

*Reprints*  
31219

**NEIGHBORHOOD  
AND COMMUNITY  
SERVICES STANDING  
COMMITTEE**



### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 737 Event Name: 2019 Walk MS! Detroit

Event Date : April 13, 2019

Street Closure: Various

Organization Name: National MS Society

Street Address: 29777 Telegraph Suite 1651 Southfield, MI 48034

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

Event Elements (check all that apply):

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

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

Annual fundraising event to benefit the National MS Society at Comerica Park from 9:00am - 2:00pm; with temporary street closures on Witherall.

**\*\* 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; Contracted with Comerica Park Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Comerica Park 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"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Austin

Date: March 1, 2019

## DEPARTMENTAL REFERENCE COMMUNICATION

*Tuesday, March 05, 2019*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

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

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

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

**737**    *National MS Society, request to hold "2019 Walk MS! Detroit" beginning at Comerica Park on April 13, 2019 from 9:00 AM to 2:00 PM with a temporary closure of Witherell from E. Montcalm to E. Adams.*

# City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

## Section 1- GENERAL EVENT INFORMATION

Event Name: 2019 Walk MS! Detroit  
Event Location: Comerica Park

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: National MS Society  
Organization Mailing Address: 29777 Telegraph Suite 1651 Southfield MI 48034  
Business Phone: 248-936-0352 Business Fax: 248-350-0029  
Federal Tax ID # 13-5661935

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

Applicant Name: Kelly Sakorafas  
Title/Role: Logistics Specialist  
Email Address: Kelly.Sakorafas@nmss.org  
Mailing Address: 29777 Telegraph Suite 1651 Southfield MI 48034  
Business Phone: 248-936-0352 Business Fax: 248-350-0029

Event On-Site Contact Person: Kelly Sakorafas / Sarah Borst  
Mailing Address: 29777 Telegraph Suite 1651 Southfield MI 48034  
Business Phone: 248-936-0352 Business Fax: 248-350-0029

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

List Event Sponsors:

### Event Elements (check all that apply)

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Walkathon  | <input type="checkbox"/> Carnival/Circus   | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon          | <input type="checkbox"/> Bike Race         | <input type="checkbox"/> Religious Ceremony  |
| <input type="checkbox"/> Political Event       | <input type="checkbox"/> Festival          | <input type="checkbox"/> Filming             |
| <input type="checkbox"/> Parade                | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks         | <input type="checkbox"/> Other: _____        |

Provide a brief description of your event:

This is a fundraising event to benefit the National MS Society. Start/finish at Comerica Park. Participants walk approximately 1 mile through the city using sidewalks only. They are instructed to obey all traffic laws & support vehicles are provided

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

Begin Set-up Date & Time: 4/13 6:00 AM Complete Set-up Date & Time: 4/13 8:30 AM

Event Start Date & Time: 4/13 9:00 AM Event End Date & Time: 4/13 2:00 PM

Begin Tearing Down Date: 4/13 12:00 PM Complete Tear Down Date: 4/13 3:00 PM

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

Is this the first time you have held this event in the City of Detroit?  Yes  No

If no, what years has the event been held in Detroit? 2001-2018

When was the event last held in Detroit? May 6, 2018

Where was the event last held in Detroit? Comerica Park

What were the hours last year? Setup - 6:00 AM Event 9:00 AM - 2:00 PM

Project Attendance This Year (Minimum - Maximum)? 2,000 - 2,500

What is the basis for your projected attendance? Based on attendance of 2018 event

Please describe your anticipated/ target audience:

Is this going to be an annual event?  Yes  No

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

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

People  Balloons

Floats  Animals

Vehicles  Other:

Bands

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

Name of business supplying animal(s):

Contact Person:

Address: Phone:

City/State/Zip:

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Comerica Park

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

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

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

**Section 4- ENTERTAINMENT**

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

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

Describe the entertainment for this year's event:  
\_\_\_\_\_

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

Will a sound system be used?     Yes     No

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

Acoustic-audible, sound heard within natural range

Amplified-augmented, sound increased to broaden range

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

Will the event consist of a musical concert?     Yes     No

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

- Live                       Recorded                       Karaoke/Lip-synch

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

How many generators will be used? None

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

Name of vendor providing generators:

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

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

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

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

### Section 5- COMMUNICATION/ADVERTISING STRATEGY

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

Radio (Specify stations):

Television (Specific stations): FOX 2

Newspapers (specify papers):

