

9-11-2018

# **NEW BUSINESS**

**MAYOR'S OFFICE COORDINATORS REPORT**



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

Petition #: 457      Event Name: March for HOPE

Event Date : October 14, 2018

Street Closure: None

Organization Name: Focus: HOPE

Street Address: 1200 Oakman Blvd. Detroit, MI 48238

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)

Annual community event located in Focus: HOPE's adjacent parking lot from 11:00am - 4:00pm with a walk around the local neighborhood.

**\*\* 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 Focus:HOPE Security to Provide Private Security Services; DPD Precinct will Assist with Walk Route
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Community EMS to Provide Private EMS Services
	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

ENTERED SEP 10 2018 *MTWB RC 310*

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required; Event is Self - Contained
	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 & Generators
	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 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 Jushier

Date: August 23, 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*

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

**457**    *Focus: HOPE, request to hold "March for HOPE" at 1200 Oakman Blvd. on October 14, 2018 from 11:00 AM to 4:00 PM with closures of Oakman, Dexter, Fenkell, and Rosa Parks. Set up and Tear down to be completed on the event date, 10-14-18.*

# 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: March for HOPE

Event Location: Focus: HOPE 1200 Oakman Blvd., Detroit

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Focus: HOPE

Organization Mailing Address: 1200 Oakman Blvd., Detroit, MI 48238

Business Phone: 313-494-4371

Business Website: www.focushope.edu

Applicant Name: Jennifer Presley

Business Phone: 313-494-4371

Cell Phone: 269-744-2847

Email: jennifer.presley@focushope.edu

Event On-Site Contact Person:

Name: Same as Above

Business Phone: Same as Above

Cell Phone:

Same as Above

Email: Same as Above

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:

Eleanor's WALK for HOPE now in its 44<sup>th</sup> year, brings together thousands of men and women and children together to walk the streets of Detroit in support of diversity, opportunity and equality in southeastern Michigan. The four-mile walk is a reminder of those whose footsteps we follow in and the distance that remains to be traveled to eliminate poverty and racism in our community.

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

Begin Set-up Date: 10-14-18 Time: 6 a.m. Complete Set-up Date: 10-14-18 Time: 10 a.m.

Event Start Date: 10-14-18 Time: 11 a.m. Event End Date: 10-14-18 Time: 4 p. m.

Begin Tearing Down Date: 10-14-18 Complete Tear Down Date: 10-14-18

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

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Focus: HOPE 1200 Oakman Blvd., Detroit

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: Live marching bands, jazz or rock band.

Will a sound system be used?  Yes  No

If yes, what type of sound system? Amplified-augmented, sound increased to broaden. Amplified sound will be used.

Describe specific power needs for entertainment and/or music:

All power provided by Focus: HOPE. Electrical- plugged in from Focus: HOPE buildings.

How many generators will be used? ZERO

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

Name of vendor providing generators:

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

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

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

### 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: Basic gift shop items- t-shirts, polos, cups, hats, etc. \_\_\_\_\_

\_\_\_\_\_

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: Arnold Pirtle – Focus: HOPE has its own in-house security department.

Address: 1200 Oakman Blvd. \_\_\_\_\_ Phone: 313.494.4356

City/State/Zip: Detroit, MI 48238 \_\_\_\_\_

Number of Private Security Personnel Hired Per Shift: 20-25 will be on-sight for the event. \_\_\_\_\_

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

Licensed       Armed       Bonded

How will you advise attendees of parking options? Security staff will direct vehicles.

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

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

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: The local neighborhood groups are

part of the planning committee.

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth	<u>19</u>	<u>16 (12x12)</u>
Tents (enclosed on 3 sides)	<u>          </u>	<u>          </u>
Canopy (open on all sides)	<u>2</u>	<u>One 30x60 and one 10x20</u>
Staging/Scaffolding	<u>1</u>	<u>stage is 8x34, 19ft. high</u>
Bleachers	<u>          </u>	<u>          </u>

## Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Community EMS

Address: 25400 West Eight Mile Road

City/State/Zip: Southfield, MI 48034

Name of company providing port-a-johns. Langs On Site Services

Contact Person:           

Address: 26490 W. 8 Mile Road,

Phone: 248-213-7949

City/State/Zip: Southfield, MI 48033

Name of private catering company?           

Contact Person: Touch of Class

Address: 10612 W. nine Mile Road

Phone: 248-996-3659

City/State/Zip: Oak Park, MI 48237



**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:** Oakman Blvd

**FROM:** Oakman Blvd **TO:** Dexter

**CLOSURE DATES:** 10-14-18 **BEG TIME:** 6 a.m. **END TIME:** 4 p.m.

**REOPEN DATE:** 10-14-18 **TIME:** 4 p.m.

**STREET NAME:** Dexter

**FROM:** Dexter **TO:** Fenkell

**CLOSURE DATES:** 10-14-18 **BEG TIME:** 6 a.m. **END TIME:** 4 p.m.

**REOPEN DATE:** 10-14-18 **TIME:** 4 p.m.

**STREET NAME:** Fenkell

**FROM:** Fenkell **TO:** Rosa Parks

**CLOSURE DATES:** 10-14-18 **BEG TIME:** 6 a.m. **END TIME:** 4 p.m.

**REOPEN DATE:** 10-14-18 **TIME:** 4 p.m.

**STREET NAME:** Rosa Parks

**FROM:** Rosa Parks **TO:** Oakman Blvd

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

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

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

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



Work (1200 Oakman Blvd)  
 Oakman Blvd & Dexter Ave, Detroit, MI  
 Dexter & Fenkell, Detroit, MI 48238  
 Fenkell & Rosa Parks Boulevard, Detroit  
 Work (1200 Oakman Blvd)  
 Add destination

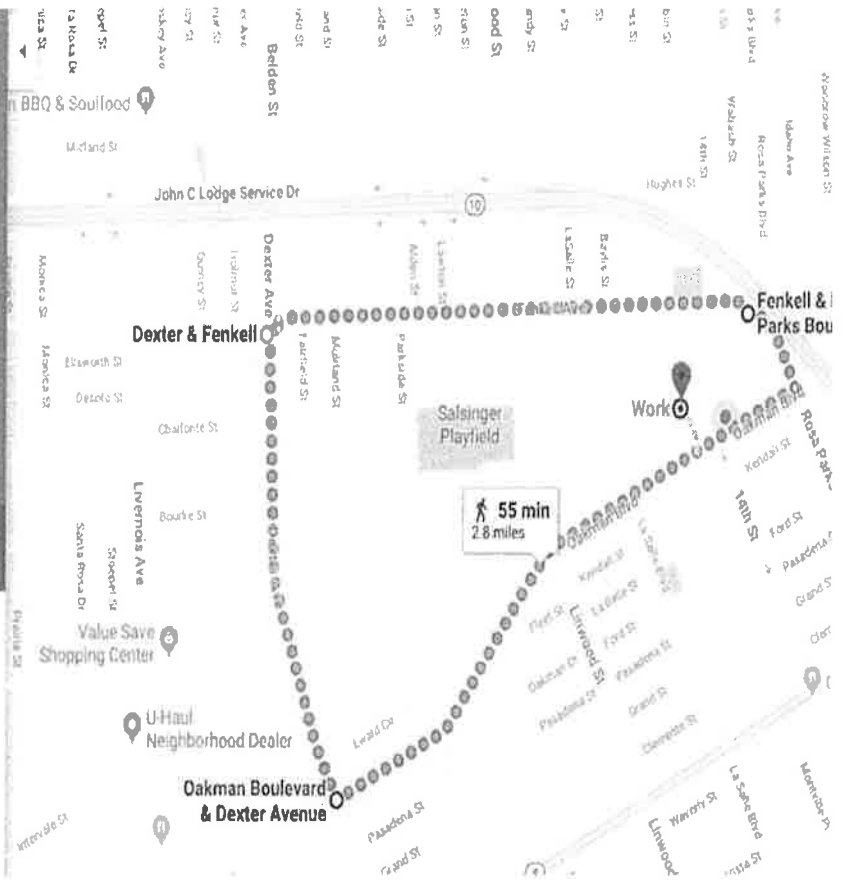
OPTIONS

Send directions to your phone

via Oakman Blvd **55 min**  
 2.6 miles

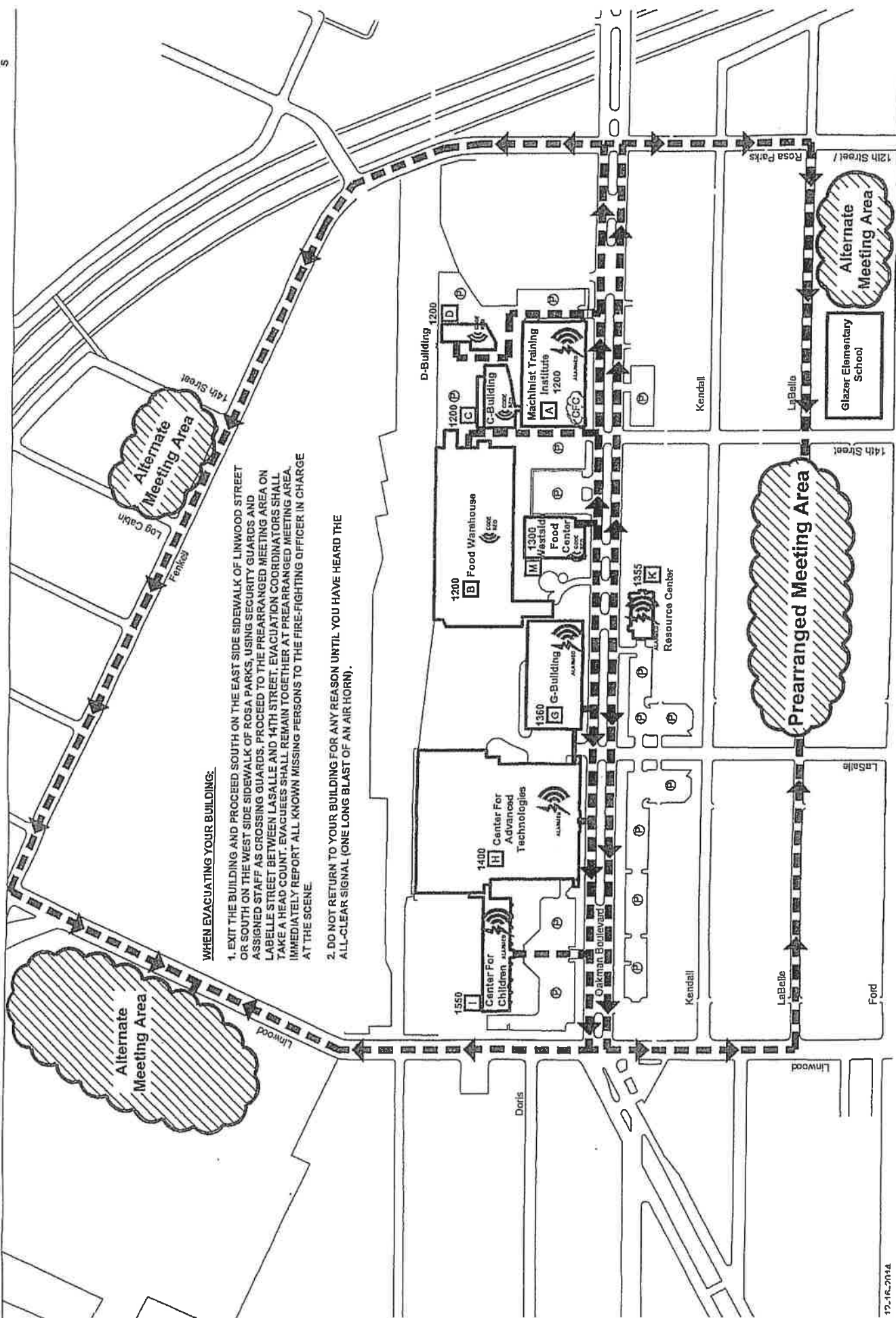
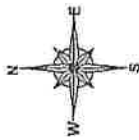
DETAILS

Mostly flat





# EVACUATION MAP Focus:HOPE

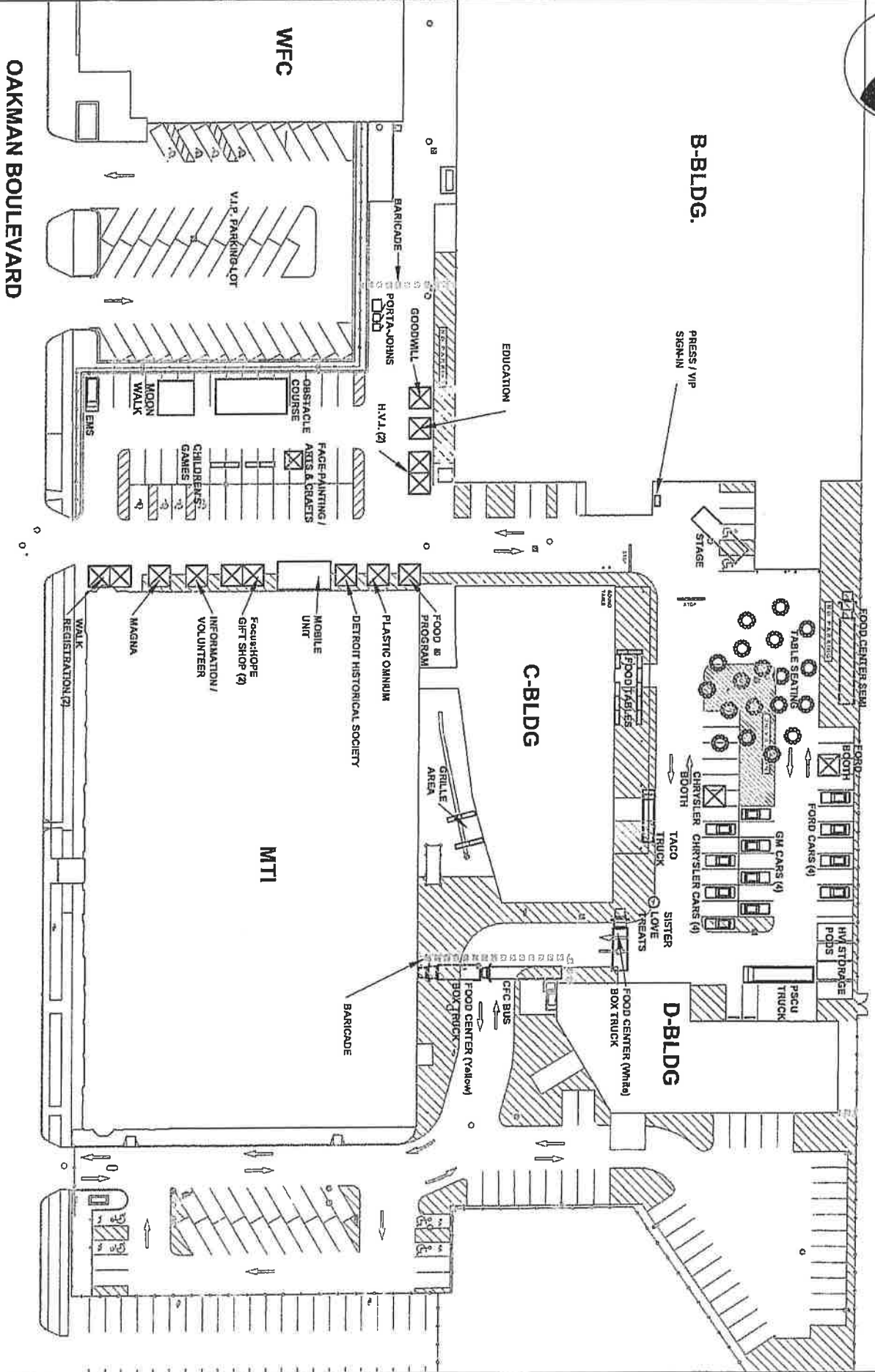


### WHEN EVACUATING YOUR BUILDING:

1. EXIT THE BUILDING AND PROCEED SOUTH ON THE EAST SIDE SIDEWALK OF LINWOOD STREET OR SOUTH ON THE WEST SIDE SIDEWALK OF ROSA PARKS, USING SECURITY GUARDS AND ASSIGNED STAFF AS CROSSING GUARDS. PROCEED TO THE PREARRANGED MEETING AREA ON LABELLE STREET BETWEEN LASALLE AND 14TH STREET. EVACUATION COORDINATORS SHALL TAKE A HEAD COUNT. EVACUEES SHALL REMAIN TOGETHER AT PREARRANGED MEETING AREA. IMMEDIATELY REPORT ALL KNOWN MISSING PERSONS TO THE FIRE-FIGHTING OFFICER IN CHARGE AT THE SCENE.
2. DO NOT RETURN TO YOUR BUILDING FOR ANY REASON UNTIL YOU HAVE HEARD THE ALL-CLEAR SIGNAL (ONE LONG BLAST OF AN AIR HORN).



# Focus: HOPE



## Walk 2017 - Layout

Revision Date: 06-08-2017

*Celebrating Diversity Since 1968*

- Work (1200 Oakman Blvd)
- Oakman Blvd & Dexter Ave, Detroit, MI
- Dexter & Fenkell, Detroit, MI 48238
- Fenkell & Rose Parks Boulevard, Detroit
- Work (1200 Oakman Blvd)
- + Add destination

OPTIONS

Send directions to your phone

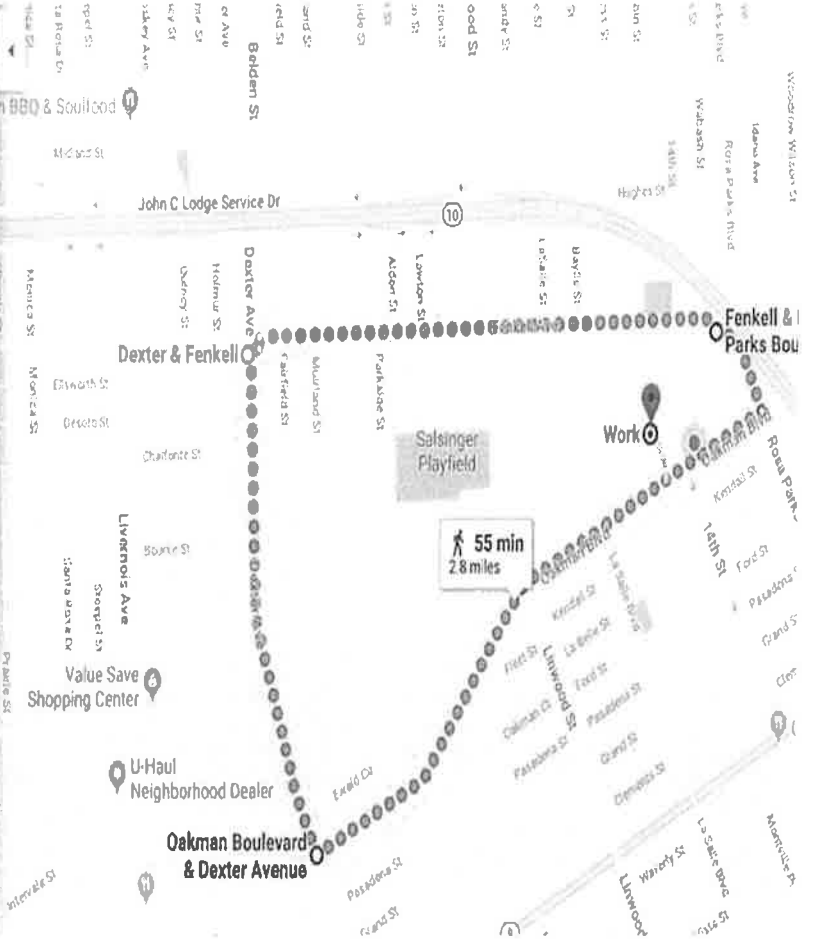
via Oakman Blvd

55 min

DETAILS

2.8 miles

Mostly flat



**LODGE ■ DAVISON ■ LINWOOD ■ OAKMAN  
L. D. L. O. BLOCK CLUB ASSOCIATION**

c/o Focus: HOPE  
1355 Oakman Blvd.  
Detroit, MI 48238

July 12, 2018

**Officers:**

Stephanie Johnson- Cobb  
President

Helen Adams  
Vice President

Katrina Rice  
Treasurer

Marchioness Taylor  
Financial Secretary

Alvin Horton  
Sergeant of Arms

**Members:**

Lucy Butts  
Johnnie R. Cleveland  
Roderick Grey  
Laura Moore

To whom it may concern,

My name is Stephanie Johnson-Cobb and I am the president of the Lodge, Davison, Linwood, Oakman Block Club Association. I am writing this letter in continued support of the annual Focus: HOPE Walk. This event has become a staple event in our community and it attracts visitors from Southeast Michigan to rally in support of our neighborhood Anchor Institution, Focus: HOPE.

This organization provides food for seniors, education programs, early childhood education, and they have adopted 100 blocks of community around their campus with a long-term goal to improve the lives of the residents educationally, economically, and environmentally.

Focus: HOPE is an asset to both our local community and city at large. The LDLO requests that the City of Detroit approve Focus: HOPE's request to have their 2018 Annual Walk.

Sincerely,



Stephanie Johnson-Cobb,  
President

110

2018-07-17

457

457 *Petition of Focus: HOPE, request to hold "March for HOPE" at 1200 Oakman Blvd. on October 14, 2018 from 11:00 AM to 4:00 PM with closures of Oakman, Dexter, Fenkell, and Rosa Parks. Set up and Tear down to be completed on the event date, 10-14-18.*

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

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



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CITY CLERK 30 AUG 2018 4:12:14

**MAYOR'S OFFICE COORDINATORS REPORT**

#

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

Petition #: 464 Event Name: Eastern Market After Dark - Eastern Market Brewing Co.

Event Date : September 20, 2018

Street Closure: Riopelle Street

Organization Name: Eastern Market Brewing Co.

Street Address: 2515 Riopelle Street Detroit, MI 48207

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)

The Eastern Market Brewing Co. will close Riopelle Street between Winder and Adelaide from 5:00pm - 10:00pm in conjunction with the Eastern Market After Dark Festival.

**\*\* 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 Eastern Market Security; 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

ENTERED SEP 10 2018 *MTNB RM (3,0)*

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signs 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 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 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 Fisher

Date: August 22, 2018

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, July 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    DPW - CITY ENGINEERING DIVISION  
PLANNING AND DEVELOPMENT DEPARTMENT    POLICE DEPARTMENT  
FIRE DEPARTMENT    BUSINESS LICENSE CENTER  
TRANSPORTATION DEPARTMENT    MUNICIPAL PARKING DEPARTMENT

**464**    *Eastern Market Brewing Co., request to hold "Eastern Market After Dark at Eastern Market Brewing Co." at 2515 Riopelle St on September 20, 2018 from 5:00 PM to 10:00 PM with closure of Riopelle from Winder to Adelaide. Setup and Tear down to begin and end on event date, 9/20/18*

# 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. 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: Eastern Market After Dark at Eastern Market Brewing Co

Event Location: 2515 Riopelle Street, Detroit, MI 48207

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Eastern Market Brewing Co

Organization Mailing Address: 2515 Riopelle Street, Detroit, MI 48207

Business Phone: (313) 502-5165

Business Fax:

Federal Tax ID # 81-1373046

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

Applicant Name: Dayne Bartscht

Title/Role: Owner

Email Address: dayne@easternmarket.beer

Mailing Address: 4779 Five Mile Road, Ann Arbor, MI 48105

Business Phone: 313-348-1628

Business Fax::

Event On-Site Contact Person: Jacqui Spears

Mailing Address: 2515 Riopelle Street, Detroit, MI 48207

Business Phone: 734-834-2015

Business Fax:

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

List Event Sponsors: Eastern Market Corporation

### 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 type="checkbox"/> Other: _____        |

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

The event at Eastern Market Brewing Co is part of a larger Eastern Market After Dark throughout the market. Similar to last year, we would like to block the street to allow guests to drink outside of the brewery. This block gets minimal traffic. There will be a food truck and small area where live music will be played.

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

Begin Set-up Date & Time: 4pm on 9/20/18 Complete Set-up Date & Time: Midnight on 9/20/18

Event Start Date & Time: 5pm on 9/20/18 Event End Date & Time: 10pm on 9/20/18

Begin Tearing Down Date: 10pm on 9/20/18 Complete Tear Down Date: Midnight on 9/20/18

Event Times (If more than one day, give times for each day): 5pm to 10pm on 9/20/18

**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? 9/21/2017

Where was the event last held in Detroit? Same location

What were the hours last year? Same hours

Project Attendance This Year (Minimum – Maximum)? 500 to 1,000

What is the basis for your projected attendance? Based on last year

**Please describe your anticipated/ target audience:** Market goers experiencing Eastern Market After Dark

Is this going to be an annual event?  Yes  No

If yes, do you have a preferred/proposed for next year? Same details next year

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

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: Block of 2515 Riopelle Street, Detroit, MI 48207

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: We plan to have a couple live acts (small bands of one to three people)

List proposed entertainers and/or bands performing at the event: TBD - someone we've used before at the brewery

Will a sound system be used?  Yes  No

If yes, what type of sound system? Just a standard PA system that's also been used inside the brewery

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: \_\_\_\_\_

We have outlets on the side of our building they can plug into if necessary.

How many generators will be used? \_\_\_\_\_

N/A

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

N/A

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): www.easternmarket.beer

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: Just the usual sales we make inside the brewery. We're just allowing people into the street.

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

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

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

Contact Person: Darius with Eastern Market Corporation

Address: 2934 Russell St Phone: 248-818-2784

City/State/Zip: Detroit, MI 48207

Number of Private Security Personnel Hired Per Shift: Eastern Market Corporation will have security throughout the event

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

Licensed  Armed  Bonded

Describe the emergency evacuation plan: Easily accessible exits at each end of the block.

Describe the parking plan to accommodate anticipated attendance: Existing Eastern Market Corporation parking

How will you advise attendees of parking options? N/A

Are you seeking a group parking rate? N/A

**Section 8- COMMUNITY IMPACT INFORMATION**

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

This is an annual event within Eastern Market

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

Indicate what steps you have or will take to notify them of your event: Eastern Market Corporation has taken the necessary steps

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

Dan Carmody, President of Eastern Market Corporation: (313) 833-9300

**Section 9- EVENT SET-UP**

Complete the appropriate categories that apply to the event.

**Structure**  
How Many? None  
Size/Height None  
Booth None  
Tent (enclosed on 3 sides) None



Canopy (open on all sides) None

Staging/Scaffolding None

Bleachers None

**Company:**

Grill  
 Gas       Charcoal       Electrical       Propane

Fireworks (Pyrotechnics)  
 Aerial       Stage

Provide Sketch:

**Portable Restrooms:**

Standard       ADA Accessible

**Vehicles**

Type/Weight: Food Truck

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.

N/A

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

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

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

**Section 10- COMPLETE ALL THAT APPLY**

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

Contact Person: Shawn Maxwell

Address: 14620 Dequindre St

Phone: 248-884-0968

City/State/Zip Detroit, MI 48212

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

Contact Person: N/A

Address:

City/State/Zip:

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

Contact Person: Scotties Potties

Address: 27940 Wick Rd

Phone: 734-421-1400

City/State/Zip: Romulus, MI 48174

**Name of private catering company? N/A**

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.

Please note, we are the only active business on this block of Riopelle.

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

**STREET NAME:** Riopelle Street

**FROM** Winder

**TO** Adelaide

**Closure Dates:** 9/20/2018

**Beg. Time:** 4PM

**End Time:** Midnight

**Reopen Date:** 9/20/2018 at Midnight

**Time:**



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

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

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

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

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

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

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

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

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

**Requested City Equipment**

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

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

Street Closures:

Posting no parking signs

Light pole

Electrical Services

Storage for Trailers/Trunks

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

**ADDITIONAL INFORMATION**

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

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

**AUTHORIZATION & 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.

*Dayne Bartscht*

7/20/2018

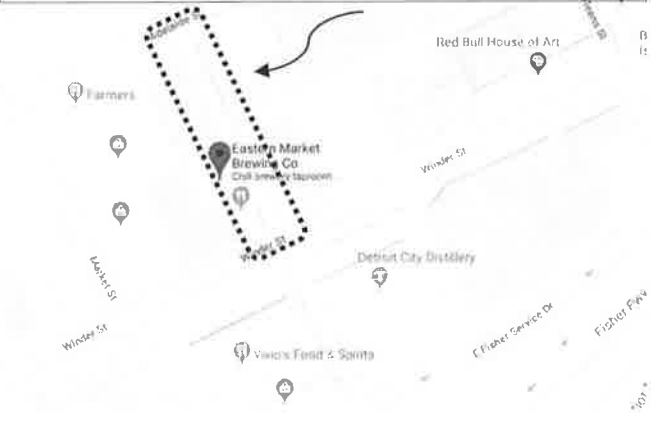
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Signature of Applicant

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.

This block of Riopelle between Winder and Adelaide



2018-07-25

**464**

**464** *Petition of Eastern Market Brewing Co., request to hold "Eastern Market After Dark at Eastern Market Brewing Co." at 2515 Riopelle St on September 20, 2018 from 5:00 PM to 10:00 PM with closure of Riopelle from Winder to Adelaide. Setup and Tear down to begin and end on event date, 9/20/18*

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

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

///.

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### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 468 Event Name: Pedal Fabulous

Event Date : September 20, 2018

Street Closure: Fisher Service Drive

Organization Name: Motorless City Bicycle Co.

Street Address: 1343 E. Fisher Freeway Detroit, MI 48207

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: Bicycle Show
- 24-Hour Liquor License

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

Bike Fashion Show on E. Fisher Fwy. between Rivard and Russell Street (Motorless City Bicycle Company) from 3:00pm - 11:00pm in conjunction with Eastern Market After Dark.

