

# City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office. There is a 90 day review process. At the end of the 90 days, the petition could either be approved or denied by departments. Please take into consideration the amount of time it will take to plan the event when submitting the application. If submitted later than 90 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

## Section 1- GENERAL EVENT INFORMATION

Event Name: \_\_\_\_\_

Event Location: \_\_\_\_\_

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: \_\_\_\_\_

Organization Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

*If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.*

Applicant Name: \_\_\_\_\_

Title/Role: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax:: \_\_\_\_\_

**Event On-Site Contact Person:**

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

*List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).*

List Event Sponsors: \_\_\_\_\_

**Event Elements (check all that apply)**

Walkathon

Carnival/Circus

Concert/Performance

Run/Marathon

Bike Race

Religious Ceremony

Political Event

Festival

Filming

Parade

Sports/Recreation

Rally/Demonstration

Convention/Conference

Fireworks

Other: \_\_\_\_\_

**What are the projected set-up, event and tear down dates and times (must be completed)?**

Begin Set-up Date & Time: \_\_\_\_\_ Complete Set-up Date & Time: \_\_\_\_\_

Event Start Date & Time: \_\_\_\_\_ Event End Date & Time: \_\_\_\_\_

Begin Tearing Down Date: \_\_\_\_\_ Complete Tear Down Date: \_\_\_\_\_

Event Times (If more than one day, give times for each day): \_\_\_\_\_

**Is this the first time you have held this event in the City of Detroit?**     Yes     No

If no, what years has the event been held in Detroit? \_\_\_\_\_

When was the event last held in Detroit? \_\_\_\_\_

Where was the event last held in Detroit? \_\_\_\_\_

What were the hours last year? \_\_\_\_\_

Project Attendance This Year (Minimum – Maximum)? \_\_\_\_\_

What is the basis for your projected attendance? \_\_\_\_\_

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**Please describe your anticipated/ target audience:**

Is this going to be an annual event?     Yes     No

If yes, do you have a preferred/proposed for next year? \_\_\_\_\_

If a parade is planned. Indicate elements (check all that apply):

[ ] People                      [ ] Balloons

[ ] Floats                      [ ] Animals

[ ] Vehicles                    [ ] Other: \_\_\_\_\_

[ ] Bands

**If animals included, specify type, number and how used.** \_\_\_\_\_

Name of business supplying animal(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_



City/State/Zip: \_\_\_\_\_

### Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

Radio (Specify stations):

Television (Specific stations):

Newspapers (specify papers):

Web site (identify web address):

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify): \_\_\_\_\_

NOTE: All raffles subject to laws of State/City.

### Section 6- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No

If yes, please describe: \_\_\_\_\_

Will there be on-site ticket sales?  Yes  No

If yes, list price(s): \_\_\_\_\_

Will food be sold?  Yes  No

If yes, please pick up Special Events Vendor Packet in Suite 105:

Will merchandise be sold?  Yes  No

If yes, describe: \_\_\_\_\_

Will a percentage of the proceeds be distributed to a charitable organization?  Yes  No

If yes, describe: \_\_\_\_\_

If the event is a fundraiser, identify charity or recipient of funds: \_\_\_\_\_

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food  Merchandise

Non-Alcoholic Beverages  Alcoholic Beverages

Other (specify):

Indicate type of items to be sold: \_\_\_\_\_

Will these be exclusive vendors or outside vendors? (please describe): \_\_\_\_\_

## Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Number of Private Security Personnel Hired Per Shift: \_\_\_\_\_

Are the private security personnel (check all that apply):

Licensed  Armed  Bonded

Describe the emergency evacuation plan: \_\_\_\_\_

Describe the parking plan to accommodate anticipated attendance: \_\_\_\_\_

How will you advise attendees of parking options? \_\_\_\_\_

Are you seeking a group parking rate? \_\_\_\_\_

## Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
\_\_\_\_\_

Have local neighborhood groups/businesses approved your event?  Yes  No

Indicate what steps you have or will take to notify them of your event:  
\_\_\_\_\_  
\_\_\_\_\_

Indicate contact names and phone numbers (for verification) or attach approved letter(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

### Structure

How Many? \_\_\_\_\_

Size/Height \_\_\_\_\_

Booth \_\_\_\_\_

Tent (enclosed on 3 sides) \_\_\_\_\_

Canopy (open on all sides) \_\_\_\_\_

Staging/Scaffolding \_\_\_\_\_

Bleachers \_\_\_\_\_

**Company:**

Grill

Gas       Charcoal       Electrical       Propane

Fireworks (Pyrotechnics)

Aerial       Stage

Provide Sketch:

Portable Restrooms:

Standard       ADA Accessible

Vehicles

Type/Weight: \_\_\_\_\_

Other: \_\_\_\_\_

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

\_\_\_\_\_  
\_\_\_\_\_

Will additional utility services be used (power, water, etc.)? Please describe.

