

FORMAL AGENDA

7/24/18.

**PUBLIC HEALTH  
AND SAFETY  
STANDING  
COMMITTEE**

**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 408 Event Name: Sidewalk Festival-Redford Street Installation Expansion

Event Date : August 3, 2018

Street Closure: Redford Street

Organization Name: City of Detroit - Planning & Development Department

Street Address: CAYMC Suite 808

Receipt date of the <b>COMPLETED</b> 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: Public Open Space
- 24-Hour Liquor License

**Petition Communications** (include date/time)

Additional street closure of Redford Street between Lahser and Grand River by the City of Detroit Planning & Development Department in conjunction with petition #408 - Sidewalk Festival of Performing Arts.

**\*\* 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
	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"/>	ROW Permit Required
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction

CITY CLERK 2018 JUL 19 AM 10:57

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on buses

**MAYOR'S OFFICE**

Signature: Bethanie Jusher

Date: July 18, 2010

## DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, July 19, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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### AMENDMENT

Herewith, the following referral is a copy of Petition **408**

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

**408**    *Sidewalk Detroit and City of Detroit Planning and Development Department, request to hold "Sidewalk Festival of Performing Arts" on Lasher between Grand River & Orchard and Redford from Lasher to Grand River, from August 3-4, 2018, at various times each day, with closure of Lasher and Redford.*

**NOTE:**    Attached please find additional documentation for the above mentioned petition.

**PETITIONER IS AMENDING PETITION DUE TO:**

**Planning and Development Partnership submitted. See attached.**

Please provide the City Council with a report relative to this petition within four (4) weeks. Thanking you in advance.

# 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: Sidewalk Festival – Redford Street Installation Expansion

Event Location: Redford Street between Lahser & Grand River

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: City of Detroit Planning & Development Department

Organization Mailing Address: CAYMC Suite 808

Business Phone:

Business Website:

Applicant Name: Michele Flournoy

Business Phone: 313-224-9083

Cell Phone: 858-395-0093

Email: flournoym@detroitmi.gov

### Event On-Site Contact Person:

Name: Ryan Myers-Johnson / David Johnson

Business Phone:

Cell Phone: 313-701-4869 / 586-610-0283

Email: ryan@sidewalkdetroit.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: Public Open Space

### Please provide a brief description of your event:

Building upon the success of the annual Sidewalk Festival that takes place on Lahser in Old Redford, the City proposes to transform one block of the adjacent Redford Street into a shared street to offer the community a space for arts programming year-round. As a part of the Road Bond, the City plans a full makeover of Redford Street to begin design in 2019 and construction in 2020, including specialty permeable pavers, street furniture, lighting, banner signage, etc... *This proposal* to partner with Sidewalk Festival for installation of a temporary street mural, street furniture, and art installation to activate Redford Street during their festival in 2018 would serve as a pop-up community engagement opportunity to begin discussions with residents and visitors about the proposed transformation of Redford street into a shared public space for pedestrians, cyclists, and vehicles.

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

Begin Set-up Date : **Thur. Aug 2nd** Time: **8am** Complete Set-up Date: **Fri Aug 3rd** Time: **5pm**

Event Start Date: **Fri Aug 3rd** Time: **7pm** Event End Date: **Sat Aug 4th** Time: **10pm**

Begin Tearing Down Date: **Aug 5th** Complete Tear Down Date: **Aug 5th**

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

ROW permit and partial road closure requested to last from Aug 2<sup>nd</sup> to August 5<sup>th</sup> to allow for road painting and art installation

Redford Street is requested to be closed to traffic completely during event, with the exception of DDOT buses, that will continue to run through the Redford st Festival per DDOT's requirements.

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Redford Street

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

Entertainment consists of interactive Art Installation, Seating / Gathering / Play areas.

Will a sound system be used?  Yes  No

If yes, what type of sound system?

Describe specific power needs for entertainment and/or music:

How many generators will be used? None

How will the generators be fueled? None

Name of vendor providing generators:

Contact Person: N/A

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

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

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

**Section 5- SALES INFORMATION**

Will there be advanced ticket sales?  Yes  No

If yes, please describe:

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Will there be on-site ticket sales?  Yes  No

If yes, list price(s):

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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: Space will be made available for 2 participating Food Trucks - TBD

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**Section 6- PUBLIC SAFETY & PARKING INFORMATION**

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

Contact Person: N/A

Address:

Phone:

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City/State/Zip:

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Number of Private Security Personnel Hired Per Shift:

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

Licensed

Armed

Bonded

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How will you advise attendees of parking options?

This application is for an auxiliary installation space (Redford Street) for an existing event (Sidewalk Festival). It is assumed that all parking requirements are already accounted for with the primary application. The City Planning & Development Department will work with DPD, DPW and DDOT to ensure that vehicle and pedestrian circulation are clear and controlled at the Redford Street Closure

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## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

The event will encourage additional pedestrian activation of Redford Street and provide for safe pedestrian crossing from adjacent neighborhood and parking areas to the Sidewalk Festival and performances on Lahser. This is an annual event, expected by the community and the addition of Redford street to the programmed area will not add any additional sound or circulation issues. PDD is coordinating with DDOT to ensure that bus service is not negatively impacted.

Have local neighborhood groups/businesses approved your event?

Yes  No

Indicate what steps you have or will take to notify them of your event: PDD will present to the Old Redford Business Association on July 10<sup>th</sup> and has already discussed the expansion informally as a part of the neighborhood planning initiatives.

## 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)	_____	_____
Canopy (open on all sides)	_____	_____
Staging/Scaffolding	_____	_____
Bleachers	_____	_____

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

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

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

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

**Name of company providing port-a-johns.**

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

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

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

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

**Name of private catering company?**

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

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

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

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



**SPECIAL USE REQUESTS**

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**  
\*\*PDD requests of DPW to facilitate temporary street closure for installation of the street mural and installation art.

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

**STREET NAME:** Redford Street

**FROM:** Lahser **TO:** Grand River

**CLOSURE DATES:** August 2nd, 2018 – August 5th **BEG TIME:** 8am **END TIME:** 5pm

**REOPEN DATE:** August 5th **TIME:** 5pm

**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**

As a City-Sponsored event, DPW will provide appropriate barricades and signage for street closures as determined by DPW.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

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Signature of Applicant

Date

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

**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:** \_\_\_\_\_

**City of Detroit**  
OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Vivian A. Hudson  
Deputy City Clerk

**AMENDED**

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Thursday, June 21, 2018*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

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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.

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

**408**    *Sidewalk Detroit, request to hold "Sidewalk Festival of Performing Arts" on Lasher between Grand River & Orchard, from August 3, 2018 to August 4, 2018 beginning at different times each day and ending at 10:00 PM each day and one street closure.*

## 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. 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: Sidewalk Festival of Performing Arts

Event Location: Lahser between Grand River & Orchard

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Sidewalk Detroit

Organization Mailing Address: 20286 Woodburn Drive, Southfield, MI, 48075

Business Phone: (313) 409-8128

Business Fax:

Federal Tax ID # 46-2027635

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

Applicant Name: Ryan Myers-Johnson

Title/Role: Founder, Director

Email Address: ryan@sidewalkdetroit.com

Mailing Address: 20286 Woodburn, Southfield, 48075

Business Phone: (313) 409-8128

Business Fax:

Event On-Site Contact Person:

Mailing Address: 20286 Woodburn, Southfield, 48075

Business Phone: (586) 610-0283

Business Fax:

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

List Event Sponsors:

Brightmoor Alliance, Skillman Foundation, Knight Foundation

Event Elements (check all that apply)

Walkathon

Carnival/Circus

Concert/Performance

Run/Marathon

Bike Race

Religious Ceremony

Political Event

Festival

Fitting

Parade

Sports/Recreation

Rally/Demonstration

Convention/Conference

Fireworks

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

**Provide a brief description of your event:**

Sidewalk Detroit celebrates the landscape and culture of Detroit through presentation of original place-based and traditional performance, installation art, and land art.

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

Begin Set-up Date & Time: 8/3/18-7am Complete Set-up Date & Time: 8/3/18-2pm  
Event Start Date & Time: 8/3/18-3pm Event End Date & Time: 8/4/18-10pm  
Begin Tearing Down Date: 8/4/18 Complete Tear Down Date: 8/4/18  
Event Times (If more than one day, give times for each day): 8/3/18 7pm-10pm & 8/4/18 3pm-10pm

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? 2013, 2014, 2015, 2016, 2017  
When was the event last held in Detroit? Aug 4 & 5 2017  
Where was the event last held in Detroit? Lahser & Redford St btwn Grand River & Orchard  
What were the hours last year? Aug 4 7pm-10pm & Aug 5 3pm-10pm  
Project Attendance This Year (Minimum - Maximum)? 1000-1200  
What is the basis for your projected attendance? Projection is based on the fan base of participating artists

**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? Arise Detroit Neighborhood Day

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

- People  Balloons  
 Floats  Animals  
 Vehicles  Other: \_\_\_\_\_  
 Bands

If animals included, specify type, number and how used.

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

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

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

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

Section 3- LOCATION/SITE INFORMATION

Location of Event: Lahser & Redford St btwn Grand River & Orchard

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                       Magician  
 Musicians                       Story Telling  
 Comedians                       Other: \_\_\_\_\_

Describe the entertainment for this year's event: Theater, interactive art, and installation art, modern dance, ballet, West African dance, and hip-hop, jazz, and gospel musicians

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

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 bands

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? no generators

How will the generators be fueled? \_\_\_\_\_

Name of vendor providing generators: \_\_\_\_\_

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

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

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

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

### Section 5- COMMUNICATION/ADVERTISING STRATEGY

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

Radio (Specify stations): \_\_\_\_\_

Television (Specific stations): \_\_\_\_\_

Newspapers (specify papers): \_\_\_\_\_

Web site (identify web address): \_\_\_\_\_

Public Relations or Marketing Firm (Specify): \_\_\_\_\_

Contact Info:

Raffle (List Item(s)): \_\_\_\_\_

Billboards

Flyers

Street Banners

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

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

### Section 6- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No

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

Will there be on-site ticket sales?  Yes  No

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

Will food be sold?  Yes  No

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

Will merchandise be sold?  Yes  No

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

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

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

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

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

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

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

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

**Section 7- PUBLIC SAFETY & PARKING INFORMATION**

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

Contact Person: Discreet Investigations Inc - Jerome Terrell

Address: 19785 W 12 Mile Rd Ste 646

Phone: 248-246-0051

City/State/Zip: Southfield, MI 48076-2584

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: We'll be using the Redford Theater's & Old Redford Resource Center's parking lots as well as the street

How will you advise attendees of parking options? parking attendants and signs

Are you seeking a group parking rate? free parking

**Section 8- COMMUNITY IMPACT INFORMATION**

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

increased pedestrian traffic

Have local neighborhood groups/businesses approved your event?

