

**NEIGHBORHOOD  
AND COMMUNITY  
SERVICES  
STANDING  
COMMITTEE**



### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 868 Event Name: Bangladeshi Festival

Event Date : July 6 - 8, 2019

Street Closure: None

Organization Name: Bangladesh Association of Michigan

Street Address: 12833 Klinger Street Detroit, MI 48212

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 festival celebrating the Bangladeshi Culture at Jayne Field from 10:00 - 10:00pm.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	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 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: B. Ausher

Date: 6-21-2019

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Tuesday, May 14, 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  
BUILDINGS SAFETY ENGINEERING    BUILDINGS SAFETY ENGINEERING  
RECREATION DEPARTMENT

**868**    *Bangladesh Association of Michigan, request to hold "Bangladesh Festival" at Jayne Field on July 6-8, 2019 from 10AM - 11PM*

# 868



# Detroit Parks & Recreation Department Special Events Application

Please complete application and mail or fax to the following:

**Detroit Parks & Recreation Department  
Northwest Activities Center  
18100 Meyers Rd  
Detroit, Michigan 48235  
(313) 224-1860 - fax**

All applications must be submitted at least sixty (60) days in advance and/or no earlier than one (1) year of the proposed event date. Upon receipt, the special events request will be reviewed to assure that the event is in compliance with city codes/ordinances. A letter of denial/approval will be mailed and/or faxed within fourteen (14) business.

There may be a minimum event fee assessed for all approved special events based on the type of event and/or specific permits. Limited Liability Insurance may be required.

**Special Events criteria: 25+ participants**

Event BANGLADESH FESTIVAL  
Date: JULY 19, 20, 21, 2019  
 Park \_\_\_\_\_   
 Shelter/Gazebo  Other, please explain: \_\_\_\_\_  
Type/Event: \_\_\_\_\_ Alternate Date: \_\_\_\_\_ Time/Event: \_\_\_\_\_

Location: JAYNE FIELD Recreation Center

Please check type of event. List activity

- Skate  Walk Run  Race  Rally
- Parade  Musical/Concert  Picnic  Exhibition
- Reunion FESTIVAL

CITY CLERK 2019 MAY 14 AM 9:52

Sport Competition  Other, please explain:

1. Name of Organization/Corporation/Company:

BANGLADESH ASSOCIATION OF MICHIGAN

Representative/Organization Name: NOT

12833 KLAINGER ST

Address

DETROIT - MI - 48212

City/State/Zip

(313) 657-9422

Business Telephone

586-806-5300

Fax # ahshamim1@hotmail.com

Email Address

Alternate Telephone

2. Additional Contact Information:

Name

N/A Title

Address

City/State/Zip

Telephone

Fax #

Email Address

3. Event Information:

Please describe your event in detail: (attach additional sheet if necessary)

(A representative for your event must be present at least 2 hours prior to event for set-up)

Does this event require a route to be mapped out?  No  Yes, provide a layout of suggested route.

Are you planning to setup tent/canopy set-up?  No  Yes, how many?

Company PARTY TIME RENTALS LLC

Name:

Contact Person: \_\_\_\_\_ Telephone # \_\_\_\_\_

Are you planning to setup inflatable(s)?  No  Yes, how many?

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone # \_\_\_\_\_

Are you planning to setup a stage?  No  Yes, how many? \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone # \_\_\_\_\_

Will your event require port-a-john rental?  No  Yes, how many? \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone # \_\_\_\_\_

What is the Event's Security Plan?

we are ~~help~~ DETROIT Police &  
Private security.

Security Company Name

Contact Person

Address

Contact Number

What is the Event's Clean Up Plan?

we have volunteers to do clean up

Is this your first year for this event?  Yes  No, when and where was the event held last?

2000 TO 2018,

How many years has your organization coordinated/sponsored this event? \_\_\_\_\_

Will tickets be sold?  No  Yes, how many? \_\_\_\_\_

Is this a fundraiser?  No  Yes

Will there be a registration or entry fee?  No  Yes, how much? \_\_\_\_\_

Is this event open to the public?  Yes  No

Is this event free to the public?  Yes  No

Ages of Participants

Any  
7500

Expected Attendance

Will food or beverage be provided?  No  Yes

Are the food and/or beverages free?  Yes  No, please list food and/or beverage with prices. (May require Council approval) (Please attach additional sheets, if necessary).

Will there be souvenirs, trophies and/or gifts associated with this event?  No  Yes If yes, will they be sold?  No  Yes, please list items and prices:

#### 4. Sponsorship/Donations

Please list any sponsors/donors for this event: (Please include names, addresses, telephone numbers).

Please explain all sponsorship and donations that are a part of this event Does the sponsorship include cash?  No  Yes, how much? \_\_\_\_\_

Will this event be broadcasted on television and/or radio?  No  Yes, please explain (include station and contact information).

**Please note, that broadcasting messages must be approved by the Director – Detroit Parks & Recreation Department**

Additional Information:

**By submitting this request I/We/Our Organization hereby agree(s) to abide by all rules and policies of the City of Detroit and the Detroit Parks & Recreation Department. I/We also agree that all information submitted in this**



Special Event Application is true and accurate to the best of my/our knowledge and I/We hereby request that the Detroit Parks & Recreation Department consider my/our application for approval. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us by reason of or resulting from my/our use of Recreation Property as described herein.

Abubakar  
Representative Signature

5/8/19  
Date

FOR OFFICE USE ONLY

Total Fee(s) Amount:

Recommendations:

Inflatable Permit Required  Inflatable Permit Fee \_\_\_\_\_

Shelter/Gazabo Fee Required  Shelter/Gazabo Fee Amount \_\_\_\_\_

Insurance Required  Amt. Insurance Required

Check / MO #	Receipt #	Deposit Amount	Deposit Date	Remarks

Signature  
 Department Head Approval:

Date  
 Date:

Approved  Denied  If Denied Reason



CITY OF DETROIT  
PARKS & RECREATION DEPARTMENT  
ADMINISTRATION OFFICE

18100 MEYERS  
DETROIT, MICHIGAN 48235  
(313) 224-1100 • TTY: 711  
(313) 224-3544 FAX  
WWW.DETROITMI.GOV

July 6, 2018

Bangladesh Association of MI  
12833 Klinger St.  
Detroit, MI 48212  
Attn: Akikul Shamim

To Mr. Shamim:

This letter is in response to the Special Events Application submitted to the Parks & Recreation Department, requesting to host your Bangladesh Cultural Festival on Friday, July 6, 7 and 8, 2018 at Jayne Field. Your event hours are 10:00 am – 11:00 pm.