\_\_\_\_\_

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

\_\_\_\_\_  
\_\_\_\_\_

**Section 10- COMPLETE ALL THAT APPLY**

**Name of Sanitation Company collecting refuse and garbage?**

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Name of company providing emergency medical services?**

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Name of company providing porta-johns.**

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Name of private catering company?**

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**SPECIAL USE REQUESTS**

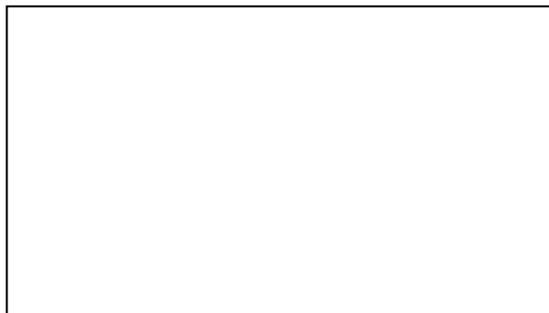
List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

**Attach a map or sketch of the proposed area for closure.**

**STREET NAME:** \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_



**STREET NAME:** \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**STREET NAME:** \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**STREET NAME:** \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**Requested City Equipment**

Provided In: \_\_\_\_\_ (year)

Current Request: \_\_\_\_\_ (year)

Street Closures:

- Posting no parking signs
- Light pole
- Electrical Services
- Storage for Trailers/Trunks

**Barricades are not available from the City of Detroit.**

**ADDITIONAL INFORMATION**

Is there any additional information that you feel is important to mention regarding your event or additional requests?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

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Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

## SPECIAL EVENTS CONTACT LIST

<b>Department/Agency</b>	<b>Contact Person</b>	<b>Email Address</b>	<b>Phone Number</b>
<b>Building &amp; Safety Department</b>			(313)224-3259
<b>Business License Department</b>	Yakeima Fife	fifeya@detroitmi.gov	(313)224-0365
<b>Campus Martius Park</b>	Heather Badrak		(313) 962-0112
<b>Clean Detroit</b>	Ryan Epstein		(313) 354-1276
<b>Coleman A. Young International Airport</b>	Tyra Williams		(313) 833-7666
<b>Detroit Police Department – Tactical Operations – Large Special Events and Parades in Downtown Area.</b>	Sgt. Janae Stinson	Stinsonj251@detroitmi.gov	(313)237-2828
<b>Detroit Police Department – Liquor License Division – 24 Hour Temporary Liquor License</b>			(313) 596-1954
<b>Detroit Fire Department</b>	Capt. Eric Davis	daviser@detroitmi.gov	(313)596-2932
<b>Detroit People Mover</b>	Ericka Alexander	ealexander@thepeoplemover.com	(313)224-2148
<b>Detroit Public Works – Right of Way Fees</b>	Leslie Lord	lordl@cadtwr.ci.detroit.mi.us	(313)224-3935
<b>Detroit Riverfront Conservancy</b>			(313)566-8200
<b>Eastern Market</b>			(313)833.9300
<b>Health &amp; Wellness Department – Food License and Permits</b>	Denise Talley-Ndiaye	talleyd@detroitmi.gov	(313)870-2729
<b>Municipal Parking Department – Parking Meters Rentals</b>	Linda Harris	harrisli@detroitmi.gov	(313)221-2520
<b>Municipal Parking Department – Parking Lots/Garages</b>	Angela Nash	nasha@detroitmi.gov	(313)221-2527
<b>Mayor’s Office – Film, Culture and Special Events</b>	Sommer Woods	woodss@detroitmi.gov	(313)224-1606
<b>Recreation Department – Belle Isle Park</b>	Tracy Lawrence	lawrenct@detroitmi.gov	(313) 628-2081
<b>Recreation Department – Fort Wayne</b>		fortwayneinfo@detroitmi.gov	(313) 628-0796
<b>Recreation Department – Hart Plaza</b>	Howard Nash	hnash@detroitmi.gov	313-877-8074
<b>Recreation Department – (Excludes Hart Plaza, Belle Isle and Fort Wayne)</b>	Lynn Shaw	lshaw@detroitmi.gov	(313) 877-8075

## 2011 CITY OF DETROIT SPECIAL EVENTS FEE SCHEDULE

(Fees are subject to change without notice)

