

*Referrals*  
5-14-19

**NEIGHBORHOOD  
AND COMMUNITY  
SERVICES STANDING  
COMMITTEE**

15

### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 823 Event Name: CVA 6 - Chucks vs. Adidas 6

Event Date : June 30, 2019

Street Closure: None

Organization Name: Just Cody, LLC/ Vetrans Lives Matter

Street Address: 28624 San Marino Drive 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: Fundraiser - Dance Party
- 24-Hour Liquor License**

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

Annual networking event targeting Generation X located at Hart Plaza from 4:00pm - 10:00pm.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention; Contracted with Camouflage Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fencing 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"/>	Vendors License & 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Ford Underground Garage
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Aushier

Date: May 8, 2019



To Ms. Donisha Burt:

I wanted to give you some information about us and what we can offer you. We have current experience in your market and understand your needs at Hart Plaza.

It is with great pleasure herewith we submit our proposal for the provision of security services. We hope that this may be the start of an exciting and productive relationship on what promises to be a worthwhile project.

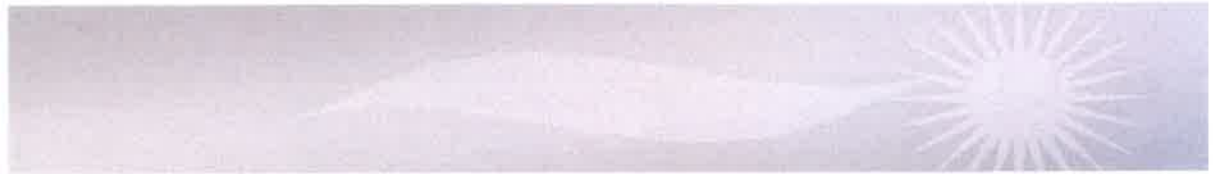
Camouflage Security & Investigations is an acclaimed firm of security agents with a reputation for both effective security solutions and the use of innovative technology in the protection of life and property. We have a portfolio of completed and on-going projects with particular emphasis on governmental security administration. We think that your project is well suited to our strengths and aspirations.

Our Board of Directors respectfully requests that you study our proposal in detail. We are extremely interested in the project and we very much hope that you consider the Camouflage team as a strong candidate for selection.

Yours Sincerely,

Joel Grissom

Chief Operations Officer  
Camouflage Security & Investigations



## **Cost Structure**

Camouflage will furnish you with licensed, bonded and insured security officers. Our hourly rates for this project are:

**\$17.00 Unarmed Security Guard**

**\$22.50 Armed Security Guard**

**\$20.50 Emergency Additional Security Guard** (guards not included in the original quote)

**\$7.00 Car Patrol Services** (per hit, minimum 4 per night)

Account Manager(s) time is not billed in any way to you. Our account manager(s) will be on site approximately 8 hours per week at un-announced times to check up on the account supervisor and the assigned security guards. He is also liaison to your manager on all security initiatives and project maintenance. The supervisor patrol is free of charge.

The Guard Tour System is a courtesy of Camouflage. We do not bill the client for installation, monitoring or up-keep of this system.

- 1) Overtime is never billed to client. We have accounted for project overtime in our billable rate.
- 2) Holidays are billed at time and a half. We recognizes federally recognized holidays only.
- 3) Uniforms, equipment or other expenses are never billed to the client.
- 4) Training and in-service seminars and coursework are not billed to client.

### **Company Contact Info:**

**Joel Grissom**

**Camouflage Security &  
Investigations, LLC**

**615 Griswold, Ste. 925 Detroit, Michigan 48226**

**Office: (313) 338-8005 Fax: (313) 338-8005**

**Cell: (313) 717-2381**

**Email: [joel@camouflagesecurity.com](mailto:joel@camouflagesecurity.com)**

**Web site: [www.camouflagesecurity.com](http://www.camouflagesecurity.com)**

## DEPARTMENTAL REFERENCE COMMUNICATION

*Wednesday, April 24, 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    DPW - CITY ENGINEERING DIVISION  
POLICE DEPARTMENT    FIRE DEPARTMENT  
BUSINESS LICENSE CENTER    BUILDINGS SAFETY ENGINEERING  
RECREATION DEPARTMENT

**823**    *Just Cody LLC/Vetrans Lives Matter, request to hold "CVA 6 (Chucks vs Adidas 6)" at Hart Plaza on 6/30/19 from 4PM - 10PM, Set up on 6/30/19 at 12PM - 4PM, Tear down after event,*

# City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

## Section 1- GENERAL EVENT INFORMATION

Event Name: CVA 6 (Chucks vs Adidas 6)

Event Location: Hart Plaza

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Just Cody LLC / Vetrans Lives Matter