Web site (identify web address): National MS Society.org/chapters/MIG

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify): \_\_\_\_\_

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

### Section 6- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No  
If yes, please describe: \_\_\_\_\_

Will there be on-site ticket sales?  Yes  No  
If yes, list price(s): \_\_\_\_\_

Will food be sold?  Yes  No  
If yes, please pick up Special Events Vendor Packet in Suite 105: \_\_\_\_\_

Will merchandise be sold?  Yes  No  
If yes, describe: \_\_\_\_\_

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

If yes, describe: \_\_\_\_\_

If the event is a fundraiser, identify charity or recipient of funds: \_\_\_\_\_

Will there be vending or sales?  Yes  No  
If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Other (specify): \_\_\_\_\_

Indicate type of items to be sold: \_\_\_\_\_



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

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

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

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

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

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

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

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

Licensed  Armed  Bonded

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

Describe the parking plan to accommodate anticipated attendance: Secured through olympia (lots 1, 2 & tigers garage)

How will you advise attendees of parking options? Website, final details packets, onsite volunteers, signs

Are you seeking a group parking rate? N/A

**Section 8- COMMUNITY IMPACT INFORMATION**

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

minimal impact, if any. City Sidewalks used

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

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

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

**Section 9- EVENT SET-UP**

Complete the appropriate categories that apply to the event.

**Structure**

How Many? \_\_\_\_\_

Size/Height \_\_\_\_\_

Booth \_\_\_\_\_

Tent (enclosed on 3 sides) \_\_\_\_\_

Canopy (open on all sides)

(2) 10x20, (2-3) 10x10 inside Comerica park

Staging/Scaffolding

\_\_\_\_\_

Bleachers

\_\_\_\_\_

Company:

Grill

Gas

Charcoal

Electrical

Propane

Fireworks (Pyrotechnics)

Aerial

Stage

Provide Sketch:

Portable Restrooms:

Standard

ADA Accessible

Vehicles

Type/Weight:

\_\_\_\_\_

Other:

\_\_\_\_\_

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

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

no

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

no

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

no

**Section 10- COMPLETE ALL THAT APPLY**

Name of Sanitation Company collecting refuse and garbage?

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

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

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

Name of company providing emergency medical services?

Contact Person: On request

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

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

Name of company providing porta-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.

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

STREET NAME: Witherell

FROM E. Montcalm  
TO E. Adams

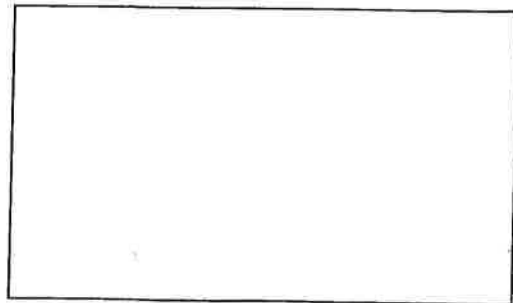
Closure Dates: 4-18-19

Beg. Time: 8:00am

End Time: 10:30am

Reopen Date: 4-18-19

Time: 10:30am



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

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

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

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

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

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

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

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

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

**Requested City Equipment**

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

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

Street Closures:

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

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

**ADDITIONAL INFORMATION**

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

Included with our application from 2018, which we are open to changes to the route deemed necessary by the city of Detroit tactical operations

\_\_\_\_\_

**AUTHORIZATION & AFFIDAVIT OF APPLICANT**

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

Kelly Sakorafos  
Signature of Applicant

1-15-2019  
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.