Department	Service Description	Fee
Business License	Business License Permit – Any goods that will be sold on the public right of way must obtain a permit per vendor. This includes dry goods, merchandise, food or beverage.	\$115 per point of sale. Late applications will be assessed late fees.  Fee is waived if vendor is distributing materials complimentary.  Example of fee waivers: Organizations passing out literature.
Building & Safety Engineering	Permit for Temporary Signage, electrical/generator, bleachers and tents larger than 10x10.	Fees Vary
Detroit Fire Department	Tent Inspection (not per tent) – tents less than or equal to 10x10.	\$111 / first hour / \$56 each add'l hr
Detroit Fire Department	Tent Inspection (not per tent) – larger than or equal to 10x10.	\$186 / first hour / \$56 each add'l hr
Detroit Fire Department	Fire Hydrant Deposit	\$210
Detroit Fire Department	Fire Hydrant Permit – 10 day minimum	\$75 / day
Detroit Police Department	Police Officer – (Four (4) Minimum per officer) Min. Detail is Three (3) Officers and One (1) Supervisor	\$38.38 / hr
Detroit Police Department	Supervisor – Four (4) hour minimum	\$49.03 /hr
Detroit Police Department	NO – PARKING Signs	\$1.50 per sheet
Detroit Police Department – Liquor License Unit	24 Hour Liquor License applications must be obtained from the State of Michigan website.	
Detroit Public Works	Barricades	A security deposit may be applicable.
Detroit Recreation Department		Fees Vary, refer to website <a href="http://www.detroitmi.gov">www.detroitmi.gov</a> for additional information.
Detroit Public Works – City Engineering	Right of Way (ROW) Permit – ROW Fee is applicable if applicant is charging a fee to an event on a public right of way.	\$400 per eight (8) hours / \$1,200 for 24 hour permit
Health & Wellness Department	Temporary Food License	\$250 per point of sale (Non Profits can be considered for discount permit fee). Late applications will be assessed a late fee.  Fee is waived if vendor is distributing food complimentary, but an application must be completed.  Example of fee waiver: food bank
Municipal Parking Department	Meter – if a street closure includes parking meters, the meter must be reserved for the day.	\$20 per day

**2011 SPECIAL EFFECTS/PYROTECHNICS  
DETROIT FIRE DEPARTMENT  
FEE SCHEDULE  
(Fees are subject to change without notice)**

<b>Department</b>	<b>Service Description</b>	<b>Fee</b>
Detroit Fire Department	Fireworks / Explosive Storage – 1 – 100 LBS	\$157 per day
Detroit Fire Department	Fireworks / Explosive Storage – 101- 500 LBS	\$187 per day
Detroit Fire Department	Fireworks / Explosive Storage – 501 – 1,000 LBS	\$214 per day
Detroit Fire Department	Fireworks / Explosive Storage – 1,001 – 5,000 LBS	\$240 per day
Detroit Fire Department	Fireworks / Explosive Storage – 5,001 – 10,000 LBS	\$269 per day
Detroit Fire Department	Fireworks / Explosive Storage – OVER 10,000 LBS	\$297 per day
Detroit Fire Department	Fireworks/Pyrotechnics – Escort /Transport Explos Insp & Permit (RENEW)	\$223
Detroit Fire Department	Fireworks/Pyrotechnics – Escort /Transport Explos Insp & Permit (NEW)	\$445
Detroit Fire Department	Fireworks/Pyrotechnics – Fireworks Transport Permit (1-100 lbs)	\$129
Detroit Fire Department	Fireworks/Pyrotechnics – Fireworks Transport Permit (Over 100 lbs)	\$240
Detroit Fire Department	Fireworks/Pyrotechnics – Fireworks Display Witness	\$241
Detroit Fire Department	Fireworks/Pyrotechnics – Field Inspection	\$111
Detroit Fire Department	Plan Review - FBHR	\$116 / hr
Detroit Fire Department	On-Site Inspection / Review	\$111 / hr
Detroit Fire Department	Certificate of Fitness – One (1) year	\$56
Detroit Fire Department	Certificate of Fitness – Three (3) year	\$69
Detroit Fire Department	Chief	\$130 / hr
Detroit Fire Department	Safety Officer	\$130 /hr
Detroit Fire Department	Engine	\$130/hr
Detroit Fire Department	Ladder Truck	\$130 / hr
Detroit Fire Department	Squad / T.M.S	\$130 / hr
Detroit Fire Department	E.M.S.	\$130 /hr
Detroit Fire Department	Duty Officer	\$130 / hr
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam Liquid <51 GALS	\$73
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam Liquid 51-100 GALS	\$130
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam Liquid 101 – 1,000 GALS	\$270
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam Liquid 1,001 – 5,000 GALS	\$325
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam Liquid 5,001 – 20,000 GALS	\$395
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam	\$506

	Liquid 20,001 – 100,000 GALS	
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam Liquid >100,001 GALS	\$1,093
Detroit Fire Department	Gas Storage – 3K-13k CU Ft	\$408
Detroit Fire Department	Gas Storage – 13,001-25K CU Ft	\$424
Detroit Fire Department	Gas Storage – Over 25K CU Ft	\$520
Detroit Fire Department	Gas Storage – Over 25K CU Ft	Detroit Fire Department
Detroit Fire Department	Gas Storage – One (1) Torch Unit	\$21
Detroit Fire Department	Gas Storage – Temp Instal of Flam Compressed Liquid Gas	\$111
Detroit Fire Department	Consultation	\$111 / first hour / \$56 each add'l
Detroit Fire Department	Miscellaneous Request	\$111 /hr