NEW BUSINESS 2-19-19.

NEIGHBORHOOD AND COMMUNITY SERVICES STANDING COMMITTEE



MAYOR'S OFFICE COORDINATORS REPORT

| OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED | | | | | | | | | |
|---|---|-----------|----------------------|-------------|--|--|--|--|--|
| Petition #: | 630 | Eve | ent Name: Hot | Chocola | ate 15/5K | | | | |
| Event Date | Event Date : April 20, 2019 | | | | | | | | |
| Street Clos | Street Closure: Steve Yzerman Drive, Civic Center Drive & W. Jefferson | | | | | | | | |
| Organization Name: RAM Racing | | | | | | | | | |
| Street Add | Street Address: 951 Corporate Grove Drive Buffalo Grove, IL 80089 | | | | | | | | |
| | Receipt date of the COMPLETED Special Events Application: | | | | | | | | |
| Date of Cit | Date of City Clerk's Departmental Reference Communication: | | | | | | | | |
| Due date for City Departments reports: Due date for the Coordinators Report to City Clerk: | | | | | | | | | |
| Event Elen | nents (check all t | hat app | lv): | | | | | | |
| Walkati | | arnival/ | - | Concer | t/Performance V Run/Marathon | | | | |
| Bike Ra | | | Ceremony | | Il Ceremony Festival | | | | |
| Filming | | arade | [| | Recreation Rally/Demonstration | | | | |
| Firewor | | | L an/Conforance [| _ | | | | | |
| \equiv | | | on/Conference [| Other | | | | | |
| 24-Hou | ır Liquor Licens | е | | | | | | | |
| | | Pet | tition Communi | cations (in | clude date/time) | | | | |
| | | Riverfr | ont Park with te | emporary s | street closures on Steve Yzerman Drive, | | | | |
| Civic Cent | er Drive and W | est Jef | ferson from 7:0 | 0am - 11:0 | 00am. | | | | |
| | | | | | | | | | |
| | Lottaber . | | | = | | | | | |
| Date | ** <u>ALL</u> _perm Department | its and i | icense requirem | ents must b | pe fulfilled for an approval status ** Additional Comments | | | | |
| | | | | | DPD Assisted Event; Contracted with HEP | | | | |
| | DPD | Ш | \checkmark | | Protective Services to Provide Private Security Services | | | | |
| | | | | | • | | | | |
| | DFD/ Pending Inspections; Contracted with DMCare Express to Provide Private EMS | | | | | | | | |
| | EMS | | | | Services | | | | |
| | DPW | П | | П | DPD Assisted Event; No Permits Required | | | | |
| | | | | | | | | | |
| | Health Dept. | | \checkmark | | Temporary Food License Required | | | | |

| Date | Department | N/A | APPROVED | DENIED | Additional Comments |
|------|----------------------|-----|----------|--------|---|
| | TED | | ✓ | | Type III Barricades & Road Closure Sign Required |
| | Recreation | | ✓ | | Application Received & Approved as Presented |
| | Bldg & Safety | | ✓ | | Permits Required for Tents & Electrical |
| | Bus. License | | ✓ | | Vendors License Required |
| | Mayor's Office | | V | | All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of event |
| | Municipal Parking | | V | | Purchase of Parking Meters Required |
| | DDOT | | V | | No Impact on Buses |

| Signature: | Bethanie | Lusher | |
|------------|----------|--------|--|
| , | | | |

Date: Lebruary 13, 2018



Hot Chocolate 5K Street by Street Saturday April 20, 2019

Start on W Jefferson W of Sixth St Overpass
Head E on W Jefferson to Steve Yzerman Dr
Turn Right on Yzerman Dr to Riverwalk and make a left
Continue E on Riverwalk and U turn near Beaubien St
Riverwalk back W, Past Civic Center Dr where runners break right off Riverwalk onto Yzerman
Runners are on Steve Yzerman Dr heading W back to W Jefferson
W Jefferson W to the W end of Riverfront Park and make a left onto path
Run on the path and finish on path closest to the river

Brandon Presern bpresern@ramracing.org 312 259-2496

Hot Chocolate 15K Street by Street Saturday April 20, 2019

Start on W Jefferson W of Sixth St Overpass Head E on W Jefferson to Steve Yzerman Dr Turn Right on Yzerman Dr to Riverwalk and make left on Riverwalk Head E on Riverwalk to Milliken Park At Milliken Park connect with Atwater St and make a right heading E Take Atwater to Campau and make a right towards the Riverwalk Left at the Riverwalk and continue E for about 400 yards U Turn on Riverwalk back W to Campau and make a right on Campau Campua to Atwater and make a left Take Atwater to connect with Dequindre Cut Trail and make a right Continue N on Trail to Mack St and U turn back S on Trail back to Atwater and make a right Take Atwater back to Riverwalk near Riopelle St Riverwalk back W, Past Civic Center Dr runners break right off the Riverwalk onto Yzerman Runners are on Steve Yzerman Dr heading W back to W Jefferson Jefferson W to the W end of Riverfront Park and make a left onto path Run on the path and finish on path closest to the river

Brandon Presern
bpresern@ramracing.org
312 259-2496

OFFICE OF THE CITY CLERK

Caven West Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, February 18, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

AMENDMENT

Herewith, the following referral is a copy of Petition

630

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

RAM Racing, request to hold "Hot Chocolate 15/5K" at West Riverfront Park on April 20, 2019 from 7:00 AM to 11:00 AM with various street closures, set up to begin on 4-18-19 and tear down to complete on 4-20-19

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

<u>PETITIONER IS AMENDING PETITION DUE TO:</u> Addition of Route Map. See attached.

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

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, January 08, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

RAM Racing, request to hold "Hot Chocolate 15/5K" at West Riverfront Park on April 20, 2019 from 7:00 AM to 11:00 AM with various street closures, set up to begin on 4-18-19 and tear down to complete on 4-20-19

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: Hot CV | ocolate 15/5K | | 12 P. O. |
|------------------------------------|------------------------|--|-------------|
| Event Location: West R | ^ | | |
| Is this going to be an annual even | | | |
| See | tion 2- ORGANIZATION/A | APPLICANT INFORMATION | |
| Organization Name: RAM | Racing | The second secon | |
| | | re Drive, Buffalo Grave I | L 60089 |
| Business Phone: 312 759 | TICOMI PINI | bsite: horchocolate 15K.co. | |
| | | | |
| Applicant Name: Brundon | 1 Preserv | | |
| Business Phone: | Cell Phone: | Email: bpresern@ra | mracing. |
| Event On-Site Contact Person: | | | O |
| Name: Brunden & | nexem | 1876 J. 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Business Phone: | Cell Phone: 312 256 | 2496 Email: bpresern@rank | cin on |
| Event Elements (check all that a | oply) | * * > * | 0 |
| [] 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 descript | ion of your event: | hor Chocologe | 11 = - |
| | 0 | | |
| | | | |
| | H-1 | 10 | |

| Begin Set-up Date : 4/18/19 | Time: 7sm | Complete Set- | up Date: 4/2 | 20/19 | Time: | 70M | o-ell-line- |
|--|--------------------|---------------|--|--|---------------------------------------|---------------------------------------|-------------|
| Event Start Date: 4/20/19 | Time: 74 M | Event End Dat | e: 4/20/ | 19 | Time: | M4 (1 | |
| Begin Tearing Down Date: $4/z_0$ | /19 | Complete Tear | Down Date: | 4/20 | 119 | -10-1-12-12-1 | |
| Event Times (If more than one day, given $7 \triangle M = 1 \triangle M$ | e times for each d | ау): | | 1541 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | A | - § |
| . | | | amati — C | | | | |
| v 675 - 2 | <### | 10 | | 1.7 | GENVEN - | | |
| Facilities to be used (circle): Stree Facility Please attach a copy of Port-a-John, Sa anticipated layout of your event include | nitation, and Emer | Sidewalk | | Park ell as a site pla | an which i | City | 1 1 7 |
| -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 | | 8.5 | -Location of Fi -Location of fi -Proposed rout -Location of te -Sketch of stre -Location of bl -Location of pr -Sketch of prop | re lane e for walk/rur ents and canop et closure eachers ress area | ies | the e | |
| | | | | 9- | | | |
| Describe the entertainment for this ye | | 4 | | | | · · · · · · · · · · · · · · · · · · · | |
| | Yes 🗆 No | ı | | | | | *1 |
| If yes, what type of sound system? | JUST F | OR POS | ot Roca | Bart | 9 | | |
| Describe specific power needs for entered a generator a | | | ttorn | 8'48 | 3′ 17 | :" hīgh | |
| How many generators will be used? | Sbort 4. | for the | entire e | event | 4" | Hartan - | |
| How will the generators be fueled? | | | | | | | |

| Name of vendor providing generators: Contact Person: Sunbelt Remals | ASSESSMENTS OF THE SECOND |
|---|--|
| Address: 3411 W FORT St | Phone: 313 202 5767 |
| City/State/Zip Detroit MI 48216 | |
| | |
| Will there be advanced ticket sales? Wes □ No On Line | 70 6, |
| Will there be on-site ticket sales? Yes No No If yes, list price(s): | |
| Will there be vending or sales? Yes \(\sime\) No If yes, check all that apply: | |
| [] Food Merchandise [] Non-Alcoholic Beverages | [] Alcoholic Beverages |
| Indicate type of items to be sold: Hor Chocolore Brunded | Clothing |
| | 10-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |
|) — — — — — — — — — — — — — — — — — — — | |
| Name of Private Security Company: Existing park contract security will be used. Contact Person: HEP PROJECTIVE SecuriceS | |
| Address: Z9829 Greenfield Rd | Phone: 888 443 7005 |
| City/State/Zip: Southfield MI | |
| Number of Private Security Personnel Hired Per Shift: 5 | |
| Are the private security personnel (check all that apply): | |
| Licensed [] Armed | Bonded |
| How will you advise attendees of parking options? | |
| Through web Site & email | The second secon |
| | |

