

5-7-19

**NEW**

**BUSINESS**



## TAKEN FROM THE TABLE

Council Member Benson moved to take from the table a Proposed Ordinance to amend Chapter 55 of the 1984 Detroit City Code, *Traffic and Vehicles*; by amending Article I, titled *Generally*, Division 1, *Administration*, by amending Section 55-1-6 to modify the definition of residential parking permit area. Laid on the table April 2, 2019.

The Ordinance was then placed on the order of third reading.

### THIRD READING OF ORDINANCE.

The title to the Ordinance was read a third time.

The ordinance was then read.

The question being "Shall this Ordinance Now Pass?"

The Ordinance was passed, a majority of the Council Members present voting therefore as follows:

PUBLIC HEALTH AND SAFETY STANDING COMMITTEE



MONDAY, MAY 6, 2019

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10:06 A.M. – PUBLIC HEARING

(RCL/MS/mgw)

RE: An Proposed Ordinance to amend Chapter 55 of the 1984 Detroit City Code, *Traffic and Vehicles*; by amending Article I, titled *Generally*, Division 1, *Administration*, by amending Sections 55-1-6 to modify the definition of residential parking permit Area

Attending:

(Mayor's Office, Law Department, Municipal Parking Department, Department of Public Works, and Legislative Policy Division)

ENTERED MAY 06 2019 - Move to Formal - RLM (30)



# City of Detroit

## CITY COUNCIL



Janeé Ayers  
Scott Benson  
Raquel Castañeda-López  
Gabe Leland  
Roy McCalister, Jr.  
André L. Spivey  
James Tate

Janice M. Winfrey  
City Clerk

Brenda Jones  
President

Mary Sheffield  
President Pro Tem

April 24, 2019

Mr. Lawrence Garcia, Corporation Counsel, Law Department  
Ms. Julianne Pastula, Senior Assistant Corporation Counsel, Law Department  
Mr. Garry Bulluck, Deputy Chief of Mobility Innovation, Mayor's Office  
Mr. Keith Hutchings, Director, Municipal Parking Department  
Mr. Kimani Jeffrey, Staff, City Council's Legislative Policy Division  
Mr. Ron Brundidge, Director, Department of Public Works  
Mr. David Whitaker, Director, City Council's Legislative Policy Division

**RE: An Proposed Ordinance to amend Chapter 55 of the 1984 Detroit City Code, Traffic and Vehicles, by amending Article I, titled Generally, Division 1, Administration, by amending Sections 55-1-6 to modify the definition of Residential Parking Permit Area**

Your respective departments are requested to be present or represented at the **PUBLIC HEARING** on the above-captioned proposed ordinance amendment, scheduled for **MONDAY, MAY 6, 2019 AT 10:06 A.M.**, in Public Health and Safety Standing Committee, in the Council's Committee Room, 13<sup>th</sup> Floor, Coleman A. Young Municipal Center.

A copy of the proposed ordinance is enclosed for your convenience. Please note, increased security measures for entrance into this building may cause delays, therefore, allow sufficient time for prompt arrival.

Very truly yours,

A handwritten signature in black ink, appearing to read "Janice M. Winfrey".

Janice M. Winfrey  
City Clerk

JMW/mgw

Enclosure

cc: Ms. Stephanie Washington, Legislative Liaison, Mayor's Office  
Ms. Ericka Savage Whitley, Assistant Corporation Counsel, Law Department

Janice M. Winfrey, City Clerk  
200 Coleman A. Young Municipal Center • Detroit, Michigan 48226  
(313) 224-3266



CITY OF DETROIT  
LAW DEPARTMENT

USE!

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 500  
DETROIT, MICHIGAN 48226-3437  
PHONE 313-224-4550  
FAX 313-224-5505  
WWW.DETROITMI.GOV

March 6, 2019

Detroit City Council  
1340 Coleman A. Young Municipal Center  
Detroit, Michigan 48226

Re: Proposed Amendment of Chapter 55 of the 1984 Detroit City Code, *Traffic and Vehicles*; by amending Article I, titled *Generally*, Division 1, *Administration*, by amending Sections 55-1-6 to modify the definition of residential parking permit area.

Honorable City Council:

The Law Department has prepared and approved as to form the above-referenced ordinance for your consideration. The proposed ordinance, if adopted, will not take effect unless the broader amendments to Chapter 55 regarding the residential parking permit program is enacted.

Respectfully submitted,

Julianne V. Pastula  
Senior Assistant Corporation Counsel  
City of Detroit Law Department  
(313) 237-2935

April 2, 2019  
(mgw)

1 BY COUNCIL MEMBERS Castaneda-Lopez and Sheffield:

2 AN ORDINANCE to amend Chapter 55 of the 1984 Detroit City Code, *Traffic and Vehicles*;  
3 by amending Article I, titled *Generally*, Division 1, *Administration*, by amending Sections 55-1-6 to  
4 modify the definition of residential parking permit area.

5 IT IS HEREBY ORDAINED BY THE PEOPLE OF THE CITY OF DETROIT THAT:

6 Section 1. Chapter 55 of the 1984 Detroit City Code, *Traffic and Vehicles*; be amended by  
7 amending Article I, titled *Generally*, Division 1, *Administration*, by amending Sections 55-1-6 to modify  
8 the definition of residential parking permit area., to read as follows:

9 CHAPTER 55. TRAFFIC AND VEHICLES

10 ARTICLE I. GENERALLY

11 DIVISION 1. ADMINISTRATION

12 Sec. 55-1-6. Definitions: q-s.

13 For purposes of this chapter, the following words and phrases, which have not been  
14 incorporated by reference through Article III of this chapter, shall have the meanings respectively  
15 ascribed to them by this section:

16 *Rate level* means the parking rate levels established in accordance with Section 55-4-63.

17 *Recreational equipment* means boats, snowmobiles, off-road vehicles, dune buggies, jet  
18 skis, or other similar items.

19 *Registrant* means the owner of a bicycle who has registered the bicycle with the Police  
20 Department.

21 *Registration* means a registration certificate, plate, adhesive tab, or other indicator of  
22 registration issued under this act for display on a vehicle.

23 *Residence district* means the territory contiguous to a highway, where the frontage on such  
24 highway for a distance of 300 feet or more is mainly occupied by dwellings, or by dwellings and

1 buildings, that are not in use for business.

2 *Residential parking permit area* means: an area designated pursuant to Article II,  
3 Enforcement, Division 2, Residential Parking Permits of this Chapter

4 (1) ~~An area that contains a minimum of six contiguous block faces, or three~~  
5 ~~blocks facing each other or any contiguous combination thereof, or~~

6 (2) ~~An area that contains less than a minimum of six contiguous block faces, or~~  
7 ~~three blocks facing each other or any contiguous combination thereof, which has~~  
8 ~~been approved by the City Council as a residential parking permit area, and consists~~  
9 ~~primarily of residential dwellings where on-street parking is regulated, pursuant to~~  
10 ~~Sections 55-2-21 through 55-2-26 of this Code, to provide residents of such~~  
11 ~~designated areas with reasonable access to on-street parking spaces at their~~  
12 ~~residences.~~

13 *Residential street* means any portion of any street or highway that is adjacent to or abutting  
14 any land that is either zoned R1, R2, R3, R4, R5, R6, or Residential PD in the Zoning Ordinance  
15 of the City, being Chapter 61 of this Code, or is developed with a single-family house, two-family  
16 house, town house, multiple-family dwelling, or rooming house.

17 *Restraint* means a device that is used to immobilize a vehicle such as a “boot” or a  
18 “Denver boot.”

19 **Secs. 55-1-7 – 55-1-30. Reserved.**

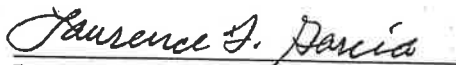
Section 2. All ordinances or parts of ordinances in conflict with this ordinance are repealed.

Section 3. This ordinance is declared necessary for the preservation of the public peace, health, safety, and welfare of the people of the City of Detroit.

Section 4. If this ordinance is passed by a two-thirds (2/3) majority of City Council members serving, it shall be given immediate effect and shall become effective upon publication in accordance with Section 4-118 of the 2012 Detroit City Charter; if passed by less than a two-thirds (2/3) majority of City Council members serving, it shall become effective no later than thirty (30) days after publication in accordance with Section 4-118 of the 2012 Detroit City Charter; if this ordinance specifies a certain date to become effective, it shall become effective in accordance with the date specified therein, subject to the publication requirement in Section 4-118 of the 2012 Detroit City Charter.

Section 5. This ordinance shall not take effect unless the companion ordinance amending amend Chapter 55 of the 1984 Detroit City Code, *Traffic and Vehicles*; Article II, *Enforcement*, Division 2, *Residential Parking Permits*, dates March 6, 2019, is enacted.

**Approved as to form:**

  
Lawrence Garcia  
Corporation Counsel

2 55  
1

### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 692 Event Name: Detroit T - Shirt Festival

Event Date: May 24 - 27, 2019

Street Closure: None

Organization Name: Ricardo J. Copeland

Street Address: 277 Gratiot Avenue Detroit, MI 48226

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

Event Elements (check all that apply):

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

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

The 3rd Annual Detroit T - Shirt Festival will host local apparel companies to sell Detroit merchandise at the right-of-way located at 1407 Randolph from 10:00am - 7:00pm.

**\*\* 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
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permit Required for Use of Right-of-Way
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction

ENTERED MAY 06 2019 - Move to New Business - R.M. (z/c)

CITY CLERK 2019 APR 24 04:19:21

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bike Racks Required to Enclose Location
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors Licenses 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 Luchini

Date: April 23, 2019

## DEPARTMENTAL REFERENCE COMMUNICATION

Monday, April 22, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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### AMENDMENT

Herewith, the following referral is a copy of Petition 692

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

**692**    *Ricardo J. Copeland, request to hold the "Detroit T-Shirt Festival 3" at Sidewalk in front of 1407 Randolph on 5/24/19 - 5/27/19 @ 11AM - 7PM, Set-up on same day at 9AM - 10AM, Tear down on 5/27/19 from 7PM - 9PM*

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

**PETITIONER IS AMENDING PETITION DUE TO:**

**Location Update. See attached.**

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



AMENDED

#1012

### 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: The Detroit T-Shirt Festival

Event Location: SIDE WALK IN FRONT OF 1407 RANDOLPH  
Detroit, MI 48226

Will the event require park use? If yes, which one? Yes

Is this going to be an annual event?  Yes  No

#### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: The Detroit Store

Organization Mailing Address: 277 Gratiot Detroit, MI 48226

Business Phone: 313-826-4327 Business Website: \_\_\_\_\_

Applicant Name: Ricardo Corelano

Business Phone: 313-826-4327 Cell Phone: \_\_\_\_\_ Email: thedetroitstore@gmail.com

Event On-Site Contact Person:

Name: Ricardo Corelano

Business Phone: 313-826-4327 Cell Phone: \_\_\_\_\_ Email: SAME AS ABOVE

Event Elements (check all that apply):

- Walkathon
- Run/Marathon
- Political Event
- Parade
- Convention/Conference

Other: Festival

#692 - Detroit  
T-shirt Festival  
\*Amend to show  
updated location

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

Please provide a brief description of the event: \_\_\_\_\_

AMENDED

#692

# 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: DETROIT T-SHIRT FESTIVAL 3

Event Location: SPRIT PARK PLAZA

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: \_\_\_\_\_

Organization Mailing Address: \_\_\_\_\_

Business Phone: 3138264327 Business Website: \_\_\_\_\_

Applicant Name: Ricardo J. COPELAND

Business Phone: 3138264327 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Event On-Site Contact Person:

Name: Ricardo J. COPELAND

Business Phone: 3138264327 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Event Elements (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Walkathon             | <input type="checkbox"/> Carnival/Circus     | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon          | <input type="checkbox"/> Bike Race           | <input type="checkbox"/> Religious Ceremony  |
| <input type="checkbox"/> Political Event       | <input 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: _____        |

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

DETROIT vendor's selling T-shirts

\_\_\_\_\_

\_\_\_\_\_

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

Begin Set-up Date: 5-24-2019 Time: 9:00am Complete Set-up Date: 5-24-2019 Time: 10:00 am

Event Start Date: 5-24-2019 Time: 10:00am Event End Date: 5-27-2019 Time: 7:00pm

Begin Tearing Down Date: 5-27-2019 7:00pm Complete Tear Down Date: 5-27-2019 9:00 pm

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:

- 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:

None

Will a sound system be used?       Yes       No

If yes, what type of sound system?

Describe specific power needs for entertainment and/or music:

No power needed

How many generators will be used? None

How will the generators be fueled? none

Name of vendor providing generators:

Contact Person:

*No Generators Needed*

Address:

Phone:

City/State/Zip

**Section 5- SALES INFORMATION**

Will there be advanced ticket sales?  Yes  No

If yes, please describe:

Will there be on-site ticket sales?  Yes  No

If yes, list price(s):

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Indicate type of items to be sold:

*T-SHIRTS*

**Section 6- PUBLIC SAFETY & PARKING INFORMATION**

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

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

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

Licensed

Armed

Bonded

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)?

AREA IS CURRENTLY BLOCKED OFF

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	
<del>Booth</del> TABLES	10	4x4 feet TABLES 6x6 feet TABLES	8x8 feet TABLES
Tents (enclosed on 3 sides)	15	10 X 10	
Canopy (open on all sides)	0		
Staging/Scaffolding	0		
Bleachers	0		

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

Contact Person: HATT Medical Service

Address: 1036 W. Fort Street 313-879-2020

City/State/Zip: Detroit Mi 48210

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

Contact Person: Mike / Det Porta Potty Rental Pros.

Address: 1000 CLAY STREET Phone: 313-334-4231

City/State/Zip: Detroit Mi 48211

**Name of private catering company?** None needed

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: Woodward / Sprit Plaza Park FRI to  
Monday  
FROM: MAY 24, 2019 TO: 5-25-19

CLOSURE DATES: 5-24-19 BEG TIME: 10AM END TIME: 7pm  
REOPEN DATE: 5-25-19 TIME: 10AM to 7PM

STREET NAME: Woodward Sprit Park Plaza SAT  
FROM: MAY 25, 2019 TO: 5-26-19

CLOSURE DATES: 5-25-19 BEG TIME: 10AM END TIME: 7pm  
REOPEN DATE: 5-26-19 TIME: 10AM 7PM

STREET NAME: Woodward Sprit Park Plaza SUN  
FROM: 5-26-19 TO: 5-27-19

CLOSURE DATES: 5-26-19 BEG TIME: 10AM END TIME: 7PM  
REOPEN DATE: 5-27-19 TIME: 10AM to 7PM

STREET NAME: Woodward sprit Park Plaza Monday  
FROM: 5-27-19 TO: 5-27-19

CLOSURE DATES: 5-27-19 BEG TIME: 10AM END TIME: 7pm  
REOPEN DATE: Close of Festival TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_  
REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

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

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

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**AUTHORIZATION & 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.

