Rejevals 3-12-19

NEIGHBORHOOD AND COMMUNITY SERVICES STANDING COMMITTEE



MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED M/A CANCELED								
Petition #: 737 Event Name: 2019 Walk MS! Detroit								
Event Date: April 13, 2019								
	Street Closure: Various							
Organizatio	Organization Name: National MS Society							
Street Address: 29777 Telegraph Suite 1651 Southfield, MI 48034								
	Receipt date of the COMPLETED Special Events Application:							
	Clerk's Departr			nunication:				
	or City Departme or the Coordinate							
	nents (check all t	181	~	n				
√ Walkath	non Ca	arnival/0	Circus	Concer	t/Performance	Run/Marathon		
Bike Ra	ce R	eligious	Ceremony	 Political	I Ceremony	Festival		
Filming	Pa	arade		Sports/	Recreation	Rally/Demonstration		
Fireworl	Fireworks Convention/Conference Other:							
 24-Hou	r Liquor Licens	е	-					
	Petition Communications (include date/time)							
	•			MS Socie	ty at Comerica I	Park from 9:00am - 2:00pm;		
with tempo	orary street clos	ures or	n Witherall.					
						approval status **		
Date	Department	N/A	APPROVED	DENIED	Add	itional Comments		
	DDD			_		Event; Contracted with		
	DPD	Ш	✓	Ш	Comerica Park Security Service	Security to Provide Private es		
	Contracted with Comerica Park to Provide							
	DFD/		\checkmark		Private EMS S			
	EMS							
	DPW				DPD Assisted	Event; No Permits Required		
	D. **		Y					
	Health Dept.		√		No Pe	ermits Required		

Date	Department	N/A	APPROVED	DENIED	Additional Comments	
	TED		\checkmark		Type III Barricades & Road Closure Signage Required	
	Recreation	✓			No Jurisdiction	
	Bldg & Safety		V		No Permits Required	
	Bus. License		√		No Permits 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 Parking Signs Required	
	DDOT		✓		Low Impact on Buses	
MAYOR'S OFFICE Signature: Dethanie Lusher						
Date: March 1, 2019						

City of Betroit

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

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 MUNICIPAL PARKING DEPARTMENT
POLICE DEPARTMENT FIRE DEPARTMENT
TRANSPORTATION DEPARTMENT BUSINESS LICENSE CENTER

Mational 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.

Se	ection 1- GENERAL EVENT I	NFORMATION				
Event Name: 2019 W	ouk MS! Detroit	7				
Event Location: Comerica	Park	30 5)				
Section 2	- ORGANIZATION/APPLIC	ANT INFORMATION				
Organization Name:	al MS Society					
Organization Mailing Address: 2977	17 Telegraph Swite	1651 Southfield	ld M148034			
Business Phone: 248-936-	<u>U352</u>	Business Fax: 048-3	50-0009			
Federal Tax ID# 13-566	935					
	n-profit, indicate non-profit ID numbe	r and attach a copy of the cert	tificate.			
Applicant Name: Kelly Sax	-crafos					
Title/Role: LOGISTICS S	Specialist					
Email Address: Kelly Sa	Korafos @nmss.a	org				
Mailing Address: 29777 Te	clegraph Suite 1	Southfield	m1 48034			
Business Phone: 248-936-0352 Business Fax:: 248-356-0039						
Event On-Site Contact Person: Kell	Sakorafos/Saran Bo	orst	111 1			
	egraph Suite 1651		MI 48034			
Business Phone: 248-936-C	•	Business Fax: 248-350	0-0039			
List name/phone number of person(s) i	authorized to make decisions for the or	ganization/event (indicate rol	e/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:				

Provide a brief description of your event:						
This is a fundraising event to benefit the notional MS						
Society. Start/finish at Comerica Park. Participants work						
approximately Imile through the city using Sidewalks						
Only. They are instructed to obey all traffic laws & Support vehicles						
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 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 Promplete Tear Down Date: 4/13 3:00 Pr						
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?						
When was the event last held in Detroit?						
Where was the event last held in Detroit? Comerica Park						
What were the hours last year? Set up -6:00 Am Event 9:00 Am -2:00 pm						
Project Attendance This Year (Minimum – Maximum)? 2,000 - 2500						
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 \square 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 Comerica Park Location of Event: Facilities to be used (circle): 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 First Aid -Location of merchandising booths -Location of fire lane -Location of food booths -Proposed route for walk/run -Location of garbage receptacles -Location of tents and canopies -Location of beverage booths -Sketch of street closure -Location of sound stages -Location of bleachers -Location of hand washing sinks -Location of press area -Location of portable restrooms -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 M Other: DJ [] Comedians 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: X No Will the event consist of a musical concert? Yes 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? 10U6 How will the generators be fueled? Name of vendor providing generators: Contact Person:

