

REFERRALS

5/28/19

**NEIGHBORHOOD
AND COMMUNITY
SERVICES STANDING
COMMITTEE**

16

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 766 Event Name: Sesame Street 50th Anniversary Tour

Event Date : June 22, 2019

Street Closure: None

Organization Name: GES

Street Address: 500 N. Brand Street Suite 1860 Glendale, CA 91203

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

Event Elements (check all that apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input checked="" 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 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>Children's Event</u> | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

The Sesame Street 50th Anniversary Tour will make their Detroit stop at Lafayette Park from 9:00am - 3:00pm.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention; Contracted with Eagle Eye International Protection Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Fusion Event Staffing to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Health License Required

CITY CLERK 2019 MAY 20 PM 2:51

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 Tents, Generators, Staging & Electrical
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input 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 15, 2019

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, March 19, 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
POLICE DEPARTMENT FIRE DEPARTMENT
DPW - CITY ENGINEERING DIVISION RECREATION DEPARTMENT
BUSINESS LICENSE CENTER MUNICIPAL PARKING DEPARTMENT

766 *GES, request to hold "Sesame Street 50th Anniversary Tour" at Lafayette Park on June 22, 2019 from 9:00 AM to 3:00 PM. Set up to begin on 6-21-19 and tear down complete on 6-22-19.*

* USE *

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: Sesame Street 50th Anniversary Tour

Event Location: Lafayette Park

Is this going to be an annual event? ☐ Yes ☒ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: GES

Organization Mailing Address: 500 N. Brand Street Suite 1860 Glendale, CA 91203

Business Phone: (818) 638-5954

Business

Applicant Name: GES

Business Phone: (818) 638-5954

Cell Phone: (661) 645

Event On-Site Contact Person:

Name: Katy Williams

Business Phone: 818-638-5954

Cell Phone: 661-645-8925

Event Elements (check all that apply)

☐ Walkathon ☐ Carnival/Circus

☐ Run/Marathon ☐ Bike Race

☐ Political Event ☐ Festival

☐ Parade ☐ Sports/Recreation

☐ Convention/Conference ☐ Fireworks

☐ Filming

☐ Rally/Demonstration

☒ Other: Children's Event

#766- Sesame Street
-replace entire
petition

Please provide a brief description of your event:

- an overall foot print of 115' x 150' (17,250 sq.ft.) - there is some flexibility in our arrangement but we would need close to this overall area
- 6 activity areas ranging from a photo opportunity to a children's maze type game
- 1 activity area where prepackaged cookies and lactose free milk samples will be freely provided - on site refrigeration will be provided

- a 20' x 20' stage presenting a 10-12 minute live show which performs every 40 minutes (see attached schedule)
- the event is free and open to the public from 9 am to 3 pm on Saturday - we are expecting 4,500 people over the course of the day
- we plan to arrive and set up the event on Friday at 7 am and strike on Saturday starting at 3:30 pm
- we will provide overnight security
- there will be (1) 53' semi-truck and trailer and 1 or 2 cube vans delivering and picking up event equipment

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

Begin Set-up Date : 6/21 Time:7am Complete Set-up Date: 6/21 Time: EOD

Event Start Date: 6/22 Time:9am Event End Date: 6/22 Time:3pm

Begin Tearing Down Date:6/22 Complete Tear Down Date:6/22

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

Section 3- LOCATION/SITE INFORMATION

Location of Event: Lafayette Plaisance Park

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: sanitation/medical/restroom plans TBD, site plan attached

- | | |
|-----------------------------------|--|
| -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

Describe the entertainment for this year's event: a 20' x 20' stage presenting a 10-12 minute live

show which performs every 30 minutes

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Characters with mics and stage speakers

Describe specific power needs for entertainment and/or music: Will provide generators if no power available

Powering of audio visual equipment for stage show mentioned above, monitors in a couple of our sponsor tents, portable air conditioning units in character tent.

How many generators will be used? 3

How will the generators be fueled? Propane

Name of vendor providing generators:

Contact Person: GES owned Generators

Address: 500 N Brand Blvd

Phone: 818-638-5958

City/State/Zip Glendale, CA 91203

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:

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

Indicate type of items to be sold:

Our sponsor Lactaid will be distributing FREE 2-3oz samples of Lactaid milk and FREE prepackaged cookies as a "Cookie Monster" promotion.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Eagle Eye International Protective Services.

Contact Person: Thomas Venable

Address: 1045 Bay Blvd. Suite B

Phone: 800.224.1534

City/State/Zip: Chula Vista, CA 91911

Number of Private Security Personnel Hired Per Shift: (3) Private Security Personnel Per Shift

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

☒ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

_Guests will be informed of street parking as well as directed to EZParking lots adjacent to Lafayette Park
@ a \$10 per car parking rate.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

Bringing families with small children to the area, may be parking, traffic, sound carryover

Have local neighborhood groups/businesses approved your event?

☐ Yes

☒ No Indicate

what steps you have or will take to notify them of your event: Please advise on which businesses or groups need to be notified and what you think the steps are.

We would look to Detroit Parks and Recreation Department and Office of Special Events for direction on best ways.

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)	11	See layout
Canopy (open on all sides)		
Staging/Scaffolding	1	24x24x 20
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: EMT – Fusion Event Staffing Inc. (Khia Harrison @ 678.638.5945)

Address: 3159 Royal Drive, Suite 300

City/State/Zip: Alpharetta, GA 30022

Name of company providing port-a-johns. Service Sanitation

Contact Person: Keith Kay

Address: 135 Blaine Street

Phone: 800-909-5646

City/State/Zip: Gary, IN 46406

Name of private catering company? N/A

Contact Person:

Address:

Phone:

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**

1) Certificate of insurance sent and received by Cheri Davis. Awaiting additional COI requirements from Bethanie Fisher.

2) Fusion Event Staffing, Inc. Work Order Attached

3) Will send agreement/Purchase Order with Unlimited Recycling, Inc. (PO Box 363, Richmond, MI 48062, 586.784.4980)

4) Service Sanitation Purchase Order Attached

5) Link for event @ <https://www.sesamestreet.org/anniversary/road-trip-detroit>

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, 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.

Michael Pyatt

Michael Pyatt

5/16/2019

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.

(Please Print)

Event Name: Sesame Street 50th Anniversary Road Trip Event Date: June 22, 2019

Event Organizer: GES

Applicant Signature: Michael Pyatt *Michael Pyatt* Date: 5/16/2019



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 3

DATE (MM/DD/YYYY)
03/19/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis of Arizona, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: PHONE (A/C, No, Ext): 1-877-945-7378 E-MAIL: certificates@willis.com ADDRESS: FAX (A/C, No): 1-888-467-2378														
INSURED Viad Corp, et al (see attached) 1850 N. Central Ave ATTN: Jon Massimino Suite 1900 Phoenix, AZ 850044545	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Twin City Fire Insurance Company</td><td>29459</td></tr><tr><td>INSURER B: Hartford Fire Insurance Company</td><td>19682</td></tr><tr><td>INSURER C: Hartford Casualty Insurance Company</td><td>29424</td></tr><tr><td>INSURER D: Factory Mutual Insurance Company</td><td>21482</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Twin City Fire Insurance Company	29459	INSURER B: Hartford Fire Insurance Company	19682	INSURER C: Hartford Casualty Insurance Company	29424	INSURER D: Factory Mutual Insurance Company	21482	INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER C: Hartford Casualty Insurance Company	29424														
INSURER D: Factory Mutual Insurance Company	21482														
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** W10492454**REVISION NUMBER:**

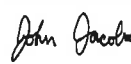
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	59 ECS R21307	07/31/2018	07/31/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			59 CSE R21306	07/31/2018	07/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	59 WN R21300	07/31/2018	07/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Workers Compensation and Employers Liability (NV) Per Statute			59 XWE R21304	07/31/2018	07/31/2019	EL Each Accident \$1,000,000 EL Disease Policy Lmt \$1,000,000 E.L Disease Each Emp. \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SEE ATTACHED

CERTIFICATE HOLDER**CANCELLATION**

The City of Detroit Attn: Cheri Amor Davis 18100 Meyers Detroit, MI 48235	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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SR ID: 17672605

BATCH: 1114892



ADDITIONAL REMARKS SCHEDULE

Page 2 of 3

AGENCY Willis of Arizona, Inc.		NAMED INSURED Viad Corp, et al (see attached) 1850 N. Central Ave ATTN: Jon Massimino Suite 1900 Phoenix, AZ 850044545	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Event Name: Sesame Street 50th Anniversary Tour

Event Dates:

(include move-in/out dates) June 21-23, 2019

Location of Event Lafayette Plaisance Park

Type of Service/Rental Event Producer

1) Certificate Holder(s) and/or affiliates is (are) named as Additional Insured(s), only to the extent provided by the indemnity provisions contained in the certain contract or lease entered into between the parties which requires the party to be named as an additional insured.