Organization Mailing Address: 28624 San Marino Dr Southfield, MI 48034

Business Phone: 313-415-0004 Business Website: NA

Applicant Name: Cody Phillpotts

Business Phone: 313-415-0004 Cell Phone: 313-415-0004 Email: cody628@comcast.net

### Event On-Site Contact Person:

Name: Cody Phillpotts

Business Phone: 313-415-0004 Cell Phone: 313-415-0004 Email: cody628@comcast.net

### Event Elements (check all that apply)

- Walkathon
- Run/Marathon
- Political Event
- Parade
- Convention/Conference
- Carnival/Circus
- Bike Race
- Festival
- Sports/Recreation
- Fireworks
- Concert/Performance
- Religious Ceremony
- Filming
- Rally/Demonstration
- Other: Fundraiser/Dance Party

Projected Number of Attendees: 3000+

### Please provide a brief description of your event:

This annual networking event has a target audience of attendees ages 35-55 and Generation X who enjoy mingling, feasting and dancing to hit music from the 70s, 80s, 90s and 21st Century with no racial cultural or genre boundaries, that give back.

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

Begin Set-up Date 06/30/2019 Time:112:00 Complete Set-up Date:06/30/2019 Time:04:00 PM

Event Start Date:06/30/2019 Time:04:00 PM Event End Date: 06/30/2019 Time:10:00 PM

Begin Tearing Down Date:06/30/2019 Complete Tear Down Date:07/01/2019

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

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Hart Plaza

Facilities to be used (Check) Street Sidewalk Park  City

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

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

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

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

DJ and Host

Will a sound system be used?  Yes  No

If yes, what type of sound system?

Describe specific power needs for entertainment and/or music:

How many generators will be used? \_\_\_\_\_

How will the generators be fueled?



Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip

### Section 5- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No

If yes, please describe:

Will there be on-site ticket sales?  Yes  No

If yes, list price(s):

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Indicate type of items to be sold:

Tickets to the event will be sold prior to the event as well as on-site sales. Food and beverages will also be sold.

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

**Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION**

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

No

Have local neighborhood groups/businesses approved your event?

Yes

No

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

NA

**Section 8- EVENT SET-UP**

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)		
Canopy (open on all sides)		
Staging/Scaffolding		
Bleachers		

**Section 9- COMPLETE ALL THAT APPLY**

**Emergency medical services?**

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

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

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

**Name of company providing port-a-johns.** \_\_\_\_\_

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

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

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

**Name of private catering company?** \_\_\_\_\_

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

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

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

**SPECIAL USE REQUESTS**

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

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

**STREET NAME:** \_\_\_\_\_  
**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_  
**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**STREET NAME:** \_\_\_\_\_  
**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_  
**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**STREET NAME:** \_\_\_\_\_  
**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_  
**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**STREET NAME:** \_\_\_\_\_  
**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_  
**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**STREET NAME:** \_\_\_\_\_  
**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_  
**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

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

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

**AUTHORIZATION & AFFADAVIT OF APPLICANT**

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

eSigned via DocuSign.com  
*Cody Phillpotts*  
Key: a336a18020a60134ae7094c2330788

04/12/2019

Signature of Applicant

Date

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

**HOLD HARMLESS AND INDEMNIFICATION**

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

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

Event Name: CVA 6 Event

Date: 6/30/2019

Event Organizer:  
Cody Phillpotts

eSigned via DocuSign.com  
*Cody Phillpotts*  
Key: a336a18020a60134ae7094c2330788

Applicant Signature: \_\_\_\_\_

Date: 04/12/2019

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### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 691 Event Name: Tour d'Eastside

Event Date : June 1, 2019

Street Closure: None

Organization Name: Tour de Troit

Street Address: 2727 Second Ave 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: Bike Ride
- 24-Hour Liquor License**

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

Tour d'Eastside will start at Albert Brush Park and cycle around the Eastside of Detroit from 5:30am - 6:00pm.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	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"/>	<b>No Permits Required</b>

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"/>	No 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 Lusher

Date: May 6, 2019

**Poco, Inc.**

4850 S. Sheldon Rd  
 Canton, MI 48188-2743  
 Phone: (734) 397-1677  
 Fax: (734) 397-5903

"Equal Opportunity Employer"



Traffic Control Specialists

ATTN: \_\_\_\_\_  
 PAGE(S) \_\_\_\_\_ of \_\_\_\_\_

\* Please direct any inquiries to John Clarke\*

Letting prepared for:

Name TOUR DETROIT contact VITTORIA KATANSKI  
 Address \_\_\_\_\_ Item No. \_\_\_\_\_  
 City \_\_\_\_\_ state mi ZIP \_\_\_\_\_ Letting Date \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Time Period SEPTEMBER 14 2019

TOUR DETROIT  
 BIKE RIDE

TERMS & CONDITIONS OF QUOTE:

- \* Any extra equipment needed will be charged to the contractor.
- \* Prices are based upon the completion date given above, if the time exceeds the given completion date, the contractor will be charged daily rental rates for any time after the given completion date.
- \* A five (5) day notice is required to Poco, Inc. prior to the start of the project, in which the traffic control is needed. If a five (5) day notice is not given, Poco, Inc. does not guarantee delivery of the equipment for the start date.
- \* Any missing equipment will be charged to the contractor accordingly.
- \* Overhead and covering of all signs is the Contractor's responsibility.
- \* Daily alignment and repositioning of the equipment is the Contractor's responsibility.
- \* All staking is to be completed by the Contractor.
- \* No Winter Coverage.
- \* Reviewing and adjustments of traffic control are to be completed by the Contractor.