Address:	Phone:				
City/State/Zip:					
	n 5- COMMUNICATION/ADVERTISING STRATEGY				
	ribe the type of promotion you plan to use to attract participants:				
[] Radio (Specify stations):					
[X] Television (Specific stations):	-ox 2				
[] Newspapers (specify papers):					
IX Web site (identify web address): Notional MS Society. Org/chapters/MIG					
[] Public Relations or Marketing	rm (Specify):				
Contact Info: [] Raffle (List Item(s)):					
[] Billboards					
[] Flyers					
[] Street Banners					
[] Other (specify):					
NOTE: All raffles subject to laws	f State/City.				
	Section 6- SALES INFORMATION				
Will there be advanced ticket sales? If yes, please describe:	□ Yes No				
Will there be on-site ticket sales? If yes, list price(s):	□ Yes No				
Will food be sold? If yes, please pick up Special Events	Yes Vondor Packet in Suite 105:				
Will merchandise be sold? If yes, describe:	☐ Yes ☑ No				
	istributed to a charitable organization?				
If yes, describe:					
If the event is a fundraiser, identify c	arity or recipient of funds:				
Will there be vending or sales? If yes, check all that apply:	□ Yes X No				
[]Food	[] Merchandise				
Non-Alcoholic Beverages	[] Alcoholic Beverages				
I Other (moniful)					
Indicate type of items to be sold:	2				

	r outside vendors? (please describe):	
Sect	ion 7- PUBLIC SAFETY & PARKING INFO	ORMATION
Name of Private Security Compa	any: Existing park contract security will be used.	
Contact Person:		
Address:	Phone:	
City/State/Zip:		
Number of Private Security Person	onnel Hired Per Shift:	
Are the private security personne	el (check all that apply):	
[] Licensed	[] Armed	[] Bonded
Describe the emergency evacuation	on plan:	
Describe the parking plan to acco	ommodate anticipated attendance: Secured Frough	Olympia (Ots.1.2 & figers
How will you advise attendees of	parking options? Website, final details pac	Lets, orsite injunteers, Sic
Are you seeking a group parking :		
How will your event impact the su		
pedestrian traffic, sound carryover		Pani. City Sidewalks
	minimal impact,	Hary City Sidewalks
Have local neighborhood groups/b	ousinesses approved your event?	Hary Cuty Sidewalks
Have local neighborhood groups/b	minimal impact,	Hany Cuty Sidewalks used
Have local neighborhood groups/b	ousinesses approved your event?	Pany Cuty Sidewalks used
Have local neighborhood groups/b	MINIMAL IM Pact, pusinesses approved your event? □ Yes ill take to notify them of your event:	Pany Cuty Sidewalks used
Have local neighborhood groups/b	MINIMAL IM Pact, pusinesses approved your event? □ Yes ill take to notify them of your event:	LA No
Have local neighborhood groups/b	MINIMAL IMPACT, pusinesses approved your event? If Yes Ill take to notify them of your event: numbers (for verification) or attach approved letter(s): Section 9- EVENT SET-UP	LA No
Have local neighborhood groups/b ndicate what steps you have or wi	MINIMAL IMPACT, pusinesses approved your event? If Yes Ill take to notify them of your event: numbers (for verification) or attach approved letter(s): Section 9- EVENT SET-UP	Li No Lord Sidewalks
Have local neighborhood groups/b ndicate what steps you have or wi	MINIMAL IMPACT, pusinesses approved your event? If Yes Ill take to notify them of your event: numbers (for verification) or attach approved letter(s): Section 9- EVENT SET-UP	Li No World
Have local neighborhood groups/b ndicate what steps you have or wi ndicate contact names and phone is complete the appropriate categories tructure fow Many?	MINIMAL IMPACT, pusinesses approved your event? If Yes Ill take to notify them of your event: numbers (for verification) or attach approved letter(s): Section 9- EVENT SET-UP	LA No

Canopy (open on all sides) (2) 10x20, (2-3) 10x10 unside Comerica point
Staging/Scaffolding
Bleachers ————————————————————————————————————
Company:
Grill [] Gas [] Charcoal [] Electrical [] Propane
Fireworks (Pyrotechnics) [] Aerial [] Stage
Provide Sketch:
Portable Restrooms: [] Standard [] ADA Accessible
Vehicles
Type/Weight:
NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.
130 1E. Specific requirements must be met and special approval must be received by the Detroit The Department.
Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.
Will additional utility services be used (power, water, etc.)? Please describe.
Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