**\*\* 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 Eastern Market Security to Provide Private Security Services
	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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closed Signs 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"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Fisher

Date: August 22, 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 31, 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    DPW - CITY ENGINEERING DIVISION  
MUNICIPAL PARKING DEPARTMENT    PLANNING AND DEVELOPMENT DEPARTMENT  
BUSINESS LICENSE CENTER    POLICE DEPARTMENT  
FIRE DEPARTMENT    TRANSPORTATION DEPARTMENT

**468**    *Motorless City Bicycle Co., request to hold "Pedal Fabulous" at 1343 E. Fisher Fwy on September 20, 2018 from 6:00 PM to 11:00 PM with a partial closure of E Fisher Service Drive from Rivard to Russel. Set up and tear down to be complete on the event date, 9-20-18.*

# 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. 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.

Sept 20

## Section 1- GENERAL EVENT INFORMATION

Event Name: "Pedal Fabulous"  
Event Location: 1343 E. Fisher Fwy Detroit MI 48207

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Motorless City Bicycle Co  
Organization Mailing Address: 1343 E. Fisher Fwy Detroit MI 48207  
Business Phone: 313 285 8120 Business Fax:  
Federal Tax ID #

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

Applicant Name: Jeff Wood  
Title/Role: Partner  
Email Address: Jeff.motorlesscity@gmail.com  
Mailing Address: 1343 E. Fisher Fwy Detroit, MI 48207  
Business Phone: 313 285 8120 Business Fax: -  
Event On-Site Contact Person: Jeff Wood  
Mailing Address: see above  
Business Phone: 313 300 0013 Business Fax:

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

List Event Sponsors:

Event Elements (check all that apply)

- |  |  |   |
|--|--|---|
| <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: Bicycle Show |

Provide a brief description of your event:

Pedal Fabulous is a bicycle fashion + bike Show  
Contestants are judged on custom bicycles as well as  
Runway Presentations. It is part of the "Eastern Market  
After dark" festivities.

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

Begin Set-up Date & Time: 9/20 3pm Complete Set-up Date & Time: 9/20 6pm  
Event Start Date & Time: 9/20 5pm Event End Date & Time: 9/20 11pm  
Begin Tearing Down Date: 9/20 11pm Complete Tear Down Date: 9/20 11:59pm

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?

2016, 2017

When was the event last held in Detroit?

Sept 2017

Where was the event last held in Detroit?

1343 E. Fisher Ferry

What were the hours last year?

6-12

Project Attendance This Year (Minimum - Maximum)?

75 - 200

What is the basis for your projected attendance?

Prior year Attendance

Please describe your anticipated/ target audience:

Is this going to be an annual event?  Yes  No

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

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

[ ] People [ ] Balloons

[ ] Floats [ ] Animals

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

[ ] Bands

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

N/A

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

### Section 3- LOCATION/SITE INFORMATION

Location of Event:

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

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

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of 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: DJ

Describe the entertainment for this year's event:

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

Will a sound system be used?  Yes  No

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

Acoustic-audible, sound heard within natural range

Amplified-augmented, sound increased to broaden range

The amplified sound will be used: \_\_\_\_\_

Will the event consist of a musical concert?  Yes  No

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

Live  Recorded  Karaoke/Lip-synch

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

Powered from Shop

How many generators will be used? \_\_\_\_\_

None

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

N/A

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): Facebook / Social Media

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): N/A

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

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

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: outside Event

Describe the parking plan to accommodate anticipated attendance: EM Parking lots

How will you advise attendees of parking options? N/A

Are you seeking a group parking rate? NO

**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: Discussion w/ Eastern market Cap.

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? 0  
Size/Height -  
Booth -  
Tent (enclosed on 3 sides) -

**Section 10- COMPLETE ALL THAT APPLY**

Name of Sanitation Company collecting refuse and garbage?

Contact Person: Jeff Wood - Motorless City Bicycle Co  
 Address: 1343E. Fisher F Phone: 313 285 8120  
 City/State/Zip: Detroit MI 48207

Name of company providing emergency medical services?

Contact Person: N/A  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Name of company providing porta-johns. N/A

Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Name of private catering company? N/A

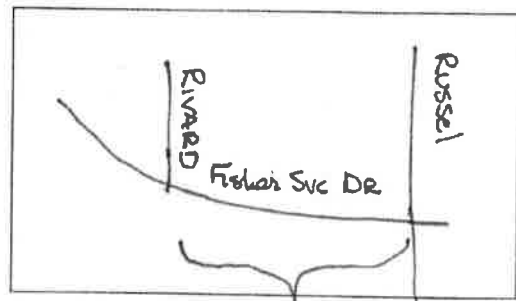
Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

**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: E. Fisher Fwy (Service Dr)  
 FROM Rivard  
 TO Russell  
 Closure Dates: Sept 20 2018  
 Beg. Time: 3:30pm  
 End Time: Midnight  
 Reopen Date: Sept 21  
 Time: 12:01 Am



Proposed Closure of Eastbound Traffic

Canopy (open on all sides)

\_\_\_\_\_ 1 \_\_\_\_\_

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



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 <sup>for east bound traffic</sup> additional requests?

We would like to close the street ^ for pedestrian safety and to provide space for contestants to show their bikes. Westbound traffic will remain open to relieve congestion from Russell

• This plan has been reviewed with eastern market corp

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.

  
Signature of Applicant

7/16/2018  
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.

2014-11-10

**468**

*Petition of Motorless City Bicycle Co., request to hold "Pedal Fabulous" at 1343 E. Fisher Fwy on September 20, 2018 from 6:00 PM to 11:00 PM with a partial closure of E Fisher Service Drive from Rivard to Russel. Set up and tear down to be complete on the event date, 9-20-18.*

---

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

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

4

CITY CLERK SUHUA 2018 PM12:12

**MAYOR'S OFFICE COORDINATORS REPORT**

Handwritten initials/signature

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

Petition #: 470 Event Name: Hill-Rom Corporate Event/Party Private Catered Event

Event Date: October 18, 2018

Street Closure: Division Street

Organization Name: Releve Unlimited

Street Address: 1693 Mission Drive Suite D203 Solvang, California 93463

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: Private Corporate Event
- 24-Hour Liquor License

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

Private event located in Eastern Market Shed 3 and 4 requesting street closure on Division Street between Riopelle and Russell for safety of attendees from 6:00pm - 10:30pm.

**\*\* 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"/>	Contracted with Eastern Market Security to Provide Private Security Services
	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

ENTERED SEP 10 2018 MTNB RM (3,0)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage 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"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Kusher

Date: August 23, 2018

## DEPARTMENTAL REFERENCE COMMUNICATION

*Tuesday, July 31, 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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DPW - CITY ENGINEERING DIVISION    MAYOR'S OFFICE  
PLANNING AND DEVELOPMENT DEPARTMENT    POLICE DEPARTMENT  
BUSINESS LICENSE CENTER    FIRE DEPARTMENT  
MUNICIPAL PARKING DEPARTMENT    TRANSPORTATION DEPARTMENT

**470**    *Releve Unlimited, request to hold "Hill-Rom Corporate Event/Party-Private Catered Event" at Eastern Market on October 18, 2018 from 6:00 PM to 10:30 PM with closure of Division St from Riopelle to Russel, set up and tear down to be completed on event date 10-18-2018*

# 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: Hill-Rom Corporate Event/Party – Private Catered Event

Event Location: Shed 3 -- Russell Street at Eastern Market. Shed 4 will be used for guest arrivals and departures via bus

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Relevé Unlimited

Organization Mailing Address: 1693 Mission Drive, Suite D203, Solvang, California 93463

Business Phone: 805-688-1434

Business Website: www.releveunlimited.com

Applicant Name: Diane Hamilton

Business Phone: 805-688-1434

Cell Phone: 805-679-1919

Email: diane@releveunlimited.com

### Event On-Site Contact Person:

Name: Susan Nelson

Business Phone: 805-688-1434

Cell Phone: 310-570-5998

Email: susan@releveunlimited.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>Private Corporate Event</u> |

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

*This is an event held at the end of our client's annual conference, which is taking place at the Marriott Renaissance Hotel and the Cobo Center. There will be approximately 850 people in attendance. The event plan includes catered food, alcoholic & non-alcoholic beverages, amplified music, lounge areas, games and activities (e.g., photo booth, t-shirt printing, corn hole tournament).*

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

Begin Set-up Date : 18 October 2018      Time: 9:00 a.m.      Complete Set-up Date: 18 October 2018      Time: Midnight

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Event Start Date: 18 October 2018      Time: 6:00 p.m.      Event End Date: 18 October 2018      Time: 10:30 p.m.

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Begin Tearing Down Date: 18 October 2018      Complete Tear Down Date: 18 October 2018

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

N/A

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**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Shed 3 and Shed 4 – Eastern Market 2934 Russell Street

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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:

*We are in the very early stages of planning; the attached is a draft of our ideas based on conversations with Eastern Market, our client, and caterer. It is subject to some modification to ensure the optimal layout for the event. An updated site plan will be provided on August 15, 2018, with continued updates as needed/requested.*

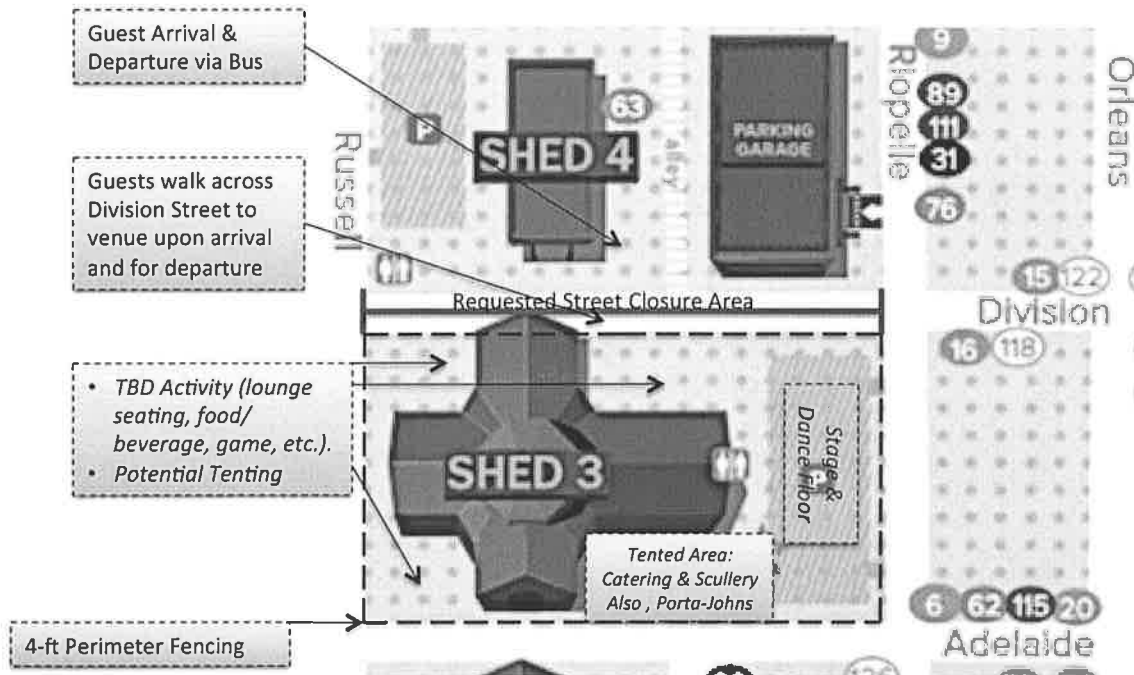
- Public entrance and exit
- ~~-Location of merchandising booths~~
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- ~~-Proposed 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~~



# Draft Layout of Event Activities

Date & Location: October 18, 2018 at Eastern Market

Requested Street Closure: Division Street between Riopelle and Russell



## Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

*We are still in the early planning stages for this event. It is anticipated we will have a stage for music (DJ) and hopefully a live 'Motown' themed musical act.*

*Attached is a copy of the invoice for the 2017 Hill-Rom event that we produced at the Angel Stadium in Anaheim, California. This event was a much larger event than that which we have planned for Eastern Market. However, this will give you an idea of the equipment that we used for lighting, sound and power.*

Will a sound system be used?  Yes  No

If yes, what type of sound system? *Unknown at this stage in planning – see attached for a sample from our 2017 event.*

Describe specific power needs for entertainment and/or music:

*The power need for our event will exceed those available within the Shed 3 infrastructure; therefore, we will most likely need to rent one or two generators for the event. Please see the attached for a sample of what we used in 2017.*

How many generators will be used? *This is not yet determined but we do not anticipate needing more than one. Possibly two if this helps reduce power distribution cables and cable ramps to be used unnecessarily.*

How will the generators be fueled? *This is not yet known but typically they are gasoline powered*

**Name of vendor providing generators:**

*Not available at this time; vendor not yet selected. We will advise once this selection has been made.*

Contact Person:

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

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

**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: *N/A No items are sold at this event.*

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

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

Name of Private Security Company:

Contact Person: *Eastern Market will provide us with security service vendor information. We are in the very early stages of planning and will adhere to the 1 per 100 guest security and janitor requirement stipulated in our rental contract with Eastern Market.*

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

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

Number of Private Security Personnel Hired Per Shift: *1 for every 100 guests (appx. 9)* \_\_\_\_\_

Are the private security personnel (check all that apply): Eastern Market has provided security service recommendation

Licensed

Armed

Bonded

How will you advise attendees of parking options?

*Parking is not required for attendees. All attendees are transported to and from the event via Motorcoach transportation.*

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

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

*Eastern Market administration has indicated that our event will not impact the surrounding community. However, we are happy to provide any details required for event approval.*

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

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

*We are conducting our event within the guidelines outlined in our rental contract with Eastern Market.*

*They have not indicated neighborhood group/business approval is required but we are happy to handle these notifications in order to receive approval for the event.*

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure (approximate)**

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	<u>Up to 5</u>	<u>20' x 20'</u>
Canopy (open on all sides)	<u>0</u>	_____
Staging/Scaffolding	<u>1</u>	<u>16' x 16' x 2' high Stage</u>
Bleachers	<u>0</u>	_____

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

Contact Person: *Not available at this time but we will be hiring a local EMT/Ambulance Service to be at the event location for the duration of the event and we will have a first aid station at the event.*

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

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

**Name of company providing port-a-johns.** *Not yet determined; possibly Scotties Potties or A/C Deucie*

Contact Person: *Not yet determined*

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

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

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

**Name of private catering company?** *Forte Belanger*

Contact Person: *Any Iserman*

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Address: *700 Stephenson Highway*

Phone: *248-602-4506*

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City/State/Zip: *Troy, MI 48083*

**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 Street

**FROM:** Riopelle **TO:** Russell

**CLOSURE DATES:** 18 October 2018 **BEG TIME:** 5:30 pm **END TIME:** 11:00 pm  
**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- see attached.**
- 2) **EMERGENCY MEDICAL AGREEMENT – in development**
- 3) **SANITATION AGREEMENT – in development**
- 4) **PORT-A-JOHN AGREEMENT – in development**
- 5) **COMMUNITY COMMUNICATION – in development**

We have provided Eastern Market with the required Certificates of Insurance, copies attached. All other Agreements will either be completed as we progress with our planning and retain vendors, or are handled by Eastern Market (e.g., Community Communication). We anticipate having all required Agreements complete and submitted by August 15, 2018.

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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.

Diane M Hamilton  
Signature of Applicant

7.23.18  
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.

**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: Hill Rom Private Event Event Date: 10/18/18

Event Organizer: Diane M Hamilton/Relax Unlimited

Applicant Signature: Diane M Hamilton Date: 7.23.18



# Proposal Estimate



## Event/Client Information

Date: October 19th, 2017  
 Location: Angel Stadium of Anaheim  
 Company: Releve Unlimited  
 Contact: Diane Hamilton  
 Event: Releve Unlimited

Don Vanden Berge  
 Lumens Audio Visual  
 6626 Wabash St, Chino, CA 91710  
 509.280.5115  
[don@lumensav.com](mailto:don@lumensav.com)

Qty	Product Description	Days	Unit Price	Total Units	Net Total
<b>Video</b>					
1	Stumpfl 9'x16' Fastfold Screen Kit (rear)	1	\$675.00	1	\$675.00
1	Barco 14k Projector	1	\$2,700.00	1	\$2,700.00
1	Folsom Imagepro HD	1	\$525.00	1	\$525.00
2	16' Truss Tower (to hang screen)	1	\$210.00	2	\$420.00
1	10' Truss Tower	1	\$150.00	1	\$150.00
<b>Audio</b>					
12	JBL VRX 932 Powered Line Array Speakers	1	\$225.00	12	\$2,700.00
4	JBL VRX 918 Powered Subwoofers	1	\$250.00	4	\$1,000.00
4	JBL Front Fill Speaker	1	\$120.00	4	\$480.00
1	Yamaha LS-9 16 Channel Digital Console	1	\$225.00	1	\$225.00
1	D'San Computer Audio Patch	1	\$30.00	1	\$30.00
2	Shure Wireless Microphone Kit	1	\$225.00	2	\$450.00
1	Pioneer SZ DJ Controller	1	\$375.00	1	\$375.00
1	JBL PRX 612 Stage Monitor	1	\$250.00	1	\$250.00
4	Genie Lifts for Speakers	1	\$150.00	4	\$600.00
<b>Lighting/Scenic</b>					
7	Truss Lighting Tree Package includes dimmers and cabling	1	\$190.00	7	\$1,330.00
24	Wireless Coemar LED UpLights	1	\$85.00	24	\$2,040.00
30	Robe Robin 600 LED Wash	1	\$275.00	30	\$8,250.00
6	Robe Robin BMFL Blade Moving Light	1	\$550.00	6	\$3,300.00
1	Grand MA Lighting Console	1	\$1,150.00	1	\$1,150.00
2	AirStar Balloon Light	1	\$750.00	2	\$1,500.00
1	Hardware and Cable Package	1	\$450.00	1	\$450.00
<b>Power</b>					
1	30ch 120v Distro CAM IN/Soca OUT (CAM Pass-Thru)	1	\$325.00	1	\$325.00
2	21ch 110v Distro Edison Cam Thru AC Power	1	\$275.00	2	\$550.00
1	240v 3 Phase 100a Generator	1	\$1,500.00	1	\$1,500.00
<b>Equipment Total</b>					<b>\$30,975.00</b>

# Proposal Estimate



## Event/Client Information

**Date:** October 19th, 2017  
**Location:** Angel Stadium of Anaheim  
**Company:** Releve Unlimited  
**Contact:** Diane Hamilton  
**Event:** Releve Unlimited

**Don Vanden Berge**  
**Lumens Audio Visual**  
 6626 Wabash St, Chino, CA 91710  
 509.280.5115  
[don@lumensav.com](mailto:don@lumensav.com)

Qty	Labor	Days	Rate	Total
	Set-up, Strike, Delivery, Per Diem ** Includes all possible OT**			\$5,200.00
1	Technical Director	1	\$700.00	\$700.00
1	Lighting Engineer	1	\$650.00	\$650.00
1	Audio Engineer	1	\$600.00	\$600.00
<b>Labor Total</b>				<b>\$7,150.00</b>

<b>Proposal Summary</b>	
<b>Equipment Subtotal</b>	<b>\$30,975.00</b>
<b>Equipment Discount Less 15%</b>	<b>-\$4,646.25</b>
<b>Labor Total</b>	<b>\$7,150.00</b>
<b>Total</b>	<b>\$33,478.75</b>
<b>Paid</b>	<b>\$15,000.00</b>
<b>Balance Due</b>	<b>\$18,478.75</b>

\*\*This proposal is intended only for the organization named above  
 \*\*Any forwarding, copying, or distribution of this information is strictly prohibited  
 \*\*Payment terms are 50% deposit and 50% net 30



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## BUSINESSOWNERS LIABILITY SPECIAL BROADENING ENDORSEMENT

This endorsement modifies insurance provided under the following:

### BUSINESSOWNERS COVERAGE FORM

SUMMARY OF COVERAGES	Limits	Page
1. Additional Insured by Contract, Agreement or Permit	Included	1
2. Additional Insured - Broad Form Vendors	Included	2
3. Alienated Premises	Included	3
4. Broad Form Property Damage - Borrowed Equipment, Customers Goods and Use of Elevators	Included	3
5. Incidental Malpractice (Employed Nurses, EMT's and Paramedics)	Included	3
6. Personal and Advertising Injury - Broad Form	Included	4
7.	Included	4
Product Recall Expense Each Occurrence Limit	\$25,000 Occurrence	5
Product Recall Expense Aggregate Limit	\$50,000 Aggregate	5
Product Recall Deductible	\$500	5
8. Unintentional Failure to Disclose Hazards	Included	6
9. Unintentional Failure to Notify	Included	6

This endorsement amends coverages provided under the Businessowners Coverage Form through new coverages and broader coverage grants. This coverage is subject to the provisions applicable to the Businessowners Coverage Form, except as provided below.

The following changes are made to **SECTION II - LIABILITY**:

**1. Additional Insured by Contract, Agreement or Permit**

The following is added to **SECTION II - LIABILITY, C. Who Is An Insured**:

**Additional Insured by Contract, Agreement or Permit**

- a. Any person or organization with whom you agreed in a written contract, written agreement or permit to add such person or organization as an additional insured on your policy is an additional insured 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, but only with respect to:

- (1) "Your work" for the additional insured(s) designated in the contract, agreement or permit;

- (2) Premises you own, rent, lease or occupy; or

- (3) Your maintenance, operation or use of equipment leased to you.

b. The insurance afforded to such additional insured described above:

- (1) Only applies to the extent permitted by law; and

- (2) Will not be broader than the insurance which you are required by the contract, agreement or permit to provide for such additional insured.

- (3) Applies on a primary basis if that is required by the written contract, written agreement or permit.

- (4) Will not be broader than coverage provided to any other insured.

- (5) Does not apply if the "bodily injury", "property damage" or "personal and advertising injury" is otherwise excluded from coverage under this Coverage Part, including any endorsements thereto.



c. This provision does not apply:

- (1) Unless the written contract or written agreement was executed or permit was issued prior to the "bodily injury", "property damage", or "personal injury and advertising injury".
- (2) To any person or organization included as an insured by another endorsement issued by us and made part of this Coverage Part.
- (3) To any lessor of equipment:
  - (a) After the equipment lease expires; or
  - (b) If the "bodily injury", "property damage", "personal and advertising injury" arises out of sole negligence of the lessor.
- (4) To any:
  - (a) Owners or other interests from whom land has been leased if the "occurrence" takes place or the offense is committed after the lease for the land expires; or
  - (b) Managers or lessors of premises if:
    - (i) The "occurrence" takes place or the offense is committed after you cease to be a tenant in that premises; or
    - (ii) The "bodily injury", "property damage", "personal injury" or "advertising injury" arises out of structural alterations, new construction or demolition operations performed by or on behalf of the manager or lessor.
- (5) To "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" or the offense which caused the "personal and advertising injury" involved the rendering of or failure to render any professional services by or for you.

d. With respect to the insurance afforded to these additional insureds, the following is added to **SECTION II - LIABILITY, D. Liability and Medical Expense Limits of Insurance:**

The most we will pay on behalf of the additional insured for a covered claim is the lesser of the amount of insurance:

1. Required by the contract, agreement or permit described in Paragraph a.; or
2. Available under the applicable Limits of Insurance shown in the Declarations.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations

e. All other insuring agreements, exclusions, and conditions of the policy apply.

**2. Additional Insured - Broad Form Vendors**

The following is added to **SECTION II - LIABILITY, C. Who Is An Insured:**

**Additional Insured - Broad Form Vendors**

a. Any person or organization that is a vendor with whom you agreed in a written contract

additional insured under this Coverage Part is an insured, but only with respect to liability for "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business.

b. The insurance afforded to such vendor described above:

- (1) Only applies to the extent permitted by law;
- (2) Will not be broader than the insurance which you are required by the contract or agreement to provide for such vendor;
- (3) Will not be broader than coverage provided to any other insured; and
- (4) Does not apply if the "bodily injury", "property damage" or "personal and advertising injury" is otherwise excluded from coverage under this Coverage Part, including any endorsements thereto

c. With respect to insurance afforded to such vendors, the following additional exclusions apply:

The insurance afforded to the vendor does not apply to:

- (1) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reasons of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the insured would have in the absence of the contract or agreement;
- (2) Any express warranty unauthorized by you;

- (3) Any physical or chemical change in the product made intentionally by the vendor;
  - (4) Repackaging, unless unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instruction from the manufacturer, and then repackaged in the original container;
  - (5) Any failure to make such inspection, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business in connection with the sale of the product;
  - (6) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
  - (7) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor;
  - (8) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
    - (a) The exceptions contained within the exclusion in subparagraphs (4) or (6) above; or
    - (b) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
  - (9) "Bodily injury" or "property damage" place before you have signed the contract or agreement with the vendor.
  - (10) To any person or organization included as an insured by another endorsement issued by us and made part of this Coverage Part.
  - (11) Any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.
- d. With respect to the insurance afforded to these vendors, the following is added to **SECTION II - LIABILITY, D. Liability and Medical Expense Limits of Insurance:**

The most we will pay on behalf of the vendor for a covered claim is the lesser of the amount of insurance:

1. Required by the contract or agreement described in Paragraph a.; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

### 3. Alienated Premises

**SECTION II - LIABILITY, B. Exclusions, 1. Applicable To Business Liability Coverage k. Damage to Property, paragraph (2)** is replaced by the following:

- (2) Premises you sell, give away or abandon, if the "property damage" arises out of any part of those premises and occurred from hazards that were known by you, or should have reasonably been known by you, at the time the property was transferred or abandoned.

### 4. Broad Form Property Damage - Borrowed Equipment, Customers Goods, Use of Elevators

a. The following is added to **SECTION II - LIABILITY, B. Exclusions, 1. Applicable To Business Liability Coverage, k. Damage to Property:**

Paragraph (4) does not apply to "property damage" to borrowed equipment while at a jobsite and not being used to perform operations.

Paragraph (3), (4) and (6) do not apply to "property damage" to "customers goods" while on your premises nor to the use of elevators.

b. For the purposes of this endorsement, the following definition is added to **SECTION II - LIABILITY, F. Liability and Medical Expenses Definitions:**

1. "Customers goods" means property of your customer on your premises for the purpose of being:

- a. Worked on; or
- b. Used in your manufacturing process.

c. The insurance afforded under this provision is excess over any other valid and collectible property insurance (including deductible) available to the insured whether primary, excess, contingent or on any other basis.

### 5. Incidental Malpractice - Employed Nurses, EMT's and Paramedics

**SECTION II - LIABILITY, C. Who Is An Insured, paragraph 2.a.(1)(d)** does not apply to a nurse,



emergency medical technician or paramedic employed by you if you are not engaged in the business or occupation of providing medical, paramedical, surgical, dental, x-ray or nursing services.

**6. Personal Injury - Broad Form**

a. **SECTION II - LIABILITY, B. Exclusions, 2. Additional Exclusions Applicable only to "Personal and Advertising Injury"**, paragraph e. is deleted.

b. **SECTION II - LIABILITY, F. Liability and Medical Expenses Definitions, 14. "Personal and advertising injury"**, paragraph b. is replaced by the following:

b. Malicious prosecution or abuse of process.

c. The following is added to **SECTION II - LIABILITY, F. Liability and Medical Expenses Definitions, Definition 14. "Personal and advertising injury"**:

"Discrimination" (unless insurance thereof is prohibited by law) that results in injury to the feelings or reputation of a natural person, but only if such "discrimination" is:

(1) Not done intentionally by or at the direction of:

- (a) The Insured;
- (b) Any officer of the corporation, director, stockholder, partner or member of the insured; and

(2) Not directly or indirectly related to an "employee", not to the employment, prospective employment or termination of any person or persons by an insured.

d. For purposes of this endorsement, the following definition is added to **SECTION II - LIABILITY, F. Liability and Medical Expenses Definitions**:

1. "Discrimination" means the unlawful treatment of individuals based upon race, color, ethnic origin, gender, religion, age, or sexual preference. "Discrimination" does not include the unlawful treatment of individuals based upon developmental, physical, cognitive, mental, sensory or emotional impairment or any combination of these.

e. This coverage does not apply if liability coverage for "personal and advertising injury" is excluded either by the provisions of the Coverage Form or any endorsement thereto.

**7. Product Recall Expense**

a. **SECTION II - LIABILITY, B. Exclusions, 1. Applicable To Business Liability Coverage,**

**o. Recall of Products, Work or Impaired Property** is replaced by the following:

**o. Recall of Products, Work or Impaired Property**

Damages claimed for any loss, cost or expense incurred by you or others for the loss of use, withdrawal, recall, inspection, repair, replacement, adjustment, removal or disposal of:

- (1) "Your product";
- (2) "Your work"; or
- (3) "Impaired property";

If such product, work or property is withdrawn or recalled from the market or from use by any person or organization because of a known or suspected defect, deficiency, inadequacy or dangerous condition in it, but this exclusion does not apply to "product recall expenses" that you incur for the "covered recall" of "your product".