Line No	Items of Work	Unit	Qty	Unit Price	Amount
	POCO WILL BE SUPPLYING TRAFFIC CONTROL FOR THIS YEARS EVENT				
				Total	\$0.00





03/13/2019

Victoria Katanski of Tour De Troit,

We have been contracted and reserved to provide portable restroom rooms for the following events and dates:

Rouge-A-Thon April 13th 2019

Tour d'Eastside June 1st 2019

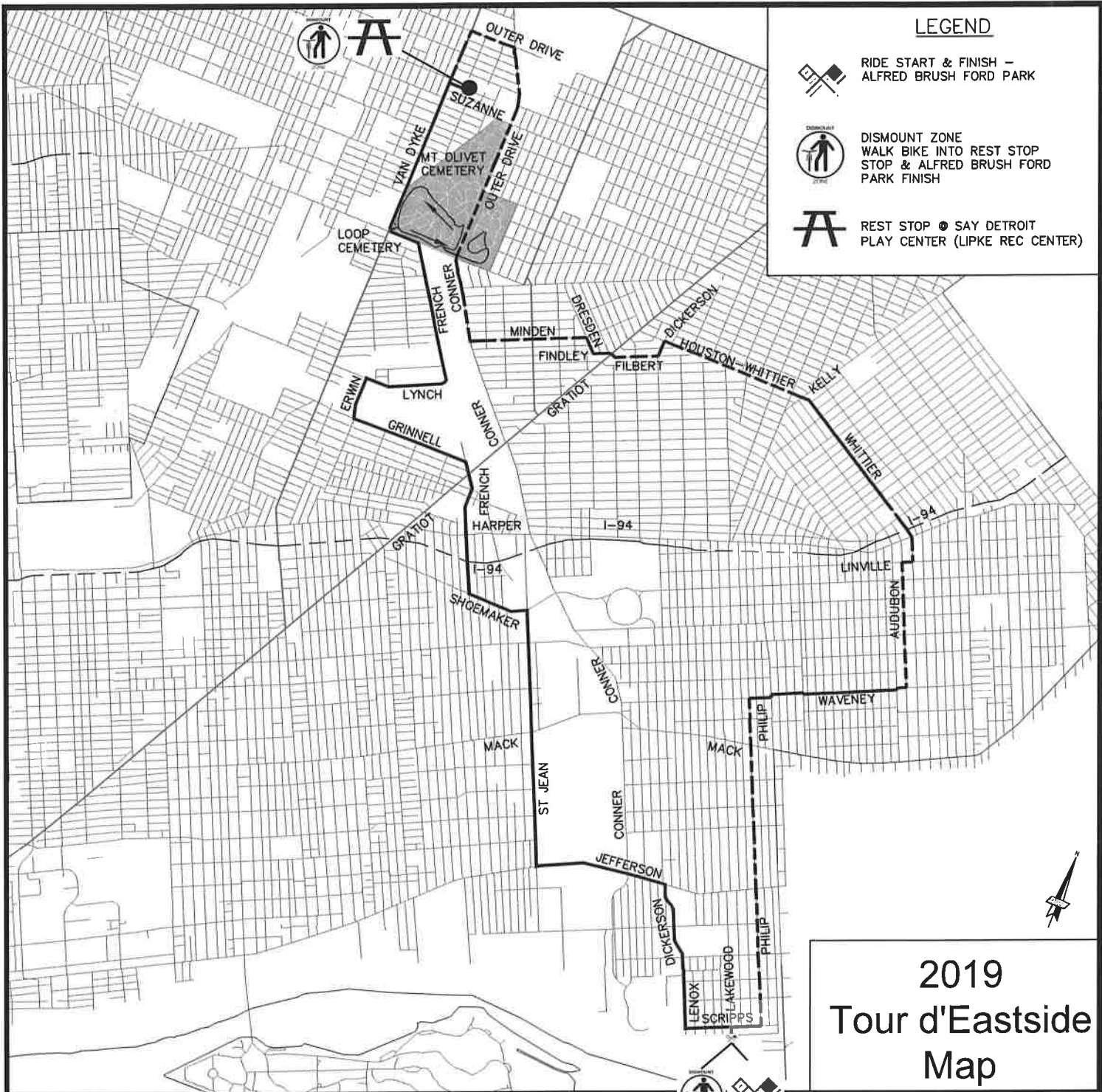
Tour de Troit September 14th 2019

Bike the Bridge October 27th 2019

Drew Weber

Scotty's Potties

Bob's Sanitation Service, Inc  
Scotty's Potties  
P.O. Box 530845  
Livonia, MI, 48153  
734-421-1400 / Fax 734-946-7382