2) The additional insured coverage is further limited to claims arising out of the insured's negligence and specifically excludes coverage for the additional insured's negligence.

3) The additional insured coverage shall not apply with regard to claims made by an insured or additional insured under this policy against any other insured or additional insured under this policy.

The City of Detroit and Sesame Workshop are hereby named as Additional Insureds as outlined above.

Property Coverage includes All Risk and Replacement Cost.

INSURER AFFORDING COVERAGE: Hartford Casualty Insurance Company

NAIC#: 29424

POLICY NUMBER: 59 XWE R21302 **EFF DATE:** 07/31/2018 **EXP DATE:** 07/31/2019

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation	EL Each Accident	\$1,000,000
and Employers Liability (AZ/CA)	EL Disease Policy Lmt	\$1,000,000
Per Statute	E.L Disease Each Emp.	\$1,000,000

INSURER AFFORDING COVERAGE: Hartford Casualty Insurance Company

NAIC#: 29424

POLICY NUMBER: 59 XWE R21313 **EFF DATE:** 07/31/2018 **EXP DATE:** 07/31/2019

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation	EL Each Accident	\$1,000,000
and Employers Liability (FL)	EL Disease Policy Lmt	\$1,000,000
Per Statute	E.L Disease Each Emp.	\$1,000,000



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Arizona, Inc.		NAMED INSURED Viad Corp, et al (see attached) 1850 N. Central Ave ATTN: Jon Massimino Suite 1900 Phoenix, AZ 850044545	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Twin City Fire Insurance Company

NAIC#: 29459

POLICY NUMBER: 59 WBR R21301 EFF DATE: 07/31/2018 EXP DATE: 07/31/2019

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation	E.L Each Accident	\$1,000,000
and Employers Liability (WI)	EL Disease Policy Lmt	\$1,000,000
Per Statute	E.L Disease Each Emp.	\$1,000,000

INSURER AFFORDING COVERAGE: Factory Mutual Insurance Company

NAIC#: 21482

POLICY NUMBER: 1038993 EFF DATE: 07/31/2018 EXP DATE: 07/31/2019

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Property	Blanket Limits	\$559,087,089
	Property Damage/	Special Form
	Business Interruption	Ded: \$100,000

2018 Viad Corp Additional Named Insureds:

Alaskan Park Properties, Inc.

Glacier Park, Inc.

Global Experience Specialists, Inc. a/k/a GES

Global Experience Specialists, Inc. f/k/a David H. Gibson d/b/a ExpoServices, U.S.A.

Global Experience Specialists, Inc. f/k/a GES Exposition Services, Inc.

GES AV Services Inc

CATC Alaska Tourism Corp

Kenai Fjords Tours

Work Order

This Work Order is governed by the terms and conditions of the Master Services Agreement entered into between Global Experience Specialists, Inc. ("GES") and Fusion Event Staffing ("SUBCONTRACTOR") with an Effective Date of **March 6, 2019** (the "Agreement"). This Work Order shall be effective as of **March 14, 2019**. ("WO Effective Date"). Capitalized terms in this Work Order shall have the same meaning as in the Agreement unless otherwise defined herein.

A. Scope of Services

SUBCONTRACTOR shall provide the following Services to GES, all of which are related to the following Project:

• **Sesame Street 50th Anniversary Tour**

Services & Deliverables:

Providing tour managers, lead brand ambassadors, brand ambassadors, and related administrative support for each market entered for The Project.

SUBCONTRACTOR deliverables shall include

- **Tour Manager:** The tour manager will manage all logistical aspects of the Project including:
 - Arrival of the team at each location
 - Oversee Installation & Dismantle ("I&D")
 - Tour Manager will coordinate with Assistant Tour Manager to set up all areas of the event. TM will follow behind the GES provided installation crew in each area of the activation in order to set up small details.
 - Manage arrival and return of all ordered/needed equipment
 - Will work with Assistant Tour Manager to ensure all assets and tents are placed in the correct location according to the GES provided floor plan
 - Serve as main point of communication between GES and travel team
 - Serve as main onsite client point of contact when GES is not present
 - Communicate any and all issues that arise throughout the course of travel, installation, show run, and dismantle
 - Fill out status reports provided by GES after each event, including analytics such as numbers of attendees
 - Distribute, collect, and summarize staff surveys in report
 - Communicate any needs of the touring operations crew to GES
 - Meet with any and all inspectors and city officials during scheduled health and permit-related visits
 - Serve as main point of contact for security: ensures all staff are aware of the GES provided safety plan
 - Coordinate receipt of milk shipments (and/or travel with ATM to pick up milk samples) as necessary
 - Be final point of customer service contact for disgruntled guests, etc.
 - Work with SUBCONTRACTOR-provided Brand Ambassador ("BA") Lead to ensure all BAs are working effectively.
 - Identify with BA lead if any BAs need to be switched or dismissed
 - Ensure flow of the event running smoothly

- Have BA at entrance slow down or let in more guests in depending on flow
 - Ensure all BAs are on brand with their messaging, appearance, etc
- Assistant Tour Manager
 - Manage the arrival of GES provided installation and dismantle BAs
 - Manage the arrival and return of all needed/ordered equipment
 - Inventory management (i.e. cookies, stamps for passports, stickers, etc.)
 - Assist tour manager with all responsibilities as needed
 - Assist TM with customer service as needed
 - Oversee general site tidiness including trash removal
 - Be knowledgeable and trained on all technically related aspects of the production
 - Troubleshoot any and all technical problems that arise through the course of the show run
 - Identify when water stations, hand sanitizer stations, etc. need to be refilled
 - Lead I&D BAs in unloading of assets from truck during installation and loading of truck during dismantle
 - Communicate with Feld Representatives in case any issues are identified with stage show
- One (1) Lead Brand Ambassador. Bilingual in both English and Spanish
- Twenty-three (23) Brand Ambassadors
 - Three (3) Of which should be bilingual in both English and Spanish
 - Three (3) separate BAs should be properly certified in handling food
 - Responsibilities include:
 - Arrive on time, in proper attire, ready to work
 - Provide excellent customer service to all guests including.
 - Answering guest questions as necessary and to the best of their abilities
 - Assisting guests with instructions on how to complete activities
 - Demonstrate enthusiasm for the Sesame Street brand, as well as the brand of their individual station
 - Message additional talking points or adhere to additional brand guidelines from Sesame Street and sponsors as needed
- One (1) Emergency Medical Technician for each of the entered markets for the project
- Four (4) Onsite backups for each activation day
- Parking passes provided to staff or reimbursed with receipt
- Perform background checks for all staff
- SUBCONTRACTOR to determine proper breaking procedures and communicate them to BA lead, who will handle sending staff on breaks during the activation.
- SUBCONTRACTOR to send out talking points and training deck provided by GES one week prior to each activation, and require all BAs, Leads, and Onsite backups to pass a GES-provided quiz on the material from the training deck prior to arriving onsite.

TIME IS OF THE ESSENCE IN THE PERFORMANCE OF ALL SERVICES HEREUNDER.