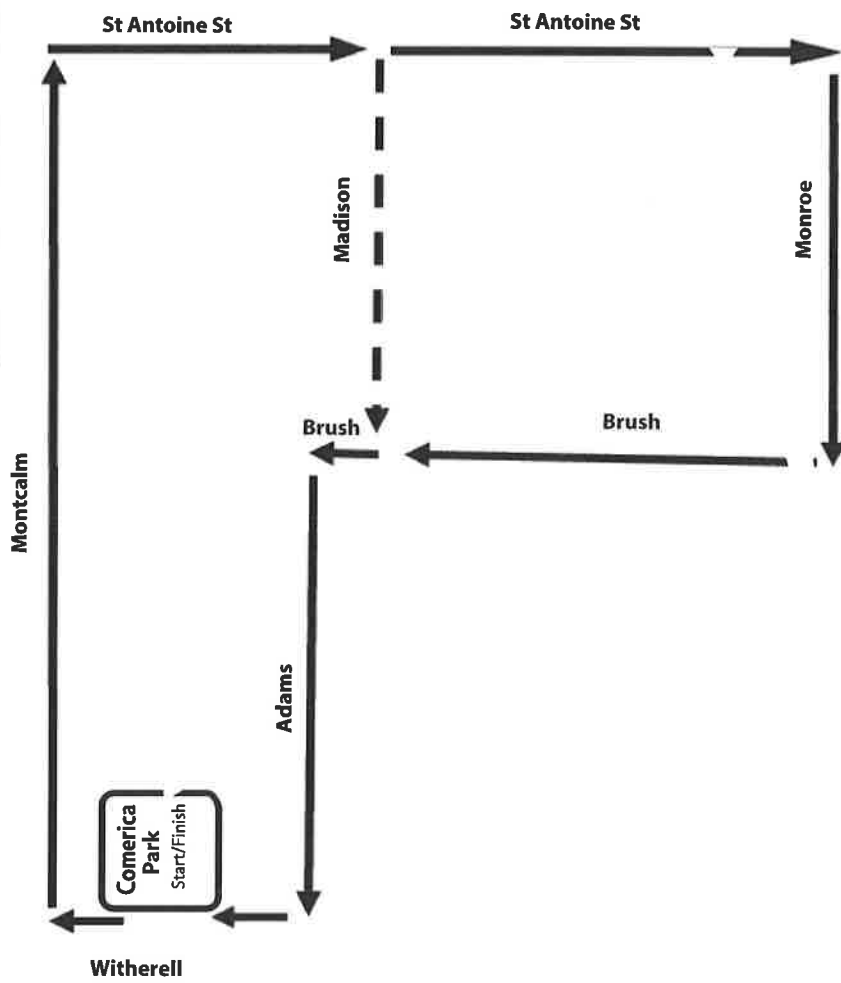
2018

# Detroit Walk MS

## 2 Mile Route &

## 1 Mile Route

For Emergency Assistance Dial 911  
For Other Assistance Call -  
Tammy Willis: 517-281-1308



1 Mile Route  
(Follow Green Arrows)

2 Mile Route  
(Follow Orange Arrows)

National Premier Sponsor:



National Sponsors:



Local Event Sponsors:





2018

# Detroit Walk MS 2 Mile Route & 1 Mile Route

## 2 Mile Route

- Start at Comerica Park
- Witherell St to E. Montcalm St.
- Right on E. Montcalm St.
- Continue on E. Montcalm as it turns into St. Antoine St.
- Stay on St. Antoine St., cross over Gratiot Ave. to Monroe Ave.
- Cross Monroe then turn right onto Monroe Ave. and continue through Greektown to Brush St.
- Right on Brush St., cross over Gratiot Ave. to E. Adams Ave.
- Left on E. Adams Ave to Witherell St.
- Right on Witherell St.
- FINISH

## 1 Mile Route

- Start at Comerica Park
- Witherell St to E. Montcalm St.
- Right on E. Montcalm St.
- Continue on E. Montcalm as it turns into St. Antoine St.
- Stay on St. Antoine St. to Madison Ave.
- Right Madison Ave. to Brush St.
- Right on Brush St. to E. Adams
- Left on E. Adams Ave to Witherell St.
- Right on Witherell St.
- FINISH

Local Event Sponsors:



*Note: Map Is Not To Scale. Please Follow Markings Through Route.*



2019-03-05

737

737 *Petition of National MS Society, request to hold "2019 Walk MS! Detroit" beginning at Comerica Park on April 13, 2019 from 9:00 AM to 2:00 PM with a temporary closure of Witherell from E. Montcalm to E. Adams.*

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REFERRED TO THE FOLLOWING DEPARTMENT(S)

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



### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 694 Event Name: Rouge - A - Thlon

Event Date : April 13, 2019

Street Closure: Joy Road

Organization Name: Tour de Troit

Street Address: 2727 Second Avenue #148 Detroit, MI 48201

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

Event Elements (check all that apply):

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

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

Annual Duathlon located in Rouge Park from 9:00am - 2:00pm; with intermittent street closure on Joy Road due to timed race.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	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"/>	Temporary Health License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Tucker

Date: February 28, 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

*Tuesday, March 05, 2019*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

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### AMENDMENT

Herewith, the following referral is a copy of Petition **694**

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

**694**    *Tour de Troit, request permission to hold "Rouge-A-Thon" at Rouge Park on 4/13/19 from 6AM - 12PM with a temporary closure of Joy Rd where it crosses the park.*