**LEGEND**

-  RIDE START & FINISH – ALFRED BRUSH FORD PARK
-  DISMOUNT ZONE  
WALK BIKE INTO REST STOP  
STOP & ALFRED BRUSH FORD PARK FINISH
-  REST STOP ● SAY DETROIT PLAY CENTER (LIPKE REC CENTER)

**2019  
Tour d'Eastside  
Map**

**START:** Alfred Brush Ford Park

Exit park (northwest) on Lakewood  
Turn left onto Scripps  
Turn right onto Lenox  
Continue onto Dickerson  
Turn left onto E Jefferson  
Turn right onto St Jean (Conner Creek Greenway)  
Turn left onto Shoemaker  
Turn right onto French  
Turn left on Grinnell  
Turn right onto Erwin  
Turn right onto Lynch  
Continue onto French  
French Rd turns slightly left and becomes E McNichols  
Turn right onto Van Dyke

Turn right into Mt Olivet Cemetery  
Complete Cemetery Loop  
Turn right onto Van Dyke  
Turn right onto Outer Dr E  
Continue onto Conner  
Turn left onto Minden  
Turn right onto Dresden  
Turn left onto Findley

**REST STOP**  
Exit right from Rest Stop toward Van Dyke  
Turn right onto Van Dyke  
Turn right onto Outer Dr E  
Continue onto Conner  
Turn left onto Minden  
Turn right onto Dresden  
Turn left onto Findley

Continue onto Filbert  
Turn left onto Dickerson  
Turn right onto Houston Whittier  
Turn right onto Linville  
Turn left onto Audubon  
Turn right onto Waveney  
Turn left onto Courville  
Turn right onto Waveney

Turn right onto Barham  
Turn left onto Waveney  
Turn left onto Alter  
Turn right onto Waveney  
Turn left onto Philip  
Turn right onto Scripps  
Turn left onto Lakewood  
Continue into park

**ALFRED BRUSH FORD PARK**

ARRIVE/FINISH: Alfred Brush Ford Park

**NEED ASSISTANCE ON THE ROAD**

Look for TdT Sweepers in NEON GREEN shirts & Medics in RED shirts

Universal Macomb Dispatch

\*\*\*-\*\*\*-\*\*\*\*



Map Date: 03-13-2019

Lakewood



0 100' 200'  
SCALE: 1" = 200'



AB Ford Park

Harbor Island

PARK COMFORT STATION

(2) 10'x10' TENTS



Know what's below.  
Call before you dig.

V:\18101-00D Tour-de-Troit - Hatch Detroit\Drawing File\cycle-into-spring\tour de eastside - ab ford park set up plan 2019 - v1.dwg

TdT Tour de Eastside

Detroit, Michigan

AB Ford Park Set Up Plan

**giffels webster**  
Engineers Surveyors Planners  
Landscape Architects

28 West Adams Road  
Suite 1200  
Detroit, MI 48226  
p (313) 962-4442  
f (313) 962-5068  
www.giffelswebster.com

Executive: MGD  
Manager: MGD  
Designer: MGD  
Quality Control: VAK  
Section:

Developed For:  
Tour de Troit  
2727 Second Avenue  
Suite 148  
Detroit, MI 48201

DATE:	ISSUE:
03.12.2019	SEMT Permit

Date: 03.12.2019  
Scale: 1"=100'  
Sheet: C1  
Project: 18101-00D

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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

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Monday, February 18, 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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RECREATION DEPARTMENT    MAYOR'S OFFICE  
DPW - CITY ENGINEERING DIVISION    POLICE DEPARTMENT  
FIRE DEPARTMENT    BUILDINGS SAFETY ENGINEERING  
BUSINESS LICENSE CENTER

**691**    *Tour de Troit, request to host "Tour d'Eastside" at Alfred Brush Park and the streets of Detroit on 6/1/19 @ 5:30AM - 6PM, Set-up on 5/30/19 @ 12PM-8PM, Tear down on same day of event from 3PM - 6PM*

#691

# 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: Tour d'Eastside

Event Location: Alfred Brush Park and the streets of Detroit

## 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: Bike ride

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

Bike ride through the city's eastside with police escort.

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

Begin Set-up Date & Time: 5/30/2019 12pm Complete Set-up Date & Time: 5/30/2019 8pm

Event Start Date & Time: 6/1/2019 5:30am Event End Date & Time: 6/1/2019 6pm

Begin Tearing Down Date: 6/1/2019 3pm Complete Tear Down Date: 6/1/2019 6pm

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? 2012-2018

When was the event last held in Detroit? June 2, 2019

Where was the event last held in Detroit? Alfred Brush Park

What were the hours last year? Same as above

Project Attendance This Year (Minimum – Maximum)? 1500-2000

What is the basis for your projected attendance? Previous 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? May 30, 2020

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

People

Balloons

Floats

Animals

Vehicles

Other: Bike ride

Bands

**If animals included, specify type, number and how used.** None

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

### Section 3- LOCATION/SITE INFORMATION

Location of Event: AB Ford Park and streets of Detroit

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 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  
[ ] Comedians [ ] Other: \_\_\_\_\_

Describe the entertainment for this year's event: None

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? Speakers

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

How will the generators be fueled?

