

FORMAL AGENDA

7-24-18.

**NEIGHBORHOOD
AND COMMUNITY
SERVICES
STANDING
COMMITTEE**

11

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED

Petition #: 318 Event Name: CruisIn The D

Event Date : August 18, 2018

Street Closure: None

Organization Name: CruisIn The D Nonprofit Organization

Street Address: 1401 W. Fort Detroit, MI 48226

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- Walkathon Carnival/Circus Concert/Performance Run/Marathon
- Bike Race Religious Ceremony Political Ceremony Festival
- Filming Parade Sports/Recreation Rally/Demonstration
- Fireworks Convention/Conference Other: Car Showcase
- 24-Hour Liquor License

Petition Communications (include date/time)

Annual car showcase starting at Woodward Avenue and 6 Mile to Palmer Park from 9:00am - 8:30pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

CITY CLERK 2018 JUL 19 AM 10:38

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Lusher

Date: July 18, 2018

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, May 02, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT
FIRE DEPARTMENT BUILDINGS SAFETY ENGINEERING
BUSINESS LICENSE CENTER

318 *CruisIN The D Nonprofit Organization, request to hold the "CruisIn The D" at Woodwrd @ 6 mile to Palmer Park 8/48/18 from 9:00am to 8:30pm with Set up at 5am and tear down at 5:30 pm.*

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 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: CruisIN' The D'™
Event Location: Woodward Ave. at 6 mile to at Palmer Park

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: CruisIN' The D'™ Nonprofit Organization
Organization Mailing Address: 1401 west fort # 2346 St., Detroit, MI 48226
Business Phone: 313-510-8276 Business Fax: 313-922-1124
Federal Tax ID # 46-5478594

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

Applicant Name: Nikki Howard-Combs
Title/Role: Executive Director - CruisIN' The D'™ - 71550P (ID Number)
Email Address: nikkihc@12nvevents.com/GJRASSOC@AOL.COM
Mailing Address: 1401 west Fort #2346., Detroit, MI 48226
Business Phone: 313-510-8276 Business Fax: 313-922-1124

Event On-Site Contact Person:
Mailing Address: Nikki Howard-Combs
Business Phone: 313-608-8357 Business Fax: 248-624-0683

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

List Event Sponsors: Ford Piquette musuem ...public school

- Event Elements (check all that apply)**
- | | | |
|--|--|---|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Other: <u>/Car Showcase</u> |

- Restricted Times for Parade in the Central Business District are: Monday – Friday 7:00 AM – 10:00 AM; Noon – 2:00 PM; 4:00 PM – 6:00 PM. And Special Events or Sporting Events.
- Applicants must reimburse the City of Detroit for costs associated with their Special Event, including but not limited to Detroit Police Department, Detroit Fire Department, Detroit Public Works, Health & Wellness Department, Building & Safety and Business License.

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

Begin Set-up Date & Time: 8/18/16 - 5am Complete Set-up Date & Time: 8/19/16 - 8am

Event Start Date & Time: 8/19/16 - 9am Event End Date & Time: 8/19/16 - 8:30pm

Begin Tearing Down Date: 8/19/16 Complete Tear Down Date: 8/19/16

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? 2015

When was the event last held in Detroit? August 18, 2016

Where was the event last held in Detroit? Palmer Park, Detroit

What were the hours last year? 9am - 9pm

Project Attendance This Year (Minimum - Maximum)? 500

What is the basis for your projected attendance? Community response to marketing and partner marketing efforts social media

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? 750 Detroiters, Car Enthusiast and Car Collectors

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

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> People | <input type="checkbox"/> Balloons |
| <input type="checkbox"/> Floats | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Vehicles | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> 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: Woodward Ave. beginning at 6 Mile at Palmer Park

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

Section 4- ENTERTAINMENT

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

- Singers
 Musicians
 Comedians
 Speakers
 Magician
 Story Telling
 Other: _____

Describe the entertainment for this year's event: , DJs,

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?

Mixer, Speakers, Amplifier

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? 1

How will the generators be fueled?

Name of vendor providing generators:

Contact Person: Bob - Big Top Party Rentals

Address: 5749 Beebe Ave.

Phone: 586-759-1600

City/State/Zip: Warren, MI 48092

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
 Posters
 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: All event proceeds in excess of operational expenses will be donated to local charities

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:

- | | |
|--|--|
| <input type="checkbox"/> Food | <input type="checkbox"/> Merchandise |
| <input type="checkbox"/> Non-Alcoholic Beverages | <input type="checkbox"/> Alcoholic Beverages |
| <input type="checkbox"/> 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: Palmer Park streets and parking lots will be used

How will you advise attendees of parking options? Directional Signage and Volunteers

Are you seeking a group parking rate? NA

Section 8- COMMUNITY IMPACT INFORMATION

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

Palmer Park vehical & pedestian traffic will be impact

Have local neighborhood groups/businesses approved your event?

Yes No

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

We will meet and coordinate schedules with the People of Palmer Park, the Palmer Park Home

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

People for Palmer Park - Rochelle Lento (313-727-9925) & Barbara Barefield (313-574-6847)

Woodward Avenue Action Association - Debbie Schutt (248-334-3718)

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.

No

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

No

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.
No

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: - City of Detroit Detroit Recreation & General Services Departments

Address: 18100 Meyers Road

Phone: 313-224-1123

City/State/Zip Detroit, MI 48235

Name of company providing emergency medical services?

Contact Person:

Address:

City/State/Zip:

Name of company providing porta-johns. Bob's Sanitation Services, Inc. - Scotty's Potties

Contact Person: Tiffany

Address: P.O. Box 530845

Phone: 734-421-1400

City/State/Zip: Livonia, MI 48153

Name of private catering company?

Contact Person: NA

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: NA

FROM _____
TO _____

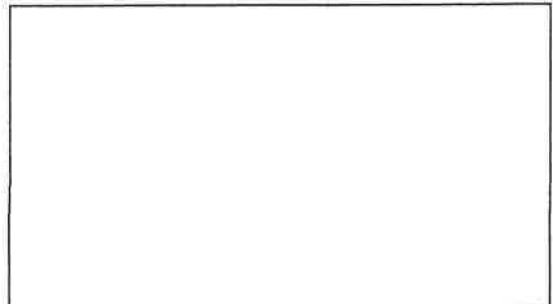
Closure Dates: _____

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
- Electrical Services

- Light pole
- 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?

Sgt Bledsoe assist with even and

Classic Cars will be displayed and entertainment will be provided.

AUTHORIZATION & AFFIDAVIT 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.



4/24/2018

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

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

Department	Service Description	Fee
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

2018-05-02

318

318

*Petition of Cruisin The D Nonprofit
Organization, request to hold the
"Cruisin The D" at Woodward @ 6
mile to Palmer Park 8/48/18 from
9:00am to 8:30pm with Set up at 5am
and tear down at 5:30 pm.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT
FIRE DEPARTMENT BUILDINGS SAFETY ENGINEERING
BUSINESS LICENSE CENTER

12

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED

Petition #: 403 Event Name: Movement 2019

Event Date : May 25 - 27, 2019

Street Closure: None

Organization Name: PAXAHAU, Inc.

Street Address: 1551 Rosa Parks Boulevard - Suite A Detroit, MI 48216

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- Walkathon Carnival/Circus Concert/Performance Run/Marathon
- Bike Race Religious Ceremony Political Ceremony Festival
- Filming Parade Sports/Recreation Rally/Demonstration
- Fireworks Convention/Conference Other: _____
- 24-Hour Liquor License**

Petition Communications (include date/time)

15th Annual Techno Festival located at Hart Plaza from 12:00pm - 12:00am daily.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Tricon to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Hart Medical
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

CITY CLERK 2018 JUL 16 AM 10:39

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barricades & Fencing Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages, Generators & Electrical
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Luskier

Date: July 18, 2010

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 21, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

DPW - CITY ENGINEERING DIVISION MAYOR'S OFFICE
PLANNING AND DEVELOPMENT DEPARTMENT BUSINESS LICENSE CENTER
POLICE DEPARTMENT FIRE DEPARTMENT

403 *Paxahau, INC, request to hold "2019 Movement Electronic Music Festival" at Hart Plaza on May 25 - 27, 2019 beginning at 12:00 PM and ending at 12:30 AM each day.*

City of Detroit Special Events Application

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. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: 2019 MOVEMENT ELECTRONIC MUSIC FESTIVAL

Event Location: HART PLAZA

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: PAXAHAU, INC

Organization Mailing Address: 1551 ROSA PARKS BLVD – SUITE A, DETROIT, MI. 48216

Business Phone: 313-729-2428

Business Website: WWW.MOVEMENT.US

Applicant Name: SAM FOTIAS

Business Phone: 313-729-2428

Cell Phone: 586-596-9463

Email: SAM@PAXAHAU.COM

Event On-Site Contact Person:

Name: SAM FOTIAS

Business Phone: 313-729-2428

Cell Phone: 586-596-9463

Email: SAM@PAXAHAU.COM

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: _____

Please provide a brief description of your event:

 NOW IN ITS 15TH YEAR, MOVEMENT CELEBRATES THE HISTORY OF DETROIT AS THE BIRTHPLACE OF TECHNO AND ITS IMPACT GLOBALLY OVER THE LAST 3 DECADES. THIS IS EVENT HAS BECOME A TRUE PILGRIMAGE FOR TECHNO FANS FROM ALL AROUND THE WORLD TO CELEBRATE THE MUSIC THEY LOVE IN THE CITY OF ITS BIRTH.

