Rejonals 6-18-19

# NEIGHBORHOOD AND COMMUNITY SERVICES STANDING COMMITTEE



# **MAYOR'S OFFICE COORDINATORS REPORT**

OVERA	_L STATUS (pl	ease c	ircle): 🕢 AP	PROVED	DENIED [	N/A CANCELED
Petition #:	Petition #: 912 Event Name: Crash Detroit					
Event Date	July 20, 2	2019				
Street Clos	sure: None					
Organizati	on Name: Cras	sh De	troit Produc	ctions		
Street Add	ress: 1438 H	ubba	rd Street D	etroit, M	II 48209	
Date of Cit	te of the COMPL y Clerk's Depart or City Departme or the Coordinate	mental l ents rep	Reference Comn orts:			
Event Elen	nents (check all t	hat app	ly):			
Walkath	non C	arnival/	Circus	<b>√</b> Concer	t/Performance	Run/Marathon
Bike Ra	ace R	eligious	Ceremony	Politica	l Ceremony	<b>✓</b> Festival
Filming	P	arade		Sports/	Recreation	Rally/Demonstration
Firewor	ks C	onventi	on/Conference	Other:		0
24-Hou	r Liquor Licens	е				
	Petition Communications (include date/time)					
Free, fami	ly - friendly aco				ark Park from 2:00	0pm - 9:00pm.
**						
N	** ALL perm	its and i	license requirem	ents must t	pe fulfilled for an ap	proval status **
Date	Department	N/A	APPROVED	DENIED		onal Comments
	DPD		<b>V</b>			Special Attention; Angles Security to Provide Services
	DFD/ EMS		<b>✓</b>		Contracted with Private EMS Ser	Hart Medical to Provide vices
	DPW	<b>✓</b>			No Jurisdiction	
	Health Dept.		<b>√</b>		Temporary Fo	ood License Required

CITY CLERK 2019 JUN 14 PM1:40

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		<b>✓</b>		No Barricades Required
	Recreation		<b>V</b>		Application Received & Approved as Presented
	Bldg & Safety		<b>V</b>		Permits Required for Tents & Stages
	Bus. License		<b>✓</b>		Vendors License Required
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking		<b>✓</b>		No Permits Required
	DDOT		<b>✓</b>		No Impact on Buses
IAYOR'	S OFFICE		,		
ignature	Betha	nie	Lusher		
ate: <u>(</u>	: <u>Betha</u> ine 13, 20	19			

# City of Betroit OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Caven West
Deputy City Clerk/Chief of Staff

# DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 6, 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
RECREATION DEPARTMENT BUSINESS LICENSE CENTER
BUILDINGS SAFETY ENGINEERING RECREATION DEPARTMENT

912 Crash Detroit Productions, request to hold "Crash Detroit" at Clark Park on 7/20/19 from 2pm - 9pm, Set-up 7/20/19 from 8am - 12pm, Tear down following event on 7/20/19 - 7/21/19.

#912

# **City of Detroit Special Events Application**

7/20/2019

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 EV	ENT INFORMATION
Event Name: Crash Detro	it	
Event Location: Clark Parl	<, Detroit, MI 48200	7-2-17-18-1-18-18-18-18-18-18-18-18-18-18-18-1
Is this going to be an annual event?		The second second property of the property of
Section	1 2- ORGANIZATION/AP	PLICANT INFORMATION
Organization Name: Crash De	troit Productions	
Organization Mailing Address: 143	8 Hubbard St. Detro	nit, MI 48209
Business Phone: (248) 808-1937	Business Websi	te: www. Crashdetroit, org
		7
Applicant Name: James Har	trick	
Business Phone: (248) 808-193	7 Cell Phone: Same)	Email: jhartrick@gmail.com
<b>Event On-Site Contact Person:</b>		•
Name: James Hartrice	the second	THE TOWNS PROBLEM WITH SELECTION OF SELECTIO
Business Phone: (248) 809-1937	Cell Phone: (Same)	Email: jhartnik Qgmail.com
Event Elements (check all that apply)	)	
[ ] Walkathon	[ ] Carnival/Circus	[X] Concert/Performance
[ ] Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony
[ ] Political Event	[X] Festival	[ ] Filming
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration
[ ] Convention/Conference	[ ] Fireworks	[ ] Other:
	1500	
Projected Number of Attendees:_ Please provide a brief description	1500	* 179
	_	
Crash Detroit is a god	free, all-ages music	festival that showcases acoustic
performances from stre		
1		