Ricardo J Copeland 2-11-19  
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: DETROIT-T-Shirt Festival 3 Event Date: \_\_\_\_\_

Event Organizer: Ricardo Copeland

Applicant Signature: Ricardo Copeland Date: 2-11-19



2019-02-18

**692**

**692** *Petition of Ricardo J. Copeland,  
request to hold the "Detroit T-Shirt  
Festival 3" at Sidewalk in front of  
1407 Randolph on 5/24/19 - 5/27/19  
@ 11AM - 7PM, Set-up on same day at  
9AM - 10AM, Tear down on 5/27/19  
from 7PM - 9PM*

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

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

**24**

56  
3

## MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 693      Event Name: Kulkarni-Saxena Wedding

Event Date: May 18, 2019

Street Closure: Washington Boulevard

Organization Name: Mayuri Kulkarni

Street Address: 31369 Pickford Avenue

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

Event Elements (check all that apply):

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Walkathon              | <input type="checkbox"/> Carnival/Circus       | <input type="checkbox"/> Concert/Performance                          | <input type="checkbox"/> Run/Marathon        |
| <input type="checkbox"/> Bike Race              | <input type="checkbox"/> Religious Ceremony    | <input type="checkbox"/> Political Ceremony                           | <input type="checkbox"/> Festival            |
| <input type="checkbox"/> Filming                | <input 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>Horse Carriage Ride</u> |  |
| <input type="checkbox"/> 24-Hour Liquor License |  |   |  |

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

The Kulkarni-Saxena Wedding being held at the Westin Book Cadillac will host a Barat (groom's wedding procession) on Washington Boulevard from 9:30am - 11:00am with a horse and carriage.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permit Required
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>No Jurisdiction</b>

ENTERED MAY 08 2019 - Max to New Business - RM (30)

CITY CLERK 2019 APR 24 04:19:20

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

**MAYOR'S OFFICE**

Signature: Bethanie Audier

Date: April 23, 2019

## DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, April 09, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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### AMENDMENT

Herewith, the following referral is a copy of Petition **693**

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

**693**    *Mayuri Kulkarni, request to hold "Kulkarni-Saxena Wedding" at 1114 Washington Blvd on 5/18/19 from 9:30AM - 10:AM, Set up on same day @ 8:30AM - 9:30AM, Tear down on same day, Street closure on Wshington Blvd at Michigan to State Street from 8:30AM - 11AM on 5/18/19.*

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

**PETITIONER IS AMENDING PETITION DUE TO:**

**Time change to 9:30am until 10:30am. See attached.**

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

#2019

A pre-wedding parade with the groom on a horse, and his friends and family behind him dancing to music being played. Music will be played by a speaker on a small mobile cart following the group around.

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

Begin Set-up Date : 05/18/2019 Time:9:00 am Complete Set-up Date: 05/18/2019 Time: 9:30am

Event Start Date: 05/18/2019 Time: 9:30m Event End Date: 05/18/2019 Time: 10:30am

Begin Tearing Down Date: 05/18/2019 Complete Tear Down Date:05/18/2019

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

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:

A speaker on small mobile cart.

**AMENDED**

Will a sound system be used?  Yes  No

If yes, what type of sound system? Speaker on a small mobile cart.

**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

CITY CLERK'S APPR 2019

If yes, list price(s): \_\_\_\_\_

Will there be vending or sales?  
If yes, check all that apply:

Yes  No

Food       Merchandise       Non-Alcoholic Beverages       Alcoholic Beverages

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

Will there be food trucks?  
If yes, please list how many:

Yes  No

Will there be a charge for parking?  
If yes, please describe the amount:

Yes  No

How will you advise attendees of parking options? They are friends and family. We talk them directly.

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: \_\_\_\_\_

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

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

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

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

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

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

Licensed

Armed

Bonded

### Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

Sound carry over, one block along the street blocked off for one hour.

Have local neighborhood groups/businesses approved your event?

Yes  No

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

Letter submitted by the Westin to DPD. The only other business on the street is a parking garage which we will be talking to soon.

### Section 8- EVENT SET-UP

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

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:  
none

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**Name of vendor providing generators:** Contact Person:

Address:

Phone:

City/State/Zip

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

**Section 9- COMPLETE ALL THAT APPLY**

**Emergency medical services?**

Contact Person:

Address:

City/State/Zip:

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

Contact Person:

Address:

Phone:

City/State/Zip:

**Name of private catering company?**

Contact Person:

Address:

Phone:

City/State/Zip:



**SPECIAL USE REQUESTS**

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

Will there be street closures?  Yes  No

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

**STREET NAME:** Washington Blvd

FROM: Michigan Ave TO: State Rd

CLOSURE DATES: 05/18/2019 BEG TIME: 9:00 am END TIME: 10:30am

REOPEN DATE: 05/18/2019 TIME: 10:30am

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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**AUTHORIZATION & AFFADAVIT OF APPLICANT**

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

---

Signature of Applicant Mayuri Kulkarni Date 0/21/2019

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: Wedding baraat**  
**Event Date: 05/18/2019**  
**Event Organizer: Mayuri Kulkarni**

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**Applicant Signature:** Mayuri Kulkarni \_\_\_\_\_  
**Date:** 03/21/2019 \_\_\_\_\_



## DEPARTMENTAL REFERENCE COMMUNICATION

*Wednesday, February 20, 2019*

*To: The Department or Commission Listed Below*

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

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

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

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

**693**    *Mayuri Kulkarni, request to hold "Kulkarni-Saxena Wedding" at 1114 Washington Blvd on 5/18/19 from 9:30AM - 11AM, Set up on same day @ 8:30AM - 9:30AM, Tear down on same day, Street closure on Wshington Blvd at Michigan to State Street from 8:30AM - 11AM on 5/18/19.*

# City of Detroit Special Events Application

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

## Section 1- GENERAL EVENT INFORMATION

Event Name: Kulkarni-Saxena Wedding

Event Location: 2 Washington Blvd, Detroit, MI 48226

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Mayuri Kulkarni

Organization Mailing Address: 31369 Pickford Avenue

Business Phone: 773 988 9109 Business Website: none

Applicant Name: Mayuri Kulkarni

Business Phone: 7739889109 Cell Phone: 7739889109 Email: minalmayuri@gmail.com

### Event On-Site Contact Person:

Name: Mayuri Kulkarni

Business Phone: 7739889109 Cell Phone: 7739889109 Email: minalmayuri@gmail.com

### Event Elements (check all that apply)

- Walkathon
- Run/Marathon
- Political Event
- Parade
- Convention/Conference
- Carnival/Circus
- Bike Race
- Festival
- Sports/Recreation
- Fireworks
- Concert/Performance
- Religious Ceremony
- Filming
- Rally/Demonstration
- Other: Horse Carriage ride for

Projected Number of Attendees: 100 plus or minus 50.

Please provide a brief description of your event:

A horse ride with music at the Washington blvd entrance to the Westin Book Cadillac Hotel. Attendees

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

Begin Set-up Date 05/18/2019 Time:8:30 am Complete Set-up Date:05/18/2019 Time:09:30 am

Event Start Date:05/18/2019 Time:9:30 am Event End Date:05/18/2019 Time:11:00 am

Begin Tearing Down Date:05/18/2019 Complete Tear Down Date:05/18/2019

Event Times (If more than one day, give times for each day):  
9:30 am to 11:00 am on 05/18/2019

**Section 3- LOCATION/SITE INFORMATION**

Location of Event:From Washington Blvd and Michigan Ave intersection, to Washinton Blvd and State Street

Facilities to be used (Check) Street  Sidewalk  Park \_\_\_\_\_ City \_\_\_\_\_

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

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

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

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

Music played on a small mobile cart with 2 speakers.

Will a sound system be used?  Yes  No

If yes, what type of sound system? 2 speakers on a mobile cart.

Describe specific power needs for entertainment and/or music:

Self powered cart/ speakers.

How many generators will be used? none \_\_\_\_\_

How will the generators be fueled?

-

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip

### Section 5- 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:

No items will be sold. I have checked off non-alcoholic beverages, but NO food or beverage will be consumed/sold/served. The form required me to click something so I did.

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Contact Person:-

Address:-

Phone:-

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

They have valet parking at our wedding venue.



## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
Pedestrian traffic will not be affected. Possible sound carryover from the music being played outside. There are no other businesses on that section of Washington Blvd. There is a parking lot at the intersection of Washington Blvd and State Street (E-Z Parking), and their entrance on State Street will remain open.

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

Indicate what steps you have or will take to notify them of your event:  
Will notify E-Z Parking verbally.

## Section 8- EVENT SET-UP

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

	How Many?	Size/Height
Booth	0	
Tents (enclosed on 3 sides)	0	
Canopy (open on all sides)	0	
Staging/Scaffolding	0	
Bleachers	0	

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

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

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

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

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

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

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

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

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

**Name of private catering company?**

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

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

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

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

**SPECIAL USE REQUESTS**

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

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

**STREET NAME:** Washington Blvd

**FROM:** Michigan Ave **TO:** State Street

**CLOSURE DATES:** 05/18/2019 **BEG TIME:** 8:30 am - **END TIME:**

**REOPEN DATE:** 05/18/2019, 11:00 am **TIME:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**AUTHORIZATION & AFFADAVIT OF APPLICANT**

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

eSigned on 02/02/2019 at 10:00 AM  
*Mayuri Kulkarni*  
Key: a33ba510d22b80f9ca708ac27d70785

02/02/2019

Signature of Applicant

Date

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

**HOLD HARMLESS AND INDEMNIFICATION**

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

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

**Event Name:** Kulkarni-Saxena Wedding \_\_\_\_\_ **Event**  
**Date:** 05/18/2019 \_\_\_\_\_

**Event Organizer:**  
Mayuri Kulkarni \_\_\_\_\_

**Applicant Signature:** eSigned on 02/02/2019 at 10:00 AM  
*Mayuri Kulkarni*  
Key: a33ba510d22b80f9ca708ac27d70785 \_\_\_\_\_

**Date:** 02/02/2019 \_\_\_\_\_

# 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: PurpleStride Detroit 2019  
Event Location: Milliken State Park

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Pancreatic cancer Action Network  
Organization Mailing Address: 1500 Rosecrans Avenue, Suite 200, Manhattan Beach, CA 90266  
Business Phone: 3107063563 Business Website: www.purplestride.org/detroit

Applicant Name: Jennifer Rebollo  
Business Phone: 3107063563 Cell Phone: 3109200354 Email: jrebollo@pancan.org

Event On-Site Contact Person:  
Name: Jennifer rebollo  
Business Phone: 3107063563 Cell Phone: 3109200354 Email: jrebollo@pancan.org

### Event Elements (check all that apply)

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

Projected Number of Attendees: 2000  
Please provide a brief description of your event:

PurpleStride Detroit is a family friendly 5K and 1 mile walk/run focused on raising awareness and funds

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

Begin Set-up Date 05/10/2019 Time: 10am Complete Set-up Date: 05/10/2019 Time: 6pm

Event Start Date: 05/11/2019 Time: 7:30am Event End Date: 05/11/2019 Time: 1pm

Begin Tearing Down Date: 05/11/2019 Complete Tear Down Date: 05/11/2019

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

Registration Opens: 7:30 AM; Opening Ceremony: 8:30 AM; Run/Walk Begins: 9:00 AM

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Milliken State Park

Facilities to be used (Check) Street  Sidewalk  Park  City

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

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

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

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

DJ playing music

Will a sound system be used?  Yes  No

If yes, what type of sound system? TBD

Describe specific power needs for entertainment and/or music:

1 Generator

How many generators will be used? 1

How will the generators be fueled?  
TBD

Name of vendor providing generators:

Contact Person: Mark Allen- Allen Audio

Address: 24014 Haggerty Rd.

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

City/State/Zip Farmington Hills, MI 48335

### 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:

Organizational merchandise

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Securitas

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

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

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

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

Number of Private Security Personnel Hired Per Shift:

1

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

All participant email notifications; will include suggested parking options on event website; Team captain Facebook group; Team Captain emails; Reminders at Packet Pickup

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

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
Street closures needed for run/walk

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

Indicate what steps you have or will take to notify them of your event:  
Will send notification of the event along with route layout and dates/times of street closures to all residents and businesses

**Section 8- EVENT SET-UP**

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

	How Many?	Size/Height
Booth	15- 20	
Tents (enclosed on 3 sides)	1	10x20
Canopy (open on all sides)	15-20	10x20, 10x10
Staging/Scaffolding	1	
Bleachers		

**Section 9- COMPLETE ALL THAT APPLY**

**Emergency medical services?**

Contact Person: Hart EMS 313-366-4278

Address: 222 Bagley Suite 912

City/State/Zip: Detroit, MI 48226

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

Contact Person: Parkway Services

Address: 2876 Tyler Road

Phone: 734-482-7633

City/State/Zip: Ypsilanti

**Name of private catering company?**

Contact Person: N/A

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: Atwater  
FROM: Miliken State park (1900 Atwater) TO: Steve Yezmen

CLOSURE DATES: 5/11/2019 BEG TIME: 9am to 12pm END TIME:  
REOPEN DATE: 5/11/2019 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**

Waiting on EMS agreement

**AUTHORIZATION & AFFADAVIT OF APPLICANT**

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

eSigned via BusinessDocs.com  
*Jennifer Rebecca Rebollo*  
# eS: 4036A19C22B8495A7478442501765

02/01/2019

Signature of Applicant

Date

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

**HOLD HARMLESS AND INDEMNIFICATION**

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

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

**Event Name:** PurpleStride Detroit 2019 **Event**

**Date:** N/A

**Event Organizer:**  
Jennifer Rebollo

eSigned via BusinessDocs.com  
*Jennifer Rebecca Rebollo*  
# eS: 41376a110b02f90b954ca7c84c2730785

**Applicant Signature:**

**Date:** 02/01/2019

**Cherrie Wiggins - Re: Petition #693 "Kulkarni-Saxena Wedding"**

---

**From:** Mayuri K <minalmayuri@gmail.com>  
**To:** Cherrie Wiggins <wigginsc@detroitmi.gov>  
**Date:** 2/18/2019 10:18 PM  
**Subject:** Re: Petition #693 "Kulkarni-Saxena Wedding"

---

Hello, I need to fix the address on this petition. It should be 1114 Washington Blvd, Detroit, MI,48226.

I accidentally put 2 Washington Blvs.

Please fix that!

Thank you,

Mayuri  
773 988 9109

On Monday, February 18, 2019, Cherrie Wiggins <[wigginsc@detroitmi.gov](mailto:wigginsc@detroitmi.gov)> wrote:

Please find attached

Petition #693 "Kulkarni-Saxena Wedding"

Cherrie Wiggins, Junior Asst. City Council Clerk  
City of Detroit - City Clerks Office  
Suite# 200 Coleman A. Young Municipal Center  
Two Woodward Avenue  
Detroit, Michigan 48226  
Office: 313-224-2022  
Fax: 313-224-2075

2019-02-20

693

693 *Petition of Mayuri Kulkarni, request to hold "Kulkarni-Saxena Wedding" at 1114 Washington Blvd on 5/18/19 from 9:30AM - 11AM, Set up on same day @ 8:30AM - 9:30AM, Tear down on same day, Street closure on Washington Blvd at Michigan to State Street from 8:30AM - 11AM on 5/18/19.*

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REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

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

328

4<sup>63</sup>  
10

**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 813 Event Name: 53rd Annual Flower Day

Event Date: May 19, 2019

Street Closure: Russell Street

Organization Name: Eastern Market Corporation

Street Address: 2934 Russell Street Detroit, MI 48226

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

Event Elements (check all that apply):

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

**24-Hour Liquor License**

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

53rd Annual Flower Day located in Eastern Market from 7:00am - 5:00pm; with temporary street closure on Russell Street between Wilkins & I-75 Service Drive.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Eastern Market Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Superior Ambulance to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

ENTERED MAY 06 2019 - Move to New Business - RIM (2,0)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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"/>	No Parking Signs Required within Closure
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Lushier

Date: April 23, 2019

## DEPARTMENTAL REFERENCE COMMUNICATION

*Monday, April 15, 2019*

*To: The Department or Commission Listed Below*

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

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

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

---

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

**813**    *Eastern Market Corporation, request to host "53rd Annual Flower Day" at 2934 Russell Between Wilkens & Service Dr., on 5-19-19 from 7AM - 5PM, Set-up on 5-19-19 @ 4 AM-7AM, Tear down following event, Street closure on Russell from Wilkens to I-75.*



### 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: 53rd Annual Flower Day

Event Location: 2934 Russell between Wilkens and Service Drive

Is this going to be an annual event?  Yes  No

#### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Eastern Market Corporation

Organization Mailing Address: 2934 Russell Street

Business Phone: 313 833-9300 ext. 224 Business Website: easternmarket.org

Applicant Name: Melissa Thomas

Business Phone: 313 833-9300 ext. Cell Phone: 313 740-1462 Email: mthomas@easternmarket.org

**Event On-Site Contact Person:**

Name: Melissa Thomas

Business Phone: 313 833-9300 Cell Phone: 313 740-1462 Email: mthomas@easternmarket.org

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

- Walkathon
- Run/Marathon
- Political Event
- Parade
- Convention/Conference
- Carnival/Circus
- Bike Race
- Festival
- Sports/Recreation
- Fireworks
- Concert/Performance
- Religious Ceremony
- Filming
- Rally/Demonstration
- Other: Food vendors, street

Projected Number of Attendees: 100,000-175,000

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

This event is in it's 53rd year and a major event for the Detroit Eastern Market District. The merchants look forward to this event each year due to the number of people who are in attendance. Visitors patronize the businesses with the district; and it is a major event that the local media attends yearly.