Yes  No

Indicate what steps you have or will take to notify them of your event: Event is sponsored by Brightmoor Alliance, Detroit Neighborhood Day, and Old Redford Business Association (ORBA)

Indicate contact names and phone numbers (for verification) or attach approved letter(s): Alicia George--ORBA (313) 694-7722,

Reginald Alexander--Community Liaison for Councilman Tate (313) 224-1786

**Section 9- EVENT SETUP**

Complete the appropriate categories that apply to the event.

Structure

How Many?

no structures

Size/Height

Booth

Text (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:

Address:

Phone:

City/State/Zip

Name of company providing emergency medical services?

Contact Person:

Hart EMS

Address:

220 Bagley, Suite 912

City/State/Zip:

Detroit, MI, 48226

Name of company providing porta-johns.

Detroit Porta Potty Rental Pros

Contact Person:

Address:

535 Griswold St #111

Phone:

313-334-4231

City/State/Zip:

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

**SPECIAL USE REQUESTS**

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

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

STREET NAME: Lahser

FROM Grand River

TO Orchard

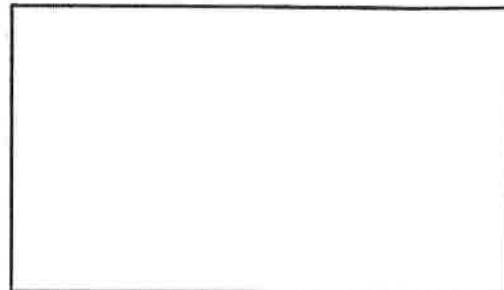
Closure Dates: 8/3/18-8/4/18

Beg. Time: 7am

End Time: 11pm

Reopen Date: 8/4/18

Time: 11pm



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

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

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

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

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

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

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

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

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

**Requested City Equipment**

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

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

**Street Closures:**

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

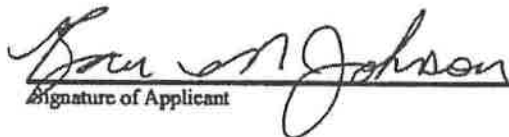
**Barricades are not available from the City of Detroit.**

**ADDITIONAL INFORMATION**

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

**AUTHORIZATION & AFFDAVIT 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

5/30/18  
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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/04/2018

<b>PRODUCER</b> East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley, CA 95945 Phone: (530) 477-6521 Email: info@theeventhelper.com	<b>THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>												
<b>INSURED</b>  Sidewalk Detroit Carrie Morris 20286 Woodburn Southfield, MI 48075	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Evanston Insurance Company</td> <td>35378</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Evanston Insurance Company	35378	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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INSURER A: Evanston Insurance Company	35378												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS														
A	Y	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC Retail Liquor Liability	3DS5466-M1213800	08/03/2018	08/05/2018	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE INCLUDES BODILY INJURY &amp; PROPERTY DAMAGE</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td style="text-align: right;">\$ 5,000</td> </tr> <tr> <td>PERSONAL &amp; ADV INJURY</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$ 2,000,000</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>DEDUCTIBLE</td> <td style="text-align: right;">\$ 1,000</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	EACH OCCURRENCE INCLUDES BODILY INJURY & PROPERTY DAMAGE	\$ 1,000,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 1,000,000	DEDUCTIBLE	\$ 1,000		\$
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PRODUCTS - COMP/OP AGG	\$ 1,000,000																			
DEDUCTIBLE	\$ 1,000																			
	\$																			
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>COMBINED SINGLE LIMIT (Ea accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td style="text-align: right;">\$</td> </tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$						
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		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>AUTO ONLY - EA ACCIDENT</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>OTHER THAN AUTO ONLY</td> <td style="text-align: right;">EA ACC \$</td> </tr> <tr> <td></td> <td style="text-align: right;">AGG \$</td> </tr> </table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY	EA ACC \$		AGG \$								
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		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>AGGREGATE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$		\$				
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AGGREGATE	\$																			
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	\$																			
	\$																			
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">WC STATU-TORY LIMITS</td> <td style="text-align: center;">OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td style="text-align: right;">\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
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E.L. DISEASE - POLICY LIMIT	\$																			
		<b>OTHER</b>																		

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 Certificate holder listed below is named as additional insured per attached CG 20 26 07 04.  
 Attendance: 4000, Event Type: Festival & Cultural Event - Outdoor.

<b>CERTIFICATE HOLDER</b>  Sidewalk Detroit Artist Village 17336 Lahser Road Detroit, MI 48219	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE <i>Will Maddux</i>
---	---

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

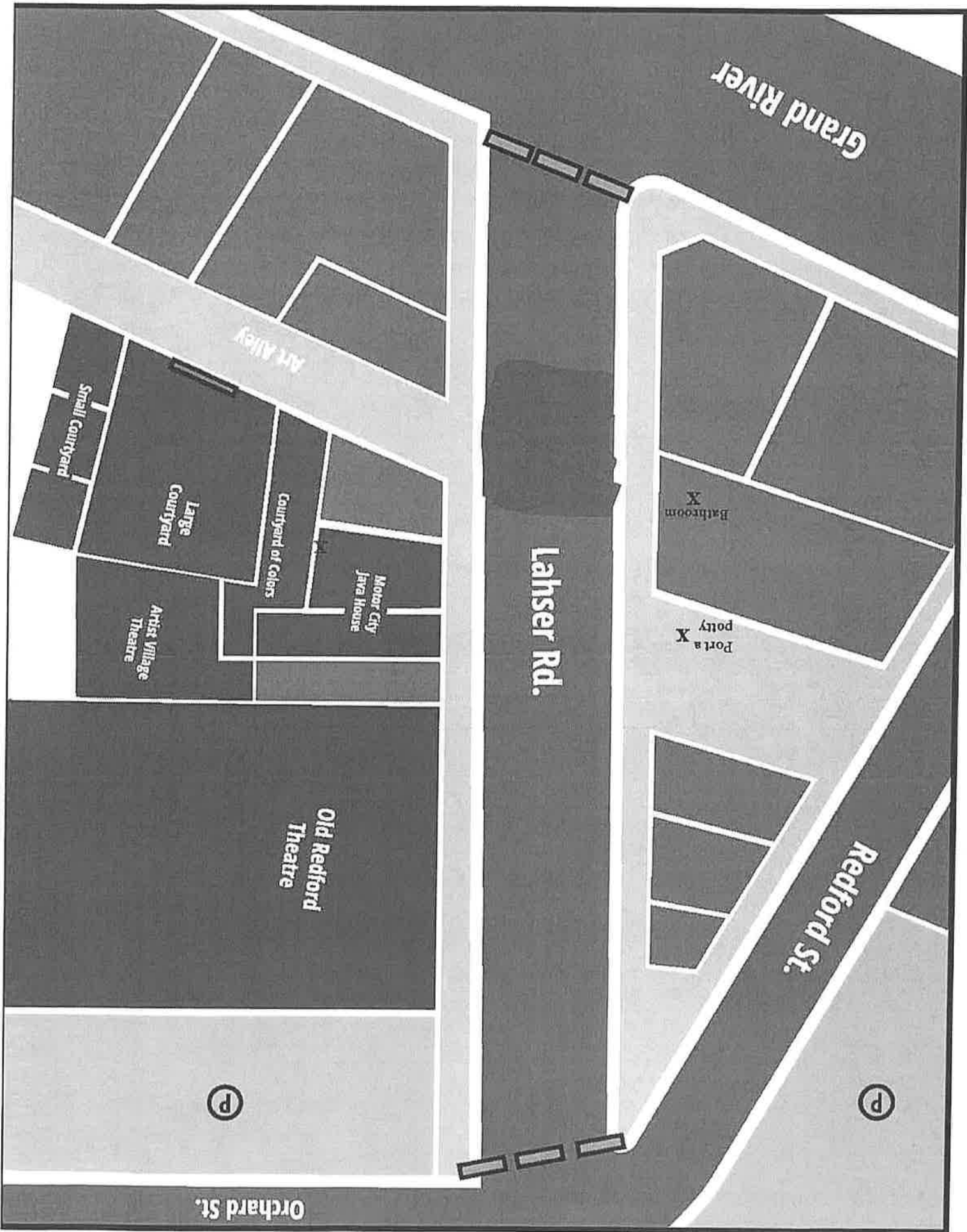
COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>
Sidewalk Detroit Artist Village 17336 Lahser Road Detroit, MI 48219
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



# AMENDED

2018-06-21

408

408 *Petition of Sidewalk Detroit, request to hold "Sidewalk Festival of Performing Arts" on Lasher between Grand River & Orchard, from August 3, 208 to August 4, 2018 beginning at different times each day and ending at 10:00 PM each day and one street closure.*

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REFERRED TO THE FOLLOWING DEPARTMENT(S)

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





**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 417 Event Name: University of Detroit Mercy - Midnight Bicycle Tour

Event Date : September 14, 2018

Street Closure: None

Organization Name: University of Detroit Mercy

Street Address: 4001 W. McNichols Road Detroit, MI 48221

Receipt date of the <b>COMPLETED</b> 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: Bike Tour
- 24-Hour Liquor License**

**Petition Communications** (include date/time)

Annual bike ride from University of Detroit Mercy & around Downtown Detroit from 8:00pm - 12:00am.

**\*\* 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 & UDMP Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Hart EMS to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>No Jurisdiction</b>

CITY CLERK 2018 JUL 19 AM 10:36

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low 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

*Friday, June 22, 2018*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

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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.

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MAYOR'S OFFICE    PLANNING AND DEVELOPMENT DEPARTMENT  
POLICE DEPARTMENT    FIRE DEPARTMENT  
MUNICIPAL PARKING DEPARTMENT    TRANSPORTATION DEPARTMENT  
BUSINESS LICENSE CENTER

**417**    *University of Detroit Mercy, request to hold "University of Detroit Mercy-Midnight Bicycle Tour" at various locations on September 14, 2018 beginning at 8:00 PM and ending at approximately 12:00 AM on September 15, 2018 with no set up or tear down required.*

## 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: University of Detroit Mercy – Midnight Bicycle Tour 9/14/2018

Event Location: 4001 W. McNichols Rd Detroit, MI 48221

Is this going to be an annual event?     Yes     No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: University of Detroit Mercy

Organization Mailing Address: 4001 W. McNichols Rd

Business Phone: (313) 993-1154

Business Website: http://www.udmercy.edu/life/index.php

Applicant Name: Adam Hollmann

Business Phone: (313) 993-1154

Cell Phone: (248) 953-6003

Email: hollmaap@udmercy.edu

**Event On-Site Contact Person:**

Name: Adam Hollmann

Business Phone: (313) 993-1154

Cell Phone: (248) 953-6003

Email: hollmaap@udmercy.edu

**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>Bike Tour</u> |

**Please provide a brief description of your event:**

The Midnight Bike is annual event the university hosts. Approximately 175-200 individuals participate in the event. Onsite registration begins at 6:30p, and the bicycle ride departs campus at 8:00pm. The bike ride departs from the McNichol's entrance and ride down to the University of Detroit Mercy (Dental campus). There is a brief stop and the ride heads downtown, stopping at the Coney islands and drive by historic sites, Detroit Riverwalk, Cobo, UDM Law School and concludes at the McNichol's campus. Overall, the ride is approximately 26 miles. The university requests Detroit P.D. support for making sure intersections are clear for the riders. Support vehicles are provided from the university, for the event,

to assist any riders. Riders include, current students, staff and public.