| - POAD Closus | <u>45</u> | |
|--|--|--|
| | | |
| Have local neighborhood groups/ | | The same of the sa |
| Indicate what steps you have or w | vill take to notify them of your | event: We will mail our aflier |
| | | course. |
| | | |
| Complete the appropriate categories | that apply to the event Structu | ire |
| | How Many? | Size/Height |
| Booth | 2 | 120 MUSTIDXID |
| Tents (enclosed on 3 sides) | 6 | Misc sizes 1@ 30x 120 MOSTID XIS |
| Canopy (open on all sides) | 0 | |
| Staging/Scaffolding | 0 | 7 |
| | | |
| Bleachers | 0 | |
| Bleachers | 0 | |
| mergency medical services? | 0 | |
| mergency medical services? | | |
| mergency medical services? ontact Person: DMCare ddress: 1600 EGrand | Blvd | |
| mergency medical services? ontact Person: DMCare | Blvd | |
| mergency medical services? ontact Person: DMCase ddress: 1600 EGrand http://State/Zip: Der 1074 N | Blvd II 4822 l johns. | |
| mergency medical services? ontact Person: DMCare ddress: 1600 EG rand ity/State/Zip: Derroit N fame of company providing port-n-j contact Person: Derroit F | Blvd II 48221 Johns. Part Potty Ren | TDLS |
| mergency medical services? ontact Person: DMCare ddress: 1600 EG rand ity/State/Zip: Derroit N fame of company providing port-n-j contact Person: Derroit F | Blvd II 4822 l johns. | TDLS |
| mergency medical services? ontact Person: DMCare ddress: 1600 EG rand ity/State/Zip: Derroit N fame of company providing port-n-j contact Person: Derroit F | Blvd 1I 48221 Johns. Part Potty Ren 23-1 1600 Clay | TDLS |
| mergency medical services? ontact Person: DMCare ddress: 1600 EG rand tity/State/Zip: Der 16th N [ame of company providing port-a-j contact Person: Derroit F | Blvd 1I 48221 Johns. Part Potty Ren 23-1 1600 Clay | TDLS |
| mergency medical services? ontact Person: DMCare ddress: 1605 EGrand http://State/Zip: Der 167 M contact Person: Derroit F contact Person: Derroit F contact Person: Derroit F contact Person: Derroit M contact Person: Derroit M | Blvd 1I 48221 Johns. Part Potty Ren 23-1 1600 Clay | TDLS |
| mergency medical services? ontact Person: DMCare ddress: 1600 EG road ity/State/Zip: Derroit N Iame of company providing port-n-j contact Person: Derroit F address: 313 334 44 City/State/Zip: Derroit M Iame of private catering company? | Blvd 1I 48221 Johns. Part Potty Ren 23-1 1600 Clay | TDLS |
| mergency medical services? ontact Person: DMCare ddress: 1600 EGrand lity/State/Zip: Derroit N lame of company providing port-n-j contact Person: Derroit R lity/State/Zip: Derroit M lame of private catering company? Contact Person: | Blvd 1I 48221 Johns. Part Potty Ren 23-1 1600 Clay | TDUS S+ Phone: 3)7, 334, 423) |

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.

| | | roposed area for closure. | 15 2) 14 |
|------------------|---------------|---------------------------|--|
| STREET NAME: | See | attachero | |
| | | то: | |
| | | | |
| CLOSURE DATES: _ | | BEG TIME: | END TIME; |
| REOPEN DATE: | | TIME: | |
| | | | |
| | | | |
| FROM: | | TO: | West second of the Control of the Co |
| CLOSURE DATES: | | BEG TIME: | END TIME: |
| REOPEN DATE: | | TIME: | · · · · · · · · · · · · · · · · · · · |
| | | | |
| - | | | |
| FROM: | | TO: | M. Hart A. H. |
| CLOSURE DATES: | | BEG TIME: | END TIME: |
| REOPEN DATE: | | TIME: | |
| | | | |
| | | ; | |
| | | BEG TIME: | |
| | | | |
| REOPEN DATE: | | TIME: | |
| STREET NAME: _ | - Little Land | | |
| FROM: | | TO: | ved - oca - co - ocalilatement - o |
| CLOSURE DATES: | | BEG TIME; | END TIME: |
| REOPEN DATE: | | TIME: | |

| PLEASE AND IMPORTA | ANT 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

will province if event is considered

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.

RU 12/6/2018
Signature of Applicant Date

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

HOLD HARMLESS AND INDEMNIFICATION

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

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

(Please Print)

Event Name: Hot Chocolote 15/5K

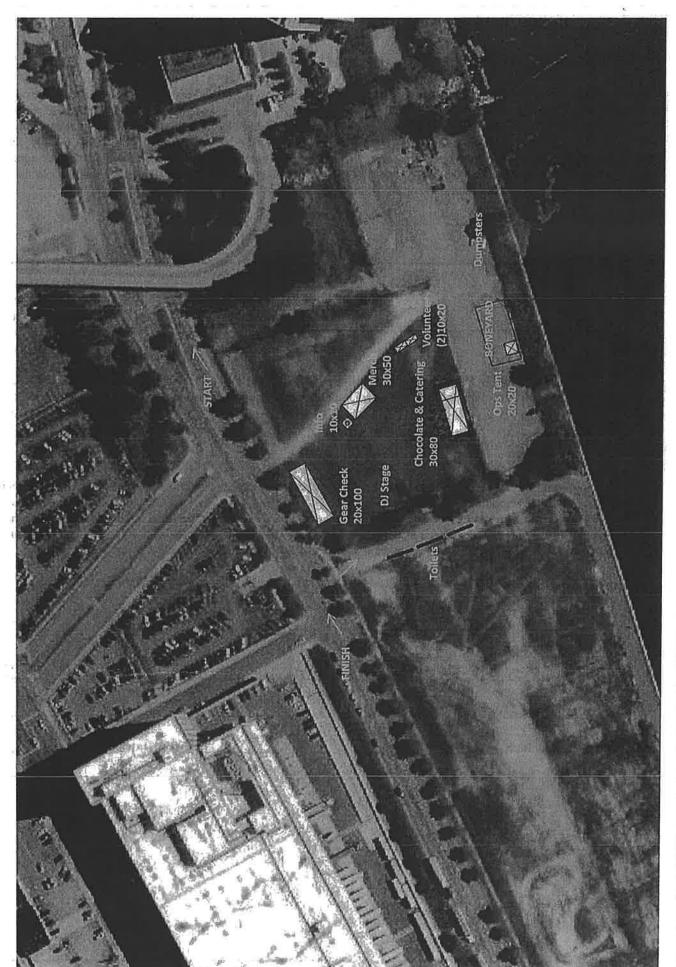
Event Date: 4/20/19

Event Organizer: Brandon Passer y RAM RACING

Applicant Signature: RM

Date: 12/6/18





Detroit 15K

Detroit 15K.kmz



Detroit5K

Detroit 5K.kmz

Detroit 5K



Hot Chocolate 5K Sunday April 20, 2019

- 1. 5K Route Street by Street
- 2. Start at Jefferson & 8th St
- 3. Turn right onto Fort St
- 4. Fort Street NE to Woodward round about
- 5. Woodward to Cadillac Square heading East
- 6. Cadillac Square to E Congress St
- 7. E Congress to a left on Beaubien St
- 8. Beaubien St North to E Lafayette St and make a left
- 9. Lafayette to Bates
- 10. Bates south to Cadillac Square and make a right heading East
- 11. Take the Woodward roundabout around counterclockwise back to Fort St
- 12. Fort St SW to Jefferson Ave

Brandon Presern 312 259-2496 Bpresern@ramracing.org

Hot Chocolate 15K Sunday April 20, 2019

15K Route Street by Street

- 1. Start at Jefferson & 8Th St
- 2. Turn right onto Fort St
- 3. Fort Street NE to Woodward round about
- 4. Woodward to Cadillac Square heading East
- 5. Cadillac Square to E Congress St
- 6. E Congress to Larned St
- 7. Larned St N/E to Mt Elliot
- 8. Mt Elliot Left heading North
- 9. Take Mt Elliot and turn around just before E Vernor Hwy
- 10. U Turn and back South on Mt Elliot to Larned St
- 11. Right on Larned back to a left on Beaubien St
- 12. Beaubien St North to E Lafayette St and make a left
- 13. Lafayette to Bates
- 14. Bates south to Cadillac Square and make a right heading East
- 15. Take the Woodward roundabout around counterclockwise back to Fort St
- 16. Make U turn on Fort just East of 21st
- 17. Fort St back to Jefferson Ave

Brandon Presern 312 259-2496 Bpresern@ramracing.org



To: Brandon Presern

Date: December 3, 2018

Subject: Hot Chocolate Run/Walk

The Detroit RiverFront Conservancy approved The Hot Chocolate Run/Walk event on the Detroit Riverfront on April 20, 2019.

Please contact me should you have any questions.

Sincerely,

Anthony Casasanta 1340 E. Atwater St. Detroit, MI. 48207 313 656-2275

RUNNAWA-01

JRATKE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/07/2018

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(les) 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).

| this certificate does not confer rights t | o the | cert | ificate holder in lieu of su | | | | | | |
|---|-----------------|----------------|---|-----------------------|-------------------------------------|------------------------------------|--|----------|-----------------------|
| PRODUCER | | | | CONTA NAME: | | | - Page | | California States Co. |
| Rosenthal Bros., Inc. PO Box 700 | | | | PHONE (AC, No | , Ext): (847) 9 | 940-4300 | (A/C, No): | (847) | 940-4315 |
| Deerfield, IL 80015-0700 | | | | E-MAIL ADDRE | SS; | | | | |
| | | | | 22.2000 | | SURER(S) AFFO | RDING COVERAGE | | NAIC# |
| | | | | INSURE | | | nce Company | | 41297 |
| INSURED | | | | INSURER B : | | | | | |
| Running Away Enterprises, | 11.0 | | | INSURER C: | | | | | |
| 951 Corporate Grove Dr. | LLC | | | INSURE | | | THE COLUMN TWO IS NOT THE OWNER. | | |
| Buffalo Grove, IL 60089-450 | 8 | | | INSURE | | | | | |
| | | | | INSURE | Services - | | .455.01-111-1011 | | |
| CONTENACTO CED | TICI | ATE | MINDED. | LINGONE | Kr. | alter and a final | REVISION NUMBER: | | - 17 |
| COVERAGES CER THIS IS TO CERTIFY THAT THE POLICII | | | NUMBER: | UAVE B | EEN ISSUED | | | THE DO | I ICV PERIOD |
| INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | EQUI PER | REMI | ENT, TERM OR CONDITIO THE INSURANCE AFFOR | n of A Ded by | NY CONTRA | CT OR OTHER IES DESCRIB | R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT | ECT TO | WHICH THIS |
| INSR TYPE OF INSURANCE | | SUBR | | | POLICY EFF (MM/DD/YYYY) | | LIMIT | rs | |
| A X COMMERCIAL GENERAL LIABILITY | nego. | 4445) | A., | | | Company I I I I | EACH OCCURRENCE | s | 1,000,000 |
| CLAIMS-MADE X OCCUR | x | | CPS3045778 | | 04/06/2018 | 03/26/2019 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 500,000 |
| X Bikt Addti Insd | | | | | | | MED EXP (Any one person) | \$ | 10,000 |
| X Bikt Walver Subro | | | | | | | PERSONAL & ADV INJURY | s | 1,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | (1 | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| POLICY PRO- | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 1,000,000 |
| OTHER: | | | | | | | | s | |
| AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | |
| OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | s | |
| HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | s | |
| NO TOO ONE! | | | | | | | | s | |
| A UMBRELLA LIAB X OCCUR | | | | | | | EACH OCCURRENCE | s | 5,000,000 |
| X EXCESS LIAB CLAIMS-MADE | | | XBS0082546 | | 04/06/2018 | 03/26/2019 | AGGREGATE | \$ | 5,000,000 |
| DED X RETENTIONS 0 | | | | | | | | s | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | PER OTH- | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | | E.L. EACH ACCIDENT | s | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE | s | |
| if yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | s | |
| DESCRIPTION OF OPERATIONS BERGW | | | | | | | LL DIGLIGL 7 GLG7 LIMIT | -Y | |
| | | | | | | | | | |
| | | | | | 1 | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICE Event: April 17-21, 2019. Race Day April 2016 by written contract. | LES (/ h, 20 | ACORI 19, T | o 101, Additional Remarks Schedu ne City of Detrois is named | ile, may b d as an | e altached if mor additional ins | e space Is requir sured with re | ed) spects to the General Lia | bility w | hen required |
| CERTIFICATE HOLDER | | | - | CANC | ELLATION | | ne menungan | | |
| OLIVINIONIE HOLDER | | | HEIL | - CALLE | | | The American Street | | |
| City of Detrolt Coleman A. Young Municipa Woodward Avenue, Suite 33 Detroit, MI 48226 | | nter 2 | 2 | THE | EXPIRATION | N DATE TH TH THE POLIC | ESCRIBED POLICIES BE C. EREOF, NOTICE WILL Y PROVISIONS. | | |
| ACORD OF (MATERIA) | | | Aniire | lu | 7 | <u>-</u> | | All of a | |

