

New Business

10.2.2018

**PUBLIC HEALTH
AND SAFETY
STANDING
COMMITTEE**



MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 441 Event Name: 2018 Detroit Jingle Bell Run for Arthritis

Event Date : December 1, 2018

Street Closure: Various

Organization Name: Arthritis Foundation

Street Address: 888 W. Big Beaver #305 Troy, MI 48084

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

Annual 5K Run/Walk fundraiser held at The Corner Ballpark and surrounding area from 7:30am - 12:00pm.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Rapid Response Team to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Closure; No Permits 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 Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Lusher

Date: September 24, 2018

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, July 11, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

441 *Arthritis Foundation, request to hold "2018 Detroit Jingle Bell Run for Arthritis" to begin at 1680 Michigan Ave, on December 1, 2018 from 7:30 AM to 12:00 PM with various street closures. Set up and tear down to be completed on event date.*

July 2, 2018

Media Services Department Special Events
2 Woodward Avenue
Room 333
Detroit, Michigan 48226

Dear City Clerk:

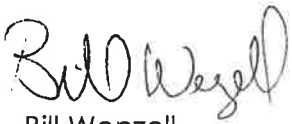
The Arthritis Foundation would like to apply for a Special Event Permit to hold the 2018 Detroit Jingle Bell Run on Saturday December 1, 2018. The event begins and ends at The Corner Ballpark, located at 1680 Michigan Avenue. This will be the 5th year of holding the event in Downtown Detroit.

Included in this packet are the following documents:

- City of Detroit Special Event Permit Application
- Maps of the 5K and 10K running routes
- Site Layout

Thank you for considering this request. If you have any questions, I can be reached at 248-469-4406.

Sincerely,



Bill Wenzell
Development Director
Arthritis Foundation

CITY CLERK 2018 JUL 10 PM12:24

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: 2018 DETROIT JINGLE BELL RUN FOR ARTHRITIS

Event Location: THE CORNER BALLPARK
1680 MICHIGAN AVE., DETROIT, MI 48216

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: ARTHRITIS FOUNDATION

Organization Mailing Address: 888 W. BIG BEAVER #305, TROY, MI 48084

Business Phone: 248-469-4406 Business Fax: NONE

Federal Tax ID # 58-1341679

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

Applicant Name: BILL WENZELL

Title/Role: DEVELOPMENT DIRECTOR

Email Address: wwenzell@arthritis.com

Mailing Address: SAME AS ABOVE

Business Phone: 248-469-4406 Business Fax: NONE

Event On-Site Contact Person:

Mailing Address: Same as above

Business Phone: 248-469-4406 Business Fax: NONE

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

List Event Sponsors: MEIJER, LEAR, ABBVIE, WTBK FOX2, RUNDetroit,
HOOR DETROIT

Event Elements (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input checked="" 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:

HOLIDAY THEMED 5K RUN/WALK, 10K RUN & KIDS 1/4 MILE RUN
FUNDRAISING EVENT BENEFITING THE ARTHRITIS FOUNDATION.
THE EVENT IS A FUN & FESTIVE FAMILY-FRIENDLY MORNING.

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

Begin Set-up Date & Time: ¹²⁻¹⁻¹⁸ 5:30 A.M. Complete Set-up Date & Time: 12-1-18 7:30 A.M.

Event Start Date & Time: 12-1-18 7:30 AM Event End Date & Time: 12-1-18 12:00 P.M.

Begin Tearing Down Date: 12-1-18 1:00 PM Complete Tear Down Date: 12-1-18 1:00 P.M.

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

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? 2014, 2015, 2016, 2017

When was the event last held in Detroit? 12-2-17

Where was the event last held in Detroit? 1 CAMPUS MARTIUS, DETROIT, MI

What were the hours last year? 7:30 A.M. - 12:00 P.M.

Project Attendance This Year (Minimum - Maximum)? 1,200 - 1,400

What is the basis for your projected attendance? 2017 attendance was 1,250. May attract more in this new venue.