Name of vendor providing generators:

Contact Person: JMDK

Address: 32671 Conrad

Phone:

City/State/Zip: Chesterfield Township, MI 48074

**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): Robar Public Relations

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: We are a nonprofit organization.

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): None

### Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: Off-duty sheriffs

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: Riders will follow Detroit Police Department instructions.

Describe the parking plan to accommodate anticipated attendance: Parking around venue.

How will you advise attendees of parking options? Our website and sign-up venues will have parking info available.

Are you seeking a group parking rate? No

### Section 8- COMMUNITY IMPACT INFORMATION

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

The ride will be barricaded and streets will be blocked off along the route. Barricades will be removed as DPD clears participants off the route.

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

Indicate what steps you have or will take to notify them of your event: We will reach out to the CDCs in the area as well as residential groups. We will post appropriate listserves, notify businesses along the route, and post flyers.

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? Two 10'x10' tents

Size/Height 10'x10'

Booth \_\_\_\_\_

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

Canopy (open on all sides) \_\_\_\_\_

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.

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

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.

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

**Section 10- COMPLETE ALL THAT APPLY**

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

Contact Person: Recycle Here

Address: 1331 Holden Street

Phone: (313) 871-4000

City/State/Zip Detroit, MI 48202

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

Contact Person: Rapid Response

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

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

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

Contact Person: Tiffany

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

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

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

**Name of private catering company? Slow's 2 Go**

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

Address: 4107 Cass Avenue Detroit, MI 48201

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:** \_\_\_\_\_

**FROM** \_\_\_\_\_

**TO** \_\_\_\_\_

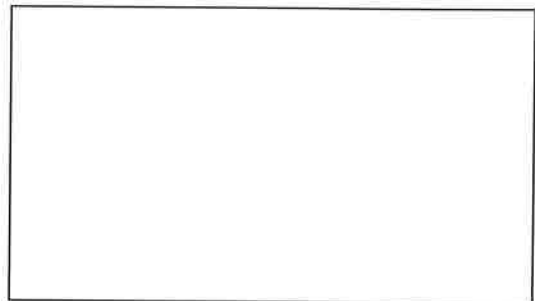
**Closure Dates:** \_\_\_\_\_

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

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

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

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



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

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

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

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

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

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

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

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

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

**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?

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

**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.

*Victoria D. K... ..*

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.

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**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 793      Event Name: We Care Day 2019

Event Date : June 1, 2019

Street Closure: None

Organization Name: We Care Day 2019

Street Address: 19451 Hasse Detroit, MI 48234

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):

- |  |  |  |  |
|--|--|--|--|
| <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 Ceremony                          | <input type="checkbox"/> Festival            |
| <input type="checkbox"/> Filming                       | <input checked="" type="checkbox"/> Parade     | <input type="checkbox"/> Sports/Recreation                           | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks                     | <input type="checkbox"/> Convention/Conference | <input checked="" type="checkbox"/> Other: <u>Parade &amp; Rally</u> |  |
| <input type="checkbox"/> <b>24-Hour Liquor License</b> |  |  |  |

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

Youth Parade begins at the Belmont Shopping Center where they will march to Farwell Park to host a rally from 9:00am - 6:00pm.

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

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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"/>	Permits Required for Tents & Generators
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input 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 Justice

Date: May 6, 2019

## DEPARTMENTAL REFERENCE COMMUNICATION

*Wednesday, April 10, 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    DPW/TRAFFIC ENGINEERING  
POLICE DEPARTMENT    BUILDINGS & SAFETY ENGINEERING  
TRANSPORTATION DEPARTMENT    FIRE DEPARTMENT

**793**    *We Care Day 2019, request permission to hold "We Care Day 2019" commencing at Belmont Shopping Center to Farwell Park, June 1, 2019 from 9am. to 6:00 pm. with set up and tear down same day.*



# City of Detroit Special Events Application

#793

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

## Section 1- GENERAL EVENT INFORMATION

Event Name: WE CARE DAY 2019

Event Location: FARWELL RECREATION CENTER

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: FARWELL RECREATION ADVISORY COUNCIL

Organization Mailing Address: 19451 HASSE DETROIT, MI. 48234

Business Phone: 313-368-1803

Business Website: NA

Applicant Name: WE CARE DAY 2019

Business Phone: 313-368-1803

Cell Phone: 313-303-3068

Email: BLACKIMHOTEP@YAHOO.COM

Event On-Site Contact Person:

Name: OLIVER L. WILSON

Business Phone: 313-368-1803

Cell Phone: 313-303-3068

Email: SAME

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: PARADE AND RALLY

Projected Number of Attendees: 100 - 200

Please provide a brief description of your event:

WE MARCH FROM BELMONT SHOPPING CENTER TO FARWELL PARK, 1 AND 1/2 MILE JOURNEY AND ASSEMBLE AT FARWELL PARK FUN AND CELEBRATION TO HONOR THE YOUTH IN OUR COMMUNITY. THIS IS OUR SUMMER KICK-OFF EVENT TO GALVANIZE AND ENERGIZE OUR BASE AND PLAN FOR A MORE PRODUCTIVE YEAR.