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

Begin Set-up Date 05/19/19      Time:4:00 am    Complete Set-up Date:05/19/2019      Time:7:00am

Event Start Date:05/19/2019      Time:7:00am    Event End Date:05/19/2019      Time:5:00pm

Begin Tearing Down Date:05/19/2019      Complete Tear Down Date:05/19/2019

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

**Section 3- LOCATION/SITE INFORMATION**

Location of Event:Russell Street (Wilkins to I 75 Service Drive)

Facilities to be use(Check)    Street       Sidewalk       Park      City

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

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

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

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

Street Performers, Bands, Dancers

Will a sound system be used?     Yes     No

If yes, what type of sound system?

Describe specific power needs for entertainment and/or music:

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

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip

### Section 5- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No

If yes, please describe:

Will there be on-site ticket sales?  Yes  No

If yes, list price(s):

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food  Merchandise  Non-Alcoholic Beverages  Alcoholic Beverages

Indicate type of items to be sold:

T-Shirts, Garden accessories, Clothes, food, jewelry, and hats

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Contact Person: Darius Dawson (Eastern Market Head of Security) & Detroit Police Department

Address: 2934 Russell St.

Phone: (248) 818-2784

City/State/Zip:

Detroit, MI 48207

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?

Eastern Market Parking Lots (Fee Parking)

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
The Eastern Market District Business are invited to participate in the event. The local businesses revenue increases on that day.

Have local neighborhood groups/businesses approved your event?

Yes  No

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

Letters and personal visits from the Event Manager go out to each business owner located on Russell and side streets.

## Section 8- EVENT SET-UP

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

	How Many?	Size/Height
Booth	10x10	
Tents (enclosed on 3 sides)	Varies	
Canopy (open on all sides)	Varies	
Staging/Scaffolding	NA	
Bleachers	NA	

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

Contact Person: Superior Ambulance

Address:

City/State/Zip:

**Name of company providing port-a-Johns.** Ace Duecee/ Scotties Potties

Contact Person:

Address: P.O. Box 346

Phone: 734 782-3829

City/State/Zip: Carleton, MI 48117

**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: Russell  
FROM: Wilkins on the north end TO: I 75 Service Drive

CLOSURE DATES: 05/19/2019 BEG TIME: 4:00am END TIME:  
REOPEN DATE: 6:00pm 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 & 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.

Signature of Applicant  
*Melissa Nicole Thomas*  
Key: 400fa18020108014a71041230275A

04/10/2019

Signature of Applicant

Date

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

**HOLD HARMLESS AND INDEMNIFICATION**

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

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

Event Name: 53rd Flower Day **Event**  
Date: 05/19/2019

Event Organizer:  
Melissa Thomas

Signature of Applicant  
*Melissa Nicole Thomas*  
Key: 400fa18020108014a71041230275A

Applicant Signature: \_\_\_\_\_  
Date: 04/10/2019

97

2019-04-15

813

813 *Petition of Eastern Market Corporation, request to host "53rd Annual Flower Day" at 2934 Russell Between Wilkens & Service Dr., on 5-19-19 from 7AM - 5PM, Set-up on 5-19-19 @ 4 AM- 7AM, Tear down following event, Street closure on Russell from Wilkens to I-75.*

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REFERRED TO THE FOLLOWING DEPARTMENT(S)

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



5 64

**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 819 Event Name: Slow Roll

Event Date: May 20 - October 28, 2019

Street Closure: Various

Organization Name: Detroit Bike City, Inc.

Street Address: 440 Burroughs Suite 606 Detroit, MI 48202

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

Event Elements (check all that apply):

- Walkathon       Carnival/Circus       Concert/Performance       Run/Marathon
- Bike Race       Religious Ceremony       Political Ceremony       Festival
- Filming       Parade       Sports/Recreation       Rally/Demonstration
- Fireworks       Convention/Conference       Other: 8 - 10 Mile Bike Tour
- 24-Hour Liquor License**

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

Slow Roll will conduct a weekly bike ride each Monday from 6:30pm - 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 Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted; No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required for Food Trucks

ENTERED MAY 06 2019 - Move to New Business - RLM (2,0)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barricades Required for Setup Locations
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License 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"/>	Purchase of Parking Meters within Setup Locations Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Lushier

Date: April 23, 2019

## DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, April 24, 2019

To: *The Department or Commission Listed Below*

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

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

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

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

**819**    *Detroit Bike City, Inc., request to hold "Slow Roll" at Various locations in city, on most Monday evenings (exception Wed. 5/29) starting 5/20/19 - 10/28/19 at 6:30 PM - 10 PM, Set up on each Monday @ 5 PM - 5:30 PM, tear down after each event, with multiple street closures.*

## 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: Slow Roll

Event Location: Various locations in city, on most Monday evenings (exception Wed. 5/29)

Is this going to be an annual event?  Yes  No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit Bike City, Inc.

Organization Mailing Address: 440 Burroughs St. Suite 606 Detroit MI 48202

Business Phone: 734-277-0913

Business Website: www.slowroll.bike

Applicant Name: Jeff Herron

Business Phone: 734-277-0913

Cell Phone: 734-277-0913

Email: herronlawgroup@gmail.com

Event On-Site Contact Person:

Name: Mike MacKool

Business Phone: 313-399-2898

Cell Phone: 313-399-2898

Email: mike.mackool@gmail.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: 8-10 mile bike tour

Projected Number of Attendees: 2,000-3,000 weekly

Please provide a brief description of your event:

Slow Roll is a weekly bike ride of 8-10 miles conducted on Mondays, May-October, from locations which vary weekly as approved by DPD. The ride takes place under a DPD escort. It is attended by residents and non-residents of Detroit. Rider gather approximately an hour before the ride start time (6:30 pm), ride 8-10 miles over approx. 1.5 hours; then return to the starting point. Routes are pre-determined in consultation with and approval of DPD.

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

Begin Set-up Date Each Monday Time:5:00pm Complete Set-up Date:Each Monday Time:5:30pm

Event Start Date:Each Monday Time:6:30pm Event End Date:Each Monday Time:10:00pm

May 20, 2019

October 28, 2019

Begin Tearing Down Date:Each Monday Complete Tear Down Date:Each Monday

Event Times (If more than one day, give times for each day):  
After Labor Day, event time advances by 30 minutes to an earlier start

No rides are schedule for Monday of Memorial Day, Fireworks, July 1, or Labor Day. The annual ride from Cadillac Square to Belle Isle to ride the Grand Prix course is schedule for WEDNESDAY, 5/29, our only non-Monday ride

**Section 3- LOCATION/SITE INFORMATION**

Location of Event:Varies with approval of DPD/Council Committee

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

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

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

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

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

Typically Slow Roll provide a DJ before and after the ride as riders gather/retutn

Will a sound system be used?  Yes  No

If yes, what type of sound system? Small portable PA system with two speakers

Describe specific power needs for entertainment and/or music:

We draw on locally available power sources on site. Occasionally use a small generator

How many generators will be used? 1, on occasion, site specific.

How will the generators be fueled?  
Portable can if necessary.

Name of vendor providing generators:

Contact Person: Mike MacKool - generator owned by applicant organization

Address: 440 Burroughs St, Ste 606

Phone: 313-399-2898

City/State/Zip: Detroit MI 48202

### 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:

When Slow Roll is hosted by a licensed food venue (e.g., Z's Villa) on site food and beverage (including alcoholic beverages) is offered by the host(s). Slow Roll does not directly sale food or beverage.

At other locations, 2-3 food trucks typically offer food and beverage (non-alcoholic)

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: N/A - because we are on site for only 5 hours, no private security retained.

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

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

Licensed  Armed  Bonded

How will you advise attendees of parking options?

Weekly emails to Slow Roll members advise riders or parking options, as well as social media posts

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
 Primary impact is traffic, which is mitigated by DPD control of intersections and venue choice/route design (avoiding certain key roads, minimizing crossings and crossing times of major roads, etc.)

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

Indicate what steps you have or will take to notify them of your event:  
 Efforts vary by venue/neighborhood/affected businesses. We reach out to community groups and business associations, provide info on our social media sites (which are monitored by many of these groups) and make efforts to publicize the events through local media.

## Section 8- EVENT SET-UP

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

	How Many?	Size/Height
Booth	0	
Tents (enclosed on 3 sides)	0	
Canopy (open on all sides)	3-4	10x10
Staging/Scaffolding	0	
Bleachers	0	

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

Contact Person: Hart Medical Services (one ambulance on site 30 minutes before ride, follows ride) \_\_\_\_\_

Address: 1636 W Fort St \_\_\_\_\_

City/State/Zip: , Detroit, MI 48216 \_\_\_\_\_

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

Contact Person: Varies by site \_\_\_\_\_

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

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

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

Contact Person: n/a \_\_\_\_\_

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:** Cadillac Square (north and south lanes)

**FROM:** Bates (north lanes) Woodward **TO:** Randolph

**CLOSURE DATES:** 5/29 (Wed) **BEG TIME:** 5:00 -10:00pm **END TIME:**

**REOPEN DATE:** 5/29 10:00pm **TIME:**

**STREET NAME:** 1st & Plaza Drive (When riding from Beacon

**FROM:** Bagley to Grand River (1st st) **TO:** 1st to Cass (Plaze Dr.)

**CLOSURE DATES:** TBD **BEG TIME:** 5:00 -10:00 pm **END TIME:**

**REOPEN DATE:** Same day 10:00 pm **TIME:**

**STREET NAME:** Piquette (when riding from Z's Villa)

**FROM:** Woodward **TO:** John R

**CLOSURE DATES:** TBD **BEG TIME:** 5:00pm- **END TIME:**

**REOPEN DATE:** Same Day 10:00 pm **TIME:**

**STREET NAME:** Other TBD should new venue locations dictate

**FROM:** TBD in consultation with **TO:**

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

**REOPEN DATE:**  **TIME:**

**STREET NAME:** Note: Cadillac Square and 1st/Plaza Drive were

**FROM:** issued closure permits in 2018 **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.

Signature via DocuSign.com  
*Jeffrey Herron*  
Key: a33ba18023b3d854ee7d942330768

03/26/2019

Signature of Applicant

Date

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

**HOLD HARMLESS AND INDEMNIFICATION**

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

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

**Event Name:** Slow Roll **Event**  
**Date:** 5/13//19

**Event Organizer:**  
Detroit Blke City, Inc. by its Chair:

**Applicant Signature:** Signature via DocuSign.com  
*Jeffrey Herron*  
Key: a33ba18023b3d854ee7d942330768  
**Date:** 03/26/2019

//

**Slow Roll 2019 Ride Locations (Subject to weather)**

**May**

- 20 Palmer Park
- 27 No Ride – Memorial Day
- 29 (WEDNESDAY) Cadillac Square / Grand Prix Ride on Belle Isle

**June (No Tigers Games)**

- 3 Focus Hope
- 10 Piquette Street - Z's Villa
- 17 Eastern Market
- 24 NO RIDE (Fireworks)

**July (No Tigers Games)**

- 1 NO RIDE (JULY 4<sup>TH</sup>)
- 8 West Riverfront Park
- 15 Chandler Park
- 22 Beacon Park

**August**

- 5 Rouge Park
- 12 West Riverfront Park
- 19 Eastpointe Mall- Border Run (Eastpointe/Harper Woods/ District 3)
- 26 Ford Field - Lions Kickoff (connector to Eastern Market Route TBA)

**September**

- 2 NO RIDE – Labor Day
- 9 TBD Rain Make Up Date
- 16 HOMECOMING – Masonic Temple
- 23 Beacon Park
- 30 Eastern Market

**October**

- 7 TBD
- 13 14 Z's Villa

Received at the table 5/6/19

21 TBD Halloween Ride (Location TBD)

2019-04-24

**819**

**819** *Petition of Detroit Bike City, Inc., request to hold "Slow Roll" at Various locations in city, on most Monday evenings (exception Wed. 5/29) starting 5/20/19 - 10/28/19 at 6:30 PM - 10 PM, Set up on each Monday @ 5 PM - 5:30 PM, tear down after each event, with multiple street closures.*

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

MAYOR'S OFFICE POLICE DEPARTMENT  
FIRE DEPARTMENT BUSINESS LICENSE CENTER  
RECREATION DEPARTMENT TRANSPORTATION DEPARTMENT  
MUNICIPAL PARKING DEPARTMENT DPW - CITY

44  
5

6517

# MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 418 Event Name: 32nd Annual Mt. Vernon May Day Parade & Celebration

Event Date: May 18, 2019

Street Closure: None

Organization Name: Mt. Vernon Church

Street Address: 15125 Burt Road Detroit, MI 48235

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

Event Elements (check all that apply):

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

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

32nd Annual Parade & Celebration from 15125 Burt Road to Eliza Howell Park from 10:00am - 3:30pm.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permit Required

ENTERED MAY 02 2019 M.T.F. to NB (RCL) 3-0

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

**MAYOR'S OFFICE**

Signature: Bethanie Austin

Date: April 23, 2019

**City of Detroit**  
**OFFICE OF THE CITY CLERK**

Janice M. Winfrey  
City Clerk

Vivian A. Hudson  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Friday, June 22, 2018*

*To: The Department or Commission Listed Below*

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

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

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

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

**418** *Mt. Vernon Church, request to hold "32nd Annual Mt. Vernon May Day Parade & Celebration" at Eliza Howell Park, and parade on various streets, on May 18, 2019 from 10:00 AM to 3:30 PM with set up and tear down on the event date of 5/18/19.*



## City of Detroit Special Events Application

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

### Section 1- GENERAL EVENT INFORMATION

Event Name: 32<sup>nd</sup> Annual Mt. Vernon May Day Parade & Celebration

Event Location: Parade 15125 Burt Road & Fenkell – Celebration Eliza Howell Park

Is this going to be an annual event? XXX  Yes       No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Mt. Vernon Church

Organization Mailing Address: 15125 Burt Road, Detroit, MI 48235

Business Phone: 313-538-1355

Business Website: \_\_\_\_\_

Applicant Name: Lorraine Richmond, Event Coordinator

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

Cell Phone: 313-912-8006

Email: Lorraine.richmond@ssa.gov

Event On-Site Contact Person:

Name: Lorraine Richmond

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

Same As Above

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

Email: \_\_\_\_\_

Event Elements (check all that apply)

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

Please provide a brief description of your event:

A one day community event beginning with a parade; beginning at Burt Road & Fenkell Traveling to Fenkell &

**Telegraph to Eliza Howell Park. Celebration will be held at Eliza Howell Park.  
What are the projected set-up, event and tear down dates and times (must be completed)?**

Begin Set-up Date :                                  Time:                                  Complete Set-up Date:                                  Time:  
May 18, 2019 - 8:00 am                                  May 18, 2019 9 am

Event Start Date:                                  Time:                                  Event End Date:                                  Time:  
May 18, 2019 – 10:00 am                                  May 18, 2019 3:30 pm

Begin Tearing Down Date: May 18, 2019                                  Complete Tear Down Date: May 18, 2019 3:00 pm

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

N/A

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Eliza Howell Park

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:

- 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: Church Choirs – Dance Groups

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

Will a sound system be used? X  Yes     No

If yes, what type of sound system? **P.A. Sound System**

Describe specific power needs for entertainment and/or music:

Generators

How many generators will be used? **2**

How will the generators be fueled? **Gasoline**

Name of vendor providing generators:

Contact Person: **Jay Stewart – SR**

Audio

Address: **P.O. Box 250008, West Bloomfield, MI 48325**

Phone: **248-788-7500**

City/State/Zip

**Section 5- SALES INFORMATION**

Will there be advanced ticket sales?  Yes  No

If yes, please describe: **FREE EVENT**

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

**THIS IS A FREE EVENT**

Indicate type of items to be sold: **THIS IS A FREE EVENT**

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**Section 6- PUBLIC SAFETY & PARKING INFORMATION**

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

Contact Person: **Mt. Vernon Security Team and the Detroit Police Department**

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?

