

Referrals
1/8/19

**NEIGHBORHOOD
AND COMMUNITY
SERVICES STANDING
COMMITTEE**

11

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 559 Event Name: FOX Sports I Ran the D

Event Date : April 28, 2019

Street Closure: Various

Organization Name: RunningFlat USA Inc.

Street Address: 269 Walker Street Unit 238 Detroit, MI 48207

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)

5K Run celebrating FOX Sports April in the D at Comerica Park and surrounding streets from 9:00am - 11:30am.

**** 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 DMCAre Express to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted; No 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 Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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: October 24, 2018

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, October 23, 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
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

559 *RunningFlat USA Inc., request to hold "FOX Sports I Ran The D" on April 28, 2019 at 9:00 AM @ Comerica Park, Set up to begin 4/28/19 @ 4:30 AM, Complete tear down 4/28/19 at 11:30 AM, with various street closures*

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: **FOX Sports I RAN THE D - APRIL 28th 2019**

Event Location: **Comerica Park**

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: **RunningFlat USA Inc.**

Organization Mailing Address: **269 Walker Street, Unit 238, Detroit MI 48207**

Business Phone: **519-980-5440**

Business Fax:

Federal Tax ID # **32-040311**

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

Applicant Name: **Chris Uszynski**

Title/Role: **Race Director**

Email Address: **chris@runningflat.com**

Mailing Address: **269 Walker Street, Unit 238, Detroit MI 48207**

Business Phone: **519-980-5440**

Business Fax::

Event On-Site Contact Person:

Mailing Address: **Chris Uszynski**

Business Phone: **519-980-5440**

Business Fax:

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

List Event Sponsors: **FOX Sports Detroit**

Event Elements (check all that apply)

- | | | |
|--|--|--|
| <input checked="" 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:

5K Run celebrating FOX Sports April in the D. Starting outside of Comerica Park running/walking on a 5K course (see attached map) and returning onto the field and into Comerica Park.

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

Begin Set-up Date & Time: April 28th/ 4:30am Complete Set-up Date & Time: April 28th/8:30am Road/Course Closures

Event Start Date & Time: April 28th/9:00am Event End Date & Time: April 28th/11:30am -5K Course 1pm for Adams and Witherell

Begin Tearing Down Date: April 28th/10:30am Complete Tear Down Date: April 28th/11:30am Latest All 5K Route Roads reopened except Adams and Witherell for 1pm

Event Times (If more than one day, give times for each day): April 27/ 12:00pm(Closing Witherell only) to set up the start line area in front of Comerica park leaving Adams and Montcalm open until the next morning at 8:30am

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 and 2018

When was the event last held in Detroit? April 29 2017

Where was the event last held in Detroit? Comerica Park

What were the hours last year? same as requested

Project Attendance This Year (Minimum – Maximum)? 6,000 to 10,000

What is the basis for your projected attendance? 2018 numbers 7,000

Please describe your anticipated/ target audience:

Is this going to be an annual event? Yes No

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

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

[] People [] Balloons

[] Floats [] Animals

[] Vehicles [] Other: _____

[] Bands

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

Name of business supplying animal(s): _____

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

Address: _____

Phone: _____

City/State/Zip: _____

Section 5- COMMUNICATION/ADVERTISING STRATEGY

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

Radio (Specify stations):

Television (Specific stations):

Newspapers (specify papers):

Web site (identify web address):

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify): _____

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

Section 6- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe: _____

Will there be on-site ticket sales? Yes No

If yes, list price(s): _____

Will food be sold? Yes No

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

Will merchandise be sold? Yes No

If yes, describe: **Only inside Comerica Park**

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

If yes, describe: **Charity not confirmed yet**

If the event is a fundraiser, identify charity or recipient of funds: **Charity not confirmed yet**

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:

Race Shirts

Will these be exclusive vendors or outside vendors? (please describe): All in and on Comerica Park property

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

Number of Private Security Personnel Hired Per Shift: _____

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

Licensed Armed Bonded

Describe the emergency evacuation plan: _____

Describe the parking plan to accommodate anticipated attendance: _____

How will you advise attendees of parking options? _____

Are you seeking a group parking rate? _____

Section 8- COMMUNITY IMPACT INFORMATION

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

Road closure but local traffic will be able to exit will Police assistance

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

Indicate what steps you have or will take to notify them of your event: Flyer the entire route of homes and business. The route has little impact on residential areas or traffic flow