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

Begin Set-up Date 06/01/2019 Time:09AM Complete Set-up Date:06/01/2019 Time:6:00 PM

Event Start Date:06/01/2019 Time:09AM Event End Date:06/01/2019 Time:6: PM

Begin Tearing Down Date:06/01/2019 Complete Tear Down Date:06/01/2019

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

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: FARWELL RECREATION CENTER

Facilities to be used (Check) Street  Sidewalk Park  City   
Facility

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

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

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

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

Will a sound system be used?  Yes  No

If yes, what type of sound system? OUR DJ WILL PROVIDE LOW LEVEL MIXER WITH SPEAKERS

Describe specific power needs for entertainment and/or music:

FARWELL RECREATION CENTER WILL BE OPEN AND WILL PROVIDE ALL OF OUR A/C NEEDS.

How many generators will be used? 2 - 3

How will the generators be fueled?  
A/C

Name of vendor providing generators:

Contact Person: DESIREE MARABLE

Address: 11018 WHITTIER

Phone: 313-839-7244

City/State/Zip DETROIT, MI. 48224

### Section 5- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No

If yes, please describe:

Will there be on-site ticket sales?  Yes  No

If yes, list price(s):

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food       Merchandise       Non-Alcoholic Beverages       Alcoholic Beverages

Indicate type of items to be sold:

NONE

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Contact Person: NA

Address: NA

Phone: NA

City/State/Zip:

NA

Number of Private Security Personnel Hired Per Shift:

NA

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

PARKING WILL BE DETERMINED ON A FIRST-COME BASIS

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
 THE DETROIT POLICE DEPARTMENT AND THE FIRE DEPARTMENT WILL BE ON SITE TO MONITOR TRAFFIC AND PEDESTRIAN SAFETY. THE PARADE CARAVAN ALWAYS HAS A POSITIVE IMPACT ON THE SURROUNDING COMMUNITY.

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

Indicate what steps you have or will take to notify them of your event:  
 WE NOTIFY VARIOUS BUSINESSES, CHURCHES, COMMUNITY GROUPS ABOUT OUR EVENT VIA, MONTHLY MEETINGS, MAILINGS AND DISTRIBUTION OF FLYERS.

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth	NA	
Tents (enclosed on 3 sides)	2 - 3	40 X 40
Canopy (open on all sides)	4 - 6	10 X 10
Staging/Scaffolding	1	10 X 20
Bleachers	NA	

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

Contact Person: CITY OF DETROIT

Address:

City/State/Zip:

**Name of company providing port-a-johns.**

Contact Person: NA

Address:

Phone:

City/State/Zip:

**Name of private catering company? NA**

Contact Person:

Address:

Phone:

City/State/Zip:

**SPECIAL USE REQUESTS**

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

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

**STREET NAME:** NO CLOSURES

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**STREET NAME:** NO CLOSURES

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**STREET NAME:** NA

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**STREET NAME:** NA

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**STREET NAME:** NA

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

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

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

THE DETROIT RECREATION DEPARTMENT AND THE CITY OF DETROIT ARE PROVIDING ALL SERVICES RELATED TO MEDICAL AND SANITATION AGREEMENTS. WE ARE THE ADVISORY COUNCIL AND THIS WILL BE OUR 33RD. ANNUAL " WE CARE DAY "

**AUTHORIZATION & AFFDAVIT OF APPLICANT**

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

  
Signed via ScanformDirect.com  
Key: 433ba1f6d2b4854e7d442200795

04/02/2019

Signature of Applicant

Date

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

**HOLD HARMLESS AND INDEMNIFICATION**

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

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

Event Name: WE CARE DAY Event  
Date: 04/01/2019

Event Organizer:  
FARWELL RECREATION ADVISORY COUNCIL

Applicant Signature:   
Signed via ScanformDirect.com  
Key: 433ba1f6d2b4854e7d442200795

Date: 04/02/2019

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### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 852 Event Name: District 4 Community Fair

Event Date: May 23, 2019

Street Closure: None

Organization Name: Elliotts Amusements, LLC

Street Address: P.O. Box 236 Mason, MI 48853

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)

Community Carnival with rides and food at Manz Playfield from 11:00am - 10:00pm.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention; Contracted with Avalon Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with First Response to Provide Private EMS Services
	DPW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required



Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fencing 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"/>	Permits Required for Structures & Electrical
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors 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"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Lusher