     **We will have people directing the parking, as we do every year.**

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

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
It is a community event, hopefully, the music will inspire more community to come out to the event, impact very good.

The music will bring more community members to the event, those that did not get a flier and remind those that did that the Event has began.

Have local neighborhood groups/businesses approved your event?  Yes

No Indicate

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

The local groups participate in the 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)		
Canopy (open on all sides)	2	20 x 20
Staging/Scaffolding	Standard Stage	24 x 20 x 4
Bleachers		

**Section 9- COMPLETE ALL THAT APPLY**

**Emergency medical services?**

Contact Person: Mt. Vernon Health and Wellness Ministry "Vanessa Williams, Certified CPR/First Aid/AED Instructor

Address: 15125 Burt Road, Detroit, MI 4823

City/State/Zip:

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

Contact Person: Bob's Port-a-Potties

City/State/Zip:

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**Name of private catering company? Mt. Vernon Church Certified Food Handlers**

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Contact Person: Shirley Nolen

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Address: 15125 Burt Road, Detroit , MI

Phone:313-538-1355

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City/State/Zip:

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

Additional Information: The following companies will provide – ABC Party Rental “chairs; tables; tents; bouncy houses, located in Warren, Mi. Chamberlain Pony Rides – animal farm.

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

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

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**AUTHORIZATION & AFFADAVIT OF APPLICANT**

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



6/18/2018

Signature of Applicant

Date

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

**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.

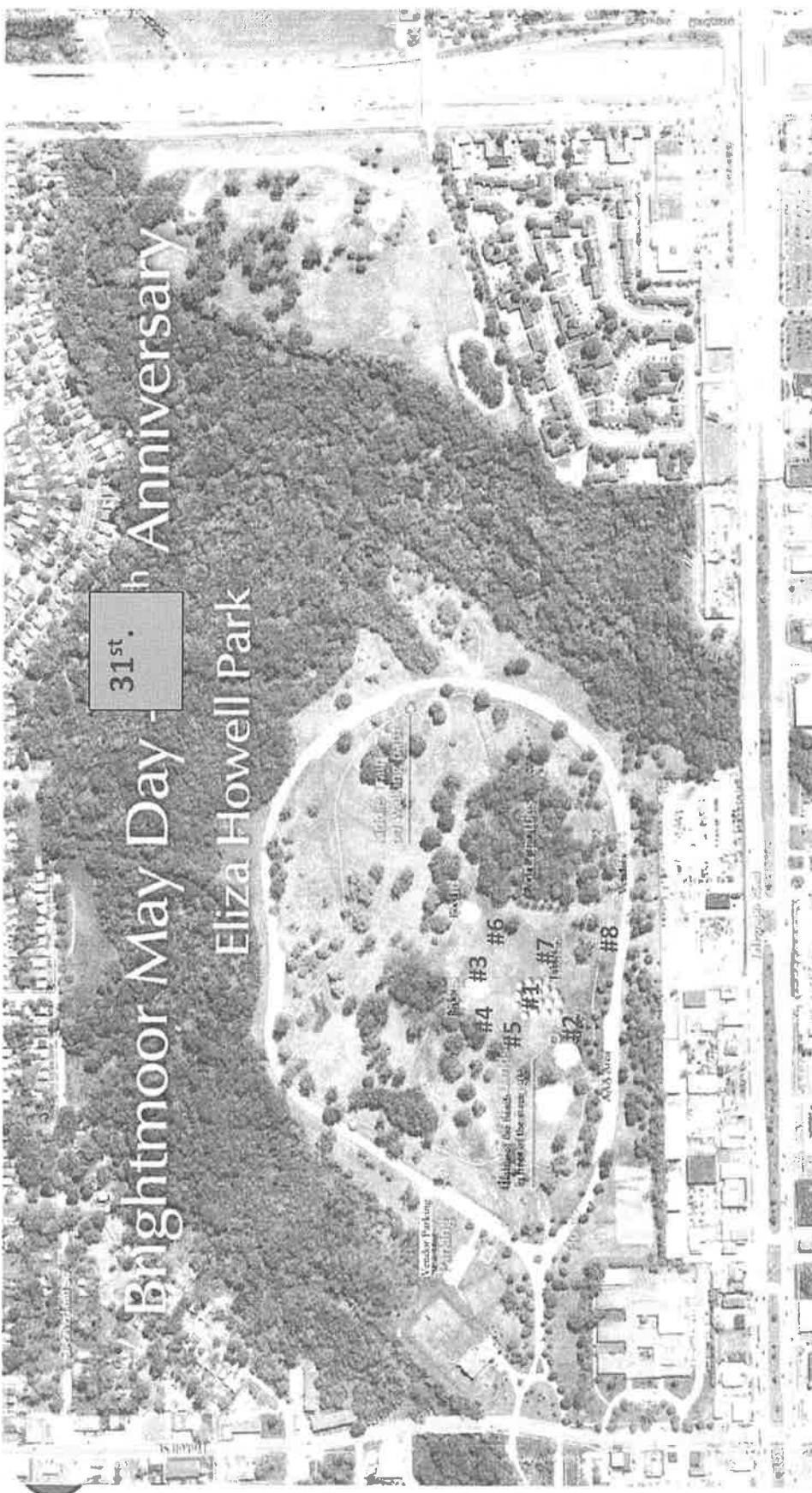
(Please Print)

Event Name: **Mt. Vernon May Day Parade and Celebration.** Event Date: **May 18, 2019**

Event Organizer: **Lorraine Richmond**

Applicant Signature: 

Date: **June 18, 2019**



31st Anniversary

# Brightmoor May Day - 31st Anniversary

Eliza Howell Park

**Mt. Vernon Church  
May Day Event  
Saturday,  
May 19, 2018**

#6 - Porta Potty

#5 - Bouncy House

#4 - Carnival Rides

#3 - Petting Farm

#2 - Stage/DJ

#1 - Tables & Chairs  
Under both 20 x 20 Tents

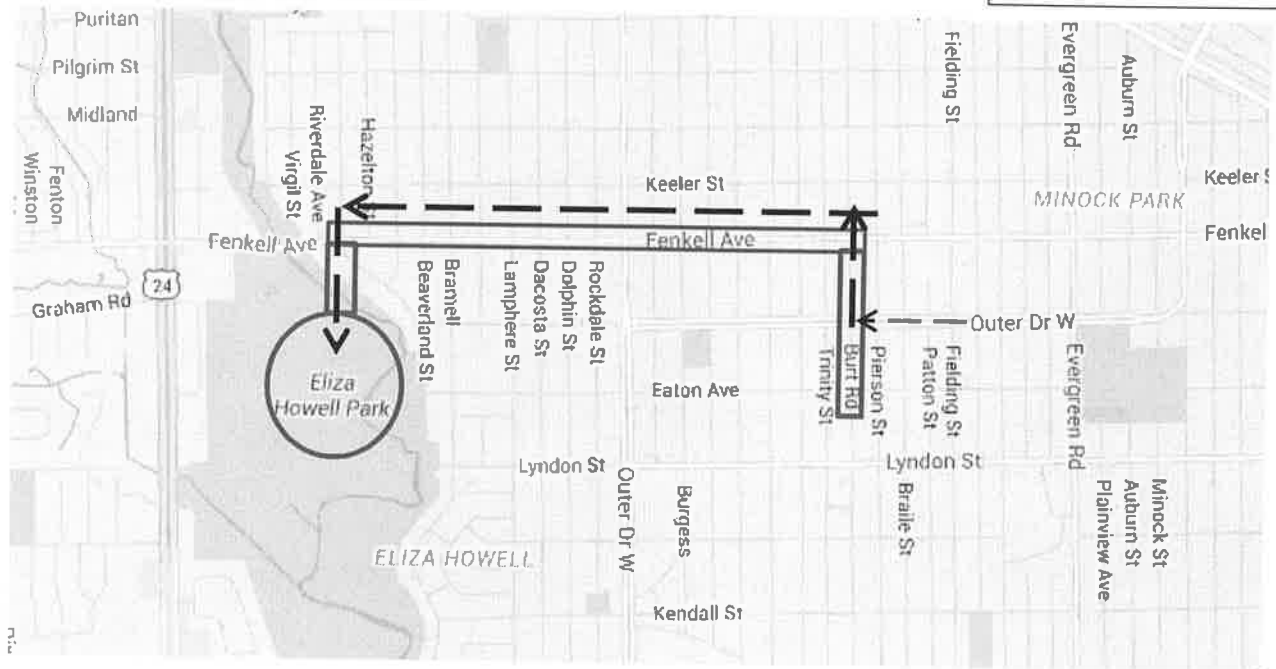
#8 Parking

#7 Food vendor

Parade turn left  
into Eliza Howell  
Park.

Parade turn Left  
on Fenkell

Parade Line-Up at Burt Road  
& Fenkell Extending back to  
Burt Rd. & Outer Drive.



## Mt. Vernon Baptist Church May Day Parade

Saturday, May 19, 2018

8:30 a.m -Line-Up – 10:00 a.m. Parade moving

May Day Coordinator: Lorraine Richmond – [LorraineRichmond@ssa.gov](mailto:LorraineRichmond@ssa.gov)

19

2018-06-22

418

418 *Petition of Mt. Vernon Church, request to hold "32nd Annual Mt. Vernon May Day Parade & Celebration" at Eliza Howell Park, and parade on various streets, on May 18, 2019 from 10:00 AM to 3:30 PM with set up and tear down on the event date of 5/18/19.*

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

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

7-18

**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 633 Event Name: Palmer Park Art Fair

Event Date : June 2 - 3, 2019

Street Closure: Merrill Plaisance

Organization Name: People for Palmer Park & Integrity Shows

Street Address: P.O. Box 43735 Detroit, MI 48243

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

Event Elements (check all that apply):

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

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

Annual Art Fair located at Palmer Park from 10:00am - 5:00pm.

**\*\* 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 12th Precinct will Assist; Contracted with Tricon Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with American Red Cross Trained Volunteers
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permits Required for Street Closure
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

ENTERED MAY 02 2019 M.T.F. to NB (RCL) 3-0

CITY CLERK 2019 APR 24 09:12:11

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents & Generators
	Bus. License	<input 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: April 23, 2019

## DEPARTMENTAL REFERENCE COMMUNICATION

*Tuesday, January 08, 2019*

*To: The Department or Commission Listed Below*

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

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

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

---

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

**633**    *People for Palmer Park and Integrity Shows, Request to hold "Palmer Park Art Fair" at Palmer Park on June 1 and 2, 2019 from 10:00 AM to 7:00 PM and 11:00 AM to 5:00 PM respectively. Set up to begin 5-31-19 and tear down to end 6-2-19.*

# City of Detroit Special Events Application

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

## Section 1- GENERAL EVENT INFORMATION

Event Name: Palmer Park Art Fair  
Event Location: Palmer Park- near the log cabin  
Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: People For Palmer Park and Integrity Shows  
Organization Mailing Address: PO Box 21667, Detroit, MI 48221  
Business Phone: 313 486 2666 Business Website: palmerparkartfair.com

Applicant Name: Mark Loeb  
Business Phone: 313 486 2666 Cell Phone: 734 216 3958 Email: mark@integrityshows.com

Event On-Site Contact Person:  
Name: Mark Loeb  
Business Phone: 313 486 2666 Cell Phone: 734 216 3958 Email: mark@integrityshows.com

- Event Elements (check all that apply)
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Walkathon             | <input type="checkbox"/> Carnival/Circus   | <input type="checkbox"/> Concert/Performance                    |
| <input type="checkbox"/> Run/Marathon          | <input type="checkbox"/> Bike Race         | <input type="checkbox"/> Religious Ceremony                     |
| <input type="checkbox"/> Political Event       | <input type="checkbox"/> Festival          | <input type="checkbox"/> Filming                                |
| <input type="checkbox"/> Parade                | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration                    |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks         | <input checked="" type="checkbox"/> Other: <u>Fine Art Fair</u> |

Projected Number of Attendees: \_\_\_\_\_  
Please provide a brief description of your event:

The Palmer Park Art Fair includes 60 juried artists, a few food trucks and a beer tent. We feature both



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

Begin Set-up Date 05/31/2019 Time: 0800 Complete Set-up Date: 6/1/2019 Time: 10:00

Event Start Date: 06/01/2019 Time: 10:00 Event End Date: 06/02/2019 Time: 17:00

Begin Tearing Down Date: 06/02/2019 Complete Tear Down Date: 06/02/2019

Event Times (If more than one day, give times for each day):  
Sat- 10-7, Sun 11-5

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Palmer Park near the log cabin

Facilities to be used (Check) Street Sidewalk Park  City

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

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

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

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

We permit some buskers and storytellers but mostly have visual arts.

Will a sound system be used?  Yes  No

If yes, what type of sound system? Small one or two speaker system

Describe specific power needs for entertainment and/or music:

We use the power from the log cabin. Food trucks are responsible for their own power.

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

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip

### Section 5- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No

If yes, please describe:

Will there be on-site ticket sales?  Yes  No

If yes, list price(s):

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food  Merchandise  Non-Alcoholic Beverages  Alcoholic Beverages

Indicate type of items to be sold:

Food and art.

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Tricon

Contact Person: Michael Whitaker

Address:

Phone: 248 356 6695

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Varies

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

Through advertising, signs and web site

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

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
We are only open daylight hours and the park is set to handle traffic so we have a minimal impact on the adjacent homes.

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

Indicate what steps you have or will take to notify them of your event:  
People for Palmer Park works with area groups and churches.

**Section 8- EVENT SET-UP**

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

	How Many?	Size/Height
Booth	60	10x10
Tents (enclosed on 3 sides)		
Canopy (open on all sides)	4-5	20x20
Staging/Scaffolding		
Bleachers		

**Section 9- COMPLETE ALL THAT APPLY**

**Emergency medical services?**

Contact Person: Many of our crew are Red Cross Certified

Address:

City/State/Zip:

Name of company providing port-a-johns, Johns Sanitation

Contact Person: Daniel Doccis

Address: Phone: (800) 581-9593

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: Merrill Plaisance

FROM: Woodward TO: Ponchartrain

CLOSURE DATES: No closures- request BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: permission to park on 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**

This is the fifth year for the Palmer Park Art Fair. We work extensively with other non-profits in the community as well as local businesses. The event brings people from the city and suburbs.

As in the past we request a waiver from vending fees so we can afford to keep the participation fees low.

**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.

eSigned via EventSafeDocs.com  
*Mark Loeb*  
Key: 432864184258108516424787446273728

12/07/2018

Signature of Applicant

Date

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

**HOLD HARMLESS AND INDEMNIFICATION**

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

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

**Event Name:** Palmer Park Art Fair **Event**  
**Date:** December 7, 2018

**Event Organizer:**  
People for Palmer Park and Integrity Shows

**Applicant Signature:** *Mark Loeb*  
**Date:** 12/07/2018

P 7

2019-01-09

633

633 *Petition of People for Palmer Park and Integrity Shows. Request to hold "Palmer Park Art Fair" at Palmer Park on June 1 and 2, 2019 from 10:00 AM to 7:00 PM and 11:00 AM to 5:00 PM respectively. Set up to begin 5-31-19 and tear down to end 6-2-19.*

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REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

## MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 647      Event Name: Bike to Work Day

Event Date: May 17, 2019

Street Closure: None

Organization Name: Detroit Greenways Coalition

Street Address: P.O.Box 32013 Detroit, MI 48232

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

Event Elements (check all that apply):

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Walkathon              | <input type="checkbox"/> Carnival/Circus       | <input type="checkbox"/> Concert/Performance                | <input type="checkbox"/> Run/Marathon        |
| <input type="checkbox"/> Bike Race              | <input type="checkbox"/> Religious Ceremony    | <input type="checkbox"/> Political Ceremony                 | <input type="checkbox"/> Festival            |
| <input type="checkbox"/> Filming                | <input 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>Gathering</u> |  |
| <input type="checkbox"/> 24-Hour Liquor License |  |   |  |

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

Citizens will observe National Bike to Work Day in front of the Spirit of Detroit from 7:00am - 9:00am.