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? 1ST SATURDAY IN DECEMBER, 2019

If a parade is planned. Indicate elements (check all that apply): N/A
[] 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: THE CORNER BALLPARK FOR INDOOR STAGING
+ RUNNING ROUTE - MAP ATTACHED.

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:

Music ~ ipod, inside venue

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?

600 WATT PA 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:

NONE

How many generators will be used?

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip:

Section 5- COMMUNICATION/ADVERTISING STRATEGY

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

- Radio (Specify stations): VARIOUS, AS RADIO OPPORTUNITIES ARISE
- Television (Specific stations): WJBK FOX 2 DETROIT
- Newspapers (specify papers): VARIOUS, AS MEDIA OPPORTUNITIES ARISE
- Web site (identify web address): www.jbr.org/detroit
- Public Relations or Marketing Firm (Specify): INTERNAL ARTHRITIS FOUNDATION STAFF.

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify): Direct mail; e-mail; posters; PSAs

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: PRE-REGISTRATION VIA EVENT WEBSITE \$15 - \$40

Will there be on-site ticket sales? Yes No

If yes, list price(s): WALK-UP REGISTRATION AT VENUE \$20 - \$40

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: 100% of REGISTRATION FEES TO ARTHRITIS FOUNDATION.

If the event is a fundraiser, identify charity or recipient of funds: SUPPORT ARTHRITIS FOUNDATION RESEARCH, EDUCATIONAL PROGRAMS, RESOURCES & REFERRAL SERVICE, CHILDREN'S CAMP AGES 7-17.

Will there be vending or sales? Yes No

If yes, check all that apply:

Food Merchandise

Non-Alcoholic Beverages Alcoholic Beverages

Other (specify):

Indicate type of items to be sold:

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

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: TO BE DETERMINED AT CORNER BALLPARK

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)?

TEMPORARY ROAD CLOSURES ALONG RUNNING ROUTE FOR 1-1 1/2 HRS.

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

WILL BE INFORMED

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

IN PERSON VISITS; PHONE CALLS; LETTERS; E-MAILS; FLYERS.

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

SEE ATTACHED COMMUNITY IMPACT LETTER TO BE DELIVERED TO ALL NEARBY RESIDENCES/BUSINESSES.

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many? _____

Size/Height _____

Booth _____

Tent (enclosed on 3 sides) _____

Canopy (open on all sides)

8 (10'x10') INSIDE VENUE

Staging/Scaffolding

STAGE INSIDE VENUE

Bleachers

Company: TO BE DETERMINED (WALK OR C+N Rental)

Grill

Gas

Charcoal

Electrical

Propane

Fireworks (Pyrotechnics)

Aerial

Stage

Provide Sketch:

Portable Restrooms:

Standard

ADA Accessible (3)

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: ON-SITE GARBAGE REMOVAL PROVIDED BY VENUE STAFF

Address: _____

Phone: _____

City/State/Zip _____

Name of company providing emergency medical services? RAPID RESPONSE TEAM EMS

Contact Person: JASON HOSMER

Address: 29045 AIRPORT RD.

City/State/Zip: ROMULUS, MI 48174

Name of company providing porta-johns. BOB'S SANITATION/SCOTTIE'S POTTIES

Contact Person: RENEE ROBERTS

Address: 27940 WICK RD.

Phone: 734-421-1400

City/State/Zip: ROMULUS, MI 48174

Name of private catering company? TO BE DETERMINED

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

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

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

STREET NAME: _____

FROM _____

TO _____

Closure Dates: 12-1-2018

Beg. Time: 8:30 AM

End Time: 10:00 - 10:30 AM

Reopen Date: 12-1-2018

Time: WHEN FINAL RUNNERS CLEAR THE STREETS

SEE ATTACHED
MAPS FOR
SK & 10K
ROUTES

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

SEE ATTACHED
MAPS

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? _____

BARRICADES and cones required by Detroit
Police Dept. will be rented from
POCO or Traffic Management, Inc.

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.