ACORD 25 (2016/03)

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LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| AGENCY Rosenthal Bros., Inc. | | NAMED INSURED Running Away Enterprises, LLC | |
|---------------------------------|-----------------------------|---|--|
| POLICY NUMBER SEE PAGE 1 | | 951 Corporate Grove Dr. Buffalo Grove, IL 60089-4508 | |
| CARRIER NAIC CO | | | |
| SEE PAGE 1 | SEE P 1 | EFFECTIVE DATE: SEE PAGE 1 | |
| ADDITIONAL REMARKS | | With Carlot William (1997) | |
| THIS ADDITIONAL REMARKS FORM | S A SCHEDULE TO ACORD FORM, | | |

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Named Insured et al
DBA Ram Racing



ACORD'

RUNNAWA-01

JRATKE

CERTIFICATE OF LIABILITY INSURANCE

12/07/2018

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(les) 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 | CONTACT NAME: | | | | |
|--|---|---|--|--|--|
| Rosenthal Bros., Inc. | PHONE (A/C, No, Ext): (847) 940-4300 | 847) 940-4315 | | | |
| PO Box 700 Deerfield, IL 60015-0700 | ADDRESS: | AL A POLICIO A CONTROL OF THE POLICY OF THE | | | |
| | INSURER(S) AFFORDING CO | NAIC# | | | |
| | INSURER A : Scottsdale Insurance Co | 41297 | | | |
| INSURED | INSURER B: | | | | |
| Running Away Enterprises, LLC | INSURER C: | | | | |
| 951 Corporate Grove Dr. | INSURER D: | | | | |
| Buffalo Grove, IL 60089-4508 | INSURER E : | | | | |
| | INSURER F: | | | | |
| COVERAGES CERTIFICATE NUMBER: | REVIS | ION 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. POLICY EFF POLICY EXP TYPE OF INSURANCE ADDL BUBR POLICY NUMBER 1,000,000 A X COMMERCIAL GENERAL LIABILITY 500,000 CLAIMS-MADE X OCCUR CPS3045778 04/06/2018 03/26/2019 X Bikt Addtl Insd 10,000 MED EXP (Any one person) 1,000,000 X Bikt Walver Subro PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE GENL AGGREGATE LIMIT APPLIES PER: 1,000,000 POLICY PRO- LOC PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) OWNED AUTOS ONLY PERSPERSIX HITTOS ONLY 5,000,000 UMBRELLA LIAB X OCCUR EACH OCCURRENCE XBS0082546 04/06/2018 03/26/2019 5,000,000 X EXCESS LIAB CLAIMS-MADE AGGREGATE DED X RETENTIONS n PER STATUTE OTH-WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDEO? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT S DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event: April 17-21, 2019, Race Day April 20th, 2019, The City of Detrois is named as an additional insured with respects to the General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

WF

City of Detroit Coleman A. Young Municipal Center 2 Woodward Avenue, Suite 333 Detroit. MI 48226 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCE LLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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The ACORD name and logo are registered marks of ACORD

| | AGE | NCY CUSTOMER ID: RUNNAWA-UT | | J | KAI |
|---|---------------|---|------|-----|-----|
| | | LOC#: 1 | | | |
| ACORD' | ONAL DEM. | ARKS SCHEDULE | Dogo | 4 - | |
| | ONAL REIVI | | Page | 1 6 | "_1 |
| AGENCY | | NAMED INSURED Running Away Enterprises, LLC 951 Corporate Grove Dr. Buffalo Grove, IL 60089-4508 | | | |
| Rosenthal Bros., Inc. | | 951 Corporate Grove Dr. | | | |
| POLICY NUMBER EE PAGE 1 | | Build Crove, in doods 4500 | | | |
| CARRIER | NAIC CODE | - | | | |
| EE PAGE 1 | SEE P 1 | EFFECTIVE DATE: SEE PAGE 1 | | | _ |
| ADDITIONAL REMARKS | | JEE PAGE 1 | | | |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE | TO ACORD FORM | | | | |
| FORM NUMBER: ACORD 25 FORM TITLE: Certificate | | | | | |
| OKIN HOMBER. MARKET TOKIN THEE. | | | | | |
| Additional Named Insured | | | | | |
| et al | | | | | |
| DBA Ram Racing | | | | | |
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ACORD 101 (2008/01)

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2019-01-09

630

630 Petition of RAM Racing, request to hold "Hot Chocolate 15/5K" at West Riverfront Park on April 20, 2019 from 7:00 AM to 11:00 AM with various street closures, set up to begin on 4-18-19 and tear down to complete on 4-20-19

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

21

MAYOR'S OFFICE COORDINATORS REPORT

| OVERAL | .L STATUS (pl | ease c | ircle): 🕢 AP | PROVED | DENIED N/A CANCELED | |
|--|--|----------------|------------------|-------------|---|--|
| Petition #: 662 Event Name: Downtown Street Eats | | | | | | |
| | Event Date: March 15 - December 31, 2019 | | | | | |
| | _{sure:} None | | | | | |
| | | ntow | n Detroit Pa | artnersh | ip | |
| | | | | | etroit, MI 48226 | |
| Receipt da | te of the COMPL | ETED S | Special Events A | pplication: | | |
| | y Clerk's Departr or City Departme | | Reference Comm | nunication: | | |
| | or the Coordinate | | | | | |
| Event Elen | nents (check all t | hat app | ly): | | | |
| Walkath | non C | arnival/0 | Circus | Concer | t/Performance Run/Marathon | |
| Bike Ra | ice R | eligious | Ceremony | Politica | I Ceremony Festival | |
| Filming | Pa | arade | | Sports/ | Recreation Rally/Demonstration | |
| Firewor | ks C | onventio | on/Conference | ✓ Other: _ | 2019 Parks Program | |
| | r Liquor Licens | е | | · | | |
| | | | | | | |
| | | 1 | tition Communi | • | · · | |
| Annual Food Truck program located in Cadillac Square, Beacon Park, Esplanade, Capitol Park, Grand Circus Park and Spirit Plaza; from 11:00am - 2:00pm with flexible scheduling for events. | | | | | | |
| | | | , | | | |
| | | | | | | |
| <u> </u> | ** ALL perm | its and i | license requirem | ents must h | ne fulfilled for an approval status ** | |
| Date | Department | N/A | APPROVED | DENIED | Additional Comments | |
| | DPD | | ✓ | П | Contracted with Eagle Security to Provide Private Security Services | |
| | | 2. | | 19-3406 | | |
| | DFD/ EMS | | ✓ | | Pending Inspections of Food Trucks | |
| | DPW | | ✓ | | No Permits Required | |
| | Health Dept. | | ✓ | | Temporary Food License Required | |

| Date | Department | N/A | APPROVED | DENIED | Additional Comments |
|------|----------------------|----------|----------|--------|---|
| | TED | | V | | No Permits Required |
| | Recreation | | ✓ | | Application Received & Approved as Presented |
| | Bldg & Safety | | V | | No Permits Required |
| | Bus. License | | ✓ | | Vendors License Required |
| | Mayor's Office | | ✓ | | All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event. |
| | Municipal Parking | ✓ | | | No Jurisdiction |
| | DDOT | | ✓ | | No Impact on Buses |
| | S OFFICE | , | , | | |
| | : Betra | ril | Lusher | | |

Date: A elruary 7, 2019

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey

Caven West

Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, February 01, 2019

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
BUSINESS LICENSE CENTER POLICE DEPARTMENT
FIRE DEPARTMENT BUILDINGS SAFETY ENGINEERING

Downtown Detroit Partnership, request to hold the "Downtown Street Eats Food Truck Program" on 3/15/19- 12/31/19, Monday - Friday 11am - 2pm all locations, Flexible scheduleing for events, weekends and evening hours, Set-up and complete tear down daily.