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

Begin Set-up Date 5/15/19 Time: 8 AM Complete Set-up Date: 5/24/19 Time: 11 PM

Event Start Date: 5/25/2019 Time: 12 PM Event End Date: 5/27/19 Time: 12:30 am

Begin Tearing Down Date: 5/28/19 Complete Tear Down Date 6/1/2019

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

May 25th, 26th & 27th 2019 from 12 pm to 1230 am

Section 3- LOCATION/SITE INFORMATION

Location of Event:

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

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as 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 First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event: A STRONG COLLECTION OF THE BEST

LOCAL, REGIONAL, NATIONAL AND INTERNATIONAL ELECTRONIC MUSIC DJ'S AND

ARTISTS.

Will a sound system be used? Yes No

If yes, what type of sound system? EACH OF THE SIX STAGES WILL HAVE ITS OWN SOUND SYSTEM

Describe specific power needs for entertainment and/or music:

MOVEMENT BUILDS ITS OWN POWER PLANT AND DISTRIBUTION NETWORK ON SITE EACH YEAR

How many generators will be used? TWO 1000KW

How will the generators be fueled? BY ATLAS FUEL OUR FUEL CONTRACTOR TWICE DURING THE WEEKEND.

Name of vendor providing generators

Contact Person: AARON SUZORE – MI CAT

Address: 24800 NOVI ROAD

Phone: 248-348-4800

City/State/Zip NOVI, MI. 48375

Section 5- 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 there be vending or sales? Yes No

If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold: FESTIVAL MERCH, TSHIRTS, HATS, ARTWORK, RECORDS, CDS, FOOD

Section 6- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: MICHAEL WHITTAKER - TRICON

Address: 24209 NORTHWESTERN HWY

Phone: 734-306-9477

City/State/Zip: SOUTHFIELD, MI. 48075

Number of Private Security Personnel Hired Per Shift: OVER 100 DURING SHOW HOURS

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

Licensed Armed Bonded

How will you advise attendees of parking options?

VIA OUR WEBSITE AND SOCIAL MEDIA CHANNELS

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? THE EVENT IS CONTAINED INSIDE OF HART PLAZA SO PEDESTRIAN IMPACT IS LIMITED TO PRIMARILY THE FRONT ENTRANCE AREA. SOUND CARRY OVER IS PRIMARILY IN THE CORE BUSINESS DISTRICT, WHICH BY DEFAULT HAS LITTLE IMPACT AS IT'S A HOLIDAY WEEKEND.

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

Indicate what steps you have or will take to notify them of your event: MANY OF THE CORE BUSINESS

DISTRICT GROUPS ARE PARTNERS OF OURS

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	TBD	
Canopy (open on all sides)	TBD	
Staging/Scaffolding	TBD	
Bleachers	0	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: ADAM GOTTLEIB – HART MEDICAL

Address: DETROIT MICHIGAN

City/State/Zip:

Name of company providing port-a-johns.

Contact Person: DANIEL DOCIS – JOHNS SANITATION

Address: 24700 MILFORD ROAD

Phone: 800-581-9593

City/State/Zip: SOUTH LYON, MI

Name of private catering company? ANDIAMOS

Contact Person: STEWART DAVIDSON

Address:

Phone: 248-824-5426

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

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:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) **CERTIFICATE OF INSURANCE**
- 2) **EMERGENCY MEDICAL AGREEMENT**
- 3) **SANITATION AGREEMENT**
- 4) **PORT-A-JOHN AGREEMENT**
- 5) **COMMUNITY COMMUNICATION**

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, understood and agreed 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 regulations 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.

8 Sam L. L... 6/6/2018
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.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: _____ Event Date: _____

Event Organizer: _____

Applicant Signature: _____ Date: _____

2018-06-21

403

403 *Petition of Paxahau, INC, request to hold "2019 Movement Electronic Music Festival" at Hart Plaza on May 25 - 27, 2019 beginning at 12:00 PM and ending at 12:30 AM each day.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

DPW - CITY ENGINEERING DIVISION MAYOR'S OFFICE
PLANNING AND DEVELOPMENT DEPARTMENT
BUSINESS LICENSE CENTER
POLICE DEPARTMENT FIRE DEPARTMENT

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): **APPROVED** **DENIED** **N/A** **CANCELED**

Petition #: 439 Event Name: SMASH!

Event Date : September 22, 2018

Street Closure: None

Organization Name: Advantage Pro Group, LLC

Street Address: 44648 Mound Road #161 Sterling Heights, MI 48314

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- Walkathon Carnival/Circus Concert/Performance Run/Marathon
- Bike Race Religious Ceremony Political Ceremony Festival
- Filming Parade Sports/Recreation Rally/Demonstration
- Fireworks Convention/Conference Other: _____
- 24-Hour Liquor License**

Petition Communications (include date/time)

Guinness World Records breaking event located at Hart Plaza from 12:00pm - 10:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention; Contracted with Camouflage Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction

CITY CLERK 2018 JUL 19 AM 10:39

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction

MAYOR'S OFFICE

Signature: Bethanie Lushier

Date: July 18, 2018

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, July 11, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

PLANNING AND DEVELOPMENT DEPARTMENT MAYOR'S OFFICE
DPW - CITY ENGINEERING DIVISION POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
RECREATION DEPARTMENT

439 *Advantage Pro Group LLC, request to hold "SMASH!" at Hart Plaza from September 22, 2018 at 12:00 PM to September 23, 2018 at 10:00 PM with set up to begin on 9-22-18 and tear down to end on 9-23-18.*

City of Detroit Special Events Application

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. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: SMASH!

Event Location: Hart Plaza, Detroit

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Advantage Pro Group LLC

Organization Mailing Address: 44648 Mound Road #161 Sterling Heights MI 48314

Business Phone: (248) 982-1873

Business Website: www.advprogroup.com (launches July 15, 2018)

Applicant Name: Paul Starosciak

Business Phone: (248) 982-1873

Cell Phone:

Email: paul@advprogroup.com or paul.staro@gmail.com

Event On-Site Contact Person:

Name: Paul Starosciak, Paul Hagan, Clayton Lovern

Business Phone: (248) 982-1873

Cell Phone: N/A

Email: paul@advprogroup.com

Event Elements (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input checked="" type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Please provide a brief description of your event:

SMASH! is a world record breaking event. Some of the best performers in the nation will come together to make history by breaking Guinness World Records and setting/creating records that have never been done before. The event will feature between six to ten Official Guinness World Record breaking attempts. The records will be performed on either trampoline (7x14 sqft), spring floor (30x40 sqft), or ground (puzzle mat foam)

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

Begin Set-up Date: 09/22/2018	Time: 7:00am	Complete Set-up Date: 09/21/2018	Time: 10:00am
Event Start Date: 09/22/2018	Time: 12:00pm	Event End Date: 09/23/2018	Time: 10:00 pm
Begin Tearing Down Date: 10:30 pm	Complete Tear Down Date: 12:00am		

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

The following event schedule has been formulated as of 06/22/2018:

- 1:00 pm "Most Consecutive Double Front Flips from Back on Trampoline"
Paul Starosciak
- 2:00 pm "Longest Partnered Handstand"
Bryan Bennett and Paige Martin
- 3:00 pm "Highest Standing Back Flip"
Aaron Cook
- 4:00 pm "Most Consecutive Front Flips from Stomach on Trampoline"
Clayton Lovern
- 5:00 pm "Most Hula Hoop Front Flips in 60 Seconds on Trampoline"
Lourens Wilkes
- 6:00 pm "Most Consecutive Full Twisting Back Flips from Stomach on Trampoline"
Ramson O'Keefe
- 7:00 pm "Most Consecutive Double Back Tucks on Trampoline"
TBD
- 8:00 pm "Most Consecutive Full Twisting Back Flips from One Leg"
TBD

Section 3- LOCATION/SITE INFORMATION

Location of Event: Hart Plaza, Detroit MI

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

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|---|--|
| <ul style="list-style-type: none"> -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 | <ul style="list-style-type: none"> -Location of First Aid -Location of fire lane -Proposed route for walk/run -Location of tents and canopies -Sketch of street closure -Location of bleachers -Location of press area -Sketch of proposed light pole banners |
|---|--|

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Record 1: Most consecutive double front flips from back performed on trampoline

Record 2: Most consecutive double back flips performed on trampoline

Record 3: Most consecutive front flips from stomach performed on trampoline

Record 4: Most consecutive hula hoop flips in 60 seconds perform on trampoline

Record 6: Highest standing back flip on ground

Record 7: Most consecutive gainer switch fulls (i.e., cork) performed on ground

Record 8: Longest partnered handstand on ground

Will a sound system be used? Yes No

If yes, what type of sound system?

It's a JBL EON Two-Speaker public announcement system with sub woofer.

Describe specific power needs for entertainment and/or music:

Need typically around 2.2 kWatt to handle all electronic equipment

How many generators will be used?

If outlets are unavailable generators can be used. Typically, only one 2.5 kWatt generator is needed. It has a quiet feature which drops the noise considerably.

How will the generators be fueled?

Gasoline Fueled

Name of vendor providing generators:

Contact Person: Not Applicable, already own

Address: N/A

Phone: N/A

City/State/Zip: N/A

Section 5- 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 there be vending or sales? Yes No

If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold:

Not Applicable

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Camouflage Security & Investigations, LLC

Contact Person: Joel Grissom

Address: 615 Griswold, Ste. 925

Phone: (313) 717-2381

City/State/Zip: Detroit/Michigan/48226

Number of Private Security Personnel Hired Per Shift: N/A

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

They will be advised to use the parking structures near the area.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

Overall, the impact will be positive. Entertainment is free, ground breaking, and exciting. The performers are good people and provide a positive role model for youth in attendance. Each person has a story of their ups and downs, failures and successes. It could be very inspiring to see them succeed at pushing their limits and breaking a world record! Sound will carry over but the speaker system is around 2.3 kWatt total and isn't typically run at full...if necessary, dosimeters can be used to monitor noise. There are no apparent safety concerns to the surrounding community at large.

Have local neighborhood groups/businesses approved your event

Yes No

Advantage Pro Group LLC is completely willing to compile with this request. However, this has not been completed yet.