**\*\* 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
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction

ENTERED MAY 02 2019 M.T.F. to NB (RCL) 3-0

CITY CLERK 2019 APR 24 4:51:20



Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bike Racks Required to Store Bicycles
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input 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 Aushier

Date: April 23, 2019

## DEPARTMENTAL REFERENCE COMMUNICATION

*Wednesday, January 16, 2019*

*To: The Department or Commission Listed Below*

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

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

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

---

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

**647** *Detroit Greenways Coalition, request to hold "Bike to Work Day" at the Spirit of Detroit Plaza on May 17, 2019 from 7:00am to 9:00am, set-up to begin 5/17/19 @ 6:00am - 7:00am*

# 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: Bike to Work Day

Event Location: Spirit of Detroit Plaza

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit Greenways Coalition

Organization Mailing Address: PO Box 32013, Detroit, MI 48232

Business Phone: 313 649-7249 Business Website: detroitgreenways.org

Applicant Name: Todd Scott

Business Phone: 248 808-1158 Cell Phone: 248 808-1158 Email: todd@detroitgreenways.org

Event On-Site Contact Person:  
Name: Todd Scott

Business Phone: 248 808-1158 Cell Phone: 248 808-1158 Email: todd@detroitgreenways.org

### Event Elements (check all that apply)

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

Projected Number of Attendees: 100-300

Please provide a brief description of your event:

We are providing a meetup location for bike commuters participating in the National Bike to Work Day.

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

Begin Set-up Date 05/17/2019 Time:06:00 Complete Set-up Date:05/17/2019 Time:07:00

Event Start Date:05/17/2019 Time:07:00 Event End Date:05/17/2019 Time:09:00

Begin Tearing Down Date:05/17/2019 Complete Tear Down Date:05/17/2019

Event Times (If more than one day, give times for each day):  
Not applicable

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Spirit of Detroit Plaza

Facilities to be used (Check) Street Sidewalk Park City

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

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

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

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

We anticipate elected officials addressing the participants.

Will a sound system be used?  Yes  No

If yes, what type of sound system? City provided

Describe specific power needs for entertainment and/or music:

The city provided this equipment in 2018. We are working with Council member Benson to do something

How many generators will be used? None

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip

**Section 5- 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:

We are not having vending but this special events form required us to check the above boxes

**Section 6- PUBLIC SAFETY & PARKING INFORMATION**

Name of Private Security Company: None

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

Attendees will be arriving by bicycle. We may work with the Detroit/Wayne County Building Authority to provide an onsite bicycle parking valet on their property

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
We will work to have minimal to no impact.

Have local neighborhood groups/businesses approved your event?

Yes  No

Indicate what steps you have or will take to notify them of your event:  
We work with the DDP on this event.

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth	1-3	10x10
Tents (enclosed on 3 sides)	0	
Canopy (open on all sides)	0	
Staging/Scaffolding	0	
Bleachers	0	

## Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: None, will use 911

Address:

City/State/Zip:

Name of company providing port-a-johns: None

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? Not applicable

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: None

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.

  
City of Detroit Special Events Department

01/09/2019

Signature of Applicant

Date

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


**HOLD HARMLESS AND INDEMNIFICATION**

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

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

Event Name: Bike to Work Day Event  
Date: May 17th, 2019

Event Organizer:  
Detroit Greenways Coalition

Applicant Signature:   
Date: 01/09/2019

2019-01-16

647

647

*Petition of Detroit Greenways  
Coalition, request to hold "Bike to  
Work Day" at the Spirit of Detroit  
Plaza on May 17, 2019 from 7:00am  
to 9:00am, set-up to begin 5/17/19 @  
6:00am - 7:00am*

---

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

## MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 786 Event Name: Dequindre Cut Freight Yard

Event Date: May 19 - September 28, 2019

Street Closure: None

Organization Name: Detroit Riverfront Conservancy

Street Address: 600 Renaissance Center Suite 1720 Detroit, MI 48226

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

Event Elements (check all that apply):

- |                                    |  |   |  |
|------------------------------------|--|---|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus       | <input type="checkbox"/> Concert/Performance                              | <input type="checkbox"/> Run/Marathon        |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony    | <input type="checkbox"/> Political Ceremony                               | <input type="checkbox"/> Festival            |
| <input type="checkbox"/> Filming   | <input 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>Public Space Activation</u> |  |
- 24-Hour Liquor License**

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

The Dequindre Cut Freight Yard will erect shipping containers into a biergarten and local retail gathering space along the Dequindre Cut Greenway with various times of operation 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 Eagle Security to Provide Private Security
	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

**ENTERED** MAY 02 2019 M. T. F. to NB RCL 3-0

CITY CLERK 2019 APR 24 4:19:21

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required; Containers are Self - Contained
	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 Shipping Containers & Electrical
	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: April 23, 2019

## DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, April 04, 2019

To: *The Department or Commission Listed Below*

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

---

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

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

---

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

**786**    *Detroit Riverfront Conservancy, request to host the "Dequindre Cut Freight Yard" at 1855 Alfred Street on 5-19-19 through 9-28-19, Set-up on May 17-19 2019, complete tear down on September 29-30 2019.*

# 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: Dequindre Cut Freight Yard

Event Location: 1855 Alfred Street (BSEED Address) - Dequindre Cut Greenway

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit Riverfront Conservancy

Organization Mailing Address: 600 Renaissance Center, Suite 1720

Business Phone: 313.566.8200

Business Fax: 313.567.3457

Federal Tax ID # 32-0333058

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

Applicant Name: Rachel Frierson

Title/Role: Director of Programming

Email Address: Rachel.frierson@detroitriverfront.org

Mailing Address: 600 Renaissance Center, Suite 1720

Business Phone: 313.566.8234

Business Fax:: 313.567.3457

Event On-Site Contact Person: Rachel Frierson

Mailing Address: 600 Renaissance Center, Suite 1720

Business Phone: 313.566.8234

Business Fax: 313.567.3457

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

List Event Sponsors:

### Event Elements (check all that apply)

Walkathon

Carnival/Circus

Concert/Performance

Run/Marathon

Bike Race

Religious Ceremony

Political Event

Festival

Filming

Parade

Sports/Recreation

Rally/Demonstration

Convention/Conference

Fireworks

Other: Public space

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

The Dequindre Cut Freight Yard is a retail, entertainment and gathering space located on the Dequindre Cut.

Returning will be the popular beer and wine garden, entertainment, and popups curated by Yum Village.

Each weekend will feature a variety of pop-ups including retail vendors, local caterers and more.

The Freight Yard is comprised of nine shipping containers that serve as a visually stimulating and functional backdrop for "The Hub," which houses a DJ booth and retail space. Exciting lighting, creative furnishings, and the work of local artists come together to create a fun, festive environment. The project is a partnership between the Detroit RiverFront Conservancy, Build Institute, and many other statewide and local partners.

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

Begin Set-up Date & Time: May 17 Complete Set-up Date & Time: May 19

Event Start Date & Time: May 19 Event End Date & Time: September 28

Begin Tearing Down Date: September 29 Complete Tear Down Date: September 30

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

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

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

When was the event last held in Detroit? 2018

Where was the event last held in Detroit? Dequindre Cut Freight Yard

What were the hours last year? Friday 4-10, Saturday 11-10, Sunday 12-10

Project Attendance This Year (Minimum – Maximum)? 400 a day

What is the basis for your projected attendance? average visitation to the Dequindre Cut

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

Is this going to be an annual event?  Yes  No

If yes, do you have a preferred/proposed for next year? May - September 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: Dequindre Cut Freight Yard

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:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>-Public entrance and exit</li> <li>-Location of merchandising booths</li> <li>-Location of food booths</li> <li>-Location of garbage receptacles</li> <li>-Location of beverage booths</li> <li>-Location of sound stages</li> <li>-Location of hand washing sinks</li> <li>-Location of portable restrooms</li> </ul> | <ul style="list-style-type: none"> <li>-Location of First Aid</li> <li>-Location of fire lane</li> <li>-Proposed route for walk/run</li> <li>-Location of tents and canopies</li> <li>-Sketch of street closure</li> <li>-Location of bleachers</li> <li>-Location of press area</li> <li>-Sketch of proposed light pole banners</li> </ul> |
|---|---|

### 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?    Built in to facility

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

[x] 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)

- |          |              |                       |
|----------|--------------|-----------------------|
| [x] Live | [ ] Recorded | [x] Karaoke/Lip-synch |
|----------|--------------|-----------------------|

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

How many generators will be used?    No - power is available at the site

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

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

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



Address:

Phone:

City/State/Zip:

**Section 5- COMMUNICATION/ADVERTISING STRATEGY**

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

Radio (Specify stations): 98.7, 105.9

Television (Specific stations): Fox 2

Newspapers (specify papers): Metro Times, Freep, Detroit News,

Web site (identify web address): www.detroitriverfront.org

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

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

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

**Section 6- SALES INFORMATION**

Will there be advanced ticket sales?  Yes  No

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

Will there be on-site ticket sales?  Yes  No

If yes, list price(s): \_\_\_\_\_

Will food be sold?  Yes  No

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

Will merchandise be sold?  Yes  No

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

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

If yes, describe: Net proceeds will go to the Detroit Riverfront Conservancy

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:

Food, Beverage, Merchandise

Will these be exclusive vendors or outside vendors? (please describe): Outside vendors TBD - contracted through the Detroit Riverfront Conservancy

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

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

Contact Person: Mac McCracken

Address: 1340 E. Atwater

Phone: 313.656.2271

City/State/Zip: Detroit, MI 48207

Number of Private Security Personnel Hired Per Shift: 2

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

Licensed

Armed

Bonded

Describe the emergency evacuation plan: Wilkins street exit of the Dequindre Cut

Describe the parking plan to accommodate anticipated attendance: Parking is available in the Eastern Market District

How will you advise attendees of parking options? Marketing materials

Are you seeking a group parking rate? No

**Section 8- COMMUNITY IMPACT INFORMATION**

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

The event will take on the additional traffic to the Dequindre Cut. The site has no residential within 400 feet of the space.

Have local neighborhood groups/businesses approved your event?

Yes

No

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

We will and have sent correspondence to neighboring businesses and residential in the Lafayette Park and eastern market area.

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

Eastern Market - Dan Carmody 313.833.9300

**Section 9- EVENT SET-UP**

Complete the appropriate categories that apply to the event.

**Structure**

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

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

Booth \_\_\_\_\_

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

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

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

Bleachers \_\_\_\_\_

**Company:**

Grill

Gas       Charcoal       Electrical       Propane

Fireworks (Pyrotechnics)

Aerial       Stage

Provide Sketch:

Portable Restrooms:

Standard       ADA Accessible

Vehicles

Type/Weight: \_\_\_\_\_

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

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

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

\_\_\_\_\_

**No**

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

\_\_\_\_\_

**No**

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

\_\_\_\_\_

**No**

**Section 10- COMPLETE ALL THAT APPLY**

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

Contact Person: Rachael Allen - Block By Block

Address: 2652 E. Jefferson Ave.

Phone: 313.963.2225

City/State/Zip Detroit, MI 48207

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

Contact Person: Adam Gottlieb - Hart Medical

Address: 1636 W. Fort Street,

City/State/Zip: Detroit MI 48216

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

Contact Person: Anthony Casasanta

Address: 27940 Wick Rd,

Phone: 734. 421.1400

City/State/Zip: Romulus, MI 48174

**Name of private catering company?**

Contact Person:

Address:

Phone:

City/State/Zip:

**SPECIAL USE REQUESTS**

No street closures

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** \_\_\_\_\_

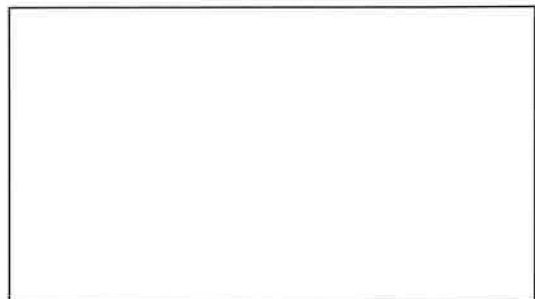
**Closure Dates:** \_\_\_\_\_

**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 None**

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? \_\_\_\_\_

\_\_\_\_\_ We do not have the vendors selected yet, they will run through the Detroit Riverfront Conservancy and will change frequently.

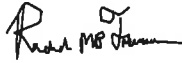
\_\_\_\_\_ We held this event in 2018 with no issues.

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION & AFFIDAVIT OF APPLICANT**

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



3.25.2019

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Signature of Applicant

Date

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

Buildings & Safety Engineering Department  
Business License Center  
105 Coleman A. Young Municipal Center  
(313) 224-3179

## SPECIAL EVENT VENDOR APPLICATION

Vendor Name: FIRST \_\_\_\_\_ MI \_\_\_\_\_ LAST \_\_\_\_\_

Corp. Name: Detroit Riverfront Conservancy

D.B.A. RiverWalk Cafe Inc.

Business Address: 600 Renaissance Center City Detroit State MI Zip 48201

Business Telephone # ( 313 ) 566.8200 Fax (     ) 313.567.3457

Email Address: rachel.frierson@detroitriverfront.org

Drivers License or State Identification # \_\_\_\_\_

Date of Birth \_\_\_\_\_

War Veteran: Fee Waived (Sec. 41-2-22.5 (b) )

YES \_\_\_\_\_ (must include copy of DD214 Honorable Discharge – NO \_\_\_\_\_

.....  
Event Name: Dequindre Cut Freight Yard

Event Sponsor: \_\_\_\_\_

Event Date (s): 36 # of Days     Alternate Date (s): \_\_\_\_\_

Type of Vendor: Merchandise Yes  No  Product (s) \_\_\_\_\_

Food Yes  No  Product (s) \_\_\_\_\_

**OFFICE USE ONLY** \*\*\*\*\*

Fee Exempt Yes \_\_\_\_\_ No \_\_\_\_\_

Date Fee Pd. \_\_\_\_\_ / Initials \_\_\_\_\_

2019-04-04

786

786 *Petition of Detroit Riverfront Conservancy, request to host the "Dequindre Cut Freight Yard" at 1855 Alfred Street on 5-19-19 through 9-28-19, Set-up on May 17-19 2019, complete tear down on September 29-30 2019.*

---

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

19



104 21

## MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 789 Event Name: 313/3 on 3 Basketball Clinic Tournament

Event Date: June 7 - 9, 2019

Street Closure: Cherrylawn & Buena Vista

Organization Name: Littlefield Community Association

Street Address: 18701 Grand River Avenue Suite 118 Detroit, MI 48223

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

Event Elements (check all that apply):

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

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

The Detroit Pistons Legends & Littlefield Community Association will host a basketball clinic and tournament at Littlefield Park & Court from 7:00am - 9:00pm; with temporary street closures on Cherrylawn and Buena Vista for safety.