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

**PETITIONER IS AMENDING PETITION DUE TO:**

**Date Change. See attached.**

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

# City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

## Section 1- GENERAL EVENT INFORMATION

Event Name: Rouge-A-Thlon

Event Location: Rouge Park

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Tour de Troit

Organization Mailing Address: 2727 Second Ave. #148 Detroit, MI 48201

Business Phone: (248) 766-6485 Business Fax: \_\_\_\_\_

Federal Tax ID # 46-0845424

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

Applicant Name: Vittoria Katanski

Title/Role: Director

Email Address: vittoria@tour-de-troit.org

Mailing Address: 2727 Second Ave. #148 Detroit, MI 48201

Business Phone: (248) 766-6485 Business Fax: \_\_\_\_\_

Event On-Site Contact Person: \_\_\_\_\_

Mailing Address: Same as above

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

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

List Event Sponsors: \_\_\_\_\_

### Event Elements (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Walkathon             | <input type="checkbox"/> Carnival/Circus   | <input type="checkbox"/> Concert/Performance                        |
| <input type="checkbox"/> Run/Marathon          | <input type="checkbox"/> Bike Race         | <input type="checkbox"/> Religious Ceremony                         |
| <input type="checkbox"/> Political Event       | <input type="checkbox"/> Festival          | <input type="checkbox"/> Filming                                    |
| <input type="checkbox"/> Parade                | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration                        |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks         | <input checked="" type="checkbox"/> Other: <u>Run and bike ride</u> |

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

An annual duathlon in Rouge Park with runners and cyclists.

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

Begin Set-up Date & Time 4-13-19 6AM Complete Set-up Date & Time: 4-13-19 8AM

Event Start Date & Time: 4-13-19 9AM Event End Date & Time: 4-13-19 2 PM

Begin Tearing Down Date: 4-13-19 2PM Complete Tear Down Date: 4-13-19 4PM

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

**Is this the first time you have held this event in the City of Detroit?**  Yes  No

If no, what years has the event been held in Detroit? 2017, 2018

When was the event last held in Detroit? April 21, 2018

Where was the event last held in Detroit? Rouge Park

What were the hours last year? Same as above

Project Attendance This Year (Minimum – Maximum)? 250

What is the basis for your projected attendance? Past attendance

**Please describe your anticipated/ target audience:**

Is this going to be an annual event?  Yes  No

If yes, do you have a preferred/proposed for next year? April 18, 2020

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

People  Balloons

Floats  Animals

Vehicles  Other: \_\_\_\_\_

Bands

**If animals included, specify type, number and how used.** \_\_\_\_\_

Name of business supplying animal(s): \_\_\_\_\_

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

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

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

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Rouge Park

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

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

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

**Section 4- ENTERTAINMENT**

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

- Singers
- Musicians
- Comedians
- Magician
- Story Telling
- Other: \_\_\_\_\_

Describe the entertainment for this year's event:

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

Will a sound system be used?  Yes  No

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

Acoustic-audible, sound heard within natural range

Amplified-augmented, sound increased to broaden range

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

Will the event consist of a musical concert?  Yes  No

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

- Live
- Recorded
- Karaoke/Lip-synch

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

How many generators will be used? One Fueled with tank, less than five gallons

How will the generators be fueled? Offsite

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

Contact Person: JKMD

Address: 32671 Conrad Street

Phone:

City/State/Zip: Chesterfield Township, MI 48047

### Section 5- COMMUNICATION/ADVERTISING STRATEGY

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

Radio (Specify stations):

Television (Specific stations):

Newspapers (specify papers):

Web site (identify web address): tour-de-troit.org

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify): Newsletter

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

### Section 6- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No

If yes, please describe:

Will there be on-site ticket sales?  Yes  No

If yes, list price(s):

Will food be sold?  Yes  No

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

Will merchandise be sold?  Yes  No

If yes, describe:

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

If yes, describe: Friends of Rouge Park

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

We are a nonprofit organization.

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Other (specify):

Indicate type of items to be sold:

registration option only sale onsite.

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

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

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

Contact Person: N/A

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

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

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

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

Licensed  Armed  Bonded

Describe the emergency evacuation plan: Follow lead of Detroit Police Department

Describe the parking plan to accommodate anticipated attendance: Street parking in Brennan pool parking lot

How will you advise attendees of parking options? Registration confirmation email

Are you seeking a group parking rate? N/A

**Section 8- COMMUNITY IMPACT INFORMATION**

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

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

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

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

**Section 9- EVENT SET-UP**

Complete the appropriate categories that apply to the event.