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

Comerica Park Management Mike Bauer | Director, Event Operations | Detroit Tigers
2100 Woodward Ave, Detroit, MI 48201 | P: 313-471-2314 | Mike.Bauer@tigers.com

Flyer to follow

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure all on Comerica Property
How Many? _____
Size/Height _____
Booth none
Tent (enclosed on 3 sides) none

Canopy (open on all sides) 10x10 6 seperate units

Staging/Scaffolding none

Bleachers none

Company: **RunningFlat USA**

Grill

Gas Charcoal Electrical Propane

Fireworks (Pyrotechnics)

Aerial Stage

Provide Sketch:

Portable Restrooms:

Standard ADA Accessible

Vehicles

Type/Weight:

32ft Stake Truck /8,000 lbs, Ford Pick Up /3,000 lbs

Other:

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

none

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

none

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

none

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage? Comerica Park contractor

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip _____

Name of company providing emergency medical services? DMC

Contact Person: _____

Address: _____

City/State/Zip: _____

Name of company providing porta-johns. Parkway Services

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

Name of private catering company?

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

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

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

STREET NAME: Witherell _____

FROM **Montcalm** _____

TO **Adams** _____

Closure Dates: **April 27th** _____

Beg. Time: **12pm** _____

End Time: _____

Reopen Date: **April 28th** _____

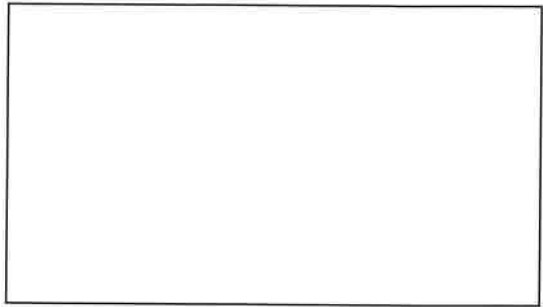
Time: **1:30pm** _____



STREET NAME: Montcalm

FROM Woodward
TO Beacon

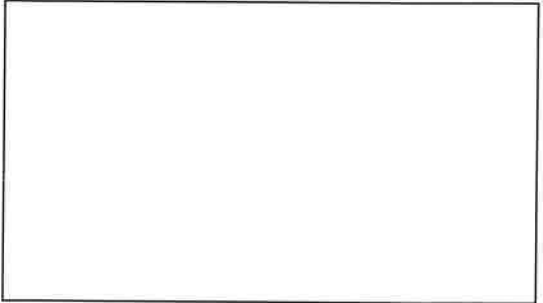
Closure Dates: April 28th
Beg. Time: 8:30am
End Time: 11:30am
Reopen Date: _____
Time: _____



STREET NAME: Brush

FROM Mack
TO Madison

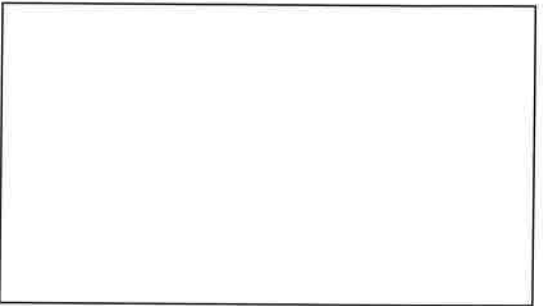
Closure Dates: April 28th
Beg. Time: 8:30am
End Time: 11:30am
Reopen Date: _____
Time: _____



STREET NAME: Mack Ave (Single South side Eastbound Lane)

FROM Brush
TO I-75 Service Dr

Closure Dates: April 28th
Beg. Time: 8:30am
End Time: 11:30am
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? _____

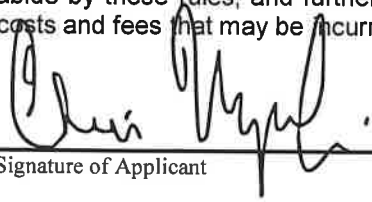
See Map attached with directional closures. The entire course is shut down at 8:30am, race at 9:00am. Road will

reopen rolling when the last walker is through sections that can be reopened. Everything on the course will be open by

11:30 am the latest, except Adams and Witherell (Start and Finish areas till 1:30pm)