Name of Sanita	Section 10- COMPLETE ALL THAT APPLY ation Company collecting refuse and garbage?
Contact Person:	
Address:	Phone:
City/State/Zip	
Name of compa	any providing emergency medical services?
Contact Person:	On request
Address:	0
City/State/Zip:	
Name of compa	any providing porta-johns.
Contact Person:	
Address:	Phone:
City/State/Zip:	
Name of private	catering company?
Contact Person:	
Address:	Phone:
City/State/Zip:	
PECIAL USE I	REQUESTS
ist any streets or eighborhood Sig	r possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. gnatures must be submitted with application for approval.
ttach a map or	sketch of the proposed area for closure.
FREET NAME	: Witherell
ROM O	E. Adams
osure Dates: eg. Time: ad Time: copen Date: me:	4-18-19 8:004m 10:304m 4-18-19
	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:		
Time.		
STREET NAME:		
FROM		
TO		1
		1
Closure Dates: Beg. Time:		1
End Time:		
Reopen Date:		
Time:		
Requested City Equ	(Near)	

Current Request:	(year)	
Street Closures:		
[] Posting no parking	ng signs [] Light pole	
[] Electrical Service	es [] Storage for Trailers/T	runks
Barricades are not a	evailable from the City of Detroit.	
ADDITIONAL INF	ORMATION	
Is there any additiona	l information that you feel is important to mention regardin	ng your event or additional requests? Route map
(%)	ith our application from a	
open to	changes to the route	
the city		Derations
	•	
-		

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.

Kelly Sakorafos 1-15-2019

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.

Detroit Walk MS

2 Mile Route &

1 Mile Route

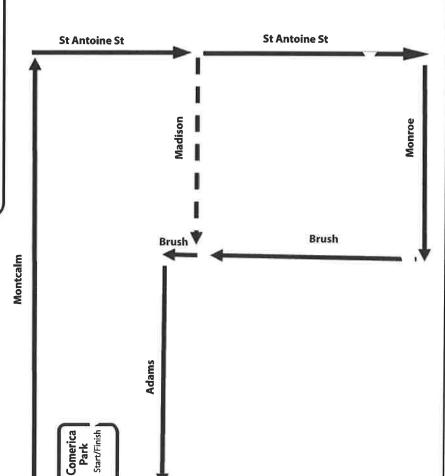
2018

Witherell

For Emergency Assistance Dial 911

For Other Assistance Call -

Tammy Willis: 517-281-1308



Ш

(Follow Green Arrows) 1 Mile Route

(Follow Orange Arrows) 2 Mile Route

National Sponsors:

National Premier





D-BASF

We create chemistry







DEPARTMENT OF NEUROLOGY

Consumers

GENISYS CREDIT UNION





SANOFI GENZYME

& NOVARTIS



2018

Local Event Sponsors:













GARDEN FRESH











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.

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

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

737 Petition of Mational 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.

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):						
Petition #:	694	Eve	nt Name:Rou	ge - A -	Thlon	
	Event Date: April 13, 2019					
Street Close	_{ure:} Joy Roa	ıd				
	Organization Name: Tour de Troit					
				148 Det	roit, MI 48201	
			Special Events A			
			Reference Comm	unication:		
	r City Departme					
Due date to	r the Coordinato	rs Repo	ort to City Clerk:			
Event Elem	ents (check all th	nat appl	y):			
Walkath	on Ca	arnival/C	Circus	Concert	/Performance Run/Marathon	
Bike Rad	ce Re	eligious	Ceremony	Political	Ceremony Festival	
Filming	Pa	arade			Recreation Rally/Demonstration	
Firework	cs Co	onventio	on/Conference	/ Other:	Run & Bike Ride	
	r Liquor License	2				
✓ 24-Hour Liquor License						
D. C.						
Petition Communications (include date/time)						
Annual Dua	athalon located	in Rou	ige Park from 9	:00am - 2:	00pm; with intermittent street closure on	
Joy Road o	due to timed rac	ce.				
	** All nerm	its and I	license requirem	ents must b	e fulfilled for an approval status **	
Date	Department	N/A	APPROVED	DENIED	Additional Comments	
					DPD Assisted Event	
	DPD		1			
			▼			
					No Permits Required	
	DFD/		✓	Ш		
	EMS					
					DPD Assisted Event; No Permits Required	
	DPW	П			2. 2 / tollotod Event, No i elilito required	
			LV			
	Health Dept.		√		Temporary Health License Required	

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

MAYOR'S OFFICE

Signature: Bethanie Lucher

Date: Lebruary 28, 2019

City of Betroit

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

AMENDMENT

Herewith, the following referral is a copy of Petition

694

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

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.