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

At present, we have a list of businesses and groups near the area to make contact with. We are willing to make appearances at local business and inform them of what's going on. For the neighborhood groups, I don't mind going door to door to speak with people if they are comfortable with that. In the past, we've done that for events and it went well... where they were not present, we left contact information in case they had any questions or concerns.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	_____ N/A _____	_____ N/A _____
Canopy (open on all sides)	_____ 2 _____	_____ 10'x10' _____
Staging/Scaffolding	_____ 1 _____	_____ 5'x15' _____
Bleachers	_____ N/A _____	_____ N/A _____

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services? Event Medical Staffing Solutions

Contact Person: Christina - (610) 739-5311

Address: 4 Hook Road

City/State/Zip: Sharon Hill PA 19079

Name of company providing port-a-johns: Bob's Sanitation (Scotty's Pottys)

Contact Person: Drew Weber

Address: 27940 Wick Rd

Phone: (734) 421-1400

City/State/Zip: Romulus, MI 48174

Name of private catering company? N/A

Contact Person: N/A

Address: N/A

Phone: N/A

City/State/Zip: N/A

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

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: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

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, understood and agreed 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 regulations 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.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney’s fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: _____ **Event Date:** _____

Event Organizer: _____

Applicant Signature: _____ **Date:** _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/28/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
INSURANCE INTERMEDIARIES, INC. - NSS
280 N. High Street, Suite 300
Columbus, OH 43215-2535

CONTACT NAME	
PHONE (A/C No, Ext):	FAX (A/C No):
EMAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: United States Liability Insurance Company	25895
INSUREB B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Advantage Pro Group LLC
44648 Mound Rd Ste 161
Sterling Heights, MI 48314

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			CL 1877938	09/21/2018	09/23/2018	EACH OCCURENCE	\$1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$1,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$3,000,000	
	AUTOMOBILIE LIABILITY						PRODUCTS-COMPIOP AGG	See L-535	
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$	
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					PROPERTY DAMAGE (Per accident)	\$	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE						\$	
	DED	RETENTION \$					EACH OCCURENCE	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						AGGREGATE	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	<input type="checkbox"/>	N/A				WC STATUTORY LIMITS	OTHER	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$	
							E.L. DISEASE-EA EMPLOYEE	\$	
							E.L. DISEASE-POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (See attached Acord 101 for additional liability limits)

CERTIFICATE HOLDER

City of Detroit, Coleman A. Young Municipal Center
2 Woodward Ave
Detroit, MI 48226

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



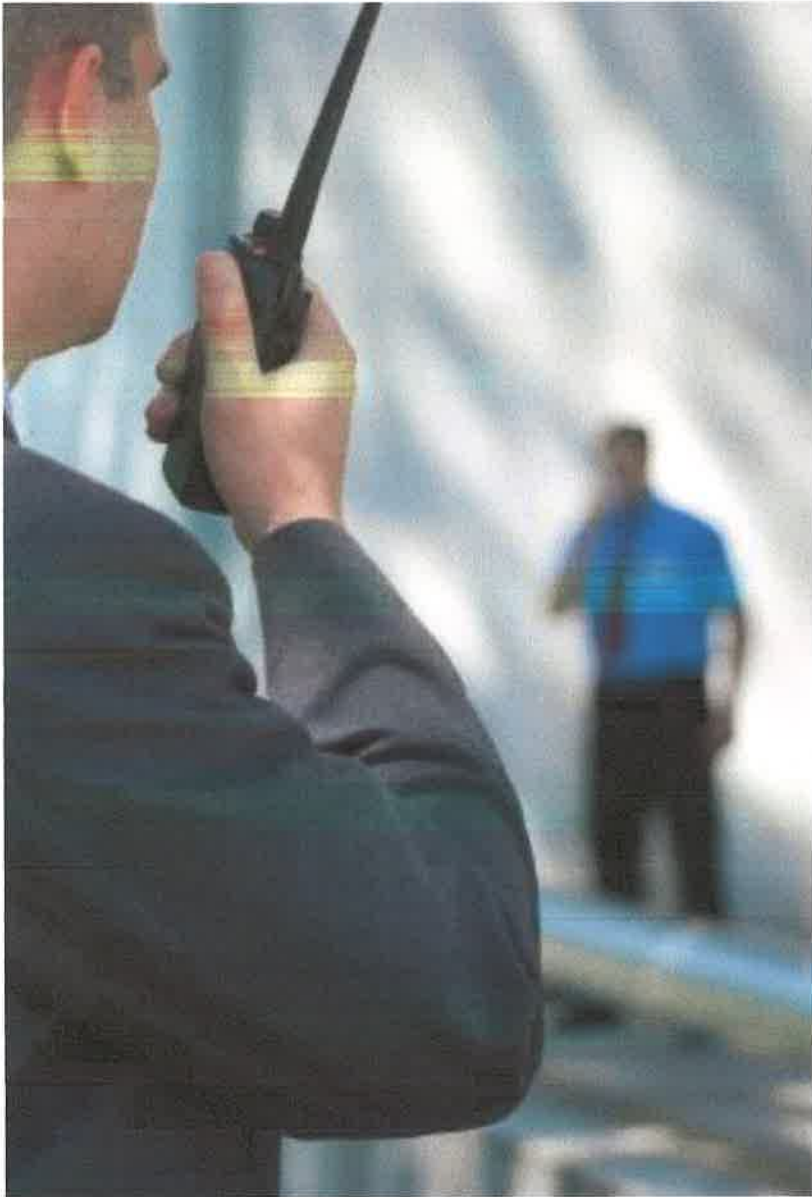
ADDITIONAL REMARKS SCHEDULE

AGENCY INSURANCE INTERMEDIARIES, INC. - NSS		INSURED Advantage Pro Group LLC 44648 Mound Rd Ste 161 Sterling Heights, MI 48314	
POLICY NUMBER CL 1877938		EFFECTIVE DATE: 9/21/2018	
CARRIER United States Liability Insurance Company	NAIC CODE 25895		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

COVERAGE PART	LIMITS
Commercial Liability	
Each Occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit (Any One Person/Organization)	\$1,000,000
Medical Expense Limit (Any One Person)	\$1,000
Damages To Premises Rented To You (Any One Premises)	\$100,000
Products/Completed Operations Aggregate Limit	See L-535
General Aggregate Limit	\$3,000,000



**CAMOUFLAGE
PROPOSAL FOR
SECURITY
SERVICES**

(313) 338-8005



Camouflage Security & Investigations LLC.

615 Griswold, Ste. 925

Detroit, Michigan 48226

Office: (313) 338-8005 Fax: (313) 338-8005



To Ms. Michelle:

I wanted to give you some information about us and what we can offer you. We have current experience in your market and understand your needs.

It is with great pleasure herewith we submit our proposal for the provision of security services. We hope that this may be the start of an exciting and productive relationship on what promises to be a worthwhile project.

Camouflage Security & Investigations an acclaimed firm of security agents with a reputation for both effective security solutions and the use of innovative technology in the protection of life and property. We have a portfolio of completed and on-going projects with particular emphasis on governmental security administration. We think that your project is well suited to our strengths and aspirations.

Our Board of Directors respectfully requests that you study our proposal in detail. We are extremely interested in the project and we very much hope that you consider the Camouflage team as a strong candidate for selection.

Yours Sincerely,

Joel Grissom

Chief Operations Officer
Camouflage Security & Investigations

1	INTRODUCTION
2	SCOPE OF WORK
3	SPECIALIZATION
4	AGENT RECRUITING GUIDELINES
5	TRAINING AND UNIFORMS
6	PROJECT SCHEDULE
7	BENEFITS OF CHOSING <i>Camouflage</i>
8	PRICING INFORMATION
9	“Exhibit A”

Introduction to Camouflage Background

Camouflage Security & Investigations, LLC. Is licensed, bonded, and fully insured in the State of Michigan. On behalf of Camouflage's management team, and our security agents, it is our honor to provide you with this proposal package.



Camouflage Security & Investigations LLC.

"Enforcement through Reinforcement"



The management, having over 30 combined years of security and working with state / local law enforcement, has realized that prevention of crime can be accomplished by utilizing tactical approaches, rather than accusations and the traditional methods of our predecessors. The art of *verbal judo* is commonplace in our organization and has often been effective in deescalating volatile situations.

Camouflage employs highly trained and professionally dedicated officers and private detectives to service this market in the following areas:

- ✓ **Security Consulting:** Consulting services offered in a variety of specialized areas
- ✓ **Threat Examination:** Analyze potential exposure / advise how to minimize exposure
- ✓ **Product Relocation:** Reduce shrinkage and inventory loss
- ✓ **Manufacturing:** Detect, deter, & report violations of company policy and the law
- ✓ **High Rise Commercial Property:** Access, public relations and traffic control
- ✓ **Executive Protection:** In the professional and personal aspects of the executive's life
- ✓ **Special Events:** Which require a large number of officers for short periods of time
- ✓ **Communications Hotline:** Multilingual data accumulation and reporting
- ✓ **Investigations:** Workers Compensation Insurance Fraud, theft, and others

Camouflage provides the following services for your convenience:

- Employs prior law enforcement, military, and / or seasoned agents, with special firearms training.
- Armed, unarmed, uniformed, and/or Camouflage Para-Military Agents available to your needs.
- Upper management over site for your property, at no additional cost to you.
- Monthly management staff meetings to discuss strategies, policies, and procedure changes and implement them swiftly to your security team.
- 24-hour communications and a Special Operations Response Team for any threatening situation (disgruntled employees or non-employee threats made against you and / or your staff).
- Investigative work needed by you and up to 2 hours free court time after investigation is complete
- Replacement of any field agent after being notified of a problem or emergency within 30 minutes at the management's discretion.
- Provide services for a 30-day trial basis before you commit to a contract.