William Wozell
Signature of Applicant

● 7-2-18
Date

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/10/2018

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

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

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 1050 Crown Pointe Parkway Suite 600 Atlanta GA 30338	CONTACT NAME: Aisha Arnold PHONE (A/C, No., Ext): 678-393-5214 E-MAIL ADDRESS: Aisha_Arnold@ajg.com	FAX (A/C, No): 678 393 5241
	INSURER(S) AFFORDING COVERAGE	
INSURED The Arthritis Foundation, Inc. 1355 Peachtree St Suite #600 Atlanta GA 30309-2904	INSURER A: Hanover Insurance Company NAIC # 22292	
	INSURER B: Allmerica Financial Benefit Insurance Co 41840	
	INSURER C: Massachusetts Bay Insurance Company 22306	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 302393432 **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
C	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y		ZHA 9115350 08	6/1/2018	6/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:			AWA 9157701 09	6/1/2018	6/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			UHA 9115355 09	6/1/2018	6/1/2019	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 \$
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WHA 9115352 08 WHA 9144426 08 WMA 9344304 08	6/1/2018 6/1/2018 6/1/2018	6/1/2019 6/1/2019 6/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 500,000 E L DISEASE - EA EMPLOYEE \$ 500,000 E L DISEASE - POLICY LIMIT \$ 500,000

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

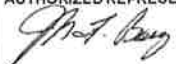
Event/Date/Location:

RE: 2018 Detroit Jingle Bell Run on December 1, 2018 at The Corner Ballpark, 1680 Michigan Avenue, Detroit, MI 48216.

Certificate Holder is an Additional Insured as respects General Liability policy, pursuant to and subject to the policy's terms, definitions, conditions and exclusions.