S	ection 1- GENERAL EV	VENT INFORMATION					
Event Name: Rouge-A-Thlon							
Event Location: Rouge Park							
Section	2- ORGANIZATION/A	PPLICANT INFORMATION					
Organization Name: Tour de Troi	t.						
Organization Mailing Address: 2727	Second Ave. #148 Detroi	t, MI 48201					
Business Phone: (248) 766-6485		Business Fax:					
Federal Tax ID # 46-0845424	y and a second s						
If registered as a r	non-profit, indicate non-profit	ID number and attach a copy of the certificate.					
Applicant Name: Vittoria Katans	ki						
Title/Role: Director							
Email Address: vittoria@tour-de	-troit.org						
Mailing Address: 2727 Second A	ve. #148 Detroit, MI 4820	1					
Business Phone: (248) 766-6485	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	s) authorized to make decisions	s 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	[X] Other: Run and bike ride					

An annual duathalon in Rouge Park with runners and cyclists.			
What are the projected set-up, event and tear do	wn dates and times (must be completed)?		
Begin Set-up Date & Time 4-13-19 6AM	e Set-up Date & Time: 4-13-19 8AM		
4 40 40 0004	nd Date & Time: 4-13-19 2 PM		
	c 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 th			
If no, what years has the event been held in Detroit? When was the event last held in Detroit?	2017, 2018 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		
William Control of the Control of th			
Please describe your anticipated/ target audience			
Is this going to be an annual event?			
If yes, do you have a preferred/proposed for next year?	_April 18, 2020		
If a parade is planned. Indicate elements (check all that ap [] People [] Balloons	ply):		
[] Floats [] Animals			
[] Vehicles [] Other:			
[] Bands			
If animals included, specify type, number and how use	d		
Name of business supplying animal(s):			
Contact Person:			

Section 3- LOCATION/SITE INFORMATION Location of Event: Rouge Park $\operatorname{Sidewalk} X$ Street XPark X Facilities to be used (circle): City Facility Please attach a site plan which illustrates the anticipated layout of your event including the following: -Location of First Aid -Public entrance and exit -Location of fire lane -Location of merchandising booths -Proposed route for walk/run -Location of food booths -Location of garbage receptacles -Location of tents and canopies -Sketch of street closure -Location of beverage booths -Location of bleachers -Location of sound stages -Location of press area -Location of hand washing sinks -Sketch of proposed light pole banners -Location of portable restrooms Section 4- ENTERTAINMENT What type of entertainment will be used? (check all that apply) [] Magician [] Singers [] Story Telling []Musicians [] Other: ____ [] Comedians Describe the entertainment for this year's event: List proposed entertainers and/or bands performing at the event: H Yes □ No Will a sound system be used? If yes, what type of sound system? [X] Acoustic-audible, sound heard within natural range [] Amplified-augmented, sound increased to broaden range The amplified sound will be used: □ No If yes, what type of music? (check all that apply) [] Live [] Recorded [] Karaoke/Lip-synch Describe specific power needs for entertainment and/or Fueled with tank, less than five gallons How many generators will be used? One Offsite How will the generators be fueled? Name of vendor providing generators: Contact Person: IKMD

Address: 32671 Conrad Stree	et Phone:				
City/State/Zip: Chesterfield To	ownship, MI 48047				
0.7	- COMMUNICATION AND THOUGH AND A SECTION				
	5- COMMUNICATION/ADVERTISING STRATEGY				
	ibe the type of promotion you plan to use to attract participants:				
[] Radio (Specify stations):					
[] Television (Specific stations):					
[] Newspapers (specify papers):	[] Newspapers (specify papers):				
[X] Web site (identify web address):	tour-de-troit.org				
[] Public Relations or Marketing Fi	rm (Specify):				
Contact Info: [] Raffle (List Item(s)):					
[] Billboards					
[X] Flyers					
[] Street Banners					
[K] Other (specify): Newsletter					
NOTE: All raffles subject to laws of	f State/City,				
	Section 6- SALES INFORMATION				
Will there be advanced ticket sales? If yes, please describe:	☑ Yes □ No				
Will there be on-site ticket sales? If yes, list price(s):	☑ Yes □ No				
Will food be sold? If yes, please pick up Special Events	☐ Yes ☑ No Vendor Packet in Suite 105:				
Will merchandise be sold? If yes, describe:	☐ Yes No				
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? If yes, check all that apply:	□ Yes				
[]Food	[] Merchandise				
[] Non-Alcoholic Beverages	[] Alcoholic Beverages				
[] Other (maniful)					
Indicate type of items to be sold:	registration option only sale onsite.				