Delivery Schedule:

- Tour Manager and Assistant Tour Manager to travel 100% between May 26-August 5, 2019
- Touring Stops Schedule.
 - New York City: Setup on Friday May 30, 2019. Event on Saturday June 1, 2019
 - Washington D.C.: Setup on Friday June 7, 2019. Event on June 8, 2019.
 - Pittsburgh, PA Setup on Friday June 14, 2019 Event on June 15, 2019.
 - Detroit, MI. Setup on Friday June 21, 2019. Event on June 22, 2019.
 - Chicago, IL. Setup on Friday June 29, 2019 Event on June 29, 2019
 - Dallas, TX Setup on Friday July 5, 2019. Event on July 6, 2019.
 - Kansas City, MO. Setup on Friday July 12, 2019 Event on July 13, 2019.
 - Denver, CO Setup on Friday July 19, 2019 Event on July 20, 2019.
 - Seattle, WA. Setup on Friday July 26, 2019 Event on July 27, 2019.
 - Los Angeles, CA Setup on Friday August 2, 2019 Event on August 3, 2019.
- The Friday before each event, Tour Manager and Assistant Tour Manager are expected to meet onsite with GES provided dismantle labor, as well as GES provided truck driver, for installation. Installation will begin at 8 am and end when the event is set up, expected around 5 pm.
- On the Event Date, the Lead Brand Ambassador, Tour Manager, and Assistant Tour Manager will arrive onsite at 7 am.
 - Brand ambassadors to arrive at 7:30 am
 - 9:00 am the VIP hour will begin, with the event opening to the public at 10 am
 - The event closes to all at 3 pm
 - Brand ambassadors and Lead Brand Ambassador are to be released at 3:30 pm
 - Tour Manager and Assistant Tour Manager will meet with GES provided dismantle labor at 3:30 pm to dismantle the event and load all assets into the truck for transportation to the next venue. Tour Manager and ATM will be released when dismantle is complete, all assets are loaded onto the truck, and the venue is left in suitable condition.

Cancellation Policy

If event dates or the Project is cancelled prior to execution as presented below, related planned program & staffing fees will be paid by GES as provided below :

- 5 days or less cancellation (prior to event date) = 50% of planned staffing expenses
- 2 days or less cancellation (prior to event date) = 100% of planned staffing expenses
- If notice is given after 5:00 pm EST, notice will be received as submitted on the following business day

Staff Hours Booked Policy

GES agrees to fulfill contracted staffing hours for the program at established hours and rate. For example, if ten (10) staff are booked for an eight (8) hour shift, and GES wants to send six (6) staff home early because it was slow, aside from an act of God (including weather, etc.), GES agrees to pay for all ten (10) staff at agreed rate for all planned hours.

Fee for Services: Payment Terms:

SUBCONTRACTOR's total Fees for this Project are **not to exceed \$142,635** unless otherwise agreed to in a written Change Order executed by the parties.

Payment Schedule:

Fees for the Project will be paid as follows:

- Pre-program deposit of \$35,000 to be paid at least one week prior to start date of first event.
- SUBCONTRACTOR to invoice GES for services weekly beginning after the completion of the first event stop.

Signatures below constitute agreement that the above services and activities fully describe the Services under this Work Order and working agreement between GES and SUBCONTRACTOR.

"GES"

Global Experience Specialists, Inc.

By: 

Name Robin Stapley

Title: VP Design & creative

Date: 3/19/19

"SUBCONTRACTOR"

Fusion Event Staffing

By: 

Name Matthew J. Burns

Title: Director of operations

Date 3/18/19

**BILL TO ADDRESS:**

GLOBAL EXPERIENCE SPECIALISTS, INC. (GES)
ATTENTION: ACCOUNTS PAYABLE
PO BOX 400160
LAS VEGAS, NV 89140
PHONE: 702.263.1500
FAX: 702.263.3420
E-MAIL: accounts payableinvoices@ges.com

****PLEASE NOTE: DUE TO OUR CLIENT BILLING REQUIREMENTS, GES REQUIRES THAT YOU RETURN YOUR INVOICE FOR THIS PO WITHIN 5 DAYS OF GOODS OR SERVICES BEING RENDERED****

VENDOR EMAIL	VENDOR FAX
keith@servicesanitation.com	(219) 949-1008
OUR ACCOUNT	VENDOR PHONE
	()

PO NUMBER	REV	PAGE
823194	0	1 of 2
DATE ORDERED		DATE NEEDED
09-MAY-2019		22-JUN-2019

V SERVICE SANITATION INC
E 135 BLAINE ST
N
D
O GARY, IN 46406
R United States

S WILL CALL
H VENDOR'S LOCATION
I
P

T United States
O

			JOB# 921198920
REQUESTOR ELLIOTT, PAMELA S	REQUESTOR EMAIL PELLIOTT@GES.COM	REQUESTOR PHONE 818-638-5955	TERMS NET 45
BUYER JACKSON, JAMIE	BUYER EMAIL JJACKSON@GES.COM	SHIP_VIA BEST WAY	F.O.B DESTINATION

PO DESCRIPTION

LINE	QTY	UOM	DESCRIPTION	UNIT PRICE	EXT PRICE	TAX AMT	EXT TOTAL
1	1	EACH	BE40000 BRANDED ENTERTAINMENT, MISC RENTAL MASTER SEE BELOW Additional Information =Service Sanitation/ 21198920 / SS/ Katy W/ Detroit restroom rental	1,085.00	1,085.00	75.95	1,160.95

ALL NON-TAXABLE ITEMS PURCHASED FOR RESALE TO OUR CLIENTS IN ALL STATES OR ITEMS
PURCHASED FOR RENTAL TO OUR CLIENTS EXCEPT IN CA, IL & NV. PLEASE CONTACT BUYER ON
P.O. IF EXEMPTION CERTIFICATE IS REQUIRED.

SUBTOTAL \$	1,085.00
TAX \$	75.95
TOTAL \$	1,160.95

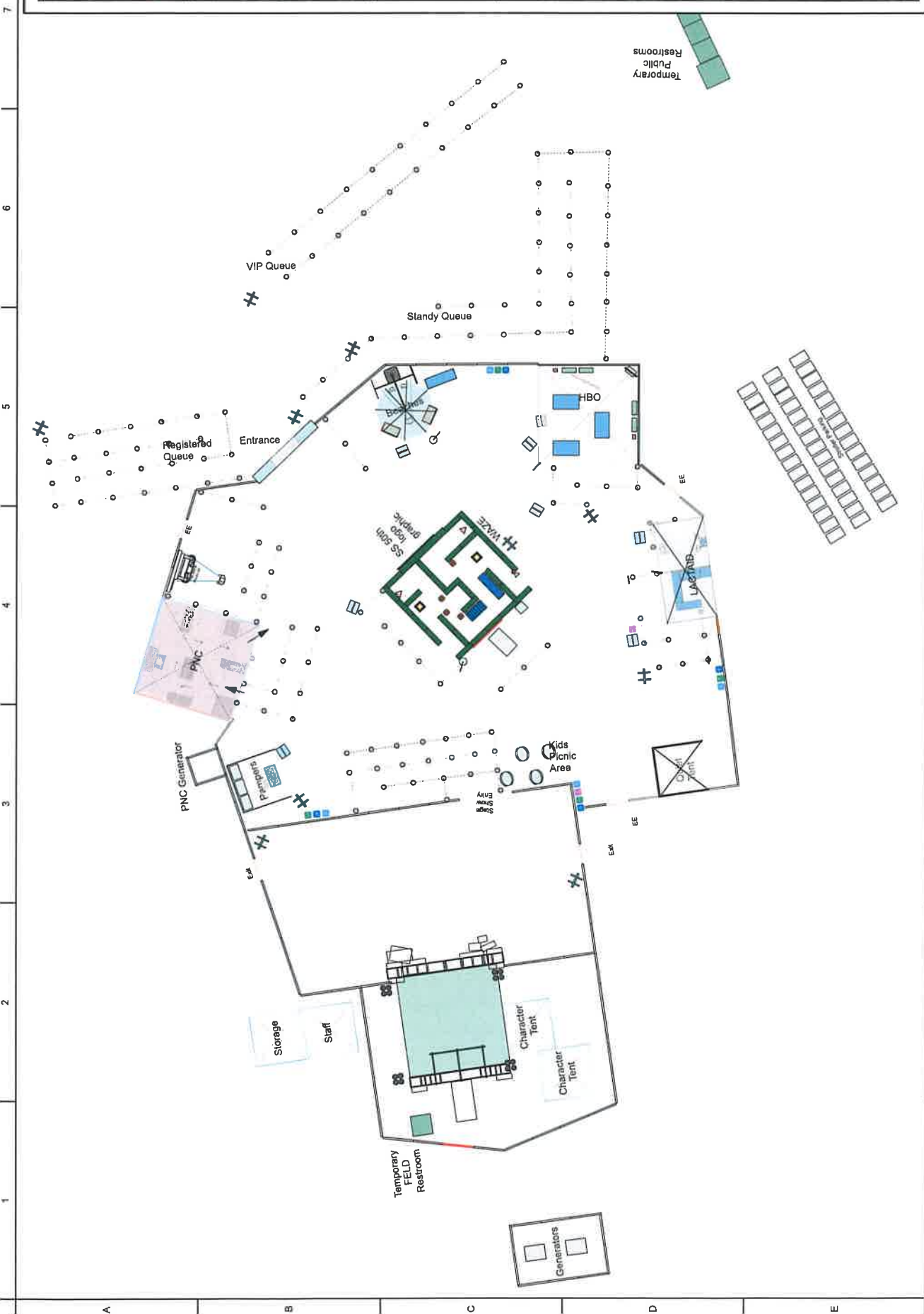
PLEASE CONFIRM PRICING AND DELIVERY VIA EMAIL WITH THE REQUESTOR LISTED ABOVE. THE PURCHASE ORDER NUMBER ABOVE MUST
APPEAR ON ALL BILLING AND SHIPPING DOCUMENTS TO ENSURE PAYMENT.