**Structure**

How Many? 2 10'x10' tents

Size/Height 10'x10'

Booth \_\_\_\_\_

Tent (enclosed on 3 sides) \_\_\_\_\_



Canopy (open on all sides) all

We will also set up transition station for bike racks

Staging/Scaffolding \_\_\_\_\_

Bleachers \_\_\_\_\_

Company:

Grill

Gas      [ ] Charcoal      [ ] Electrical      [ ] Propane

Fireworks (Pyrotechnics)

[ ] Aerial      [ ] Stage

Provide Sketch:

Portable Restrooms:

Standard       ADA Accessible

Vehicles

Type/Weight: Seven standard, two ADA accessible

Other: \_\_\_\_\_

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

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

No

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

None

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

No

**Section 10- COMPLETE ALL THAT APPLY**

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

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

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

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

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

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

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

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

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

**Name of company providing porta-johns.** Scotty's Potties

Contact Person: Tom

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

Phone: 734-421-1400

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

**Name of private catering company?** 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.

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

**STREET NAME:** Joy Road

**FROM**  
**TO**

As it crosses the park

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

April 13, 2019  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Traffic would be stopped, then allowed to pass when participants have crossed. Due to the size of the event and time of day we anticipate a very short wait.

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

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

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

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

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

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

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

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

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

**Requested City Equipment**

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

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

Street Closures:

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

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

**ADDITIONAL INFORMATION**

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

- Our transition area will be coned. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION & AFFIDAVIT OF APPLICANT**