#662

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.

| So | ection 1- GENERAL EVEN | TINFORMATION | | |
|--|------------------------------|---|--|--|
| Event Name: DOWNTOWN STREET EATS FOOD TRUCK PROGRAM | | | | |
| Event Location: DOWNTOWN PAR | KS AND PUBLIC SPACES M | ANAGED BY DDP | | |
| Is this going to be an annual event? | | | | |
| | 2- ORGANIZATION/APPI | ACANT INFORMATION | | |
| Organization Name: DOWNTOWN [| DETROIT PARTNERSHIP | | | |
| Organization Mailing Address; 1 CAM | PUS MARTIUS, SUITE 380 | | | |
| Business Phone: 313-715-9944 | Business Website: | DOWNTOWNDETROITPARKS.COM | | |
| Applicant Name: HEATHER BADR | AK | | | |
| 313-715-9944 Business Phone: | 313-715-9944 Cell Phone: | HBADRAK@DETROIT300.ORG | | |
| Event On-Site Contact Person: | | | | |
| Name: NDIDIKA VERNON | | | | |
| Business Phone: 313-314-2710 | Cell Phone: 313-715-9944 | Email: downtownstreeteats@downtowndetroit.org | | |
| 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: 2019 Parks Program | | |
| Projected Number of Attendees: Va Please provide a brief description of | of your event: | | | |
| An initiative and program of the | Downtown Detroit Partnership | that provides food and beverage vending | | |

| Begin Set-up Date DAILY | Time: VARIES | Complete Set-up Date: DAIL | Y Time | ::VARIES |
|--|---|---|---------------------------------------|---------------------|
| | 7,11120 | 7 | | |
| Event Start Date:3/15/19 | Time:VARIES | Event End Date: 12/31/19 | Time | :VARIES |
| Begin Tearing Down Date:DAIL | Υ | Complete Tear Down Date: D | AILY | |
| Event Times (If more than one day Monday - Friday 11a - 2p, a | , give times for each da all locations, Flexib | y): ble scheduling for events | s, weekends and e | vening hours. |
| | | | | |
| P 1 | Section 3- LO | CATION/SITE INFO | RMATION | |
| Location of Event: CADILLAC | | | | TOL PARK GRAND |
| | treet | Sidewalk | Park | City |
| Please attach a copy of Port-a-John anticipated layout of your event in | | gency Medical Agreements as v | well as a site plan which | illustrates the |
| -Public entrance and exit -Location of merchandising booth | s. | -Location of F | | |
| -Location of food booths | 8 | -Proposed rou | te for walk/run | |
| -Location of garbage receptacles -Location of beverage booths | | -Location of t -Sketch of stre | ents and canopies | |
| -Location of sound stages | | -Location of t | leachers | |
| -Location of hand washing sinks -Location of portable restrooms | | -Location of p | oress area posed light pole banner | 8 |
| _ | prompted to u | | | ubmitting this form |
| | Secti | on 4- ENTERTAINM | ENT | |
| Describe the entertainment for this | s year's event: | | | |
| | | | | |
| KICKOFF OF PROGRAM | BEGINS ON MAR | CH 15 WITH A ST. PAT | RICK'S DAY THE | ME |
| Will a sound system be used? | □ Yes □ No | | | |
| If yes, what type of sound system? | | | | |
| Describe specific power needs for | entertainment and/or m | usic: | | |
| | | | | |
| | | | | |
| How many generators will be used | ? ———— | | | |
| , g | | | | |

| Name of vendor providing generators: | | | |
|---|-------------------------|-------------------------|-----|
| Contact Person: | | | |
| Address: | | Phone: | |
| | | | |
| City/State/Zip | | | |
| | | | |
| Sect | tion 5- SALES INFO | DRMATION | |
| Will there be advanced ticket sales? | No | | |
| Will there be on-site ticket sales? Yes If yes, list price(s): | ● No | | |
| Will there be vending or sales? Yes Yes Yes | □ No | | |
| ✓ Food [] Merchandise [] N | Ion-Alcoholic Beverages | [] Alcoholic Beverages | |
| indicate type of items to be sold: | | | |
| FOOD AND NON-ALCOHOLIC BEVERA | GES | | - 4 |
| | | | |
| | | | |
| Section 6- PUBLIC | CSAFETY & PARI | ANG INFORMATION | |
| lame of Private Security Company, EAGLE SECU | JRITY | | |
| Contact Person: MATT WARNER | | | |
| ddress:500 GRISWOLD | | Phone:734-306-4871 | |
| ity/State/Zip: ETROIT, MI 48226 | | | |
| umber of Private Security Personnel Hired Per Shift: ARIES BY LOCATION | | | |
| re the private security personnel (check all that apply | ·): | - | |
| [] Licensed | [] Armed | [] Bonded | |
| | | | |

How will you advise attendees of parking options?
WEBSITE SHOWS DOWNTOWN PARKING OPTIONS

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? Downtown Street Eats continues to attract new and mainstay food trucks and local restaurant pop-ups to provide an increasing variety of quick food options for residents, employees and tourists

Have local neighborhood groups/businesses approved your event?

Yes

No

Indicate what steps you have or will take to notify them of your event: DDP's Small Business initiatives and regularly occurring BIZ connect

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

| Section 9- COMPLETE ALL THAT APPLY | |
|--|--|
| nergency medical services? | |
| intact Person: | |
| ldress: | |
| ty/State/Zip: | |
| ame of company providing port-a-johns. | |
| ntact Person: | |
| dress: Phone: | |
| ty/State/Zip: | |
| me of private catering company? | |
| intact Person: | |
| dress: Phone: | |
| ry/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 propose | | |
|---------------------------------------|-----------|-----------|
| STREET NAME: | | |
| FROM: | TO: | |
| CLOSURE DATES: | BEG TIME: | END TIME: |
| REOPEN DATE: | TTIME: | |
| STREET NAME: | | |
| FROM: | TO: | |
| CLOSURE DATES: | BEG TIME: | END TIME: |
| REOPEN DATE: | TTME: | |
| STREET NAME: | | |
| | | |
| CLOSURE DATES: | BEG TIME: | END TIME: |
| REOPEN DATE: | TIME: | |
| STREET NAME: | | |
| | | |
| CLOSURE DATES: | BEG TIME: | END TIME: |
| REOPEN DATE: | TIME: | |
| STREET NAME: | | |
| FROM: | TO: | |
| CLOSURE DATES: | BEG TIME: | END TIME: |
| REOPEN DATE: | TIME: | |

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

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

AUTHORIZATION & AFFADAVIT OF APPLICANT

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

| Signature of Applicant | Date | |
|------------------------|------------|--|
| Heather Badrak | 01/22/2019 | |

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.

| Event Name: DOWNTOWN STREET EATS | Event |
|---|-------|
| Date:3/15/19 - 12/31/19 | - |
| Event Organizer: DOWNTOWN DETROIT PARTNERSHIP | |
| Applicant Signature: Fleather Badrak Date: SIGNED BY: HEATHER BADRAK | |

Petition of Downtown Detroit
Partnership, request to hold the
"Downtown Street Eats Food Truck
Program" on 3/15/19- 12/31/19,
Monday - Friday 11am - 2pm all
locations, Flexible scheduleing for
events, weekends and evening hours,
Set-up and complete tear down daily.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

MAYOR'S OFFICE COORDINATORS REPORT

| OVERAI | LL STATUS (p | lease c | circle): 🕢 AF | PROVED | DENIED N/A CANCELED | | | |
|---|--|----------|------------------|--------------|---|--|--|--|
| Petition #: 682 Event Name: Beacon Park April Events | | | | | | | | |
| | Event Date: April 4 - May 12, 2019 | | | | | | | |
| Street Clos | Street Closure: None | | | | | | | |
| | on Name: Dov | vntow | n Detroit P | artnersh | nip | | | |
| | | | | | etroit, MI 48226 | | | |
| Receipt da | te of the COMPI | ETED | Special Events A | Application: | | | | |
| Date of City Clerk's Departmental Reference Communication: Due date for City Departments reports: | | | | | | | | |
| | or City Departme or the Coordinate | | | | | | | |
| | nents (check all t | | | | | | | |
| Walkati | | arnival/ | | Conce | t/Performance Run/Marathon | | | |
| | | | | _ | | | | |
| | Bike Race Religious Ceremony Political Ceremony Festival | | | | | | | |
| Filming Parade Sports/Recreation Rally/Demonstration Fireworks Convention/Conference Other: Park Programming | | | | | | | | |
| Firewor | ks C | onventi | on/Conference | ✓ Other: | Fark Programming | | | |
| 24-Hou | r Liquor Licens | е | | | | | | |
| | | | | | | | | |
| Beacon Pr | ark April Evants | | tition Communi | | · | | | |
| accommod | Beacon Park April Events will downsize the existing tent located in Beacon Park to a 40x60 tent to accommodate Tigers Opening Day, Freep Film Festival, Parkcade and Easter Family Fun events. | | | | | | | |
| | | | | | · | | | |
| | | | | | | | | |
| ** ALL permits and license requirements must be fulfilled for an approval status ** | | | | | | | | |
| Date | Department | N/A | APPROVED | DENIED | Additional Comments | | | |
| | DPD | | √ | | Contracted with Eagle Security to Provide Private Security Services | | | |
| | DFD/ EMS | | ✓ | | Pending Inspections | | | |
| | DPW | | V | | No Permits Required | | | |
| | Health Dept. | | √ | | Temporary Food License Required | | | |

| Date | Department | N/A | APPROVED | DENIED | Additional Comments |
|------|----------------------|----------|----------|--------|---|
| | TED | | V | | No Barricades Required |
| | Recreation | | ✓ | | Application Received & Approved as Presented |
| | Bldg & Safety | | V | | Permits Required for Tents & Generators |
| | Bus. License | | √ | | Vendors License Required |
| | Mayor's Office | | ✓ | | All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event. |
| | Municipal Parking | √ | | | No Jurisdiction |
| | DDOT | | ✓ | | No Impact on Buses |

| MAYOR'S OFFICE |
|----------------|
|----------------|

Signature: Bethanie Lusher
Date: Lebruary 13, 2019

City of Detroit

Janice M. Winfrey City Clerk OFFICE OF THE CITY CLERK

Caven West Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, February 15, 2019

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 RECREATION DEPARTMENT
BUSINESS LICENSE CENTER MUNICIPAL PARKING DEPARTMENT

Downtown Detroit Partnership, request to hold "Beacon Park April Events" at Beacon Park on various dates throughout April with set up beginning on 4-1-19 and tear down completed on 5-15-19.