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

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

Event Start Date: 9/14/18 Time: 8:00 PM Event End Date: 9/15/18 Time: 12:00 AM

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

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

### Section 3- LOCATION/SITE INFORMATION

Location of Event: University of Detroit Mercy

Facilities to be used (circle):    Street                      Sidewalk                      Park                      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 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

Describe the entertainment for this year's event: NA  
\_\_\_\_\_  
\_\_\_\_\_

Will a sound system be used?     Yes     No

If yes, what type of sound system?  
\_\_\_\_\_

Describe specific power needs for entertainment and/or music:  
\_\_\_\_\_  
\_\_\_\_\_

How many generators will be used? NA

How will the generators be fueled? NA

Name of vendor providing generators:

Contact Person: **NA**

Address:

Phone:

City/State/Zip

### Section 5- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No

If yes, please describe: Online, [www.udmercy.edu](http://www.udmercy.edu) link will be provided by early August

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:

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: Chief, **Gallihugh, Joel A.**

Address: University of Detroit Mercy 4001 W. McNichols Phone: (313) 993-1123

City/State/Zip: Detroit, MI 48221

Number of Private Security Personnel Hired Per Shift: 4 car officers, 3 bicycle - one vehicle will be in front and one in the back

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

Licensed  Armed  Bonded

Public Act 330 MCOLES

How will you advise attendees of parking options?

Park on campus, notified once they register





**Section 9- COMPLETE ALL THAT APPLY**

Emergency medical services? Hart EMS will be assisted the event

Contact Person: Karen Bauer

Address: 1636 W Fort St,

City/State/Zip: Detroit, MI 48216

Name of company providing port-a-johns.

Contact Person: NA

Address:

Phone:

City/State/Zip:

Name of private catering company?

Contact Person: NA

Address:

Phone:

**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. See separate attached documents for the route

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: \_\_\_\_\_

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**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

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**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

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**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**

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**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, 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.

Adam Hollmann 6-22-18  
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: University of Detroit Mercy – Midnight Bike Tour Event Date: 9-14-2018

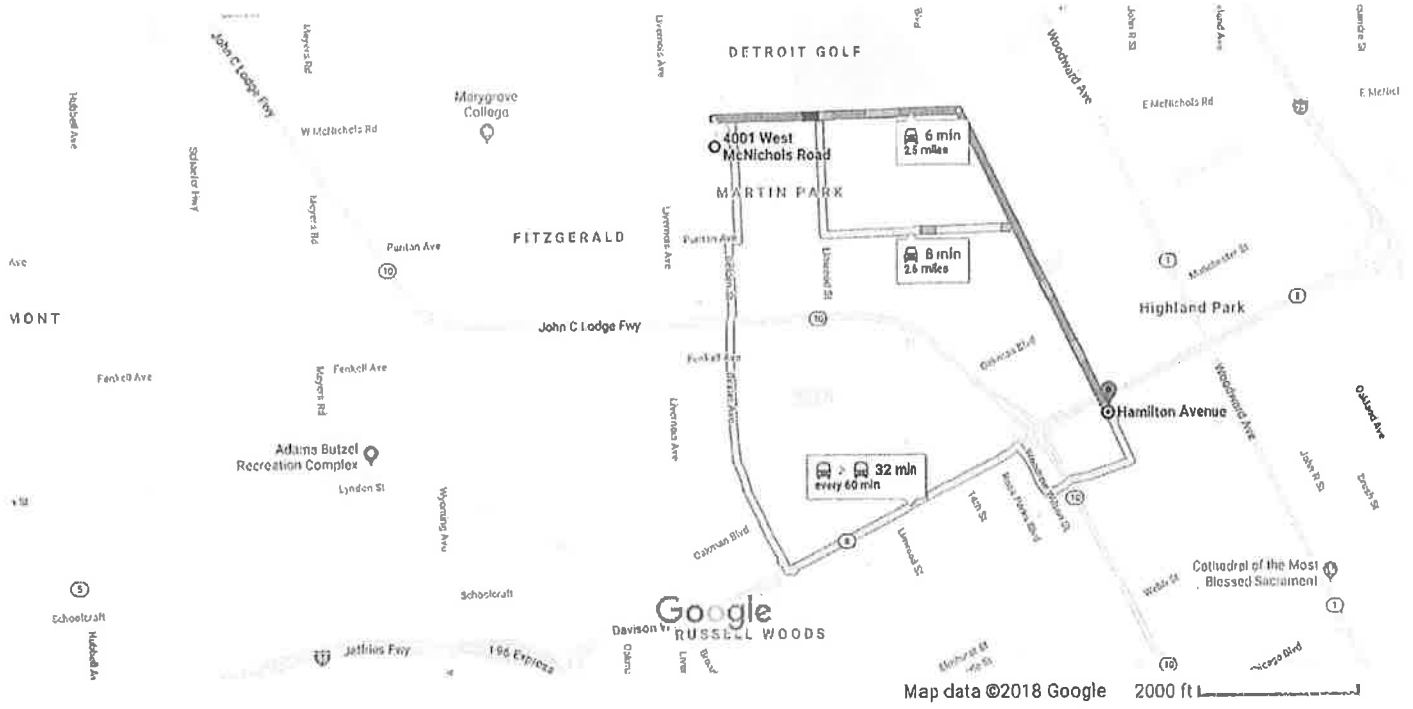
Event Organizer: Adam Hollmann, Assistant Director Student Life

Applicant Signature: Adam Hollmann Date: 6-22-18

Google Maps

4001 W McNichols Rd, Detroit, MI 48221 to Hamilton Avenue, Highland Park, MI

Drive 2.5 miles, 6 min



via W McNichols Rd and Hamilton Ave  
Fastest route, lighter traffic than usual

6 min  
2.5 miles



via Puritan Ave and Hamilton Ave

8 min  
2.6 miles



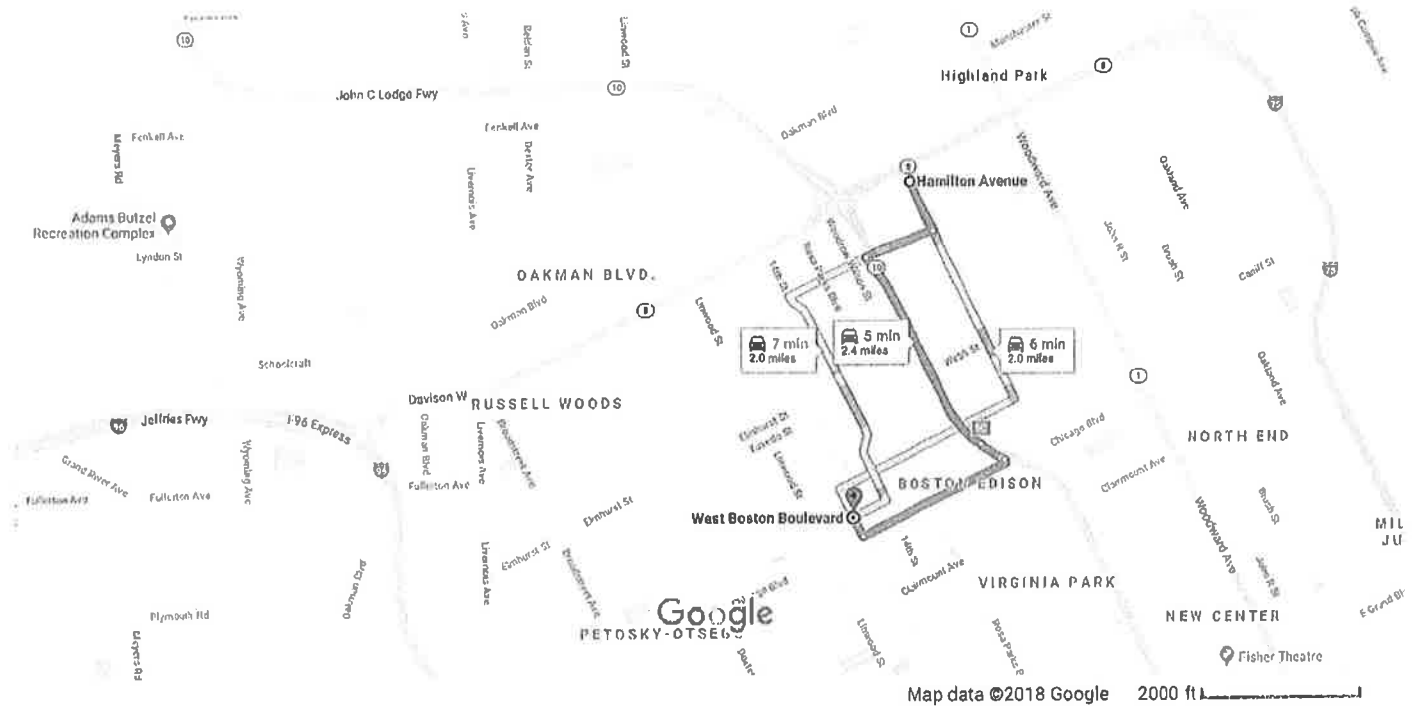
12:26 PM–12:58 PM



016 015


32 min

Google Maps

Hamilton Avenue, Highland Park, MI to W Boston Blvd, Detroit, MI Drive 2.4 miles, 5 min