What are the projected set-up, event and tear down dates and times (must be complete	d)?
Begin Set-up Date: 7/20/19 Time: 8:00 Am Complete Set-up Date: 7/20/19	Time: /2:00 PM
Event Start Date: 7/20/19 Time: 2:00pm Event End Date: 7/20/19	Time: 9:00 pm
Begin Tearing Down Date: 7/20/19 Complete Tear Down Date: 7/21/10	7
Event Times (If more than one day, give times for each day):	
7/20/19, 2:00 PM-9:00 PM	1.16146
	V.
Section 3- LOCATION/SITE INFORMATIO	N
Location of Event: Clark Park, Detroit, MI 40209	
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 planticipated layout of your event including the following:	an which illustrates the
-Public entrance and exit -Location of First Aid -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 proposed light po	sies
Section 4- ENTERTAINMENT	
Describe the entertainment for this year's event:  All aloustic brass and street bands.	41.
Will a sound system be used?	
If yes, what type of sound system?	
Section 5- SALES INFORMATION	
Will there be advanced ticket sales?	
Will there be on-site ticket sales?	
Will there be vending or sales?  Yes D No  Yes, check all that apply:	10.
Food Merchandise [N] Non-Alcoholic Beverages [ ] Alcoholic Bev	verages

Indicate type of items to be sold: T-shirts, stickers, CDs, posters, buttons
Will there be food trucks?  If yes, please list how many:  Yes D No 2
Will there be a charge for parking?
How will you advise attendees of parking options? We will announce via social media, parking on street
Section 6- PUBLIC SAFETY & PARKING INFORMATION
Name of Private Security Company: Angels Security, Inc.
Contact Person: Jerry Terrell
Address: 19785 W. 12 Mile Rd, 5te 646 Phone: (248) 246-0051
City/State/Zip: Southfield, MI 48076
Number of Private Security Personnel Hired Per Shift:
Are the private security personnel (check all that apply):  [X] Licensed  [X] Armed  [X] Bonded
Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION
How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  Sound impact will be minimal due to the acoustic nature of the performers. The park  has adequate parking around the perimeter. The event is free and welcoming to anyone  Have local neighborhood groups/businesses approved your event?  Indicate what steps you have or will take to notify them of your event: We have discussed the event with the
Clark Park Coalition, SW Detroit Business Pevelopment and various local businesses in the
arca
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:

How Many? Size/Height  Booth  Cents (enclosed on 3 sides)  Canopy (open on all sides)  Staging/Scaffolding  Bloachers  Section 9- COMPLETE ALL THAT APPLY  ergency medical services?  tact Person: Hart Medical Services  tress: 1636 W. Firt St., Petroit, mt 48216 (313) 879-2020  //State/Zip: Detroit, MT 482()  Incompany providing port-a-johns.  tact Person: Sco Hys Potfies  ress: 27940 Wick Rd: Phone: 734 421-1400  //State/Zip: R Drnulus, MT 48174  ac of private catering company?  tact Person: N A	Address:	
How Many?  Size/Height  Booth  Tents (enclosed on 3 sides)  Canopy (open on all sides)  Staging/Scaffolding  Bleachers  Section 9- COMPLETE ALL THAT APPLY  ergency medical services?  stact Person: Hart Medical Services  dress: 1636 W. Firt St., Petroit, mt 48216  W. Firt St., Petroit, mt 48216  W. State/Zip: Defroit, MT 48216  me of company providing port-a-johns.  tact Person: Scothys Potties  ress: 27940 Wick Rd: Phone: 734) 421-1400  Medical Person: N A  me of private catering company?  tact Person: N A	Auditss.	Phone:
Booth  Tents (enclosed on 3 sides)  Canopy (open on all sides)  Staging/Scaffolding  Bleachers  Section 9- COMPLETE ALL THAT APPLY  Mergency medical services?  Intact Person: Hart Medical Services  dress: 1626 W. Fort St., Detroit, mt 48216 (313) 879-2020  y/State/Zip: Detroit, MI 48216  me of company providing port-a-johns.  Intact Person: Sco Hys Potfies  dress: 27940 Wick Rd: Phone: 734 421-1400  y/State/Zip: Rommus, MI 49174  me of private catering company?  Itact Person: N A	City/State/Zip	A
Canopy (open on all sides)  Staging/Scaffolding  Bleachers  Section 9- COMPLETE ALL THAT APPLY  mergency medical services?  ntact Person: Hart Medical Services  dress: 1636 W. Furt St., Petrovit, mt 48216 (313) 879-2020  y/State/Zip: Detroit, MI 482 (6)  me of company providing port-a-johns.  ntact Person: Sco Hys Potfies  dress: If 940 Wick Rd: Phone: [734] 421-1400  y/State/Zip: R mulus, MI 48174  me of private catering company?  ntact Person: N A	How Many Booth	y? Size/Height
Canopy (open on all sides)  Staging/Scaffolding  Bleachers  Section 9- COMPLETE ALL THAT APPLY  sergency medical services?  Intact Person: Hart Medical Services  dress: 1636 W Furt St., Petrovit, mt 48216 (313) 879-2020  y/State/Zip: Detroit, MT 482(b  me of company providing port-a-johns.  Intact Person: Sco Hys Portfies  dress: 27940 Wick Rd: Phone: (734) 421-1400  y/State/Zip: R bmwlws, MT 49174  me of private catering company?  Intact Person: N A	Tents (enclosed on 3 sides)	20x20 (for performers only)
mergency medical services?  mact Person: Hart Medical Services  Idress: 1636 W. Firt St., Detroit, MI 48216 (313) 879-2020  My/State/Zip: Detroit, MI 48216  me of company providing port-a-johns.  mact Person: Sco Hys Potfies  dress: 27940 Wick Rd: Phone: 734) 421-1400  My/State/Zip: Romwlus, MI 48174  me of private catering company?  mact Person: N A	_	
ntact Person: Hart Medical Services  dress: 1636 W. Fart St., Retroit, Mt. 48216 (313) 879-2020  y/State/Zip: Detroit, MI 48216  me of company providing port-a-johns.  ntact Person: Sco Hys Potfies  dress: 27940 Wick Rd: Phone: 734) 421-1400  y/State/Zip: R amulus, MI 48174  me of private catering company?  ntact Person: N A	Bleachers	
ntact Person: Hart Medical Services  dress: 1636 W. Furt St., Petroit, mt 48216 (313) 879-2020  y/State/Zip: Detroit, MI 48216  me of company providing port-a-johns.  ntact Person: Sco Hys Potfies  dress: 27940 Wick Rd: Phone: (734) 421-1400  y/State/Zip: Romulus, MI 49174  me of private catering company?  ntact Person: N A	Section 9	- COMPLETE ALL THAT APPLY
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mact Person: Sco Hys Potfies  dress: 27940 Wick Rd: Phone: (734) 421-1400  me of private catering company?  mact Person: NA	Course Delil Mar Mar	10,110 19218 (213) 877-2020
ntact Person: Sco Hys Potfies  dress: 27940 Wick Rd:  phone: (734) 421-1400  my/State/Zip: Romww, MI 48174  me of private catering company?  ntact Person: NA	ystate/zip: 1)etroit, MIL 48216	A PROCESS CONTRACTOR SET AND A SET A
ntact Person: Sco Hys Potfies  dress: 27940 Wick Rd:  phone: (734) 421-1400  y/State/Zip: R mww, MI 49174  me of private catering company?  ntact Person: N A	me of company providing port-a-johns.	
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ntact Person:	- Allegan San Colon Colo	Phone: (734) 421-1400
ntact Person: NA	y/State/Zip: Romwlus, MI 49	1174
MALE CONTROL OF THE STATE OF A STATE OF THE	V	
THE RESERVE OF A STREET OF A STREET WAS ALL OF A STREET AND A STREET A	me of private catering company?	
dress: Phone:	ntact Person: N A	
	Iress:	Phone:

# SPECIAL USE REQUESTS

	ou are requesting to be closed. Include the day, d	
Will there be street closures?	11/	And the state of t
and the Colonia and Colonia and the Colonia and Colonia and Colonia and Colonia and Colonia and Colonia and Colonia	•	
	TO:	
2.5		
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	The figure 200 to the
18		A Section 1
STREET NAME:		4.
	TO:	
THOM:	***	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
	TO:	
	* (5	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		_
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
	ai .	
STREET NAME:		_
	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

We nove work orders with Scottys Potties and Hart Medical Services.

We are quoting general insurance for our newly formed non-profit arm (crash petroit Productions). In the past we have used volunteer sanitation (trush pickup) and taken overflow to the city dump We have letters of support that we can provide to the committee.

### **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 Detrojt.

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: Crash Detroit Date: 7/20/19	Event
Event Organizer: Tormes Hartnick, Crash Defroit Productions	
Applicant Signature: Janus 49  Date: 5/20/19	

fifth. The half and engineer degrees

0-garbage receptacles 40240 corropy [Merchandise 120x20 tent [E,Ms.] (ambulance) 40×40 carpy Clark St.

