
The City of Traverse City

Office of the Clerk

GOVERNMENTAL CENTER
400 Boardman Avenue
Traverse City, MI 49684
(231) 922-4480
tcclerk@ci.traverse-city.mi.us



Dear Applicant:

Subject: Application for a Newsrack Permit

Enclosed is an Application for a Newsrack Permit which must be completed in its entirety prior to submission. Please familiarize yourself and adhere to the Traverse City Code of Ordinances Chapter 1020 Section 1020.09 *Newsracks* which can be viewed in its entirety at www.traversecitymi.gov/downloads/1020.pdf.

When submitting your application, please include the following:

- 1). \$75 Fee for each Newsrack
- 2). Certificate of Insurance for Comprehensive General Liability in the amount of \$1 Million per occurrence along with an *endorsement to the policy, naming the City of Traverse City as additional insured. *A sample endorsement is enclosed.
- 3). A “to-scale” sketch

Please note that if the owner decides to relocate or replace a permitted newsrack, a new permit will be required.

Once your application and required documents have been received, the City Clerk’s Office will obtain approvals from the appropriate departments and agencies. Once all departments have approved your request, the City Clerk’s Office will issue you a formal ***Newsrack Permit***.

We hope this information is helpful! The City of Traverse City looks forward to working with you to compliment the living experience in Traverse City! Should you have any questions, please feel free to contact anyone in the City Clerk’s Office at (231) 922-4480 or contact Kim Lautner, Registration/Licensing Clerk at klautner@traversecitymi.gov.

Most Sincerely,

A handwritten signature in blue ink, appearing to read "Benjamin C. Marentette".

Benjamin C. Marentette, CMC
City Clerk

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12/18/13

SAMPLE ADDITIONAL INSURED ENDORSEMENT

POLICY NUMBER: X INSERT POLICY # HERE

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

X City of Traverse City
400 Boardman Avenue
Traverse City, MI
49484

its officers, employees and
immune contractors as defined in NRS 41.0307.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.