Will these be exclusive vendors	or outside vendors? (please describe):	
Se	ction 7- PUBLIC SAFETY & PARKING INFO	PRMATION
Name of Private Security Con	npany: Existing park contract security will be used.	
Contact Person:	N/A	
Address:	Phone:	
City/State/Zip:		
Number of Private Security Pe	ersonnel Hired Per Shift:	
Are the private security person	nnel (check all that apply):	
[] Licensed	[] Armed	[] Bonded
Describe the emergency evacu	nation plan: Follow lead of Detroit Police Departme	ent
Describe the parking plan to a	ccommodate anticipated attendance: Street parking in Bre	nnan pool parking lot
	s of parking options? Registration confirmation email	
	ng rate? N/A	
	Section 8- COMMUNITY IMPACT INFORM	ATION
How will your event impact th	e surrounding community (i.e.	
pedestrian traffic, sound carry	over, safety)?	
Have local neighborhood grou	ps/businesses approved your event?	□ No
Indicate what steps you have o	or will take to notify them of your event:	
To Control of the control of the	and the second s	
Indicate contact names and ph	one numbers (for verification) or attach approved letter(s):	
JULY 12 1	Section 9- EVENT SET-UP	
Complete the appropriate cate	gories that apply to the event.	
How Many?	2 10'x10' tents	
Size/Height		
Booth		
Tent (enclosed on 3 sides)		
TOTE (CHOIDSCO OH 3 SIGES)		

Canopy (open on a Staging/Scaffolding		all		We will also set up transition station for bike racks
Bleachers				-
Company:				
Grill [X] Gas	[] Charcoal	[]Eld	ectrical	[] Propane
Fireworks (Pyrotec [] Aerial [hnics)] Stage			
Provide Sketch:				
Portable Restrooms [X] Standard	i: [X] ADA Ac	cessible		
Vehicles				
Type/Weight:			Seven stan	ndard, two ADA accessible
Other:				
NOTE: Specific red	quirements must	be met and special	l approval must t	be received by the Detroit Fire Department.
Will additional elec	ctrical wiring ne	ed to be installed?	Specify locations	s, voltage, amperage, and phase.
No				THE STATE OF THE S
Will additional util	ity services be u	sed (power, water,	etc.)? Please des	scribe.
Do you plan a firew	orks display? I	List dates, time, loc	ation, vendor, an	d attach certificate of insurance.
				No

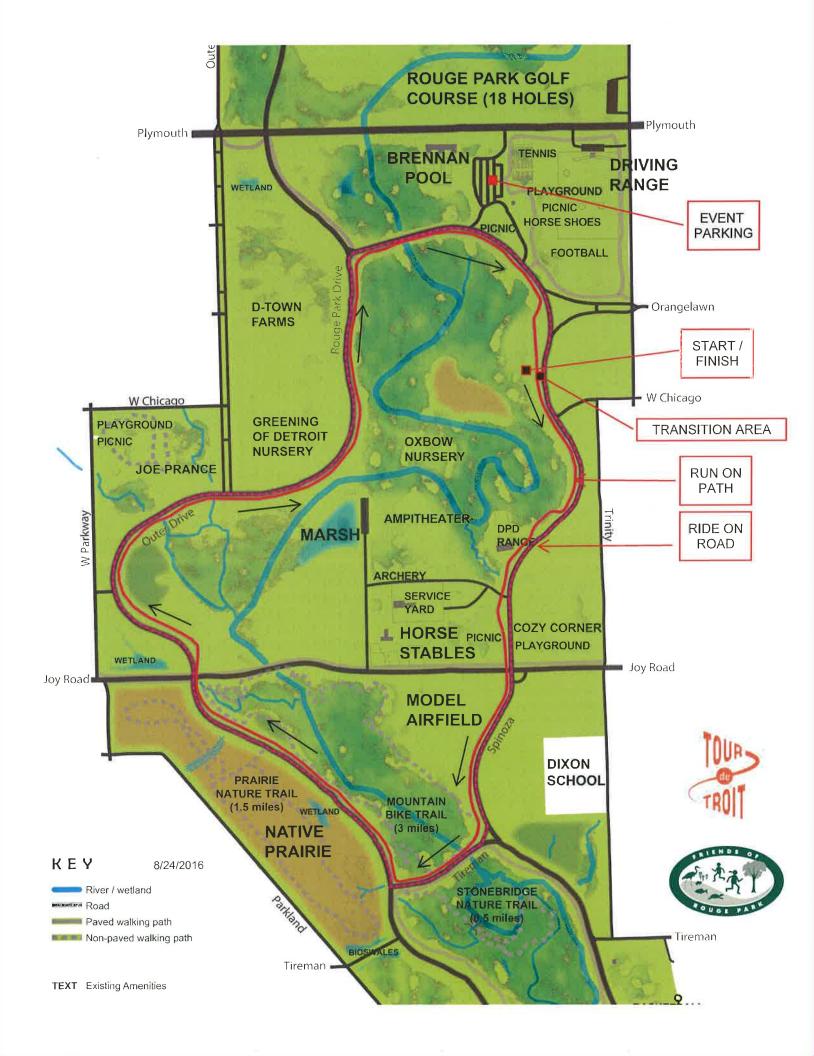
	Section 10- COMPI	LETE ALL THAT APPLY
Name of Sanita	tion Company collecting refuse and garbage?	
Contact Person:		
Address:	Phone:	
City/State/Zip		
Name of compa	ny providing emergency medical services?	
Contact Person:		
Address:		The state of the s
City/State/Zip:		
Name of compa	ny providing porta-johns. Scotty's Potties	3
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	
Neighborhood Si	gnatures must be submitted with application for a	Include the day, date, and time of requested closing and reopening. pproval.
•	sketch of the proposed area for closure.	
	_ As it crosses the park	Traffic would be stopped, then allowed to pass when participants have crossed. Due
FROM FO		to the size of the event and time of day
Closure Dates: Beg. Time: End Time:	April 13, 2019	we anticipate a very short wait.