1. **CONTRACT:** This purchase order, together with any documents expressly incorporated herein by reference, constitutes the entire agreement between the parties. No modification, of or addition to this purchase order shall be effected by any acknowledgment form or other documents submitted by Seller containing additional or different terms or conditions. Neither party shall claim any modification, amendment or release from any of the terms or conditions contained herein except by mutual agreement to that effect, signed by Seller and an authorized representative of Buyer.
2. **CHANGES:** Buyer shall have the right at any time prior to the delivery date of the product to make changes in drawings, designs, specifications, packaging time and place of delivery and method transportation. If any such changes cause an increase or decrease in the cost, or the time required for the performance, or otherwise affect any other provision of this agreement, an equitable adjustment shall be made and this agreement shall be modified in writing accordingly.
3. **PAYMENT TERMS:** Upon delivery of Goods and Services, Supplier shall invoice the Buyer by sending a clear copy of the Properly Documented Invoice and any required supporting documentation. Invoices must be received within 30 days of delivery of Goods and Services. The Buyer will pay all undisputed requests for payment within forty-five (45) days from: (i) Buyer's Acceptance of the Goods and Services; and (ii) receipt of a Properly Documented Invoice. A failure to timely invoice puts your payment for goods at risk. In no event will Buyer make payment for undisputed invoices received more than six (6) months after the delivery of goods or services.
4. **WARRANTY:** Seller warrants that the product will meet or exceed any specifications contained in this purchase order, will be merchantable, be free from all defects of material and workmanship, and conform to the description; that Seller will convey good title thereto; that the product will be delivered free from any security interest or other lien or encumbrance. Where the product is made according to Seller's design or specification, Seller warrants that the product will be fit for the purposes intended by Buyer. Seller shall be liable, for all damages resulting from a breach of any of these warranties or any other term or condition of this agreement.
5. **PATENTS:** Seller shall indemnify and save Buyer harmless from any liability, loss, damage, judgement or award, including costs and expense, arising out of any claims or suits for infringement of patents purporting to cover the product or its normal intended use. Seller shall at his own expense defend Buyer in such claims or suits provided Buyer shall give Seller prompt notice in writing of such claims or suits and shall supply at Seller's expense all needed information.
6. **FORCE MAJEURE:** Neither party shall be liable for failure or delay in the shipment or acceptance of the product if prevented by the occurrence of a contingency the non-occurrence of which was a basic assumption on which this agreement was made or by compliance in good faith with any applicable governmental regulation, whether valid or invalid. In such an event, Buyer may require Seller to allocate his available supply of product to Buyer on a nondiscriminatory basis with other customers of Seller. At the option of Buyer, any quantity not shipped as scheduled shall be deducted from the total quantity purchased by Buyer or rescheduled for late delivery.
7. **TOOLING:** Unless otherwise agreed herein, Seller's price includes furnishing, maintaining and replacing all necessary dies, tools, gauges, fixtures, patterns etc., for the production of ordered material. Seller shall be responsible for the safeguarding and maintenance of tooling furnished by the Purchaser.
8. **TAXES:** Unless expressly provided on the purchase order hereof, all taxes on the production, delivery, or sale of the product shall be paid by Seller.
9. **CANCELLATION:** Without prejudice to any other rights or remedies, Buyer may cancel this agreement in whole or in part if the product is defective or not delivered to Buyer as scheduled, or if Seller makes an assignment for the benefit of creditors, a receiver for Seller is appointed or proceedings in bankruptcy or corporate reorganization under the Bankruptcy Act are filed by or against Seller, or if Seller fails to comply with any of the terms or conditions of this agreement.
10. **COMPLIANCE WITH LAWS:** Seller shall comply with all federal, state and local laws and regulations applicable to the production, sale and delivery of the product. Seller certifies that the product is produced in compliance with the requirements of sections 6, 7 and 12 of the Fair Labor Standards Act of 1938, as amended. GES is an equal employment opportunity employer and is a federal contractor. Consequently, the parties agree that, to the extent applicable, they will comply with Executive Order 11246, the Vietnam Era Veterans Readjustment Assistance Act of 1974 and Section 503 of the Vocational Rehabilitation Act of 1973 and also agree that these laws are incorporated herein by this reference. The contractor also agrees to comply with the provisions of Executive Order 13201 Compliance (29 CFR Part 470), relating to the notice of employee rights concerning payment of union dues, as applicable.
11. **RESPONSIBLE SOURCING:** Seller represents, warrants, and covenants that: (i) Seller has inquired into the origin of all materials used in the Products sold to GES; (ii) no products sold to GES contain "conflict minerals," as defined under Section 1502 of the U.S. Dodd-Frank Act of 2010 and the regulation promulgated thereunder ("Conflict Minerals"), that are necessary to the production or functionality of the products; (iii) upon request by GES, Seller will provide such information as GES may reasonably require to determine whether any products contain Conflict Minerals; and (iv) Seller will require its suppliers to adopt similar policies and systems.
12. **NON-ASSIGNMENT:** This agreement or any payment due hereunder shall not be assigned by Seller in whole or in part without the prior written consent of Buyer.
13. **APPLICABLE LAWS:** This agreement shall be interpreted and governed according to the laws of the state in which this purchase order is issued.
14. **INSPECTION:** The product is subject to Buyer's inspection and approval within a reasonable time after delivery. Buyer, without prejudice to any other rights or remedies, shall have the right to reject defective product and, at Seller's expense, return it to Seller or dispose of it according to Seller's instructions.
15. **INDEMNITY:** Seller shall indemnify, defend and hold Buyer harmless from any and all liability, loss or damage arising out of claims or suits connected with the product ordered hereunder, excluding loss or damage arising as the sole result of the negligence of Buyer, its agents or employees.
16. The Viad Corp shall have the right to schedule or perform an audit of supplier records related to any transactions with purchaser or its employees assuming there is adequate prior notification and the activity is performed during regular business hours. The information will not be used for any competitive purpose. Denial of this right may result in cancellation of any contract with the supplier and/or loss of any business.

CLIENT/VENUE: Lafayette Park	PROJECT NAME: SW 50th Tour	PROJ. NO. 21198920	REVISED:	CREATED: 5/7/19	SCALE: 1/16" = 1'	Copyright © 2019 Global Engineering Associates, Inc. All rights reserved. These designs cannot be produced without written consent of GEA.
DRAWING NAME/NO. Area Plan						



CLIENT/VENUE: Lafayette Park	PROJECT NAME: SW 50th Tour	PROJ. NO. 21198920	REVISED:	CREATED: 5/7/19	SCALE: 1/16" = 1'	
DRAWING NAME/NO. Area Plan						



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DO NOT USE 766

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: Sesame Street 50th Anniversary Tour

Event Location: Lafayette Park

Is this going to be an annual event? ☐ Yes ☒ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: GES

Organization Mailing Address: 500 N. Brand Street Suite 1860 Glendale, CA 91203

Business Phone: (818) 638-5954

Business Website: GES.com

Applicant Name: GES

Business Phone: (818) 638-5954

Cell Phone: (661) 645-8929

Email: kwilliams@ges.com

Event On-Site Contact Person:

Name: Katy Williams

Business Phone: 818-638-5954

Cell Phone: 661-645-8929

Email: kwilliams@ges.com

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: Children's Event

Please provide a brief description of your event:

- an overall foot print of 115' x 150' (17,250 sq.ft.) - there is some flexibility in our arrangement but we would need close to this overall area

- 6 activity areas ranging from a photo opportunity to a children's maze type game

- 1 activity area where prepackaged cookies and lactose free milk samples will be freely provided - on site refrigeration will be provided

- a 20' x 20' stage presenting a 10-12 minute live show which performs every 40 minutes (see attached schedule)
- the event is free and open to the public from 9 am to 3 pm on Saturday - we are expecting 4,500 people over the course of the day
- we plan to arrive and set up the event on Friday at 7 am and strike on Saturday starting at 3:30 pm
- we will provide overnight security
- there will be (1) 53' semi-truck and trailer and 1 or 2 cube vans delivering and picking up event equipment

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

Begin Set-up Date : 6/21 Time:7am Complete Set-up Date: 6/21 Time: EOD

Event Start Date: 6/22 Time:9am Event End Date: 6/22 Time:3pm

Begin Tearing Down Date:6/22 Complete Tear Down Date:6/22.