The department is pleased to notify you that your event has been approved with the following exceptions(s):

- You will be responsible for maintaining the area during the event and all event related trash must be bagged at its conclusion.
- The park will remain open to the public; music must remain at an audible level;
- Parking is prohibited on the grass;
- Your organization will be responsible for providing generator(s) for all equipment power needs and securing port-a-john(s) from a private company for the event.
- A representative for your event must be present at least two (2) hours prior to event or park use will be forfeited.

We acknowledge your *one-time fee waiver* for a Special Event Permit.

Should you have any questions or concerns during your event please contact Cheri Davis at (313) 720-5432.

Thank you for allowing the Parks & Recreation Department and the City of Detroit to host your event. We wish you a successful event.

Sincerely,

Cheri Amor Davis  
Reservations and Event Coordinator  
Detroit Parks and Recreation Department

2019-05-14

**868**

**868** *Petition of Bangladesh Association of Michigan, request to hold "Bangladesh Festival" at Jayne Field on July 6-8, 2019 from 10AM - 11PM*

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REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

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**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 918 Event Name: 37th Annual African - World Festival

Event Date : August 16 - 18, 2019

Street Closure: Brush, Frederick & Farnsworth

Organization Name: Charles H. Wright Museum of African - American History

Street Address: 315 E. Warren Avenue Detroit, MI 48201

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

Event Elements (check all that apply):

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

**24-Hour Liquor License**

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

37th Annual festival celebrating the African Diaspora located at the Charles H. Wright Museum of African - American History from 11:00am - 11:00pm; with temporary street closures on Brush, Frederick and Farnsworth.

**\*\* 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"/>	Pending Inspections; Contracted with Hart Medical 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

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"/>	Permits Required for Tents, 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 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"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: B. Kasher

Date: 6-21-2019



The Charles H. Wright Museum of African American History

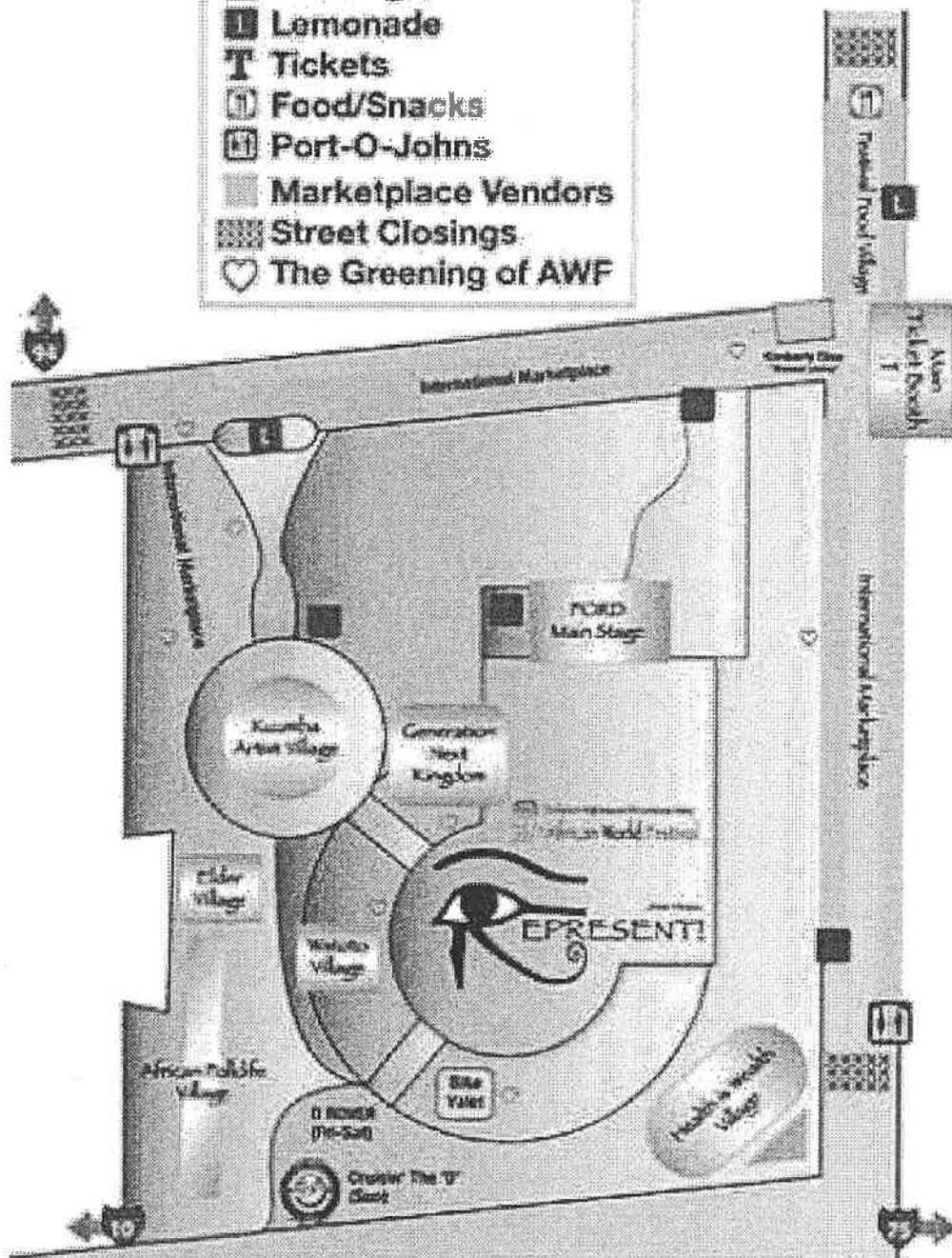
# 36<sup>TH</sup> African World Festival

# DETROIT

AUG 17-19, 2018

[the.wright.org](http://the.wright.org)