However, the exception to the exclusion does not apply to "product recall expenses" resulting from:

- (4) Failure of any products to accomplish their intended purpose;
- (5) Breach of warranties of fitness, quality, durability or performance;
- (6) Loss of customer approval, or any cost incurred to regain customer approval;
- (7) Redistribution or replacement of "your product" which has been recalled by like products or substitutes;
- (8) Caprice or whim of the insured;
- (9) A condition likely to cause loss of which any insured knew or had reason to know at the inception of this insurance;
- (10) Asbestos, including loss, damage or clean up resulting from asbestos or asbestos containing materials; or
- (11) Recall of "your products" that have no known or suspected defect solely because a known or suspected defect in another of "your products" has been found.

b. The following is added to **SECTION II - LIABILITY, C. Who Is An Insured, paragraph 3.b.**:

"Product recall expense" arising out of any withdrawal or recall that occurred before you acquired or formed the organization.

c. The following is added to **SECTION II - LIABILITY, D. Liability and Medical Expenses Limits of Insurance:**

**Product Recall Expense Limits of Insurance**

a. The Limits of Insurance shown in the SUMMARY OF COVERAGES of this endorsement and the rules stated below fix the most that we will pay under this Product Recall Expense Coverage regardless of the number of:

- (1) Insureds;
- (2) "Covered Recalls" initiated; or
- (3) Number of "your products" withdrawn.

b. The Product Recall Expense Aggregate Limit is the most that we will reimburse you for the sum of all "product recall expenses" incurred for all "covered recalls" initiated during the policy period.

c. The Product Recall Each Occurrence Limit is the most we will pay in connection with any one defect or deficiency.

d. All "product recall expenses" in connection with substantially the same general harmful condition will be deemed to arise out of the same defect or deficiency and considered one "occurrence".

e. Any amount reimbursed for "product recall expenses" in connection with any one "occurrence" will reduce the amount of the Product Recall Expense Aggregate Limit available for reimbursement of "product recall expenses" in connection with any other defect or deficiency.

f. If the Product Recall Expense Aggregate Limit has been reduced by reimbursement of "product recall expenses" to an amount that is less than the Product Recall Expense Each Occurrence Limit, the remaining Aggregate Limit is the most that will be available for reimbursement of "product recall expenses" in connection with any other defect or deficiency.

**g. Product Recall Deductible**

We will only pay for the amount of "product recall expenses" which are in excess of the \$500 Product Recall Deductible. The Product Recall Deductible applies separately to each "covered recall". The limits of insurance will not be reduced by the amount of this deductible.

We may, or will if required by law, pay all or any part of any deductible amount, if applicable. Upon notice of our payment

of a deductible amount, you shall promptly reimburse us for the part of the deductible amount we paid.

The Product Recall Expense Limits of Insurance apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for the purposes of determining the Limits of Insurance.

d. The following is added to **SECTION II - LIABILITY, E. Liability and Medical Expense General Conditions, 2. Duties in the Event of Occurrence, Offense, Claim or Suit:**

You must see to it that the following are done in the event of an actual or anticipated "covered recall" that may result in "product recall expense":

- (1) Give us prompt notice of any discovery or notification that "your product" must be withdrawn or recalled. Include a description of "your product" and the reason for the withdrawal or recall;
- (2) Cease any further release, shipment, consignment or any other method of distribution of like or similar products until it has been determined that all such products are free from defects that could be a cause of loss under this insurance.

e. For the purpose of this endorsement, the following definitions are added to **SECTION II - LIABILITY, F. Liability and Medical Expenses Definitions:**

1. "Covered recall" means a recall made necessary because you or a government body has determined that a known or suspected defect, deficiency, inadequacy, or dangerous condition in "your product" has resulted or will result in "bodily injury" or "property damage".
2. "Product recall expense(s)" means:
  - a. Necessary and reasonable expenses for:
    - (1) Communications, including radio or television announcements or printed advertisements including stationary, envelopes and postage;





- (2) Shipping the recalled products from any purchaser, distributor or user to the place or places designated by you;
  - (3) Remuneration paid to your regular "employees" for necessary overtime;
  - (4) Hiring additional persons, other than your regular "employees";
  - (5) Expenses incurred by "employees" including transportation and accommodations;
  - (6) Expenses to rent additional warehouse or storage space;
  - (7) Disposal of "your product", but only to the extent that specific methods of destruction other than those employed for trash discarding or disposal are required to avoid "bodily injury" or "property damage" as a result of such disposal,
- you incur exclusively for the purpose of recalling "your product"; and
- b. Your lost profit resulting from such "covered recall".
- f. This Product Recall Expense Coverage does not apply:

- (1) If the "products - completed operations hazard" is excluded from coverage under this Coverage Part including any endorsement thereto; or
- (2) To "product recall expense" arising out of any of "your products" that are otherwise excluded from coverage under this Coverage Part including endorsements thereto.

**8. Unintentional Failure to Disclose Hazards**

The following is added to **SECTION II - LIABILITY, E. Liability and Medical Expenses General Conditions:**

**Representations**

We will not disclaim coverage under this Coverage Part if you fail to disclose all hazards existing as of the inception date of the policy provided such failure is not intentional.

**9. Unintentional Failure to Notify**

The following is added to **SECTION II - LIABILITY, E. Liability and Medical Expenses General Conditions, 2. Duties in the Event of Occurrence, Offense, Claim or Suit:**

Your rights afforded under this Coverage Part shall not be prejudiced if you fail to give us notice of an "occurrence", offense, claim or "suit", solely due to your reasonable and documented belief that the "bodily injury", "property damage" or "personal and advertising injury" is not covered under this Policy.

ALL OTHER TERMS, CONDITIONS, AND EXCLUSIONS REMAIN UNCHANGED.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## BUSINESSOWNERS LIABILITY SPECIAL BROADENING ENDORSEMENT

This endorsement modifies insurance provided under the following:

### BUSINESSOWNERS COVERAGE FORM

SUMMARY OF COVERAGES	Limits	Page
1. Additional Insured by Contract, Agreement or Permit	Included	1
2. Additional Insured - Broad Form Vendors	Included	2
3. Alienated Premises	Included	3
4. Broad Form Property Damage - Borrowed Equipment, Customers Goods and Use of Elevators	Included	3
5. Incidental Malpractice (Employed Nurses, EMT's and Paramedics)	Included	3
6. Personal and Advertising Injury - Broad Form	Included	4
7.	Included	4
Product Recall Expense Each Occurrence Limit	\$25,000 Occurrence	5
Product Recall Expense Aggregate Limit	\$50,000 Aggregate	5
Product Recall Deductible	\$500	5
8. Unintentional Failure to Disclose Hazards	Included	6
9. Unintentional Failure to Notify	Included	6

This endorsement amends coverages provided under the Businessowners Coverage Form through new coverages and broader coverage grants. This coverage is subject to the provisions applicable to the Businessowners Coverage Form, except as provided below.

The following changes are made to **SECTION II - LIABILITY**:

**1. Additional Insured by Contract, Agreement or Permit**

The following is added to **SECTION II - LIABILITY, C. Who Is An Insured**:

**Additional Insured by Contract, Agreement or Permit**

a. Any person or organization with whom you agreed in a written contract, written agreement or permit to add such person or organization as an additional insured on your policy is an additional insured 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, but only with respect to:

- (1) "Your work" for the additional insured(s) designated in the contract, agreement or permit;

(2) Premises you own, rent, lease or occupy; or

(3) Your maintenance, operation or use of equipment leased to you.

b. The insurance afforded to such additional insured described above:

(1) Only applies to the extent permitted by law; and

(2) Will not be broader than the insurance which you are required by the contract, agreement or permit to provide for such additional insured.

(3) Applies on a primary basis if that is required by the written contract, written agreement or permit.

(4) Will not be broader than coverage provided to any other insured.

(5) Does not apply if the "bodily injury", "property damage" or "personal and advertising injury" is otherwise excluded from coverage under this Coverage Part, including any endorsements thereto.



c. This provision does not apply:

- (1) Unless the written contract or written agreement was executed or permit was issued prior to the "bodily injury", "property damage", or "personal injury and advertising injury".
- (2) To any person or organization included as an insured by another endorsement issued by us and made part of this Coverage Part.
- (3) To any lessor of equipment:
  - (a) After the equipment lease expires; or
  - (b) If the "bodily injury", "property damage", "personal and advertising injury" arises out of sole negligence of the lessor.
- (4) To any:
  - (a) Owners or other interests from whom land has been leased if the "occurrence" takes place or the offense is committed after the lease for the land expires; or
  - (b) Managers or lessors of premises if:
    - (i) The "occurrence" takes place or the offense is committed after you cease to be a tenant in that premises; or
    - (ii) The "bodily injury", "property damage", "personal injury" or "advertising injury" arises out of structural alterations, new construction or demolition operations performed by or on behalf of the manager or lessor.
- (5) To "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" or the offense which caused the "personal and advertising injury" involved the rendering of or failure to render any professional services by or for you.

d. With respect to the insurance afforded to these additional insureds, the following is added to **SECTION II - LIABILITY, D. Liability and Medical Expense Limits of Insurance:**

The most we will pay on behalf of the additional insured for a covered claim is the lesser of the amount of insurance:

1. Required by the contract, agreement or permit described in Paragraph a.; or
2. Available under the applicable Limits of Insurance shown in the Declarations.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations

e. All other insuring agreements, exclusions, and conditions of the policy apply.

**2. Additional Insured - Broad Form Vendors**

The following is added to **SECTION II - LIABILITY, C. Who Is An Insured:**

**Additional Insured - Broad Form Vendors**

a. Any person or organization that is a vendor with whom you agreed in a written contract

additional insured under this Coverage Part is an insured, but only with respect to liability for "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business.

b. The insurance afforded to such vendor described above:

- (1) Only applies to the extent permitted by law;
- (2) Will not be broader than the insurance which you are required by the contract or agreement to provide for such vendor;
- (3) Will not be broader than coverage provided to any other insured; and
- (4) Does not apply if the "bodily injury", "property damage" or "personal and advertising injury" is otherwise excluded from coverage under this Coverage Part, including any endorsements thereto

c. With respect to insurance afforded to such vendors, the following additional exclusions apply:

The insurance afforded to the vendor does not apply to:

- (1) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reasons of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the insured would have in the absence of the contract or agreement;
- (2) Any express warranty unauthorized by you;

- (3) Any physical or chemical change in the product made intentionally by the vendor;
  - (4) Repackaging, unless unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instruction from the manufacturer, and then repackaged in the original container;
  - (5) Any failure to make such inspection, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business in connection with the sale of the product;
  - (6) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
  - (7) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor;
  - (8) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
    - (a) The exceptions contained within the exclusion in subparagraphs (4) or (6) above; or
    - (b) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
  - (9) "Bodily injury" or "property damage" place before you have signed the contract or agreement with the vendor.
  - (10) To any person or organization included as an insured by another endorsement issued by us and made part of this Coverage Part.
  - (11) Any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.
- d. With respect to the insurance afforded to these vendors, the following is added to **SECTION II - LIABILITY, D. Liability and Medical Expense Limits of Insurance:**

The most we will pay on behalf of the vendor for a covered claim is the lesser of the amount of insurance:

1. Required by the contract or agreement described in Paragraph a.; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

### 3. Alienated Premises

**SECTION II - LIABILITY, B. Exclusions, 1. Applicable To Business Liability Coverage k. Damage to Property, paragraph (2) is replaced by the following:**

- (2) Premises you sell, give away or abandon, if the "property damage" arises out of any part of those premises and occurred from hazards that were known by you, or should have reasonably been known by you, at the time the property was transferred or abandoned.

### 4. Broad Form Property Damage - Borrowed Equipment, Customers Goods, Use of Elevators

a. The following is added to **SECTION II - LIABILITY, B. Exclusions, 1. Applicable To Business Liability Coverage, k. Damage to Property:**

Paragraph (4) does not apply to "property damage" to borrowed equipment while at a jobsite and not being used to perform operations.

Paragraph (3), (4) and (6) do not apply to "property damage" to "customers goods" while on your premises nor to the use of elevators.

b. For the purposes of this endorsement, the following definition is added to **SECTION II - LIABILITY, F. Liability and Medical Expenses Definitions:**

1. "Customers goods" means property of your customer on your premises for the purpose of being:

- a. Worked on; or
- b. Used in your manufacturing process.

c. The insurance afforded under this provision is excess over any other valid and collectible property insurance (including deductible) available to the insured whether primary, excess, contingent or on any other basis.

### 5. Incidental Malpractice - Employed Nurses, EMT's and Paramedics

**SECTION II - LIABILITY, C. Who Is An Insured, paragraph 2.a.(1)(d) does not apply to a nurse,**



emergency medical technician or paramedic employed by you if you are not engaged in the business or occupation of providing medical, paramedical, surgical, dental, x-ray or nursing services.

**6. Personal Injury - Broad Form**

a. **SECTION II - LIABILITY, B. Exclusions, 2. Additional Exclusions Applicable only to "Personal and Advertising Injury"**, paragraph e. is deleted.

b. **SECTION II - LIABILITY, F. Liability and Medical Expenses Definitions, 14. "Personal and advertising injury"**, paragraph b. is replaced by the following:

b. Malicious prosecution or abuse of process.

c. The following is added to **SECTION II - LIABILITY, F. Liability and Medical Expenses Definitions, Definition 14. "Personal and advertising injury"**:

"Discrimination" (unless insurance thereof is prohibited by law) that results in injury to the feelings or reputation of a natural person, but only if such "discrimination" is:

(1) Not done intentionally by or at the direction of:

(a) The insured;

(b) Any officer of the corporation, director, stockholder, partner or member of the insured; and

(2) Not directly or indirectly related to an "employee", not to the employment, prospective employment or termination of any person or persons by an insured.

d. For purposes of this endorsement, the following definition is added to **SECTION II - LIABILITY, F. Liability and Medical Expenses Definitions**:

1. "Discrimination" means the unlawful treatment of individuals based upon race, color, ethnic origin, gender, religion, age, or sexual preference. "Discrimination" does not include the unlawful treatment of individuals based upon developmental, physical, cognitive, mental, sensory or emotional impairment or any combination of these.

e. This coverage does not apply if liability coverage for "personal and advertising injury" is excluded either by the provisions of the Coverage Form or any endorsement thereto.

**7. Product Recall Expense**

a. **SECTION II - LIABILITY, B. Exclusions, 1. Applicable To Business Liability Coverage,**

**o. Recall of Products, Work or Impaired Property** is replaced by the following:

**o. Recall of Products, Work or Impaired Property**

Damages claimed for any loss, cost or expense incurred by you or others for the loss of use, withdrawal, recall, inspection, repair, replacement, adjustment, removal or disposal of:

(1) "Your product";

(2) "Your work"; or

(3) "Impaired property";

If such product, work or property is withdrawn or recalled from the market or from use by any person or organization because of a known or suspected defect, deficiency, inadequacy or dangerous condition in it, but this exclusion does not apply to "product recall expenses" that you incur for the "covered recall" of "your product".

However, the exception to the exclusion does not apply to "product recall expenses" resulting from:

(4) Failure of any products to accomplish their intended purpose;

(5) Breach of warranties of fitness, quality, durability or performance;

(6) Loss of customer approval, or any cost incurred to regain customer approval;

(7) Redistribution or replacement of "your product" which has been recalled by like products or substitutes;

(8) Caprice or whim of the insured;

(9) A condition likely to cause loss of which any insured knew or had reason to know at the inception of this insurance;

(10) Asbestos, including loss, damage or clean up resulting from asbestos or asbestos containing materials; or

(11) Recall of "your products" that have no known or suspected defect solely because a known or suspected defect in another of "your products" has been found.

b. The following is added to **SECTION II - LIABILITY, C. Who is An Insured, paragraph 3.b.**:

"Product recall expense" arising out of any withdrawal or recall that occurred before you acquired or formed the organization.

- c. The following is added to **SECTION II - LIABILITY, D. Liability and Medical Expenses Limits of Insurance:**

**Product Recall Expense Limits of Insurance**

- a. The Limits of Insurance shown in the SUMMARY OF COVERAGES of this endorsement and the rules stated below fix the most that we will pay under this Product Recall Expense Coverage regardless of the number of:

- (1) Insureds;
- (2) "Covered Recalls" initiated; or
- (3) Number of "your products" withdrawn.

- b. The Product Recall Expense Aggregate Limit is the most that we will reimburse you for the sum of all "product recall expenses" incurred for all "covered recalls" initiated during the policy period.

- c. The Product Recall Each Occurrence Limit is the most we will pay in connection with any one defect or deficiency.

- d. All "product recall expenses" in connection with substantially the same general harmful condition will be deemed to arise out of the same defect or deficiency and considered one "occurrence".

- e. Any amount reimbursed for "product recall expenses" in connection with any one "occurrence" will reduce the amount of the Product Recall Expense Aggregate Limit available for reimbursement of "product recall expenses" in connection with any other defect or deficiency.

- f. If the Product Recall Expense Aggregate Limit has been reduced by reimbursement of "product recall expenses" to an amount that is less than the Product Recall Expense Each Occurrence Limit, the remaining Aggregate Limit is the most that will be available for reimbursement of "product recall expenses" in connection with any other defect or deficiency.

**g. Product Recall Deductible**

We will only pay for the amount of "product recall expenses" which are in excess of the \$500 Product Recall Deductible. The Product Recall Deductible applies separately to each "covered recall". The limits of insurance will not be reduced by the amount of this deductible.

We may, or will if required by law, pay all or any part of any deductible amount, if applicable. Upon notice of our payment

of a deductible amount, you shall promptly reimburse us for the part of the deductible amount we paid.

The Product Recall Expense Limits of Insurance apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for the purposes of determining the Limits of Insurance.

- d. The following is added to **SECTION II - LIABILITY, E. Liability and Medical Expense General Conditions, 2. Duties in the Event of Occurrence, Offense, Claim or Suit:**

You must see to it that the following are done in the event of an actual or anticipated "covered recall" that may result in "product recall expense":

- (1) Give us prompt notice of any discovery or notification that "your product" must be withdrawn or recalled. Include a description of "your product" and the reason for the withdrawal or recall;

- (2) Cease any further release, shipment, consignment or any other method of distribution of like or similar products until it has been determined that all such products are free from defects that could be a cause of loss under this insurance.

- e. For the purpose of this endorsement, the following definitions are added to **SECTION II - LIABILITY, F. Liability and Medical Expenses Definitions:**

1. "Covered recall" means a recall made necessary because you or a government body has determined that a known or suspected defect, deficiency, inadequacy, or dangerous condition in "your product" has resulted or will result in "bodily injury" or "property damage".

2. "Product recall expense(s)" means:

- a. Necessary and reasonable expenses for:

- (1) Communications, including radio or television announcements or printed advertisements including stationary, envelopes and postage;



- (2) Shipping the recalled products from any purchaser, distributor or user to the place or places designated by you;
  - (3) Remuneration paid to your regular "employees" for necessary overtime;
  - (4) Hiring additional persons, other than your regular "employees";
  - (5) Expenses incurred by "employees" including transportation and accommodations;
  - (6) Expenses to rent additional warehouse or storage space;
  - (7) Disposal of "your product", but only to the extent that specific methods of destruction other than those employed for trash discarding or disposal are required to avoid "bodily injury" or "property damage" as a result of such disposal,
- you incur exclusively for the purpose of recalling "your product"; and
- b. Your lost profit resulting from such "covered recall".
- f. This Product Recall Expense Coverage does not apply:

- (1) If the "products - completed operations hazard" is excluded from coverage under this Coverage Part including any endorsement thereto; or
- (2) To "product recall expense" arising out of any of "your products" that are otherwise excluded from coverage under this Coverage Part including endorsements thereto.

**8. Unintentional Failure to Disclose Hazards**

The following is added to SECTION II - LIABILITY, E. Liability and Medical Expenses General Conditions:

**Representations**

We will not disclaim coverage under this Coverage Part if you fail to disclose all hazards existing as of the inception date of the policy provided such failure is not intentional.

**9. Unintentional Failure to Notify**

The following is added to SECTION II - LIABILITY, E. Liability and Medical Expenses General Conditions, 2. Duties in the Event of Occurrence, Offense, Claim or Suit:

Your rights afforded under this Coverage Part shall not be prejudiced if you fail to give us notice of an "occurrence", offense, claim or "suit", solely due to your reasonable and documented belief that the "bodily injury", "property damage" or "personal and advertising injury" is not covered under this Policy.

ALL OTHER TERMS, CONDITIONS, AND EXCLUSIONS REMAIN UNCHANGED.



# EASTERN MARKET CORPORATION

2934 Russell St. Detroit, MI 48207

## FACILITIES RENTAL AGREEMENT

**THIS FACILITIES RENTAL AGREEMENT ("Agreement")**, entered into on **June 20, 2018**, by and between Eastern Market Corporation ("Lessor") and **Diane Hamilton (President)/ Business Executives Travel Association, Inc. DBA Releve Unlimited.** (**Lessee**)

The parties hereto, intending to be legally bound agree as follows:

I. **GRANT.** Lessor, on the dates and times set forth herein, and subject to the terms and conditions of this Agreement, hereby grants to Lessee a license to use **Shed 3** (the "Building"), in the Eastern Market District as is depicted on the floor plan attached hereto as Exhibit "A"

II. **USE.** The Buildings shall be used by Lessee solely for purposes of **Diane Hamilton (President)**. *Business Executives Travel Association, Inc. DBA Releve Unlimited* All event details shall be coordinated and finalized no less than 14 days prior to the scheduled event. This includes submission of an event time line, contact information, floor plans, security plan, and copies of any applicable licenses and permits. Lessee's use of the Buildings shall be in compliance with all applicable federal, state and local laws and ordinances and all lawful orders, rules and regulations. Lessee further agrees to observe and comply with all rules and regulations adopted by Lessor concerning the use of the Licensed Premises, including, without limitation, all parking regulations. The Lessee is solely responsible for obtaining appropriate licenses. *84*

III. **DATE(S)/TIMES OF PERMITTED USE.** For Shed 3, this Agreement shall **commence on October 18, 2018 at 9:00 a.m. and terminate on October 18, 2018 at 11:59 p.m.**, unless terminated sooner. Access to the Buildings on the commencement date shall be coordinated with Melissa Thomas.

IV. **RENTAL FEE.** Lessee shall pay to Lessor the total sum of **\$6825** under this Agreement. Lessee shall pay a non-refundable administrative fee of \$500.00 to reserve the facilities. The balance **\$6325** of the Rental Fee shall be paid in full by Lessee by **September 18, 2018**.


The rental includes access to electricity and water, accommodations necessary for load in/out, (1) EMC security (1) EMC Janitorial personnel on site from 6:00 p.m. until 12:00 a.m. on the day of the event. **Extra security may be required to accommodate the number of guest attending the event. This will be billed as a separate charge.**

V. **CERTIFICATE OF INSURANCE:** Lessee shall submit a Certificate of Liability Insurance naming Eastern Market Corporation and the City of Detroit as certificate holders upon execution of this agreement. The COI will be for a minimum of \$1,000,000.00 each occurrence and included a minimum of \$300,000.00 for damage to rented premise per occurrence.

VI. **SECURITY:** The Eastern Market Corporation requires security for any event with more than 200 people in attendance, any event held at night, and/or any event with alcohol available. The Lessee shall submit an adequate security plan including the number of personnel involved and contact information for the security supervisor at least 10 business days prior to the event.

# EASTERN MARKET CORPORATION

2934 Russell St. Detroit, MI 48207

**VII. COLLATERAL CONTRACTS.** The Lessee shall be responsible for all other contracts, obligations, and expenditures made in connection with its use of the leased premises. By way of illustration and not limitation, these contracts may include entertainment, catering, fees, and licenses, insurance, special furnishings or decoration, staffing, etc. Lessee is responsible for removal of all trash related to the Diane Hamilton (President) event and for returning the Building to 'as is' condition. *Business Executive Travel Association, Inc. DBA Detroit Unleashed* 

**VIII. PERMITS, LICENSES, and PERMISSION.** The Lessee shall be responsible for the procurement of and all expenses of licenses, permits, union and trade organization clearances, and similar obligations required for use of the leased premises for the purpose stated.

**IX. INDEMNIFICATION.** Lessee shall indemnify, defend and hold harmless the City of Detroit and Lessor, its Board of Directors, officers, agents and employees from and against any and all loss, cost (including attorneys' fees), damage, expense and liability (including statutory liability and liability under workers' compensation laws) in connection with claims, judgments, damages, penalties, fines, liabilities, losses, suits, administrative proceedings, arising out of any act or neglect by Lessee, its agents, employees, contractors, Lessees, invitees, representatives, in, on or about the Licensed Premises. This indemnity shall survive the termination of this Agreement. Lessee hereby releases the City of Detroit and Lessor from any and all liability or responsibility to Lessee or anyone claiming through or under Lessee by way of subrogation or otherwise for any loss or damage to equipment or property of Lessee.

**X. "AS-IS" CONDITION.** Lessee agrees to accept the Buildings in their "as-is" condition "with all faults." "As-is" shall include but is not limited to Lessor banners and advertisements and permanent/non-permanent displays related to the Public Markets.

**XI. ASSIGNMENT AND SUBLEASING.** Lessee shall not assign any interest in this Rental Agreement or otherwise transfer or sublease the Building or any part thereof or permit the use of the Building to any party other than Lessee.

**XII. TERMINATION.** Lessor may terminate this Agreement based upon any one or more of the following events:

A. Failure of Lessee to pay the Rental Fee or any other charges due hereunder when the same is due;

B. Failure of the Lessee to perform any of its covenants hereunder.

Lessor may, with or without further notice, expel and remove Lessee, or any other person or persons in occupancy from the Licensed Premises, together with their goods and chattels, using such force as may be necessary in the judgment of Lessor or its agents in so doing, without evidence of notice or resort to legal process or becoming liable for any loss of damage which may be occasioned thereby. In addition to any other remedy it may have, Lessor may recover from Lessee all damages it may incur by reason of such breach by Lessee.

**XIII. INTERFERENCE.** Lessee shall use the Buildings in a manner which shall not cause interference with the use or occupancy of the other portions of the Buildings by Lessor or others in any way. Lessee's use hereunder will be done in such a manner so as not to interfere with or impose any additional expense upon Lessor in maintaining the Building.

# EASTERN MARKET CORPORATION

2934 Russell St. Detroit, MI 48207

**XIV. RESTORATION.** If any damage occurs to the Lessor's property, or if any repairs, extra cleaning, or replacements need to be made to the Buildings as a result of the actions of the Lessee or guests or agents thereof, Lessee shall pay Lessor for any such damage, repairs, or replacements upon demand by Lessor.

**XV. CANCELLATION.** Lessee may cancel this Agreement at any time up to 14 days prior to event date, by providing written notice of such election to Lessor. Lessor will return all moneys paid with the exception of Administrative fees of \$500.00 PER DAY.

Should Lessee cancel this agreement 10 days prior to event date, Lessor will refund 50% of the total sum.

Should Lessor need to cancel this Agreement because the space is not useable and no other space is available, Lessor shall inform Lessee no less than 10 days prior to the event and will reimburse Lessee for funds deposited with Lessor.

**LATE LOAD OUT.** AN ADDITIONAL PENALTY FEE WILL BE ASSESSED FOR EVENTS RUNNING OVER THE SCHEDULED END TIME AS PRINTED IN THE RENTAL AGREEMENT.

THE FEE IS \$1000 PER HOUR, Initial here \_\_\_\_\_

### **PHOTOGRAPHY/VIDEO PERMISSION**

All photographs/videos taken by Eastern Market Corporation personnel may be used in any and all of its publications, including social media websites, without payment or any other consideration. Understand and agree that these materials will become the property of the EMC and will not be returned. With this understanding The Lessee authorize Eastern Market Corporation to edit, alter, copy, exhibit, publish or distribute photos/video for purposes of publicizing Eastern Market Corporation's programs/rentals or for any other lawful purpose. In addition, The Lessee waives the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, The Lessee waives any right to royalties or other compensation arising or related to the use of the photograph. The Lessee hereby hold harmless and release and forever discharge the Eastern Market Corporation from all claims, demands, and causes of action which the Lessee, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

\_\_\_\_\_ Initial Here to Show Permission

# EASTERN MARKET CORPORATION

2934 Russell St. Detroit, MI 48207

**XVI. NOTICE.** Any notices required to be given under this Agreement shall be made in writing and delivered by email, facsimile transmission, by hand or by first class mail to the following addresses (texting is not considered a written notice):

**Lessor:**

Eastern Market Corporation  
2934 Russell  
Detroit, MI 48207  
Attn: Melissa Thomas  
mthomas@easternmarket.com  
Facsimile: (313) 833-9309

**Lessee:**

Diane Hamilton/ Business Executives Travel  
Association Inc. DBA Releve Unlimited  
1693 Mission Drive  
Solvang, CA 93463  
susan@releveunlimited.com  
(310) 570-5998

**XVII. GOVERNING LAW.** This Agreement shall be governed by and construed in accordance with the laws of the State of Michigan. Any legal actions, claims or demands shall be handled in a court of competent jurisdiction within the State of Michigan.