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

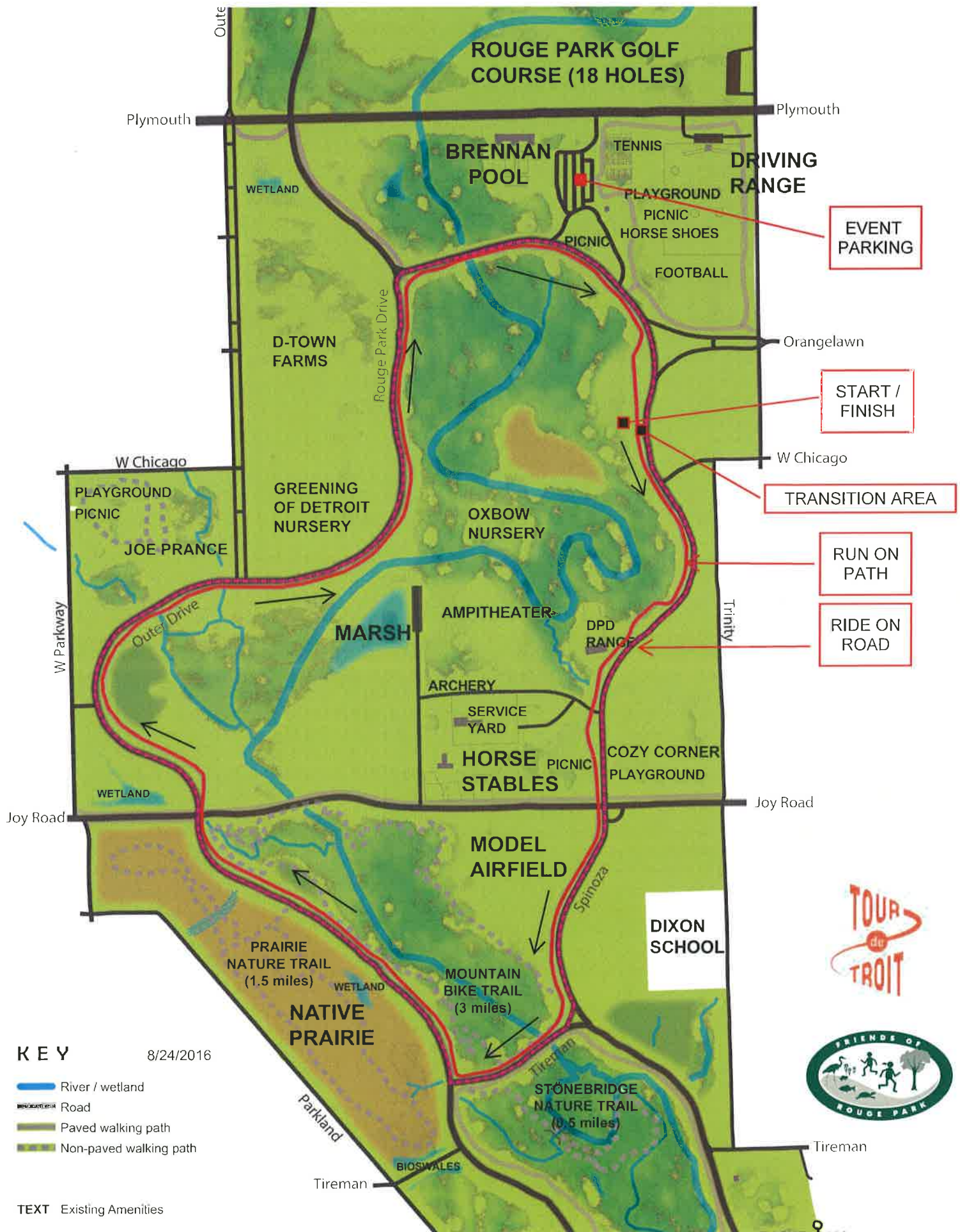
*Victoria Alexander*

December 12, 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.