\*\* 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 2nd Precinct Assisted
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with DMCAre to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Closure; No Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

ENTERED MAY 02 2019 M.T.F. to NB (RCL) 3-0

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

**MAYOR'S OFFICE**

Signature: *Bethanie Lusher*

Date: *April 23, 2019*

## DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, April 04, 2019

To: *The Department or Commission Listed Below*

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

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

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

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

**789**    *Littlefield Community Association, request to hold "313/3on3 Basketball Clinic and Tournament" at Littlefield Park/Littlefield Basketball Court on June 7-9, 2019 from 7 AM - 9 PM, Set on June 7,8,9 from 7 AM - 7AM, Tear down will be following the event, with multiple street closures.*

# 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: 313/3on3 Basketball Clinic and Tournament

Event Location: Littlefield Park/Littlefield Basketball Court

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Littlefield Community Association

Organization Mailing Address: 18701 Grand River Ave. 118, Detroit, MI 48223

Business Phone: 313.289.2831 Business Website: \_\_\_\_\_

Applicant Name: Carol Pickens

Business Phone: \_\_\_\_\_ Cell Phone: 313.289.2831 Email: littlefield.community@yahoo.com

Event On-Site Contact Person:

Name: Carol Pickens (313) 289-2831 or Charlotte Blackwell (313) 320-3872

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: 3133on32k19@gmail.com

### Event Elements (check all that apply)

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

Projected Number of Attendees: 300+

Please provide a brief description of your event:

This is our first annual basketball clinic and tournament hosted with the Detroit Pistons Legends. The event is June 7-9, 2019.

The clinic will be for youth and hosted by the Detroit Pistons Legends on 6/7. The full tournament, youth & adults, 6/8-9.

Clinic will stress basketball skills, health, teamwork, confidence, discipline, etc

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

Begin Set-up Date: June 7, 8, 9 Time: 7:00A Complete Set-up Date: June 7, 8, 9 Time: 7:00A

Event Start Date: June 7 Time: 7AM Event End Date: June 9 Time: 9:00PM

Begin Tearing Down Date: June 7, 8, 9 Complete Tear Down Date: June 9

Event Times (If more than one day, give times for each day): Depends on number of teams  
June 7 (9A-3p) June 8 (9A-?) June 9 (9A-?)

Section 3- LOCATION/SITE INFORMATION

Location of Event: Littlefield Park at Basketball Court, shelter, walking path, sports field, play area - complete 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:

- Public entrance and exit - Sidewalks & park
- Location of merchandising booths - Along park walking path
- 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

Still in planning stages

- Location of First Aid (Tent on Park)
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies (Park)
- Sketch of street closure
- Location of bleachers (None)
- Location of press area
- Sketch of proposed light pole banners

- Part-a-potties
- Port's Sanitation or
- Advanced Disposal
- Emergency Medical
- DMC
- Henry Ford volunteer nurses or Mobile Midway

\* Looking to close Cherrylawn b/w Fullerton & Buena Vista & Buena Vista b/w Indiana & Cherrylawn

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Note: This event is still in the planning stages. Will use DJ

Will a sound system be used? [X] Yes [ ] No

If yes, what type of sound system? Not sure yet. Depend on DJ

Section 5- SALES INFORMATION

Will there be advanced ticket sales? [ ] Yes [X] No

If yes, please describe:

Will there be on-site ticket sales? [ ] Yes [X] No

If yes, list price(s):

Will there be vending or sales? [ ] Yes [ ] No

If yes, check all that apply:

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

Possibly, depend on sponsors



Still planning

Indicate type of items to be sold: T-shirts, baseball caps, vendor items

Will there be food trucks?  Yes  No  
If yes, please list how many:

Will there be a charge for parking?  Yes  No  
If yes, please describe the amount:

street parking

How will you advise attendees of parking options? Vacant lots in community w/signage; parking volunteers

**Section 6- PUBLIC SAFETY & PARKING INFORMATION**

Still planning

Name of Private Security Company: Detroit Police and Precinct  
Contact Person: Syndicate Executive Security  
Address: Volunteers Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

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

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

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
Parking, crowd excitement during event, DJ music during parts of event, MC during event; Everything complete by 10:00 PM

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

Indicate what steps you have or will take to notify them of your event: Social media, community meetings, Word of mouth, Flyers, radio, churches, businesses  
Piston Legends Detroit Chapter

**Section 8- EVENT SET-UP**

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:  
Generator for bouncers (provided by company); DJ generator (bring own or Littlefield Community Assoc. can provide)

# Still Planning

Name of vendor providing generators: Contact Person:

Address:

Phone:

City/State/Zip

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides) at least 2

Canopy (open on all sides) 5-6

Staging/Scaffolding NO

Bleachers NO

## Section 9- COMPLETE ALL THAT APPLY

### Still Planning

Emergency medical services?

Contact Person: looking into mobile medical truck or DMC or

Address: Henry Ford med staff

City/State/Zip:

Name of company providing port-a-johns. • Bob's sanitation or  
• Advanced Disposal

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? None

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

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

Will there be street closures?  Yes  No

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

STREET NAME: Cherrylawton  
FROM: Fullerton TO: Buena Vista

CLOSURE DATES: June 7, 8, 9 BEG TIME: 7:00 A END TIME:  
REOPEN DATE: June 7, 8, 9 TIME: end of each day

STREET NAME: Buena Vista  
FROM: Indiana TO: Cherrylawton

CLOSURE DATES: June 7, 8, 9 BEG TIME: 7:00 A END TIME:  
REOPEN DATE: June 7, 8, 9 TIME: End of each day

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 provide all as soon as possible.

We are still in the planning stages with the Detroit Pistons Legends.

Please bear with us.

- Goal to reserve park for this event.

**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.

Caral d. file 3/13/19  
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: 313/3on3 Basketball clinic & Tournament Event  
Date: June 7, 8, 9, 2019

Event Organizer(s): Littlefield Community Assoc., Detroit Pistons Legends Happy Homes Community Association

Applicant Signature: Caral d. file  
Date: 3/13/19

10

2019-04-04

789

789

*Petition of Littlefield Community Association, request to hold "313/3on3 Basketball Clinic and Tournament" at Littlefield Park/Littlefield Basketball Court on June 7-9, 2019 from 7 AM - 9 PM. Set on June 7, 8, 9 from 7 AM - 7AM. Tear down will be following the event, with multiple street closures.*

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

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

RECREATION DEPARTMENT

11 72 22

### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 807 Event Name: Ribs RNB Music Festival

Event Date: August 9 - 11, 2019

Street Closure: None

Organization Name: Washington Entertainment

Street Address: P.O. Box 2335 Detroit, MI

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

Event Elements (check all that apply):

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

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

Annual Ribs & R&B, Jazz and Gospel Festival located at Hart Plaza from 11:30am - 11:30pm.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with XMen 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

ENTERED MAY 02 2019 M.T.F. to NB (RCL) 3-0

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 & Electrical
	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: April 23, 2019

## DEPARTMENTAL REFERENCE COMMUNICATION

*Tuesday, April 09, 2019*

*To: The Department or Commission Listed Below*

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

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

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

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

**807**    *Washington Entertainment, request to hold "Ribs RNB Music Festival" at Hart Plaza on August 8-11, 2019 from 11:30 am to 11:30 pm*

# WASHINGTON ENTERTAINMENT

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Hello,

My name is Johnnie Washington. I am the producer of Rib's RNB Music Festival which has taken place at Hart Plaza in Downtown Detroit for the past 19 years. I'm proud to say we have become Midwest largest Rib Fest and voted #1 BBQ festival in the Midwest 2016 by Everfest! People come from all over the State of Michigan and the great City of Detroit. They come from near and far Atlanta, Florida, and Chicago just to name a few. Rib's RNB Music Festival will take place August 9-11, 2019 at Hart Plaza. With the best BBQ this side of the "Mississippi" Great food, business vendors, shopping for the family from art to fashion and more. With acts like DUR HILL, KEITH WASHINGTON, CHRISSETT MICHELL 2018 Regina Belle, Con Funk Son, Chante Moore, Temptation and so many more international and national artist that's performed over the year 2019 will be just as star studded and exciting. We will keep the same outline as years past to help offset the high cost it takes to produce this world class event. Due to a conflict of interest in 2016 with another food event and close in name from our past events, we're asking that know food festival or with likeness of our name and brand current and past,

( Ribs N Soul, Ribs RnB Music Festival ) Should not be allowed to take place 45 day before our said dates and 30 days after. This will help offset and avoid confusion in marketing from radio, TV, new ads, and send a clear message on events at Hart Plaza.

Our event will remain free until 5pm on Friday and free Saturday and Sunday until 2:00 p.m.. Bowl seating free all day Friday, free Saturday and Sunday until 5:00 p.m. \$5:00 to \$10.00 depending on acts. We will also offer VIP seating on Saturday and Sunday near main stage for \$25.00 or \$45.00 daily and \$75.00 for full VIP weekend pass. Our commitment to world class entertainment has not changed. We are also excited this will be our third year featuring our Detroit Paradise Valley Stage! This stage will highlight Detroit's best in gospel and jazz artists! With our continued support from the great City of Detroit and Detroit Parks and Rec. 2019 will be another banner year for our community.

Thank you.

Johnnie Washington  
(248) 797-0609

# 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: RIBS RNB MUSIC FESTIVAL

Event Location: HAUT PLAZA

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: WASHINGTON ENTERTAINMENT

Organization Mailing Address: PO BOX 2335

Business Phone: 800-794-7503 Business Website: RIBS RNB MUSIC FESTIVAL.COM

Applicant Name: Johnnie Washington

Business Phone: 248-797-0609 Cell Phone: 248-797-0609 Email: JWASH906@SBCGLOBAL.NET

### Event On-Site Contact Person:

Name: Johnnie Washington

Business Phone: 800-794-7503 Cell Phone: 248-797-0609 Email: JWASH906@SBCGLOBAL.NET

### 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: _____                   |

Projected Number of Attendees: 100,000 Plus over 3 Day

Please provide a brief description of your event:

SHOWCASING THE BEST BBQ VENDORS FROM MICHIGAN AND DETROIT  
ALSO VENDORS FROM ACROSS THE UNITED STATES, WORLD CLASS ENTERTAINMENT  
2 STAGES. SECOND STAGE SHOWCASING GOSPEL AND JAZZ.  
LOCAL BUSINESS VENDORS.



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

Begin Set-up Date: 8-8-19 Time: 9:30am Complete Set-up Date: 8-9-19 Time: 12:00 noon

Event Start Date: 8-9-19 Time: 11:30am Event End Date: 8-11-19 Time: 11:30 PM

Begin Tearing Down Date: 8-11-19 Complete Tear Down Date: 8-12-19 By 2:00 PM

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

11:30am to 11:30pm All 3 days -

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: MART PLAZA CITY FACILITY

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:

- 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:

Rand B Soul, Jazz, Gospel and Neo Soul

Will a sound system be used? [X] Yes [ ] No

If yes, what type of sound system? WOULD MASS SOUNDS LIGHTS AND STAGE

**Section 5- SALES INFORMATION**

Will there be advanced ticket sales? [X] Yes [ ] No Fee VIP Seating only (FRONT OF MAIN STAGE)

Will there be on-site ticket sales? [X] Yes [ ] No \$5.00 TO \$40.00

Will there be vending or sales? [X] Yes [ ] No

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

Indicate type of items to be sold:

*Sun*  
*DRESSES, Sunglass, FOOD, T SHIRTS,*

Will there be food trucks?

Yes  No

If yes, please list how many:

*MAYBE - 2-3 TRUCKS?*

Will there be a charge for parking?

Yes  No

If yes, please describe the amount:

How will you advise attendees of parking options?

*PROMOTIONS-*

**Section 6- PUBLIC SAFETY & PARKING INFORMATION**

Name of Private Security Company:

Contact Person: *ART DAVIS.*

Address:

Phone:

*248-396-2207*

City/State/Zip:

*SOUTHFIELD MI.*

Number of Private Security Personnel Hired Per Shift:

*17-22 PER DAY*

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

Licensed

Armed

Bonded

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

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

*NONE OUR EVENT*

*Takes Place During THE WEEKEND AT HART PLAZA-*

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

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

*MAIN STAGE POWER - POWER SOURCE HART PLAZA-*

*3 TO 4 SMALL GENERATOR FOR AREA WITHOUT POWER OUTLETS*

Name of vendor providing generators: Contact Person:

Address: MELSINO GENERATOR

Phone: 866-458-4377

City/State/Zip: DAVISON, MI 48423

	How Many?	Size/Height
Booth	60 plus	10X10 TENTS.
Tents (enclosed on 3 sides)	1	20X20
Canopy (open on all sides)		
Staging/Scaffolding		
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services? HART MEDICAL EMS.

Contact Person: ADAM

Address: 1636 W FORT STREET.

City/State/Zip: DETROIT MI 48226

Name of company providing port-a-johns. SAND R RENTAL.

Contact Person: SCOTT

Address: 707 - EAST LEWISTON. Phone: 248-655-6020 -

City/State/Zip: FERRISDALE MI. 48220 -

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

**SPECIAL USE REQUESTS**

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

Will there be street closures?       Yes       No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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**AUTHORIZATION & 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.

*Shannie Washington* 4-5-2019  
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: RIBS RNB MUSIC FESTIVAL Event  
Date: 8-9,10,11 2019

Event Organizer: Shannie Washington

Applicant Signature: *Shannie Washington*  
Date: 4-5-19

2019-04-09

**807**

**807** *Petition of Washington Entertainment,  
request to hold "Ribs RNB Music  
Festival" at Hart Plaza on August 8-  
11, 2019 from 11:30 am to 11:30 pm*

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REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

OFFICE OF CONTRACTING  
AND PROCUREMENT

42  
#  
12

April 12, 2019

HONORABLE CITY COUNCIL:

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

6001884      100% City Funding – To Provide Trash Removal/Recycling Services. – Contractor: GFL Environmental USA, Inc. – Location: 26999 Central Park Blvd., Ste. 200, Southfield, MI 48076 – Contract Period: Upon City Council Approval through May 31, 2024 – Total Contract Amount: \$54,836,344.00. **PUBLIC WORKS**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER                     BENSON                    

**RESOLVED**, that Contract No. 6001884 referred to in the foregoing communication dated April 12, 2019, be hereby and is approved.

~~ENTERED APR 29 2019 - Move to New Business JH (2.0)~~  
4/30/19 (Formal) - Postpone 1 week



43  
14  
5  
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OFFICE OF CONTRACTING  
AND PROCUREMENT

April 12, 2019

HONORABLE CITY COUNCIL:

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

6001885      100% City Funding – To Provide Trash Removal/Recycling Services. – Contractor: Advanced Disposal Services – Location: 12255 Southfield Fwy., Detroit, MI 48228 – Contract Period: Upon City Council Approval through May 31, 2024 – Total Contract Amount: \$74,447,265.00.  
**PUBLIC WORKS**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER           BENSON          

**RESOLVED**, that Contract No. 6001885 referred to in the foregoing communication dated April 12, 2019, be hereby and is approved.

~~ENTERED APR 29 2019 - Move to New Business - JA (30)~~  
4/30/19 (Formal) - Postpone 1 week

OFFICE OF CONTRACTING  
AND PROCUREMENT

65  
18  
14

April 24, 2019

HONORABLE CITY COUNCIL:

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

6002013      100% City Funding – To Provide Defibrillator Monitor Mounts for the Fire Department. – Contractor: Bound Tree Medical – Location: 5200 Rings Rd., Ste. A, Dublin, OH 43016 – Contract Period: Upon City Council Approval through April 22, 2021 –Total Contract Amount: \$73,500.00. **FIRE**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER                     BENSON                    

**RESOLVED**, that Contract No. 6002013 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

ENTERED MAY 06 2019 - Move to New Business

OFFICE OF CONTRACTING  
AND PROCUREMENT

46  
13  
15

April 24, 2019

HONORABLE CITY COUNCIL:

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

3033590 100% Federal Funding – To Provide an AreaRae Mesh Gamma Wind Sensor and Controller Kit, (Which is used by the DFD Hazmat Team during Events where Large Crowds are Expected and is Capable of Detecting Different Hazardous Gas Chemicals.) Per the Homeland Security Grants Fund. – Contractor: Argus Group Holdings, LLC DBA Premier Safety – Location: 46400 Continental Rd., Chesterfield, MI 48047 – Contract Period: One Time Purchase – Total Contract Amount: \$72,120.00. **HOMELAND SECURITY**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 3033590 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

ENTERED MAY 06 2019 - Move to New Business - RM (2,0)

69  
16

**OFFICE OF CONTRACTING  
AND PROCUREMENT**

April 18, 2019

HONORABLE CITY COUNCIL:

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

3032510      100% Federal Funding – To Provide Group 111 Commercial Demolition at 14201 Meyers. – Contractor: Dore & Associates Contracting. – Location: 900 Harry S. Truman Pkwy., Bay City, MI 48706 – Contract Date: Upon City Council Approval through March 14, 2020 – Total Contract Amount \$53,570.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER**           BENSON          

**RESOLVED**, that Contract No. 3032510 referred to in the foregoing communication dated April 18, 2019, be hereby and is approved.