Date: May 9, 2019

AMENDED

# City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

## Section 1- GENERAL EVENT INFORMATION

Event Name: District 4 Community Fair  
Event Location: MANZ FIELD  
12831 Frankfort St. Detroit, MI 48213 4299 CONNER ST. DETROIT, MI 48215

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Elliott Amusements, LLC  
Organization Mailing Address: PO Box 236, Magon, MI 48853  
Business Phone: 517-244-0929 Business Website: www.gotothecarnival.com

Applicant Name: Deb Elliott  
Business Phone: 517-244-0929 Cell Phone: 517-403-8455 Email: Debellott01@gmail.com

Event On-Site Contact Person:  
Name: Tracy Elliott  
Business Phone: \_\_\_\_\_ Cell Phone: 517-819-7000 Email: debellott01@gmail.com

- Event Elements (check all that apply)
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Walkathon             | <input checked="" 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: _____        |

Projected Number of Attendees: \_\_\_\_\_

Please provide a brief description of your event:

Community Carnival with Carnival rides, food and non-alcohol beverages

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

Begin Set-up Date : 5/20/19 Time: 10:00am Complete Set-up Date: 5/23/19 Time: 9:00am

Event Start Date: 5/23/19 Time: 11:00am Event End Date: 5/28/19 Time: 10:00pm

Begin Tearing Down Date: 5/27/19 Complete Tear Down Date: 5/28/19

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

Weekdays, 11am-10pm, Saturday 12:00pm-10:00pm Sunday, 12:00pm-10:00pm

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Ghandlor Park MANZ FIELD

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

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

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

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event: Carnival Rides

Will a sound system be used?  Yes  No

If yes, what type of sound system? Public Address System

**Section 5- SALES INFORMATION**

Will there be advanced ticket sales?  Yes  No

If yes, please describe:

Will there be on-site ticket sales?  Yes  No

If yes, list price(s):

Will there be vending or sales?  Yes  No

If yes, check all that apply:

[ ] Food [ ] Merchandise [x] Non-Alcoholic Beverages [ ] Alcoholic Beverages

Indicate type of items to be sold:

Will there be food trucks?  Yes  No

If yes, please list how many:

Will there be a charge for parking?  Yes  No

If yes, please describe the amount:

How will you advise attendees of parking options?

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: AVALEN SECURITY

Contact Person: REDD TISHA

Address:

Phone: 313-220-5379

City/State/Zip:

Number of Private Security Personnel Hired Per Shift: 6

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

Licensed

Armed

Bonded

### Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

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

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

Agreement with property owner

### Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:  
1 Generator and Diesel Fuel

Name of vendor providing generators: Contact Person: Elliot Amusements

Address: PO Box 236

Phone: 5178197000

City/State/Zip: Mason, MI 48854

How Many? 1

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

**Section 9- COMPLETE ALL THAT APPLY**

Emergency medical services?

Contact Person: John 248-542-5770

Address: 21840 Wyoming

City/State/Zip: Oak Park, MI 48237

Name of company providing port-a-johns: Elliotts Amusements

Contact Person: Deb Elliotts

Address: PO Box 236

Phone: 517-819-7000

City/State/Zip: Mason, MI 48854

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

**SPECIAL USE REQUESTS**

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

Will there be street closures?  Yes  No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

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

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

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

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

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

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

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

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

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

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

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

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

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**AUTHORIZATION & AFFADAVIT OF APPLICANT**