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

October 8th 2018

Date

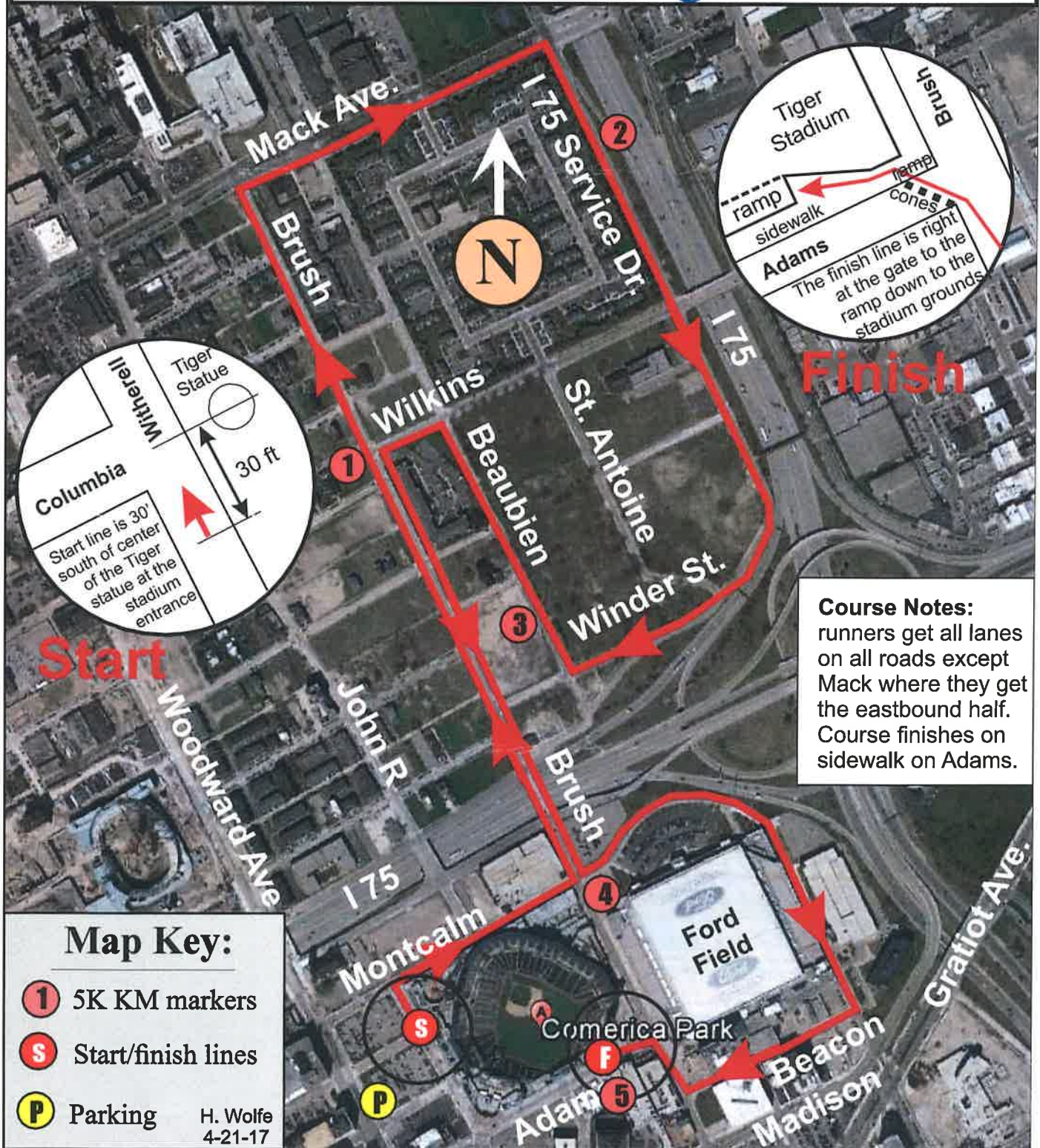
NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

I RAN THE D 5K Course Map

USATF cert num: MI 17013 MN
 Cert effective: 4/22/17 - 12/31/27



Detroit, Michigan



Course Notes:
 runners get all lanes on all roads except Mack where they get the eastbound half. Course finishes on sidewalk on Adams.