**IN WITNESS WHEREOF,** the parties hereto have executed this Agreement as of the day and year first above written.

**LESSOR:**


Eastern Market Corporation



By:  
Dan Carmody, President

**LESSEE:**

Diane Hamilton (President)



20 JUNE 2018

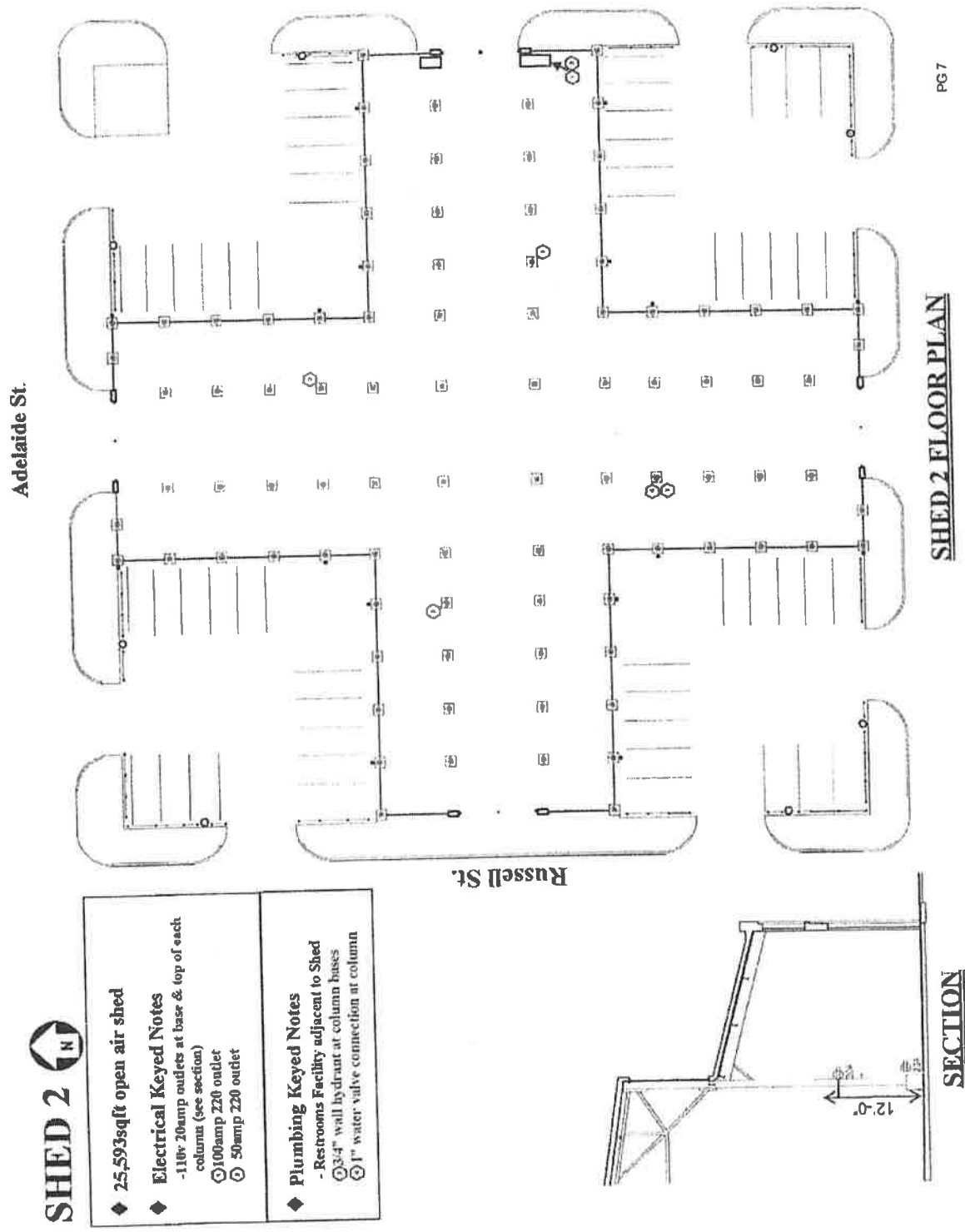
By: DIANE HAMILTON, PRESIDENT

EASTERN MARKET CORPORATION  
2934 Russell St. Detroit, MI 48207

Exhibit "A"

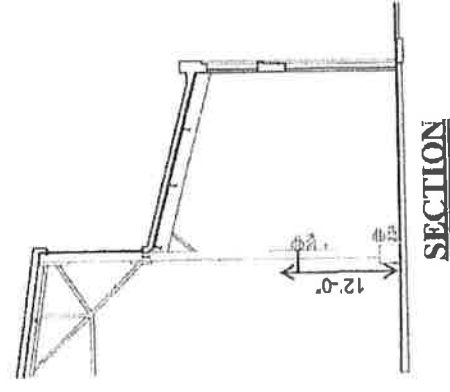
# EASTERN MARKET CORPORATION

2934 Russell St. Detroit, MI 48207



## SHED 2

- ◆ 25,593sqft open air shed
- ◆ **Electrical Keyed Notes**
  - 110v 20amp outlets at base & top of each column (see section)
  - 100amp 220 outlet
  - 50amp 220 outlet
- ◆ **Plumbing Keyed Notes**
  - Restrooms Facility adjacent to Shed
  - 3/4" wall hydrant at column bases
  - 1" water valve connection at column



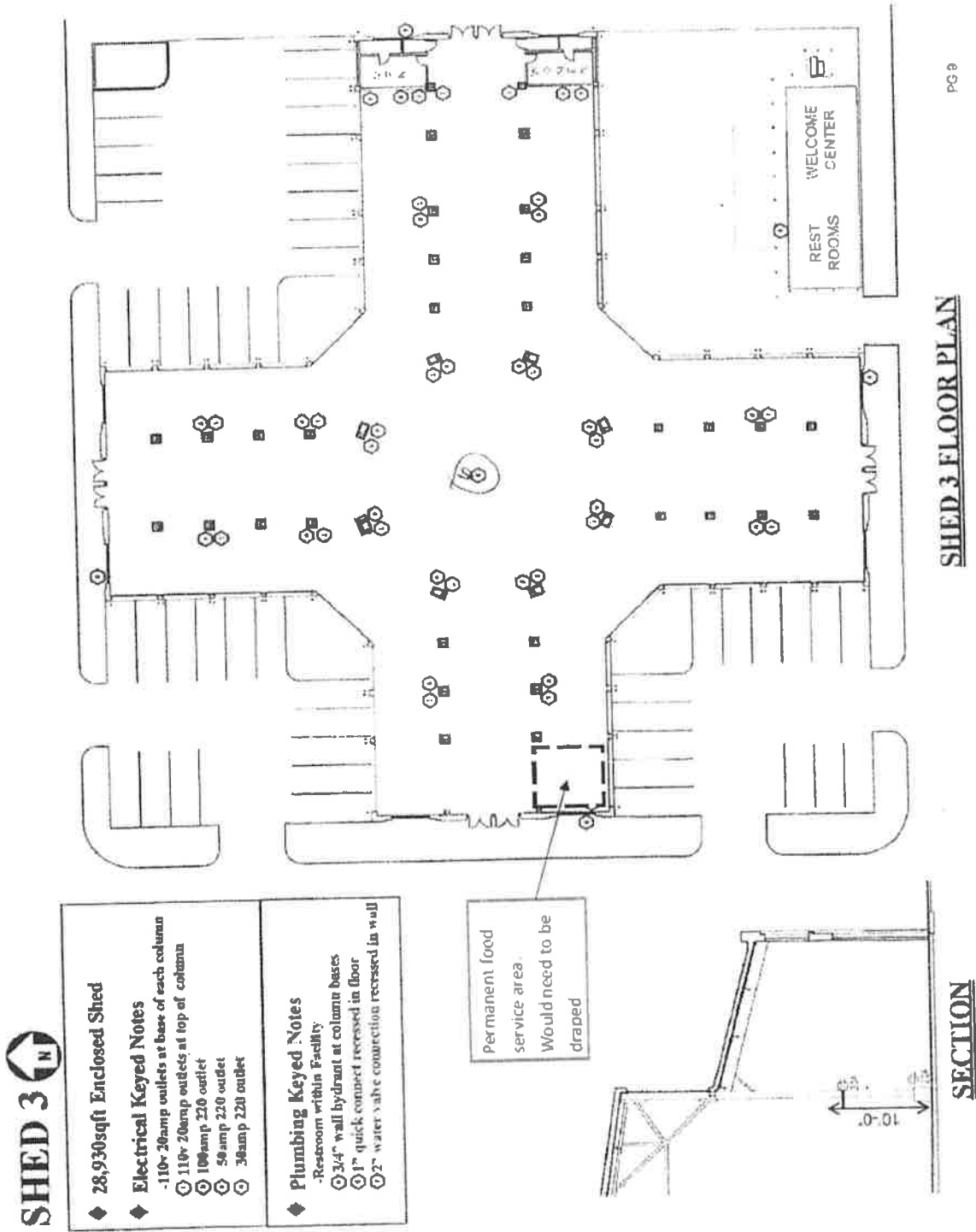
**SHED 2 FLOOR PLAN**

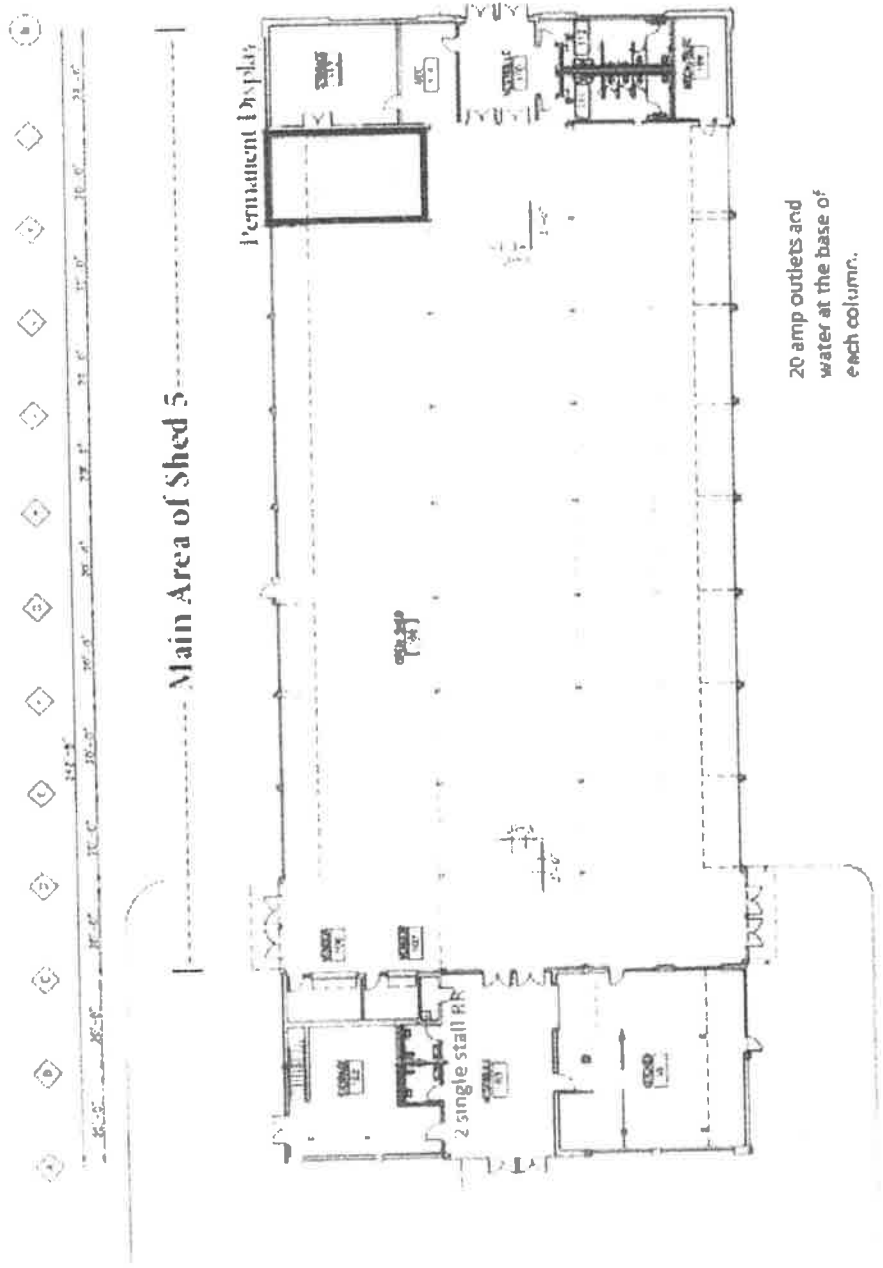
**SECTION**

PG 7

# EASTERN MARKET CORPORATION

2934 Russell St. Detroit, MI 48207





1 FLOOR PLAN  
 A101 SCALE: 1/16" = 1'-0"

SHED 5 as of 4-10-2015



2018-07-31

470

470 *Petition of Revele Unlimited, request to hold "Hill-Rom Corporate Event/Party-Private Catered Event" at Eastern Market on October 18, 2018 from 6:00 PM to 10:30 PM with closure of Division St. from Riopelle to Russel, set up and tear down to be completed on event date 10-18-2018*

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REFERRED TO THE FOLLOWING DEPARTMENT(S)

DPW - CITY ENGINEERING DIVISION MAYOR'S OFFICE  
PLANNING AND DEVELOPMENT DEPARTMENT POLICE  
DEPARTMENT

BUSINESS LICENSE CENTER FIRE DEPARTMENT  
MUNICIPAL PARKING DEPARTMENT

511

5

ST:ZTWD 8:07 AM 09 SEP 2018 117

45

### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 471 Event Name: Eastern Market After Dark

Event Date : September 20, 2018

Street Closure: Various

Organization Name: Eastern Market Corporation

Street Address: 2934 Russell Street Detroit, MI 48207

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: Open House
- 24-Hour Liquor License

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

Annual Open House to showcase businesses located in Eastern Market from 7:00pm - 11:00pm; with temporary street closures on Adelaide, Alfred and Division Streets.

**\*\* 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 Eastern Market Security; 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 for Street Closure
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

ENTERED SEP 10 2018 MTNB RK (318)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage 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 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 Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Ausher

Date: August 22, 2018

## DEPARTMENTAL REFERENCE COMMUNICATION

*Wednesday, August 01, 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    DPW - CITY ENGINEERING DIVISION  
PLANNING AND DEVELOPMENT DEPARTMENT    POLICE DEPARTMENT  
FIRE DEPARTMENT    BUSINESS LICENSE CENTER  
TRANSPORTATION DEPARTMENT    MUNICIPAL PARKING DEPARTMENT

**471**    *Eastern Market Corporation, request to hold "Eastern Market After Dark" at various businesses in the Eastern Market District on September 20, 2018 from 5:00 PM to 11:00 PM with closures on Division and Adelaide, set up and tear down completed on 9-20-18*

## 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. 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: Eastern Market After Dark

Event Location: At private businesses throughout Eastern Market District.

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Eastern Market Corporation

Organization Mailing Address: 2934 Russell St. Detroit MI 48207

Business Phone: (313) 833-9300 ext. 224 Business Fax: (313) 833-9309

Federal Tax ID # 32-0030432

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

Applicant Name: Melissa Thomas

Title/Role: Events Manager

Email Address: mthomas@easternmarket.com

Mailing Address: 2934 Russell St. Detroit MI 48207

Business Phone: (313) 833-9300 ext. 224 Business Fax: (313) 833-9309

Event On-Site Contact Person: OR (313) 740-1462 cell

Mailing Address: Same

Business Phone: Same Business Fax: Same

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

List Event Sponsors: Part of Detroit Design Festival

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>Annual open house where</u> |

market District businesses stay open late on evening to the public.

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: At private businesses throughout the EMC District

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

**Section 4- ENTERTAINMENT**

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

- Singers                       Magician
- Musicians                       Story Telling
- Comedians                       Other: NA

Describe the entertainment for this year's event: N/A

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

Will a sound system be used?       Yes       No

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

Acoustic-audible, sound heard within natural range

Amplified-augmented, sound increased to broaden range

The amplified sound will be used: \_\_\_\_\_

Will the event consist of a musical concert?       Yes       No

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

- Live                       Recorded                       Karaoke/Lip-synch

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

How many generators will be used? \_\_\_\_\_

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

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

Contact Person: NA

Provide a brief description of your event:

This is an organized open house for businesses in the EMC District to stay open and attract attention to their businesses. It is sponsored by the Detroit Design Festival. This open house will operate like a smaller version of a regular weekend market, only in the evening.

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

Begin Set-up Date & Time: 9/20 5pm Complete Set-up Date & Time: 9/20 7pm

Event Start Date & Time: 9/20 7pm Event End Date & Time: 9/20 11pm

Begin Tearing Down Date: 9/20 Complete Tear Down Date: 9/20

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? Sept. 2012, 2013, 2014, 2015, 2016, 2017

When was the event last held in Detroit? Sept. 2014, 2015, 2016, 2017

Where was the event last held in Detroit? Eastern Market District

What were the hours last year? 7pm - 11pm

Project Attendance This Year (Minimum - Maximum)? 7000 - 8000 visitors throughout the district.

What is the basis for your projected attendance? Estimate of traffic from last year when compared to a regular market day.

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? NO

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.

Name of business supplying animal(s):

Contact Person:

Address: Phone:

City/State/Zip:

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 (Specify stations):

Newspapers (specify papers):

Web site (identify web address): detroit design festival, com / eastern market - a star-dark

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify): primarily - social media

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: \_\_\_\_\_

N/A

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: \_\_\_\_\_

No special event vending.  
District businesses will ~~be~~ be  
open late for regular sales of  
their regular product.



Will these be exclusive vendors or outside vendors? (please describe): NO

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

Name of Private Security Company: Existing park contract security will be used. Eastern Market Corp. & DPD

Contact Person: Darius Dawson Manager of Customer Support & Security

Address: 2934 Russell St. Phone: 313 873-9300

City/State/Zip: Detroit, MI 48207

Number of Private Security Personnel Hired Per Shift: 12-15 patrolling parking lots and around district businesses.

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

Licensed  Armed  Bonded

Describe the emergency evacuation plan: Same for regular market days. Open air people disperse to vehicles and all open roads.

Describe the parking plan to accommodate anticipated attendance: Will utilize all existing EMC parking lots & on street parking.

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

Are you seeking a group parking rate? NO

**Section 8- COMMUNITY IMPACT INFORMATION**

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? This is an evening open house for district businesses. Little impact as it will be about as busy as a slow Saturday market in winter.

Also, the businesses are the ones involved. Have local neighborhood groups/businesses approved your event?  Yes  No

Indicate what steps you have or will take to notify them of your event: All neighboring locations are notified through our "ave call now" phone notice system, also monthly

Indicate contact names and phone numbers (for verification) or attach approved letter(s): district business meetings, main contact method has been by The Detroit Design Festival actively seeking out businesses to stay open & participate.

**Section 9- EVENT SET-UP**

Complete the appropriate categories that apply to the event.

Structure \_\_\_\_\_  
How Many? N/A  
Size/Height N/A  
Booth N/A  
Tent (enclosed on 3 sides) N/A

Canopy (open on all sides)

N/A

Staging/Scaffolding

N/A

Bleachers

N/A

Company:

Grill

Gas

Charcoal

Electrical

Propane

Fireworks (Pyrotechnics)

Aerial

Stage

N/A

Provide Sketch:

Portable Restrooms:

Standard

ADA Accessible

Vehicles

Type/Weight:

N/A

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.

N/A

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

N/A

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? Eastern Market Corporation

Contact Person: Emma Velasco Facilities mgr/C.O.O.

Address: 2934 Russell St. Phone: 313 833-9300

City/State/Zip Detroit MI 48207

Name of company providing emergency medical services?

Contact Person: N/A

Address:

City/State/Zip:

Name of company providing porta-johns. N/A

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? N/A

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: Alfred Street

FROM Shed 4  
TO Russell

Closure Dates: 9-20-18

Beg. Time: 5 am

End Time: 12:00 am

Reopen Date: 9-20-18

Time: 12:00 am

Please see attached map.

STREET NAME: Division Street  
FROM Shed 3  
TO Russell Street  
Closure Dates: 9-20-18  
Beg. Time: 5pm  
End Time: 12:00am  
Reopen Date: 9-20-18  
Time: 12:00am

Please see  
map attached

STREET NAME: Adelaide Street  
FROM Market Street  
TO Russell Street  
Closure Dates: 9-20-18  
Beg. Time: 5:00pm  
End Time: 12:00am  
Reopen Date: 9-20-18  
Time: 12:00am

Please see  
attached map

STREET NAME: \_\_\_\_\_  
FROM \_\_\_\_\_  
TO \_\_\_\_\_  
Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Requested City Equipment

Provided In: \_\_\_\_\_ (year) N/A

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

Street Closures:

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

Barrieldes 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? This is an organized open house for businesses in the EMC District to stay open and attract attention to their businesses. It is sponsored by the Detroit Design Festival. This open house will operate like a smaller attended regular weekend market, only in the evening.

**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.

*Melissa Thomas*

Signature of Applicant

*7-23-18*

Date

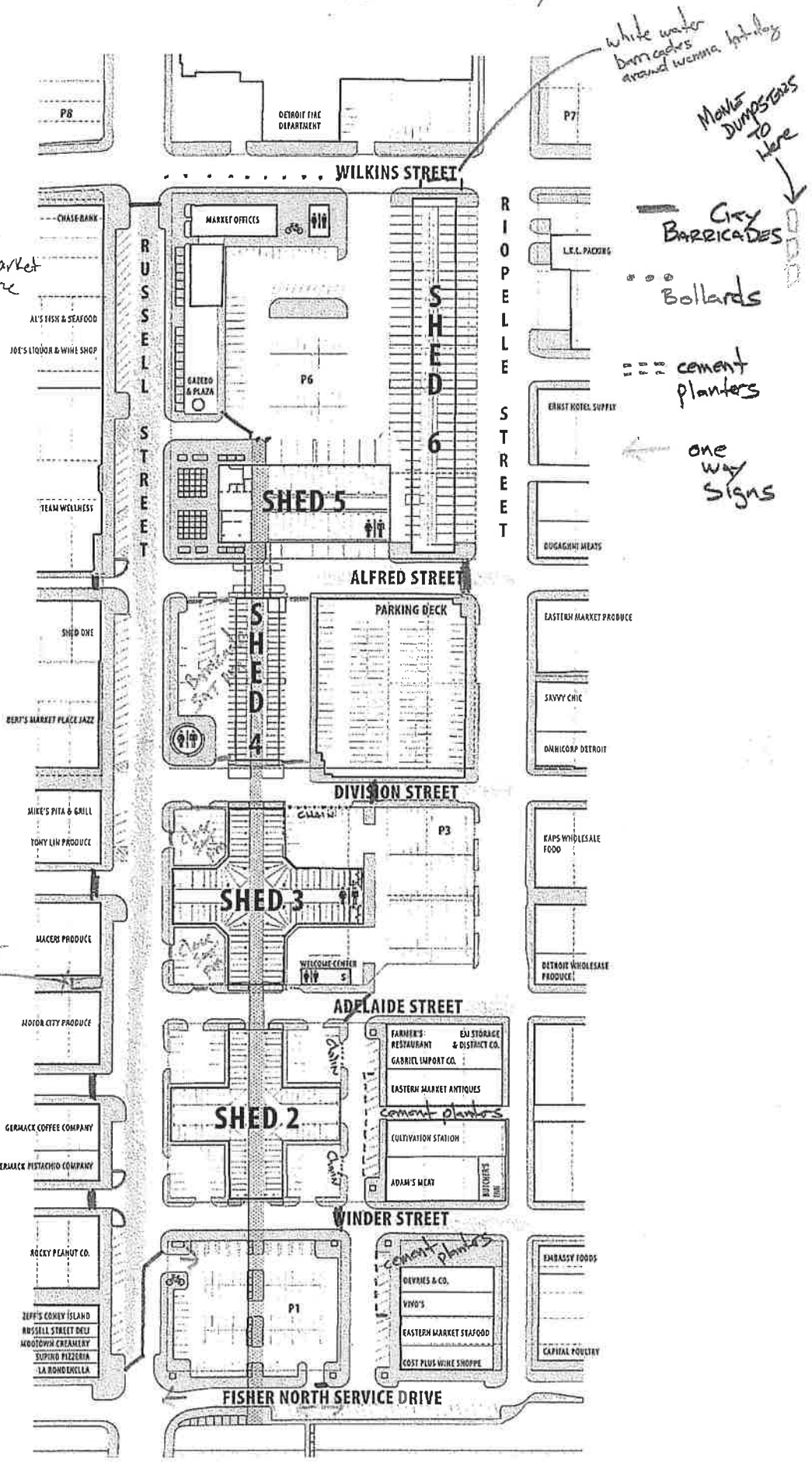
NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

# BARRICADES FOR SUNDAY

Street Closure  
 Normal Market Day Closure

CON RIVARD

Place 1 dumpster here



white water barricades around wanna hit dog

Market Dumpsters to Here

City BARRICADES

Bollards

cement planters

one way Signs

2018-08-01

**471**

**471** *Petition of Eastern Market Corporation, request to hold "Eastern Market After Dark" at various businesses in the Eastern Market District on September 20, 2018 from 5:00 PM to 11:00 PM with closures on Division and Adelade, set up and tear down completed on 9-20-18*

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

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

⑥ 17

H6

**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 472 Event Name: St. Joseph Oktoberfest

Event Date : September 23, 2018

Street Closure: None

Organization Name: St. Joseph Oratory

Street Address: 1828 Jay Street Detroit, MI 48207

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)

Annual family fundraising festival located in the parking lot adjacent to St. Joseph Oratory - 1828 Jay Street from 12:30pm - 8:00pm.

**\*\* 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"/>	Contracted with Granco Security to Provide Private Security Services; DPD Precinct will Provide Special Attention
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Permits Required

ENTERED SEP 10 2018 MTNB RU (B,D)



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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents
	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 Lusher

Date: August 22, 2018

## DEPARTMENTAL REFERENCE COMMUNICATION

*Wednesday, August 01, 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

**472**    *St. Joseph Oratory, request to hold "St. Joseph Oktoberfest" at 1828 Jay St. on September 23, 2018 from 12:30 PM to 8:00 PM with set up to begin 9-22-18 and tear down to complete 9-24-18.*

# 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: St. Joseph Oktoberfest

Event Location: 1828 Jay Street, Detroit, MI 48207

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: St. Joseph Oratory

Organization Mailing Address: 1828 Jay Street, Detroit, MI 48207

Business Phone: 313.784.9192

Business Website: www.stjosephoratory.org

Applicant Name: Rev. Canon Michael Stein

Business Phone: 773.571.7440

Cell Phone: 773.571.7440

Email: sjdetroit@institute-christ-king.org

Event On-Site Contact Person:

Name: Julie Parthum

Business Phone: 313.300.3382

Cell Phone: 313.300.3382

Email: Julie\_parthum@hotmail.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 St. Joseph Oktoberfest is a relatively small, family-friendly, fundraising festival in the church parking lot, social hall, and church building. It includes bands, dancers, food & drink, church tours, and kids' games.

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

Begin Set-up Date : 9/22/2018      Time: 9:00 a.m.      Complete Set-up Date: 9/23/2018      Time: Noon

---

Event Start Date: 9/23/2018      Time: 12:30 p.m.      Event End Date: 9/23/2018      Time: 8:00 p.m.

---

Begin Tearing Down Date: 9/23/2018      Complete Tear Down Date: 9/24/2018.

---

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

Sunday, September 23<sup>rd</sup>; 12:30 p.m. start and 8:00 p.m. end.

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**Section 3- LOCATION/SITE INFORMATION**

Location of Event: St. Joseph Church, 1828 Jay Street, Detroit, MI 48207 – Church, hall, and parking lot.

---

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:

Jazz band, German band, and German dancers.

---

Will a sound system be used?       Yes       No

If yes, what type of sound system?

Each band will bring their own sound system

---

Describe specific power needs for entertainment and/or music:

N/A

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How many generators will be used? N/A

How will the generators be fueled? N/A

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:

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: Religious articles

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: Granco Security; Corey Granco

Address: 24801 Five Mile Road, Suite 11

Phone: 734.780.1880

City/State/Zip: Redford Township, MI 48239

Number of Private Security Personnel Hired Per Shift: 2

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

Signage and volunteers

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

Somewhat more traffic than usual, visual sights of the festival.

Have local neighborhood groups/businesses approved your event?

Yes

No

Indicate what steps you have or will take to notify them of your event: The surrounding property owners

know about Oktoberfest and have given us permission to use their lots for parking.

## 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)	<u>10</u>	<u>10x10 (3), 20x40 (2), 10x20 (3), 40x80(1), 20x30 (1)</u>
Canopy (open on all sides)	_____	_____
Staging/Scaffolding	_____	_____
Bleachers	_____	_____

## Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: N/A

Address:

City/State/Zip:

Name of company providing port-a-johns.

Contact Person: Parkway Services, Inc.

Address: 2876 Tyler Road

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. **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**

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**Parkway Services, Inc.**  
**Portable Toilets & Septic Service**  
**2876 Tyler Road**  
**Ypsilanti, MI 48198**

**We're There  
 When You Gotta Go**



**Ph: 734-482-7633 Fax: 734-482-7632**  
**Email: parkwayservicesinc@yahoo.com**

**Invoice**

Billing Address
Allen Joseph 33827 Harper Ave. Clinton Township, MI 48035

Service Address
St. Joseph Church St. Joseph Oktoberfest 1828 Jay Street DETROIT, MI 48207

Phone: (586) 790-2800 Fax: (586) 790-0800 fax

Cust #	Site #	Date	Clerk	Terms	P.O.#	Invoice #	Page
ALLENJOE	21801	7/6/2018	ST	COD		A-114103	Page 1 / 1

DESCRIPTION	RATE	QTY	AMOUNT
9/21/2018- 9/24/2018 SPECIAL EVENTS UNITS Work Order=97948 Date=9/21/2018 SPECIAL EVENTS UNITS for September 23, 2018 Friday deliver / Monday am pick up 1 hand sanitizer unit 1 handicap sanitizer unit Total \$ 250.00 ordered by Joseph A. 7-6-18	250.00	1	250.00

	250.00
Paid Amt	0.00
Adjustment Amt	0.00
<b>Balance</b>	<b>250.00</b>

*Must Be Paid In 10 Days*  
 We Are Going Green- please provide us with a valid Email Address & Credit Card

**Thank You!**

Statement as of 7/6/2018	Future: 0.00	Current: 250.00	30 Day: 0.00	60 Day: 0.00	90 Day: 0.00	Total Due: 250.00
--------------------------	--------------	-----------------	--------------	--------------	--------------	-------------------

Please detach here and return the bottom portion with your payment.

Div:A Cust #: ALLENJOE Site #:21801 Invoice #: 114103

**From** Allen  
Joseph  
33827 Harper Ave.  
Clinton Township, MI 48035

Please provide your email address below.

**To** Parkway Services, Inc.  
Portable Toilets & Septic Service  
2876 Tyler Road  
Ypsilanti, MI 48198

_ AMEX _ VISA _ M/C _		<input type="checkbox"/> Check Enclosed
If paying by Credit Card, please fill out below		Invoice Balance 250.00
Card Number		Previous Balance 0.00
Exp. Date	CVC Code	Total Due 250.00
Choose One: <input type="checkbox"/> 1 Time Charge <input type="checkbox"/> Charge Monthly		Amount Paid
Signature		

If credit card address different from billing address above, please write in below.