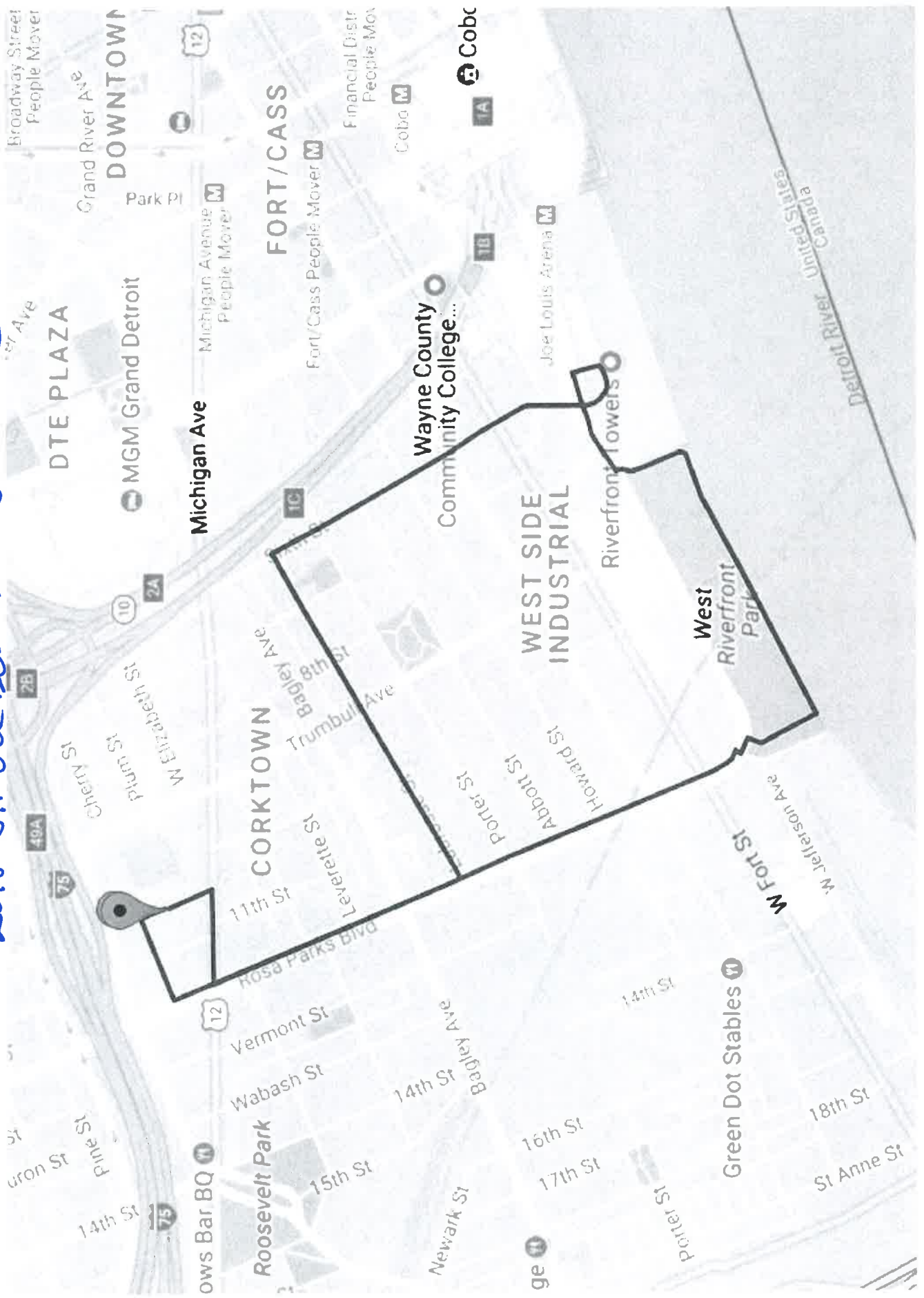
CERTIFICATE HOLDER

CANCELLATION













City of Detroit 2 Woodward Avenue Detroit MI 48226	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 
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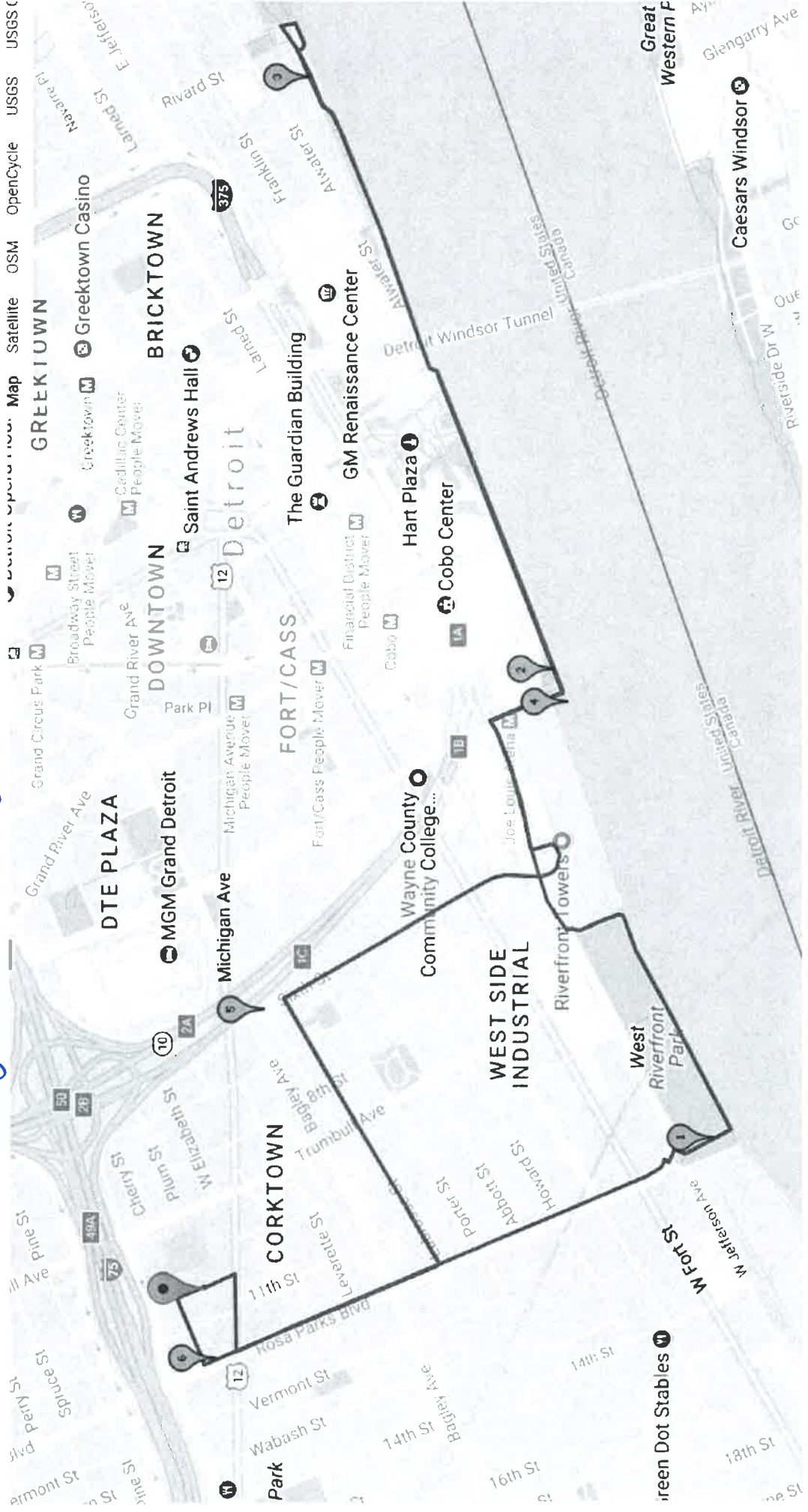
2018 JINGLE BELL RUN 5K ROUTE