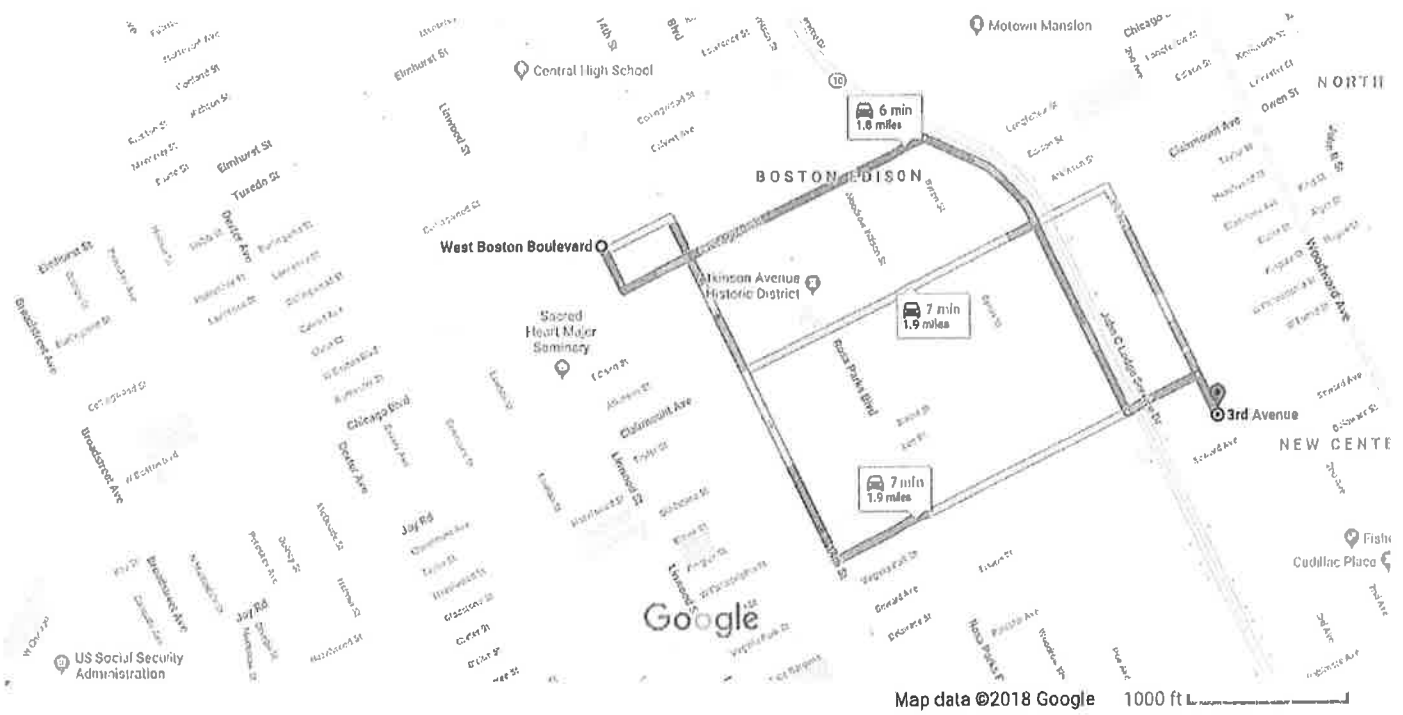
- 
via M-10 S and Chicago Blvd
5 min  
Fastest route, the usual traffic
2.4 miles
  
- 
via Hamilton Ave and Calvert Ave
6 min  

2.0 miles
  
- 
via Glendale Ave and 14th St
7 min  
Some traffic, as usual
2.0 miles

Google Maps

W Boston Blvd, Detroit, MI to 3rd Street, Detroit, MI

Drive 1.8 miles, 6 min



via Chicago Blvd and John C Lodge Service Dr  
Fastest route, lighter traffic than usual

6 min  
1.8 miles



via Clairmount Ave and 3rd Ave  
Some traffic, as usual

7 min  
1.9 miles



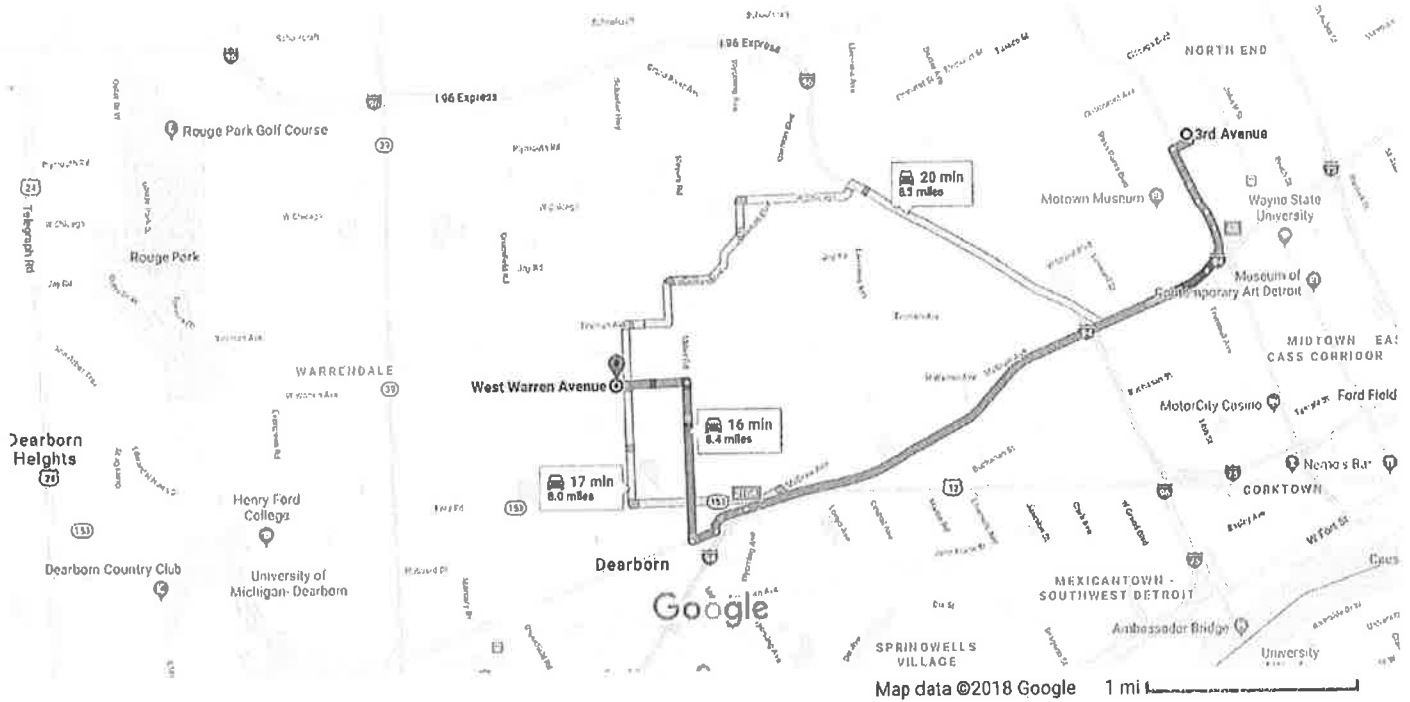
via 14th St and W Euclid St  
Some traffic, as usual

7 min  
1.9 miles

Google Maps

3rd Street, Detroit, MI to W Warren Ave, Detroit, MI

Drive 8.4 miles, 16 min

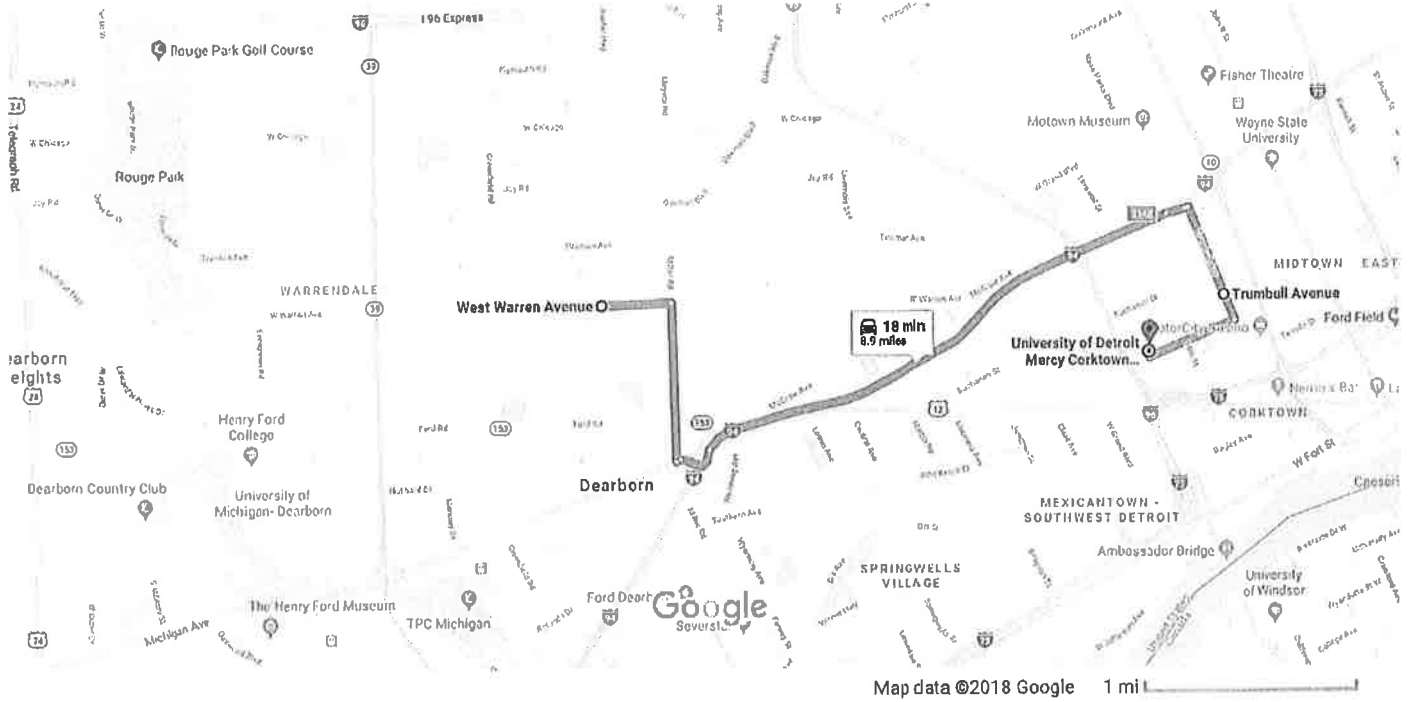


- via I-94 W  
 Fastest route, the usual traffic  
16 min  
8.4 miles
  
- via I-94 W and Schaefer Rd  
17 min  
8.0 miles
  
- via I-96 W  
20 min  
8.3 miles

Google Maps

W Warren Ave, Detroit, MI to University of Detroit Mercy Corktown Campus School of Dentistry