Specializing In:

- ❖ Apartment Complexes
- ❖ Construction Sites
- ❖ Hotels
- ❖ Entertainment Facilities
- ❖ High-Risk Environments
- ❖ Security Consulting
- ❖ Movie Production
- ❖ Investigations
- ❖ High-Rise Commercial Property
- ❖ Executive Protection
- ❖ Special Events
- ❖ CCW Classes
- ❖ First CPR & AED Classes
- ❖ Communications Hotline

RECRUITING GUIDELINES

SECTION

4

Camouflage applies traditional recruiting procedures, which attract quality applicants from diverse fields, through colleges, employee referrals, seminars, newspaper advertising, brochures, and trade shows. Each employee or trainee must undergo criminal background check, fingerprinting, and a Camouflage pre-employment screening before being hired.

Our uniformed security guards are outfitted with police-type uniforms. Our corporate general orders, require that our personnel keep their uniforms pressed and clean at all times. Their shoes are polished; military-style and men are clean-shaven with neat haircuts.

TRAINING AND UNIFORMS

SECTION

5

Camouflage Security Uniforms Dress Codes Include but not limited to following:

- Military / BDU style hat
- Military / BDU style shirt
- Military / BDU style tactical vest
- Military / BDU style pants w/ pockets
- Military / Firearms when required
- Military / Style boots /shoes w / pants bloused
- Bullet-Resistant vest armor when required
- Plain clothes division for investigations & executive protection details
- Uniforms tailored for to client preference

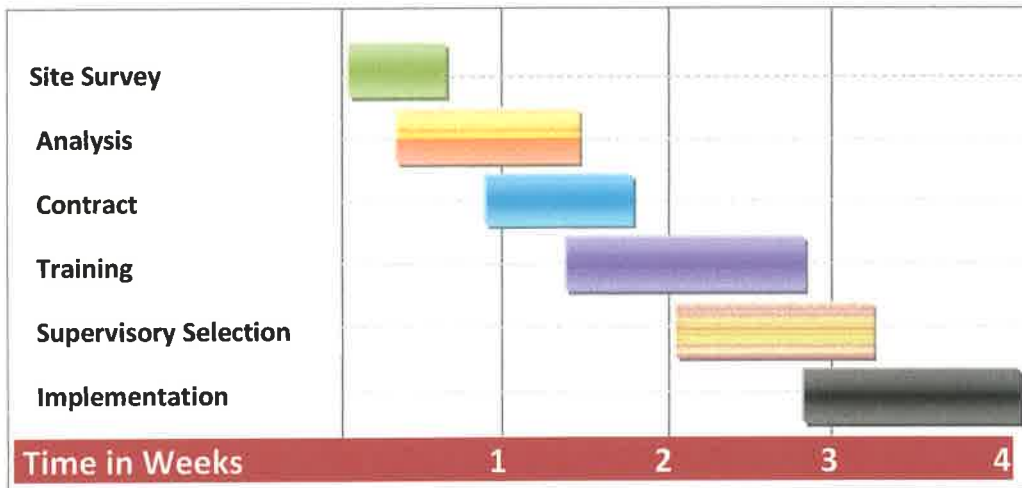
Camouflage Security Training has implemented a three-fold training program

1. An audio-visual training system developed by qualified security officers
2. A self-paced, computer based training program developed by Camouflage experts
3. A peer / supervisor facilitated field training program for all new security officers



Security Service Project Schedule

Having reviewed in detail your request for proposal particulars and understood the scope and schedule of the project, Camouflage has put together a first class team of security professionals who we think are particularly suited to the project. Pictured below is a preliminary plan for project development.



We have selected prospective supervisory personnel on their ability and suitability for the type of project, and of courses their availability to start right away if we are fortunate enough to be appointed.

Camouflage will partner with you in every stage of this project and act as both consultants and colleagues to work in a manner commensurate with both of our agency's relative skills – bringing greatly enhanced value to the project.

Top 10 Reasons To Choose Camouflage Security & Investigations LLC.

- 1.) THE MAJORITY OF CAMOUFLAGE SECURITY STAFF CONSIST OF FOMER MILITARY AND POLICE OFFICERS.** WE HAVE QUARTLY TRAINING FOR ALL OF OUR SECURITY PATROL OFFICERS PRESENTED BY LOCAL POLICE OFFICERS AND MARTIAL ARTS SPECIALISTS. TRAINING CONSISTS OF MANY ASPECTS OF LAW ENFORCEMENT TRAINING INCLUDING BUT NOT LIMITED TO CHEMICAL, FIREARMS, MARTIAL ARTS, AND HANDCUFF TRAINING.
- 2.) WE DO NOT REQUIRE A LONG TERM CONTRACT** BUT CAN, IF NECESSARY. WE FEEL THAT IF A PROPERTY IS NOT FULLY SATISFIED WITH OUR SECURITY PROGRAM, THEY SHOULD NOT BE BOUND BY A LONG TERM CONTRACT. WE ARE CONFIDENT IN OUR ABILITIES TO PROVIDE YOU AND YOUR RESIDENTS WITH THE BEST SECURITY POSSIBLE.
- 3.) IF YOU SHOULD WANT A ONE YEAR OR MORE FULL TIME CONTRACT WITH CAMOUFLAGE WE WILL PROVIDE YOU WITH ONE** WE FEEL THAT THIS IS A WONDERFUL WAY FOR YOU TO KNOW THAT YOU WILL HAVE A SECURITY PRESENCE MONITORING YOUR PROPERTY, BUT ALSO CAMOUFLAGE SECURITY'S RESPONSE AND REACTION.
- 4.) WE WILL FULLY REFUND YOU ANY EXTRA PATROL CAR FEES** IF YOUR PROPERTY IS NOT FULLY SATISFIED WITH OUR SECURITY WITHIN THE FIRST 30 DAYS AND DECIDES TO RELEASE CAMOUFLAGE SECURITY & INVESTIGATIONS LLC. OF THE DUTY TO SECURE YOUR PROPERTY. WE FEEL THAT WE WILL PROVIDE YOU AND YOUR RESIDENTS WITH THE BEST SECURITY POSSIBLE AND IF WE FALL SHORT ON OUR MISSION, WE FEEL THAT WE OWE YOU SOMETHING IN RETURN. TO DATE WE HAVE NEVER NEEDED TO ENFORCE THIS POLICY.
- 5.) ONLY EXPERIENCED, SENIOR SECURITY OFFICERS TO SECURE THE PROPERTY** DURING THE FIRST TWO WEEKS OF CAMOUFLAGE SECURITY & INVESTIGATIONS LLC. SECURING YOUR PROPERTY AND RESIDENTS. THIS SERVES TWO MAJOR PURPOSES: a.) IT ALLOWS CAMOUFLAGE'S MANAGEMENT TEAM TO GET A DIRECTLY PULSE ON THE COMMUNITY b.) IT SAVES TIME AND ENERGY OF REFAMILIARIZING OUR SECURITY STAFF.
- 6.) CAMOUFLAGE PROVIDES PROPERTY MANAGERS & THEIR RESIDENTS WITH 7 DAY A WEEK, 12 HOURS PER DAY, CONVIENENT DISPATCH NUMBER.** FROM 6:00PM – 6:00AM RESIDENTS CAN CALL THE DISPATCH NUMBER IF THEY HAVE INFORMATION ON ILLEGAL ACTIVITY BUT MAY WANT TO REMAIN ANONYMOUS. ONE OF OUR SENIOR SECURITY OFFICERS WILL REACT AND RESPOND IN MINUTES. A VERY IMPORTANT DETAIL TO THIS BENEFIT IS THAT Camouflage WILL RESPOND TO THIS CALL EVEN IF WE ARE NOT PATROLLING YOUR PROPERTY FOR THAT EVENING
- 7.) SPECIAL PATROL AGENT CHECKS (SPA) AT NO ADDITIONAL CHARGE.** THIS IS AN INDIVIDUAL OR INDIVIDUALS WHO, OFTEN TIME ARE THE OWNERS OR SENIOR SECURITY OFFICERS THAT WILL RANDOMLY GO TO CAMOUFLAGE PROPERTIES 2-3 TIMES PER WEEK AND ENSURE THAT PATROL OFFICERS ARE DOING A PROPER AND EFFICIENT PATROL OF YOUR PROPERTY.
- 8.) CAMOUFLAGE IS A LOCAL SECURITY COMPANY.** OUR HEADQUARTERS ARE LOCATED AT 615 GRISWOLD, STE. 925 DETROIT, MICHIGAN 48226. OUR OFFICES ARE LOCATED IN HEART OF WAYNE COUNTY. WE ARE A LOCAL COMPANY AND WE ONLY HIRE LOCAL GUARDS. OUR CLIENT HAVE THE COMFORT OF KNOWING THAT WE ARE USUALLY ONLY MINUTES AWAY.
- 9.) WE PAY OUR STAFF MORE THAN A MEDIOCRE WAGE.** HOW DOES THIS BENEFIT YOU? WE THINK THAT IF WE PROPERLY HIRE, TRAIN, AND PAY QUALITY SECURITY IT WILL BE A REFLECTION OF OUR SERVICE. WE WANT OUR SECURITY OFFICERS TO BE MORE THAN BODIES IN UNIFORMS. YOU CAN FEEL CONFIDENT THAT CAMOUFLAGE SECURITY & INVESTIGATIONS LLC. HIRES AND TRAINS ONLY THE BEST AND IT WILL SHOW IN OUR PERFORMANCE FOR YOUR PROPERTY AND YOUR RESIDENTS.
- 10.) IT IS NOT THE QUANTITLY, IT'S THE QUALITY.** PAR OF CAMOUFLAGE' COMMITMENT TO YOU IS TO GIVE THE BEST EFFORT TO SECURE YOUR PROPERTY AND YOUR RESIDENTS AS POSSIBLE. WE DO NOT CLAIM TO BE THE BIGGEST, BUT WILL, AT ALL COST, STRIVE TO BE THE BEST.