ENTERED MAY 08 2019 - Move to New Business - RM (2,0)

OFFICE OF CONTRACTING  
AND PROCUREMENT

50  
17

April 26, 2019

HONORABLE CITY COUNCIL:

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

3033559      75% Federal Funding, 25% City Funding – AMEND 1– To Provide Bomb Squad Fitted Bomb Suits and Accessories per the 2018 Port Security Grant. – Contractor: Federal Resources Supply Company – Location: 235-G Log Canoe Circle, Stevensville, MD 21666 – Contract Period: One Time Purchase – Total Contract Amount: \$140,338.28. **POLICE**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER           BENSON          

**RESOLVED**, that Contract No. 3033559 referred to in the foregoing communication dated April 26, 2019, be hereby and is approved.

ENTERED MAY 06 2019 - Move to New Business (pending additional info submitted to the committee - RM (20))

23  
#  
18

**OFFICE OF CONTRACTING  
AND PROCUREMENT**

April 17, 2019

HONORABLE CITY COUNCIL:

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

6002050      100% City Funding – To Provide Environmental Assessment, Analysis, and Recommendations for Habitat Restoration at Maharas-Gentry Park. – Contractor: OHM Advisors – Location: 3400 Plymouth Rd., Livonia, MI 48150 – Contract Period: Upon City Council Approval through December 31, 2019 –Total Contract Amount: \$54,800.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM \_\_\_\_\_ SHEFFIELD \_\_\_\_\_**

**RESOLVED**, that Contract No. 6002050 referred to in the foregoing communication dated April 17, 2019, be hereby and is approved.

ENTERED MAY 02 2019 M.T.F. to NB (AS) 3-0

24  
12  
19

**OFFICE OF CONTRACTING  
AND PROCUREMENT**

April 24, 2019

HONORABLE CITY COUNCIL:

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

6001597 100% City Funding – AMEND 1– To Provide Park Site Amenities, and Repairs to Fencing, Sidewalks, Sports Fields, and other Built Features. – Contractor: Michigan Recreational Construction, Inc. – Location: 18631 Conant, Detroit, MI 48234 – Contract Period: Upon City Council Approval through October 16, 2019 – Contract Increase: \$575,000.00 – Total Contract Amount: \$1,665,000.00. **GENERAL SERVICES** (*This Amendment is to Add Funding Only.*)

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM** SHEFFIELD

**RESOLVED**, that Contract No. 6001597 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

**ENTERED** MAY 02 2019 M.T.F. to NB (RCL) 3-0  
(pending additional information)

OFFICE OF CONTRACTING  
AND PROCUREMENT

25  
13  
20

April 24, 2019

HONORABLE CITY COUNCIL:

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

6001959      43% Federal Funding, 57% City Funding – To Provide Emergency Generators for DPD and DFD. – Contractor: Power Lighting and Technical Services – Location: 10824 W. Chicago, Ste. 200, Detroit, MI 48204 – Contract Period: Upon City Council Approval through April 16, 2020 – Total Contract Amount: \$2,581,544.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM SHEFFIELD

**RESOLVED**, that Contract No. 6001959 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

ENTERED MAY 02 2019 M.T.F. to NB (AS) 3-0



OFFICE OF CONTRACTING  
AND PROCUREMENT

24  
4  
21

April 24, 2019

HONORABLE CITY COUNCIL:

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

6001969 100% City Funding – To Provide a Comprehensive Facility Condition Assessment of all City Buildings. (Assessing the Conditions of the Facilities, Providing a Detailed Corrective Recommendation, Budget Estimates, etc.) – Contractor: EMG – Location: 10461 Mill Run Circle, Ste. 1100, Owings Mills, MD, 21117 – Contract Period: Upon City Council Approval through April 16, 2020 – Total Contract Amount: \$950,000.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM SHEFFIELD

**RESOLVED**, that Contract No. 6001969 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

ENTERED MAY 02 2019 M.T.F. to NB (AS) 3-0

OFFICE OF CONTRACTING  
AND PROCUREMENT

2A  
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22

April 24, 2019

HONORABLE CITY COUNCIL:

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

6001974      100% City Funding – To Provide (Wayne County Parks 2016-2017 Park Improvements) Park Improvements (Gaga Ball, Concrete Walkways, Benches, Park Signs, Boulders, and a Half Basketball Court.) – Contractor: Michigan Recreational Construction, Inc. – Location: 18631 Conant, Detroit, MI 48234 – Contract Period: Upon City Council Approval through April 1, 2020 – Total Contract Amount: \$237,228.20.  
**GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM \_\_\_\_\_ **SHEFFIELD** \_\_\_\_\_

**RESOLVED**, that Contract No. 6001974 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

ENTERED MAY 02 2019 M.T.F. to NB (AS) 3-0

OFFICE OF CONTRACTING  
AND PROCUREMENT

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to  
23

April 24, 2019

HONORABLE CITY COUNCIL:

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

6002010      100% City Funding – To Provide Repair Service, Labor, and/or Parts, for All Brands Fire Apparatus Vehicles. – Contractor: West Shore Fire, Inc. – Location: 6620 Lake Michigan Dr., Allendale, MI 49401 – Contract Period: Upon City Council Approval through April 30, 2022 – Total Contract Amount: \$300,000.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM SHEFFIELD

**RESOLVED**, that Contract No. 6002010 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

ENTERED MAY 02 2019 M.T.F. to NB (RCL) 3-0

OFFICE OF CONTRACTING  
AND PROCUREMENT

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April 24, 2019

HONORABLE CITY COUNCIL:

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

6002007 100% City Funding – To Provide Repair Service, Labor, and/or Parts for Ambulances. – Contractor: Kodiak Emergency Vehicles – Location: 10120 W. Grand River Highway, Grand Ledge, MI 48837 – Contract Period: Upon City Council Approval through April 30, 2022 – Total Contract Amount: \$250,000.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM SHEFFIELD

**RESOLVED**, that Contract No. 6002007 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

ENTERED MAY 02 2019 M.T.F. to NB (RCL) 3-0

OFFICE OF CONTRACTING  
AND PROCUREMENT

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April 24, 2019

HONORABLE CITY COUNCIL:

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

6002008      100% City Funding – To Provide Repair Service, Labor, and/or Parts for Ambulances. – Contractor: R&R Fire Truck Repair, Inc. – Location: 751 Doheny Drive, Northville, MI 48167 – Contract Period: Upon City Council Approval through April 30, 2022 – Total Contract Amount: \$50,000.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM** SHEFFIELD

**RESOLVED**, that Contract No. 6002008 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

ENTERED MAY 02 2019 M.T.F. to NB (REL) 3-0

**OFFICE OF CONTRACTING  
AND PROCUREMENT**

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April 24, 2019

HONORABLE CITY COUNCIL:

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

6002022      100% City Funding – To Provide Vehicle Body Repair Service, Labor, and/or Parts. – Contractor: Jefferson Chevrolet Co. – Location: 2130 E. Jefferson Ave., Detroit, MI 48207 – Contract Period: Upon City Council Approval through May 15, 2022 – Total Contract Amount: \$1,250,000.00.  
**GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM**                     **SHEFFIELD**                    

**RESOLVED**, that Contract No. 6002022 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

ENTERED MAY 02 2019 M.T.F. to NB (RCL) 3-0

OFFICE OF CONTRACTING  
AND PROCUREMENT

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April 24, 2019

HONORABLE CITY COUNCIL:

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

6002021      100% City Funding – To Provide Vehicle Body Repair Service, Labor, and/or Parts. – Contractor: Jorgensen Ford Sales, Inc. – Location: 8333 Michigan Ave., Detroit, MI 48210 – Contract Period: Upon City Council Approval through May 15, 2022 – Total Contract Amount: \$1,100,000.00.  
**GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM SHEFFIELD

**RESOLVED**, that Contract No. 6002021 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

ENTERED MAY 02 2019 M. T. F. to NB (RCL) 3-0

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**OFFICE OF CONTRACTING  
AND PROCUREMENT**

April 24, 2019

HONORABLE CITY COUNCIL:

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

6002023      100% City Funding – To Provide Vehicle Body Repair Service, Labor, and/or Parts. – Contractor: Bob Maxey Ford, Inc. – Location: 1833 E. Jefferson, Detroit, MI 48207 – Contract Period: Upon City Council Approval through May 15, 2022 – Total Contract Amount: \$250,000.00.  
**GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM** SHEFFIELD

**RESOLVED**, that Contract No. 6002023 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

ENTERED MAY 02 2019 M.T.F. to NB (RCL) 3-0



OFFICE OF CONTRACTING  
AND PROCUREMENT

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April 24, 2019

HONORABLE CITY COUNCIL:

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

6002019      100% City Funding – To Provide Vehicle Body Repair Service, Labor, and/or Parts. – Contractor: Suburban Collision of Ferndale, LLC – Location: 1600 Bonner, Ferndale, MI 48220 – Contract Period: Upon City Council Approval through May 15, 2022 – Total Contract Amount: \$200,000.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM                     SHEFFIELD                    

**RESOLVED**, that Contract No. 6002019 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

ENTERED MAY 02 2019 M.T.F. to NB (RCL) 3-0

**OFFICE OF CONTRACTING  
AND PROCUREMENT**

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April 24, 2019

HONORABLE CITY COUNCIL:

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

6002020      100% City Funding – To Provide Vehicle Body Repair Service, Labor, and/or Parts. – Contractor: Pat Milliken Ford, Inc. – Location: 9600 Telegraph, Redford, MI 48239 – Contract Period: Upon City Council Approval through May 15, 2022 – Total Contract Amount: \$200,000.00.  
**GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM**                     **SHEFFIELD**                    

**RESOLVED**, that Contract No. 6002020 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

**ENTERED** MAY 02 2019    M.T.F. TO NB    (RCL) 3-0

**OFFICE OF CONTRACTING  
AND PROCUREMENT**

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April 24, 2019

HONORABLE CITY COUNCIL:

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

6002030      100% City Funding – To Provide Vehicle General Repair Service, Labor, and/or Parts. – Contractor: Jefferson Chevrolet Co. – Location: 2130 E. Jefferson Ave., Detroit, MI 48207 – Contract Period: Upon City Council Approval through May 15, 2022 – Total Contract Amount: \$150,000.00.  
**GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM** SHEFFIELD

**RESOLVED**, that Contract No. 6002030 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

ENTERED MAY 02 2019 M.T.F. to NB (RCL) 3-0

OFFICE OF CONTRACTING  
AND PROCUREMENT

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April 24, 2019

HONORABLE CITY COUNCIL:

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

6002029      100% City Funding – To Provide Vehicle General Repair Service, Labor, and/or Parts. – Contractor: Bob Maxey Ford, Inc. – Location: 1833 E. Jefferson, Detroit, MI 48207 – Contract Period: Upon City Council Approval through May 15, 2022 – Total Contract Amount: \$150,000.00.  
**GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM SHEFFIELD

**RESOLVED**, that Contract No. 6002029 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

ENTERED MAY 02 2019 M. T. F. to NB (RCL) 3-0

**OFFICE OF CONTRACTING  
AND PROCUREMENT**

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April 24, 2019

HONORABLE CITY COUNCIL:

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

6001997      100% City Funding – To Provide Vehicle Repair Service, Labor, and/or Parts for all Brands of Fire Apparatus. – Contractor: R&R Fire Truck Repair, Inc. – Location: 751 Doheny Drive, Northville, MI 48167– Contract Period: Upon City Council Approval through April 30, 2022 – Total Contract Amount: \$660,000.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM \_\_\_\_\_ SHEFFIELD \_\_\_\_\_**

**RESOLVED**, that Contract No. 6001997 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

ENTERED MAY 02 2019 M.T.F. to NB (RCL) 3-0

OFFICE OF CONTRACTING  
AND PROCUREMENT

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April 24, 2019

HONORABLE CITY COUNCIL:

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

6001998      100% City Funding – To Provide Vehicle Repair Service, Labor, and/or Parts for all Brands of Fire Apparatus. – Contractor: Apollo Fire Equipment – Location: 12584 Lakeshore Dr., Romeo, MI 48065 – Contract Period: Upon City Council Approval through April 30, 2022 – Total Contract Amount: \$240,000.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM SHEFFIELD

**RESOLVED**, that Contract No. 6001998 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

ENTERED MAY 02 2019 M.T.F. to NB (RCL) 3-0

OFFICE OF CONTRACTING  
AND PROCUREMENT

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April 24, 2019

HONORABLE CITY COUNCIL:

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

6002032 100% City Funding – To Provide Refuge Loaders, and Packers Repair Service, Labor, and/or Parts. – Contractor: Bell Equipment Company – Location: 78 Northpointe Dr., Lake Orion, MI 48359 – Contract Period: Upon City Council Approval through May 15, 2022 – Total Contract Amount: \$600,000.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM SHEFFIELD

**RESOLVED**, that Contract No. 6002032 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

ENTERED MAY 02 2019 M.T.F. to NB (RCL) 3-0

**OFFICE OF CONTRACTING  
AND PROCUREMENT**

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April 24, 2019

HONORABLE CITY COUNCIL:

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

6002033      100% City Funding – To Provide Peterson Log Loader Repair Services, Labor, and/or Parts. – Contractor: Bell Equipment Company – Location: 78 Northpointe Dr., Lake Orion, MI 48359 – Contract Period: Upon City Council Approval through May 15, 2022 – Total Contract Amount: \$75,000.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM**                     **SHEFFIELD**                    

**RESOLVED**, that Contract No. 6002033 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

**ENTERED** MAY 02 2019    M. T. F. to NB    (RCL) 3-0



USE!

#30

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May 1, 2019

TO: HONORABLE CITY COUNCIL

Re: Contracts and Purchase Orders Scheduled to be considered at the Formal Session for April 30, 2019

Please be advised that the Contract(s) listed were submitted on April 26, 2019 for the City Council Agenda for April 30, 2019 has been amended as follows:

1. The **Contract Increase Amount and Total Contract Amount** were Submitted Incorrectly for this Contract. Please see the correction(s) below:

Submitted as: Page 2

**GENERAL SERVICES**

6001338 100% City Funding – AMEND 1– To Provide Renovations of Park Site Amenities and Repair Services for the City’s 300+ Parks. – Contractor: WCI Contractors, Inc. – Location: 20210 Conner, Detroit, MI 48234 – Contract Period: Upon City Council Approval through April 23, 2020 – **Contract Increase: \$500,000.00 – Total Contract Amount: \$1,322,160.00.**

Should read as: Page 2

**GENERAL SERVICES**

6001338 100% City Funding – AMEND 1– To Provide Renovations of Park Site Amenities and Repair Services for the City’s 300+ Parks. – Contractor: WCI Contractors, Inc. – Location: 20210 Conner, Detroit, MI 48234 – Contract Period: Upon City Council Approval through April 23, 2020 – **Contract Increase: \$575,000.00 – Total Contract Amount: \$1,397,160.00.**

Respectfully Submitted,



Boysie Jackson  
Chief Procurement Officer  
BJ

5/2/19 M.T.F. to NB (RCL) 3-0  
(pending additional information)

BY COUNCIL MEMBER: \_\_\_\_\_

RESOLVED, that **Contract # 6001338** referred to in the foregoing communication dated April 26, 2019 be hereby and is approved.

DO NOT USE!

