

New BUSINESS

2/26/19.

**NEIGHBORHOOD
AND COMMUNITY
SERVICES STANDING
COMMITTEE**

25

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 646 Event Name: Tour de Cure

Event Date : September 8, 2019

Street Closure: Jefferson Avenue

Organization Name: American Diabetes Association

Street Address: 20700 Civic Center Drive Southfield, MI 48076

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

Walk/Run event held at Belle Isle Park with Cycling route on Jefferson Avenue from Belle Isle to Lakepointe Street (Detroit jurisdiction) from 7:00am - 3:00pm.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Michigan State Police will Assist with Route in Grosse Pointe
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with the American Red Cross to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Intermittent Closures; No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Judier

Date: 2-20-2019

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, January 16, 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 DPW - CITY ENGINEERING DIVISION
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT

646

American Diabetes Association, request to hold the "Tour de Cure" at Belle Isle Park on 9-8-19 from 7:00 am - 3:00 pm. Set-up at 9/7/19 @ 3:00 pm - 7:00 pm and Complete tear down at 9/8/19

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.

Section 1- GENERAL EVENT INFORMATION

Event Name: Tour de Cure

Event Location: Belle Isle Park

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: American Diabetes Association

Organization Mailing Address: 20700 Civic Center Drive, Southfield, MI 48076

Business Phone: (248)433-3830 ext 6707 Business Website: www.diabetes.org

Applicant Name: Marlee Nalecz

Business Phone: 248-433-3830 Cell Phone: 734-748-6540 Email: mnalecz@diabetes.org

Event On-Site Contact Person:

Name: Marlee Nalecz

Business Phone: 248-433-3830 Cell Phone: 734-748-6540 Email: mnalecz@diabetes.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: _____

Projected Number of Attendees: 3,000

Please provide a brief description of your event:

Tour de cure is a walk/cycling/run event through Belle Isle and surrounding areas. A 5k walk with a

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

Begin Set-up Date 9/7/2019 Time: 3:00 PM Complete Set-up Date: 9/7/2019 Time: 7:00 PM

Event Start Date: 9/8/2019 Time: 7:00 AM Event End Date: 9/8/2019 Time: 3:00 PM

Begin Tearing Down Date: 9/8/2019 Complete Tear Down Date: 9/8/2019

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

Section 3- LOCATION/SITE INFORMATION

Location of Event: Belle Isle Park

Facilities to be used (Check) Street Sidewalk Park City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

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

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Will a sound system be used? Yes No

If yes, what type of sound system? not sure

Describe specific power needs for entertainment and/or music:

we might have a dj/mc and a generator to run it on.

How many generators will be used? 1

How will the generators be fueled?
gas

Name of vendor providing generators:

Contact Person: not sure yet

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe:

Will there be on-site ticket sales? Yes No

If yes, list price(s):

Will there be vending or sales? Yes No

If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold:

nothing will be sold

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: park security

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

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

Licensed Armed Bonded

How will you advise attendees of parking options?

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

We will contain most of the noise/traffic/pedestrian traffic on the island, but i am going to have signage and emergency operators as well as first aid services, and we will contact the local police departments and businesses to make sure they are aware.

Have local neighborhood groups/businesses approved your event?

Yes No

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

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)	0	10 x 10
Canopy (open on all sides)	15-20	10 x 10
Staging/Scaffolding	1	blow up arch 15 feet
Bleachers	0	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: American Red Cross

Address: 4624 Packard St

City/State/Zip: Ann Arbor, MI 48108

Name of company providing port-a-johns: Parkway Services (via approved vendor list)

Contact Person: Kathy Mular

Address: 2876 Tyler Road

Phone: 734-482-7633

City/State/Zip: Ypsilanti, MI 48198

Name of private catering company? n/a

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

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

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

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

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

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

I will send these documents as they are completed.

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.

eSigned via SmartFaxDocs.com
Marlee Nalecz
Key: a33ba180c2b0b34ca704e230785

01/08/2019

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: Tour de Cure Event
Date: 9/8/2019

Event Organizer:
Marlee Nalecz

Applicant Signature: 
Date: 01/08/2019

2019-01-16

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646 *Petition of American Diabetes Association, request to hold the "Tour de Cure" at Belle Isle Park on 9-8-19 from 7:00 am - 3:00 pm. Set-up at 9/7/19 @ 3:00 pm - 7:00 pm and Complete tear down at 9/8/19*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

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