Camouflage Fees (See “Exhibit A” For More Details)

All Quoted Rates LLC Include:

- Payroll Costs
- Payroll Taxes
- Employee Screening
- Background Investigations
- Training
- Direct Supervision
- Document Preparation for Court Testimony
- Management Visits
- Uniforms
- Insurance
- Professional Reports
- Patrol Vehicle Maintenance
- Administrative Oversight



The Following Holiday Rates Apply

- New Year’s Eve / New Year’s Day
- Thanksgiving Day / Memorial Day
- Christmas Eve / Christmas Day
- Labor Day / Independence Day / Easter

All Options Include:

- ❖ 24 hrs. Special Response Team escort if needed
- ❖ 50% all investigations needed for your property
- ❖ 30-Day Trial service pending contract agreement

**INVOICES ARE PROVIDED WEEKLY FOR YOUR CONVENIENCE
PAYMENT TERMS OUR OUTLINED IN FINAL CONTRACT**



Cost Structure

Camouflage will furnish you with licensed, bonded and insured security officers. Our hourly rates for this project are:

\$16.50 Unarmed Security Guard

\$22.00 Armed Security Guard

\$18.00 Emergency Additional Security Guard (guards not included in the original quote)

\$7.00 Car Patrol Services (per hit, minimum 4 per night)

Account Manager(s) time is not billed in any way to you. Our account manager(s) will be on site approximately 8 hours per week at un-announced times to check up on the account supervisor and the assigned security guards. He is also liaison to your manager on all security initiatives and project maintenance. The supervisor patrol is free of charge.

The Guard Tour System is a courtesy of Camouflage. We do not bill the client for installation, monitoring or up-keep of this system.

- 1) Overtime is never billed to client. We have accounted for project overtime in our billable rate.
- 2) Holidays are billed at time and a half. We recognizes federally recognized holidays only.
- 3) Uniforms, equipment or other expenses are never billed to the client.
- 4) Training and in-service seminars and coursework are not billed to client.

Company Contact Info:

Joel Grissom

**Camouflage Security &
Investigations, LLC**

615 Griswold, Ste. 925 Detroit, Michigan 48226

Office: (313) 338-8005 Fax: (313) 338-8005

Cell: (313) 717-2381

Email: joel@camouflagesecurity.com

Web site: www.camouflagesecurity.com

Terms and Conditions

1) **Payment Terms:** Customer shall pay monthly, within ten (10) days after receipt of Scotty's Potties invoice; provided, that if service is to be furnished for a period of Twenty-Eight (28) days or less, all charges are payable in cash upon delivery of the equipment. In addition, Customer shall be liable for all taxes, fees or other charges applicable to this Agreement or Customer's use of the equipment.

2) **Use by Customer.**

- A) Customer has inspected the equipment and finds it to be in good condition and suitable for his needs.
- B) Customer will permit the equipment to be used only for the proper sanitation purposes for which it was intended.
- C) Customer will make no alteration or attachments to the equipment.
- D) Customer has chosen the location for installing the equipment and accepts all responsibility in connection with that choice of location.
- E) Customer will give Scotty's Potties free access to the equipment at all times over suitable pavement or other driving surface, and will make the equipment available for servicing or maintenance at ground level without hazard to Scotty's Potties agents, employees or equipment.
- F) Customer will notify Scotty's Potties immediately and discontinue use of the equipment if the equipment becomes unsafe or in disrepair for any reason.
- G) Customer will not permit the equipment to become subject to any lien, charge or encumbrance.

3) **Maintenance.** Scotty's Potties will recharge and service the equipment in accordance with the terms set forth on the front of this agreement. Scotty's Potties obligation to maintain the equipment in good working order under ordinary use is condition upon Customer's compliance with the use obligation set forth in paragraph 2.

4) **Customer's Indemnity.** Customer will indemnify Scotty's Potties, its employees and agents against and claim, liability or cost arising from this agreement or the use of the equipment, including property damage and personal injuries, except the extent that such claims. Liabilities or cost are due to Scotty's Potties sole negligence. Customer will promptly reimburse Scotty's Potties for any damage to or loss of the equipment. Equipment damage beyond repair will be paid for by the customer at replacement cost.

5) **Enforcement.** If Customer fails to make any payment or to perform any obligation due hereunder, Scotty's Potties may pursue all remedies available at law or in equity, including termination of this Agreement without notice, repossession of the equipment without legal process, and recovery of all sums due hereunder. Such remedies shall be cumulative. Customer shall pay Scotty's Potties cost's of collection and enforcement, including court costs and attorney's fees.

6) **General.**

- A) Without the prior written consent of Scotty's Potties, Customer will not assign the Agreement or any legal rights or obligations hereunder and will not transfer possession or control of the equipment.
- B) The provisions of this contract can be waived or modified only by a writing signed by both parties. Failure by Scotty's Potties to enforce any provision shall not constitute a waiver of the provision. Acceptance of the returned units shall not waive any claims by Scotty's Potties against Customer.
- C) Scotty's Potties shall not be liable for any failure to perform caused by weather, strikes, shortage of materials or other causes beyond its control.
- D) The invalidity, unenforceability or waiver of any of the provisions shall not affect the remaining provisions.



This agreement is between the Advantage Pro Group LLC herein referred to as a Client, of the one part, and Event Medical Staffing Solutions, (EMSS) herein referred to as the Provider, of the second part.

This agreement is effective on this 19th day of June, 2018.

WITNESSETH

Whereas, the Client requires emergency medical services to meet the needs of it's members and patrons; and WHEREAS, the provider wishes to make available it's services to the Client; and WHEREAS, the Client setting forth certain conditions and standards noted below, agrees to enter into an exclusive relationship with the provider to service the Gymnastics Expo, at the Phillip A. Hart Plaza located at 1 Hart Plaza, Detroit, MI 48226 for medical services as specified in SERVICES. WHEREAS the provider understands the condition of the relationship and agrees to strictly adhere to the obligations and requirements as set forth.

NOW, THEREFORE in consideration of the terms and conditions herein contained, the parties hereto intending to be legally bound, do hereby agree as follows:

SERVICES

Provider agrees to provide staff for the following:

EVENT DATE(S) & TIME(S):

Saturday, September 22nd 2018 from 12:00pm until 8:00pm

EVENT LOCATION:

Philip A. Hart Plaza located at 1 Hart Plaza, Detroit, MI 48226

STRUCTURE AND SERVICE DESCRIPTION

- A. Provider will deliver the following:
- (1) Emergency Medical Technician certified through the State of Michigan with first in bag supplies and Automated External Defibrillator (AED)

COMPENSATION, BILLING & TIME KEEPING

- A. Client will pay Provider for services according to the fee schedule below:
- \$50.00 per hour for (1) Emergency Medical Technician
 - \$150.00 Coordination Fee
- B. All events are subject to a 4-hour minimum charge. Any additional time beyond (4) hours will be billed at the prevailing rate in 15-minute intervals.
- C. When staff member or staff members arrive on location, the on-site contact will be notified and staff will remain posted until released by the on-site contact.
- D. 50% deposit is due at contract signing. Invoices will be billed on a Net 15 basis and are payable via check or through ACH transfer.
- E. Invoice or service payment not paid within (30) days from the date of invoice shall bear interest at a rate of 18% per annum.

TERMINATION

Notwithstanding anything to the contrary, the parties, by mutual agreement may terminate this Agreement with cause at any time with written notice.

EVENT CANCELLATION POLICY

- A. Full Refund: 24 hours prior to service start time
- B. 50% Refund 12 hours prior to service start time
- C. No refund will be made for any cancellation made less than 12 hours prior to the service start time
- D. Cancellation must be made via email with confirmation from other party. After email is sent, a call must be placed to our 24-hour contact number at (484) 466-6175 to ensure timely receipt.

INSURANCE & LICENSURE

- A. Provider will be responsible to maintain Insurance coverage throughout the course of this Agreement. Provider will be responsible to file with Client a Certificate(s) of Insurance.
- B. Provider represents and warrants that it holds, and shall continue to hold, a valid license ("License") to operate an ambulance service issued by the Pennsylvania Department of Health ("DOH") in accordance with the Pennsylvania Emergency Medical Services Act. In fulfilling its obligations hereunder, Provider shall operate under and in accordance with the terms and conditions of such License. Notwithstanding any other provision of this Agreement, should the DOH revoke, suspend or determine not to renew Provider's License, this Agreement shall terminate effective immediately upon Provider's receipt of notification of such non-renewal, revocation or suspension.

CATASTROPHIC MEDICAL EMERGENCIES

Provider is not responsible and assumes no duty for a catastrophic medical emergency, which shall mean a medical emergency that is beyond the ability or scope of practice of the amount of resources reserved for any particular event.

Provider is not responsible for any emergency that may occur when Provider is not present at the event due to transporting a person(s) to a medical facility or returning to the event from the medical facility.

HEADINGS

The heading used to identify a paragraph have been included only for convenience of the parties and are not intended to constrain or completely identify the contents of said paragraph.

GOVERNING LAW

The laws of the Commonwealth of Pennsylvania shall govern the validity, enforceability, and interpretation of any on the clauses of this Agreement.

ENTIRE AGREEMENT

This agreement contains the entire understanding of the parties and there are no representations, warranties, covenants or undertakings other than those expressly set forth herein.

MODIFICATION OR WAIVER

A modification or waiver of any of the provisions of this agreement shall be effective only if made in writing and executed with the same formality as this agreement. The failure of either party insist upon strict performance of any of the provisions of this agreement shall not be construed as a waiver of any subsequent default of the same or similar nature.

SEVERABILITY

If any term, condition, clause or provision of this agreement shall be determined or declared to be void in law, or otherwise then only that term, condition, clause or provision shall be stricken from this agreement and in all other respects, this agreement shall continue in force, effect and operation.