-  Beverages
-  Lemonade
-  Tickets
-  Food/Snacks
-  Port-O-Johns
-  Marketplace Vendors
-  Street Closings
-  The Greening of AWF



## DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 6, 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

**918**    *Charles H. Wright Museum of African American History, request to hold "37th Annual African World Festival" at 315 E. Warren Ave., on 8/16/19 - 8/19/19 from 11am - 11pm, Set-up on 8/14 - 8/16 from 6 am - 11am, Tear down on 8/9/19-8/21/19, with multiple street closures.*



8/16/2019

# City of Detroit Special Events Application

#918

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: 37th Annual African World Festival

Event Location: 315 E. Warren Ave. Detroit, MI 48201

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Charles H. Wright Museum of African American History

Organization Mailing Address: 315 E. Warren Ave Detroit, MI 48201

Business Phone: Business Website: CHW.MUSEUM.ORG

Applicant Name: N. S. KAL

Business Phone: (313) 494-5824 Cell Phone: (313) 399-5986 Email: nskwinfo@yahoo.com

Event On-Site Contact Person:

Name: N. S. KAL

Business Phone: (313) 494-5824 Cell Phone: (313) 399-5986 Email: nskwinfo@yahoo.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: \_\_\_\_\_

Projected Number of Attendees: 175,000-200,000

Please provide a brief description of your event:

Annual Cultural event for the African Diaspora

CITY OF DETROIT SPECIAL EVENTS AND FILM HANDLING OFFICE

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

Begin Set-up Date: 8/14/2019 Time: 06:00am Complete Set-up Date: 8/16/2019 Time: 11:00am

Event Start Date: 08/16/2019 Time: 11:00am Event End Date: 8/19/2019 Time: 11:00pm

Begin Tearing Down Date: 08/19/2019 Complete Tear Down Date: 08/21/2019

Event Times (If more than one day, give times for each day):  
11am-11pm 8/16-8/19

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: 315 E. Warren Ave Detroit, Mi 48201

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 stages
- 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

Click here to upload these attachments upon submitting this form

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

since...

Will a sound system be used?  Yes  No

If yes, what type of sound system?

Describe specific power needs for entertainment and/or music:

TBD

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

How will the generators be fueled?  
at night with gas

Name of vendor providing generators:

Contact Person: Mad Power

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: \_\_\_\_\_

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Contact Person:

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

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

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

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

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

Have local neighborhood groups/businesses approved your event?

Yes  No

Indicate what steps you have or will take to notify them of your event:  
Event flyers and e-mails to local residents and businesses

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

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

## Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Adam @ Pan Medical

Address:

City/State/Zip:

Name of company providing port-a-johns: Scotty's Potties

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:** Brush St  
**FROM:** Warren **TO:** E Ferry St

**CLOSURE DATES:** 8/14/2019 **BEG TIME:** 6:00a **END TIME:**  
**REOPEN DATE:** 8/19/2019 **TIME:**

**STREET NAME:** Frederick St  
**FROM:** John R **TO:** St Antoine

**CLOSURE DATES:** 8/14/2019 **BEG TIME:** 6:00a **END TIME:**  
**REOPEN DATE:** 8/19/2019 **TIME:**

**STREET NAME:** Farnsworth  
**FROM:** John R **TO:** Brush

**CLOSURE DATES:** 8/14/2019 **BEG TIME:** 6:00a **END TIME:**  
**REOPEN DATE:** 8/19/2019 **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:**

**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-JOIN 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.

  
eSigned via DocuSign  
Mjia Kai  
DocuSign Envelope ID: 100000000000000000000000

05/29/2019

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: 57th Annual African World Festival **Event**

Date: June 15-16, 2019

Event Organizer:

Mjia Kai for The Wayne County

  
eSigned via DocuSign  
Mjia Kai  
DocuSign Envelope ID: 100000000000000000000000

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

Date: 05/29/2019





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2019-06-06

918

918

*Petition of Charles H. Wright Museum of African American History, request to hold "37th Annual African World Festival" at 315 E. Warren Ave., on 8/16/19 - 8/19/19 from 11am - 11pm, Set-up on 8/14 - 8/16 from 6 am - 11am, Tear down on 8/9/19-8/21/19, with multiple street closures.*

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

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

**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 956. Event Name: Detroit Outloud - Community Festival

Event Date : July 20, 2019

Street Closure: None

Organization Name: The Right Production

Street Address: 2600 Atwater

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)

Kick - off for Detroit's Birthday located at Rouge Park from 10:00am - 6:pm with food, entertainment and games.

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

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

**MAYOR'S OFFICE**

Signature: B. Jushier

Date: 6-21-2019

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

Janice M. Winfrey  
City Clerk

Vivian A. Hudson  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Friday, June 21, 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    PLANNING AND DEVELOPMENT DEPARTMENT  
DPW - CITY ENGINEERING DIVISION    POLICE DEPARTMENT  
FIRE DEPARTMENT    RECREATION DEPARTMENT  
BUSINESS LICENSE CENTER

**956**    *The Right Production, request to hold "Detroit Outbound - Community Festival" at the Rouge Park Amphitheatre on July 20, 2019 from 10:00 AM to 6:00 PM with set up to begin on 7-18-19 and tear down complete on the event date, 7-20-19*

# 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: Detroit Outloud - Community Festival

Event Location: Rouge Park - Amphitheatre

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: The Right Production

Organization Mailing Address: 2600 Atwater

Business Phone: 313.587.4528 Business Website: \_\_\_\_\_

Applicant Name: Att: Sommer Woods c/o The Right Production

Business Phone: \_\_\_\_\_ Cell Phone: (313)587-4528 Email: sommerwoods0718@gmail.com

### Event On-Site Contact Person:

Name: Sommer Woods

Business Phone: \_\_\_\_\_ Cell Phone: (313)587-4528 Email: sommerwoods0718@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: \_\_\_\_\_

Projected Number of Attendees: 1,000

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

A celebration of Detroit, it's residents and neighborhoods. This will also be an unofficial kick-off to Detroit's birthday, July 24th. It will be a festival style event with local entertainment, food concessions and fun games.