Drive 8.9 miles, 18 min



via I-94 E  
18 min without traffic

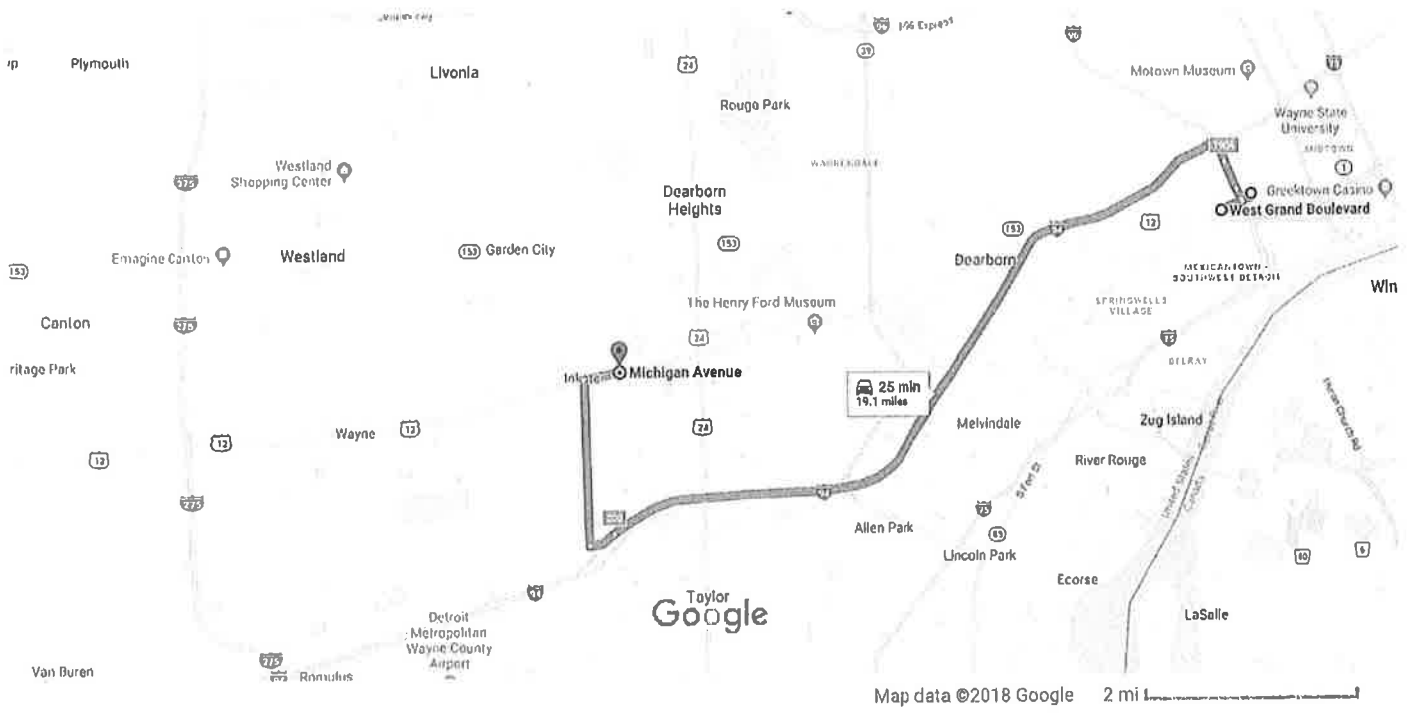
18 min  
8.9 miles



Google Maps

University of Detroit Mercy Corktown Campus School of Dentistry to Michigan Ave, Michigan

Drive 19.1 miles, 25 min



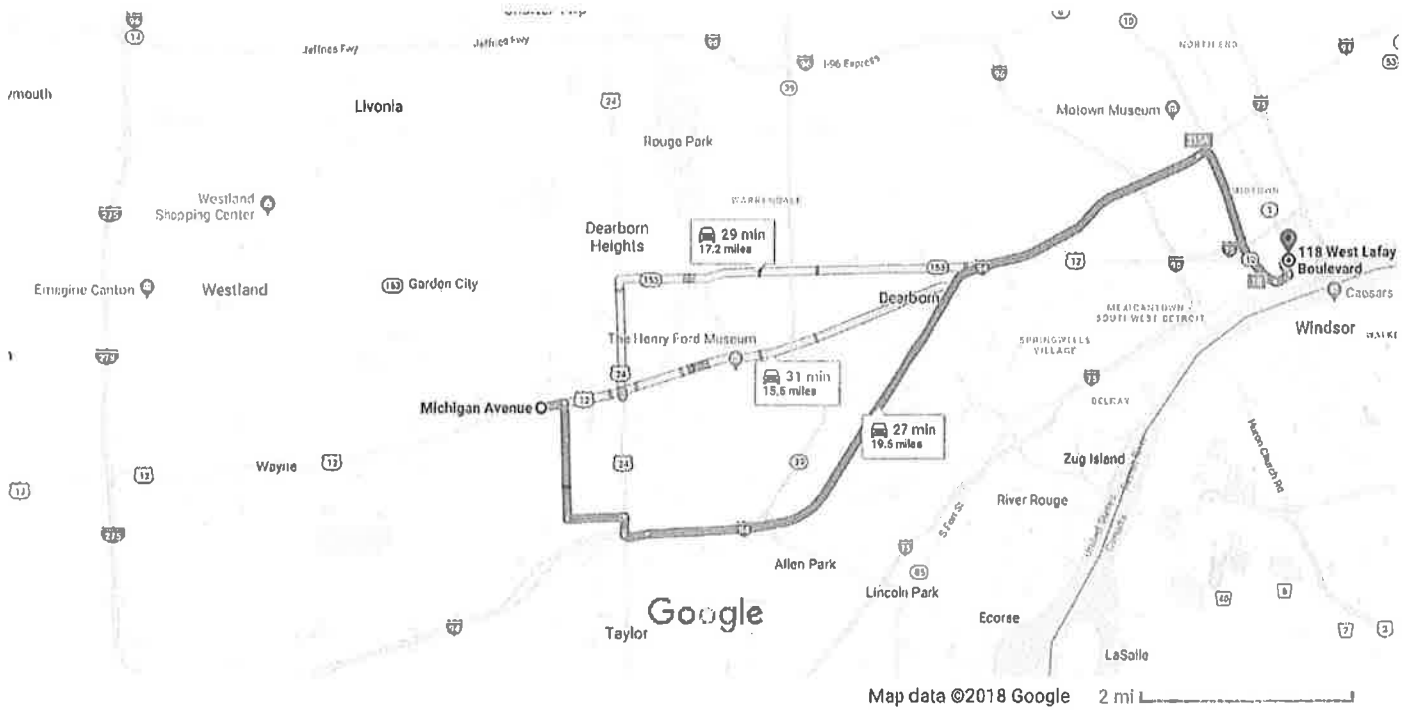
via Martin Luther King Jr Blvd  
25 min without traffic