NOTICE

Any notice required to be given pursuant to the terms and conditions hereof, shall be in writing and shall be sent by certified and registered mail, addressed as follow:

Advantage Pro Group LLC
44648 Mound Road, Suite 161
Sterling Heights MI 48314

Event Medical Staffing Solutions
ATTN: Adam Scull
4 Hook Road
Sharon Hill, PA 19079

INDEPENDENT CONTRACTOR

It is mutually understood and agreed that in the performance in the duties and obligations of the parties of this agreement, each party hereto is a separate and independent contractor. Neither party is the principal, agent, or representative of the other; nor will any employee of the provider or Client be considered employees of the other party.

NON-DISCRIMINATION

Provider agrees not to differentiate in the delivery of services to individuals because of race, color, national origin, ancestry, religion, sex, marital status, sexual preference, age, financial ability, or medical condition; and agrees to render treatment and care to all persons in the same manner and in accord with the same standards as offered to other people.

CONFIDENTIALITY

The provisions of this Agreement are confidential and protected from disclosure to any other party unless (i) otherwise provided for in this Agreement, (ii) disclosure is required by law, or (iii) either party engages a third party for purposes such as quality assurance, auditing, or legal review. Said third party will be exposed to this Agreement on a "need to know" basis.

In performing the Services, Provider will have access to information concerning the Client and the Show. Provider acknowledges and agrees that all tangible and intangible information revealed, obtained, or developed in the course of or in connection with the performance under this Agreement, including, without limitation, all information relating to the Show, the Client and business partners of Client ("Confidential Information") shall be considered as confidential and proprietary information of Client, and shall not be disclosed to any third party without the prior consent of Client. Provider agrees that any unauthorized use or disclosure of Confidential Information may cause immediate and irreparable harm to Client for which money damages may not constitute an adequate remedy. In that event, Provider agrees that injunctive relief may be warranted in addition to any other remedies Client may have. Upon demand of Client or upon the termination of this Agreement, Provider shall comply with Client's instructions regarding the disposition of Confidential Information in Provider's possession or control, which may include the return to Client of any and all Confidential information (including any copies or reproductions thereof) or in its (or its subcontractors'), actual or constructive possession, custody or control. Provider shall certify in writing to Client that it has done so and that it has not kept copies of any Confidential Information.

By: Event Medical Staffing Solutions

Name: Adam C. Scull

Title: Vice President & Director of Operations

Date: June 19, 2018

By: Advantage Pro Group LLC

Name: Paul Stancosky

Title: President

Date: 06/22/18

2018-07-11

439

439 *Petition of Advantage Pro Group LLC, request to hold "SMASH!" at Hart Plaza from September 22, 2018 at 12:00 PM to September 23, 2018 at 10:00 PM with set up to begin on 9-22-18 and tear down to end on 9-23-18.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

PLANNING AND DEVELOPMENT DEPARTMENT
MAYOR'S OFFICE
DPW - CITY ENGINEERING DIVISION POLICE
DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
RECREATION DEPARTMENT

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): **APPROVED** **DENIED** **N/A** **CANCELED**

Petition #: 448 Event Name: Hispanic Family Festival

Event Date : September 3, 2018

Street Closure: None

Organization Name: Zamora Entertainment, Inc.

Street Address: 23300 Goddard Road Taylor, MI 48180

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- Walkathon Carnival/Circus Concert/Performance Run/Marathon
- Bike Race Religious Ceremony Political Ceremony Festival
- Filming Parade Sports/Recreation Rally/Demonstration
- Fireworks Convention/Conference Other: _____
- 24-Hour Liquor License**

Petition Communications (include date/time)

Hispanic Family Festival featuring performances and a rodeo held at Patton Memorial Park from 1:00pm - 10:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention; Contracted with Diversified Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Hart Medical to Provide Private Security Services
	DPW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages & Bleachers
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Luchin

Date: July 18, 2018

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, July 17, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE PLANNING AND DEVELOPMENT DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
RECREATION DEPARTMENT

448 *Zamora Entertainment Inc., request to hold "Hispanic Family Festival" at Patton Memorial Park on September 3, 2018 from 1:00 PM to 10:00 PM. Set up to begin 8-31-2018 and tear down to complete on 9-4-2018*

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 at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application could be denied. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: HISPANIC FAMILY FESTIVAL
 Event Location: PATTON MEMORIAL PARK DIX ST DETROIT, MI 48209

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: ZAMORA ENTERTAINMENT INC
 Organization Mailing Address: 23300 GODDARD RD TAYLOR, MI 48180
 Business Phone: 313-291-6100 Business Fax: 313-291-6101
 Federal Tax ID # 38-3548084

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

Applicant Name: DANIELA ZAMORA
 Title/Role: VICE PRESIDENT
 Email Address: Daniela@zamorausa.com
 Mailing Address: 23300 GODDARD RD
 Business Phone: 313-291-6100 Business Fax: 313-291-6101

Event On-Site Contact Person: Yesenia Martinez
 Mailing Address: 23300 GODDARD RD

Business Phone: 313-291-6100 Business Fax: 313-291-6101

DANIELA ZAMORA 313-743-3247- VICE PRESIDENT, YESENIA MARTINEZ 313-291-3595
List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility). **EVENT COORDINATOR**
RAFAEL ZAMARRON 313-743-3248 ONSITE SUPERVISOR

List Event Sponsors: CONSTELLATIONS BRANDS

Event Elements (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input checked="" type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

- Restricted Times for Parade in the Central Business District are: Monday - Friday 7:00 AM - 10:00 AM; Noon - 2:00 PM; 4:00 PM - 6:00 PM. And Special Events or Sporting Events.
 - Detroit Police Department Cost must be reimbursed for all events.

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

Begin Set-up Date & Time: 08/31/18 Complete Set-up Date & Time: 09/03/18
Event Start Date & Time: 1:00 pm Event End Date & Time: 10:00 pm
Begin Tearing Down Date: 09/03/18 Complete Tear Down Date: 09/04/18

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? 2017

When was the event last held in Detroit? 05/28/17

Where was the event last held in Detroit? HISTORIC FORT WAYNE

What were the hours last year? 1:00 pm TO 10:00 pm

Project Attendance This Year (Minimum - Maximum)? 3000 - 4000

What is the basis for your projected attendance? PREVIOUS EVENTS

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? LABOR DAY WEEKEND 2019

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

- People Balloons
 Floats Animals
 Vehicles Other: N/A
 Bands

If animals included, specify type, number and how used. RODEO 6 BULLS (FOR BULL RIDING)

Name of business supplying animal(s): RANCHO OJO DE AGUA

Contact Person: ESTANISLAO MUNIZ

Address: N 7669 US HWY 45 Phone:

City/State/Zip: NEW LONDON WI 54961

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 First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

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

- Singers
- Musicians
- Comedians
- Speakers
- Magician
- Story Telling
- Other: _____

Describe the entertainment for this year's event: FESTIVAL WITH LIVE MUSIC

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

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: FOR THE PERFORMERS

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: GENERATOR

How many generators will be used? 2 - 125 KW THREEPHASE

How will the generators be fueled? THEY WILL BE BY PROVIDER

Name of vendor providing generators:

Contact Person: STEVEN BERR

Address: 12668 ARNOLD Phone: 734-358-0787

City/State/Zip: REDFORD MI 48239

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): LA 24/1310 AM
- Television (Specific stations):
- Newspapers (specify papers): NUESTRO DETROIT
- Web site (identify web address): ZAMORALIVE.COM
- Public Relations or Marketing Firm (Specify):

Contact Info:

- Raffle (List Item(s)):
- Billboards
- Posters
- Flyers
- Street Banners
- Other (specify): _____

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

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 *N/A*

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

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

Barricades are not available from the City of Detroit. *N/A*

ADDITIONAL INFORMATION

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

Section 6- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe: PRESALE STORES AND ZAMORALIVE.COM

Will there be on-site ticket sales? Yes No

If yes, list price(s): \$50 AND \$25 KIDS OVER 12

Will food be sold? Yes No

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

VENDORS WILL TRAMIT THEIR OWN PERMITS

Will merchandise be sold? Yes No

If yes, describe: HATS, BOOTS, NECKTIE

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

If yes, describe: 25%

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

Delta Tau lambda Sorority

Will there be vending or sales? Yes No

If yes, check all that apply:

Food

Non-Alcoholic Beverages

Other (specify):

Merchandise

Alcoholic Beverages

BEER

Indicate type of items to be sold:

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

OUT SIDE VENDORS

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person:

TYRONE CARTER

Address: 2323 FORT ST

Phone: 313-671-5497

City/State/Zip: DETROIT, MI 48217

Number of Private Security Personnel Hired Per Shift: 35 TO 40

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

Licensed

Armed

Bonded

Describe the emergency evacuation plan:

PLEASE SEE ATTACHED

Describe the parking plan to accommodate anticipated attendance:

PARKING ATTENDANCE

How will you advise attendees of parking options?

YES

Are you seeking a group parking rate?

NO

COMMUNITY IMPACT SIGNATURE FORM

Page(s) _____ of _____

All information must be legible and the business/resident name(s) must be included. The signature form is required for business (es) and resident(s) within full or single lane closures, business (es)/residential properties within 300 ft on all sides from the closure perimeter, if parking equipment in front of business (es)/residential properties and if events are within a residential community/block.

On, Sep. 03 from 1:00pm to 10:00; Hispanic Festival is scheduled to take place at
(Date) (Time) (Time) (Event Name)

DIX AVE. DETROIT We will have streets closed for 01 day (s).
(Address) (Qty)

By signing, I verify that I have read the notification letter. I do not have any objections to the Special Events activity referenced above.