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

Begin Set-up Date : 07/18/19 Time: TBD Complete Set-up Date: 07/20/19 Time: 8 AM

Event Start Date: 07/20/19 Time: 10 AM Event End Date: 07/20/19 Time: 6 PM

Begin Tearing Down Date: 07/20/19 Complete Tear Down Date: 07/21/19

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

10 AM - 6 PM

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Rouge 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
- 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:

Yoga and cardio fitness in the morning, hustle lessons, salsa band, pop band and R&B performance.

Will a sound system be used?  Yes  No

If yes, what type of sound system? Stage dimensions are pending, but sound system for concert style entertainment

**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:

Will there be food trucks?  Yes  No

If yes, please list how many:

Will there be a charge for parking?  Yes  No

If yes, please describe the amount:

How will you advise attendees of parking options? We will have post park and ride from local church to Rouge Park.

## Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Contact Person:

Address: TBD

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)?

The location is more secluded off Joy Road, so traffic shouldn't be an issue, but we will work with DPD to discuss traffic flow.

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 met with the Friends of Rouge Park and local community groups that attended the meeting. They are excited for the programming and will be engaged in the event.

Those groups include the archery team and camp outdoors.

## 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:

Generators will be used to power the stage and concessions stands.

Name of vendor providing generators: Contact Person:

Address: TBD

Phone:

City/State/Zip

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)		
Canopy (open on all sides)	5-8	10x10
Staging/Scaffolding	1	TBD
Bleachers		

**Section 9- COMPLETE ALL THAT APPLY**

Emergency medical services?

Contact Person: Hart Medical

Address:

City/State/Zip:

Name of company providing port-a-johns.

Contact Person: TBD

Address:

Phone:

City/State/Zip:

Name of private catering company?

Contact Person: Stewart Davidson - Andiamo

Address:

Phone:

City/State/Zip:



**SPECIAL USE REQUESTS**

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

Will there be street closures?       Yes       No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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**AUTHORIZATION & AFFADAVIT OF APPLICANT**

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

*Sommer Woods*

05/22/19

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 Outload - Community Festival **Event**

**Date:** July 20, 2019 (Set up July 18 & 19 / Break down after event)

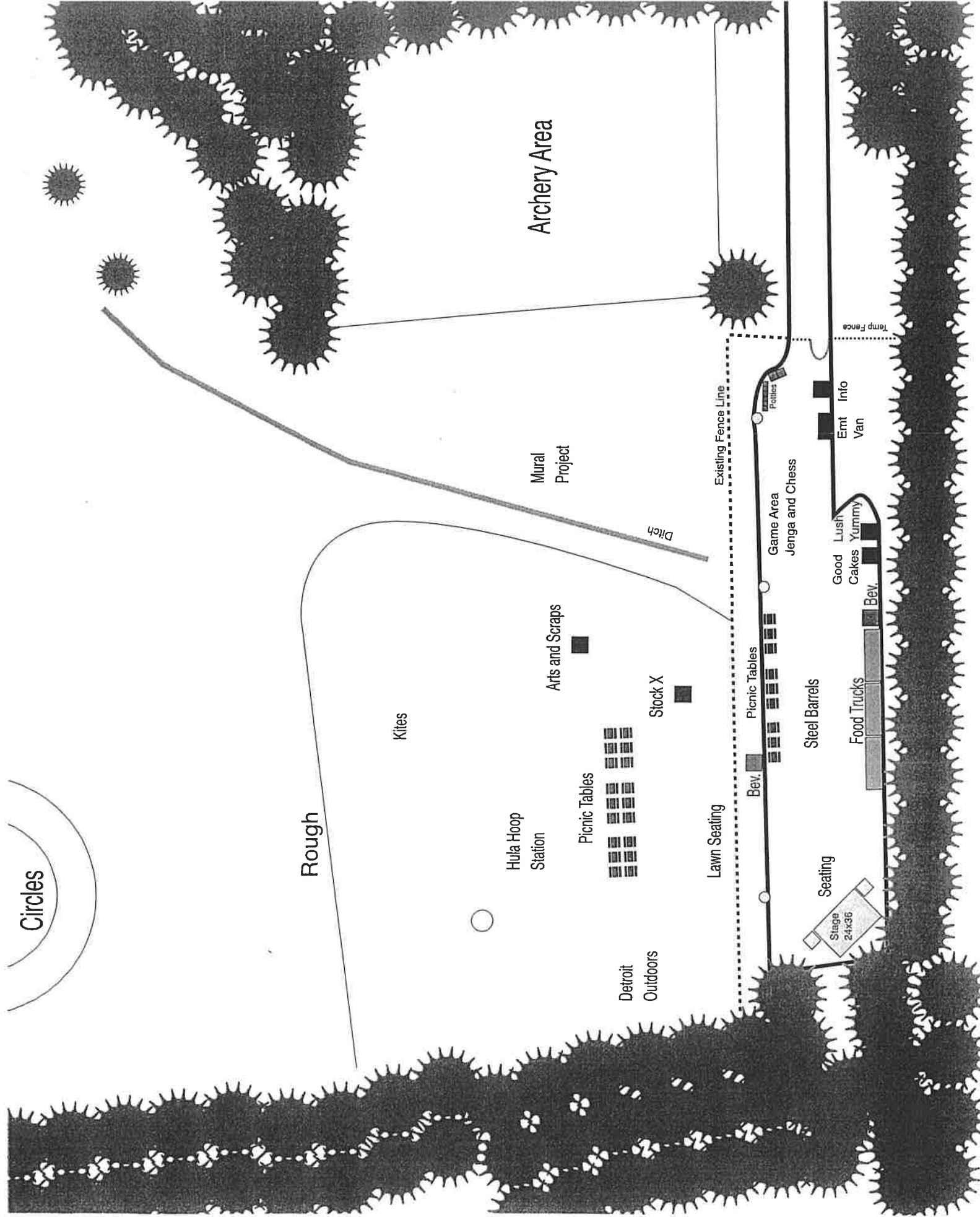
**Event Organizer:**

Att: Sommer Woods c/o The Right Production

**Applicant Signature:** *Sommer Woods*

**Date:** 05/22/19





Circles

Rough

Kites

Hula Hoop Station

Picnic Tables

Arts and Scraps

Stock X

Detroit Outdoors

Lawn Seating

Ditch

Mural Project

Archery Area

Existing Fence Line

Bev.