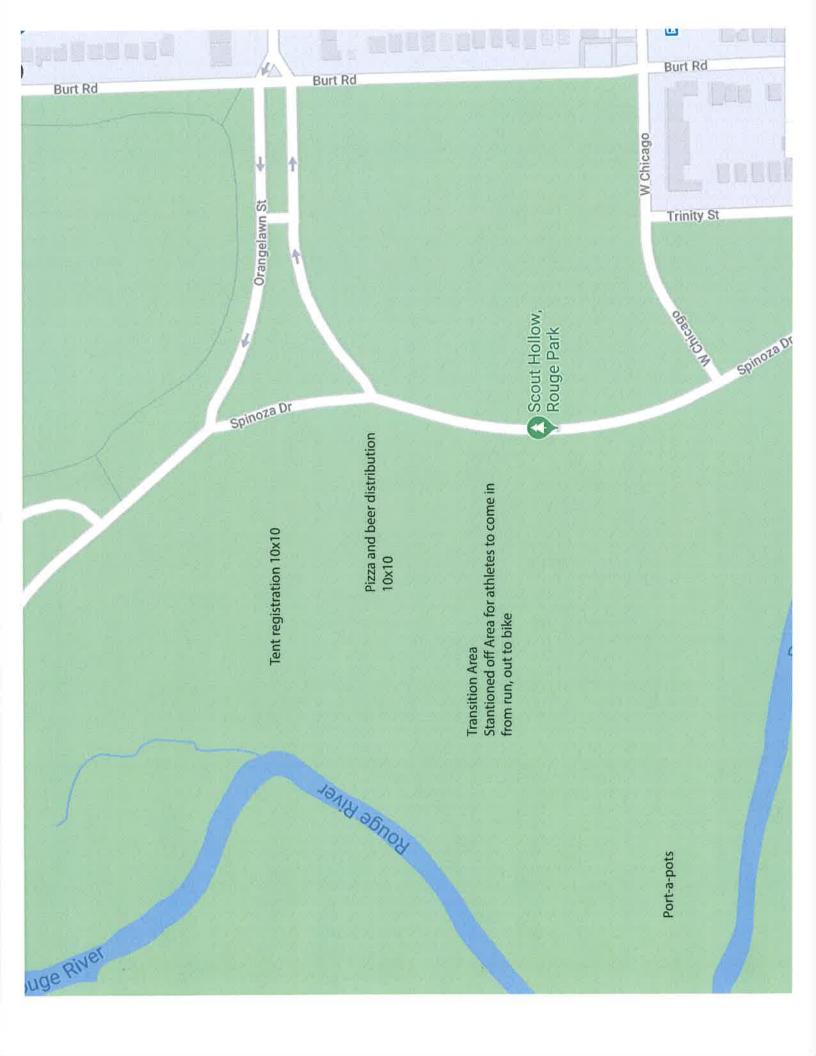
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	Our transition area will be cor	ned.	
			1011

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.

Vottona affetinder	December 12, 2018	
gnature of Applicant	Date	
OTE: Completion of this form does not constitute approx	val of your event. Pending review by the Su	necial Events Management Team, vo
OTE: Completion of this form does not constitute appro- ill be notified of any requirements, fees, and/or restriction	ns pertaining to your event.	poolal Diversa Managoment Team, jo
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City of Detroit OFFICE OF THE CITY CLERK

Janice M. Winfrey City Clerk Caven West

Deputy City Clerk/Chief of Staff

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

- 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.