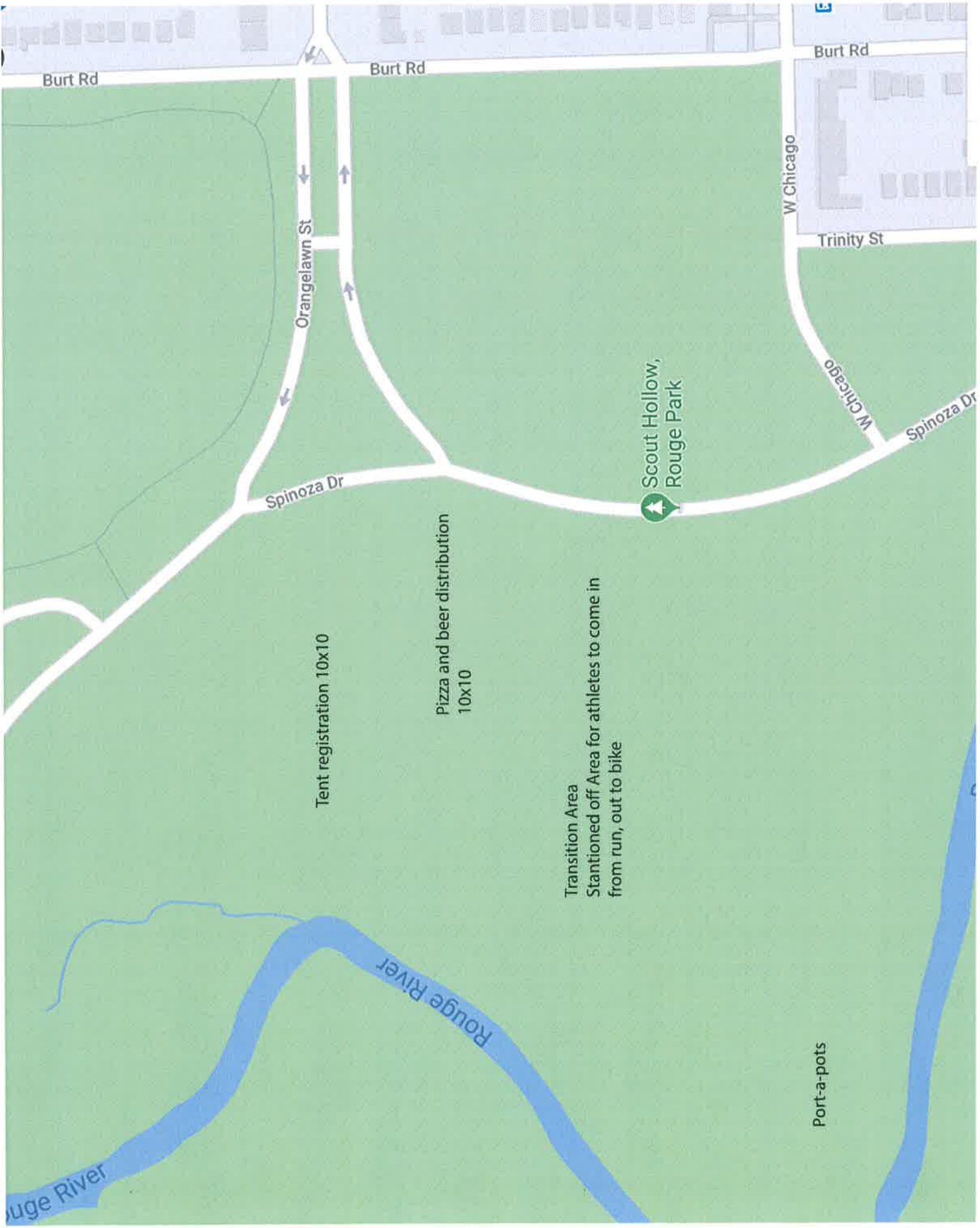
**KEY**

8/24/2016

- River / wetland
- Road
- Paved walking path
- Non-paved walking path

TEXT Existing Amenities





Burt Rd

Burt Rd

Burt Rd

Orangelawn St

W Chicago

Trinity St

Spinoza Dr

Scout Hollow,  
Rouge Park

W Chicago

Spinoza Dr

Tent registration 10x10

Pizza and beer distribution  
10x10

Transition Area  
Stationed off Area for athletes to come in  
from run, out to bike

Port-a-pots

Rouge River

Rouge River



# AMENDED

## 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    DPW - CITY ENGINEERING DIVISION  
POLICE DEPARTMENT    FIRE DEPARTMENT  
BUSINESS LICENSE CENTER    BUILDINGS SAFETY ENGINEERING  
MUNICIPAL PARKING DEPARTMENT    RECREATION DEPARTMENT

**694**    *Tour de Troit, request permission to hold "Rouge-A-Thon" at Rouge Park on 4/20/19 @ 6AM - 12PM, Set up on 4/19/19 @3PM - 5PM, Tear down on same day of event @ 12PM - 3PM, Street closure on Joy Rd as it crosses the park.*

#695

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: Rouge-A-Thlon

Event Location: Rouge Park

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Tour de Troit

Organization Mailing Address: 2727 Second Ave. #148 Detroit, MI 48201

Business Phone: (248) 766-6485

Business Fax:

Federal Tax ID # 46-0845424

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

Applicant Name: Vittoria Katanski

Title/Role: Director

Email Address: vittoria@tour-de-troit.org

Mailing Address: 2727 Second Ave. #148 Detroit, MI 48201

Business Phone: (248) 766-6485

Business Fax::

#### Event On-Site Contact Person:

Mailing Address: Same as above

Business Phone:

Business Fax:

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

List Event Sponsors:

#### Event Elements (check all that apply)

Walkathon

Carnival/Circus

Concert/Performance

Run/Marathon

Bike Race

Religious Ceremony

Political Event

Festival

Filming

Parade

Sports/Recreation

Rally/Demonstration

Convention/Conference

Fireworks

Other: Run and bike ride



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

An annual duathlon in Rouge Park with runners and cyclists.

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

Begin Set-up Date & Time: 4/19/2019 3pm Complete Set-up Date & Time: 4/19/2019 5pm

Event Start Date & Time: 4/20/2019 6am Event End Date & Time: 4/20/2019 12pm

Begin Tearing Down Date: 4/20/2019 12pm Complete Tear Down Date: 4/20/2019 3pm

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

**Is this the first time you have held this event in the City of Detroit?**  Yes  No

If no, what years has the event been held in Detroit? 2017, 2018

When was the event last held in Detroit? April 21, 2018

Where was the event last held in Detroit? Rouge Park

What were the hours last year? Same as above

Project Attendance This Year (Minimum – Maximum)? 250

What is the basis for your projected attendance? Past attendance

**Please describe your anticipated/ target audience:**

Is this going to be an annual event?  Yes  No

If yes, do you have a preferred/proposed for next year? April 18, 2020

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

People  Balloons

Floats  Animals

Vehicles  Other: \_\_\_\_\_

Bands

**If animals included, specify type, number and how used.** \_\_\_\_\_

Name of business supplying animal(s): \_\_\_\_\_

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

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

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

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

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Rouge Park

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

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

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

**Section 4- ENTERTAINMENT**

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

- Singers                       Magician
- Musicians                       Story Telling
- Comedians                       Other: \_\_\_\_\_

Describe the entertainment for this year's event:  
\_\_\_\_\_

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

Will a sound system be used?     Yes     No

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

Acoustic-audible, sound heard within natural range

Amplified-augmented, sound increased to broaden range

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

Will the event consist of a musical concert?     Yes     No

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

- Live                       Recorded                       Karaoke/Lip-synch

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

How many generators will be used?    One                      Fueled with tank, less than five gallons