25 min  
19.1 miles

Google Maps

Michigan Ave, Michigan to 118 West Lafayette Boulevard, Detroit, MI

Drive 19.5 miles, 27 min



via I-94 E

Fastest route, the usual traffic

27 min

19.5 miles



via Ford Rd

29 min

17.2 miles



via Michigan Ave and I-94 E

Some traffic, as usual

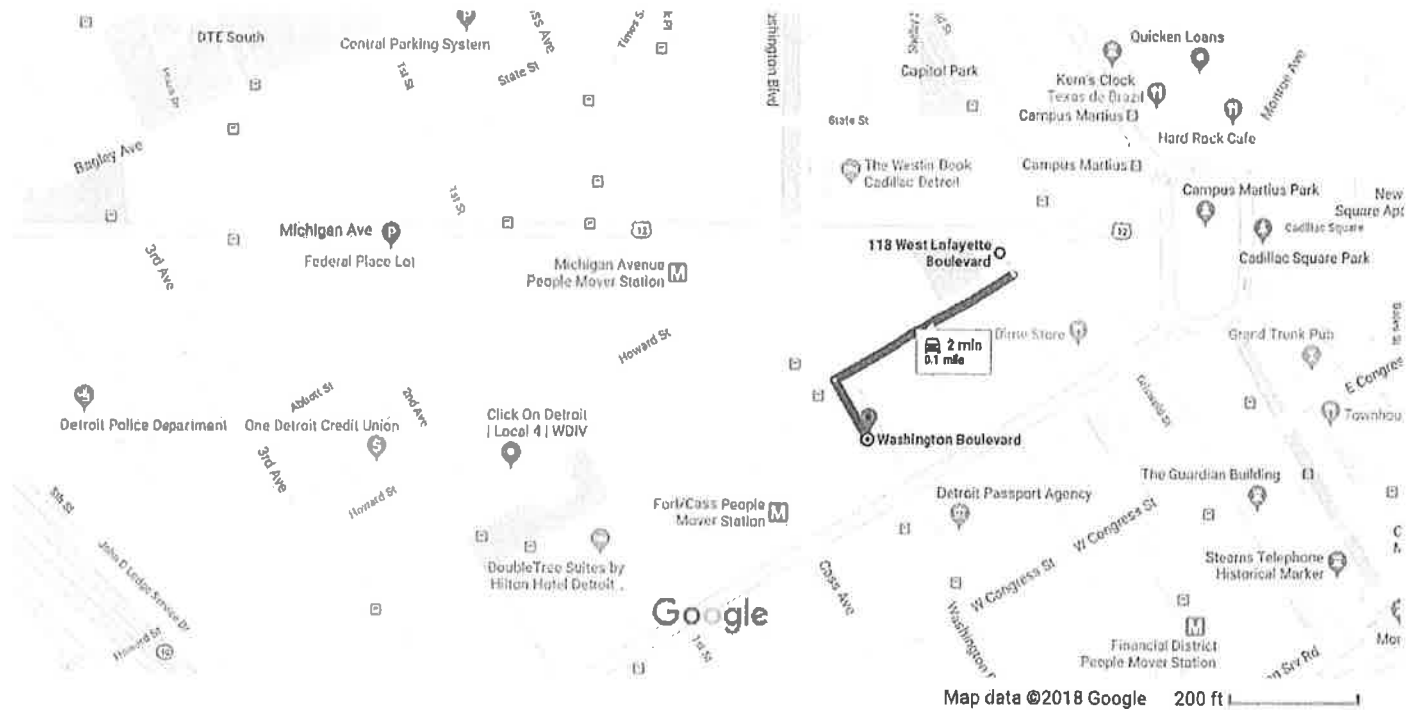
31 min

15.5 miles

Google Maps

118 West Lafayette Boulevard, Detroit, MI to Washington Blvd, Detroit, MI 48226

Drive 0.1 mile, 2 min



via W Lafayette Blvd

Fastest route, despite the usual traffic

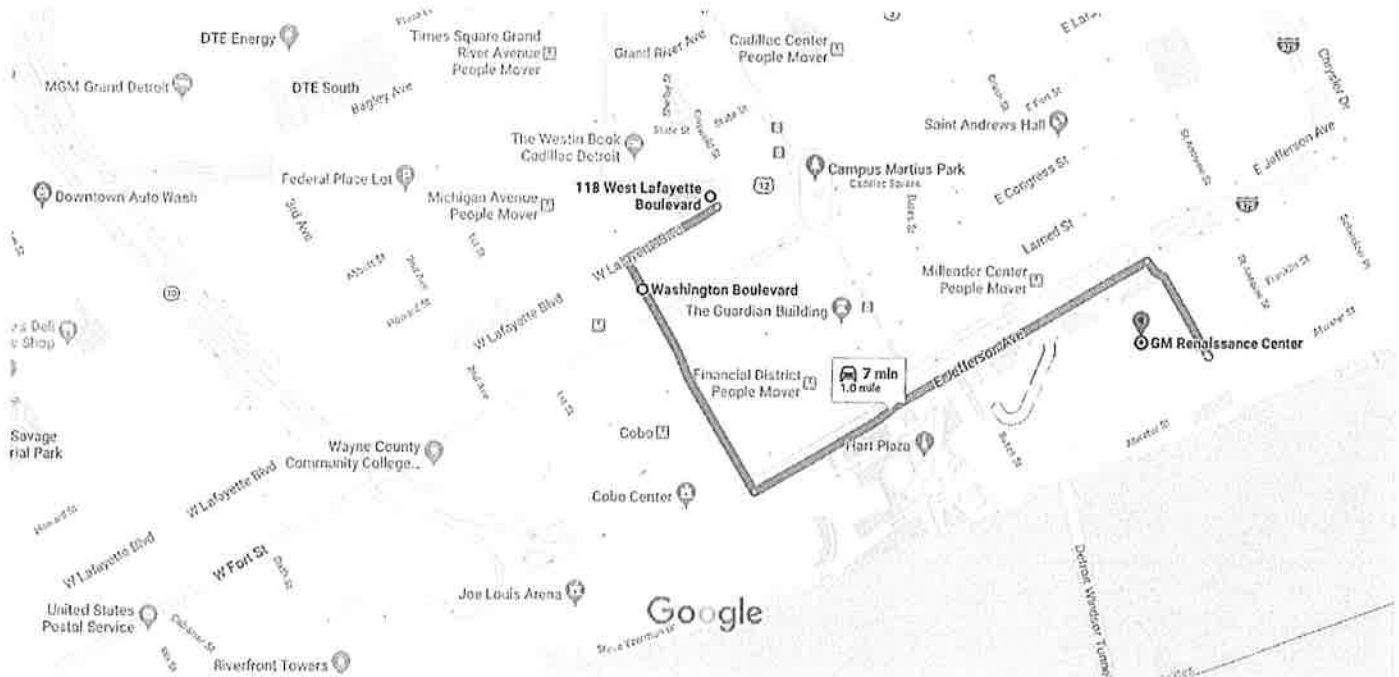
2 min

0.1 mile

Google Maps

118 West Lafayette Boulevard, Detroit, MI to GM Renaissance Center, Detroit, MI 48243

Drive 1.0 mile, 7 min



Map data ©2018 Google 500 ft



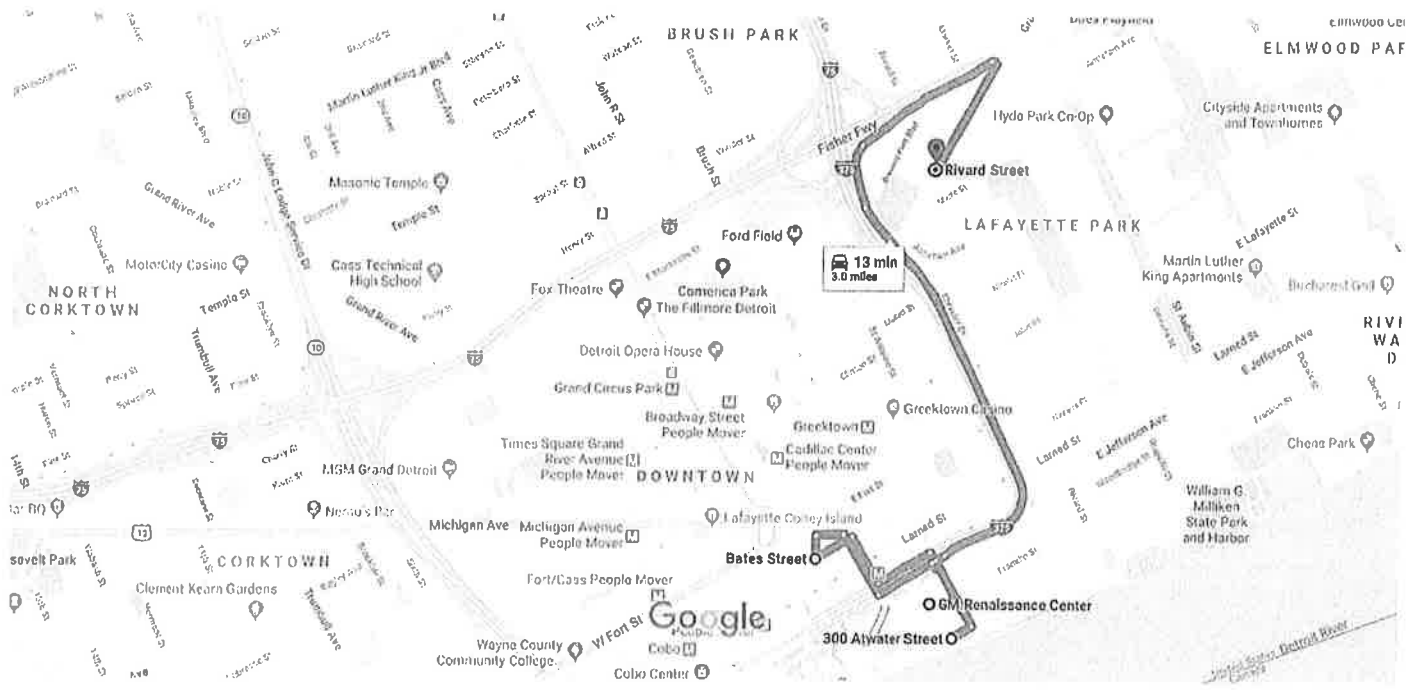
via W Lafayette Blvd  
7 min without traffic

7 min  
1.0 mile

Google Maps

GM Renaissance Center, Detroit, MI 48243 to Rivard Street, Detroit, MI

Drive 3.0 miles, 13 min



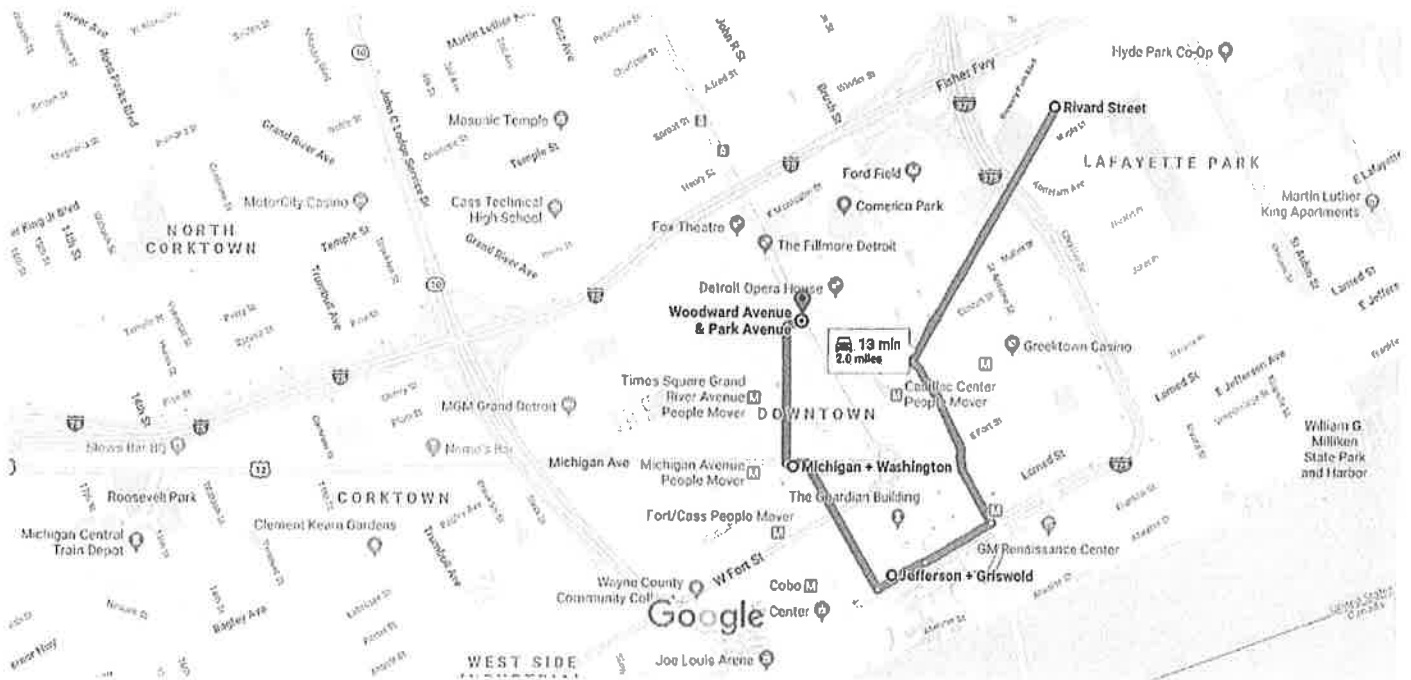
Map data ©2018 Google 1000 ft



via Beaubien St and Interstate 375 Business (Spur)/E Jefferson Ave  
13 min without traffic