Sec	tion 1- GENERAL EVENT	INFORMATION		
Event Name: Rouge-A-Thlon				
Event Location: Rouge Park				
Section 2-	ORGANIZATION/APPLIC	CANT INFORMATION		
Organization Name: Tour de Troit				
Organization Mailing Address: 2727 So	econd Ave. #148 Detroit, MI 4	18201		
Business Phone: (248) 766-6485 Business Fax:				
Federal Tax ID# 46-0845424				
If registered as a nor	n-profit, indicate non-profit ID num	ber and attach a copy of the certificate.		
Applicant Name: Vittoria Katanski				
Title/Role: Director				
Email Address: vittoria@tour-de-t	roit.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	[X] Other: Run and bike ride		

An annual duathalon in Rouge Park with runners and cyclists.			
What are the projected set-up, event and tear dov	vn dates and times (must be completed)?		
Begin Set-up Date & Time: 4/19/2019 3pm Complete	e 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 th	e City of Detroit?		
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 a	attendance		
Please describe your anticipated/ target audience:			
Is this going to be an annual event?			
20 4440 60 446 44 44 44 44 44 44 44 44 44 44 44 44			
If yes, do you have a preferred/proposed for next year?	_April 18, 2020		
If a parade is planned. Indicate elements (check all that apple [] Balloons	ply):		
[] Floats [] Animals			
[] Vehicles [] Other:			
[] Bands			
If animals included, specify type, number and how use	d		
Name of business supplying animal(s):			
Contact Person:			
Contact 1 cison.			

Section 3- LOCATION/SITE INFORMATION Location of Event: Rouge Park $\mathsf{Sidewalk}\,X$ Park X City Facility Street X Facilities to be used (circle): Please attach a site plan which illustrates the anticipated layout of your event including the following: -Location of First Aid -Public entrance and exit -Location of fire lane -Location of merchandising booths -Proposed route for walk/run -Location of food booths -Location of tents and canopies -Location of garbage receptacles -Sketch of street closure -Location of beverage booths -Location of bleachers -Location of sound stages -Location of hand washing sinks -Location of press area -Sketch of proposed light pole banners -Location of portable restrooms **Section 4- ENTERTAINMENT** What type of entertainment will be used? (check all that apply) [] Singers [] Magician [] Story Telling []Musicians [] Other: _____ [] Comedians Describe the entertainment for this year's event: List proposed entertainers and/or bands performing at the event: □ No Yes Yes Will a sound system be used? If yes, what type of sound system? [X] Acoustic-audible, sound heard within natural range [] Amplified-augmented, sound increased to broaden The amplified sound will be used: □ No If yes, what type of music? (check all that apply) [] Karaoke/Lip-synch [] Live [] Recorded Describe specific power needs for entertainment and/or Fueled with tank, less than five gallons How many generators will be used? One How will the generators be fueled? Offsite

Name of vendor providing generators:

Contact Person: JKMD

Address: 32671 Conrad Street	Phone:	
City/State/Zip: Chesterfield Tox	vnship, MI 48047	
(5)	- COMMUNICATION/ADVEDTICING CTD ATECV	
	5- COMMUNICATION/ADVERTISING STRATEGY	
	e the type of promotion you plan to use to attract participants:	
[] Radio (Specify stations):		
[] Television (Specific stations):		
[] Newspapers (specify papers):		
[X] Web site (identify web address): t	our-de-troit.org	
[] Public Relations or Marketing Firm	n (Specify):	
Contact Info: [] Raffle (List Item(s)):		
[] Billboards		
[X] Flyers		
[] Street Banners		
[X] Other (specify): Newsletter		
NOTE: All raffles subject to laws of	State/City.	
	Section 6- SALES INFORMATION	
Will there be advanced ticket sales? If yes, please describe:	ĭ Yes □ No	
Will there be on-site ticket sales? If yes, list price(s):	☑ Yes □ No	
Will food be sold? If yes, please pick up Special Events V	☐ Yes ☑ No endor Packet in Suite 105;	
Will merchandise be sold? If yes, describe:	☐ Yes ☑ No	
Will a percentage of the proceeds be di	stributed to a charitable organization?	
If yes, describe: Friends of Roug	ge Park	
If the event is a fundraiser, identify charity or recipient of funds: We are a nonprofit organization.		
Will there be vending or sales? If yes, check all that apply:	□ Yes No	
[]Food	[] Merchandise	
[] Non-Alcoholic Beverages	[] Alcoholic Beverages	
[] Other (enecific)		
Indicate type of items to be sold:		