# INVOICE

Invoice No : 1057  
Date : 7/9/2018  
Customer ID : STJOE

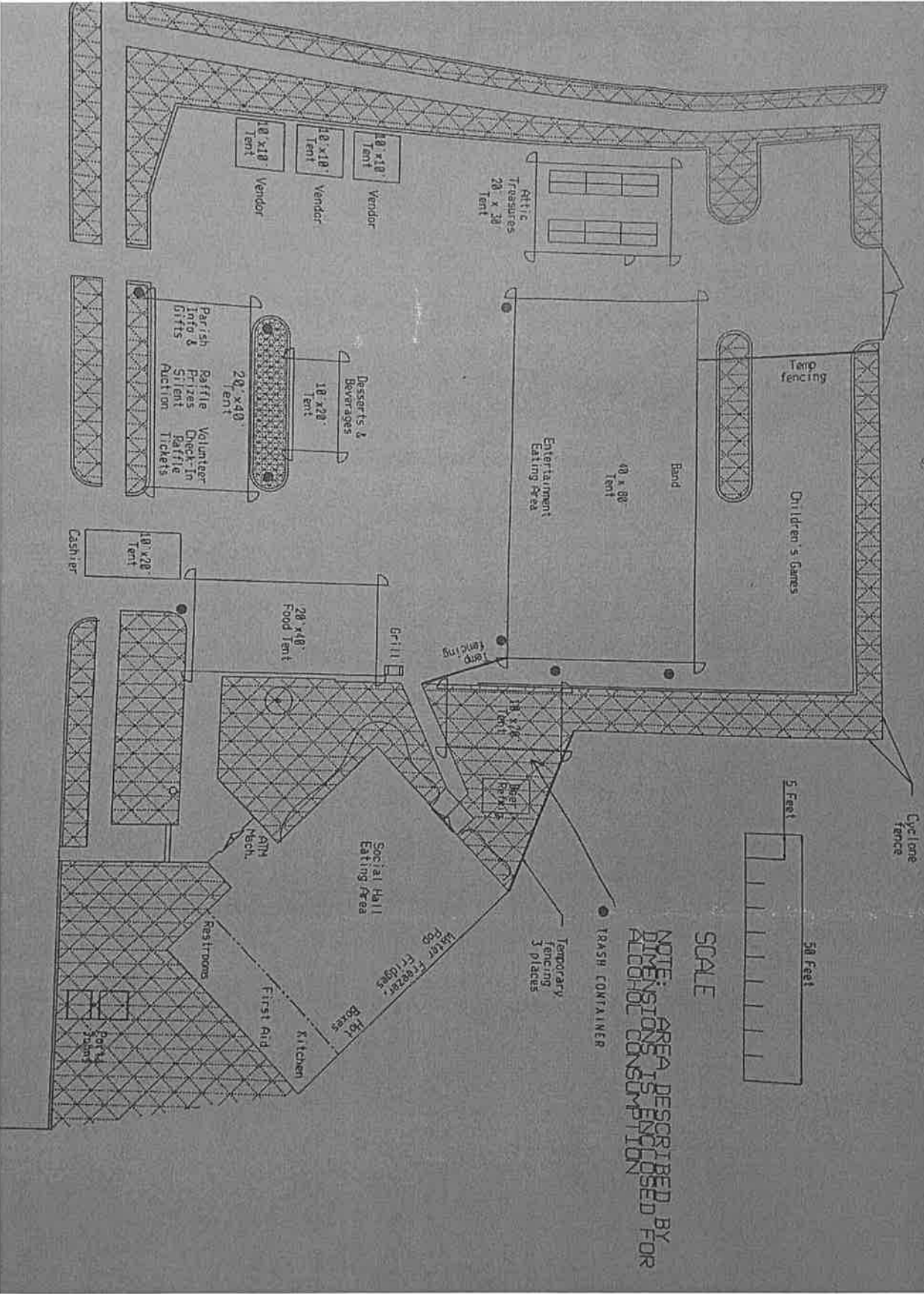
St Josephs Catholic Church  
1828 Jay St  
Detroit MI 48207

Salesperson	Job	Payment Terms	Due Date
Jack		Due upon receipt	

Quantity	Description	Unit Price	Line Total
1	30yd Roll Off container delivery	\$350.00	\$ 350.00

		Subtotal	\$ 350.00
		<b>TOTAL</b>	\$ 350.00

THANK YOU FOR YOUR BUSINESS!



NOTE: AREA DESCRIBED BY DIMENSIONS IS ENCLOSED BY ALCOHOL CONSUMPTION

SCALE



Cyclone fence

Temp fencing

Children's Games

Band

40 x 80 tent

Entertainment Eating Area

Raffle Prizes 20 x 40 tent

Desserts & Beverages 18 x 20 tent

Raffle Prizes Silent Auction 20 x 40 tent

Parish Info & Gifts

Volunteer Check-In Raffle Tickets

CASHIER 10 x 20 tent

Social Hall Eating Area

Kitchen

First Aid

Restrooms

Water Fridge

Food Fridges

Boxes

Trash Container

Temporary Fencing 3 places

Grill

20 x 40 Food Tent

ATM

Port-A-Potty

Vendor 10 x 18 tent

Vendor 10 x 18 tent

Vendor 10 x 18 tent

2018-08-01

**472**

**472** *Petition of St. Joseph Oratory, request to hold "St. Joseph Oktoberfest" at 1828 Jay St. on September 23, 2018 from 12:30 PM to 8:00 PM with set up to begin 9-22-18 and tear down to complete 9-24-18.*

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

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

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MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 479 Event Name: National Annual Disaster Preparedness Month

Event Date: September 29, 2018

Street Closure: None

Organization Name: Montford Point Marines of America

Street Address: P.O. Box 7293 Detroit, MI 48207

Table with 2 columns: Description, Date. Rows include 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):

- Checkboxes for Walkathon, Carnival/Circus, Concert/Performance, Run/Marathon, Bike Race, Religious Ceremony, Political Ceremony, Festival, Filming, Parade, Sports/Recreation, Rally/Demonstration, Fireworks, Convention/Conference, Other: Disaster Training, 24-Hour Liquor License.

Petition Communications (include date/time)

Training of community members and volunteers in emergency and disaster preparedness at Martin Luther King, Jr. Senior High School parking lot from 10:00am - 3:00pm.

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

Table with 6 columns: Date, Department, N/A, APPROVED, DENIED, Additional Comments. Rows for DPD, DFD/EMS, DPW, Health Dept.

ENTERED SEP 10 2018 MTNB RM(310)

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 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 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 Lusher

Date: August 22, 2018

## DEPARTMENTAL REFERENCE COMMUNICATION

*Wednesday, August 08, 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  
PLANNING AND DEVELOPMENT DEPARTMENT    BUSINESS LICENSE CENTER

**479**    *Montford Point Marines of America, request to hold "National Annual Disaster Preparedness Month" at 3200 E. Lafayette on September 29, 2018 from 10:00 AM to 3:30 PM with set up and tear down to begin and end on the event date, 9-29-18*



# 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. 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: NATIONAL ANNUAL DISASTER PREPAREDNESS MONTH  
Event Location: MARTIN LUTHER KING HIGH SCH. 3200 E. LAFAYETTE

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: MONTFORD POINT MARINES OF AMERICAN  
Organization Mailing Address: P.O. BOX 2293 DETROIT, MI 48207  
Business Phone: 313-300-0165 Business Fax: 313-392-0355  
Federal Tax ID #: 38-3295532

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

Applicant Name: ROBERT MIDDLETON  
Title/Role: COMMANDING OFFICER  
Email Address: RMIDDLETON@hotmail.com  
Mailing Address: 1 LAFAYETTE PLAZANCE #912 DETROIT, MI 48207  
Business Phone: 313-300-0165 Business Fax: 313-392-0355

Event On-Site Contact Person: ROBERT MIDDLETON, COMMANDER

Mailing Address:

Business Phone: Business Fax:

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

ROBERT MIDDLETON, COMMANDING OFFICER  
List Event Sponsors:

### 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: DISASTER TRAINING

Provide a brief description of your event:

TRAINING COMMUNITY MEMBERS AND VOLUNTEERS IN  
EMERGENCY AND DISASTER PREPAREDNESS

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

Begin Set-up Date & Time: 9/29 8AM Complete Set-up Date & Time: 9/29 9:30AM

Event Start Date & Time: 9/29 10AM Event End Date & Time: 9/29 3:30 PM,

Begin Tearing Down Date: 9/29 Complete Tear Down Date: 9/29

Event Times (If more than one day, give times for each day): SEPT 29, 2018 RET. 10AM- 3:30PM

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? OCT. 14TH

Where was the event last held in Detroit? MARTIN LUTHER KING HIGH SCHOOL

What were the hours last year? 10AM- 3:30 PM.

Project Attendance This Year (Minimum - Maximum)? 200

What is the basis for your projected attendance? ASSISTANCE BY 7TH PRECINCT COMMUNITY  
RELATION BOARD

Please describe your anticipated/ target audience:

Is this going to be an annual event?  Yes  No

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

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

[ ] People [ ] Balloons

[ ] Floats [ ] Animals

[ ] Vehicles [ ] Other: N/A

[ ] Bands

If animals included, specify type, number and how used. N/A

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: 3200 E LAFAYETTE DETROIT, MI

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: N/A

Describe the entertainment for this year's event: NONE

List proposed entertainers and/or bands performing at the event: NONE

Will a sound system be used?     Yes     No

If yes, what type of sound system?

MICROPHONE & AMPLIFIER w/ SPEAKERS

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:

NONE

How many generators will be used?

NONE

How will the generators be fueled?

N/A

Name of vendor providing generators:

Contact Person:

N/A

Address:

N/A

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): WWW.MANTFORDPOINTMARINESAMERICA.ORG

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: N/A

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

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: BBQ

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

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

Name of Private Security Company: Existing park contract security will be used. NO

Contact Person: N/A

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

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

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

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

Licensed  Armed  Bonded

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

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

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

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

**Section 8- COMMUNITY IMPACT INFORMATION**

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? NOT AT ALL

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? N/A

Size/Height N/A

Booth N/A

Tent (enclosed on 3 sides) 5 TENTS 8' X 8'

Canopy (open on all sides) NONE  
Staging/Scaffolding NONE  
Bleachers NONE

Company: MC. BAR-B-QUE

Grill  
 Gas       Charcoal       Electrical       Propane

Fireworks (Pyrotechnics) N/A  
 Aerial       Stage

Provide Sketch: N/A

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: NONE

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

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

**Name of company providing emergency medical services?** DM Care Express

Contact Person: JENNIFER

Address: 6420 E. LAFAYETTE

City/State/Zip: DETROIT MI 48207

**Name of company providing porta-johns.** PORTA PATTY RENTALS

Contact Person: KATE

Address: 1600 CLAY Phone: 313-334-4231

City/State/Zip: DETROIT MI

**Name of private catering company?** NONE

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

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

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

**SPECIAL USE REQUESTS** NONE

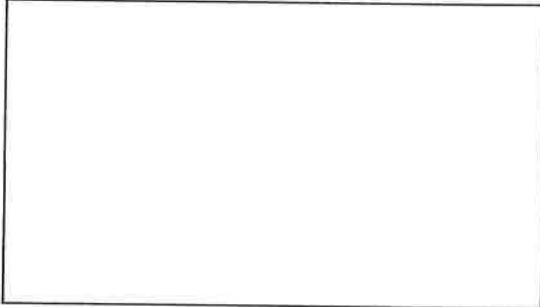
List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

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

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

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

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



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

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

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

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

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

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

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

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

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

**Requested City Equipment**

Provided In: \_\_\_\_\_ (year) **NONE**

Current Request: \_\_\_\_\_ (year) **NONE**

Street Closures: **NONE**

- 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?

**NONE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

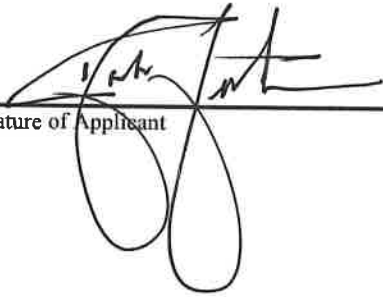


**AUTHORIZATION & AFFADAVIT OF APPLICANT**

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

Signature of Applicant

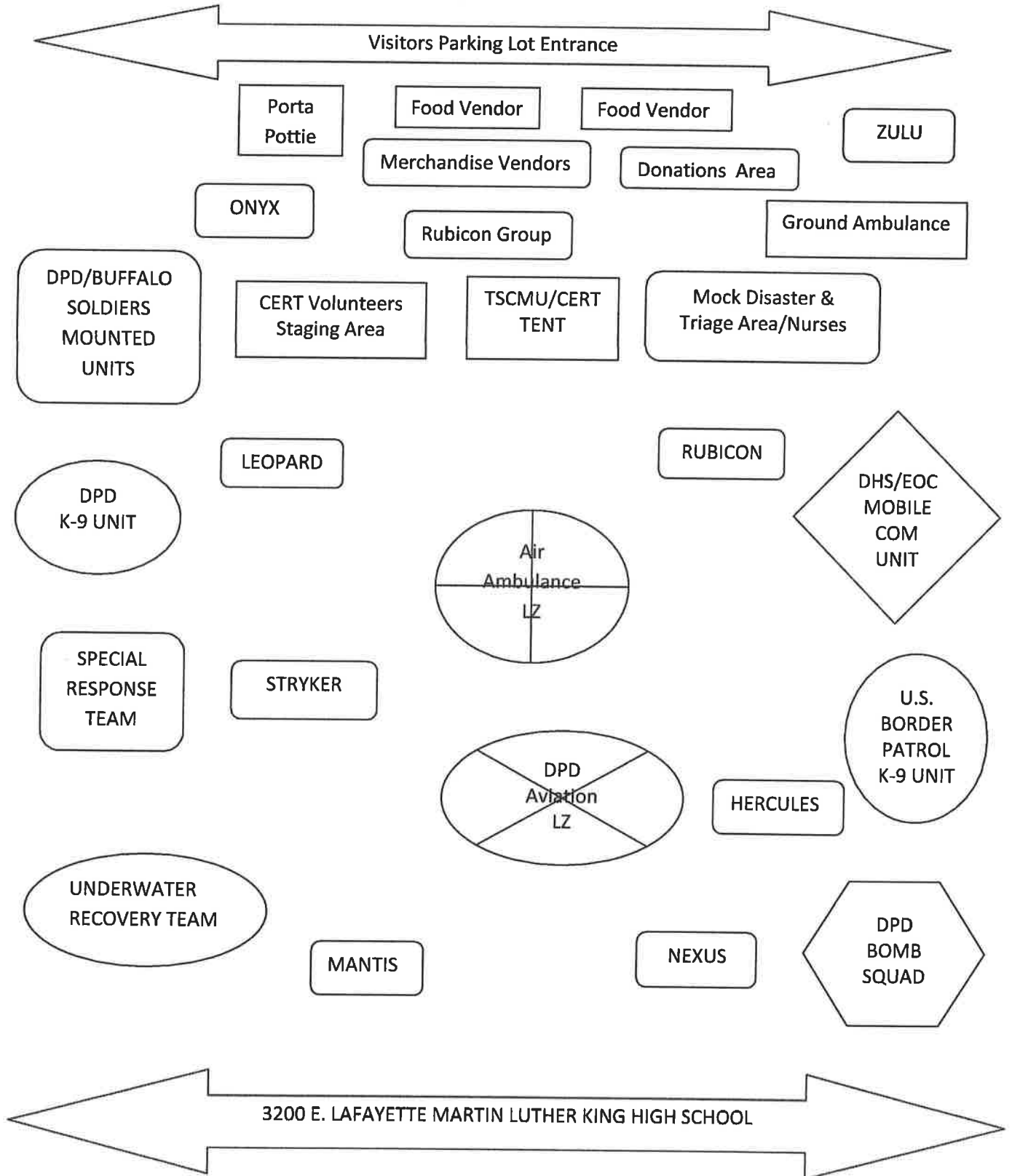
Date



7/14/18

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.

# TSCMU NATIONAL PREPAREDNESS MONTH EXERCISE FIELD LAYOUT



2018-08-08

479

479 *Petition of Montford Point Marines of America, request to hold "National Annual Disaster Preparedness Month" at 3200 E. Lafayette on September 29, 2018 from 10:00 AM to 3:30 PM with set up and tear down to begin and end on the event date, 9-29-18*

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

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

117

USE!

As of 7/13

8

**CITY OF DETROIT SUPPORT FOR SCHOOL TRANSPORTATION AND AFTER-SCHOOL AGREEMENT**

This City of Detroit Support for School Transportation And After School Agreement ("Agreement") is made and entered into by and among the Community Education Commission ("CEC") and the City of Detroit ("City"), to supplement that certain Agreement: Northwest Transportation Pilot entered into by and among CEC, the City, the Detroit Public Schools Community District ("DPSCD") and the Charter Schools (the "NTP Agreement"). The City and the CEC are individually referred to herein as a "Party" and jointly referred to as "Parties." Any term not defined in this Agreement shall have the meaning reflected in the NTP Agreement.

The obligations outlined herein are conditional on the Detroit City Council's adoption of a resolution approving this Agreement and the NTP Agreement, and on this Agreement's and the NTP Agreement's ratification by the CEC Board of Directors.

**RECITALS**

- A. Pursuant to the terms of the NTP Agreement, the City agreed to pay CEC 1/3 of the cost of a school transportation pilot in Northwest Detroit in exchange for CEC's performance of the services set forth in the NTP Agreement.
- B. The City and CEC desire to define the City's payment obligations more specifically, and to expand the scope of the services to be provided by CEC.

Therefore, in exchange for the mutual promises and other consideration reflected herein, the City and CEC agree as follows:

**ARTICLE I  
ADDITIONAL CEC OBLIGATIONS**

**1.1 The CEC Services.** CEC shall perform the services set forth in the NTP Agreement, and shall also perform the following additional services (collectively, the "CEC Services"):

- (i) Either on its own accord or through an outside contractor, operate an after-school program at the Northwest Activities Center (the "Center", as defined below) serving children in grades K-8. The after-school program shall include, at a minimum, an opportunity for children to engage in recreational activities such as basketball and swimming, as well as an opportunity for children to obtain tutoring and academic support;

7/16/18 rec'd @ table

- (ii) Provide parents and families with information about schools in Detroit; and,
- (iii) Facilitate requests to philanthropic organizations to support education in Detroit.

**1.2 Performance of the CEC Services.** CEC shall perform the CEC Services in accordance with the requirements of this Agreement and the NTP Agreement, including but not limited to those with respect to insurance, timing, supervision and security.

**1.3 Audit.** CEC shall maintain full and complete records reflecting all of its operations related to the NTP Agreement and this Agreement. The records shall be maintained for a minimum of three (3) years after the expiration or termination of this Agreement. The City shall have the right at any time without notice to examine and audit all records and other supporting data of the CEC as the City deems necessary. CEC shall make all records available for examination during normal business hours at the CEC's Detroit offices, if any, or alternatively, at its facility nearest Detroit. CEC shall provide copies of all records to the City upon request.

**1.4 Indemnification.** CEC shall defend, indemnify and hold harmless the City and its respective officers, directors, managers, employees, agents, contractors, successors and permitted assigns (each a "City Related Party") from and against any and all claims incurred or asserted against any City Related Party arising out of or relating in any manner to the CEC Services, and any use of the Center by CEC or any of CEC's officers, directors, managers, employees, agents, licensees, invitees, contractors, successors, permitted assigns, students, and/or participants of the school transportation pilot program as anticipated by the NTP Agreement and this Agreement.

## ARTICLE II RESPONSIBILITIES OF THE CITY

**2.1. Financial Contribution.** Commencing with the 2018-2019 school year, and continuing through each school year thereafter during the term of the NTP Agreement, and provided CEC is not in breach of the NTP Agreement or this Agreement, the City shall pay CEC Two Hundred Fifty Thousand and 00/100 Dollars (\$250,000.00; the "Annual Payment") in exchange for CEC's performance of the CEC Services. The Parties agree that the Annual Payment shall fulfill the City's entire payment/contribution obligation under the NTP Agreement and this Agreement. In no event will the City be obligated to pay more than the Annual Payment to satisfy its payment/contribution obligation under the NTP Agreement or this Agreement.

During the 2018-2019 school year, the Annual Payment shall be made not later than thirty (30) days following the ratification of this Agreement by the Detroit City Council. In each

subsequent year, the Annual Payment shall be made not later than thirty (30) days following the beginning of the fiscal year.

**2.2. Facilities.** To facilitate the provision of after-school services, the City will allow the CEC and its authorized after-school contractors reasonable use of the City's facilities at the Northwest Activities Center located at 18100 Meyers Road, Detroit, MI, 48235 (the "Center"). CEC shall use the Center in accordance with the requirements of the NTP Agreement, including but not limited to those related to supervision and security.

### ARTICLE III TERM AND TERMINATION

**4.1. Term.** This Agreement will remain in effect, with respect to all Parties, for a term of five school years. If, at any time, however, the CEC fails to fulfill its obligations under this Agreement, or under the NTP Agreement, the City may refuse to make the Annual Payment, and, at the City's option, any obligation to CEC under the NTP Agreement and this Agreement may discontinue immediately. The City may also terminate this Agreement for convenience by providing the CEC thirty (30) days' written notice.

### ARTICLE V MISCELLANEOUS

**5.1. Authority.** Each Party represents and warrants that such Party is duly formed and in good standing, has full authority to enter into this Agreement, and has taken all organization action necessary to carry out the transactions contemplated herein so that when executed this Agreement constitutes a valid and binding obligation enforceable in accordance with its terms.

**5.2 Merger.** This Agreement and the NTP Agreement set forth all the covenants, promises, agreements, conditions and understandings between the Parties concerning the subject matter of this Agreement. There are no covenants, promises, agreements, conditions or understandings, either oral or written, between the Parties concerning the subject matter of this Agreement other than set forth in the NTP Agreement and this Agreement. This Agreement supersedes the NTP with respect to any bilateral obligations the City and the CEC have to one another. No alteration, amendment, change or addition to this Agreement shall be binding upon a Party unless reduced to writing and signed by all Parties.

**5.3. Successors.** All rights and liabilities herein given to, or imposed upon, the respective Parties shall extend to and bind any successors of the Parties.

**5.4. Counterparts and Electronic Signatures.** This Agreement may be signed in counterparts and electronic signatures are fully enforceable.

**5.5 Compliance With Laws.** CEC shall perform the CEC Services, and shall require that its contractors, employees, and representatives comply with all applicable federal, state and local laws in the performance of the CEC Services.

**5.6 Notices.** All notices, consents, approvals, requests and other communications ("Notices") required or permitted under this Agreement and under the NTP Agreement shall be given in writing, mailed by postage prepaid, certified or registered first-class mail, return receipt requested, and addressed as follows:

If to the City of Detroit:

City of Detroit  
2 Woodward Avenue, Suite 1126  
Detroit, MI 48226  
Attention: Eli Savit

If to the Community Education Commission:

Ms. Stephanie Young  
2 Woodward Avenue, Suite 1126  
Detroit, MI 48226

Attention: Stephanie Young

*[Signatures follow on the next page]*

IN WITNESS WHEREOF, the Parties have executed this Agreement by and through their respective authorized officers as the day and year first above written.

For the City of Detroit,



Michael E. Duggan  
Mayor, City of Detroit

Date: \_\_\_\_\_

For the Community Education Commission,



Monique Marks  
Chair

Date: 6/26/2018



RESOLUTION

8

BY COUNCIL MEMBER: \_\_\_\_\_

**WHEREAS**, over 32,000 Detroit schoolchildren wake up in the City of Detroit and attend school outside Detroit City limits, in part because those schools offer free transportation; and

**WHEREAS**, there is a need for high-quality after-school enrichment programs in the City of Detroit. Research has repeatedly demonstrated that high-quality after-school programs have positive effects on children's social-emotional and mental development. High-quality after school programs, moreover, are also associated with academic gains and decreases in problematic behavior; and

**WHEREAS**, a 501(c)(3) nonprofit, the Community Education Commission, has been formed to break down barriers that prevent families and children from accessing quality schools in Detroit. Specifically, the CEC will work to:

1. Break down transportation barriers that prevent families and children from accessing Detroit schools;
2. Build safe, high-quality after-school programs for Detroit children;
3. Provide parents and families with information about schools in Detroit; and
4. Facilitate requests to philanthropic organizations to support education in Detroit.

**WHEREAS**, the City has agreed to contribute to the CEC \$250,000.00 per year to fund a portion of a school-transportation pilot the CEC will be implementing in Northwest Detroit; now therefore be it

**RESOLVED**, that Detroit City Council hereby approves that certain "Agreement: Northwest Transportation Pilot," between the City, the CEC, the Detroit Public Schools Community District ("DPSCD") and four public school academies in the City; and be it further

**RESOLVED**, that Detroit City Council hereby approves that certain "City of Detroit Support for School Transportation and After-School Agreement,"; and be it further

**RESOLVED**, that the Mayor, or his authorized designee, is hereby authorized to execute any required instruments to make and incorporate technical amendments or changes to the Agreements in the event that changes are required to correct minor inaccuracies or are required due to unforeseen circumstances or technical matters that may arise during the term of the Agreements, provided that the changes do not materially alter the substance or terms of the Agreements; and be it further

**RESOLVED**, that the Mayor, or his authorized designee, be and is hereby authorized to execute any document required by any of the Agreements or reasonably required to effectuate the intent of any of the Agreements, in each and every case for no additional consideration.

Exhibits:

- Exhibit 1 – Agreement: Northwest Transportation Pilot (signed in counterparts)

- Exhibit 2 – City of Detroit Support for School Transportation and After-School Agreement

95

ST:1:274-870Z 988 08 X9877 110

249

### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 478 Event Name: Convoy of Hope Detroit

Event Date: September 22, 2018

Street Closure: None

Organization Name: Convoy of Hope Detroit

Street Address: P.O. Box 39007 Redford, MI 48239

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)

Community Service event held at Bishop Field Park - 2971 Ferry Park from 9:00am - 3:00pm which will provide free haircuts, groceries, and community assistance.

**\*\* 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 Prudential Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections
	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"/>	<b>No Permits Required</b>

ENTERED SEP 06 2018 M T V B AS (3,0)

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"/>	Permits Required for Tents
	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 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 Jushier

Date: August 22, 2018

## DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, August 08, 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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DPW - CITY ENGINEERING DIVISION    MAYOR'S OFFICE  
PLANNING AND DEVELOPMENT DEPARTMENT    POLICE DEPARTMENT  
FIRE DEPARTMENT    BUSINESS LICENSE CENTER

**478**    *Convoy of Hope Detroit, request to hold "Convoy of Hope Detroit" at 2971 Ferry Park on September 22, 2018 from 9:00 AM to 3:00 PM with Set up to begin 9-18-18 and tear down to be completed on 9-22-18.*

# 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.

Event Name: Convoy of Hope Detroit

Event Location: 2971 Ferry Park, Detroit MI 48208

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Convoy of Hope Detroit

Organization Mailing Address: P.O.Box 39007, Redford MI 48239

Business Phone: 734.325.9177

Business Website: [convoyofhope.org/detroit](http://convoyofhope.org/detroit)

Applicant Name: Arthur Ledlie

Business Phone: 734.325.9177 Ext 1

Cell Phone: 313.319.2183

Email:

Arthur@bridgenetworks.org and abl@dwo.org

### Event On-Site Contact Person:

Name: Arthur Ledlie (Phone above) or Orlando Gregory  
313.550.0186

Business Phone: Cell Phone:

Email: [orlando.gregory@yahoo.com](mailto:orlando.gregory@yahoo.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 checked="" type="checkbox"/> Festival | <input type="checkbox"/> Filming             |

- Parade
- Sports/Recreation
- Rally/Demonstration
- Convention/Conference
- Fireworks
- Other: Community Event

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

Convoy of Hope, Detroit, is a one-day, outdoor, community service event held Saturday, September 22, 2018 in Bishop Park field~ 2971 Ferry Park, Detroit MI 48208 (Adjacent to Northwestern High School location). COHD is designed to serve over 5-7,000 Detroit residents of Detroit in Districts 5 and 7 (primarily zip codes 48201, 48202, 48204, 48206 48208,48210), and deliver over \$1,000,000 in goods and services to the community.

Convoy of Hope Detroit features free groceries, haircuts, family portraits, opportunities to engage numerous non-profit and business owners and volunteers providing job services, health and dental services, veteran's services, a kids' zone for the day and long term partnership opportunities within the city of Detroit.

Convoy of Hope Detroit has been to Detroit 3 times during the last 15 years servicing over 30,000 Detroiters at Osborn, Northwestern High School locations and during the Superbowl. Convoy of Hope Detroit is a collaborative effort to help the community with Straightgate Church, Central Detroit Christian CDC, Detroit World Outreach, Bridge Networks and a number of Detroit area churches, non-profits and businesses, whose goal together is to provide hope for a greater quality of life in the City of Detroit.

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

Begin Set-up Date : 9/18/18      Time: 9am      Complete Set-up Date: 9/21/18      Time: 5pm

Event Start Date: 9/22/18      Time: 9am      Event End Date: 9/22/18      Time: 3:00pm

Begin Tearing Down Date: 9/22      Complete Tear Down Date: 9/22

Event Times (If more than one day, give times for each day): Leadership Team: 5:30am Volunteers On Site 7:30am Meeting; Tear Down 2-5pm

Location of Event: 2971 Ferry Park, Detroit MI 48208

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:

- 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

---

Describe the entertainment for this year's event: None, just music playing through speakers.

Will a sound system be used?       Yes       No

If yes, what type of sound system?

1 small system with two powered speakers, mixing board, cabling

Describe specific power needs for entertainment and/or music:

How many generators will be used? -

6

How will the generators be fueled?

**Gas**

**Name of vendor providing generators:**

Straightgate Church

Contact Person: David Merritt

Address: 10100 Grand River

Phone: (313) 491-8430

City/State/Zip Detroit Mi 48204



---

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: None

---

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

Contact Person: Mike Gomez

Address: PO Box 1988

Phone: 313.215.6763

City/State/Zip: Taylor, MI 48180

Number of Private Security Personnel Hired Per Shift: 6

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

Licensed                             Armed                             Bonded

How will you advise attendees of parking options?