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

Section 3- LOCATION/SITE INFORMATION

Location of Event:

Facilities to be used (circle): 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: sanitation/medical/restroom plans TBD, site plan attached

- | | |
|-----------------------------------|--|
| -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

Describe the entertainment for this year's event: a 20' x 20' stage presenting a 10-12 minute live

show which performs every 40 minutes

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Characters with mics and stage speakers

Describe specific power needs for entertainment and/or music: Will provide generators if no power available

How many generators will be used? 3-4

How will the generators be fueled? Gas

Name of vendor providing generators:

Contact Person: GES owned Generators

Address: 500 N Brand Blvd

Phone: 818-638-5958

City/State/Zip Glendale, CA 91203

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:

Section 6- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: TBD

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?

_____TBD_____

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

Bringing families with small children to the area, may be parking, traffic, sound carryover

Have local neighborhood groups/businesses approved your event?

☐ Yes

☐ No

Indicate what steps you have or will take to notify them of your event: Please advise on which businesses or

groups need to be notified and what you think the steps are.

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)	11	See layout
Canopy (open on all sides)		
Staging/Scaffolding	1	24x24x 20
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: TBD

Address:

City/State/Zip:

Name of company providing port-a-johns. TBD

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? N/A

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

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

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

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

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

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

Will work on COI and submit when ready

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.

Christine Farris

3/6/2019

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.

(Please Print)

Event Name: Christine Farris Event Date: June 22, 2019

Event Organizer: GES

Applicant Signature: Christine Farris Date: 3/6/2019

2019-03-19

766

766 *Petition of GES, request to hold
"Sesame Street 50th Anniversary
Tour" at Lafayette Park on June 22,
2019 from 9:00 AM to 3:00 PM. Set
up to begin on 6-21-19 and tear down
complete on 6-22-19.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

17

MAYOR'S OFFICE COORDINATORS REPORTOVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**Petition #: 650 826 Event Name: Albanian - American FestivalEvent Date : June 15 - 16, 2019Street Closure: NoneOrganization Name: Albanian - American FestivalStreet Address: 136 S. Rochester Road Clawson, MI 48017

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

Annual Festival celebrating the Albanian - American Festival at Hart Plaza from 6:00pm - 12:00am each day.

**** 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 Kristal and Camouflage Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	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 Staging
	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"/>	Parking Provided in Ford Underground Garage
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Kushier

Date: May 22, 2019

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, April 24, 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
RECREATION DEPARTMENT

826 *Albanian - American Festival, request to hold "Albanian - American Festival" at Hart Plaza on 6/15/19 - 6/16/19 at 6PM - 12AM, Set up on 6/14/19 from 2PM - 8PM, Tear down on 6/17/19 from 8AM - 2PM*

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: ALBANIAN-AMERICAN FESTIVAL

Event Location: HART PLAZA

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: ALBANIAN – AMERICAN FESTIVAL

Organization Mailing Address: 136 S. ROCHESTER RD CLAWSON, MI 48017

Business Phone: 248-212-2979

Business Website: WWW.ALBUSAFESTIVAL.COM ✓

Applicant Name: BEN PLLUMAJ

Business Phone: 248-850-8850

Cell Phone: 248-212-2979

Email BEN@KRISTELGROUP.COM

Event On-Site Contact Person:

Name: MIRELA PLLUMAJ

Business Phone: 248-8508850 EXT 101

Cell Phone: 586-709-7941

Email: MIRELA@KRISTELGROUP.COM

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: _____

Please provide a brief description of your event:

CITY CLERK 2019 SEP 28 AM 10:25

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

Begin Set-up Date : JUN14-2019
Time:

Time: 2:00PM

Complete Set-up Date: JUN 14-2019 Time 8:00PM

Event Start Date: JUNE 15-2019

Time 6:00 PM

Event End Date: JUNE 16-2019

Time: 12:00AM

Begin Tearing Down Date: JUNE 17-2019

Time: 8:00AM

Complete Tear Down

JUNE 17-2019

Time: 2:00 PM

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

Section 3- LOCATION/SITE INFORMATION

Location of Event:

HART PLAZA

Facilities to be used (circle):
Facility

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:

Will a sound system be used?

☒ Yes

☐ No

If yes, what type of sound system?

AV 7 Sound & Lighting

Describe specific power needs for entertainment and/or music:

HART PLAZA power for Sound and light

How many generators will be used?

0

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):

\$20

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:

Food & Beverages

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used. KRISTEL SECURITY, INC

Security

Contact Person: BEN PLLUMAJ

Address: 136 S. ROCHESTER RD

Phone: 248-212-2979

City/State/Zip: CLAWSON MI 48017

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)?

Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

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

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)	<hr/>	<hr/>
Canopy (open on all sides)	<hr/>	<hr/>
Staging/Scaffolding	<hr/>	<hr/>
Bleachers	<hr/>	<hr/>

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person:

Address:

City/State/Zip:

Name of company providing port-a-johns.

Not needed Based on Attendance

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.

 03-14-2019
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.

(Please Print)

Event Name: ALBANIAN – AMERICAN FESTIVAL Event Date: JUNE 15/16-019

Event Organizer: ALBANIAN COMMUNITY -MICHIGAN

Applicant Signature:  Date: 03-14-2019

2019-04-24

826

826 *Petition of Albanian - American
Festival, request to hold "Albanian -
American Festival" at Hart Plaza on
6/15/19 - 6/16/19 at 6PM - 12AM, Set
up on 6/14/19 from 2PM - 8PM, Tear
down on 6/17/19 from 8AM - 2PM*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

18

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 825 Event Name: Rock City Music Festival

Event Date : July 19 - 21, 2019

Street Closure: None

Organization Name: Detroit State Fair, Inc.

Street Address: 1510 McClellan Detroit, MI

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

Rock City Music Festival located at Hart Plaza from 12:00pm - 11:00pm each day.

**** 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; Contracted with Camouflage Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Health License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 Tents, Stages & Generators
	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 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 16, 2019

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, May 23, 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 **825**

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

825 *Detroit State Fair, Inc., request to hold "Rock City Music Festival" at Hart Plaza from July 19 - 21, 2019, with various start and end times daily. Set up 7-18-19 and tear down complete on 7-22-19.*

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

PETITIONER IS AMENDING PETITION DUE TO:
Name Change and Updated Application. See attached.

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

889
825 825

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: ROCK CITY Music Festival
Event Location: HART PLAZA

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: DETROIT STATE FAIR INC
Organization Mailing Address: 1510 M^c CLELLAN
Business Phone: 313 626-4916 Business Fax: 313 693-4385
Federal Tax ID #: 472-01 0530

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

Applicant Name: DARRYL H ESTES
Title/Role: EVENT Coordinator
Email Address: DETROITSTATEFAIR@gmail.com
Mailing Address: 20235 Beutler
Business Phone: 313 626 4916 Business Fax: 313 693-4385
Event On-Site Contact Person: DARRYL H ESTES
Mailing Address: 1510 M^c CLELLAN
Business Phone: 313 626-4916 Business Fax: 313 693-4385

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

ERIC V OTT (President), MAURICE Cummings, Partner Allan Carter / CEO / Head of Security
List Event Sponsors: _____

Event Elements (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input checked="" 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 checked="" type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Provide a brief description of your event:

We will provide live entertainment to take people on a musical history tour of some of the Best Rock also provide interactive attention for the whole family, caricature drawing, Airbrush Tattoos, massage therapist, make your own T-shirt, video game mobile, etc. -

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

Begin Set-up Date & Time: July 18, 4am Complete Set-up Date & Time: July 18, 10pm

Event Start Date & Time: July 19, 8am Event End Date & Time: July 20, 10pm

Begin Tearing Down Date: July 21, 10pm Complete Tear Down Date: July 22, 8pm

Event Times (If more than one day, give times for each day): July 19, 2019 12pm to 11pm July 20, 2019 12pm to 11pm July 21, 2019 12pm to 10pm

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?