Business/Resident Name	Address	Print Name	Signature	Date Signed

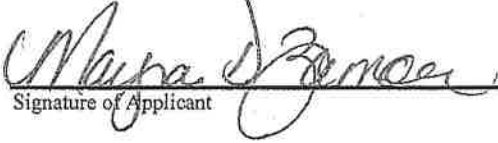
The list above will be checked randomly for credibility. Any false information will be addressed and the Special Event Permit may be revoked. If a residential property, the owner or tenant must sign. If a business, the owner or manager must sign. Signatures of minors are not acceptable.

By signing, I verify that the information above is true and confirmed.

Authorized Signature-Applicant: _____ Date: _____

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

06/27/18

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.

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

10x20 (6)
0
0
1 canopy - Box office
1 stage 40x28x5
2

Company:

Grill

Gas Charcoal Electrical Propane

Fireworks (Pyrotechnics)

Aerial Stage

Provide Sketch:

Portable Restrooms:

Standard ADA Accessible

44 standards / 2 HANDICAP

Vehicles

FORUM

Type/Weight:

INDUSTRIAL STANDARD / 5000 LBS

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.

YES FOR THE AUDIO, LIGHT AND VIDEO WILL BE USE
THE 125 KW - 3 PHASE.

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

LIGHT TOWERS, HAND SANITIZER UNITS.

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

N/A.

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: BUDGET DUMSTER / RANDY MOORE

Address: 830 CATERBURY RD Phone: 866-284-6164

City/State/Zip: WESTLAKE OH 44145

Name of company providing emergency medical services?

Contact Person: HART EMS MEDICAL / ADAM GOTTLEB

Address: 220 BAGLEY SUITE 192

City/State/Zip: DETROIT

Name of company providing porta-johns.

Contact Person: KATY MULLAR PARKWAY SERVICES

Address: 2876 TYLER RD Phone: 734-482-7633

City/State/Zip: YPSILANTI MI 48198

Name of private catering company?

Contact Person: N/A

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 _____

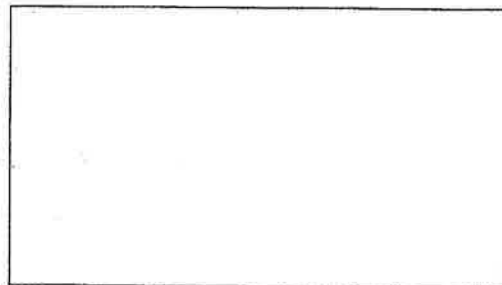
Closure Dates: _____

Beg. Time: _____

End Time: _____

Reopen Date: _____

Time: _____













**ATTENTION: JAMIE
NELSON**

Recreation Department pending Final Location designation



General George S. Patton Memorial Center Recreational facility

-  Bleachers
-  VIP Area with tents
-  Rodeo Ring with Double Barrier
-  Bar, Soda and water stand
-  Porta-Toilets and 4 sink stations
-  Emergency Exits
-  6ft Perimeter Fence
-  First aid
-  Light towers
-  Box Office

2018-07-17

448

Petition of Zamora Entertainment Inc., request to hold "Hispanic Family Festival" at Patton Memorial Park on September 3, 2018 from 1:00 PM to 10:00 PM. Set up to begin 8-31-2018 and tear down to complete on 9-4-2018

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE PLANNING AND DEVELOPMENT
DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE
DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
RECREATION DEPARTMENT

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED

Petition #: 450 Event Name: Detroit Free Press Wine & Food Experience

Event Date : September 15, 2018

Street Closure: Cadillac Square

Organization Name: Detroit 300 Conservancy

Street Address: 1 Campus Martius Suite 380 Detroit, MI 48226

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- Walkathon
- Carnival/Circus
- Concert/Performance
- Run/Marathon
- Bike Race
- Religious Ceremony
- Political Ceremony
- Festival
- Filming
- Parade
- Sports/Recreation
- Rally/Demonstration
- Fireworks
- Convention/Conference
- Other: Wine & Food Event
- 24-Hour Liquor License

Petition Communications (include date/time)

Food & Wine Showcase located at Campus Martius and Cadillac Square from 11:00am - 4:00pm; with temporary street closure on Eastbound/Westbound Cadillac Square.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Eagle Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

CITY CLERK 2018 JUL 19 AM 10:38

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents & Generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Auster

Date: July 18, 2018

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, July 17, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE PLANNING AND DEVELOPMENT DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT RECREATION DEPARTMENT

450 *Detroit 300 Conservancy, request to hold "Detroit Free Press Wine & Food Experience" at Campus Martius Park & Cadillac Square, September 15, 2018 from 11:00 AM to 4:00 PM. Closure of East and Westbound Cadillac Square from 9/13-9/15 Setup on 9/13/18 tear down on 9/16/18*

City of Detroit Special Events Application

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. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least 60 days prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Detroit Free Press Wine & Food Experience

Event Location: Campus Martius Park & Cadillac Square

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit 300 Conservancy

Organization Mailing Address: 1 Campus Martius, Suite 380, Detroit, MI 48226

Business Phone 313-715-9944 Business Website: DowntownDetroitParks.com

Applicant Name: Heather Badrak

Business Phone: _____ Cell Phone: 313-715-9944 Email: hbadrak@detroit300.org

Event On-Site Contact Person:

Name: Cortney Vandenberg

Business Phone: _____ Cell Phone: 623-521-7176 Email: cortney@r-entertainment.com

Event Elements (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Other: <u>Wine & Food Event</u> |

Please provide a brief description of your event:

Showcasing the best food, wine and beer from local and national chefs.

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

Begin Set-up Date : 9/13 Time: 6a Complete Set-up Date: 9/15 Time: 11a

Event Start Date: 9/15 Time: 11a Event End Date: 9/15 Time: 4p

Begin Tearing Down Date: 9/15 Complete Tear Down Date 9/16, noon

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

Section 3- LOCATION/SITE INFORMATION

Location of Event: Campus Martius Park & Cadillac Square

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

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as 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 First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event: Culinary extravaganza of food, wine beer and

spirits from the best chefs and mixologists in the area. Enjoy chef demonstrations and more.

Will a sound system be used? Yes No

If yes, what type of sound system? 2-4 speakers per large tent excluding Martha Stewart Tent

Describe specific power needs for entertainment and/or music:

Power for cooking demonstrations and classroom lesson using park power inside park. Generators in street on Cadillac Square.

How many generators will be used? (3) 56 Kw

How will the generators be fueled? Gasoline

Name of vendor providing generators:

Contact Person: Sunbelt

Address: 5162 Akron Cleveland Rd

Phone: 330-650-1874

City/State/Zip Peninsula, OH 44264

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe: On-line \$50 General Tasting, \$120 VIP Tasting, \$180 Chef Package

Will there be on-site ticket sales? Yes No

If yes, list price(s): \$100 General Tasting, \$135 VIP Tasting, \$195 Chef Package

Will there be vending or sales? Yes No

If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold:

Section 6- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: Eagle Security, Matt Warner

Address: 500 Griswold, #300

Phone: 734-306-4871

City/State/Zip: Detroit, MI 48226

Number of Private Security Personnel Hired Per Shift: 12 Event officers

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

Licensed Armed Bonded

How will you advise attendees of parking options?

Website

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
Road Closure on Cadillac Square

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

Indicate what steps you have or will take to notify them of your event: Notifying tenants through property

managers

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure SEE ATTACHED

	How Many?	Size/Height
Booth	(62)	10 x 10
Tents (enclosed on 3 sides)	(1) 30x40, (1) 30 x 30, (1) 40x40	
Canopy (open on all sides)	(1)	10 x 20_
Staging/Scaffolding	_____	_____
Bleachers	_____	_____

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Hart Medical, 313-336-4278

Address:

City/State/Zip:

Name of company providing port-a-johns. John Sanitation

Contact Person: Daniel Docis

Address:

Phone: 248-437-0841

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. Barricades are not available from the City of Detroit.

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

STREET NAME: Cadillac Square Eastbound & Westbound

FROM: Bates TO: Woodward

CLOSURE DATES: 9/13 - 9/15 BEG TIME: 6a END TIME: 12 a

REOPEN DATE: 9/16 TIME: 12:01a

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: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) **CERTIFICATE OF INSURANCE**
- 2) **EMERGENCY MEDICAL AGREEMENT**
- 3) **SANITATION AGREEMENT**
- 4) **PORT-A-JOHN AGREEMENT**
- 5) **COMMUNITY COMMUNICATION**

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, understood and agreed 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 regulations 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.

 7/14/18
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.

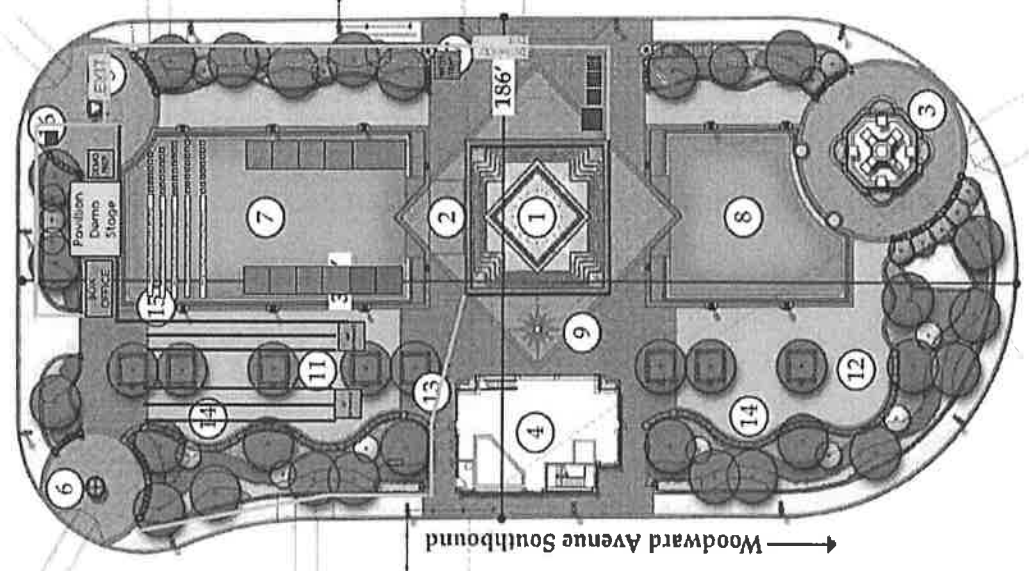
HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney’s fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