Map Key:

- ① 5K KM markers
- S Start/finish lines
- P Parking

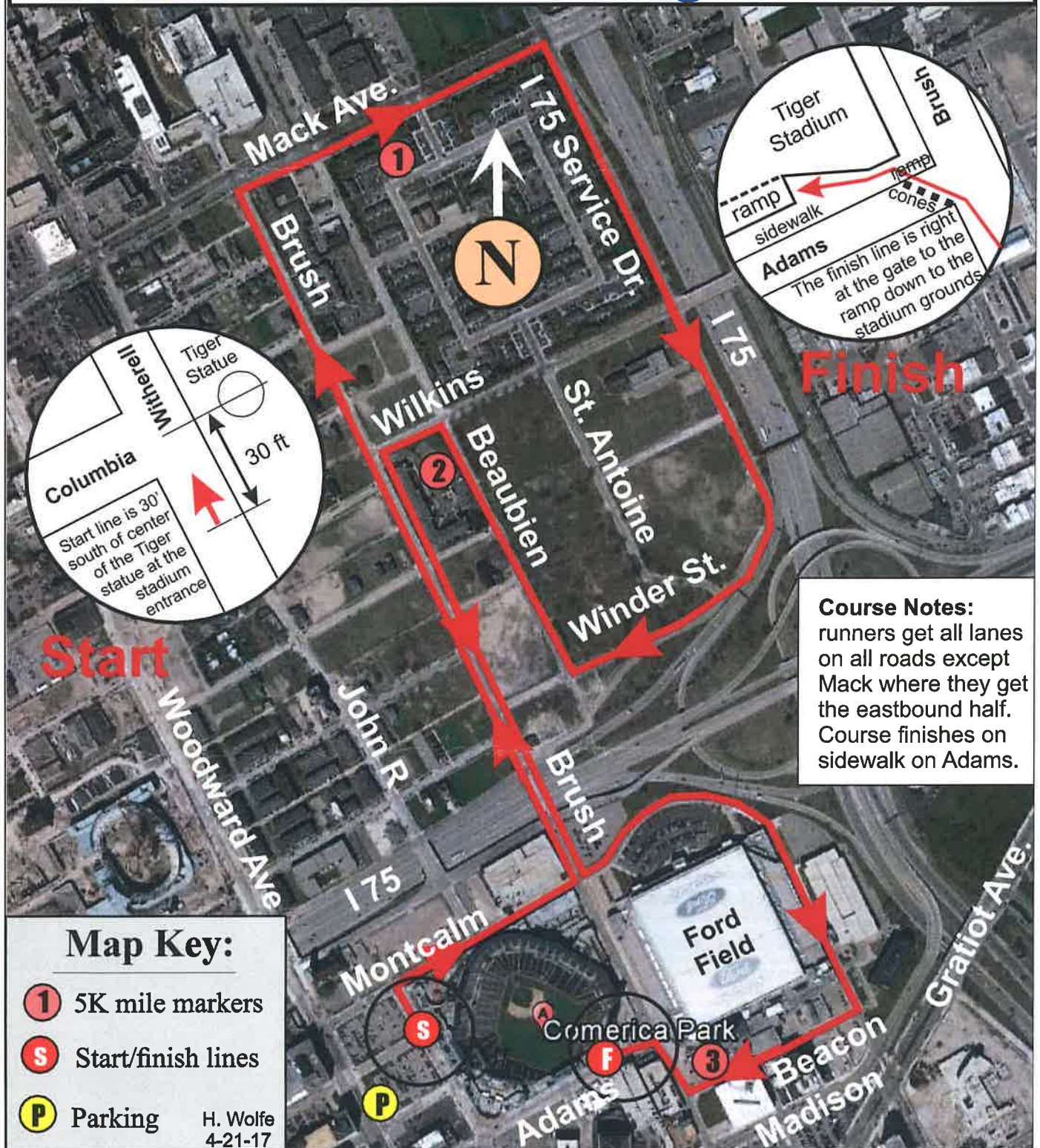
H. Wolfe
4-21-17

I RAN THE D 5K Course Map

USATF cert num: MI 17013 MN

Cert effective: 4/22/17 - 12/31/27

Detroit, Michigan



Start

Finish

Map Key:

- ① 5K mile markers
 - S Start/finish lines
 - P Parking
- H. Wolfe
4-21-17

Course Notes:
runners get all lanes on all roads except Mack where they get the eastbound half. Course finishes on sidewalk on Adams.

2018-10-23

559

Petition of RunningFlat USA Inc., request to hold "FOX Sports I Ran The D" on April 28, 2019 at 9:00 AM @ Comerica Park, Set up to begin 4/28/19 @ 4:30 AM, Complete tear down 4/28/19 at 11:30 AM, with various street closures

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

11