittent FMLA leave and uses time off for the FMLA leave basis, *the employee must specifically report that his/her absence is for that particular FMLA leave reason or state that s/he is taking FMLA leave at the time of absence notification.*

### **Certification**

When the need for leave is due to an employee’s or a family member’s serious health condition or is military-related, the City requires certification of the need for the leave and its duration, schedule of intermittent leave, or reduced leave schedule on a form supplied by the City’s Civil Service Department.

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This certification must be completed and returned to the City within 15 days of when it was provided to the employee, with the employee responsible for any charges incurred for completion of the certification forms. Certification may be requested to be returned directly to the City.

While off work on leave, the City may request verification of continued need for leave and intent to return to work. Failure to provide timely notice of the required certification may result in the delay of continued leave or the denial of leave with any absences counted as unexcused absences for attendance purposes.

### Second Opinion

Whenever the City has reason to doubt the validity of the certification provided by an employee, the City may require--at the City's expense--that an employee obtain the opinion of a second healthcare provider designated or approved by the City concerning any information certified for leave.

In any case where the second opinion differs from the original certification opinion, the City may require--at the expense of the City--that an employee obtain a third healthcare provider opinion designated or approved by both the City and the employee concerning the information certified for leave. The opinion of the third healthcare provider will be final and binding on the City and the employee.

### Employer Notice

If an employee requests leave, the City will inform him/her if s/he is eligible for leave under the FMLA. If an employee is eligible, the City sends a personalized notice to him/her specifying any additional information required as well as the employee's rights and responsibilities. If an employee is ineligible, the City sends a personalized notice to the employee informing him/her and giving the reason(s) for such ineligibility. Additionally, the City informs the employee of FMLA designated leave and, if known, the amount of leave counted against the employee's total leave entitlement.

### Employment and Benefits Protection

#### Restoration to Position

Eligible employees on an approved leave and returning to work by the expiration of their designated leave period are entitled:

1. To be restored to the position of employment held when his/her leave began; or
2. To be restored to an equivalent position with equivalent benefits, pay, and other terms and conditions of employment.

#### Loss of Benefits

Taking FMLA leave shall not result in the loss of any employment benefit accrued prior to the date that the leave began.

#### Maintenance of Health Benefits

During any period an eligible employee takes leave, the City will maintain coverage under any "group health plan" for the duration of the leave and at the level of coverage provided had the employee continued employment. To maintain healthcare coverage during an approved leave, employees must continue to pay the regular required employee contribution. If an employee fails to make the required contribution, healthcare coverage may terminate and coverage may continue under COBRA.

Employees who fail to return from an FMLA leave or who terminate within 30 days of returning to work may be required to reimburse the City for any insurance premiums paid on their behalf during the FMLA leave.

Note: Some benefits (for example, elective life and disability insurance, leave accruals during unpaid leave time, and cash payments chosen by the employee instead of group health insurance coverage) **will not** continue during an FMLA leave. Employees **will not** receive holiday pay while on leave unless they are on the payroll for the purpose of utilizing accrued paid vacation, personal, or sick leave time. In all

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cases benefits and seniority will accrue and continue or not accrue or not continue according to existing City policy and/or the applicable collective bargaining agreement.

In certain circumstances, disability benefits or workers' compensation benefits may be available during FMLA leave.

### Workers' Compensation and Disability Leave

Employees unable to work due to occupational injury or illness or personal disability who also are eligible for FMLA leave shall have up to 12 weeks of the non-working portion of the approved recovery period, including any required waiting period, count concurrently as FMLA leave. FMLA leave also may be granted to an employee while his/her workers' compensation or disability leave request is under review. The granting of FMLA leave during the review period will have no bearing on the approval or disapproval of an employee's FMLA leave request.

### Use of Paid Time Off:

With the exception of sick leave use for Service Member Family Leave for next-of-kin, the City requires employees to use all available paid time off concurrently as qualifying FMLA time toward the 12- or 26-week limit for the following situations:

1. Because of the birth of a son or daughter of the employee and in order to care for such son or daughter;
2. Because of the placement of a son or daughter with the employee or adoption or foster care;
3. In order to care for the spouse, son, daughter, or parent of the employee if such spouse, son, daughter or parent has a serious health condition;
4. Because of a serious health condition that makes the employee unable to perform the functions of the position of employee.
5. Service-related Family Leave.

In other words, FMLA leave always will begin with paid time off as available until the expiration of all existing paid time off, including all accrued sick, vacation, and personal leave balances before going on unpaid leave.

After exhausting paid leave, unpaid FMLA leave continues until the conclusion of the protected 12-week time limit.

Pursuant to the Code of Federal Regulations Title 29, Part 825.207 of The Family and Medical Leave Act of 1993 employers *may not require* employees to use compensatory time as a substitute for unpaid FMLA leave. Employees *may request* to use compensatory time for a FMLA-qualifying event; however, if granted, it shall not be counted toward the employee's 12-week FMLA leave entitlement.

Whether FMLA leave is paid, unpaid, or a combination, the employee is entitled to only 12 weeks of FMLA leave within the forward looking 12-month period, as applicable.

### Other Employment

An employee on an approved leave of absence due to an inability to perform his/her work because of the employee's own serious health condition may not engage in any other work or type of employment during such leave of absence.

### Return from Leave

Employees on FMLA leave may be required to report periodically on their status and intent to return to work. Employees are not required to take more FMLA leave than necessary to resolve the circumstance(s) that precipitated the need for leave but must provide the City two business days' notice of their intent to return to work. Employees returning to work from leave for the employee's own serious health condition (other than intermittent leave) will be required to present certification from their

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healthcare provider of their ability to resume work or as provided by an applicable collective bargaining agreement. The cost of such certification shall be the responsibility of the employee.

If an employee fails to provide the requested fitness-for-duty certification to return to work, the City may delay restoration until the employee submits the certificate.

Any employee who fraudulently obtains FMLA leave from the City is NOT entitled to job restoration or maintenance of health benefits provisions under the FMLA.

Additionally, the City may deny return from leave to any employee whose annual salary places the employee among the highest paid 10% of all City personnel, provided the employee received notification of his/her "key employee" status and of the City's intent to deny reinstatement on the "key employee" basis.

Notices posted in City Hall, the Police Department, the Department of Public Works building, the Water Filtration Plant, all City Fire Stations, and the Civil Service Office provide additional information about the FMLA.

Amended 03/24/09

Adopted by CSC 7/2/2009

Effective 08/10/2009