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.

| Se | ction 1- GENERAL EVEN | TINFORMATION |
|---|---------------------------|---|
| Event Name: BEACON PARK APRIL | EVENTS | |
| Event Location: BEACON PARK | | |
| Is this going to be an annual event? | Yes 🗆 No | |
| Section 2 | - ORGANIZATION/APPL | ICANT INFORMATION |
| Organization Name: DOWNTOWN D | ETROIT PARTNERSHIP | |
| Organization Mailing Address: 1 CAMP | US MARTIUS, SUITE 380, D | DETROIT, MI 48226 |
| Business Phone: 313-715-9944 | Business Website: D | DowntownDetroitParks.com |
| | | |
| Applicant Name: HEATHER BADRA | K | |
| 313-715-9944 Business Phone: | Cell Phone: 3137159944 | HBADRAK@DETROIT300.ORG |
| Event On-Site Contact Person: | | |
| Name: DAVID COWAN | | |
| Business Phone: 734-377-3472 | Cell Phone: 734-377-3472 | Email: david.cowan@downtowndetroit.org |
| 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: Park Programming |
| Projected Number of Attendees: Var Please provide a brief description of | | |
| APRIL EVENTS INCLUDE: TIGER | 'S OPENING DAY, FREEP FIL | M FESTIVAL, PARKCADE, EASTER FAMILY FUN |

6

| What are the projected set-up, e | vent and tear de | own dates and times (must be complete | ed)? | | | |
|--|---------------------|---|----------------------------|--|--|--|
| Begin Set-up Date 04/01/2019 | Time:8A | Complete Set-up Date: 04/03/2019 | Time:8A | | | |
| Event Start Date: 04/04/2019 | Time:10A | Event End Date: 05/12/19 | Time:109 | | | |
| Begin Tearing Down Date:05/13/2019 Complete Tear Down Date:05/15/2019 | | | | | | |
| Event Times (If more than one day, give times for each day): 4/4, TIGERS OPENING DAY, 10 - 6P, 4/12 - 4/14, FREEP FILM FESTIVAL, 8A - MIDNIGHT, 4/19 - 5/12 PARKCADE, TUES - SUN 10A - 10P, 4/20, EASTER FAMILY FUN DAY, 1P - 5P | | | | | | |
| | | | | | | |
| | | DCATION/SITE INFORMATION ND RIVER, DETROIT, MI 48226 | N | | | |
| Facilities to be usedCheck) Stree | | Sidewalk Park | City | | | |
| Facility Please attach a copy of Port-a-John, Sa anticipated layout of your event include. | | rgency Medical Agreements as well as a site p | olan which illustrates the | | | |
| -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/n -Location of tents and cand -Sketch of street closure -Location of bleachers -Location of press area -Sketch of proposed light p | pies | | | |
| You will be pro | | upload these attachments u ion 4- ENTERTAINMENT | pon submitting this form | | | |
| Describe the entertainment for this ye | | ION 4- ENTERTAINMENT | | | | |
| FAMILY FRIENDLY FUN | | | | | | |
| Will a sound system be used? | Yes 🗆 No | | | | | |
| If yes, what type of sound system? HC | USE AND/OF | R AMPLIFIED SOUND | | | | |
| Describe specific power needs for enter | ertainment and/or r | nusic: | | | | |
| HOUSE POWER | | | | | | |
| How many generators will be used? | 1 | | | | | |
| How will the generators be fueled? N/A | | | | | | |

| Name of vendor providing generators: | | | |
|---|-------------------------|---------------------|--|
| Contact Person: | | | |
| | | Diaman | |
| Address: | | Phone: | |
| City/State/Zip | | | |
| | | | |
| | Section 5- SALES INFO | DRMATION | |
| Will there be advanced ticket sales? | Yes No | | |
| Will there be on-site ticket sales? | Yes No | | |
| Will there be vending or sales? If yes, check all that apply: | Yes No | | |
| [] Merchandise | Non-Alcoholic Beverages | Alcoholic Beverages | |
| Indicate type of items to be sold: | | | |
| CONCESSIONS BY LUMEN AND | FOOD TRUCKS | | |
| | | | |
| Section 6- P | UBLIC SAFETY & PAR | KING INFORMATION | |
| Name of Private Security Company EAGLE | | | |
| Contact Person: MATT WARNER | | | |
| Address:500 GRISWOLD | | Phone:734-306-4871 | |
| City/State/Zip: DETROIT, MI 48226 | | | |
| Number of Private Security Personnel Hired VARIES BY EVENT | Per Shift: | | |
| Are the private security personnel (check all | that apply): | | |
| [] Licensed | [] Armed | [] Bonded | |
| | | | |

How will you advise attendees of parking options?
DOWNTOWN DETROIT PARKS WEBSITE SHOWS PARKING OPTIONS

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? POSITIVÉ IMPACT, FREE AND OPEN TO ALL

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

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

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

How Many? Size/Height

Booth

(1)Tents (enclosed on 3 sides)

CURRENT TENT REDUCE TO 40' X 60'

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

| Section 9- | COMPLETE ALL THAT APPLY | |
|---|-------------------------|--|
| Emergency medical services? | | |
| Contact Person: | | |
| Address: | | |
| City/State/Zip: | | |
| Name of company providing port-a-johns. | | |
| Contact Person: | | |
| Address: | Phone: | |
| City/State/Zip: | | |
| Name of private catering company? | | |
| Contact Person; | | |
| Address: | Phone: | |
| City/State/Zip: | | |

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

| Attach a map or sketch of the propo | | |
|-------------------------------------|-----------|-------------|
| STREET NAME: | | |
| FROM: | TO: | |
| CLOSURE DATES: | BEG TIME: | END TIME: |
| REOPEN DATE: | TIME: | |
| COURT NAME | | |
| | | |
| FROM: | TO: | |
| CLOSURE DATES: | BEG TIME: | END TIME: |
| REOPEN DATE: | TIME: | |
| CURTIFUE NAME. | | |
| | | |
| FROM: | TO: | |
| CLOSURE DATES: | BEG TIME: | END TIME: |
| REOPEN DATE: | TIME: | |
| STREET NAME: | | |
| | | |
| CLOSURE DATES: | BEG TIME: | END TIME: |
| REOPEN DATE: | TIME: | |
| CTDEET NAME- | | |
| STREET NAME: | | |
| FROM: | TO: | |
| CLOSURE DATES: | BEG TIME: | END TIME: |
| REOPEN DATE: | TIME: | |

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

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

AUTHORIZATION & AFFADAVIT OF APPLICANT

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

| a Tighari da Castrinas Desa com |
|--|
| Heather Badrak |
| The second secon |

02/01/2019

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.

| Event Name: APRIL EV | Event | |
|--|----------------|--|
| Date:4/1 - 5/12 | | |
| Event Organizer: | | |
| Applicant Signature: Date: 02/01/2019 | Heather Badrak | |

2019-02-15

5
Petition of Downtown Detroit

682

Partnership, request to hold "Beacon Park April Events" at Beacon Park on various dates throughout April with set up beginning on 4-1-19 and tear down completed on 5-15-19.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

MAYOR'S OFFICE COORDINATORS REPORT

| OVERAL | .L STATUS (pl | ease c | ircle): 🕢 AP | PROVED | DENIED N/A CANCELED | | | |
|---|--|----------|------------------------|--------------|---|--|--|--|
| Petition #: | Petition #: Event Name: The PH1LL 4th Annual 5K Walk/Run | | | | | | | |
| Event Date | Event Date: April 6, 20149 | | | | | | | |
| Street Clos | Street Closure: None | | | | | | | |
| Organizatio | on Name: The | PH1I | _L Foundat | ion | | | | |
| Street Add | ress: P.O. Bo | ox 27 | 54 Belleville | e, MI 48 | 211 | | | |
| | | | Special Events A | | | | | |
| | Date of City Clerk's Departmental Reference Communication: Due date for City Departments reports: | | | | | | | |
| | or the Coordinate | | | | | | | |
| | Event Elements (check all that apply): | | | | | | | |
| Walkath | Walkathon ☐ Carnival/Circus ☐ Concert/Performance ✓ Run/Marathon | | | | | | | |
| Bike Ra | ce R | eligious | Ceremony | Politica | l Ceremony Festival | | | |
| Filming | Filming Parade Sports/Recreation Rally/Demonstration | | | | | | | |
| Fireworks Convention/Conference Other: | | | | | | | | |
| 24-Hou | r Liquor Licens | e | _ | | | | | |
| | | | | | | | | |
| | | Pet | tition Commu <u>ni</u> | cations (in | clude date/time) | | | |
| | | | • | | ficer Patrick Hill EOW at the Detroit | | | |
| Riverwalk | Riverwalk & Dequindre Cut from 9:00am - 12:00pm. | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| ** <u>ALL</u> permits and license requirements must be fulfilled for an approval status ** Date Department N/A APPROVED DENIED Additional Comments | | | | | | | | |
| Date | Department | IN/A | APPROVED | DENIED | | | | |
| | DPD | | | | DPD 7th Precinct will Provide Special Attention | | | |
| | | | LV. | | | | | |
| | DFD/ | | J | | No Permits Required | | | |
| | EMS | | | | | | | |
| | DDIA | ı—ı | | | No Permits Required | | | |
| | DPW | | ✓ | | | | | |
| | Health Dept. | | ✓ | | No Permits Required | | | |

| Date | Department | N/A | APPROVED | DENIED | Additional Comments |
|------|----------------------|----------|--------------|--------|---|
| | TED | | \checkmark | | No Barricades Required |
| | Recreation | | V | | Application Received & Approved as Presented |
| | Bldg & Safety | | V | | No Permits Required |
| | Bus. License | ✓ | | | No Jurisdiction |
| | Mayor's Office | | ✓ | | All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event. |
| | Municipal Parking | √ | | | No Jurisdiction |
| | DDOT | | V | | No Impact on Buses |

MAYOR'S OFFICE

Signature: <u>Betthanie Lucher</u>
Date: <u>Aubruary</u> 13, 2019

City of Detroit

Janice M. Winfrey
City Clerk

OFFICE OF THE CITY CLERK

Caven West Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, February 15, 2019

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 BUSINESS LICENSE CENTER
MUNICIPAL PARKING DEPARTMENT RECREATION DEPARTMENT

684 PH1LL Incorporated, request to hold "The PH1LL 4th annual 5k walk/run" at the Detroit Riverwalk on April 6, 2019 from 9:00 AM to 12:00 PM with a partial closure of Atwater street at the entrance for the Dequindre Cut.