What were the hours last year?

Project Attendance This Year (Minimum - Maximum)? 9,000 - 20,000

What is the basis for your projected attendance? Because of the people that work downtown and the promotion with radio, TV, newspaper, special mailing

Please describe your anticipated/ target audience: Family entertainment @ this time has to be with adults

Is this going to be an annual event? ☒ Yes ☐ No

If yes, do you have a preferred/proposed for next year? Not yet

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

☐ People ☐ Balloons

☐ Floats ☐ Animals

☐ Vehicles ☐ Other: _____

☐ Bands

If animals included, specify type, number and how used. N/A

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

Section 3- LOCATION/SITE INFORMATION

Location of Event:

Facilities to be used (circle): Street

Sidewalk

Park

City Facility

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

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms

- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

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

☒ Singers

☐ Magician

☒ Musicians

☐ Story Telling

☐ Comedians

☐ Other: _____

Describe the entertainment for this year's event: Tribute to The Beatles, Rolling Stone,
Jimi Hendrix, Janis Joplin, Santana Also Grammy Award Winner
Bobby Rush
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?

PA System

☐ Acoustic-audible, sound heard within natural range

☒ Amplified-augmented, sound increased to broaden range

The amplified sound will be used: _____

Will the event consist of a musical concert? ☒ Yes ☐ No

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

☒ Live

☐ Recorded

☐ Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: _____

Self contained

How many generators will be used? 1

How will the generators be fueled? _____

Name of vendor providing generators: Michigan CAT

Contact Person: ARROW SUZANE

Address: 25000 NOVI RD

Phone: 800 833 1789

City/State/Zip: NOVI MI 48375

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 (Specify stations):

☒ Newspapers (specify papers):

☒ Web site (identify web address): DETROIT BLACK & MUSIC Festival - NET

☐ Public Relations or Marketing Firm (Specify):

Contact Info:

☐ Raffle (List Item(s)):

☒ Billboards

☒ Flyers

☐ Street Banners

☐ Other (specify):

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

Section 6- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe: TICKETMASTER

Will there be on-site ticket sales? ☒ Yes ☐ No

If yes, list price(s): \$5 \$10

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: T SHIRTS

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

If yes, describe: There will be 2-3 charity that will receive proceeds

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:

T Shirts, Ribs, Hot dog, Pop, chips etc...

Beer, wine, mix drinks

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

Outside Vendors

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person:

JOEL Gessom

Address:

615 Geiswold Ste. 925

Phone:

313 784-2381/313 338-8005

City/State/Zip:

DETROIT MI 48226

Number of Private Security Personnel Hired Per Shift:

T.B.A

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

☒ Licensed

☐ Armed

☒ Bonded

Describe the emergency evacuation plan:

T.B.A ATTACH

Describe the parking plan to accommodate anticipated attendance:

we will use RADIO & TV to let the Public know

How will you advise attendees of parking options?

RADIO, PRINT, website, TV

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)?

Have local neighborhood groups/businesses approved your event?

☐ Yes

☐ No

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

RADIO & TV

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.

T.B.A

Structure

How Many?

8 FOOD TRUCK

Size/Height

1 STAGE 40X10

Booth

1 2X6

Ticket Booth

Tent (enclosed on 3 sides)

5 10X10 1 20X30 1 20X40

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage? ADVANCE

Contact Person: Victoria

Address: 10599 W 5 mile RD

Phone: 844 233 8764

City/State/Zip: Northville MI 48168

Name of company providing emergency medical services? HART MEDICAL

Contact Person: Adam Gottlieb

Address: 220 Bagley St #912

City/State/Zip: DETROIT MI 48226

Name of company providing porta-johns. Spot's Port.

Contact Person: Loar Proctor

Address: 27940 Wick Rd

Phone: 734 421 1400

City/State/Zip: Romulus MI 48176

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

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

STREET NAME: _____

FROM _____
TO _____

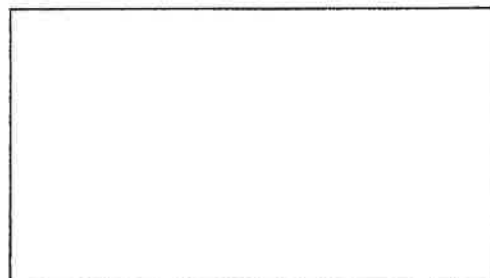
Closure Dates: _____

Beg. Time: _____

End Time: _____

Reopen Date: _____

Time: _____



RUSSELL STREET

RIVARD STREET

DIVISION STREET

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
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56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29
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RUSSELL STREET

RIVARD STREET

DIVISION STREET

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
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70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36
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AMENDED.

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, April 24, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

825 *Detroit State Fair Inc., request to host "Detroit Island Music Festival" at Hart Plaza on 7/19/19- 7/21/19 from 8AM - 10PM, Set up 7/18/19 @8AM - 10PM, Tear down on 7/21/19 - 7/22/19, with various times on each day,*

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: DETROIT ISLAND MUSIC FESTIVAL

Event Location: HART PLAZA

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: DETROIT STATE FAIR INC.

Organization Mailing Address: 1510 M^c CLELLAN

Business Phone: 313 626-4916

Business Fax: 313 693-4385

Federal Tax ID # 472010530

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

Applicant Name: DARRELL H ESTES

Title/Role: EVENT COORDINATOR

Email Address: DETROITSTATEFAIR@gmail.com

Mailing Address: 20235 BENTLEY

Business Phone: 313 626-4916

Business Fax: 313 693-4385

Event On-Site Contact Person: DARRELL H ESTES

Mailing Address: 1510 M^c CLELLAN

Business Phone: 313 626-4916

Business Fax: 313 693-4385

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

ERIC V OTT / Partner, MAURICE COMMINGS / Partner, ALLAN CARTER / Partner / Head of Security

List Event Sponsors: TBA

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:

We will provide live entertainment to take people on a musical History Tour of some of the Best Blues & Rock also provide interactive attraction for the whole family, caricature drawing, Airbrush Tattoos, massage therapist, make your own T-Shirt, Wingo game mobile, etc.

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

Begin Set-up Date & Time: July 18, 4am Complete Set-up Date & Time: July 18, 10pm

Event Start Date & Time: July 19, 9am Event End Date & Time: July 20, 10pm

Begin Tearing Down Date: July 21, 10pm Complete Tear Down Date: July 22, 8pm

Event Times (If more than one day, give times for each day): July 19, 2019 12pm to 11pm July 20, 2019 12pm to 11pm July 21, 2019 12pm to 10pm

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?

What were the hours last year?

Project Attendance This Year (Minimum - Maximum)? 9,000 - 20,000

What is the basis for your projected attendance? Because of the people that work downtown and the promotion with Radio, TV, newspaper, Social Media

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? Not yet

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

☐ People ☐ Balloons

☐ Floats ☐ Animals

☐ Vehicles ☐ Other: _____

☐ Bands

If animals included, specify type, number and how used. N/A

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

Section 3- LOCATION/SITE INFORMATION

Location of Event:

Facilities to be used (circle): Street

Sidewalk

Park

City Facility

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

-Public entrance and exit
-Location of merchandising booths
-Location of food booths
-Location of garbage receptacles
-Location of beverage booths
-Location of sound stages
-Location of hand washing sinks
-Location of portable restrooms

-Location of First Aid
-Location of fire lane
-Proposed route for walk/run
-Location of tents and canopies
-Sketch of street closure
-Location of bleachers
-Location of press area
-Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

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

[☒] Singers

[☐] Magician

[☒] Musicians

[☐] Story Telling

[☐] Comedians

[☐] Other: _____

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?

PA System

[☐] Acoustic-audible, sound heard within natural range

[☒] Amplified-augmented, sound increased to broaden range

The amplified sound will be used:

Will the event consist of a musical concert? ☒ Yes ☐ No

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

[☒] Live

[☐] Recorded

[☐] Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music:

TBA

How many generators will be used?

TBA

How will the generators be fueled?