Picnic Tables

Steel Barrels

Food Trucks

Bev.

Good Lush Cakes Yummy

Game Area Jenga and Chess

Emt Info Van

Temp Fence

Seating

Stage 24x36

Potties



2019-06-21

**956**

**956** *Petition of The Right Production, request to hold "Detroit Outbound - Community Festival" at the Rouge Park Amphitheatre on July 20, 2019 from 10:00 AM to 6:00 PM with set up to begin on 7-18-19 and tear down complete on the event date, 7-20-19*

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

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

62

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**MAYOR'S OFFICE COORDINATORS REPORT**
**OVERALL STATUS (please circle):**  **APPROVED**  **DENIED**  **N/A**  **CANCELED**

 Petition #: 957 Event Name: MOCAD: Hot Logic Concert Series

 Event Date : 7/5, 7/15, 7/19, 7/26, 2019

 Street Closure: None

 Organization Name: Museum of Contemporary Art Detroit

 Street Address: 4454 Woodward Avenue 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)

Outdoor Summer Concert Series located at 4454 Woodward &amp; adjacent lot with live music, food and vendors from 6:00pm - 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 will Provide Special Attention; Contracted with Diversified Security Solutions 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Health License Required



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

**MAYOR'S OFFICE**

Signature: B. Fisher

Date: 10-21-2019

City of Detroit  
OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Vivian A. Hudson  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Friday, June 21, 2019*

*To: The Department or Commission Listed Below*

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

---

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

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

---

MAYOR'S OFFICE    DPW - CITY ENGINEERING DIVISION  
POLICE DEPARTMENT    FIRE DEPARTMENT  
MUNICIPAL PARKING DEPARTMENT    BUILDINGS SAFETY ENGINEERING  
RECREATION DEPARTMENT    PLANNING AND DEVELOPMENT DEPARTMENT

**957**    *Museum of Contemporary Art Detroit, request to hold "MOCAD: Hot Logic Concert Series" at MOCAD, 4454 Woodward Ave on various dates from 6:00 PM 11:30 PM*

# 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

MOCAD: Hot Logic Concert Series:  
Event Name:

Event Location: Museum of Contemporary Art Detroit '4454 Woodward  
Detroit MI

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Museum of Contemporary Art Detroit

Organization Mailing Address: 4454 Woodward Avenue

Business Phone: 313.832.6622 Business Website: mocadetroit.org

Applicant Name: Leto Rankine

Business Phone: 313.832.6622 Cell Phone: 313.409.0315 Email: ~~let~~lrnkine@mocadetroit.org

Event On-Site Contact Person:

Name: Leto Rankine

Business Phone: 313.832.6622 Cell Phone: 313.409.0315 Email: lrnkine@mocadetroit.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: \_\_\_\_\_

Projected Number of Attendees: 1200-1500

Please provide a brief description of your event:

Outdoor summer concert series with live music, food, and vendors

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

Begin Set-up Date: 07.04, 07.14, 07.19 Time: 8 AM Complete Set-up Date: 07.04, 07.14, 07.19 Time: 8 PM  
Event Start Date: 07.05, 07.15, 07.19 Time: 6 PM Event End Date: 07.26 Time: 1130 PM  
Begin Tearing Down Date: 07.05, 07.15, 07.19 Complete Tear Down Date: 07.06, 07.16, 07.20, 07.27  
07.26

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

07.05: 6 PM to 1130 PM, 07.15: 6 PM to 1130 PM, 07.19 6 PM to 1130 PM  
07.26: 6 PM to 1130 PM

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: 4454 Woodward Avenue, Detroit, MI 48201

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:  
07.05: DJ set ; 07.15 + 07.19: live performances, 07.26 DJ set

Will a sound system be used?  Yes  No

If yes, what type of sound system?

**Section 5- SALES INFORMATION**

Will there be advanced ticket sales?  Yes  No  
If yes, please describe: tickets are available online for all events via Eventbrite

Will there be on-site ticket sales?  Yes  No  
If yes, list price(s): \$20, \$25, \$30

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, t-shirts, water, soda, beer, wine, mixed drinks

Will there be food trucks?  Yes  No  
If yes, please list how many: 3-4

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

How will you advise attendees of parking options? Mass email via eventbrite + social media

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

Name of Private Security Company: Diversified Security Solutions Group, LLC

Contact Person: Tyrone Carter + Derrick Brown

Address: P.O. Box 18012 Phone: 313.671.5497

City/State/Zip: River Rouge, MI 48218

Number of Private Security Personnel Hired Per Shift: 15 guards 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)?  
Music will be played until 1130pm with sound carryover, increased pedestrian traffic on Garfield street

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

Indicate what steps you have or will take to notify them of your event: Communicated with Midtown Inc. about event, will meet with Chief Holt from WSA plus DPD.

**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:  
There will be one 100kw generator, fueled offsite and installed for event days, with infrastructure for sound, lighting, and vendors as needed.

Name of vendor providing generators: Contact Person: James Wehrle @ XYZ Power

Address: 3549 Alida Avenue Phone: 248.875.6070

City/State/Zip Rochester Hills, MI 48308

How Many? 1 Size/Height 100kw / 12'1 x 4'w x 7'h

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding staging

Bleachers

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Adam @ Hart Medical Services

Address: 1636 West Fort Street,

City/State/Zip: Detroit, MI 48216

Name of company providing port-a-johns. Scottie's Pottys

Contact Person: Drew

Address: P.O. Box 530845

Phone: 734.421.1400

City/State/Zip: Livonia, MI 48153

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

**SPECIAL USE REQUESTS**

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

Will there be street closures?  Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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**AUTHORIZATION & AFFADAVIT OF APPLICANT**

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

Leto Rankine 06.14.19  
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.