2018 Detroit Jingle Bell Run 5K

Direction	Street	Travel Bearing	Notes
START	Cochrane St	South	
	Michigan Ave	West	
	Rosa Parks	South	Stay in Northbound lanes
	Detroit Riverwalk	South	Enter West Riverfront Park
	Detroit Riverwalk	East	West Riverfront Park
	Detroit Riverwalk	North	Exit West Riverfront Park
	W. Jefferson AVE	East	
	Sixth St	North	Curved Overpass
	Labrosse St.	West	
	Rosa Parks	North	Stay in Northbound lanes
	Michigan Ave	North	
	Cherry	East	
	Cochrane St	South	Finish

2018 SINGLE BELL RUN 10K ROUTE





PENDULUM
 1512 Monroe
 Providence, RI 02903
 Tel: 401.333.3000
 www.penduluminc.com



SLAM
 Structural Engineers
 80 Glenbury Blvd., Danbury, CT 06820
 Tel: 860.377.7171

Strategic Energy Solutions
 Mechanical & Electrical Engineer
 Strategic Energy Solutions, Inc.
 1000 Main St.
 Danbury, CT 06820

Millennium
 Sports Turf Design
 Millennium Sports Technologies, Inc.
 1000 Main Street
 Liberty, CO 80132

giffels webster
 Civil Engineer
 Giffels Webster
 1000 Main Street
 Danbury, CT 06820



