Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. 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 at least 60 days prior to the first day of the event. If submitted later than 60 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: _______________________________
Provide a brief description of your event:
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Begin Set-up Date &amp; Time:</th>
<th>Complete Set-up Date &amp; Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Start Date &amp; Time:</td>
<td>Event End Date &amp; Time:</td>
</tr>
<tr>
<td>Begin Tearing Down Date:</td>
<td>Complete Tear Down Date:</td>
</tr>
</tbody>
</table>

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?
______________________________________________________________________________________________________

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:
Section 3- LOCATION/SITE INFORMATION

Location of Event:

Facilities to be used (circle): Street          Sidewalk       Park          City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of portable restrooms
- Sketch of proposed light pole banners
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Location of street closure
- Location of bleachers
- Location of press area
- Sketch of street closure

Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

[ ] Singers                    [ ] Magician

[ ] Musicians                  [ ] Story Telling

[ ] Comedians                 [ ] Other: ____________________________________________

Describe the entertainment for this year’s event:

__________________________________________________________________________

List proposed entertainers and/or bands performing at the event:

__________________________________________________________________________

Will a sound system be used?  ☐ Yes  ☐ No

If yes, what type of sound system?

[ ] Acoustic-audible, sound heard within natural range

[ ] Amplified-augmented, sound increased to broaden range

The amplified sound will be used:

Will the event consist of a musical concert?  ☐ Yes  ☐ No

If yes, what type of music? (check all that apply)

[ ] Live                      [ ] Recorded                   [ ] Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music:

__________________________________________________________________________

How many generators will be used?

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:
### 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
  - [ ] Non-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: 
Phone: 
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: ____________________________
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.

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.