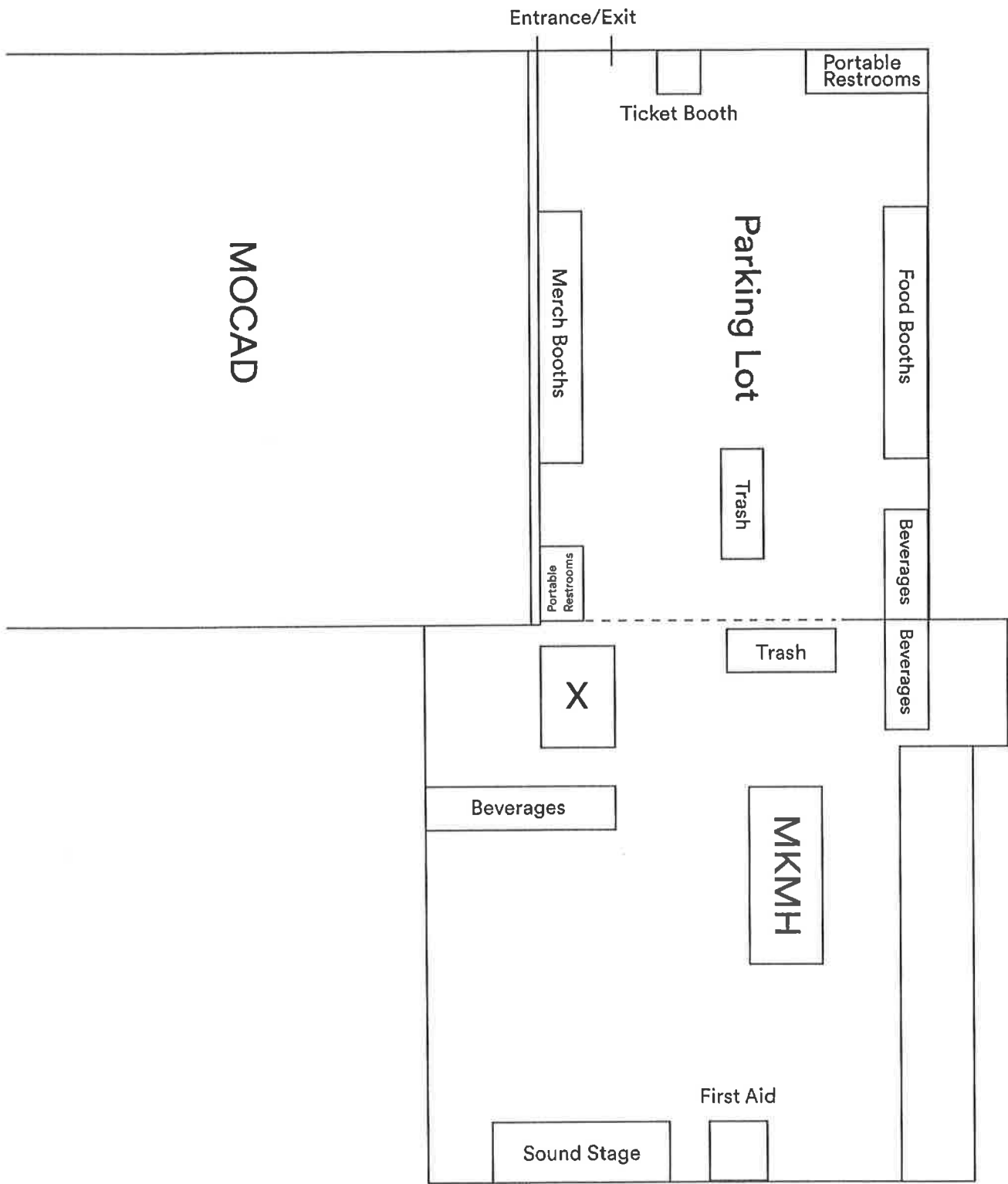
(Please Print)

Event Name: Hot Logic Concert Series Event  
Date: 07.05, 07.15, 07.19, 07.26

Event Organizer: Leto Rankine

Applicant Signature: Leto Rankine  
Date: 06.14.19

Garfield St.



E Canfield St.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/31/2018

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

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

PRODUCER  
Alliant Insurance Services, Inc.  
950 Wilshire Dr Ste 210  
Royal, MI 48084CONTACT NAME: Susan Winslow  
PHONE (A/C, No, Ext): (248) 205-2923 FAX (A/C, No): (248) 203-7523  
E-MAIL ADDRESS: Susan.Winslow@alliant.comINSURED  
Museum of Contemporary Art Detroit  
4454 Woodward Avenue  
Detroit, MI 48201

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Vigilant Insurance Company	20397
INSURER B : Federal Insurance Company	20281
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

INSURER	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			35854244	08/15/2018	08/15/2019	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000					
		MED EXP (Any one person)	\$ 10,000					
		PERSONAL & ADV INJURY	\$ 1,000,000					
		GENERAL AGGREGATE	\$ 2,000,000					
		PRODUCTS - COMP/OP AGG	\$ 2,000,000					
		LIQUOR LIABILITY	\$ 1,000,000					
B	AUTOMOBILE LIABILITY  <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			73543152	08/15/2018	08/15/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		BODILY INJURY (Per person)	\$					
		BODILY INJURY (Per accident)	\$					
		PROPERTY DAMAGE (Per accident)	\$					
		Col/Comp DED	\$ 1,000					
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			79853621	08/15/2018	08/15/2019	EACH OCCURRENCE	\$ 4,000,000
		AGGREGATE	\$					
			\$ 4,000,000					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
		E L EACH ACCIDENT	\$					
		E L DISEASE - EA EMPLOYEE	\$					
		E L DISEASE - POLICY LIMIT	\$					

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

## CERTIFICATE HOLDER

\*\*\*For Informational Purposes Only\*\*\*

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

# ACORD EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
08/31/2018

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Vigilant Insurance Services, Inc. 050 Wilshire Dr Ste 210 Royal Oak, MI 48084	PHONE (A/C, No, Ext): (248) 540-3131 FAX (A/C, No): (248) 203-7528 E-MAIL ADDRESS:	COMPANY NAME AND ADDRESS Vigilant Insurance Company	NAIC NO: 20397
CONTACT NAME: Susan Winslow		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
AGENCY CUSTOMER ID #: MUSEOFC-01		LOAN NUMBER	POLICY NUMBER 35854244
NAMED INSURED AND ADDRESS The Museum of Contemporary Art Detroit 4454 Woodward Avenue Detroit, MI 48201		EFFECTIVE DATE 08/15/2018	EXPIRATION DATE 08/15/2019
ADDITIONAL NAMED INSURED(S)		CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	
		THIS REPLACES PRIOR EVIDENCE DATED:	