Name of vendor providing generators: Michigan CAT

Contact Person: ARROW SUZORE

Address: 25000 NOVI RD

Phone: 800 833 1789

City/State/Zip: NOVI MI 48375

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): DETROIT ISLAND MUSIC FESTIVAL.NET

☐ Public Relations or Marketing Firm (Specify):

Contact Info:

☐ Raffle (List Item(s)):

☒ Billboards

☒ Flyers

☐ Street Banners

☐ Other (specify):

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

Section 6- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe: TICKETMASTER

Will there be on-site ticket sales? ☒ Yes ☐ No

If yes, list price(s): \$5 & 10

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: T-SHIRTS

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

If yes, describe: THERE WILL BE 2-3 CHARITY THAT WILL RECEIVE PROCEEDS

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):

T.B.A

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: JOEL Geissom

Address: 615 Geiswold Ste. 925

Phone: 313 789-2381/313 338-8005

City/State/Zip: DETROIT MI 48226

Number of Private Security Personnel Hired Per Shift:

T.B.A

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

☒ Licensed

☐ Armed

☒ Bonded

Describe the emergency evacuation plan: T.B.A

Describe the parking plan to accommodate anticipated attendance:

How will you advise attendees of parking options? RADIO, PAINT, website, TV

Are you seeking a group parking rate?

Section 8- COMMUNITY IMPACT INFORMATION

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

Have local neighborhood groups/businesses approved your event?

☐ Yes

☐ No

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

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

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.
Structure

T.B.A

How Many?

Size/Height

Booth

Tent (enclosed on 3 sides)

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage? ADVANCE

Contact Person: Victoria

Address: 10599 W 5 mile RD

Phone: 844 233 8764

City/State/Zip Northville MI 48168

Name of company providing emergency medical services? HART MEDICAL

Contact Person: Adam Gottlieb

Address: 220 Bagley St #912

City/State/Zip: DETROIT MI 48226

Name of company providing porta-johns. Scott's Porta

Contact Person: Lori Proctor

Address: 27940 Wick RD

Phone: 734 421 1400

City/State/Zip: Romulus MI 48176

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

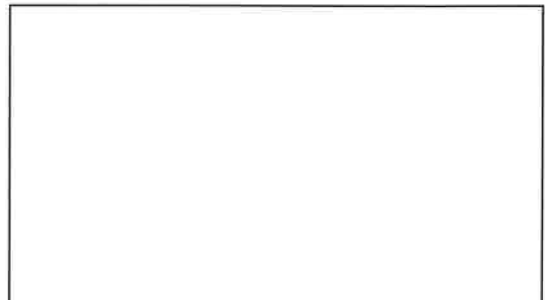
List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

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

STREET NAME: _____

FROM _____
TO _____

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



AMENDED.

2019-04-24

825

825 *Petition of Detroit State Fair Inc.,
request to host "Detroit Island Music
Festival" at Hart Plaza on 7/19/19-
7/21/19 from 8AM - 10PM, Set up
7/18/19 @8AM - 10PM, Tear down on
7/21/19 - 7/22/19, with various times
on each day.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

2019-04-24

825

825 *Petition of Detroit State Fair, Inc.,
request to hold "Rock City Music
Festival" at Hart Plaza from July 19 -
21, 2019, with various start and end
times daily. Set up 7-18-19 and tear
down complete on 7-22-19.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

19

MAYOR'S OFFICE COORDINATORS REPORTOVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**Petition #: 0000 Event Name: Hispanic Family FestivalEvent Date: May 27, 2019Street Closure: NoneOrganization Name: Zamora Entertainment, Inc.Street Address: 23300 Goddard Road Taylor, MI 48180

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

Annual Hispanic Family Festival located at Patton Park from 1:00pm - 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 Tyrone Carter to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspection; Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Health License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 Tents, Stage & Generators
	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 Kusher

Date: May 17, 2019

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, May 23, 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.

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

888 *Zamora Entertainment Inc., request to hold "Hispanic Family Festival" at Patton Park from 1:00 PM to 10:00 PM. Set up begins 5-24-19 and tear down complete 5-28-19.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. 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: HISPANIC FAMILY FESTIVAL

Event Location: PATTON MEMORIAL PARK 2301 WOODMERE ST

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: ZAMORA ENTERTAINMENT INC

Organization Mailing Address: 23300 GODDARD RD TAYLOR MI 48180

Business Phone: 313-291-6100

Business Fax: 313-291-6101

Federal Tax ID # 38-3548024

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

Applicant Name: DANIELA ZAMORA

Title/Role: VICE PRESIDENT

Email Address: Daniela@Zamorausa.com

Mailing Address: 23300 GODDARD RD TAYLOR MI 48180

Business Phone: 313-291-6100

Business Fax: 313-291-6101

Event On-Site Contact Person: YESENIA MARTINEZ / RAFAEL ZAMARRON

Mailing Address: 23300 GODDARD RD TAYLOR MI 48180

Business Phone: 313-291-6100

Business Fax: 313-

DANIELA ZAMORA 313-743-3247 VICE PRESIDENT / YESENIA MARTINEZ 313-213-5957

List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility). RAFAEL ZAMARRON 313-743-3248 ONSITE SUPERVISOR EVENT COORDINATOR

List Event Sponsors:

CONSTELLATION BRANDS

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:

OUR PURPOSE IS TO PROVIDE OUTING WITH THE INTENTION OF ENTERTAINING MEMBERS OF ALL AGES OF THE HISPANIC COMMUNITY. THIS FESTIVAL WILL PROMOTE THE TRADITIONAL FAMILY "FIESTA." AND GATHERING, WITH LIVE MUSIC, PERFORMANCES AND GAMES

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

Begin Set-up Date & Time: 05/24/19 ^{8:00 AM} Complete Set-up Date & Time: 05/26/19 12:00 PM
Event Start Date & Time: 05/27/19 ^{1:00 PM} Event End Date & Time: 05/27/19 10:00 PM
Begin Tearing Down Date: 05/28/19 Complete Tear Down Date: 05/28/19 8:00 PM

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

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?

09/03/19

When was the event last held in Detroit?

YES

Where was the event last held in Detroit?

THE PATTON PARK

What were the hours last year?

1:00 PM TO 10:00 PM

Project Attendance This Year (Minimum - Maximum)?

2,500 TO 4,000

What is the basis for your projected attendance?

PREVIOUS EVENTS

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?

LABOR DAY WEEKEND 2020

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

☐ People ☐ Balloons

☐ Floats ☐ Animals

☐ Vehicles ☐ Other: _____

☐ Bands

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

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

Section 3- LOCATION/SITE INFORMATION

Location of Event:

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)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Singers | <input type="checkbox"/> Magician |
| <input checked="" type="checkbox"/> Musicians | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Comedians | <input type="checkbox"/> Other: _____ |

Describe the entertainment for this year's event: LIVE MUSIC, REGIONAL MEXICAN.

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

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? _____

☐ Acoustic-audible, sound heard within natural range

☒ Amplified-augmented, sound increased to broaden range

The amplified sound will be used: _____

Will the event consist of a musical concert? ☒ Yes ☐ No

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

☒ Live ☐ Recorded ☐ Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: _____

How many generators will be used? 2 (125 KW 3PHASE)

How will the generators be fueled? PROVIDER WILL DO IT

Name of vendor providing generators: _____

Contact Person: STEVE BERRY

Address: 12668 ARNOLD

Phone: 734-358-0787

City/State/Zip: REFORD MI 48239

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): LA ZETA 1310 AM & 107.9 FM

☐ Television (Specific stations):

☒ Newspapers (specify papers): NUESTRO DETROIT

☒ Web site (identify web address): WWW.ZAMORALIVE.COM

☐ Public Relations or Marketing Firm (Specify):

Contact Info:

☐ Raffle (List Item(s)):

☐ Billboards

☒ Flyers

☒ Street Banners

☐ Other (specify):

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

Section 6- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe: PRESALE STORES AND ZAMORALIVE.COM

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:

VENDORS WILL TRAMIT THEIR OWN PERMITS

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: 25 %

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

DELTA TAU LAMBADA SORORITY

Will there be vending or sales? ☐ Yes ☐ No

If yes, check all that apply:

☒ Food

☒ Merchandise

☒ Non-Alcoholic Beverages

☒ Alcoholic Beverages — BEER

☐ Other (specify):

Indicate type of items to be sold:

HATS, BOOTS, REGIONAL FOOD

Will these be exclusive vendors or outside vendors? (please describe): OUTSIDE VENDORS

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person:

TYRONE CARTER

Address: 2323 FORT ST

Phone: 313-671-5497

City/State/Zip: DETROIT, MI 48217

Number of Private Security Personnel Hired Per Shift: 35 TO 40

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

☒ Licensed

☐ Armed

☐ Bonded

Describe the emergency evacuation plan: PLEASE SEE ATTACHED

Describe the parking plan to accommodate anticipated attendance: PARKING ATTENDANCE

How will you advise attendees of parking options? SIGNS

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)?