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.

| Traft (Style) Life (Table | Sect | ion 1- GENERAL EVEN | TINE | ORMATION |
|--|---------------|-----------------------------------|----------------------|--|
| Event Name: The PHILL 4th annual | k,wal | k/mm Event Location Detroit Rive | rwalk | |
| | | | | |
| Is this going to be an annual event? | <u>Yes</u> | ٩No | | |
| Section | ı 2- | ORGANIZATION/APPL | JCAN | TINFORMATION |
| Organization Name: PH1LL incorpora | ted | | | 711-11-11-11-11-11-11-11-11-11-11-11-11- |
| Organization Mailing Address: PO Bo | x 275 | Belleville, Mi 48111 | | |
| Business Phone: 313-475-8896 | | Busin | ess Web | site: phlll.org |
| Applicant Name: Deodge Hill | | | | |
| _Business Phone: 313-475-8896_ | | Cell Phone: | | Email: phlllorganization@gmail.com |
| Event On-Site Contact Person: | | | | |
| Name: Deodge Hill | | | | HICE-STREET, STREET, S |
| Business Phone: 313-475-8896 | | Cell Phone: | | Email: |
| Event Elements (check all that apply | <i>'</i>) | | | |
|] Walkathon | [|] Carnival/Circus | -[|] Concert/Performance |
| *] Run/Marathon | 1 |] Bike Race | [|] Religious Ceremony |
| [] Political Event | [|] Festival | [|] Filming |
| [] Parade | [|] Sports/Recreation | (|] Rally/Demonstration |
| [] Convention/Conference | [|] Fireworks | 1 |] Other: |
| will be at the Riverfront ages are welcome. The ev | rive Conso | rwalk and follow through the | be distr e Office | dre Cut. The event registration and vendor set up ibuted at the Conservancy at Rivard Plaza. All r, Patrick Hill EOW 10-19-2013. All proceeds are |
| Point country occupiations | J 10 E | DELOT OTHER MOSILE IN CORRESPONDE | | |

| What are the projected set-up, event and t | ear down dates and | | |
|--|--------------------|---|--------------|
| Begin Set-up Date: 4-6-2018 Time: 6:00 am | | Complete Set-up Date: 4-6-2018 | Time: 7:00 |
| Event Start Date: 4-6-2018 | Fime: 9:00am | Event End Date: 4-6-2018 | Time: 12:00 |
| Begin Tearing Down Date: 4-6-2018 | Cor | nplete Tear Down Date: 4-6-2018: | |
| Event Times (If more than one day, give times for all on one day ! | each day): | | |
| Section 3 | - LOCATION/S | SITE INFORMATION | |
| Location of Event: Detroit Riverfront Concerv. | | TE IN ORMANOS | |
| Facilities to be used (circle): Street Facility | Sidewalk | Park | City |
| Please attach a copy of Port-a-John, Sanitation, an inicipated layout of your event including the follo | | Agreements as well as a site plan which illu | istrates the |
| Public entrance and exit -Location of merchandising booths | | -Location of First Aid -Location of fire lane | |
| -Location of food booths -Location of garbage receptacles | | -Proposed route for walk/run -Location of tents and canopies | |
| -Location of beverage booths -Location of sound stages | | -Sketch of street closure -Location of bleachers | |
| -Location of hand washing sinks -Location of portable restrooms | | -Location of press area -Sketch of proposed light pole banners | |
| | Section 4- ENT | ERTAINMENT | |
| Describe the entertainment for this year's event: | | | |
| There will be a DJ | | | |
| | | | |
| Will a sound system be used? □**Yes | No | | |
| if yes, what type of sound system? | | | |
| Describe specific power needs for entertainment a | nd/or music: | | |
| generator | | | |

| How will the generators be fueled? | | | |
|--|-----------------------------------|---------------------------|-------------|
| | | | |
| Name of vendor providing generators: | | | |
| Contact Person:not sure | | | |
| Address: | | Phone: | |
| Address. | | I none. | |
| City/State/Zip | | | |
| | Section 5- SALES IN | EODMATION | |
| | Section 5- SALES IN | FORMATION | |
| Will there be advanced ticket sales? *** Test If yes, please describe: | tNo | | |
| Will there be on-site ticket sales? **CYG If yes, list price(s): | es •No | | |
| Will there be vending or sales? If yes, check all that apply: | **CNo | | |
| [] Food [] Merchandise | [] Non-Alcoholic Beverage | s [] Alcoholic Beverages | |
| Indicate type of items to be sold: | | | |
| | | | |
| | | | |
| Section 6- PU | BLIC SAFETY & PA | RKING INFORMATION | 35.75765.75 |
| Name of Private Security Company: Existing p | park contract security will be us | sed. | |
| Contact Person: NONE | | | |
| Address: | | Phone: | |
| City/State/Zip: | | | |
| Number of Private Security Personnel Hired Pe | r Shift. | | |
| Are the private security personnel (check all that | at apply): | | |
| []Licensed | []Armed | [] Bonded | |
| How will you advise attendees of parking opti | ons? | | |
| | | | |
| _Flyer, | | | |
| | | | |

| Section 7- | COMMUNICATION & CO | OMMUNITY IMPAC | TINFORMATION | |
|---------------------------------|--|-----------------------------------|--------------------|-------------|
| How will your event impact t | he surrounding community (i.e. pedestr | rian traffic, sound carryover, sa | nfety)? | |
| there will be increased traffic | on Atwater and increased pedestrians | for the event and possible park | cing on the street | |
| | | | | |
| Have local neighborhood gro | ups/businesses approved your event? | Œyes | QNo | |
| Indicate what steps you have | or will take to notify them of your even | at: <u>flyer</u> and face to face | | |
| contact : LETTER WILL BE | SENT TO MAIN OFFICE TO THE F | RESIDENTS | | |
| | Section 8- F | VENT SET-UP | - | |
| Complete the empreprints cotago | ries that apply to the event Structure | YEAT OLI CI | (E3F-) E | |
| Complete the appropriate catego | nes diat apply to the event structure | | | |
| | How Many? | Size/Height | | |
| Booth | | | | |
| Tents (enclosed on 3 sides) | 1 | | | |
| Canopy (open on all sides) | | | | |
| Staging/Scaffolding | | | | |
| Bleachers | - | | | |
| STORY THE | Section 9- COMPLETE: | ALL THAT APPLY | | 10112 |
| Emergency medical services? | | | | |
| Contact Person: none | | | | |
| Address | | | | City/State/ |
| Zip: | | | | |
| Name of company providing port | -a-johns. riverfront conservancy will | assist in providing | | |
| Contact Person: | | | | |
| Address: | | Phone: | | |
| City/State/Zip: | | | | |
| Name of private catering compan | y? none | | | |
| 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: Atwater at the crosswalk into the Decunidre Cut near the Outdoor Adventure Center FROM: 8:30am TO: 10:00 CLOSURE DATES: 4-6 2019 BEG TIME: 8:30am END TIME: 10·30am REOPEN DATE: __11:00 _____TIME: _____ STREET NAME: _____ FROM: ______TO: _____ CLOSURE DATES: _______ BEG TIME: ______ END TIME: _____ REOPEN DATE: _____TIME: _____ FROM: ______TO: ____ CLOSURE DATES: ______ BEG TIME: _____ END TIME: _____ REOPEN DATE: _____TIME: _____ STREET NAME: _____ ____TO:_____ FROM: __ CLOSURE DATES: ______ BEG TIME: _____ END TIME: ____ REOPEN DATE: _____TIME: _____ STREET NAME: FROM: _______TO: _____ CLOSURE DATES: ______ BEG TIME: ____ END TIME: ____

REOPEN DATE: _____TIME: ____

| PLE | ASE 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 |
| - | |
| Philadelp | shia Insurance Company for the Day Insurance. |
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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.

| Sign 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: The PH1LL 3rd annual 5k walk/runEvent Date: 4-6-2019 |
| Event Organizer: Deodge Hill |
| Applicant Signature |

2019-02-15

684

request to hold "The PHILL 4th annual 5k walk/run" at the Detroit Riverwalk on April 6, 2019 from 9:00 AM to 12:00 PM with a partial closure of Atwater street at the entrance for the Dequindre Cut.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

FIRE DEPARTMENT BUSINESS LICENSE CENTER MUNICIPAL PARKING DEPARTMENT RECREATION



MAYOR'S OFFICE COORDINATORS REPORT

| OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED | | | | | | |
|--|-------------------------|-----------|--------------------|---------------------|------------------|--------------------------------------|
| Petition #: 698 Event Name: MoPop Music Festival | | | | | | |
| Event Date: July 27 - July 28th, 2019 | | | | | | |
| | _{ure:} West Je | | | | | |
| | on Name: AEG | | | | | |
| Street Addr | ess: 318 W. | 14th | Street Roya | al Oak, | MI 48067 | |
| | te of the COMPL | | | | | |
| | / Clerk's Departr | | | | | |
| | or City Departme | | | | | |
| Due date fo | or the Coordinato | rs Repo | ort to City Clerk: | | | ě. |
| Event Elem | nents (check all t | hat appl | ly): | | | |
| Walkath | ion Ca | arnival/0 | Circus | Concer | t/Performance | Run/Marathon |
| Bike Ra | ce Re | eligious | Ceremony | Politica | I Ceremony | Festival |
| Filming | Pa | arade | | Sports/ | Recreation | Rally/Demonstration |
| Fireworl | ks Co | onventio | on/Conference | Other: | | |
| ✓ 24-Hou | r Liquor Licens | е | | | | |
| | | | | | | |
| | | Pet | ition Communi | cations (in | clude date/time) | |
| Annual mu | sic festival held | at We | st Riverfront Pa | ark from 1: | 00pm - 11:30pr | m; with temporary street |
| closure on | W. Jefferson A | venue | between 6th St | reet and F | Rosa Parks Bou | levard. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Dete | Harmonian ad | | | ents must to DENIED | | approval status ** Iitional Comments |
| Date | Department | N/A | APPROVED | DENIED | | |
| | DDD | | | | | Event; Contracted with SAFE |
| | DPD | ш | ✓ | | Security to Pro | vide Private Security |
| | | | | | Services | |
| | | | | | | ections; Contracted with Hart |
| | DFD/ | lШ | V | Ш | Medical to Pro | vide Private EMS Services |
| | EMS | | | | | |
| | | | | | ROW Permit R | Required for Street Closures |
| | DPW | | ✓ | | = | |
| | | | | | | |
| | Health Dept. | | \checkmark | | Temporary | Food License Required |

| Date | Department | N/A | APPROVED | DENIED | Additional Comments |
|------|----------------------|-----|----------|--------|---|
| | TED | | V | | Type III Barricades & Road Closure Signage Required for Street Closures |
| | Recreation | | ✓ | | Application Received & Approved as Presented |
| | Bldg & Safety | | V | | Permits Required for Tents, Stages, Generators & Electrical |
| | Bus. License | | V | | Vendors License & Parking Permit Required |
| | Mayor's Office | | ✓ | | All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event. |
| | Municipal Parking | | ✓ | | No Purchase of Parking Meters Required |
| | DDOT | | ✓ | | No Impact on Buses |

MAYOR'S OFFICE

Signature: Bethanie Lusher

Date: Lebruary 13, 2019

City of Detroit OFFICE OF THE CITY CLERK

Janice M. Winfrey City Clerk Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, February 18, 2019

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 POLICE DEPARTMENT
FIRE DEPARTMENT TRANSPORTATION DEPARTMENT
HEALTH AND WELLNESS PROMOTION RECREATION DEPARTMENT

AEG Presents, request to hold "MoPop Music Festival" at West Riverfront ParkOn July 27 and 28th, 2019 from 1:00 PM to 11:30 PM each day. With a closure of Jefferson Ave from Cabacier to Rosa Parks.