13 min  
3.0 miles

# Google Maps Rivard Street, Detroit, MI to Woodward Ave & Park Ave Drive 2.0 miles, 13 min



Map data ©2018 Google 1000 ft



via Gratiot Ave and Randolph Street  
13 min without traffic

13 min  
2.0 miles

Google Maps

Jefferson + Griswold, Detroit, MI to W Grand Blvd, Detroit, MI

Drive 3.5 miles, 16 min



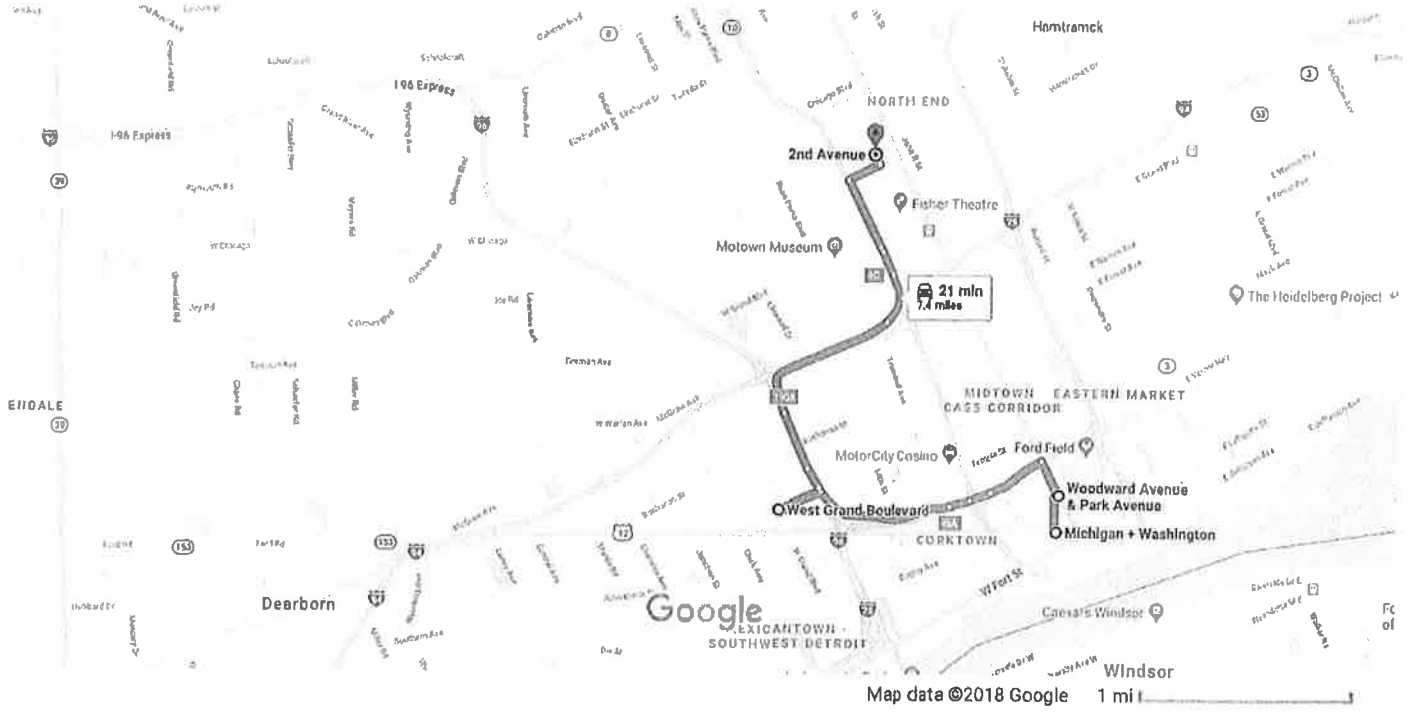
via Shelby St  
16 min without traffic

16 min  
3.5 miles

Google Maps

Michigan + Washington, Detroit, MI to 2nd Ave,  
Detroit, MI

Drive 7.4 miles, 21 min



via Washington Blvd  
21 min without traffic

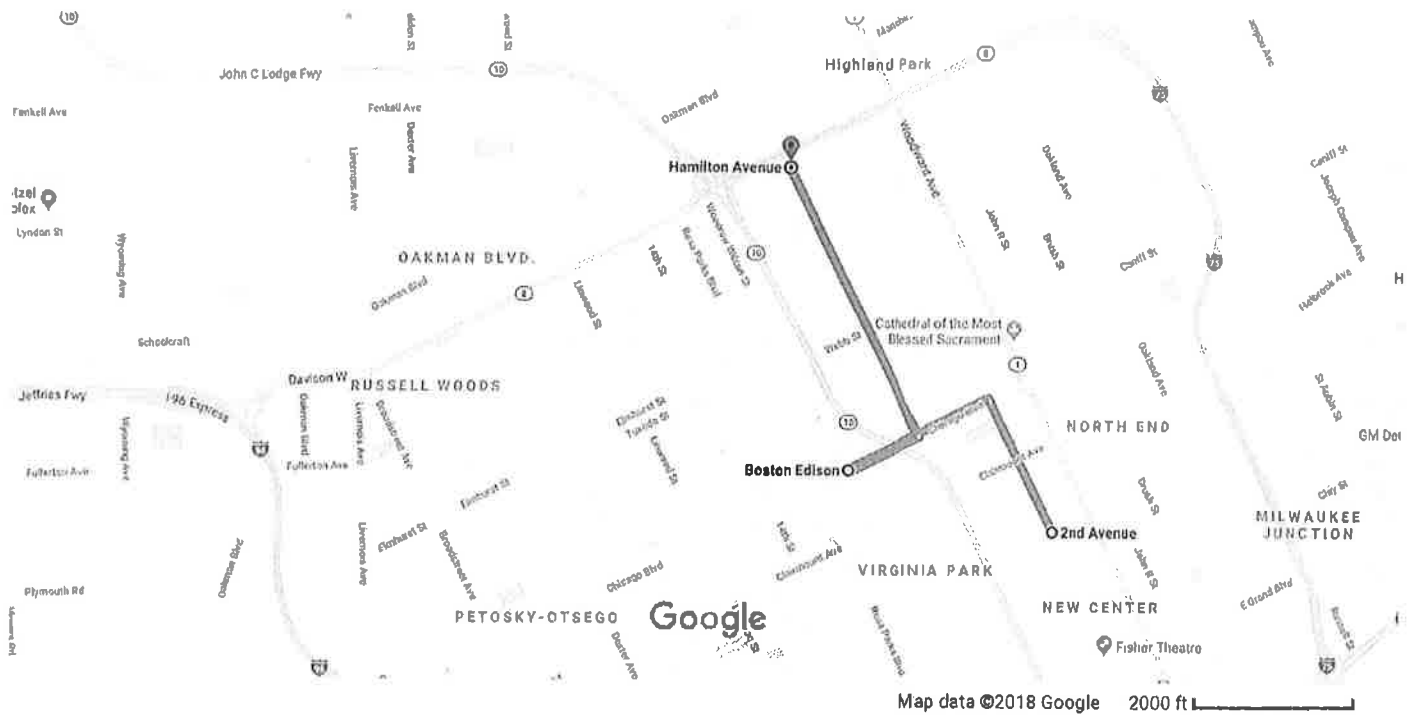
21 min  
7.4 miles



Google Maps

2nd Ave, Detroit, MI to Hamilton Avenue, Highland Park, MI

Drive 2.9 miles, 9 min



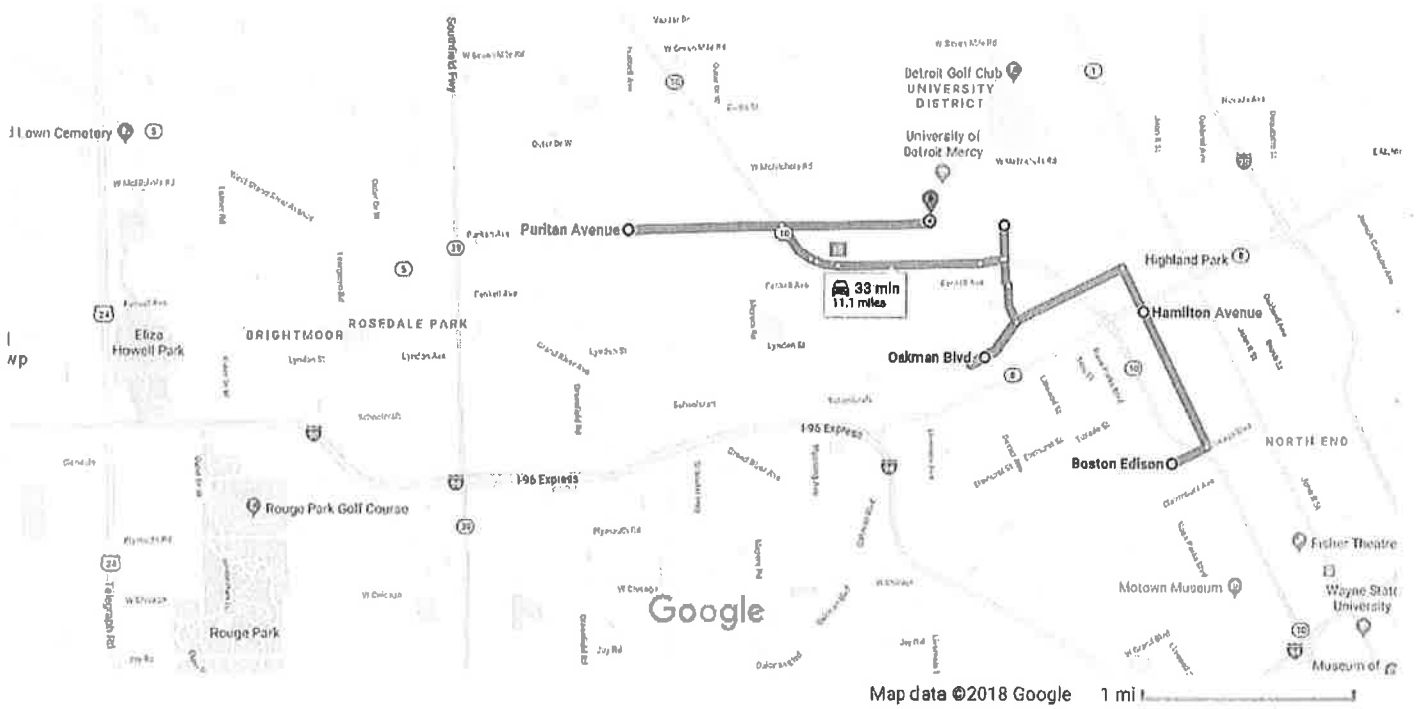
via 2nd Ave and Chicago Blvd  
9 min without traffic

9 min  
2.9 miles

Google Maps

Boston Edison, Detroit, MI to 16100 Livernois Avenue, Detroit, MI

Drive 11.1 miles, 33 min



via Hamilton Ave  
33 min without traffic

33 min  
11.1 miles



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/20/2018

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Artex Risk Solutions, Inc. (CB) 2850 Golf Road, 5th Floor Rolling Meadows IL 60008-4050	<b>CONTACT NAME:</b> Christian Brothers Services	
	<b>PHONE (A/C, No, Ext):</b> 800-807-0300	<b>FAX (A/C, No):</b> 630-378-2508
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> Pennsylvania Manufacturers Assoc Ins Co		12262
<b>INSURER B :</b>		
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**INSURED** CHRIBRO-14  
 Brothers of the Christian Schools & Affiliates  
 Loc #1191031 UNIVERSITY OF DETROIT MERCY  
 1205 Windham Parkway  
 Romeoville IL 60446-1679

**COVERAGES**

CERTIFICATE NUMBER: 1510509160

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			821800 0998922	6/15/2018	6/15/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Included MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ N/A PRODUCTS - COMP/OP AGG \$ Included \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Evidence of coverage with respect to the Midnight Bike Ride scheduled for September 14 through September 15, 2018, per times agreed upon

**CERTIFICATE HOLDER****CANCELLATION**

City of Detroit  
 2 Woodward Avenue, Room 200  
 Detroit MI 48226

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

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2018-06-22

**417**

**417** *Petition of University of Detroit  
Mercy, request to hold "University of  
Detroit Mercy-Midnight Bicycle Tour"  
at various locations on September 14,  
2018 beginning at 8:00 PM and  
ending at approximately 12:00 AM on  
September 15, 2018 with no set up or  
tear down required.*

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**REFERRED TO THE FOLLOWING DEPARTMENT(S)**

MAYOR'S OFFICE    PLANNING AND DEVELOPMENT  
                                 DEPARTMENT  
POLICE DEPARTMENT    FIRE DEPARTMENT  
MUNICIPAL PARKING DEPARTMENT  
TRANSPORTATION DEPARTMENT  
BUSINESS LICENSE CENTER

**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 420 Event Name: Murals in the Market

Event Date: September 15, 2018

Street Closure: Division Street

Organization Name: Paxahau, Inc.

Street Address: 1551 Rosa Parks Suite A

Receipt date of the <b>COMPLETED</b> 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)

4th Annual public arts festival held in Eastern Market from 5:00pm - 1:00am; with temporary street closures on Division Street between Orleans and St. Aubin.

**\*\* 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 Tricon 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 for Closure
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages and Generators
	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 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 Justice

Date: July 18, 2018

## DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, July 19, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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### AMENDMENT

Herewith, the following referral is a copy of Petition **420**

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

**420**    *Paxahau, Inc., request to hold "Murals in the Market Block Party - Family Reunion" at Eastern Market on September 15, 2018 from 5:00 PM to September 16, 2018 at 1:00 AM with a street closure of Division St. with set up on 9-15-18 and tear down complete on 9-16-18*

**NOTE:**    Attached please find additional documentation for the above mentioned petition.

**PETITIONER IS AMENDING PETITION DUE TO:**

**Amended Application.. See attached.**

Please provide the City Council with a report relative to this petition within four (4) weeks. Thanking you in advance.