DETROIT PAL HEADQUARTERS
 2127 Townsend Street, Detroit, MI 48215

Project No: 02-210274
 Issue: 2/22/2016

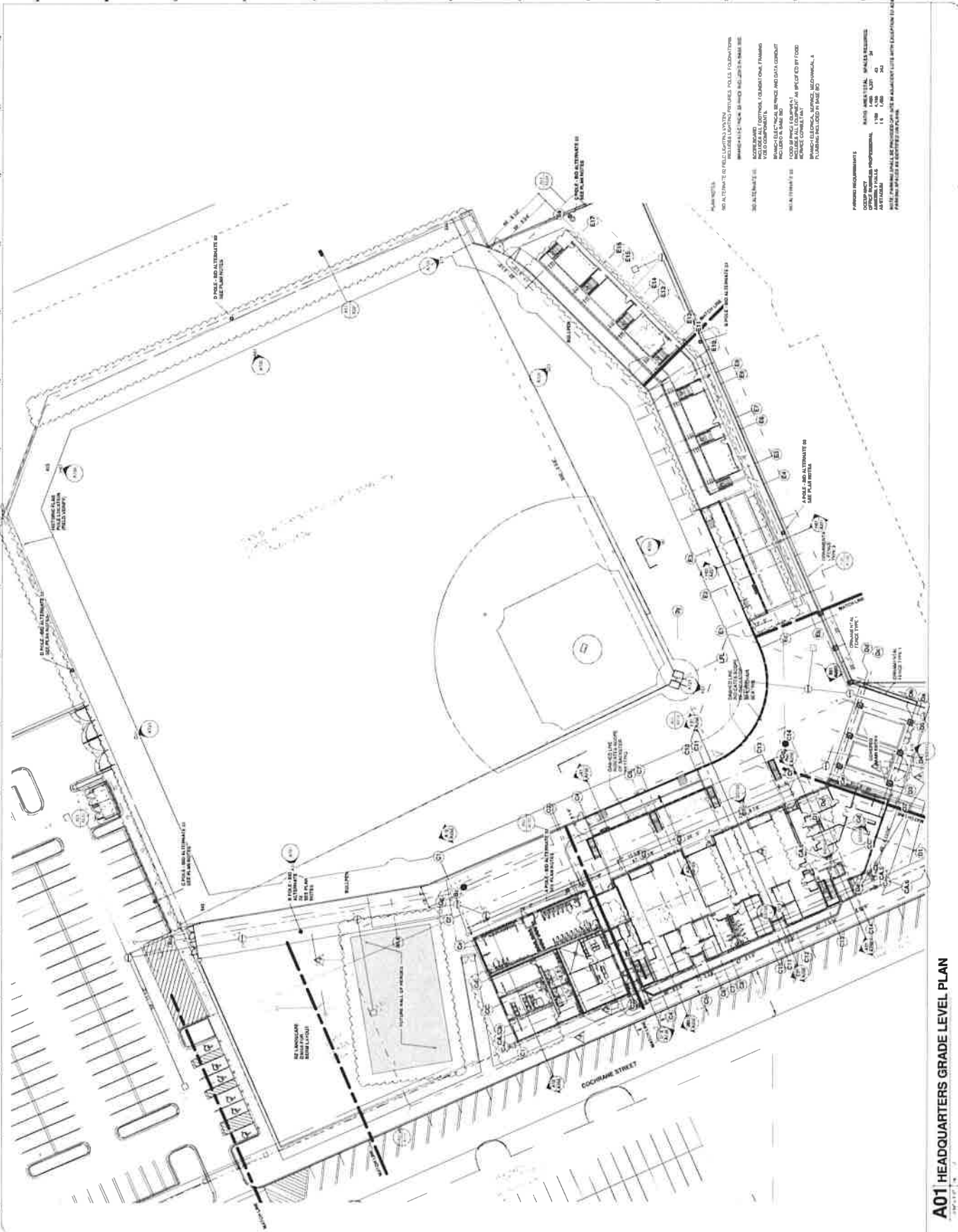
Revision	Description
1	ISSUE FOR PERMITS
2	REVISED PERMITS
3	REVISED PERMITS
4	REVISED PERMITS
5	REVISED PERMITS
6	REVISED PERMITS
7	REVISED PERMITS
8	REVISED PERMITS
9	REVISED PERMITS
10	REVISED PERMITS



PERMITS REQUIREMENTS

Item	Notes
1	PERMITS REQUIRED
2	PERMITS REQUIRED
3	PERMITS REQUIRED
4	PERMITS REQUIRED
5	PERMITS REQUIRED
6	PERMITS REQUIRED
7	PERMITS REQUIRED
8	PERMITS REQUIRED
9	PERMITS REQUIRED
10	PERMITS REQUIRED

A101



A01 HEADQUARTERS GRADE LEVEL PLAN

Internal Revenue Service

Date: November 19, 2003

Arthritis Foundation
% Charles E Silva Jr
1330 W Peachtree St NW
Atlanta, GA 30309-2904

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Jackie Johnson 31-07453
Customer Service Specialist
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
58-1341679
Group Exemption Number:
8510

Dear Sir or Madam:

This is in response to your request of November 19, 2003 regarding a copy of your organization's group exemption letter.