## PROPERTY INFORMATION (Use additional sheets if more space is required)

LOCATION/DESCRIPTION

COVERAGE INFORMATION	CAUSE OF LOSS FORM	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	OTHER
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 3,331,970					DED: 5,000
BUSINESS INCOME / RENTAL VALUE		<input checked="" type="checkbox"/>			If YES, LIMIT: 988,987 <input checked="" type="checkbox"/> Actual Loss Sustained # of months:
BLANKET COVERAGE			<input checked="" type="checkbox"/>		If YES, indicate amount of insurance on properties identified above: \$
TERRORISM COVERAGE		<input checked="" type="checkbox"/>			Attach signed Disclosure Notice / DEC
IS COVERAGE PROVIDED FOR "CERTIFIED ACTS" ONLY?			<input checked="" type="checkbox"/>		If YES, SUB LIMIT: DED:
IS COVERAGE A STAND ALONE POLICY?			<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
DOES COVERAGE INCLUDE DOMESTIC TERRORISM?		<input checked="" type="checkbox"/>			If YES, SUB LIMIT: DED:
COVERAGE FOR MOLD		<input checked="" type="checkbox"/>			If YES, LIMIT: 50,000 DED: 5,000
MOLD EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>			
REPLACEMENT COST		<input checked="" type="checkbox"/>			
AGREED AMOUNT		<input checked="" type="checkbox"/>			
COINSURANCE			<input checked="" type="checkbox"/>		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)			<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
LAW AND ORDINANCE - Coverage for loss to undamaged portion of building		<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
- Demolition Costs		<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
- Incr. Cost of Construction		<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
EARTHQUAKE (If Applicable)			<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
FLOOD (If Applicable)			<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
WIND / HAIL (If Separate Policy)			<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION PRIOR TO LOSS		<input checked="" type="checkbox"/>			

## REMARKS - Including Special Conditions (Use additional sheets if more space is required)

## CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 10 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

## ADDITIONAL INTEREST

NAME AND ADDRESS ***For Informational Purposes Only***	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE LOSS PAYEE	AUTHORIZED REPRESENTATIVE <i>[Signature]</i>

BOBS SANITATION SERVICE, INC

SCOTTY'S POTTIES

P.O. BOX 530845

LIVONIA, MI 48153



Ph: (734) 421-1400 Fax: (734) 946-7382

Email: emailus@scottyspotties.net

Invoice

Billing Address
MUSEUM OF CONTEMPORARY ART 4454 WOODWARD AVE. DETROIT, MI 48201

Service Address
MUSEUM OF CONTEMPORARY ART 4454 WOODWARD AVE. DETROIT, MI 48201

Phone: (313) 409-0315

Fax: 0

Due Date	Cust #	Site #	Date	Clerk	Terms	P.O.#	Invoice #	Page
7/15/2019	NON233	21533	7/5/2019	DW	NET10		A-171905	Page 1 / 1

DESCRIPTION	RATE	QTY	AMOUNT
7/5/2019 TEN SPECIAL EVENT UNITS WITH HAND SANITIZERS-Work Order No=67080	100.00	10	1,000.00

Paid Amt	0.00
Adjustment Amt	0.00
<b>Balance</b>	<b>1,000.00</b>

THANK YOU FOR DOING BUSINESS WITH US!

Thank You!

Statement as of 6/14/2019	Future: 4,000.00	Current: 0.00	30 Day: 0.00	60 Day: 0.00	90 Day: 0.00	Total Due: 4,000.00
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Please detach here and return the bottom portion with your payment.

Div:A Cust #: NON233 Site #:21533 Invoice #: 171905

**From** MUSEUM OF CONTEMPORARY ART  
4454 WOODWARD AVE.  
DETROIT, MI 48201

Do we have your correct email? [KGUTWALD@MOCADETROIT.ORG](mailto:KGUTWALD@MOCADETROIT.ORG)

**To** BOBS SANITATION SERVICE, INC  
SCOTTY'S POTTIES  
P.O. BOX 530845  
LIVONIA, MI 48153

<input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX		<input type="checkbox"/> Check Enclosed
If paying by Credit Card, please fill out below		Invoice Balance 1,000.00
Card Number		Previous Balance 3,000.00
Exp. Date	CVC Code	Total Due 4,000.00
Choose One: <input type="checkbox"/> 1 Time Charge <input type="checkbox"/> Charge Monthly		Amount Paid
Signature		

If credit card address different from billing address above, please write in below.

All invoices more than 30 days old are charged a late fee of 1.5% per month or 18% per year.

BOBS SANITATION SERVICE, INC

SCOTTY'S POTTIES

P.O. BOX 530845

LIVONIA, MI 48153



Ph: (734) 421-1400 Fax: (734) 946-7382

Email: emailus@scottyspotties.net

Invoice

Billing Address
MUSEUM OF CONTEMPORARY ART 4454 WOODWARD AVE. DETROIT, MI 48201

Service Address
MUSEUM OF CONTEMPORARY ART 4454 WOODWARD AVE. DETROIT, MI 48201

Phone: (313) 409-0315

Fax: 0

Due Date	Cust #	Site #	Date	Clerk	Terms	P.O.#	Invoice #	Page
7/25/2019	NON233	21533	7/15/2019	DW	NET10		A-171906	Page 1 / 1

DESCRIPTION	RATE	QTY	AMOUNT
7/15/2019 TEN SPECIAL EVENT UNITS WITH HAND SANITIZERS-Work Order No=68345	100.00	10	1,000.00

Paid Amt 0.00  
 Adjustment Amt 0.00  
**Balance 1,000.00**

THANK YOU FOR DOING BUSINESS WITH US!

Thank You!

Statement as of 6/14/2019	Future: 4,000.00	Current: 0.00	30 Day: 0.00	60 Day: 0.00	90 Day: 0.00	Total Due: 4,000.00
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Please detach here and return the bottom portion with your payment.