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**OFFICE OF CONTRACTING  
AND PROCUREMENT**

April 26, 2019

HONORABLE CITY COUNCIL:

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

6001338      100% City Funding – AMEND 1– To Provide Renovations of Park Site Amenities and Repair Services for the City’s 300+ Parks. – Contractor: WCI Contractors, Inc. – Location: 20210 Conner, Detroit, MI 48234 – Contract Period: Upon City Council Approval through April 23, 2020 – Contract Increase: \$500,000.00 – Total Contract Amount: \$1,322,160.00.  
**GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM**                     SHEFFIELD                    

**RESOLVED**, that Contract No. 6001338 referred to in the foregoing communication dated April 26, 2019, be hereby and is approved.

**ENTERED** MAY 02 2019      Correction Letter Submitted to City Clerk's Office

OFFICE OF CONTRACTING  
AND PROCUREMENT

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April 26, 2019<sup>14</sup>

HONORABLE CITY COUNCIL:

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

6002034      100% City Funding –To Provide Masonry Brick and Mortar Repair and Replacement at the Street Maintenance Garage. – Contractor: Wright Tool – Location: 1311 Maplelawn Dr., Troy, MI 48084 – Contract Period: Upon City Council Approval through April 15, 2020 – Total Contract Amount: \$78,572.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM**                     **SHEFFIELD**                    

**RESOLVED**, that Contract No. 6002034 referred to in the foregoing communication dated April 26, 2019, be hereby and is approved.

ENTERED MAY 02 2019 M. T. F. to NB (AS) 3-0

OFFICE OF CONTRACTING  
AND PROCUREMENT

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April 26, 2019

HONORABLE CITY COUNCIL:

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

6002081      100% City Funding – To Provide Various Improvements at Russell Ferry. (Demo Lockers, Installation of New Ladies and Men’s Lockers, Benches, Ceiling, Plumbing and Flooring.) – Contractor: The Diamond Firm – Location: 19115 W. 8 Mile, Detroit, MI 48219 – Contract Period: Upon City Council Approval through May 6, 2020 – Total Contract Amount: \$650,000.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM                     SHEFFIELD                    

**RESOLVED**, that Contract No. 6002081 referred to in the foregoing communication dated April 26, 2019, be hereby and is approved.

ENTERED MAY 02 2019 M.T.F. TO NB (AS) 3-0



CITY OF DETROIT  
 DEPARTMENT OF PUBLIC WORKS  
 CITY ENGINEERING DIVISION

COLEMAN A. YOUNG MUNICIPAL CENTER  
 2 WOODWARD AVE. SUITE 601  
 DETROIT, MICHIGAN 48226  
 PHONE: (313) 224-3949 • TTY:711  
 FAX: (313) 224-3471  
 WWW.DETROITMI.GOV

77  
 52  
 40

April 11, 2019

Honorable City Council:

**RE: Petition No. 678 – Bagley Forest Property LLC, request permission to vacate a strip of right-of-way for the placement of a new transformer for an ongoing project on the corner of Livernois and Seven Mile.**

Petition No. 678 - Bagley Forest Property LLC, request to vacate the east 15 feet of Stoepel, 100 feet wide, from Seven Mile Road, 86 feet wide, to the east-west alley, 20 feet wide, first south of Seven Mile Road.

The request is being made to accommodate a transformer for DTE, and as part of the work, new curbs, sidewalks and landscaping will be installed in compliance with City of Detroit's zoning ordinance.

The petition was referred to the City Engineering Division – DPW for investigation (utility review) and report. This is our report.

Detroit Water and Sewerage Department (DWSD) has no objection to the vacation provided certain provisions are met. The DWSD provisions are a part of the attached resolution.

All other involved City departments and privately owned utility companies have reported no objections to the vacation. Provisions protecting the rights of the utilities and the City are a part of this resolution.

I am recommending adoption of the attached resolution.

Respectfully submitted,

Richard Doherty, P.E., City Engineer  
 City Engineering Division – DPW

/JMK

Cc: Ron Brundidge, Director – DPW  
 Mayor's Office – City Council Liaison

ENTERED MAY 06 2019 - Move to New Business- RM (20)

BY COUNCIL MEMBER \_\_\_\_\_

**RESOLVED**, that the east 15 feet of Stoepel, 100 feet wide, from Seven Mile Road, 86 feet wide, to the east-west alley, 20 feet wide, first south of Seven Mile Road; all being land in the City of Detroit, Wayne County, Michigan further described as: The East 15 feet of Stoepel Avenue, 100 feet wide, lying westerly of and adjoining the westerly line of Lot 5, and the full width of the vacated alley adjoining, 18 feet wide "Canterbury Gardens being a Subdivision of the NE ¼ of Sec. 9, T.1S.,R.11E. Greenfield Township, Wayne County, Michigan" as recorded in Liber 37, Page 65 of Plats, Wayne County Records.

Be and the same is hereby vacated (outright) as public right-of-way to become part and parcel of the abutting property, subject to the following provisions:

PROVIDED, that petitioner/property owner make satisfactory arrangements with any and all utility companies for cost and arrangements for the removing and/or relocating of the utility companies and city departments services or granting of private easements for specific utility companies, if necessary, and further

PROVIDED, that the petitioner shall design and construct proposed sewers and to make the connections to the existing public sewers as required by Detroit Water and Sewerage Department (DWSD) prior to construction of the proposed sewers, and further

PROVIDED, that the plans for the sewers shall be prepared by a registered engineer; and further

PROVIDED, that DWSD be and is hereby authorized to review the drawings for the proposed sewers and to issue permits for the construction of the sewers; and further

PROVIDED, that the entire work is to be performed in accordance with plans and specifications approved by DWSD and constructed under the inspection and approval of DWSD; and further

PROVIDED, that the entire cost of the proposed sewers construction, including inspection, survey and engineering shall be borne by the petitioner; and further

PROVIDED, that the petitioner shall deposit with DWSD, in advance of engineering, inspection and survey, such amounts as the department deems necessary to cover the costs of these services; and further

PROVIDED, that the petitioner shall grant to the City a satisfactory easement for the sewers, and further

PROVIDED, that the Board of Water Commissioners shall accept and execute the easement grant on behalf of the City, and further

PROVIDED, that the petitioner shall provide a one (1) year warranty for the proposed sewers, and further

PROVIDED, that the petitioner shall provide a one (1) year warranty for the proposed sewers, and further

PROVIDED, that upon satisfactory completion, the sewers shall become City property and become part of the City system. And any existing sewers that were abandoned shall belong to the petitioner and will no longer be the responsibility of the City; and further

PROVIDED, that any construction in the public rights-of-way such as curbs and sidewalks shall be done under city permit and inspection according to City Engineering Division – DPW specifications with all costs borne by the abutting owner(s), their heir or assigns; and further

PROVIDED, That the City Clerk shall within 30 days record a certified copy of this resolution with the Wayne County Register of Deeds.



PETITION NO. 678  
 BAGLEY FOREST PROPERTY LLC.  
 C/O QUINN EVANS ARCHITECTS  
 4219 WOODWARD AVE. SUITE 301  
 DETROIT, MI. 48201  
 BRANDON FRISKE  
 PHONE NO. (313)462-2550



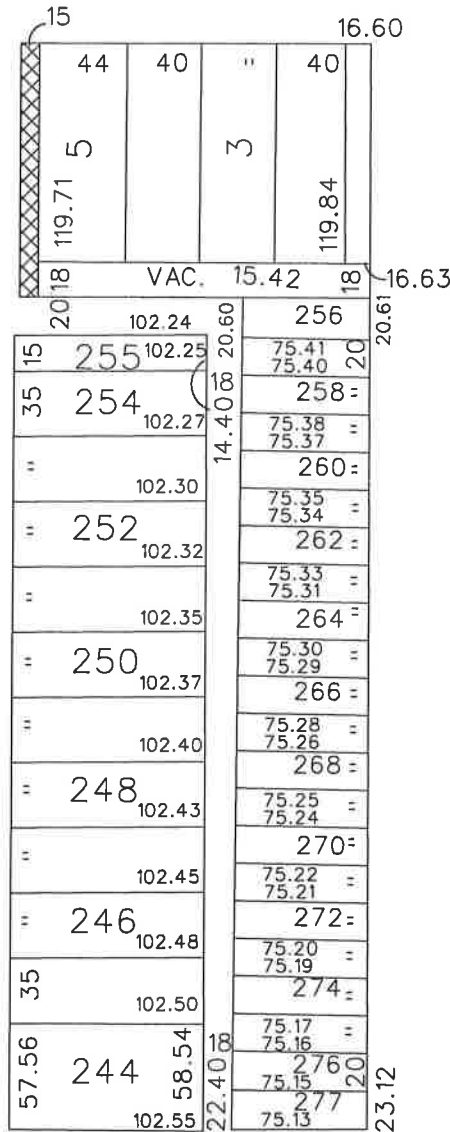
7 MILE ROAD 86 FT.WD.

100 FT. WD.

STOEPEL AVE. 70 FT.WD.

LIVERNOIS AVE. 120 FT.WD.

CLARITA AVE. 50 FT. WD.



- OUTRIGHT VACATION

(FOR OFFICE USE ONLY)

CARTO 89 A

<b>B</b>					
<b>A</b>					
DESCRIPTION	DRWN	CHKD	APPD	DATE	
REVISIONS					
DRAWN BY	SA		CHECKED	KSM	
DATE	02-12-19		APPROVED		

REQUEST TO OUTRIGHT VACATE 15 FT.  
 OF THE R.O.W EAST SIDE OF STOEPEL AVE.  
 AT LOT NO. 5 AND VACATED 18' ALLEY

CITY OF DETROIT  
 CITY ENGINEERING DIVISION  
 SURVEY BUREAU

JOB NO. 01-01

DRWG.NO. X 678

41

**Office of Councilman McCalister: Mental Health Awareness Month Resolution**

**WHEREAS**, Mental health conditions are a leading cause of disability in the United States and affect millions of children, adolescents and adults in Michigan.

**WHEREAS**, Mental illness includes such conditions as depression, anxiety, bipolar disorder and post-traumatic stress disorders.

**WHEREAS**, According to the National Institute of Health, it is estimated that some 16 million American adults suffer from a major depressive disorder in a given year. Additionally, 223 million, 70% of the population, experience a traumatic event during their life, of those 20%, or 44.7 million Americans, develop PTSD; **THEREFOR BE IT**

**RESOLVED**, During the month of May, the Detroit City Council joins the rest of the nation in recognizing the need to confront the mental health and opioid epidemic in our country by speaking out and raising awareness of the issues and services related to mental health. Sharing personal experiences can help dispel stigmas and create pathways to treatment for those in need of help. This epidemic is one that requires a holistic approach, medicine and the medical community are only one part of it.

**BE IT FURTHER RESOLVED**, That in May, and throughout the year, we urge all Americans to raise their voices and share their stories in order to help combat this crisis.

**City of Detroit**  
**CITY COUNCIL**

**LEGISLATIVE POLICY DIVISION**  
208 Coleman A. Young Municipal Center  
Detroit, Michigan 48226

Phone: (313) 224-4946 Fax: (313) 224-4336

**David Whitaker, Esq.**  
Director  
**Irvin Corley, Jr.**

Executive Policy Manager  
**Marcell R. Todd, Jr.**

Director, City Planning  
Commission

**LaKisha Barelift, Esq.**  
**M. Rory Bolger, PhD, AICP**  
**Elizabeth Cabot, Esq.**  
**Janese Chapman**  
**Tasha Cowan**

**Richard Drumb**  
**George Etheridge**  
**Deborah Goldstein**  
**Chris Gulock**  
**Derrick Headd**  
**Marcel Hurt, Esq.**  
**Kimani Jeffrey**  
**Anne Marie Langan**  
**Jamie Murphy**  
**Analine Powers, PhD**  
**Jennifer Reinhardt**  
**Sabrina Shockley**  
**Thomas Stephens, Esq.**  
**David Teeter**  
**Theresa Thomas**  
**Kathryn Lynch Underwood**

TO: Detroit City Council  
FROM: David Whitaker, Director  
Legislative Policy Division



DATE: May 6, 2019

RE: Resolution to declare May 17, 2019 as 'Bike to Work Day' and the month of May 2019 as 'Bicycle Awareness Month'.

The Honorable Council Member Scott Benson requested that the Legislative Policy Division draft a resolution to declare **May 17, 2019** as **Bike to Work Day** and the month of **May 2019** as **Bicycle Awareness Month**.

Attached, please find our draft of the resolution.

Please contact us if we can be of any further assistance.

**BY COUNCIL MEMBER SCOTT BENSON**

**RESOLUTION TO DECLARE MAY 17, 2019 AS BIKE TO WORK DAY AND THE MONTH OF MAY AS 'BICYCLE AWARENESS MONTH**

- WHEREAS,** Today, millions of Americans engage in bicycling as an environmentally friendly, sound-form of transportation, an excellent form of exercise that provides quality family recreation; and
- WHEREAS,** Many studies show the benefit to local economies from cyclists buying local goods and services when communities support cycling infrastructure; and
- WHEREAS,** The Detroit City Council supports the efforts of the **Detroit Greenways Coalition**, in their mission to promote biking, walking, and trail development throughout Detroit, along with pedestrian safety education programming, as they endeavor to reduce accidents, injuries and fatalities to those participating in these activities; and
- WHEREAS,** As of April 2019, the City has installed more than 240 miles of bike lanes, compared to 13 miles of bikes lanes offered in 2007, which signifies the city's new commitment to neighborhood planning for biking, in addition to providing a variety of amenities including expanded sidewalks, bicycle lanes, improved lighting- all to revive the City's neighborhoods; and
- WHEREAS,** City Council recognizes the social and economic value of bicycle and pedestrian activity as a mechanism for improving the health and enjoyment of its citizens and to transform Detroit into a more vibrant place to live, work and visit; and
- WHEREAS,** Through this legislative initiative, City Council continues to promote and encourage strong bicycle-friendly activities, acknowledging that bicycling is a safe and welcomed means of transportation; **NOW THEREFORE BE IT**
- RESOLVED,** That the Detroit City Council, hereby declares the month of May 2019, as Bicycle Awareness Month, and May 17, 2019 as Bike to Work Day in the city of Detroit and encourage all to enjoy Detroit via the bicycle.

**BY COUNCIL PRESIDENT BRENDA JONES**

**RESOLUTION TO DECLARE MAY 2019 AS BRAIN TUMOR AWARENESS MONTH  
IN THE CITY OF DETROIT**

**WHEREAS,** Brain Tumors, specifically Glioblastoma, have become recognized in recent years as one of the deadliest cancers; and

**WHEREAS,** There are an estimated 760 new diagnoses of brain tumors in Michigan in 2019, and an estimated 600 Michigan residents will die from a brain tumor in 2019. Brain tumors can be deadly and can severely impact the quality of life of those fortunate enough to survive this disease. Brain cancer continues to be the leading cause of cancer deaths among children and young adults; and

**WHEREAS,** Brain tumors have the highest per-patient initial cost of care for any cancer group with an annualized mean net cost of care in 2010 US dollars at well over \$100,000; and

**WHEREAS,** More than any other cancer, brain tumors can have lasting and life-altering physical, cognitive, and psychological impacts on a patient’s life.

**WHEREAS,** The state of Michigan has attained national recognition as a leading center of excellence in the field of brain tumor treatment and research as a result of the number of patients traveling to Michigan for clinical trial participation, grant dollars locally used to create jobs, and professionals specializing in brain tumors across the state; and

**WHEREAS,** Detroit is proud to be home to high level brain cancer centers such as the Hermelin Brain Tumor Center, Children’s Hospital of Michigan and others. We encourage Detroit residents to continue to be vigilant and proactive when it comes to their healthcare; and

**WHEREAS,** Despite the numbers of brain tumors diagnosed annually, and their devastating prognosis, there have only been four (4) FDA approved drugs and one device to treat brain tumors in the past thirty years; and

**WHEREAS,** To date, there have been no drugs developed and approved specifically for malignant pediatric brain tumors. The four FDA approved drugs for brain tumors have provided only incremental improvements to patient survival, and mortality rates have remained relatively unchanged over the past 30 years; **NOW, THEREFORE, BE IT**

**RESOLVED,** That the Detroit City Council designates May 2019 as Brain Tumor Awareness Month in the city of Detroit.