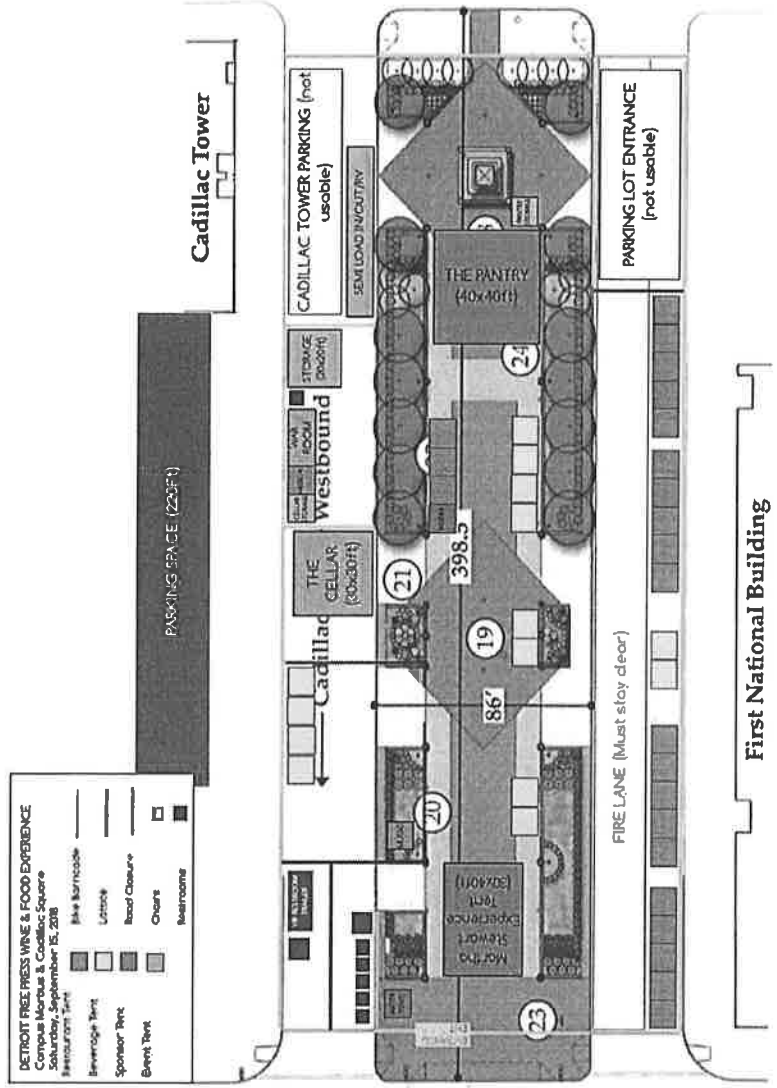
Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: WINE & FOOD EXPERIENCE Event Date: 9/15/18
Event Organizer: R ENTERTAINMENT
Applicant Signature:  Date: 7/14/18



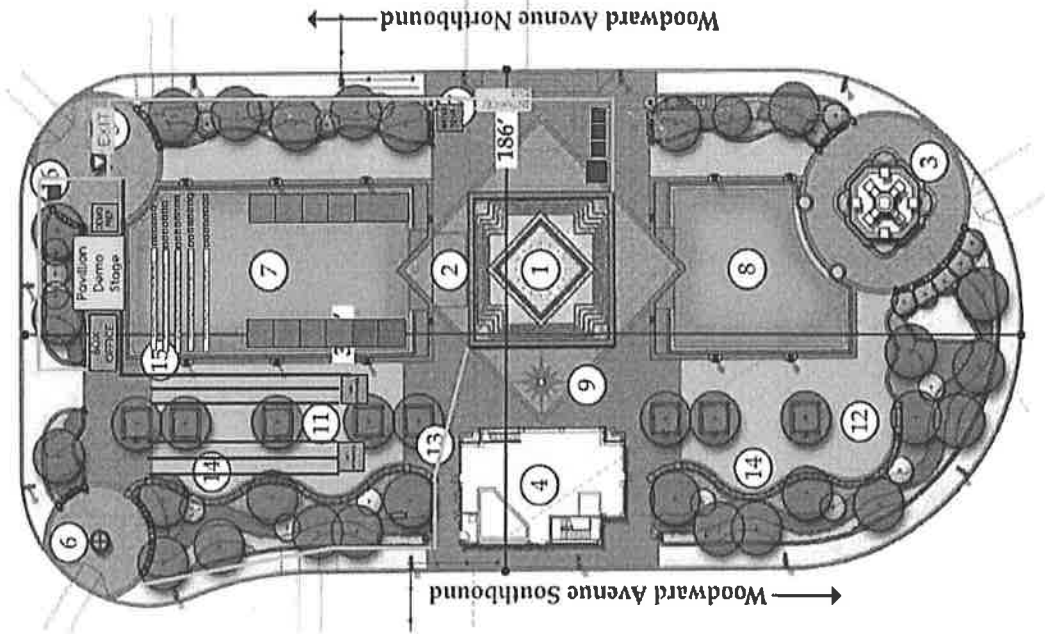
- DETROIT FREE PRESS WINE & FOOD EXPERIENCE**
 Campus Martius & Cadillac Square
 Saturday, September 15, 2018
- Beverage Tent
 - Sponsor Tent
 - Event Tent
 - Live Bar/cocktail
 - Lattice
 - Read Closure
 - Chairs
 - Restroom



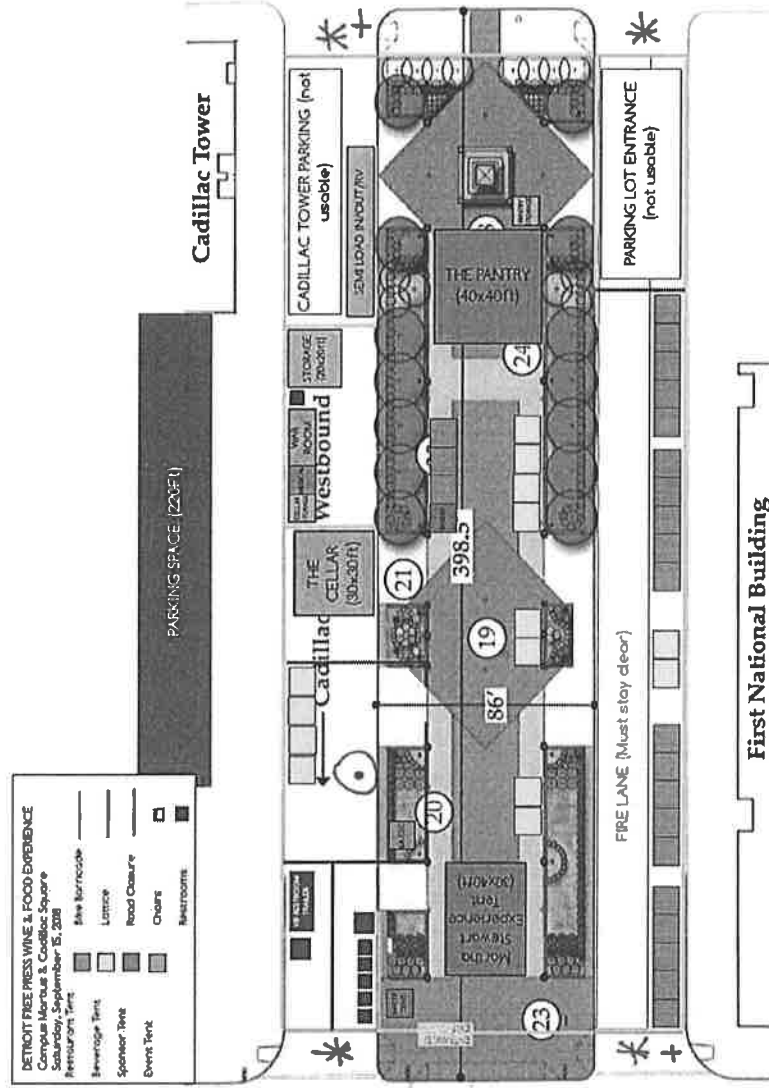
Campus Martius Park
 Detroit, Michigan

City of Detroit
 Detroit 300 Conservancy
 Randall Ernstberger Associates, LLC

North
 Scale
 0' 10' 20' 30' 40'



- DETROIT FREE PRESS WINE & FOOD EXPERIENCE**
 Campus Martius & Cadillac Square
 Saturday, September 15, 2018
 Restaurant Tent
- Beverage Tent
 - Sponsor Tent
 - Event Tent
 - Live Music
 - Lounge
 - Road Closure
 - Chairs
 - Restrooms



Campus Martius Park
 Detroit, Michigan
 City of Detroit
 Detroit 200 Conservancy
 Rundell Ernstberger Associates, LLC

Scale: 1" = 30'

* TYPE III BARRICADE
 + ROAD CLOSURE/DETOUR SIGNS
 (O) SPORTS ZONE WILL BE REPURPOSED FOR EVENT

2018-07-17

450

450 *Petition of Detroit 300 Conservancy, request to hold "Detroit Free Press Wine & Food Experience" at Campus Martius Park & Cadillac Square, September 15, 2018 from 11:00 AM to 4:00 PM. Closure of East and Westbound Cadillac Square from 9/13-9/15 Setup on 9/13/18 tear down on 9/16/18*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE PLANNING AND DEVELOPMENT
DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE
DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT RECREATION