Div:A Cust #: NON233 Site #: 21533 Invoice #: 171906

**From** MUSEUM OF CONTEMPORARY ART  
 4454 WOODWARD AVE.  
 DETROIT, MI 48201

Do we have your correct  
 email? [KGUTWALD@MOCADETROIT.ORG](mailto:KGUTWALD@MOCADETROIT.ORG)

**To** BOBS SANITATION SERVICE, INC  
 SCOTTY'S POTTIES  
 P.O. BOX 530845  
 LIVONIA, MI 48153

<input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX	<input type="checkbox"/> Check Enclosed
If paying by Credit Card, please fill out below	Invoice Balance 1,000.00
Card Number	Previous Balance 3,000.00
Exp. Date	CVC Code
	Total Due 4,000.00
Choose One: <input type="checkbox"/> 1 Time Charge <input type="checkbox"/> Charge Monthly	Signature
	Amount Paid

If credit card address different from billing address above, please write in below.

All invoices more than 30 days old are charged a late fee of 1.5% per month or 18% per year.

BOBS SANITATION SERVICE, INC

SCOTTY'S POTTIES

P.O. BOX 530845

LIVONIA, MI 48153



Ph: (734) 421-1400 Fax: (734) 946-7382

Email: emailus@scottyspotties.net

Invoice

Billing Address
MUSEUM OF CONTEMPORARY ART 4454 WOODWARD AVE. DETROIT, MI 48201

Service Address
MUSEUM OF CONTEMPORARY ART 4454 WOODWARD AVE. DETROIT, MI 48201

Phone: (313) 409-0315

Fax: 0

Due Date	Cust #	Site #	Date	Clerk	Terms	P.O.#	Invoice #	Page
7/29/2019	NON233	21533	7/19/2019	DW	NET10		A-171907	Page 1 / 1

DESCRIPTION	RATE	QTY	AMOUNT
7/19/2019 TEN SPECIAL EVENT UNITS WITH HAND SANITIZERS-Work Order No=68347	100.00	10	1,000.00
			1,000.00
	Paid Amt		0.00
	Adjustment Amt		0.00
	<b>Balance</b>		<b>1,000.00</b>

THANK YOU FOR DOING BUSINESS WITH US!

Thank You!

Statement as of 6/14/2019	Future: 4,000.00	Current: 0.00	30 Day: 0.00	60 Day: 0.00	90 Day: 0.00	Total Due: 4,000.00
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Please detach here and return the bottom portion with your payment.

Div:A Cust #: NON233 Site #: 21533 Invoice #: 171907

**From** MUSEUM OF CONTEMPORARY ART  
4454 WOODWARD AVE.  
DETROIT, MI 48201

Do we have your correct email? [KGUTWALD@MOCADETROIT.ORG](mailto:KGUTWALD@MOCADETROIT.ORG)

**To** BOBS SANITATION SERVICE, INC  
SCOTTY'S POTTIES  
P.O. BOX 530845  
LIVONIA, MI 48153

<input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX		<input type="checkbox"/> Check Enclosed
If paying by Credit Card, please fill out below		Invoice Balance 1,000.00
Card Number		Previous Balance 3,000.00
Exp. Date	CVC Code	Total Due 4,000.00
Choose One: <input type="checkbox"/> 1 Time Charge <input type="checkbox"/> Charge Monthly		Amount Paid
Signature		

If credit card address different from billing address above, please write in below.

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SCOTTY'S POTTIES

P.O. BOX 530845

LIVONIA, MI 48153



Ph: (734) 421-1400 Fax: (734) 946-7382

Email: emailus@scottyspotties.net

Invoice

Billing Address
MUSEUM OF CONTEMPORARY ART 4454 WOODWARD AVE. DETROIT, MI 48201

Service Address
MUSEUM OF CONTEMPORARY ART 4454 WOODWARD AVE. DETROIT, MI 48201

Phone: (313) 409-0315

Fax: 0

Due Date	Cust #	Site #	Date	Clerk	Terms	P.O.#	Invoice #	Page
8/4/2019	NON233	21533	7/25/2019	DW	NET10		A-171908	Page 1 / 1

DESCRIPTION	RATE	QTY	AMOUNT
7/25/2019 TEN SPECIAL EVENT UNITS WITH HAND SANITIZERS-Work Order No=68348	100.00	10	1,000.00
			1,000.00
	Paid Amt		0.00
	Adjustment Amt		0.00
	Balance		1,000.00

THANK YOU FOR DOING BUSINESS WITH US!

Thank You!

Statement as of 6/14/2019	Future: 4,000.00	Current: 0.00	30 Day: 0.00	60 Day: 0.00	90 Day: 0.00	Total Due: 4,000.00
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Please detach here and return the bottom portion with your payment.

Div:A Cust #: NON233 Site # 21533 Invoice #: 171908

**From** MUSEUM OF CONTEMPORARY ART  
4454 WOODWARD AVE.  
DETROIT, MI 48201

Do we have your correct email? [KGUTWALD@MOCADETROIT.ORG](mailto:KGUTWALD@MOCADETROIT.ORG)

**To** BOBS SANITATION SERVICE, INC  
SCOTTY'S POTTIES  
P.O. BOX 530845  
LIVONIA, MI 48153

__ VISA _ M/C _ DISCOVER _ AMEX		<input type="checkbox"/> Check Enclosed
If paying by Credit Card, please fill out below		Invoice Balance 1,000.00
Card Number		Previous Balance 3,000.00
Exp. Date	CVC Code	Total Due 4,000.00
Choose One: <input type="checkbox"/> 1 Time Charge <input type="checkbox"/> Charge Monthly		
Signature		Amount Paid

If credit card address different from billing address above, please write in below.

All invoices more than 30 days old are charged a late fee of 1.5% per month or 18% per year



2019-06-21

**957**

957 *Petition of Museum of Contemporary  
Art Detroit, request to hold "MOCAD:  
Hot Logic Concert Series" at  
MOCAD, 4454 Woodward Aveon  
various dates from 6:00 PM 11:30 PM*

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REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION  
POLICE DEPARTMENT FIRE DEPARTMENT  
MUNICIPAL PARKING DEPARTMENT BUILDINGS  
SAFETY ENGINEERING  
RECREATION DEPARTMENT PLANNING AND