CITY CLERK 2019 FEB 4.8 AMS: 45 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.

| S | ection 1- GENERAL EVEN | NT INFORMATION |
|--|----------------------------------|--------------------------------|
| Event Name: MoPop Music Festival | | |
| Event Location: West Riverfront Park | | |
| Is this going to be an annual event? X | Yes 🗆 No | |
| Section : | 2- ORGANIZATION/APP | LICANT INFORMATION |
| Organization Name: AEG Presents | | |
| Organization Mailing Address: 318 W 4 | th St. Royal Oak, Michigan 48067 | |
| Business Phone: 248-399-2980 | Business | Website: MoPopfestival.com |
| Applicant Name: Ryan Smith | Cell Phone: .314-706-7115 | Email: Rysmith@aegpresents.com |
| Business Phone: 314-726-8023 | Cell Phone: 314-706-7113 | emaii: Rysmini@aegpresents.com |
| Event On-Site Contact Person: | | |
| Name: Ryan Smith | O II DI 214 507 5115 | Positi Possiti CAPCP |
| Business Phone: <u>314-726-8023</u> | Cell Phone: 314-706-7115 | Email: Rysmith@AEGPresents.com |
| Event Elements (check all that apply) | | |
| [] Walkathon | [] Carnival/Circus | [X] 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 | of your event: | |

_The MoPop Music Festival is an annual music festival produced by AEG Presents. The festival is July 27th & 28th with 2 stages. We will open the gates at 1pm and conclude the concert at 11:30pm. This is our 7th year and the 5th at the West Riverfront Park. In 2018, we had ticket buyers come to the festival from 47 different states and 7 Canadian Provinces. For 2019, we are expecting around 15,000 fans per day. The only significant change for 2019 is the We will have minimal changes to the festival layout.

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

Begin Set-up Date: Monday, July 21st Time: 8am Complete Set-up Date: Friday, July 26th Time: 8pm

Event Start Date: Saturday, July 27th Time: 1pm Event End Date: Sunday, July 28th Time: 11:30pm

Begin Tearing Down Date: Sunday, July 28th 11:30pm Complete Tear Down Date: Wednesday, July 31st at 5pm.

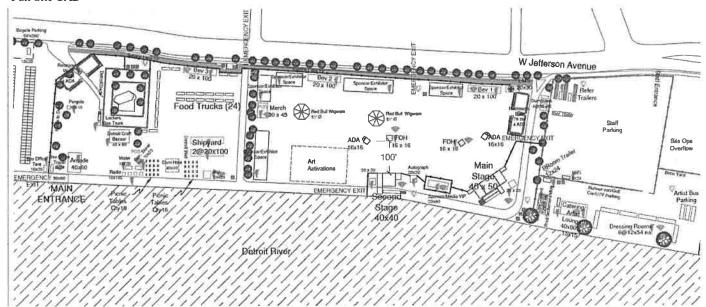
Event Times (If more than one day, give times for each day): Saturday, July 27th 1:00pm-11:30pm & July 28th 1:00pm-11:00pm

Section 3- LOCATION/SITE INFORMATION

Location of Event: West Riverfront Park

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

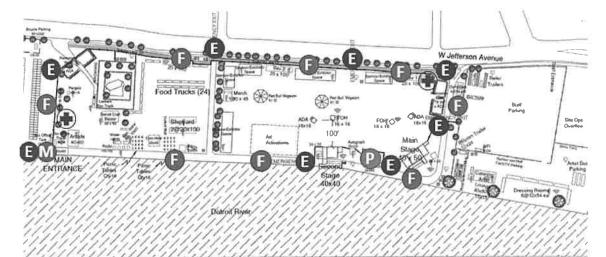
-Full Site CAD



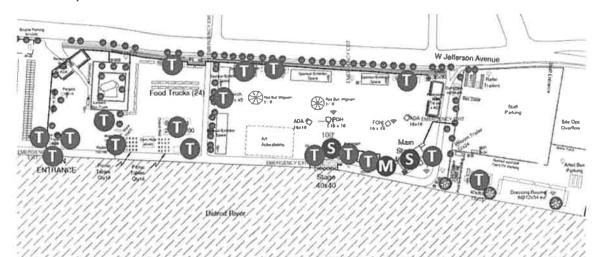
-Sketch of street closure



- -Public entrance and exit
- -Location of First Aid
- -Location of fire lane
- -Location of garbage receptacles

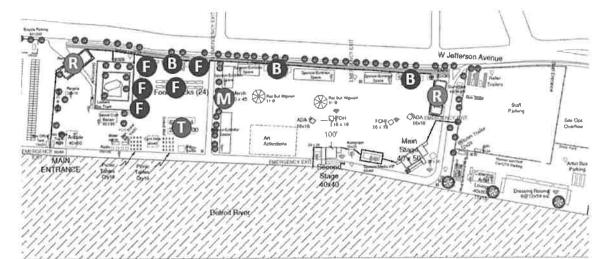


- Main Entrance
- E Emergency Exit
- First Aid
- Fire Lane
- P Press
- -Location of tents and canopies
- -Location of sound stages
- -Location of press area



- Tents
- S Stage
- Media Tent

- -Location of merchandising booths -Location of food booths -Location of beverage booths -Location of portable restrooms



- Merch
- **Food Trucks**
- **Food Tents**
- Beverage
- Restrooms

| Section 4- ENTERTAINMENT |
|---|
| Describe the entertainment for this year's event: |
| The MoPop Artists are national recording artists and will be announced on February 12th or |
| 13 th . |
| Will a sound system be used? X Yes □ No |
| If yes, what type of sound system? We use a line array system provided by Allen Audio, a professional sound system company. |
| Describe specific power needs for entertainment and/or music: We will bring in gas powered generators, which will sit in the back of house area. |
| |
| How many generators will be used? 15 Generators ranging from 30 kW 208 to 300 kW 480 How will the generators be fueled? They run on gas and will be refueled before or after the concert. Name of vendor providing generators: Contact Person: Aggreko Power Don |
| Gray |
| Address: 8119 Park Place Phone: 248-486-4100 |
| City/State/Zip Brighton, MI 48116 |
| |
| Section 5- SALES INFORMATION |
| Will there be advanced ticket sales? X Yes D No If yes, please describe: We will have online sales through AXIS Ticketing system |
| Will there be on-site ticket sales? X Yes |
| Will there be vending or sales? X Yes \Box No If yes, check all that apply: |
| [X] Food [X] Merchandise [X] Non-Alcoholic Beverages [X] Alcoholic Beverages |
| Indicate type of items to be sold: Food, Beverage, Festival/Artist Merchandise and artistic items local artists to be sold. |
| |

| S | ection 6- PUBLIC S | AFETY & PA | RKING INFORMATION |
|---|---|--|--|
| Name of Private Security Contact Person: Safe Security | | | |
| Address:2000 Brush St. | | | Phone: 313-262-2270 |
| City/State/Zip: Detroit, MI 48 | 3226 | | |
| | | O O PROPERTY AND A PROPERTY A | |
| | | -80 (Security/Ushers | s/Security Screeners), depending on attendance. |
| Are the private security persor | nnel (check all that apply): | | |
| [X] | Licensed [|] Armed | [] Bonded |
| How will you advise attendee | s of parking options? On o | ur website, via email | to ticket buyers and on social media. |
| ~ - | | | |
| Section 7- | COMMUNICATIO | DN & COMM | UNITY IMPACT INFORMATION |
| pacted. The sound carry over dio in a specific area, limiting | to the West Riverfront Part should be minimal due to the the amount of carryover. A | k. We will apply for the use of the Line A As for safety, we wil | or a Jefferson Street Closure and all other traffic should not be carray Sound System which allows audio engineers to direct the ll hire Detroit PD officers to handle traffic at the festival and will ronment for festival goers and general public around the site. |
| Have local neighborhood gro | ups/businesses approved yo | our event? | ☐ Yes X No |
| Indicate what steps you have | or will take to notify them of | of your event: They | have not been notified yet. We |
| will work with the Riverfront | | | |
| | | ato to the local reside | There are very term |
| businesses located around the | e festival site. | | |
| | | | |
| | Sect | tion 8- EVENT | SET-UP |
| omplete the appropriate catego | ries that apply to the event S | Structure | |
| | | | |
| | How Many? | Si | ize/Height |
| ooth | | | |
| ents (enclosed on 3 sides) | 17 | 1-40x8 | 0. 2-40x60, 5-20x100, 1-20x60, 1-30x45, |
| | | 1-20x2 | 0 & 6-10x10 |
| anopy (open on all sides) | 4 | 1-24.24, | 2-20x20 & 1-30x60 |
| aging/Scaffolding | 2 & 2 | | Stage 5' tall, 1 40x40 Stage 5' tall, 2-20x20 FOH risers & 20 ADA platforms |
| eachers | 0 | ş | |

| Secti | on 9- COMPLETE ALL THA | AT APPLY |
|--|--|--|
| Emergency medical services? | | |
| Contact Person: Hart Medical – Adam Gottliel | D | |
| Address: 1636 W. Fort St. Detroit, MI | | |
| City/State/Zip: Detroit, MI 48216 | | |
| Name of company providing port-a-johns. P | 'arkway Services | |
| Contact Person: Kathleen Mular | | |
| Address: 2876 Tyler Rd | I | Phone: 734-482-7633 |
| City/State/Zip: Ypsilanti, MI 48198 | | |
| | 4 TZ:4-L | |
| Name of private catering company? Concer | t Kitchens | |
| Contact Person: Syd Shaffer | | |
| Address: 5140 Ford Street | | Phone: 740-972-3421 |
| City/State/Zip: Galena, OH 43021 | | |
| | | |
| SPECIAL USE REQUESTS | | |
| List any streets or possible streets you are requ Neighborhood Signatures must be submitted w | esting to be closed. Include the day, date | , and time of requested closing and reopening. |
| Neighborhood Signatures must be sacrimed w | im approximent for approxime Zarrisans | |
| Attach a map or sketch of the proposed area | a for closure. | |
| STREET NAME:Jefferson St. | | |
| FROM: Cabacier St. | ΓΟ: Rosa Parks Blvd | |
| | | |
| CLOSURE DATES: July 27th/July 28th | DEC TIME: 10cm | FND TIME: 1am |
| | | |
| REOPEN DATE: July 29th | TIIVIE; _Taili | |
| CONTRACT NAME | | |
| STREET NAME: | | - . |
| FROM: | 10: | |
| | | |
| 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

We will send the COI, naming Detroit as an additional insured when complete.

We are negotiating with the Medical, Sanitation, Security & Port-a-John companies and will send the agreements upon completion.