         By email, flyers and social media

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

Have local neighborhood groups/businesses approved your event?

Mayor Michael Duggan

Alexis Wiley (City of Detroit: Mayor's Office Chief of Staff)

Tabernacle Baptist Church, Associate Pastor Terry Robinson

District 5, Mary Sheffield

Detroit Olympia Armory (Alex Kasshenider)

Bishop Andrew Merritt, Straight gate International Church

Lisa Johannan: Central Detroit Christian CDC

Indicate what steps you have or will take to notify them of your event: Phone/Email/Organizational

Meetings/ Planning Meetings/Team Leader Trainings

---

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

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	9	1 - 20x40 4 - 40x40 4 - 60x90
Tents (enclosed on 2 sides)	2	1 - 40x60 1 - 60x90
Canopy (open on all sides)	8	6 - 10x10 1 - 20x20 1 - 40x40

Staging/Scaffolding

Bleachers

---

**Emergency medical services?**

Contact Person: Dr. Regina R. Frost, MD

Address: 21000 E. 12 Mile Rd Suite 102

City/State/Zip: St. Clair Shores, MI 48081

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

**Scotty's Pottys, Bob Sanitation**

Contact Person: Lori Proctor

Address: 27940 Wick Rd

Phone: 888-610-0783 734-241-1400

City/State/Zip: Romulus

**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. **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 (attached)**
- 2) **EMERGENCY MEDICAL AGREEMENT**  
Health Service Tent  
Medical Professionals staffing that tent  
First Aid Tent next to the Health Service Tent
- 3) **SANITATION AGREEMENT**  
Clean-up plan by 1500 volunteers:  
There will be ongoing clean-up throughout the event.  
Each area of service will clean its area at the end of the event.  
The Logistics team will direct a final clean up for the entire site.
- 4) **PORT-A-JOHN AGREEMENT (attached)**  
5 - ADA  
15 - Regular Port a Potties  
Average guest stays 1 hour - w/ kids 2 hours
- 5) **COMMUNITY COMMUNICATION (see top of page 5)**

**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.

  
Signature of Applicant

ARTHUR B. LEDUE 6/14/18  
8300 N. HIX ROAD  
WESTLAND MI 48185

Date 6/14/18

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: CONVOY OF HOPE DETROIT

Event Date: 09/22/18

Event Organizer: COORDINATOR: ARTHUR LEDUE

Applicant Signature: 

Date: 06/14/18



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/8/2018

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).

<b>PRODUCER</b> <b>R&amp;A INSURANCE SERVICES INC.</b> <b>8061 21 MILE ROAD UNIT 3</b> <b>SHELBY TWP, MI 48317</b>		<b>CONTACT NAME: DAN CONROY</b> <b>PHONE (A/C, No, Ext): 586-286-3727</b> <b>FAX (A/C, No): 586-286-2848</b> <b>E-MAIL ADDRESS: dan@ra-insurance.com</b>	
<b>INSURED</b> <b>STRAIGHT GATE</b> <b>10100 GRAND RIVER AVE</b> <b>DETROIT, MI. 48204</b>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC#</b> <b>INSURER A: GuideOne Insurance</b> <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	

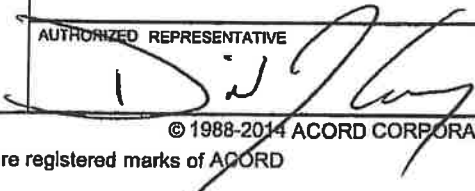
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 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"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b>			1427-596	3/28/2018	3/28/2019	<b>EACH OCCURRENCE \$ 1,000,000</b> <b>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000</b> <b>MED EXP (Any one person) \$ 15,000</b> <b>PERSONAL &amp; ADV INJURY \$ 1,000,000</b> <b>GENERAL AGGREGATE \$ 3,000,000</b> <b>PRODUCTS - COMP/OP AGG \$</b> <b>\$</b>
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PRO-JECT</b> <input type="checkbox"/> <b>LOC</b> <b>OTHER:</b>						<b>COMBINED SINGLE LIMIT (Ea accident) \$</b> <b>BODILY INJURY (Per person) \$</b> <b>BODILY INJURY (Per accident) \$</b> <b>PROPERTY DAMAGE (Per accident) \$</b> <b>\$</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> <b>ANY AUTO</b> <input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input type="checkbox"/> <b>HIRED AUTOS</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b> <input type="checkbox"/> <b>NON-OWNED AUTOS</b>						<b>EACH OCCURRENCE \$</b> <b>AGGREGATE \$</b> <b>\$</b>
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>DED</b> <input type="checkbox"/> <b>RETENTIONS</b>						<input type="checkbox"/> <b>OCCUR</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <b>\$</b>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> <b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</b> <b>If yes, describe under DESCRIPTION OF OPERATIONS below</b>						<input type="checkbox"/> <b>PER STATUTE</b> <input type="checkbox"/> <b>OTH-ER</b> <b>E.I. EACH ACCIDENT \$</b> <b>E.I. DISEASE - EA EMPLOYEE \$</b> <b>E.I. DISEASE - POLICY LIMIT \$</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

NOTE: Insured is hosting a Special Event on 9/22/2018 at Bishop Park Field, 2791 Ferry Park St., Detroit, Mi. 48208. Certificate Holder is also Additional Insured. Subject to policy terms and conditions.

<b>CERTIFICATE HOLDER</b> <b>CONVOY OF HOPE</b> <b>330 S. PATTERSON AVE</b> <b>SPRINGFIELD, MO 65802</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> 
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NAMED INSURED : Straight Gate

POLICY NUMBER: 01427596

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04

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

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)
Convoy of Hope 330 S Patterson Ave Springfield, MO 65802
The above is named as an Additional Insured for the Convoy of Hope community outreach event that Straight Gate is co-sponsoring on September 22, 2018 at the following location:  2791 Ferry Park Street Detroit, MI 48208
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.

**From:** Drew Weber <[drewscottypotties@gmail.com](mailto:drewscottypotties@gmail.com)>

**Date:** June 14, 2018 at 12:58:42 PM EDT

**To:** [ARTHUR@bridgenetworks.org](mailto:ARTHUR@bridgenetworks.org)

**Subject:** QUOTE

Good Morning,

If you need a more formal quote I apologize but we simply do not have the time to get that written out at this time of the year. The standard special event units are \$125 each. and the ADA units are \$225 each. The total would be \$3,000 even.

Drew Weber  
Bob's Sanitation  
Scotty's Potties  
734.421.1400





- ..... = Safety Fencing
- = Manned Gate
- = Foot Traffic
- ★ = Safety Personnel
- ⊕ = Restroom
- = ADA Accessible

**Convoy of Hope**  
**Bishop Park**  
**Revised 6-12-18**

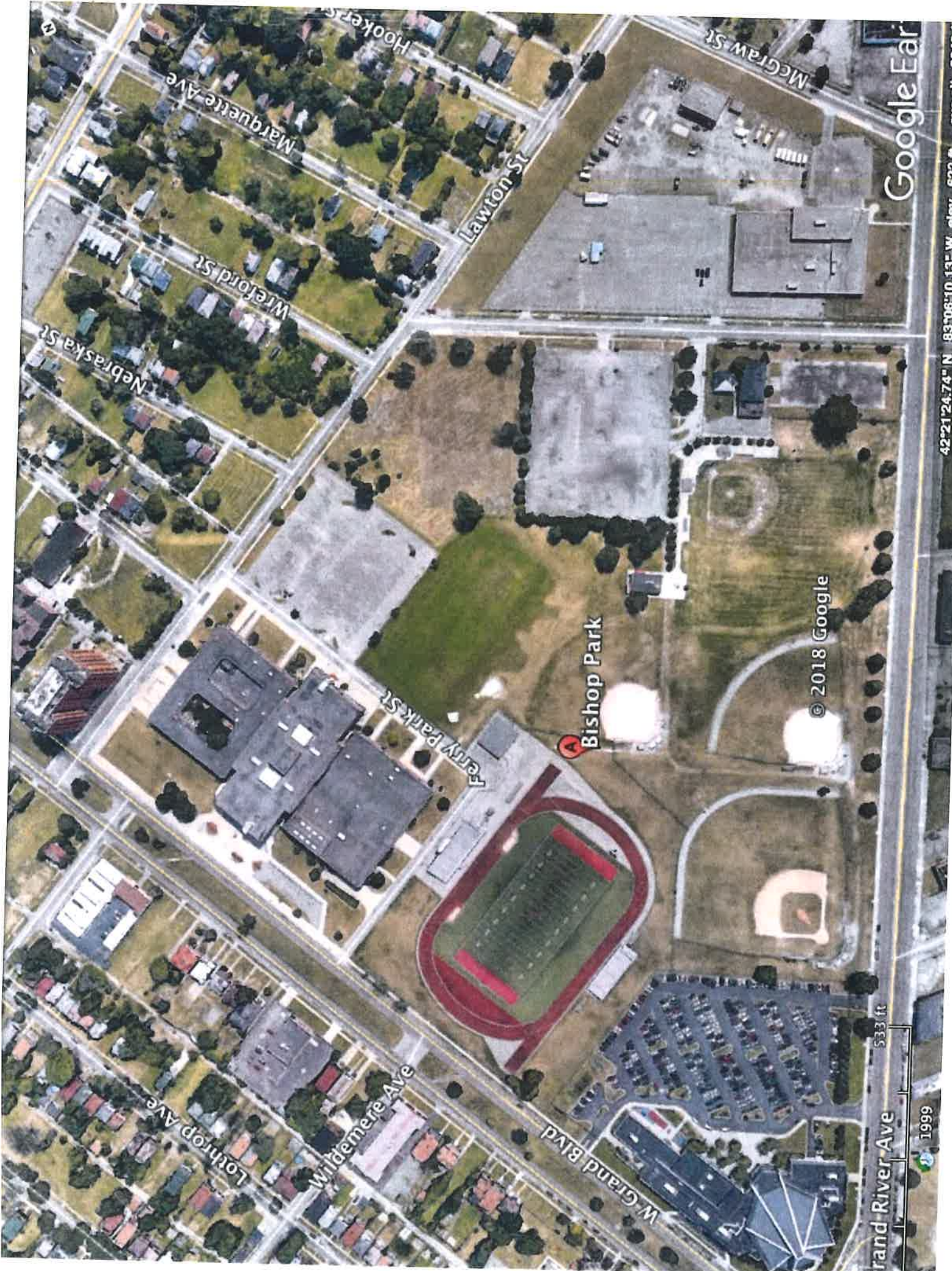
© 2018 Google

Grand River Ave

Google Earth

1999

42°21'18.81" N 83°08'12.08" W elev 620 ft eye alt 1395 ft



Google Earth

© 2018 Google

42°21'24.74" N 83°08'10.13" W elev 622 ft eye alt 3042 ft

Bishop Park

533 ft

1999

Grand River Ave

W Grand Blvd

Wildemere Ave

Lotthrop Ave

Ferry Park St

Marquette Ave

Welford St

Nebraska St

Lawton St

McGray St

Hooker St



95

CITY CLERK 30 AUG 2018 PM 12:13

10

### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 480 Event Name: Sukkah x Detroit

Event Date: September 23, 2018

Street Closure: None

Organization Name: Isaac Agree Downtown Synagogue

Street Address: 1457 Griswold Detroit, MI 48226

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)

Collaboration of the Jewish Harvest Festival and Detroit Design Month to place five "Sukkahs" in Capitol Park as educational and marketplace huts from 6:00am - 11:00pm.

**\*\* 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"/>	Contracted with Eagle Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections
	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 for Food Vendors

ENTERED SEP 06 2018 MTNB AS(310)

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"/>	Permits Required for Sukkah Structures
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors 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 Ausher

Date: August 22, 2018

## DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, August 08, 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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DPW - CITY ENGINEERING DIVISION    MAYOR'S OFFICE  
PLANNING AND DEVELOPMENT DEPARTMENT    RECREATION DEPARTMENT  
POLICE DEPARTMENT    FIRE DEPARTMENT  
BUSINESS LICENSE CENTER

**480**    *Isaac Agree Downtown Synagouge, request to hold "Sukkah x Detroit" at Capitol Park from September 23 to 30, 2018 from 8:00 AM to 10:00 PM each day. Set up begins 9-14-18, tear down completed 10-5-18.*

## 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: Sukkah x Detroit

Event Location: Capitol Park

Is this going to be an annual event?  Yes  No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Isaac Agree Downtown Synagogue

Organization Mailing Address: 1457 Griswold, Detroit, MI 48226

Business Phone: (313) 962-4047

Business Website: DowntownSynagogue.org

Applicant Name: Jodee Fishman Raines

Business Phone: (248) 302-3502

Cell Phone: (248) 302-3502

Email: jraines@erbff.org

Event On-Site Contact Person: Name: Sigal Hemy

Business Phone: (724) 713-4851

Cell Phone: (724) 713-4851

Email: shemy@erbff.org

#### 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: _____        |

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

Throughout the last week of September, as part of Detroit's Month of Design, Sukkah x Detroit will celebrate the Jewish harvest festival of Sukkot in Detroit's Capitol Park with a display of five to seven sukkahs selected through the largest international design competition in Detroit's recent history.

The competition, which attracted 78 applications from 14 countries, is modeled after New York's 2010 Sukkah City, adding educational and agricultural elements.

Since biblical times, the sukkah—a temporary structure giving thanks for the fall harvest and commemorating the exodus from Egypt—has served as the centerpiece of the eight-day Jewish holiday of Sukkot.

From September 23-30, Capitol Park will be transformed into an open-air marketplace featuring produce, food products, crafts, and Jewish educational events interspersed amongst the sukkahs, showcasing Detroit's design, urban agriculture, and Jewish communities on a national and international stage.

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

Begin Set-up Date: 9/14/18 Time: 6AM Complete Set-up Date: 9/22/18 Time: 11PM  
Event Start Date: 9/23/18 Time: 6AM Event End Date: 9/30/18 Time: 11PM  
Begin Tearing Down Date: 10/1/18 Complete Tear Down Date: 10/5/18  
Event Times (If more than one day, give times for each day):  
Daily 8AM-10PM

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Capitol Park

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:

Several lunch and learns related to urban agriculture, sustainability, design, and interfaith programs. Additional activities that include dinners, lectures, farmers market, family programming, and co-working space.

Will a sound system be used?  **Yes**  No

If yes, what type of sound system? Microphone and portable speaker for amplification of panel discussions.

Describe specific power needs for entertainment and/or music:

Outlets for the co-working space and portable speaker.

How many generators will be used? 1 small generator for speaker and co-working space connections

How will the generators be fueled? Diesel

**Name of vendor providing generators:** Contact Person: Aggreko — Contact: Don Gray

Address: 8119 Park Place, Brighton, Michigan 48116

Phone: 920-694-0929



## 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: During the week, farm-type vendors will sell produce and/or goods from inside the sukkah or 10x10 tents. All vendors will be Detroit based and responsible for securing their own business licenses and permits. Hours are TBD, the vendors will operate daily.

## Section 6- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: Pam Lenoir

Address: 1074 Woodward Ave

Phone: O. 313.373.0708 C: 313.820.4618

City/State/Zip: Detroit, MI 48226

Number of Private Security Personnel Hired Per Shift: To be determined in partnership with DDP.

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

Licensed  Armed  Bonded

How will you advise attendees of parking options?

Attendees will be directed to surface lots, street parking, and surrounding parking decks.

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

The event will enrich the communities lives with cultural programming and create community in public space.

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

what steps you have or will take to notify them of your event: Outreach to surrounding businesses via email or face to face.

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Lean-to like structures	5	approx. 10' x 12'

Few notes on the selection of the structures:

1) We had 78 total entries from 14 different countries. 15 of the entries were from the City of Detroit, with another 8 from the metro Detroit area (including Ann Arbor).

2) On average, the sukkah dimensions are 10'x12'. Once we select our 5 finalists, we will pair them with an engineer and make any necessary adjustments to the scale and design of the sukkahs for safety and constructability.

3) Selection process: our jury (full list and affiliations included below) will narrow down the 78 submissions to about 20 by July 27. Select images depicting the designs with the highest scores to date are attached. On July 31, the jury will meet in person to select 5 finalists and up to 5 back-up designs. Selection criteria are:

- Originality, coherence, and clarity of the design
- Ease of assembly and disassembly on-site
- Performativity, inhabitability, and ability to host programming.

In addition, jurors will balance factors such as size, function, form, and diversity of applicants, including balancing local and national applicants.

4) In addition to promotion throughout the UNESCO network, an intentional effort was made to recruit local talent for the design competition. We promoted the competition at local design schools, had articles in Model D and Curbed Detroit, made announcement at the Detroit Fine Arts Breakfast Club, conducted personal outreach throughout the Detroit art and design community, and posted flyers (attached for reference) throughout the city.

- Jury:
- Abir Ali, The Platform
  - Melinda Anderson, Design Core Detroit
  - Patty Boyle, SmithGroupJJR
  - Jeff Kidorf, Albert Kahn Associates
  - Tiff Massey, Artist and Architect
  - Noah Resnick, UD Mercy School of Architecture and Laavu
  - Anya Sirota, University of Michigan Taubman College and Akoaki

### Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

Contact Person: DMCare Express | Terrye Nicholls | Director of Operations | Terrye.Nicholls@beaumont.org

Address: 1600 E. Grand Blvd. Suite 200

City/State/Zip: Detroit, MI 48211

**Name of company providing port-a-johns. N/A already existing within the park**

Contact Person:

Address:

Phone:

City/State/Zip:

**Name of private catering company? N/A**

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:** n/a \_\_\_\_\_

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**

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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.



July 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.

**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: Sukkah x Detroit Event Date: Sept 23-30 2018

Event Organizer: Isaac Agree Downtown Synagogue



Applicant Signature: \_\_\_\_\_ Date: July 24, 2018



(11) ~~11~~ (97)

## MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 484      Event Name: Beacon Park - Fall Programming

Event Date : September 10 - December 2, 2018

Street Closure: None

Organization Name: Detroit 300 Conservancy

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

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):

- |  |  |  |  |
|--|--|--|--|
| <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 Ceremony                        | <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"/> Fireworks                     | <input type="checkbox"/> Convention/Conference | <input checked="" type="checkbox"/> Other: <u>Fall Programming</u> |  |
| <input type="checkbox"/> <b>24-Hour Liquor License</b> |  |  |  |

CITY CLERK 30 AUG 2018 4:12:12

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

Fall Programming for Beacon Park located at 1901 Grand River from September 10 - December 2, 2018 with various times each day.

**\*\* 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 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"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

ENTERED SEP 06 2018 M T N B AS (3,0)

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
	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 Lusher

Date: August 20, 2018



## DEPARTMENTAL REFERENCE COMMUNICATION

*Thursday, August 09, 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 RECREATION DEPARTMENT  
BUSINESS LICENSE CENTER DPW - CITY ENGINEERING DIVISION  
POLICE DEPARTMENT FIRE DEPARTMENT  
PLANNING AND DEVELOPMENT DEPARTMENT

**484** *Detroit 300 Conservancy, request to hold "Beacon Park - Fall Programming" at Beacon Park on various dates from September 10, 2018 through December 2, 2018 at various times.*

# 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: BEACON PARK – FALL PROGRAMMING

Event Location: BEACON PARK, 1901 GRAND RIVER

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: DAVID COWAN

Business Phone:

Cell Phone: 734-377-3472 Email: david.cowan@downtowndetroit.org

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: FALL PROGRAMMING |

CITY CLERK SO BUS 2018 MAR 21 11:02

Please provide a brief description of your event:

**PARKTOBERFEST: 9/21, 9/22, 9/23, NOON – MIDNIGHT**

**BIG GAME VIEWING PARTY: 10/20, TIME TBD**

**LIONS TAILGATES & VIEWING PARTIES: 9/10, 5P – 11P, 9/23, 6P – MIDNIGHT, 10/28, 11/18 & 12/2, 11A – 5P**

**HALLOWEEN FAMILY FUN DAY: 10/27, 1P – 5P**

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

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

---

Event Start Date:                      Time:                      Event End Date:                      Time:

---

Begin Tearing Down Date:                      Complete Tear Down Date:

---

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

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**Section 3- LOCATION/SITE INFORMATION**

Location of Event: BEACON PARK, 1901 GRAND RIVER, DETROIT, MI 48226

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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: ATTACHED

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---

Will a sound system be used?     Yes     No

If yes, what type of sound system? HOUSE + AMPLIFIED SOUND AS NEEDED

---

Describe specific power needs for entertainment and/or music:  
HOUSE POWER

---

---

How many generators will be used? N/A \_\_\_\_\_

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

Name of vendor providing generators:

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Contact Person:

Address:

Phone:

City/State/Zip

### 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: VARIES PER EVENT

### 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, STE 400

Phone: 734-306-4871

City/State/Zip: DETROIT, MI 48226

Number of Private Security Personnel Hired Per Shift:

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)?  
POSITIVE IMPACT, FREE COMMUNITY ACTIVATIONS

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

Indicate what steps you have or will take to notify them of your event: PARK MANAGEMENT, DTE AND

LUMEN APPROVE

**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)	1	40'x 100' (PARKTOBERFEST) 80'x 100' OCT - DEC EVENTS
Staging/Scaffolding		
Bleachers		

**Section 9- COMPLETE ALL THAT APPLY**

Emergency medical services? FOR PARKTOBERFEST ONLY

Contact Person: ADAM GOTLIEB, HART EMS MEDICAL SERVICES

Address: 220 BAGLEY, SUITE 912

City/State/Zip: DETROIT, MI 48226

Name of company providing port-a-johns. SCOTTY'S POTTIES

Contact Person: LORI PROCTOR

Address: PO BOX 530845

Phone: 734-421-1400

City/State/Zip: LIVONIA, MI 48153

Name of private catering company? N/A

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

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

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

**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 & 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.

 7/30/18  
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: FALL PROGRAMMING Event Date: SEP-DEC

Event Organizer: DOWNTOWN DETROIT PARTNERSHIP

Applicant Signature:  Date: 7/30/18



# BEACON PARK FALL ENTERTAINMENT SERIES DRAFT PROGRAM SCHEDULE

ALL PROGRAMS FREE AND OPEN TO EVERYONE

## PARKTOBERFEST

Friday, September 21 NOON - MIDNIGHT		BEACON PARK	Downtown Beer & Food Fest	2-day event
Saturday, September 22 NOON - MIDNIGHT FAMILY FUN, 12p-8P		BEACON PARK	Downtown Beer & Food Fest + Family Fun	
Sunday, September 23 NOON - MIDNIGHT		BEACON PARK	Downtown Beer & Food Fest + Family Fun	

*German-themed food & drink celebration plus fun specials for children & families.*

## THE BIG GAME DETROIT RALLY

Saturday, October 20 TIME: TBD		BEACON PARK	MSU vs U-M Viewing Party	1 day event
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*Watch the Big Game in Beacon Park*

## LIONS TAILGATE AND VIEWING PARTIES

Monday, September 10 5P - 11P Sunday, September 23 6P - MIDNIGHT Sunday, October 28 11A - 5P Sunday, November 18 11A - 5P Sunday, December 2 11A - 5P		BEACON PARK	Lions Viewing Party	5 Home game events
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*Tailgate and/or watch the Lions in Beacon Park*

## HALLOWEEN FAMILY FUN DAY

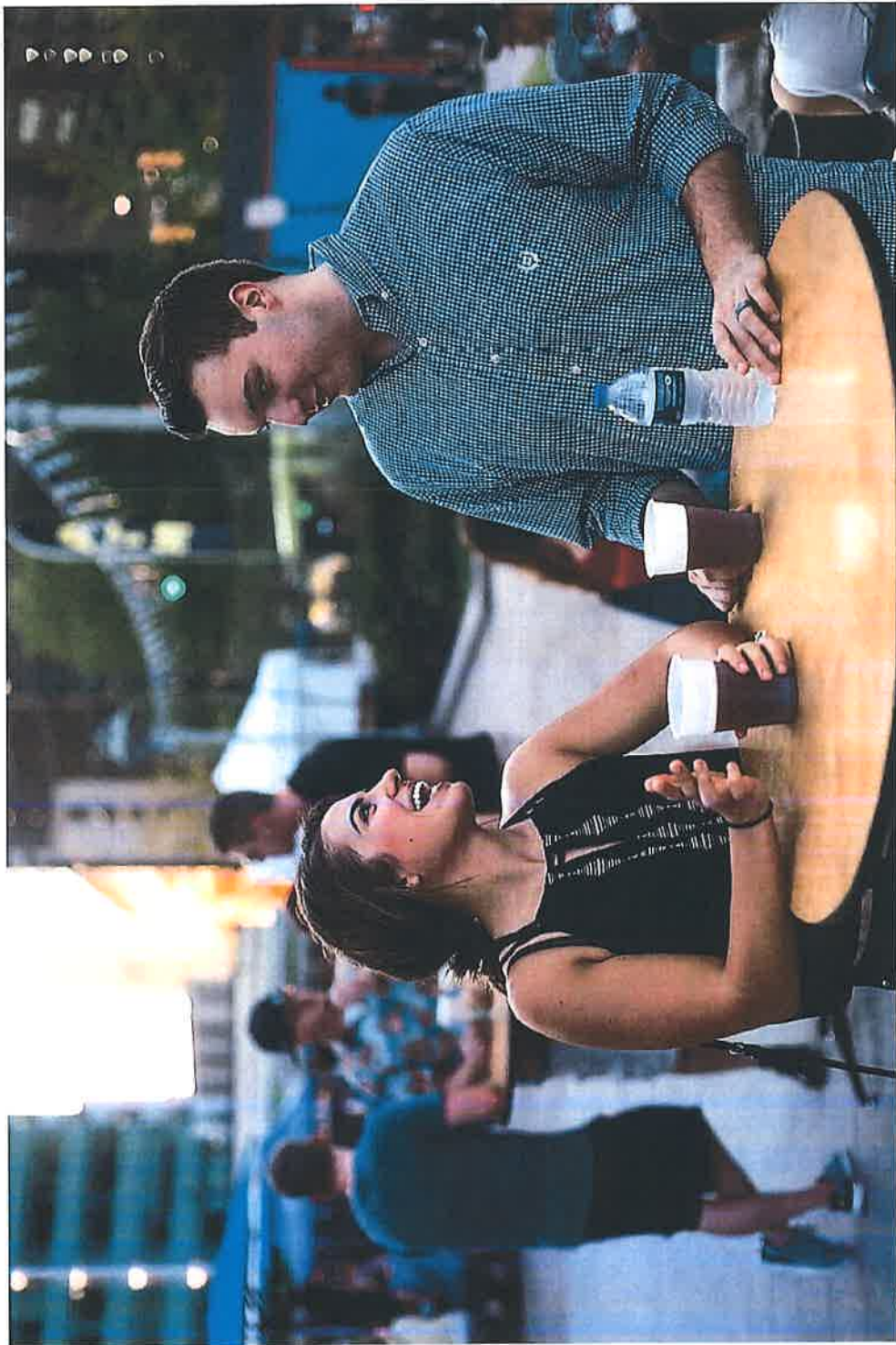
SATURDAY, October 27 1P - 5P		BEACON PARK	Family Fun	1 day event
---------------------------------	--	-------------	------------	-------------

*Free family programming with local food fare available for purchase*

## Parktoberfest

1 Weekend in September

- Detroit's signature Oktoberfest Celebration
- With food and beverage support from Lumen
- Live music, themed games, and activities



**PARKTOBERFEST**  
SEPTEMBER 21st -  
23rd 12pm - 12am



# The Big Game

Detroit Rally and Tailgate -

MSU vs. UM

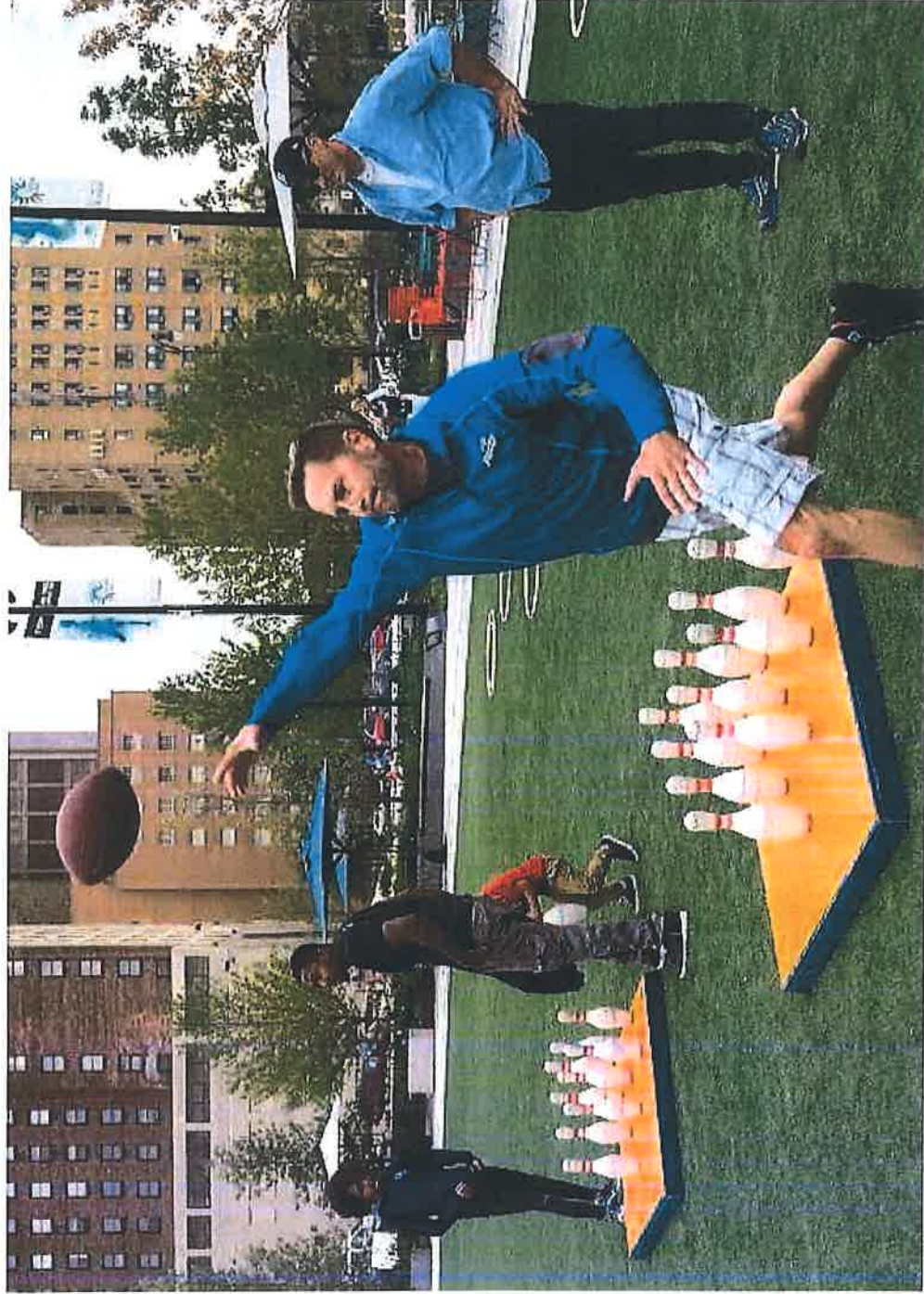
- Annual tailgate party and flag football game
- Tailgating menu from Lumen to support
- Music, giveaways