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

*Deb Elliott*

Signature of Applicant

Date

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

**HOLD HARMLESS AND INDEMNIFICATION**

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

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

**(Please Print)**

**Event Name:** Chandler Park Community Fair **Event**

**Date:** 5/20/19-5/28/19

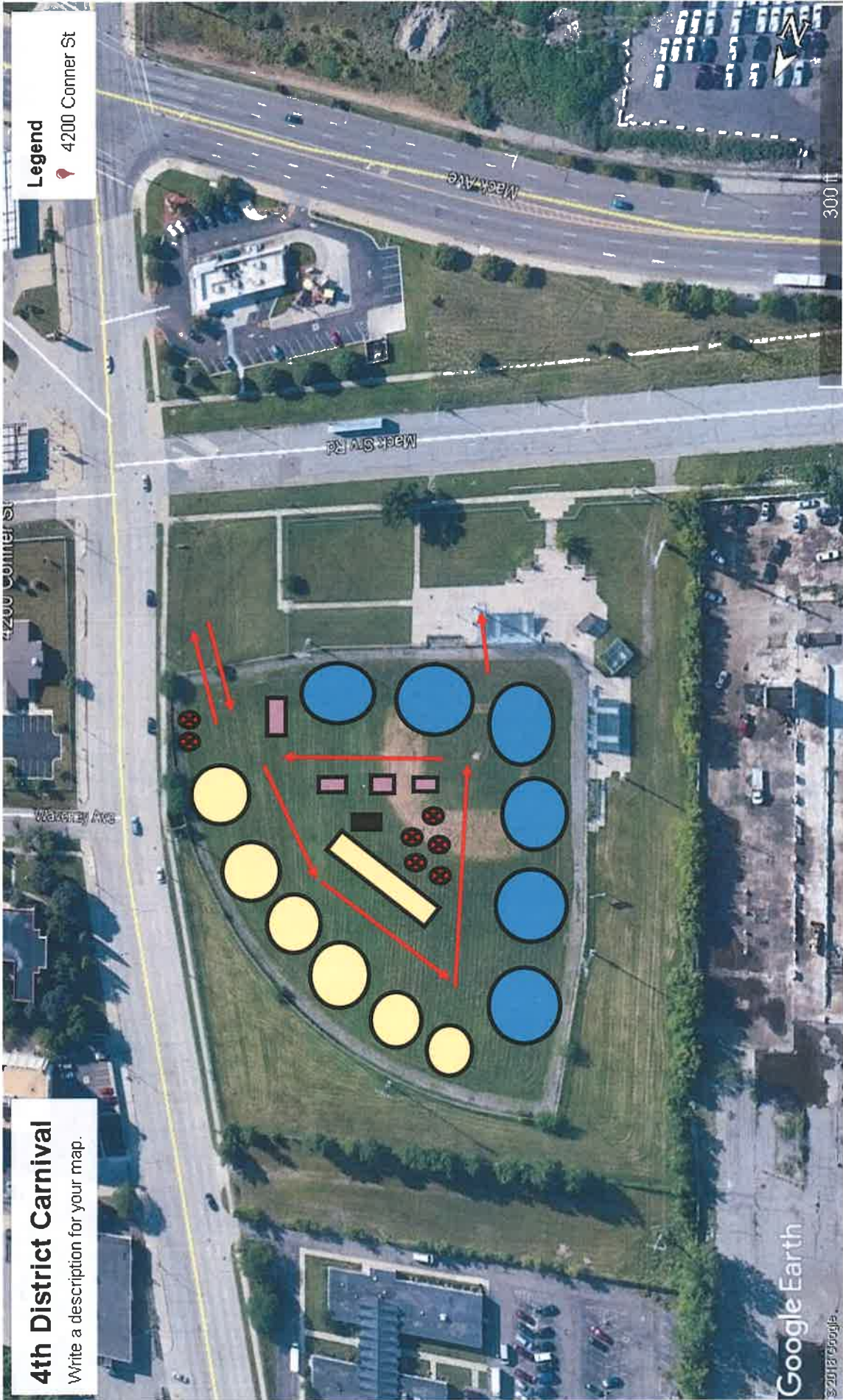
**Event Organizer:**

\_\_\_\_\_

**Applicant Signature:** Deb Elliott

**Date:** 4/23/19





### 4th District Carnival

Write a description for your map.

### Legend

4200 Conner St

- Adult Rides
- Kiddie Rides
- Food
- Generator
- ⊗ PortaJohn

## DEPARTMENTAL REFERENCE COMMUNICATION

*Friday, May 10, 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    POLICE DEPARTMENT  
RECREATION DEPARTMENT    BUILDINGS SAFETY ENGINEERING  
BUSINESS LICENSE CENTER

**852**    *Elliotts Amusements, LLC, request to hold "Chandler Park Community Fair" on May 23 - May 28, 2019 at Manz Field located at 4299 Connor St. from 11:00 a.m. to 10:00 p.m.*

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**OFFICE OF CONTRACTING  
AND PROCUREMENT**

May 10, 2019

HONORABLE CITY COUNCIL:

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

6001702      100% City Funding – AMEND 1– To Provide Property Clean Out and  
Junk Removal Services for GSD. – Contractor: D and D Innovation, INC.  
– Location: 18701 W. Grand Blvd., Ste. 371, Detroit, MI 48235 – Contract  
Period: Upon City Council Approval through November 12, 2019 –  
Contract Increase: \$200,000.00 – Total Contract Amount: \$700,000.00.  
**GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER**           MCCALISTER          

**RESOLVED**, that Contract No. 6001702 referred to in the foregoing communication dated May 14, 2019, be hereby and is approved.

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**OFFICE OF CONTRACTING  
AND PROCUREMENT**

May 10, 2019

HONORABLE CITY COUNCIL:

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

6002093      100% City Funding – To Provide an Agreement for the Design/Build Project to Convert the 2<sup>nd</sup> Floor of the NWAC from Office Space to After School Activity Space. Repairs Include; Window Replacement for the Entire Facility, Parking Lot Improvement and Elevator Repair. – Contractor: Gandol, Inc. – Location: 27455 Goddard Road, Romulus, MI 48174 – Contract Period: Upon City Council Approval through May 20, 2020 – Total Contract Amount: \$3,750,000.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER**                   MCCALISTER                  

**RESOLVED**, that Contract No. 6002093 referred to in the foregoing communication dated May 14, 2019, be hereby and is approved.