AUTHORIZATION & AFFADAVIT OF APPLICANT

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

Signature of Applicant

Date

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

HOLD HARMLESS AND INDEMNIFICATION

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

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

| (Please Print) | |
|----------------------|-------------|
| Event Name: | Event Date: |
| Event Organizer: | |
| Applicant Signature: | Date: |

2019-02-18

869

698 Petition of AEG Presents, request to hold "MoPop Music Festival" at West Riverfront ParkOn July 27 and 28th, 2019 from 1:00 PM to 11:30 PM each day. With a closure of Jefferson Ave from Cabacier to Rosa Parks.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE POLICE DEPARTMENT FIRE DEPARTMENT TRANSPORTATION DEPARTMENT HEALTH AND WELLNESS PROMOTION RECREATION DEPARTMENT



COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVENUE, SUITE 1026 DETROIT, MICHIGAN 48226 PHONE: 313 • 628-2158

FAX: 313 • 224 • 0542 WWW.DETROITMI.GOV

January 3, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Request to Accept and Appropriate the FY 2019 Arts in the Plaza Grant

The Michigan Council for Arts and Cultural Affairs (MCACA) has awarded the City of Detroit General Services Department with the FY 2019 Arts in the Plaza Grant for a total of \$15,000.00. There is no match requirement. The total project cost \$15,000.00. The grant period is October 1, 2018 through May 31, 2019.

The objective of the grant is to support the production, presentation and creation of arts and culture that promote public engagement, diverse art, lifelong learning of the arts, and the strengthening of communities through the arts. The funding allotted to the department will be utilized to fund daylong celebration of arts and culture of Detroit's neighborhoods in Spirit Plaza. This is a reimbursement grant.

If approval is granted to accept and appropriate this funding, the appropriation number is 20624.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs

Director, Office of Development and Grants

CC:

Katerli Bounds, Deputy Director, Grants Sajjiah Parker, Assistant Director, Grants

This Request has been approved by the Office of the Budget.



RESOLUTION

| Council Member | |
|----------------|--|
|----------------|--|

WHEREAS, the General Services Department is requesting authorization to accept a grant of reimbursement from the Michigan Council for Arts and Cultural Affairs (MCACA), in the amount of \$15,000.00, to support the production, presentation and creation of arts and culture that promote public engagement, diverse art, lifelong learning of the arts, and the strengthening of communities through the arts; and

WHEREAS, this request has been approved by the Office of the Budget; now

THEREFORE, BE IT RESOLVED that the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

BE IT FURTHER RESOLVED, that the Budget Director is authorized to establish Appropriation number 20624, in the amount of \$15,000.00, for the FY 2019 Arts in the Plaza Grant.

Maurice Cox, Planning Director City of Detroit 2 Woodward Ave. Suite 808 Detroit, MI 48226

Dear Mr. Cox:

The Michigan Council for Arts and Cultural Affairs recently took action on September 11, 2018 grant requests for fiscal year 2019. I am pleased to inform you that your application was included among those recommended to receive support. On behalf of the Council, i congratulate you on your grant award, as referenced below:

Grant #:

Title: Arts in the Plaza - Celebrating Detroit's neighborhoods

19PS4849AC

Award: \$15,000

State Funds:

Federal Funds: \$.00

\$15,000.00

Recipient DUNS #:

00-653-0661

Award Period: 10/1/2018 - 5/31/2019

You will receive your grant agreement in a separate e-mail in approximately 5-7 business days. Read those materials and carefully follow instructions to expedite the contracting process.

Please note, in addition to acknowledging the MCACA grant in your promotional materials etc., if there are federal dollars from the National Endowment for the Arts (NEA) included as part of your grant award, proper acknowledgement of the NEA is also required.

Federal sub-recipients also note: Be advised that all Federal statutes, regulations and terms and conditions, as outlined in your grant agreement, will apply.

Before we are able to pay out any grant monies, you are required to return your signed grant agreement and a copy of the letter (or email etc.) you used to notify the Governor and your local legislators that you have received this award. In addition, any fiscal year 2018 grants received by your organization need to be closed out prior to receiving funding for 2019 grants.

If you have questions, please feel free to contact me or at 517/241-3972 or our staff at 517/241-4011.

Sincerely,

John Bracey, Executive Director

Michigan Council for Arts and Cultural Affairs

300 N. Washington Square

Lansing, MI 48913

Braceyi@Michigan.org

517.241.3972

http://www.michiganadvantage.org/Arts/

Facebook



FY19 Project Support Grant Guidelines

The Project Support program is a competitive grant program that provides support for the production, presentation and creation of arts and culture that promotes public engagement, diverse and excellent art, lifelong learning in the arts, and the strengthening or livability of communities through the arts. These projects connect communities with the world by exploring, sharing and supporting creative expression, and by doing so they promote the health and well-being of communities and citizens throughout our state. We believe that by sharing creative experiences and expressing our creativity, we build powerful connections with the people we are closest to, with our community, the world around us and with ourselves.

Are you eligible to apply for a Project Support grant?

You must be able to answer YES to all of the following questions.

- Are you a college/university, municipality or non-arts related nonprofit organization? (K-12 schools are NOT eligible to apply in Project Support. They should apply in our Arts in Education program)
- Are you physically located in the state of Michigan?
- Are your facilities open and accessible to the public?

If you do not meet all of the eligibility requirements above, please refer to the Operational Support Program guidelines or Minigrant Projects.

Applicants with unmet obligations on prior grants i.e. late/incomplete reports, <u>may not</u> apply (Contact MCACA staff if you are concerned about a prior grant).

Deadline

Applications are to be submitted on-line by 11:59 p.m. EST June 1, 2018. The eGrant system will not accept applications after this time. Incomplete applications will not be accepted by the eGrant system.

NARRATIVE

The City of Detroit's Planning and Development Department (PDD) is requesting support from the Michigan Council of Arts and Culture Association (MCACA) for Arts in the Plaza, a daylong celebration of arts and culture of Detroit's neighborhoods. Spirit Plaza, situated in front of the Coleman A. Young Municipal Center (CAYMC) in Downtown Detroit, is a 20,000 square-foot temporary civic square that celebrates Detroit's diversity, arts and cultural attractions, and public events that highlight the city's many voices and unique identities.

The Arts in the Plaza celebration will take place in November and will be the closing event for the Spirit Plaza temporary activation. Arts in the Plaza will feature the work of local curators and artists from across the city for a day long event. The curators and artists will be responsible for creating content and programming for The Plaza and will have the ability to use the public square as a canvas for creativity. Each curator will work with 2-3 additional artists whose commissions are original, thought provoking, exciting, and draw upon the meaning of the Spirit of Detroit and civic life for inspiration. Programming options include: art installations and performances, multi-media displays, pop-up shops/events, etc. Programming will occur at different times of the day and evening, and incorporate creative strategies to integrate local businesses as well.

A key feature of the Arts in the Plaza event is the exhibition of permanent design concepts for Spirit Plaza. Currently Spirit Plaza is a temporary activation and the City of Detroit is currently studying what a permanent design of the plaza would look like. These design concepts will be available for public viewing during the day long Arts in the Plaza event. This showcase of neighborhood arts and culture will capture residents from across the city and reveal conceptual designs for a civic space that could serve the neighborhoods as permanent platform for arts and culture for years to come.

In order to successfully carry out Arts in the Plaza, an event planning committee will solicit qualified artists via calls for artists, invitations for design proposals, and request for qualifications. Solicitations will be promoted and focused on neighborhood artists and the Planning Department will leverage existing relationships with arts organizations such as CreativeMany Michigan, Allied Media Projects, CultureSource, and Design Core Detroit. The goal is to reach artists with demonstrative capabilities, evidence of artistic excellence, and experience working in the field of public art and community settings. Further, selected artists will represent the stories of the City of Detroit diverse residents while expressing their creativity as an individual artist.

The Arts in the Plaza is a response to the need of having a dedicated space downtown where neighborhood residents can express and experience quality arts and culture programming. Artists selected will be Detroit based and have the opportunity to showcase their talents to broad audiences. Spirit Plaza serves as an extension of the community and

as one of a kind public space that enriches the lives of all users, enhances the surrounding buildings, and provides a sense of character and civic forum for the enjoyment of public life.

The creation and programming of Spirit Plaza thus far has been possible thanks to the partnership between major city agencies – the departments of Public Works (DPW), the Police Department (DPD), Planning (PDD), Transportation (DDOT), Neighborhoods (DON) and General Services (GSD) – as well as the Mayor's Jobs & Economy team, the Michigan Department of Transportation, the Downtown Detroit Partnership (DDP) and Bloomberg Associates. In addition to community and departmental support, Spirit Plaza has received financial support and contributions from Quicken Loans, Ally Bank, Bank of America and the Davidson Foundation.

The plaza is an example of public, private and philanthropic partnerships that fosters and strengthens connections between the Downtown neighborhood and the network of Detroit's communities. It is a place for the city and its citizens, and provides a dedicated location for ongoing community exchange and engagement. Since the creation of the plaza last summer, this unique public space in downtown Detroit has seen an increased number of visitors and has served as a venue for small music concerts and as an enjoyable lunchtime space for area employees and visitors to the Coleman A. Young Municipal Center.

The Arts in the Plaza celebration will be a one day event that intends to attract a wide audience through the diversity of programming options reflecting the unique identity of Detroit's neighborhoods. Artists will be charged with showcasing their artistic expression and promote their event within their own neighborhoods and communities. The vision is that Arts in the Plaza will be a platform for audiences to support their local artist and be part of other artistic exchanges.

Implementation and Management

Arts in the Plaza will be a one day celebration in the month of November. The day will be programed with at least 6 hours of arts and cultural activities. Selected artists will be paid a stipend to curate various activities. In addition, an artist will be selected to create the promotional materials that will be used to get the word out for the event. Furthermore, the City's Media Services Department will assist in the creation of media content, including short promotional videos as well as social media highlights.

Successful implementation and management of the Arts in the Plaza are critical to make the event a wide reaching and successful celebration of arts and culture. In order to ensure a successful outcome, a planning committee will be convened and guided by Planning Director Maurice Cox and supported by Kimberly Driggins, Director of Strategic Planning/Arts and Culture and by Deputy Director Janet Attarian. In the past, Ms. Driggins has been a key advisor on creative placemaking projects locally and nationally. In 2015, she was awarded the prestigious Loeb Fellowship, where she will explore the intersection of design, civic engagement, and creative placemaking with a focus on equity and inclusion. Mrs. Attarian is expert in place-based mobility improvement projects and the integration of art in the public realm. She has completed many projects of this nature over her 20 year

career. Maria Galarza, will serve as project manager for the event and will draw from her experience in managing the temporary plaza and her connection with key stakeholders to ensure the event's success.

Lastly, as downtown continues to transform, it is vital to create a public spaces with programming that reflect unique identity of the city. Arts in the Plaza would help us achieve just that. Events like Arts in the Plaza create a mutual sense of pride and ownership among diverse groups and sets the stage for positive social interaction by bringing diverse groups of people together.