## Lions Tailgates

Six Lions Home Games

- Supported by Lumen food and beverage
- Screens showing Lions games live activated at restaurant
- Lions décor, branded presence and participation
- Enhanced marketing effort to position Beacon Park as top tailgating destination



# HALLOWEEN FAMILY FUN DAY

BEACON PARK

Saturday, October 27, 2018  
1pm - 5 pm

- Target Demographic
  - Families
  - Metro Detroit Residents
  - Weekend Visitors
- The first annual event in 2017 attracted crowds of 1,500+



# City of Detroit Special Events Application

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Event Name: BEACON PARK – FALL PROGRAMMING

Event Location: BEACON PARK, 1901 GRAND RIVER

Is this going to be an annual event?  Yes  No

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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: DAVID COWAN

Business Phone:

Cell Phone: 734-377-3472

Email: david.cowan@downtowndetroit.org

### 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: FALL PROGRAMMING

Please provide a brief description of your event:

**SEE ATTACHED EVENTS. ALL EVENTS INSIDE BEACON PARK, NO ROAD CLOSURES.**

# BEACON PARK FALL ENTERTAINMENT SERIES DRAFT PROGRAM SCHEDULE

ALL PROGRAMS FREE AND OPEN TO EVERYONE

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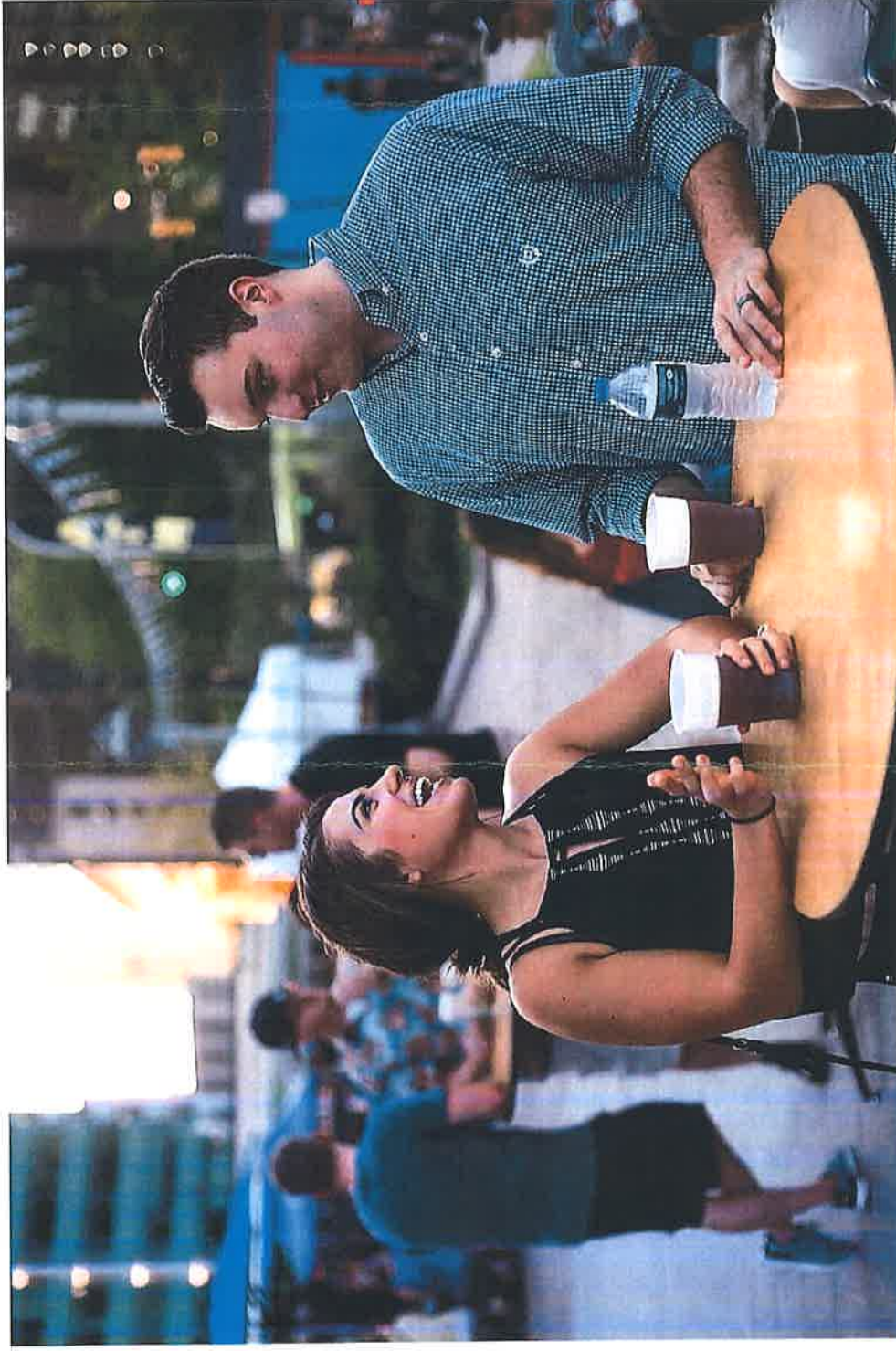
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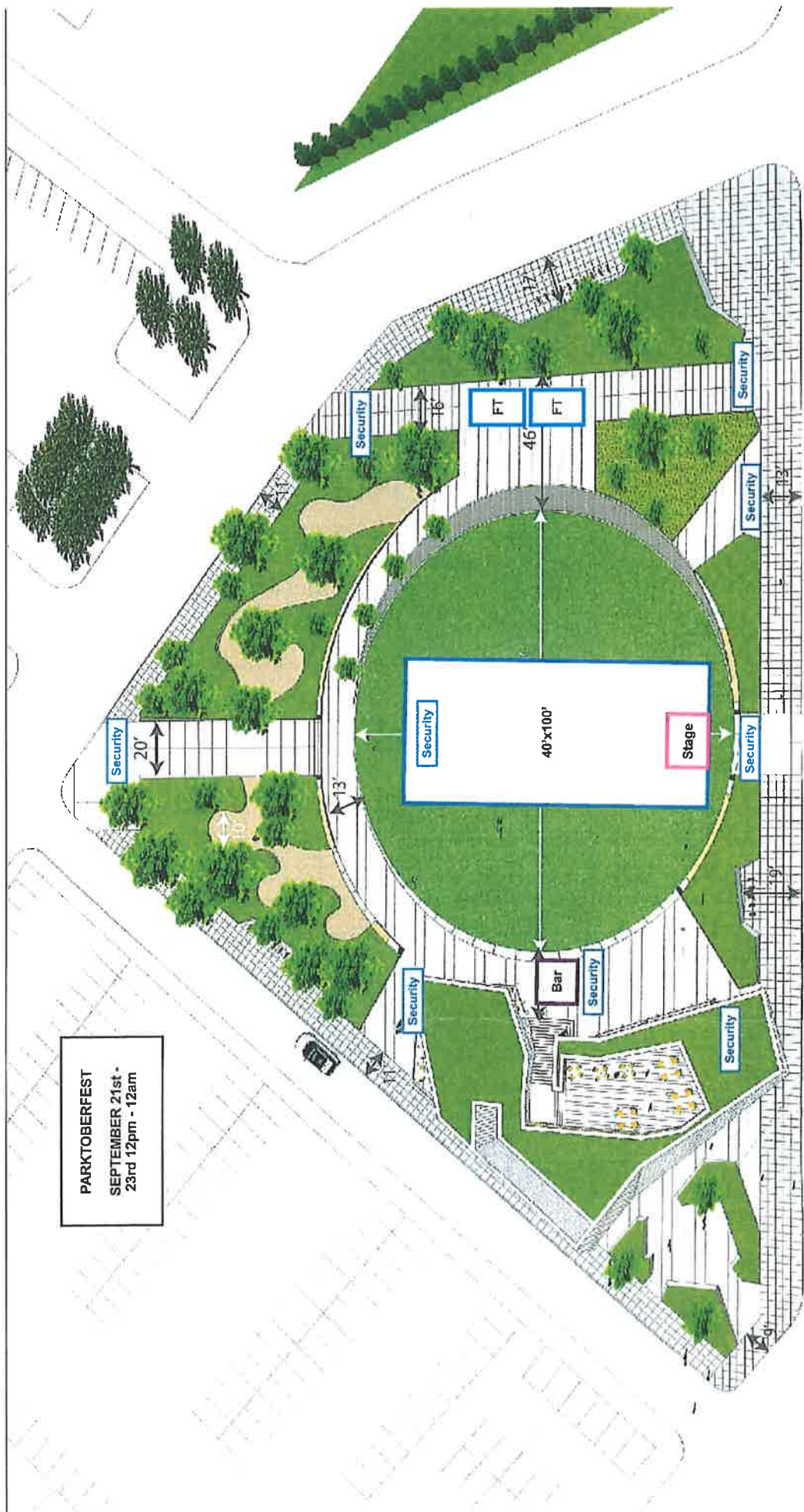


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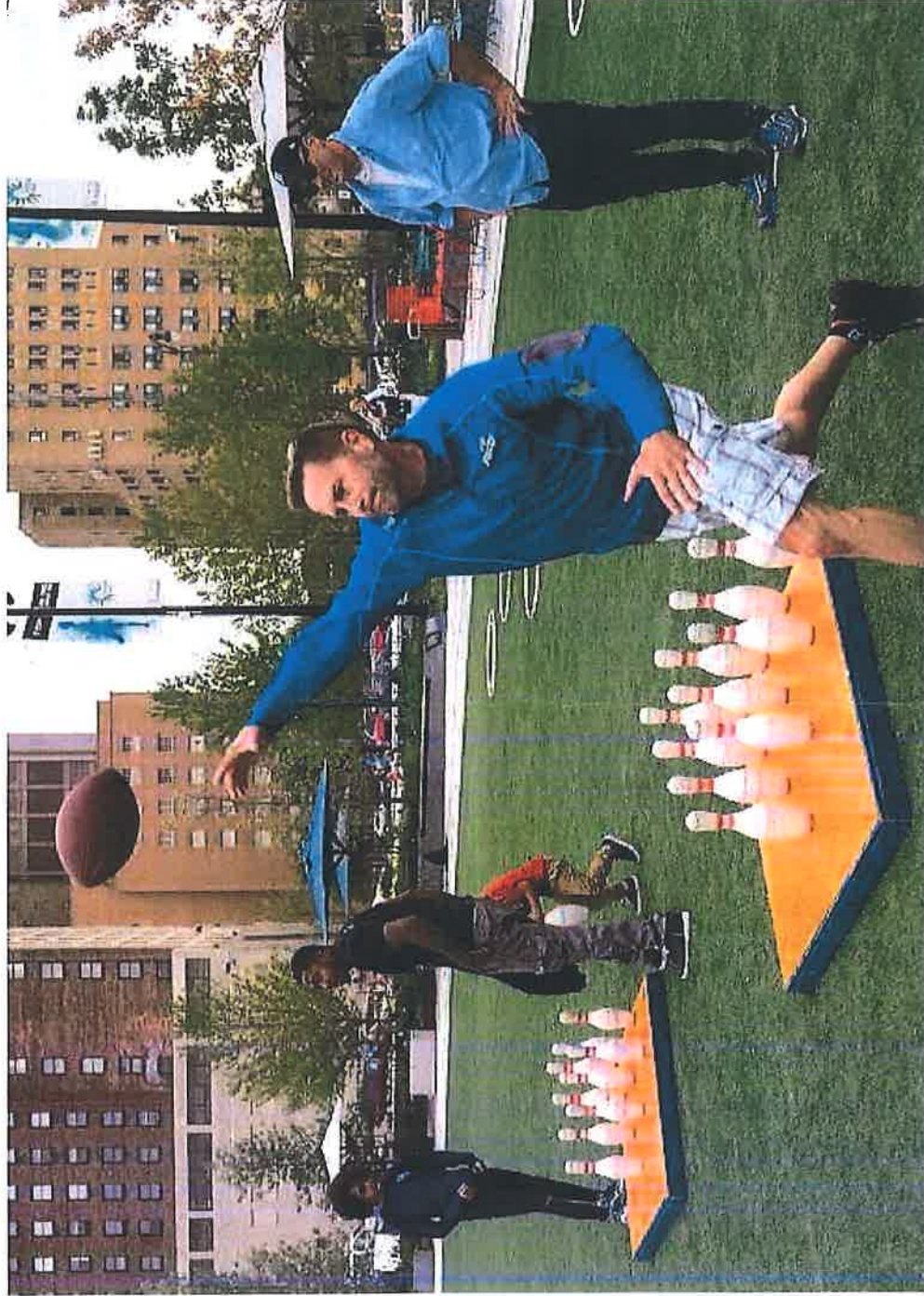
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BEACON PARK

Saturday, October 27, 2018  
1pm - 5 pm

- Target Demographic
  - Families
  - Metro Detroit Residents
  - Weekend Visitors
- The first annual event in 2017 attracted crowds of 1,500+



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

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

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

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

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

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: BEACON PARK, 1901 GRAND RIVER, DETROIT, MI 48226

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
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- 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: ATTACHED

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

Will a sound system be used?     Yes     No

If yes, what type of sound system? HOUSE + AMPLIFIED SOUND AS NEEDED

Describe specific power needs for entertainment and/or music:

HOUSE POWER

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

How many generators will be used? N/A \_\_\_\_\_

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

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip

### 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: VARIES PER EVENT

### 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, STE 400

Phone: 734-306-4871

City/State/Zip: DETROIT, MI 48226

Number of Private Security Personnel Hired Per Shift:

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)?  
POSITIVE IMPACT, FREE COMMUNITY ACTIVATIONS

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

Indicate what steps you have or will take to notify them of your event: PARK MANAGEMENT, DTE AND

LUMEN APPROVE

**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)	1	40' x 100' (PARKTOBERFEST) 80' x 100' OCT - DEC EVENTS
Staging/Scaffolding		
Bleachers		

**Section 9- COMPLETE ALL THAT APPLY**

Emergency medical services? FOR PARKTOBERFEST ONLY

Contact Person: ADAM GOTLIEB, HART EMS MEDICAL SERVICES

Address: 220 BAGLEY, SUITE 912

City/State/Zip: DETROIT, MI 48226

Name of company providing port-a-johns. SCOTTY'S POTTIES

Contact Person: LORI PROCTOR

Address: PO BOX 530845

Phone: 734-421-1400

City/State/Zip: LIVONIA, MI 48153

Name of private catering company? N/A

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

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

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

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 & 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

7/30/18  
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.

**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: FALL PROGRAMMING Event Date: SEP-DEC

Event Organizer: DOWNTOWN DETROIT PARTNERSHIP

Applicant Signature:  Date: 7/30/18




  
 CITY CLERK SEP 06 2018 PM 12:13  
 12

## MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 501 Event Name: Detroit China Festival - Taste of China, Detroit

Event Date : September 22, 2018

Street Closure: None

Organization Name: Detroit Chinatown, LLC

Street Address: 1 Ajax Drive Suite 1, Madison Heights, MI 48071

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):

- |  |  |  |  |
|--|--|--|--|
| <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 Ceremony  | <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"/> Fireworks                     | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____        |  |
| <input type="checkbox"/> <b>24-Hour Liquor License</b> |  |  |  |

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

Chinese Street Food and Music festival held at Grand Circus Park from 11:00am - 5:00pm.

\*\* 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"/>	Contracted with Eagle Security to Provide Private Security Services; DPD will Provide Special Attention & Assist at Woodward Crosswalk
	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"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

ENTERED SEP 06 2018 MTNB AS (BIO)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bike Racks 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, Staging & 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 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 Fisher

Date: August 22, 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**

*Thursday, August 30, 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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DPW - CITY ENGINEERING DIVISION    MAYOR'S OFFICE  
PLANNING AND DEVELOPMENT DEPARTMENT    POLICE DEPARTMENT  
FIRE DEPARTMENT    RECREATION DEPARTMENT  
BUSINESS LICENSE CENTER

**501**    *Detroit Chinatown LLC, request to hold "Detroit China Festival-Taste of China, Detroit" at Grand Circus Park on September 22, 2018 from 11:00 AM to 5:00 PM with set up and tear down to be complete on the event date, 9-22-18.*

# 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 China Festival—Taste of China, Detroit

Event Location: Grand Circus Park

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit Chinatown LLC

Organization Mailing Address: 1 Ajax Dr, Suite 201, Madison Heights, MI 48071

Business Phone: 810-394-5289

Business Website: www.detroitchinatownllc.com

Applicant Name: Joshua Chiatovich

Business Phone: 734-205-7739

Cell Phone: 734-205-7739

Email: joshua.c@detroitchinatownllc.com

### Event On-Site Contact Person:

Name: Paul Gaines

Business Phone: 248-910-9066

Cell Phone: 248-910-9066

Email: Paul.Gaines@detroitchinatownllc.com

### Event Elements (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Walkathon             | <input type="checkbox"/> Carnival/Circus     | <input checked="" 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: _____                   |

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

Chinese Street Food and Music event with live music show that provides diversity and a cultural experience to the general public. Government Officials from Michigan and China will also participate including Wayne County Executive Warren Evans. The event's purpose is to provide a good time to Michigan citizens, bring economic benefits to Detroit, local Chinese restaurants, and sponsors, and build up a platform for future economic connections between Michigan and China.



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

Begin Set-up Date : 9/22/2018                      Time: 8:30 AM      Complete Set-up Date: 9/22/2018                      Time: 10:30 AM

Event Start Date: 9/22/2018                      Time: 11AM      Event End Date: 9/22/2018                      Time: 5 PM

Begin Tearing Down Date: 9/22/2018                      Complete Tear Down Date: 9/22/2018.

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

11 AM -5 PM

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Detroit, MI

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:

Opening ceremony at 11:30AM and closing ceremony at 4:30PM. There will be an entertainment session every hour at 12:30PM, 1:30PM, 2:30PM, 3:30PM. Each session will be about 20 minutes and will include live music and dance performance show, raffle draw, keynote speech. Between each session, DJ will play recorded music

Will a sound system be used?     Yes     No

If yes, what type of sound system?    PA's for announcements and Live entertainment

Describe specific power needs for entertainment and/or music:

Three 20 amp outlets

How many generators will be used? Two 50KW full containment generators

How will the generators be fueled? Diesel

Name of vendor providing generators:

Contact Person: Aggreko.com (James)

Address: 8119 Park Place

Phone: 248-875-6070

City/State/Zip Brighton, MI. 48116

### 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:

Chinese street food, snacks, souvenirs, bubble tea, soda, beer

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: Matt Warner (Liberty/Eagle security Group)

Address: 1400 Biddle Ave

Phone: 1-855-457-4732

City/State/Zip: Wyndotte,  
Mi.

Number of Private Security Personnel Hired Per Shift: 10

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

[\\_detroit.bestparking.com](http://_detroit.bestparking.com)

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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)?

Increased pedestrian traffic, amplified sound from 12pm to 4pm

Have local neighborhood groups/businesses approved your event?

Yes  No

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

Communicating with all surrounding business through email by September 1st

## 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)	1	20x20
Canopy (open on all sides)		10X10
Staging/Scaffolding	1	12x15x15
Bleachers		

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

Contact Person: Heart Medical 313-264-6003

Address: 2799 west Grand blvd, suite E-112

City/State/Zip: Detroit, 48202

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

Contact Person: Scotties Potties

Address: 27940 Wick rd

Phone: 734-421-1400

City/State/Zip: Romulus, Mi 48174

**Name of private catering company?**

Contact Person: Please see attached document for list of all food and drink vendors.

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:** NA

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

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

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

**STREET NAME:** NA

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

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

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

**STREET NAME:** NA

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

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

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

**STREET NAME:** NA

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

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

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

**STREET NAME:** NA

**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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Acord, Paul Lee insurance agency

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Hart Medical

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DDP and Block by Block Detroit will provide Sanitation

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Bobs sanitation (Scotties potties)

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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.

\_\_\_\_\_  
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)

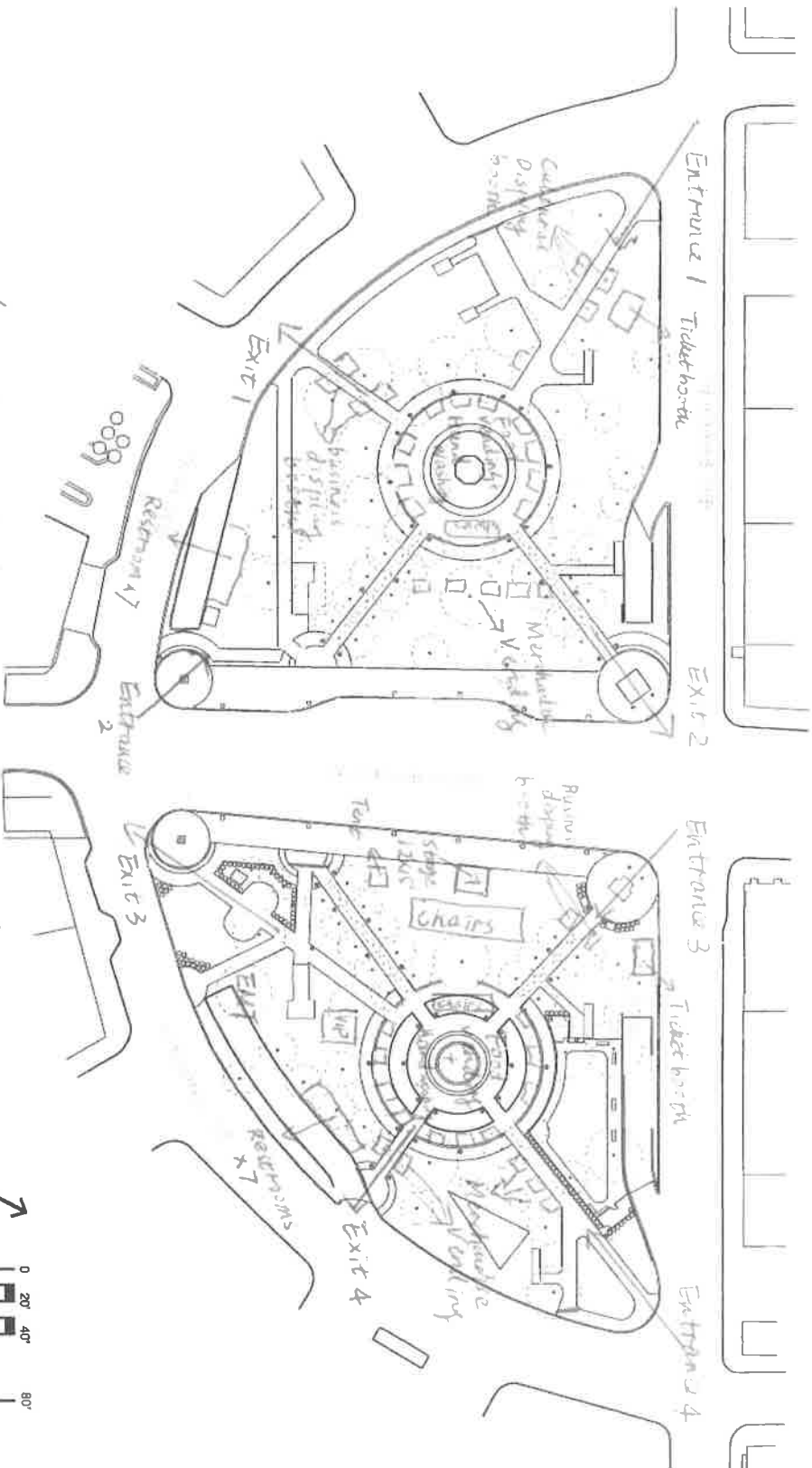
Event Name: Detroit China Festival Event Date: 9/22/2018

Event Organizer: Detroit Chinatown LLC

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Grand Circus Park**  
 Detroit, MI  
 6/17/15

- 1 20 food vending tents. 10 on each side (canopy)
- 2 10 Non food vending tents that sell small merchandise (canopy)
- 3 10 Cultural or business display booths. 5 on each side
- 4 1 stage 12' x 15' on East side. 100 chairs in front of the stage
- 5 1 10' x 10' tent next to the stage for performers to change clothes.



- 6 1 VIP tent on east side 20' x 20'
- 7 14 Portable bathrooms. 7 on each side
- 8 4 entrances and 4 exits.
- 9 EMT on East side in parking area.

2 First Aid booths



<b>NO.</b>	<b>NAME</b>	<b>Address</b>	<b>Contact Person</b>	<b>Contact Info</b>
1	Sweeting	1213 S University Ave, Ann Arbor, MI 48104	Jason Li	(734) 213-3300
2	Yee Siang Dumplings	4837 Washtenaw Ave, Ann Arbor, MI 48108	Ye Tie	(734) 879-1459
3	Evergreen	2771 Plymouth Rd, Ann Arbor, MI 48105	Nancy Zhang	(734) 769-2899
4	Chia Shang	2016 Packard St, Ann Arbor, MI 48104	Xiaohong Zhou	(734) 741-0778
5	Ypbor Yan Restaurant	4905 Washtenaw Ave, Ann Arbor, MI 48108	Fuhua Zhong	(734) 434-7978
6	Hotpot Chen	2255 W Stadium Blvd, Ann Arbor, MI 48103	Ivy Huang	(734) 668-8389
7	Lai Lai	4023 Carpenter Rd, Ypsilanti, MI 48197	Feng Ye	(734) 677-0790
8	China Palace	2905 Washtenaw Ave, Ypsilanti, MI 48197	Jay Wang	(734) 829-0999
9	Asian Edible	3039 E Walton Blvd, Auburn Hills, MI 48326	Julia Tseng	(248) 997-1313
10	John Lum Chop Suey	23634 Van Born Rd, Dearborn Heights, MI 48125	Stephanie Lum	(313) 292-2454
11	Shangri-La	4710 Cass Ave, Detroit, MI 48201	Ms Chen	(313) 974-7669
12	New China One	7414 Woodward Ave, Detroit	Ricky Dong	(248) 929-1868
13	China Wok	18670 Livernois Ave, Detroit, MI 48221	Ms Shi	(313) 864-8899
14	Lotus Garden	12832 W Seven Mile Rd, Detroit, MI 48235	Ms Wang	(313) 342-2440
15	Empire Dynasty	29505 W Nine Mile Rd, Farmington Hills, MI 48336	Gina Fang	(734) 748-1186
16	Hong Hua	27925 Orchard Lake Rd, Farmington, MI 48334	Danny Yu	(248) 489-2280
17	Taste of China	27626 Middlebelt Rd, Farmington Hills, MI 48334	Penny Peng	(248) 474-8183
18	Jiang Nan	29222 Orchard Lake Rd, Farmington Hills, MI 48334	Fang You	(248) 702-0166
19	Street King	9750 Melissa Lane, Davisburg, MI 48350	Mai See Xiong	(248) 884-4176
20	Hong's Café	3030 E Lake Lansing Rd, East Lansing, MI 48823	Qing Yang	(517) 332-6688
21	Gourmet Village	4790 Hagadorn Rd, East Lansing, MI 48823	Lanfan Zhang	(517) 332-5333
22	Noodletopia	30120-30140 John R Rd, Madison Heights, MI 48071	Li Zhai	(248) 591-4092
23	Fuji Buffet	32153 John R Rd, Madison Heights, MI 48071	Ricky Dong	(248) 929-1868
24	168 Asian Mart	32393 John R Rd, Madison Heights, MI 48071	Ricky Dong	(248) 929-1868
25	Kung Fu Noodle House	31151 Dequindre Rd, Madison Heights, MI 48071	Ken Gao	(248) 268-2171
26	Kung Fu Tea	2105 15 Mile Rd, Sterling Heights, MI 48310	Andy Wang	(586) 999-5928
27	Chen's Restaurant	2666 S Rochester Rd, Rochester Hills, MI 48307	Ming He	(248) 299-9450

# CONFIRMATION OF SERVICES

**HART EMS MEDICAL SERVICES, PLLC**  
**220 BAGLEY, SUITE 912**  
**DETROIT, MI 48226**  
**313.366.4278 OR 313.216.1771 FAX**

<b>Event:</b> 2018 Michigan China Festival		<b>Location:</b> Grand Circus Park, Detroit	
<b>Date of Service:</b>		<b>Start to End Time:</b>	
September 22, 2018		11:00am – 5:00pm	
<b>Services Requested By Client:</b>		<b>Quantity:</b>	<b>Location:</b>
On-Site Ambulance		1	Grand Circus Park
First Aid Station			
<input type="checkbox"/> Physician On-Site	x No		
<input type="checkbox"/> Additional Medical Personal On-Site	x No		
Golf-Cart Ambulance	X No		
<input type="checkbox"/> Dispatch On-Site	x No		
<input type="checkbox"/> Command Center	x No		
<b>Additional Procedures:</b>			

  
\_\_\_\_\_  
Adam Gottlieb  
Hart EMS Medical Services, PLLC  
8/6/2018  
Date

Detroit China Town LLC  
\_\_\_\_\_  
Name  
Company  
8/6/2018  
Date

## 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 materials or other causes beyond its control.
- D) The invalidity, unenforceability or waiver of any of the provisions shall not affect the other provisions.