In January 1978 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on the information supplied, we recognized the subordinates named on the list your organization submitted as exempt from federal income tax under section 501(c)(3) of the Code. Additionally, we have classified the subordinates your organization operates, supervises, or controls, and which are covered by written notification to us, as organizations that are not private foundations because they are organizations of the type described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code.

Donors may deduct contributions to your organization's subordinates as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to the subordinates or for their use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Your organization and its subordinates are required to file Form 990, *Return of Organization Exempt from Income Tax*, only if the gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

Your organization and its subordinates are not required to file federal income tax returns unless subject to the tax on unrelated business income under section 511 of the Code. If subject to this tax, the organization must file an income tax return on Form 990-T, *Exempt Organization Business Income Tax Return*. In this letter, we are not determining whether any of your organization or its subordinates' present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

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Unless specifically excepted, your organization and its subordinates are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each of its employees during a calendar year. Your organization and its subordinates are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Each year, at least 90 days before the end of your organization's annual accounting period, please send the following items to the Internal Revenue Service Center at the address shown below:

A statement describing any changes during the year in the purposes, character, or method of operation of your organization's subordinates;

2. A list showing the names, mailing addresses (including Postal Zip Codes), actual addresses if different, and employer identification numbers of subordinates that:
 - a. Changed names or addresses;
 - b. Were deleted from the roster; or
 - c. Were added to the roster.
3. For subordinates to be added, attach:
 - a. A statement that the information on which your organization's present group exemption letter is based applies to the new subordinates;
 - b. A statement that each has given your organization written authorization to add its name to the roster;
 - c. A list of those to which the Service previously issued exemption rulings or determination letters;
 - d. A statement that none of the subordinates is a private foundation as defined in section 509(a) of the Code if the group exemption letter covers organizations described in section 501(c)(3);
 - e. The street address of subordinates where the mailing address is a P.O. Box; and

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- f. The information required by Revenue Procedure 75-50, 1975-2 C.B. 587 for each subordinate that is a school claiming exemption under section 501(c)(3). Also include any other information necessary to establish that the school is complying with the requirements of Revenue Ruling 71-447, 1971-2 C.B. 230. This is the same information required by Schedule A, Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code.
4. If applicable, a statement that your organization's group exemption roster did not change since the previous report.

The above information should be sent to the following address:

Internal Revenue Service Center
Attn: Entity Control Unit
Ogden, UT 84409

Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. Organizations that received recognition of exemption before July 15, 1987, and had a copy of their exemption application on July 15, 1987, are also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1999 - 17.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services

2018-07-11

441

441 *Petition of Arthritis Foundation, request to hold "2018 Detroit Jingle Bell Run for Arthritis" to begin at 1680 Michigan Ave, on December 1, 2018 from 7:30 AM to 12:00 PM with various street closures. Set up and tear down to be completed on event date.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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





September 28, 2018

HONORABLE CITY COUNCIL:

CONTRACTS AND PURCHASE ORDERS SCHEDULED TO BE CONSIDERED AT THE
FORMAL SESSION OF OCTOBER 2, 2018

POLICE

6001654 100% City Funding – To Provide The Detroit Police Department with Fiduciary
Administrative Services. – Contractor: Black Family Development – Location:
2995 E. Grand Blvd, Detroit, MI 48202 – Contract Period: Upon City Council
Approval through October 1, 2021 – Total Contract Amount: \$134,981.70.



September 24, 2018

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Honorable City Council:

RE: Petition No.231 — Michael E. Williams, request to vacate Burgess Street between Lyndon and Acacia.