ill these be exclusive vendors	or outside vendors? (please describe):	
)	
Se	ction 7- PUBLIC SAFETY & PARKING INFOR	RMATION
Name of Private Security Com	npany: Existing park contract security will be used.	
Contact Person:	N/A	
Address:	Phone:	
City/State/Zip:		
Number of Private Security Pe	ersonnel Hired Per Shift:	
Are the private security persor	nnel (check all that apply):	
] Licensed	[] Armed	[] Bonded
Describe the emergency evacu	nation plan: Follow lead of Detroit Police Departmen	nt
Describe the parking plan to a	accommodate anticipated attendance: Street parking in Bren	nan pool parking lot
	s of parking options? Registration confirmation email	
Are you seeking a group parki	ing rate? N/A	
How will your event impact the	ne surrounding community (i.e. vover, safety)?	
	ups/businesses approved your event?	□ No
	or will take to notify them of your event:	
indicate what steps you have t	of will take to flotify them of your event.	
Indicate contact names and ph	none numbers (for verification) or attach approved letter(s):	
Indicate contact names and ph		
Indicate contact names and ph	none numbers (for verification) or attach approved letter(s):	
Complete the appropriate cate		
Complete the appropriate cate	none numbers (for verification) or attach approved letter(s): Section 9- EVENT SET-UP	
Complete the appropriate cate Structure How Many?	Section 9- EVENT SET-UP	
	Section 9- EVENT SET-UP egories that apply to the event. 3-4 10'x10' tents	

Canopy (open on all sides) all	— We will also set up transition station for bike racks
Staging/Scaffolding	- we will also set up transition station for blke tacks
Bleachers —	
Company:	
Grill [X] Gas [] Charcoal [] Electrical	[] Propane
Fireworks (Pyrotechnics) [] Aerial [] Stage	
Provide Sketch:	
Portable Restrooms: [X] Standard [X] ADA Accessible	
Vehicles	
Type/Weight: Seven st	andard, two ADA accessible
Other:	
NOTE: Specific requirements must be met and special approval mu-	st be received by the Detroit Fire Department.
Will additional electrical wiring need to be installed? Specify locati	ions, voltage, amperage, and phase.
No	
Will additional utility services be used (power, water, etc.)? Please	describe.
Do you plan a fireworks display? List dates, time, location, vendor,	and attach certificate of insurance.

Name of Sanitati	Section 10- COMPLET ion Company collecting refuse and garbage?	TE ALL THAT APPLY				
	Southwest Lawns					
Address:	Phone:					
City/State/Zip						
Name of compan	ny providing emergency medical services?					
Contact Person:	DMC					
Address:						
City/State/Zip:						
Name of compan	ny 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 I						
Neighborhood Sig	gnatures must be submitted with application for appr	clude the day, date, and time of requested closing and reopening.				
_	sketch of the proposed area for closure.					
STREET NAME FROM TO		Traffic would be stopped, then allowed to pass when participants have crossed. Due to the size of the event and time of day				
Closure Dates: Beg. Time: End Time: Reopen Date:	_April 20, 2019	we anticipate a very short wait.				
Time:						

Closure Dates: Beg. Time: End Time: Reopen Date: Time:				
Closure Dates: Beg. Time: End Time: Reopen Date: Time:	-			
TO Closure Dates: Beg. Time: End Time: Reopen Date: Time:	-			
Beg. Time: End Time: Reopen Date: Time:				
Beg. Time: End Time: Reopen Date: Time:				
End Time: Reopen Date: Time:				
Time:				
STREET NAME:	<u></u> ₹			
STREET NAME:				
TD 01.4				
FROM				
Ciobare Dates.				
D D. 4	,c			
Time:				
STREET NAME:				
FROM				
TO				
-				
Des Times				
End Times				
Reopen Date:				
Time:				
Requested City Equipment Provided In:	(year)			
Comment De monte	(man)			
Current Request:	(year)			
Street Closures				
[X] Posting no parking signs	[] Light pole			
[] Electrical Services	[] Storage for Trail	[] Storage for Trailers/Trunks		
Barricades are not available from the				
	-			
ADDITIONAL INFORMATION				
	way faal is important to mention res	garding your event or additional requests?		
Is there any additional information that	you leer is important to mention reg			
		naterials located at key points along the route.		
		naterials located at key points along the route.		
		naterials located at key points along the route.		
		naterials located at key points along the route.		

AUTHORIZATION & AFFADAVIT OF APPLICANT

Signature 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.

Vottoria affetzinden December 12, 2018

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.

Date

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
BUSINESS LICENSE CENTER PLANNING AND
DEVELOPMENT DEPARTMENT
MUNICIPAL PARKING DEPARTMENT
RECREATION

OFFICE OF CONTRACTING AND PROCUREMENT

March 6, 2019

HONOR	ARIF	VTIO	COLIN	JCII ·
HUNNIK	ADLE		COUL	NV-11-

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.