Bob's Sanitation  
(Scotty's Potties)



# ACORD. INSURANCE PROPOSAL

DATE (MM/DD/YY)  
08-07-18

**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

<b>PRODUCER:</b> Paul Lee Agency, Inc. 19329 Farmington Rd. Livonia, MI 48152 TEL: (248) 471-1688 FAX: (248) 471-1288	<b>COMPANY</b> NSI				<b>BINDER</b> TBD			
	EFFECTIVE				EXPIRATION			
	DATE		TIME		DATE		TIME	
	09-22-18		12:01		09-23-18		12:01	
CODE: AGENCY CUSTOMER NO:	SUB CODE:	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:						
<b>INSURED:</b>  DETROIT CHINATOWN, LLC.		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)  1 AJAX DR. STE. 201 MADISON HEIGHTS, MI 48071						

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY CAUSES OF LOSS</b> <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC	<b>NO PROPERTY COVERAGE</b>			
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OCCUR <input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	RETRO DATE FOR CLAIMS MADE:	GENERAL AGGREGATE PRODUCTS-COMP/OP AGG PERSONAL & ADV INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person)		\$ 2,000,000 \$ 2,000,000 \$ 1,000,000 \$ 1,000,000 \$ 100,000 \$ EXCLUDED
<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		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST		\$ \$ \$ \$ \$ \$
<b>AUTO PHYSICAL DAMAGE</b> COLUSION: OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER		\$ \$ \$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE		\$ \$ \$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION STATUTORY LIMITS		\$ \$ \$ \$
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>	<b>REJECTED WORKER'S COMP. COVERAGE</b>	EACH ACCIDENT DISEASE-EACH EMPLOYEE DISEASE-POLICY LIMIT		\$ \$ \$
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b> LIQUOR LIABILITY \$1,000,000		FEES TAXES ESTIMATED TOTAL PREMIUM		\$ \$ \$

<b>NAME &amp; ADDRESS</b> GL \$1,059 LIQUOR \$460 <b>Total Premium \$1,519.00</b> "X" 		MORTGAGEE LOSS PAYEE ADDITIONAL INSURED
LOAN#		AUTHORIZED REPRESENTATIVE 



OFFICE OF CONTRACTING AND  
PROCUREMENT

13

August 3, 2018

HONORABLE CITY COUNCIL:

The Office of Contracting and Procurement recommends a Contract with the following firm(s) or person(s):

6001583      100% City Funding – To Provide Property Clean Out and Junk Removal Services on various properties on behalf of the General Services Department. – Contractor: GTJ Consulting LLC – Location: 22955 Industrial Drive W, St. Clair Shores, MI 48080 – Contract Period: Upon City Council Approval through July 29, 2019 – Total Contract Amount: \$1,200,000.00. **GENERAL SERVICES DEPARTMENT**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

*President Pro Tem*

BY COUNCIL MEMBER \_\_\_\_\_

MCCALISTER

*Sheffield e*

**RESOLVED**, that Contract No. 6001583 referred to in the foregoing communication dated August 3, 2018 be hereby and is approved. *MTNB 15 (310)*

OFFICE OF CONTRACTING AND  
PROCUREMENT

14

August 28, 2018

HONORABLE CITY COUNCIL:

The Office of Contracting and Procurement recommends a Contract with the following firm(s) or person(s):

6001584      100% City Funding – To Provide Property Clean Out and Junk Removal Services on Various Properties for the General Services Department. – Contractor: Detroit Grounds Crew – Location: 1420 Washington Blvd, Detroit, MI 48225 – Contract Period: Upon City Council Approval through August 20, 2019 – Total Contract Amount: \$1,200,000.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER

*President Pro Tem*  
MCCALISTER *Sheffield e*

**RESOLVED**, that Contract No. 6001584 referred to in the foregoing communication dated August 28, 2018 be hereby and is approved. *m TUB 05(310)*

August 9, 2018

TO: HONORABLE CITY COUNCIL

Re: Contracts and Purchase Orders Scheduled to be considered at the Formal Session for August 14, 2018.

Please be advised that the Contract listed was submitted on February 25, 2016 for the City Council Agenda for March 1, 2016 has been amended as follows:

1. The contractor's **Contract Number** was submitted incorrectly by the Office of Contracting and Procurement. Please see the correction(s) below:

Submitted as: Page 1

**GENERAL SERVICES**

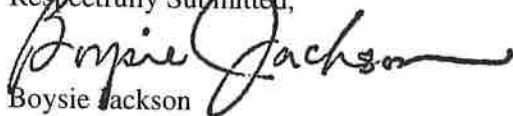
**2919697** 100% City Funding – Riverside Park Improvement Project – Contractor: KEO & Associates, Inc. – Location: 18286 Wyoming, Detroit, MI 48221 – Contract Period: Upon FRC Approval through June 30, 2020 – Total Contract Amount: \$2,970,000.00.

Should read as: Page 1

**GENERAL SERVICES**

**6000025** 100% City Funding – Riverside Park Improvement Project – Contractor: KEO & Associates, Inc. – Location: 18286 Wyoming, Detroit, MI 48221 – Contract Period: Upon FRC Approval through June 30, 2020 – Total Contract Amount: \$2,970,000.00.

Respectfully Submitted,



Boysie Jackson  
Deputy Chief Procurement Officer  
BJ/CD

ENTERED SEP 06 2018 MTNB AS (310)



BY COUNCIL MEMBER: \_\_\_\_\_

RESOLVED, that **contract #6000025** referred to in the foregoing communication dated August 14, 2018 be hereby and is approved.

USE



CITY OF DETROIT  
DEPARTMENT OF PUBLIC WORKS  
CITY ENGINEERING DIVISION

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVE. SUITE 601  
DETROIT, MICHIGAN 48226  
PHONE: (313) 224-3949 - TTY: 711  
FAX: (313) 224-3471  
WWW.DETROITMI.GOV

July 27, 2018

16

Honorable City Council:

**RE: Petition No. 145 – “220 W. Congress Detroit, LLC” request to convey the alley running north-south to congress Street and enter into a maintenance agreement regarding the alley that runs east-west from Shelby Street, both in the block bounded by Fort Street, Shelby Street, Congress & Washington**

Petition No. 145 by 220 W. Congress Detroit, LLC, request to outright vacate and convert to easement the north-south alley, 17.75 and 20 feet wide; also to vacate and convert to easement the east-west alley, 20 feet wide, all in the block of Congress Street, 60 feet wide, Fort Street, 100 feet wide, Washington Boulevard, 80 feet wide, and Shelby Street, 60 feet wide.

The petition was referred to the City Engineering Division – DPW for investigation (utility review) and report. This is our report.

The request is being made to allow the alleys to be redefined into a more functional and attractive space for pedestrian traffic in the area.

The request was approved by the Solid Waste Division – DPW, and City Engineering Division – DPW. Traffic Engineering – DPW approves provided that 100% signatures of abutting property owners are secured; however three (3) adjoining property owners have not consented to the closure. The three adjoining owners who have not consented have been notified by mail of the possible closure. The owners of record according to the City of Detroit assessor’s records are:

- 1) Property owner at 201 W. Fort Street:  
Atwater Acquisitions LLC  
201 West Fort Street  
Detroit, Michigan 48226
- 2) Property owner at 211 W. Fort Street:  
211 Fort Washington Associates  
211 West Fort Street #1604  
Detroit, Michigan 48226
- 3) Property owner at 625 Shelby Street:  
HB Hospitality Detroit, LLC  
P.O. Box 2386  
Birmingham, Michigan 48012

The Planning and Development Department has no objection to this proposed change in property. They request that the resolution, if approved, require continued access for service vehicles and garbage pickup in the east-west alley.

9-10-18- MTNB JA (2,0)



CITY OF DETROIT  
DEPARTMENT OF PUBLIC WORKS  
CITY ENGINEERING DIVISION

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVE. SUITE 601  
DETROIT, MICHIGAN 48226  
PHONE: (313) 224-3949 • TTY: 711  
FAX: (313) 224-3471  
WWW.DETROITMI.GOV

BY COUNCIL MEMBER \_\_\_\_\_

**RESOLVED**, that all that part of the east-west alley, 20 feet wide, all in the block of Congress Street, 60 feet wide, Fort Street, 100 feet wide, Washington Boulevard, 80 feet wide, and Shelby Street, 60 feet wide, from the vacated westerly portion of the subject alley to Shelby Street and further described as: land in the City of Detroit, Wayne County, Michigan being part of the east-west alley, 20 feet wide lying northerly of and adjoining the northerly line of Lots 11, 12, 13, and the easterly 20.81 feet of Lot 10, said lots lying northerly of and adjoining the northerly line of Congress Street; said alley also lying southerly of and adjoining the southerly line of Lots 10, 11, 12, and the easterly 20.81 feet of Lot 9 said lots lying southerly of and adjoining the southerly line of Fort Street "The Tract of Land granted by Act of Congress (approved May 20, 1826) to the City of Detroit as the same have been divided into Lots and numbered by order of the Common Council of Said City also known as the Military Tract or Reserve" as recorded in Liber 5 of City Records, on page 218 Wayne County Records.

Be and the same are hereby vacated as a public right-of-way and converted into a private easement for public utilities of the full width of the right-of-way, which easement shall be subject to the following covenants and agreements, uses, reservations and regulations, which shall be observed by the owners of the lots abutting on said rights-of-way and by their heirs, executors, administrators and assigns, forever to wit:

First, said owners hereby grant to and for the use of the public an easement over said vacated public alley herein above described for the purposes of maintaining, installing, repairing, removing, or replacing public utilities such as water mains, sewers, gas lines or mains, telephone, electric light conduits or poles or things usually placed or installed in a public alley in the City of Detroit, with the right to ingress and egress at any time to and over said easements for the purpose above set forth,

Second, said utility easement in and over said vacated alleys herein above described shall be forever accessible to the maintenance and inspection forces of the utility companies, or those specifically authorized by them, for the purpose of inspecting, installing, maintaining, repairing, removing, or replacing any sewer, conduit, water main, gas line or main, telephone or light pole or any utility facility placed or installed in the utility easement. The utility companies shall have the right to cross or use the driveways and yards of the adjoining properties for ingress and egress at any time to and over said utility easements with any necessary equipment to perform the above mentioned task, with the understanding that the utility companies shall use due care in such crossing or use, and that any property damaged by the utility companies, other than that specifically prohibited by this resolution, shall be restored to a satisfactory condition,

Third, said owners for their heirs and assigns further agree that no buildings or structures of any nature whatsoever including, but not limited to, concrete slabs or driveways, retaining or partition walls (except necessary line fences), shall be built or placed upon said easement,



CITY OF DETROIT  
DEPARTMENT OF PUBLIC WORKS  
CITY ENGINEERING DIVISION

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provided that if sewers, water mains, and/or appurtenances in said easement shall break or be damaged as a result of any action on the part of the owner, or assigns, then in such event, the owner or assigns shall be liable for all costs incident to the repair of such broken or damaged sewers and water mains, and shall also be liable for all claims for damages resulting from his action; and be it further

Provided, that if it becomes necessary to remove the paved alley return at the entrance (into Shelby Street) such removal and construction of new curb and sidewalk shall be done under city permit and inspection according to City Engineering Division – DPW specifications with all costs borne by the abutting owner(s), their heir or assigns; and further

Be It Also Resolved, that all of the north-south alley, 17.75 and 20 feet wide in the block of Congress Street, 60 feet wide, Fort Street, 100 feet wide, Washington Boulevard, 80 feet wide, and Shelby Street, 60 feet wide, as opened by deed accepted by Detroit Common Council on May 13, 1958 on J.C.C. pages 1048-1049 and described as follows: parcel of land lying on the North side of Congress Street, East of Wayne Street (Now Washington Boulevard), being a part of Lot 10, Military Reserve, Plat of the United States Grant to the City of Detroit, by the Governor and Judges under Act of Congress May 30, 1826, recorded in Liber 5 on Page 218 City Records, City of Detroit, Wayne County, Michigan, and more particularly described as follows: Beginning at the Southwesterly corner of Lot 8 of said Military Reserve, said point being also the intersection of the easterly line of Wayne Street, 50 feet wide, with the northerly line of Congress Street, 50 feet wide; thence N. 60d 00m E. along the northerly line of Congress Street, 127.45 feet to a point, said point being the southwesterly corner and the point of beginning of the parcel herein described; thence N. 30d 00m W. (at right to Congress Street) 138.00 feet to a point; thence N. 60d 00m E. along the southerly line of a public alley, 20 feet wide, 20.81 feet to a point; thence S. 29d 58m 50s E. 73.00 feet to a point; thence S. 60d 00m W. 3.00 feet to a point; thence S. 29d 58m 50s E. 65.00 feet to a point on the northerly line of Congress Street; thence S. 60d 00m W. along the northerly line of Congress Street 17.75 feet to the point of beginning.

Be and the same are hereby vacated as a public right-of-way and converted into a private easement for public utilities of the full width of the right-of-way, which easement shall be subject to the following covenants and agreements, uses, reservations and regulations, which shall be observed by the owners of the lots abutting on said rights-of-way and by their heirs, executors, administrators and assigns, forever to wit:

Provided, that petitioner/property owner make satisfactory arrangements with any and all utility companies for cost and arrangements for the removing and/or relocating of the utility companies and city departments services or granting of easements if necessary, and further

Provided, that the petitioner makes the necessary arrangements with DTE – Gas division for relocation of the existing gas service lines. The estimated costs of removing/relocating their services is \$15,981.84 with all costs to be borne by the petitioner, and further



CITY OF DETROIT  
RECREATION DEPARTMENT  
ADMINISTRATION OFFICE

102-103  
18100 MEYERS  
DETROIT, MICHIGAN 48235  
(313) 224-1100 • TTY:711  
(313) 224-3544  
WWW.DETROITMI.GOV

17

August 8, 2018

Honorable City Council;

Re: Authorization to accept a donation of park improvements at Rouge Park from Back Country Hunters and Anglers

Detroit General Services Department requests authorization from your Honorable Body to accept a donation of park improvements from Back Country Hunters and Anglers to be installed at the archery range inside Rouge Park. These improvements are valued at \$1,500.00.

Park improvements will consist of the following:

- Re-painting shooting platform
- Re-pair and re-paint bow racks
- Mount range rules sign to shooting platform
- Re-stone the walkway
- Install permanent arrow quivers
- Clean-up

We respectfully request your authorization to accept this donation of park improvements with a Waiver of Reconsideration

Sincerely,

*Janet H. Anderson*

Janet Anderson  
Director

ENTERED SEP 06 2018 MTNB AS(310)



## Resolution

**Council Member** \_\_\_\_\_

**Whereas**, the General Services Department-Parks and Recreation Division is requesting authorization to accept a donation of park improvements from the Back Country Hunters & Anglers to be installed at Rouge Park – Archery Range. Improvements are valued at \$1,500.00.

**Whereas**, the improvements will consist of re-painting the shooting platform, repair and re-paint bow racks, mount range rules sign to shooting platform, re-stone walkway, install permanent arrow quivers, and general cleanup of the area

**Resolved**, the General Services Department – Parks and Recreation Division is authorized to accept a donation of park improvements from the Back Country Hunters & Anglers to be installed at Rouge Park – Archery Range.



DETROIT  
Parks & Recreation  
Department

# Park Improvement Authorization Form

Today's Date: 08/02/2018 18100 Meyers Road, Upper Level  
Detroit, MI 48235

Requesting Organization Name: Backcountry Hunters & Anglers

Contact Name: Zach Snyder or Eric Tomlinson DPRD Property Name: Rouge Park

Phone #: 313-618-0373 Fax #: \_\_\_\_\_ Property #: \_\_\_\_\_ District #: \_\_\_\_\_

Address: 9362 Carter, Allen Park, MI Property Address: \_\_\_\_\_

Location of Improvement in Park: \_\_\_\_\_

Email: cash413@gmail.com Archery Range

Information Included with Request Submission:

Letter of Request  Site Plan  Sketch

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

### Improvement / Project Description:

Re-paint shooting platform, repair & repaint bow racks, mount Range rules sign to shooting platform, Re-stone walkway, install permanent arrow quivers, general cleanup. New boards on bench.

Estimated Value of Improvement / Project: \$1500.00

### FUNDING SOURCE (optional)

Have you already raised any money for this improvement?

- My group used a crowdfunding platform (see ioby.org/detroit for more information)
- We received a grant
- My group collected donations from the community without using a digital platform
- Other Funder

If using a crowdfunding platform to fundraise for this improvement, provide the URL for your campaign page below:

### REQUIRED MAINTENANCE

N/A

- General Services Dept. - Design Plan Reviewed
- General Services Dept. - Maintenance Required

GSD Project Coordinator: Juliana Juston GSD General Manager: Janet Anderson  
Date: 8/16/2018 Date: \_\_\_\_\_

By submitting this request I/We/Our Organization agree(s) to abide by all rules and policies of the City of Detroit and the Detroit Recreation Department. I/We also agree that all information submitted in this Park Improvement Authorization Form is true and accurate to the best of my/our knowledge and I/We hereby request that the Detroit Recreation Department consider my/our Project for approval. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us and/or the City of Detroit by reason of or resulting from my/our use of the DRD Property named above and construction of this Project as described herein.

Signature: 

Print Name: Zachary J. Snyder

On behalf of Organization: Backcountry Hunters & Anglers

Date: 08/02/2018

**\*\* FOR DETROIT PARKS & RECREATION DEPARTMENT USE ONLY \*\***

- Project Approved as Submitted                       Project Denied  
 Project Approved w/ Changes (See Below)

\* Approved By DPRD Director: Janet Anderson Date: August 7, 2018

\* Requesting Group shall not have approval to make the requested park improvement without the approval of the Parks & Recreation Department Director

**CHANGES REQUIRED FOR APPROVAL**

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

**ELITE ARCHERY ACADEMY**  
Founder, Eric L. Tomlinson  
e-mail: elitearchery49@gmail.com  
SUPPORT & PROMOTE  
THE OLYMPIC SPORT OF ARCHERY  
Web: www.elitearcheryjoad.com  
**"ALL INSTRUCTIONS ARE CERTIFIED"**  
Eric L. Tomlinson, Director  
Cell: 313.475.8905  
Office: 313. 940-7129  
20162 Northrop  
Detroit, MI 48219



18

**RESOLUTION TO CALL CLOSED SESSION**

**RESOLVED**, that a closed session of the Detroit City Council is called in accordance with Section 8(a) of the Open Meetings Act, 1976 PA 267, MCL 15.268(a) (at the request of P.O. Hakeem Patterson to consider the dismissal, suspension, or disciplining of, or to hear complaints or charges brought against, or to consider a periodic personnel evaluation of, a public officer, employee, staff member, or individual agent. The representation and indemnification of P.O. Hakeem Patterson in the matter of *Michaelangelo Jackson et al. v City of Detroit et al.*, Wayne County Circuit Court Case No: 18-001339 NI, will be discussed with Law Department attorneys, representatives from the Detroit Police Department, P.O. Hakeem Patterson and James M. Moore, Esq. of the Law Office of Gregory, Moore, Jeakle & Brooks, P.C., on behalf of P.O. Patterson, the Detroit Police Officers Association as well as attorneys from the Legislative Policy Division.) The closed session will be held on:

**Tuesday, November 20, 2018 at 1:00 p.m.**

---

*Notes: A 2/3 Roll Call vote of members elected and serving (6 votes) is required pursuant to MCL 15.267(1).*

*A person requesting a closed hearing may rescind the request at any time, in which case the matter at issue shall be considered after the rescission only in open sessions pursuant to MCL 15.268(a).*

*This closed session (commonly referred to as a Loudermill hearing is a due process requirement pursuant to the U.S. Supreme Court's holding in Cleveland Board of Education v. Loudermill, 470 US 532 (1985). Arbitration awards issued by the Voluntary Labor Arbitration Tribunal recognize the past practice of City Council holding hearings for police officers who have been denied representation (see Grievance Nos. 79-237, 82-055, 90-047, and 92-200/92-202). The request for the hearing was not triggered in this case as both the Law Department and DPD recommended approval of representation and indemnification. P.O. Patterson is entitled to receive and the City of Detroit is required to hold this hearing.*

CITY CLERK 2018 SEP 10 AM 9:47

Law Dept. Dated: September 7, 2018

**RESOLUTION TO CALL CLOSED SESSION**

**RESOLVED**, that a closed session of the Detroit City Council is called in accordance with Section 8(a) of the Open Meetings Act, 1976 PA 267, MCL 15.268(a) at the request of P.O. Steven Fultz to consider the dismissal, suspension, or disciplining of, or to hear complaints or charges brought against, or to consider a periodic personnel evaluation of, a public officer, employee, staff member, or individual agent. The representation and indemnification of P.O. Steven Fultz in the matter of *Michaelangelo Jackson et al. v City of Detroit et al.*, Wayne County Circuit Court Case No: 18-001339 NI, will be discussed with Law Department attorneys, representatives from the Detroit Police Department, P.O. Steven Fultz and James M. Moore, Esq. of the Law Office of Gregory, Moore, Jeakle & Brooks, P.C., on behalf of P.O. Fultz, the Detroit Police Officers Association as well as attorneys from the Legislative Policy Division. The closed session will be held on:

**Tuesday, November 20, 2018 at 1:30 p.m.**

---

*Notes: A 2/3 Roll Call vote of members elected and serving (6 votes) is required pursuant to MCL 15.267(1).*

*A person requesting a closed hearing may rescind the request at any time, in which case the matter at issue shall be considered after the rescission only in open sessions pursuant to MCL 15.268(a).*

*This closed session (commonly referred to as a Loudermill hearing is a due process requirement pursuant to the U.S. Supreme Court's holding in Cleveland Board of Education v. Loudermill, 470 US 532 (1985). Arbitration awards issued by the Voluntary Labor Arbitration Tribunal recognize the past practice of City Council holding hearings for police officers who have been denied representation (see Grievance Nos. 79-237, 82-055, 90-047, and 92-200/92-202). The request for the hearing was not triggered in this case as both the Law Department and DPD recommended approval of representation and indemnification. P.O. Fultz is entitled to receive and the City of Detroit is required to hold this hearing.*

**RESOLUTION TO CALL CLOSED SESSION**

**RESOLVED**, that a closed session of the Detroit City Council is called in accordance with Section 8(a) of the Open Meetings Act, 1976 PA 267, MCL 15.268(a) at the request of P.O. Richard Billingslea to consider the dismissal, suspension, or disciplining of, or to hear complaints or charges brought against, or to consider a periodic personnel evaluation of, a public officer, employee, staff member, or individual agent. The representation and indemnification of P.O. Richard Billingslea in the matter of *Michaelangelo Jackson et al. v City of Detroit et al.*, Wayne County Circuit Court Case No: 18-001339 NI, will be discussed with Law Department attorneys, representatives from the Detroit Police Department, P.O. Richard Billingslea and James M. Moore, Esq. of the Law Office of Gregory, Moore, Jeakle & Brooks, P.C., on behalf of P.O. Richard Billingslea, the Detroit Police Officers Association as well as attorneys from the Legislative Policy Division. The closed session will be held on:

**Tuesday, November 20, 2018 at 2:00 p.m.**

*Notes: A 2/3 Roll Call vote of members elected and serving (6 votes) is required pursuant to MCL 15.267(1).*

*A person requesting a closed hearing may rescind the request at any time, in which case the matter at issue shall be considered after the rescission only in open sessions pursuant to MCL 15.268(a).*

*This closed session (commonly referred to as a Loudermill hearing is a due process requirement pursuant to the U.S. Supreme Court's holding in Cleveland Board of Education v. Loudermill, 470 US 532 (1985). Arbitration awards issued by the Voluntary Labor Arbitration Tribunal recognize the past practice of City Council holding hearings for police officers who have been denied representation (see Grievance Nos. 79-237, 82-055, 90-047, and 92-200/92-202). The request for the hearing was not triggered in this case as both the Law Department and DPD recommended approval of representation and indemnification. P.O. Billingslea is entitled to receive and the City of Detroit is required to hold this hearing.*

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COUNCIL MEMBER \_\_\_\_\_,

**RESOLUTION CANCELLING THE STANDING COMMITTEES  
FOR THE WEEK OF SEPTEMBER 10TH**

**RESOLVED** That the Detroit City Council hereby cancels the Budget Audit and Finance Standing Committee scheduled for Wednesday, September 12, 2018, at 1 p.m.; **AND BE IT FURTHER**

**RESOLVED** That the Detroit City Council hereby cancels the Planning and Economic Development Standing Committee scheduled for Thursday, September 13, 2018, at 10 a.m., **AND BE IT FINALLY**

**RESOLVED** That the Detroit City Council hereby cancels the Neighborhood and Community Services Standing Committee scheduled for Thursday, September 14, 2018, at 1 p.m.

September 6, 2018

22

David Whitaker, Esq.  
Director

Irvin Corley, Jr.  
Executive Policy Manager

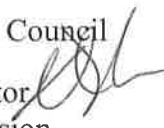
Marcell R. Todd, Jr.  
Director,  
City Planning Commission

LaKisha Barclift, Esq.  
M. Rory Bolger, PhD, AICP  
Elizabeth Cabot, Esq.  
Janese Chapman  
Tasha Cowan

# City of Detroit CITY COUNCIL

LEGISLATIVE POLICY DIVISION  
208 Coleman A. Young Municipal Center  
Detroit, Michigan 48226  
Phone: (313) 224-4946 Fax: (313) 224-4336

Richard Drumb  
George Etheridge  
Deborah Goldstein  
Chris Gulock  
Derrick Headd  
Marcel Hurt, Esq.  
Kimani Jeffrey  
Anne Marie Langan  
Jamie Murphy  
Analine Powers, PhD  
Jennifer Reinhardt  
Sabrina Shockley  
Thomas Stephens, Esq.  
David Teeter  
Theresa Thomas  
Kathryn Lynch Underwood

**TO:** Honorable Detroit City Council  
**FROM:** David Whitaker, Director   
Legislative Policy Division

**DATE:** September 7, 2018

**RE: RESOLUTION ENDORSING THE RETENTION AND TO IMPROVE  
OPERATION OF THE ARETHA LOUISE FRANKLIN AMPHITHEATER  
FORMERLY NAMED THE CHENE PARK AMPHITHEATER**

On July 30, 2018 the Council President Pro Tem Mary Sheffield requested that the Legislative Policy Division draft a resolution to support the efforts to retain and to improve operation of the Chene Park Amphitheater.

Attached, please find our draft of the resolution.

Please contact us if we can be of any further assistance.

**BY COUNCIL PRESIDENT PRO TEM MARY SHEFFIELD**

**RESOLUTION ENDORSING THE RETENTION AND TO IMPROVE OPERATION OF THE ARETHA LOUISE FRANKLIN AMPHITHEATER FORMERLY NAMED THE CHENE PARK AMPHITHEATER**

**WHEREAS**, The mission of the Detroit City Council is to promote the economic, cultural and physical welfare of Detroit's citizens through Charter-mandated legislative functions; and

**WHEREAS**, On August 31, 2018, during the funeral for Ms. Aretha Louise Franklin, Mayor Duggan, announced a proposal to permanently change the name of Chene Park to the Aretha Louise Franklin Amphitheater (AFLA) in honor of Aretha Franklin; the internationally acclaimed vocalist known the world over as the "Queen of Soul"; and

**WHEREAS**, On September 4, 2018, during City Council Formal Session, the entire City Council unanimously approved a resolution to permanently change the name of Chene Park, to the Aretha Louise Franklin Amphitheater; and

**WHEREAS**, Also on September 4, 2018, Council President Pro Tem Mary Sheffield inquired about the future of the amphitheater, amidst reports that the amphitheater could possibly be moved downtown to Hart Plaza. Mayor Duggan responded to Council President Pro Tem Mary Sheffield and enthusiastically stated, "*that the Aretha Franklin Amphitheater is not moving as long as I'm the mayor*"; and

**WHEREAS**, The City's east riverfront is dotted with proposed economic development projects to address the increase in demand for residential and commercial land uses in this area. It only stands to reason that retaining and improving the Aretha Louise Franklin Amphitheater would complement proposed future development plans to increase the aesthetics and walkability in this area; and

**WHEREAS**, Mayor Duggan acknowledged that physical improvements are needed to the 30-year-old park. Entertainers as well as park goers have strongly suggested improvements in acoustics, parking and infrastructure, in addition to addressing a number of deferred maintenance items; and

**WHEREAS**, In order for ALFA to reach its potential as the jewel that it was envisioned to be, the City must promptly invest sufficient capital dollars in this facility to improve the overall physical character in order to encourage investment and increase stakeholder satisfaction before the proposed renaming and dedication ceremony tentatively scheduled for late spring of 2019; and

**NOW, THEREFORE BE IT RESOLVED**, That Detroit City Council hereby supports the strong commitment that the Mayor has expressed in maintaining the ALFA in its present location and strongly encourage the City to fund all the necessary improvements to the facility in order to continue as a treasured institution within our community and as a dynamic

driver of economic development and improved quality of life for residents on the lower east side of the City of Detroit; and

**BE IT FURTHER RESOLVED**, That copies of this resolution shall be delivered to the Mayor's Offices, to the management of the Aretha Franklin Foundation, Ms. Shahida Mausi, president of The Right Productions and to applicable community stakeholders and various media outlets.