# 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: Murals In The Market Block Party – Family Reunion

Event Location: Eastern Market – Division Street between Orleans and St. Aubin

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 Suite A

Business Phone:

Business Website: www.paxahau.com

Applicant Name: Sam Fotias

Business Phone:

Cell Phone: 586-596-9463

Email: sam@paxahau.com

### Event On-Site Contact Person:

Name: Sam Fotias

Business Phone:

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:

The 4th annual Murals in the Market public art festival held in Eastern Market each September will host an all-ages block party with dry goods, food & beverage vendors, games for kids & adults to play and a stage with bands & DJ's. This event will help support Murals in the Market and will fund the yearly festival.



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

Begin Set-up Date : 9/15/2018                      Time: 5am                      Complete Set-up Date: 9/15/2018                      Time: 3pm

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Event Start Date: 9/15/2018                      Time: 5pm                      Event End Date: 9/16/2018                      Time: 1am

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Begin Tearing Down Date: 9/16/2018 130 am                      Complete Tear Down Date: 9/16/18 5 am

---

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

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**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Division Street between Orleans and St. Aubin

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

DJ Jazzy Jeff, Soul Clap, DJ Dez, WE Are Culture Creators

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Will a sound system be used?     Yes     No

If yes, what type of sound system? Void Stasis Line Array

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Describe specific power needs for entertainment and/or music:

2 Generators, Size to be determined

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How many generators will be used? Two

How will the generators be fueled? They will come to site full of fuel

**Name of vendor providing generators:**

Contact Person: Aaron Suzore – Michigan 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: Event merchandise, tshirts, hats, artwork, street truck food, beverages

**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:

12

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

\_via social media and web

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## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

Radio, News Paper, Online

Have local neighborhood groups/businesses approved your event?

Yes  No

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

Perpetual meetings with the Eastern Market Corporation, they are fully on board

## 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)		
Canopy (open on all sides)	<u>8</u>	<u>seven 10x10 vendors – one 40x40 bar tent</u>
Staging/Scaffolding	<u>1</u>	<u>20x24 mobile stage</u>
Bleachers		

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

Contact Person: Adam Gottlieb – Hart Medical – 248-789-3648

Address:

City/State/Zip:

**Name of company providing port-a-johns. TBD**

Contact Person:

Address:

Phone:

City/State/Zip:

**Name of private catering company? NA**

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:** Division

FROM: Orleans TO: St. Aubin

CLOSURE DATES: 9/15 BEG TIME: 5am END TIME: \_\_\_\_\_

REOPEN DATE: 9/16 TIME: 5am

**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**

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**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.

*Sam Loh*

6/22/18

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: Murals in The Market Family Reunion Event Date: 9/15/18

Event Organizer: Paxahau, Inc

Applicant Signature: *Sam Loh* Date: 6/22/18

AMENDED

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, June 25, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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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.

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

**420**    *Paxahau, Inc., request to hold "Murals in the Market Block Party - Family Reunion" at Eastern Market on September 15, 2018 from 5:00 PM to September 16, 2018 at 1:00 AM with a street closure of Division St. with set up on 9-15-18 and tear down complete on 9-16-18*



# City of Detroit Special Events Application

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Event Location: Eastern Market – Division Street between Orleans and St. Aubin

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Organization Name: Paxahau, Inc.

Organization Mailing Address: 1551 Rosa Parks Suite A

Business Phone: Business Website: www.paxahau.com

Applicant Name: Sam Fotias

Business Phone: Cell Phone: 586-596-9463 Email: sam@paxahau.com

### Event On-Site Contact Person:

Name: Sam Fotias

Business Phone: Cell Phone: 586-596-9463 Email: sam@paxahau.com

### Event Elements (check all that apply)

- Walkathon
- Run/Marathon
- Political Event
- Parade
- Convention/Conference
- Carnival/Circus
- Bike Race
- Festival
- Sports/Recreation
- Fireworks
- Concert/Performance
- Religious Ceremony
- Filming
- Rally/Demonstration
- Other: \_\_\_\_\_

### Please provide a brief description of your event:

The 4th annual Murals in the Market public art festival held in Eastern Market each September will host an all-ages block party with dry goods, food & beverage vendors, games for kids & adults to play and a stage with bands & DJ's. This event will help support Murals in the Market and will fund the yearly festival.

CITY CLERK 25 JUN 2018 AM 10:50

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

Begin Set-up Date : 9/15/2018                      Time: 5am                      Complete Set-up Date: 9/15/2018                      Time: 3pm

Event Start Date: 9/15/2018                      Time: 5pm                      Event End Date: 9/16/2018                      Time: 1am

Begin Tearing Down Date: 9/16/2018 130 am                      Complete Tear Down Date: 9/16/18 5 am

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

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Division Street between Orleans and St. Aubin

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

DJ Jazzy Jeff, Soul Clap, DJ Dez, WE Are Culture Creators

Will a sound system be used?    X  Yes     No

If yes, what type of sound system? Void Stasis Line Array

Describe specific power needs for entertainment and/or music:

2 Generators, Size to be determined

How many generators will be used? Two

How will the generators be fueled? They will come to site full of fuel

Name of vendor providing generators:

Contact Person: Aaron Suzore – Michigan 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: Event merchandise, tshirts, hats, artwork, street truck food, beverages

### 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: 12

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

\_via social media and web

**Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION**

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

Radio, News Paper, Online

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

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

Perpetual meetings with the Eastern Market Corporation, they are fully on board

**Section 8- EVENT SET-UP**

Complete the appropriate categories that apply to the event Structure

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

**Section 9- COMPLETE ALL THAT APPLY**

Emergency medical services?

Contact Person: Adam Gottlieb – Hart Medical – 248-789-3648

Address:

City/State/Zip:

Name of company providing port-a-johns. TBD

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? NA

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:** Division

FROM: Orleans TO: St. Aubin

CLOSURE DATES: 9/15 BEG TIME: 5am END TIME: \_\_\_\_\_

REOPEN DATE: 9/16 TIME: 5am

**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**

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**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.

Sam L... 6/22/18  
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)

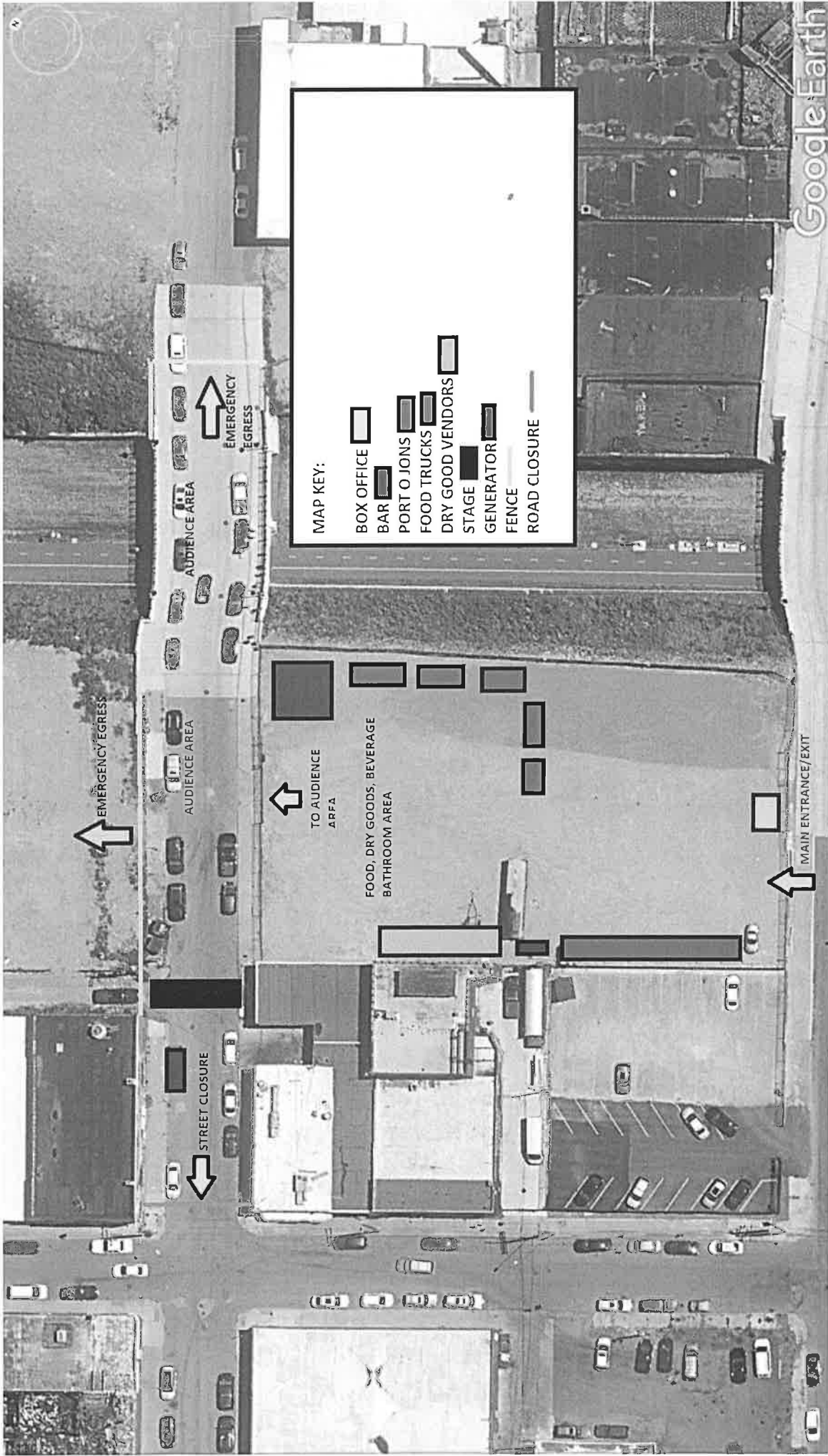
Event Name: Murals in The Market Family Reunion Event Date: 9/15/18

Event Organizer: Paxahau, Inc

Applicant Signature: Sam L... Date: 6/22/18







MAP KEY:

- BOX OFFICE
- BAR
- PORT O JONS
- FOOD TRUCKS
- DRY GOOD VENDORS
- STAGE
- GENERATOR
- FENCE
- ROAD CLOSURE

EMERGENCY EGRESS

AUDIENCE AREA

EMERGENCY EGRESS

AUDIENCE AREA

TO AUDIENCE AREA

FOOD, DRY GOODS, BEVERAGE BATHROOM AREA

STREET CLOSURE

MAIN ENTRANCE/EXIT



# AMENDED

2018-06-25

420

**420** *Petition of Paxahau, Inc., request to hold "Murals in the Market Block Party - Family Reunion" at Eastern Market on September 15, 2018 from 5:00 PM to September 16, 2018 at 1:00 AM with a street closure of Division St. with set up on 9-15-18 and tear down complete on 9-16-18*

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**REFERRED TO THE FOLLOWING DEPARTMENT(S)**

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