N/A

Have local neighborhood groups/businesses approved your event?

☐ Yes

☒ No

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

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

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many?

TOTAL 6

Size/Height

10X20

Booth

1 CANOPY BOX OFFICE

Tent (enclosed on 3 sides)

6

Canopy (open on all sides)

Staging/Scaffolding

1 STAGE 40X28X5

Bleachers

Company:

Grill

☐ Gas

☐ Charcoal

☐ Electrical

☐ Propane

Fireworks (Pyrotechnics)

☐ Aerial

☐ Stage

Provide Sketch:

Portable Restrooms:

☒ Standard

☒ ADA Accessible

44 STANDARDS

2 HANDY CAP.

Vehicles

FORKLIFT

Type/Weight:

INDUSTRIAL STANDARD / 5,000 LBS

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.

JUST FOR AUDIO, LIGHTING AND VIDEO. WILL BE NECESSARY
125 KW, 3 PHASE

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

LIGHT TOWERS, HAND SANITISER UNITS

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

N/A

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage? BUDGED DUMSTER

Contact Person: RANDY MOORE

Address: 830 CATTERBURY

Phone: 866-284-6164

City/State/Zip: WEST LAKE OH, 44145

Name of company providing emergency medical services?

Contact Person: HART EMS MEDICAL / ADAMS GOTTLIER

Address: 1636 FORT ST.

City/State/Zip: DETROIT, MI 48216

Name of company providing porta-johns. PARKWAY SERVICES

Contact Person: KATY MULLAR

Address: 2876 TYLER RD

Phone: 734, 482-7633

City/State/Zip: YPSILANTY MI 48198

Name of private catering company?

Contact Person:

Address:

N/A

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

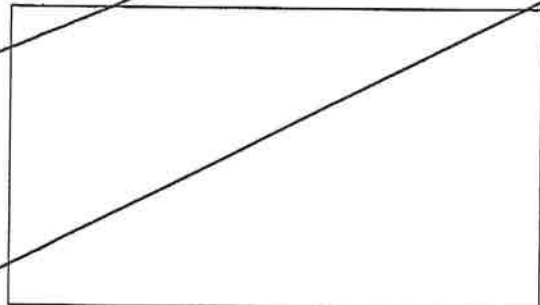
Closure Dates:

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?

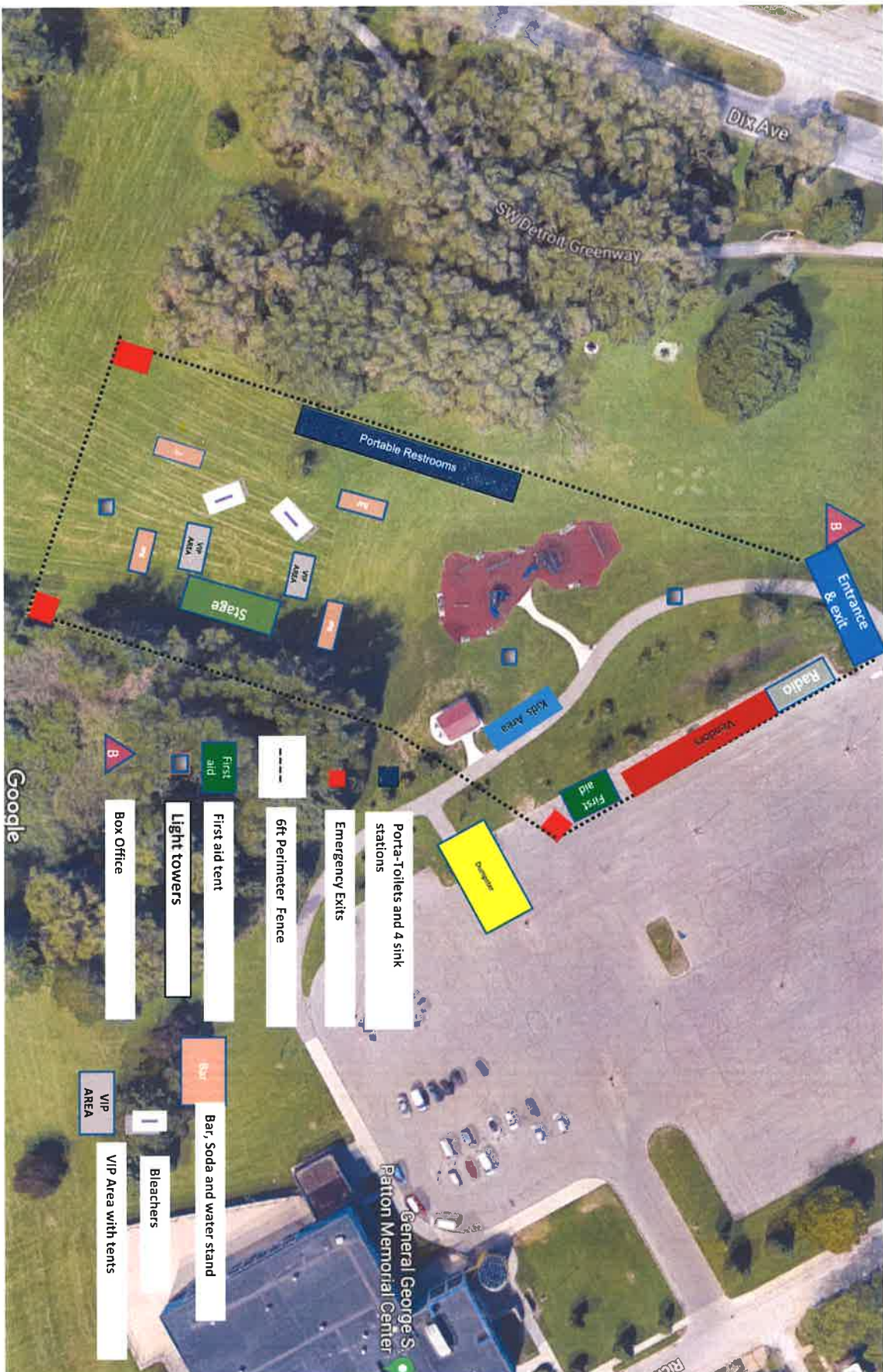
AUTHORIZATION & AFFADAVIT OF APPLICANT

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.

Maya D Zamora
Signature of Applicant

01/08/19
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.



Dix Ave

Sw Detroit Greenway

Portable Restrooms

Stage

Entrance & exit

Radio

Vendor

Kids Area

Porta-Toilets and 4 sink stations

Emergency Exits

6ft Perimeter Fence

First aid tent

Light towers

Box Office

Bar, Soda and water stand

Bleachers

VIP Area with tents

VIP AREA

Google

General George S. Patton Memorial Center

888

888 *Petition of Zamora Entertainment Inc., request to hold "Hispanic Family Festival" at Patton Park from 1:00 PM to 10:00 PM. Set up begins 5-24-19 and tear down complete 5-28-19.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

**OFFICE OF CONTRACTING
AND PROCUREMENT**

May 22, 2019

HONORABLE CITY COUNCIL:

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

6001465 100% City Funding –AMEND 1– To Provide Additional Renovations to the GSD Reception Area. (Additional Painting, and a Privacy Glass). – Contractor: Cross Renovations – Location: 34133 Schoolcraft Rd., Livonia, MI 48150 – Contract Period: Upon City Council Approval through June 1, 2019 – Contract Increase: \$4,000 – Total Contract Amount: \$353,377.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM _____ SHEFFIELD

RESOLVED, that Contract No. 6001465 referred to in the foregoing communication dated May 22, 2019, be hereby and is approved.

21

**OFFICE OF CONTRACTING
AND PROCUREMENT**

May 22, 2019

HONORABLE CITY COUNCIL:

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

6002092 100% City Funding – To Provide Park Repairs at Maheras Park. –
Contractor: Michigan Recreational Construction, Inc. – Location: 18631
Conant, Detroit, MI 48234 – Contract Period: Upon City Council
Approval through May 20, 2021 – Total Contract Amount: \$870,830.00.
GENERAL SERVICES

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM SHEFFIELD

RESOLVED, that Contract No. 6002092 referred to in the foregoing communication dated May 22, 2019, be hereby and is approved.