Petition No. 231 — Michael E. Williams to outright vacate and subsequently revised to temporary close Burgess Avenue, 50 feet wide, from Acacia Avenue, 60 feet wide, to the east-west alley, 18 feet wide, first south of Lyndon Avenue.

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 by the property owners located on Burgess. The area is subject to crime, including illegal dumping. The property owners have been issued citations and charged with the removal of the debris discarded by others. There is also a problem with stolen cars being stripped and abandoned on the block. The residents would like to improve the block and allow only pedestrian traffic by blocking both ends of the block with planters and maintaining a green space on the block.

The Department of Public Works (DPW) objects to the closure because there are residents serviced with garbage pickup by DPW. There are also concerns regarding access for residents, emergency vehicles, and maintenance vehicles for city-owned lots. Street closure has been an ineffective method for prevention of illegal dumping. DPW will consider installing surveillance cameras on Burgess, as well as ensuring that the street is regularly monitored for any necessary debris removal.

Planning and Development Department (P&DD) objects to the closure. The Department of Neighborhoods has been contacted and will follow-up with the petitioner to address the dumping issue in the neighborhood. P&DD supports addressing this important issue, but does not support the street closure.

The request was approved by all other involved City Departments and utility companies provided that easement access the full width of the street is reserved.



City Engineering Division – DPW concludes that Burgess Avenue should remain an open public right-of-way and respectfully recommends **DENIAL** of this petition request.

Respectfully submitted,

Richard Doherty, P.E., City Engineer
City Engineering Division – DPW

/JK

Cc: Ron Brundidge, Director, DPW
Mayor's Office – City Council Liaison

BY COUNCIL MEMBER _____

Whereas, Michael E. Williams has petitioned to temporary close Burgess Avenue, 50 feet wide, from Acacia Avenue, 60 feet wide, to the east-west alley, 18 feet wide, first south of Lyndon Avenue to abate illegal dumping and other crime in the neighborhood; and

Whereas, the petition was referred to the City Engineering Division – DPW for investigation (utility review) and during the course of their investigation the Department of Public Works and the Planning and Development Department have objected to the street closure; and

Whereas, The Department of Public Works (DPW) objects to the closure because there are residents serviced with garbage pickup by DPW; also DPW has concerns regarding access for residents, emergency vehicles, and maintenance vehicles for city-owned lots; and

Whereas, The Department of Public Works (DPW) will consider installing surveillance cameras on Burgess, as well as ensuring that the street is regularly monitored for any necessary debris removal, and

Whereas, The Planning and Development Department (P&DD) objects to the closure; and the Department of Neighborhoods has been contacted and will follow-up with the petitioner to address the dumping issue in the neighborhood; Now, Therefore, Be It

RESOLVED, that The Detroit City Council accepts the findings and recommendation of the Department of Public Works and Denies the requested temporary closure of Burgess Avenue, 50 feet wide, from Acacia Avenue, 60 feet wide to the east-west alley, 18 feet wide, first south of Lyndon Avenue.



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City of Detroit
CITY COUNCIL

GABE LELAND
COUNCIL MEMBER

MEMORANDUM

TO: Tyrone Clifton
Detroit Building Authority

THRU: Public Health and Safety committee
Council Member Scott Benson, Chairman
Council Member Janee Ayres, Vice Chair
Council Member Roy McCalister, Member

FROM: Gabe Leland *GL*
Council Member

DATE: September 28, 2018

RE: Emergency Demo

Please investigate and provide an answer as to why the house located at 9204 Prest has not been demolished, although the city council ordered it demolished back in April 2018.

In addition, considering that the house has not been demolished, please provide an accurate date as to when a demolition will occur.

Thank you.

cc: Honorable Colleagues

GL/ab

Coleman A. Young Municipal Center • 2 Woodward Avenue, Suite 1340 • Detroit,
Michigan 48226
Phone: (313) 224-2151 • Fax: (313) 224-2155

CITY CLERK 2018 SEP 28 PM 12:06