How will the generators be fueled?                      Offsite

Name of vendor providing generators:

Contact Person: JKMD

Address: 32671 Conrad Street

Phone:

City/State/Zip: Chesterfield Township, MI 48047

**Section 5- COMMUNICATION/ADVERTISING STRATEGY**

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

Radio (Specify stations):

Television (Specific stations):

Newspapers (specify papers):

Web site (identify web address): tour-de-troit.org

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify): Newsletter

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

**Section 6- SALES INFORMATION**

Will there be advanced ticket sales?  Yes  No

If yes, please describe:

Will there be on-site ticket sales?  Yes  No

If yes, list price(s):

Will food be sold?  Yes  No

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

Will merchandise be sold?  Yes  No

If yes, describe:

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

If yes, describe: Friends of Rouge Park

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

We are a nonprofit organization.

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Other (specify):

Indicate type of items to be sold:

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

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

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

Contact Person: N/A

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

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

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

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

Licensed                                       Armed                                       Bonded

Describe the emergency evacuation plan: Follow lead of Detroit Police Department

Describe the parking plan to accommodate anticipated attendance: Street parking in Brennan pool parking lot

How will you advise attendees of parking options? Registration confirmation email

Are you seeking a group parking rate? N/A

**Section 8- COMMUNITY IMPACT INFORMATION**

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

\_\_\_\_\_

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

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

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

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

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

**Section 9- EVENT SET-UP**

Complete the appropriate categories that apply to the event.

**Structure**

How Many?      3-4 10'x10' tents

Size/Height      10'x10'

Booth      \_\_\_\_\_

Tent (enclosed on 3 sides)      \_\_\_\_\_

Canopy (open on all sides) all

We will also set up transition station for bike racks

Staging/Scaffolding \_\_\_\_\_

Bleachers \_\_\_\_\_

**Company:**

Grill

Gas       Charcoal       Electrical       Propane

Fireworks (Pyrotechnics)

Aerial       Stage

Provide Sketch:

Portable Restrooms:

Standard       ADA Accessible

Vehicles

Type/Weight:

Seven standard, two ADA accessible

Other:

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

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

No

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

None

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

No

**Section 10- COMPLETE ALL THAT APPLY**

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

Contact Person: Southwest Lawns

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

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

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

Contact Person: DMC

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

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

**Name of company providing porta-johns.** Scotty's Potties

Contact Person: Tom

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

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

**Name of private catering company?** 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.

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

**STREET NAME:** Joy Road

FROM As it crosses the park  
TO \_\_\_\_\_

Closure Dates: April 20, 2019

Beg. Time: \_\_\_\_\_

End Time: \_\_\_\_\_

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

Time: \_\_\_\_\_

Traffic would be stopped, then allowed to pass when participants have crossed. Due to the size of the event and time of day we anticipate a very short wait.

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

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

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

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

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

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

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

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

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

**Requested City Equipment**

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

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

Street Closures:

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

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

**ADDITIONAL INFORMATION**

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

Our route will be coned and barricaded. We will have materials located at key points along the route.

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

**AUTHORIZATION & AFFADAVIT OF APPLICANT**

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

*Vatonia D. Anderson*

December 12, 2018

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Signature of Applicant

Date

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



# AMENDED

2019-02-18

**694**

**694** *Petition of Tour de Troit, request permission to hold "Rouge-A-Thon" at Rouge Park on 4/20/19 @ 6AM - 12PM, Set up on 4/19/19 @ 3PM - 5PM, Tear down on same day of event @ 12PM - 3PM, Street closure on Joy Rd as it crosses the park.*

---

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

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

2019-02-18

**694**

**694** *Petition of Tour de Troit, request permission to hold "Rouge-A-Thon" at Rouge Park on 4/13/19 from 6AM - 12PM with a temporary closure of Joy Rd where it crosses the park.*

---

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

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

**OFFICE OF CONTRACTING  
AND PROCUREMENT**

March 6, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6001763      100% City Funding – To Provide Plywood for the Board Up Program, and Various Supplies for GSD. – Contractor: Home Depot – Location: 18700 Meyers, Detroit, MI 48235 – Contract Period: Upon City Council Approval through November 26, 2020 – Total Contract Amount: \$1,500,000.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER** \_\_\_\_\_ **MCCALISTER**

**RESOLVED**, that Contract No. 3030238 referred to in the foregoing communication dated March 12, 2019 be hereby and is approved.