Lafayette / I-75 service Drive



# **MAYOR'S OFFICE COORDINATORS REPORT**

OVERAL	OVERALL STATUS (please circle):   APPROVED DENIED N/A CANCELED							
Petition #:	etition #: 917 Event Name: Agape Naturals Festival							
Event Date	Event Date : June 29, 2019							
Street Clos	sure: Vernor	Highv	vay					
Organizatio	on Name: Aga	pe Na	aturals Fest	tival				
Street Add	ress: 17361	Rainb	ow Drive					
Date of Cit	te of the <b>COMPL</b> y Clerk's Departi or City Departme	mental F	Reference Comn					
Due date f	or the Coordinato	ors Repo	ort to City Clerk:					
Event Elen	nents (check all t	hat app	ly):					
Walkath	non C	arnival/0	Circus [	Concer	t/Performance	Run/Marathon		
Bike Ra	ace R	eligious	Ceremony	Politica	l Ceremony	<b>√</b> Festival		
Filming	P	arade	[	Sports/	Recreation	Rally/Demonstration		
Firewor	ks C	onventio	on/Conference [	Other:				
24-Hou	r Liquor Licens	е						
Natural Ha	air Festival locat		cition Communic		•	with temporary street closure		
	Highway locate			110111 11.00	Jani - 5.00pm,	with temporary street closure		
-								
Date	** <u>ALL</u> _perm Department	its and I	icense requirem	ents must b		approval status **		
Date	Department	IN/A	APPROVED	DENIED		ditional Comments ride Special Attention		
	DPD		$\checkmark$		BI B WIII TOV	ide opesial Attention		
					No Dormito D	anuina d		
	DFD/		$\checkmark$		No Permits R			
	EMS					r 00 32 a		
	DPW	П	$\checkmark$		ROW Permit F	Required for Road Closure		
						(5) (5)		
	Health Dept.		<b>√</b>		Temporary	Food License Required		

	T		Y	r	
Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		<b>V</b>		Type III Barricades & Road Closure Signage Required
	Recreation		$\checkmark$		Application Received & Approved as Presented
	Bldg & Safety				No Permits Required
	Bus. License		<b>✓</b>		No Permits Required
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<b>✓</b>			No Jursidiction
	DDOT		<b>✓</b>		No Impact on Buses
MAYOR'S OFFICE					
Signature: Bethanie Lusher					

Signature: Buthanie	Lisher
1 10 -010	

Date: June 13, 2019

# City of Betroit OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Caven West

Deputy City Clerk/Chief of Staff

# DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 6, 2019

To:

The Department or Commission Listed Below

From:

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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 BUILDINGS SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Agape Naturals Festival, request to hold "Agape Naturals Festival" at Roosevelt Park on 6/29/19 from 11 am - 5 pm, Set-up from 6/28-6/29 @ 6pm - 10am, Tear down following event, Street closure on Vernor Hwy (streets surrounding middle island).

# DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 6, 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.

### RECREATION DEPARTMENT

Agape Naturals Festival, request to hold "Agape Naturals Festival" at Roosevelt Park on 6/29/19 from 11 am - 5 pm, Set-up from 6/28-6/29 @ 6pm - 10am, Tear down following event, Street closure on Vernor Hwy (streets surrounding middle island).

7/29/2019

# **City of Detroit Special Events Application**

#917

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.

Sec	tion 1- GENERAL EVEN	TINFORMATION		
Event Name: Agape Naturals Festi	val			
Event Location: Roosevelt Park				
Is this going to be an annual event?  Y	es 🗆 No			
Section 2-	ORGANIZATION/APPL	ACANT INFORMATION		
Organization Name: Agape Naturals	Festival			
Organization Mailing Address: 17361 R	ainbow Drive			
Business Phone: 2484978940	Business Website: V	ww.agapenaturalsfest.com		
Applicant Name: Sarah Marshall	2494079040	a ga na natura lefact@ gmail.com		
Business Phone: 2484978940	2484978940 Cell Phone:	agapenaturalsfest@gmail.com Email:		
Event On-Site Contact Person:				
Name: Devona Marshall				
Business Phone: 2489436524	Cell Phone: 2489436524	Email: devona.marshall@gmail.com		
Event Elements (check all that apply)				
[ ] Walkathon	[ ] Camival/Circus	[ ] Concert/Performance		
[ ] Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony		
[ ] Political Event	Festival	] Filming		
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration		
[ ] Convention/Conference	[ ] Fireworks	Other:		
Projected Number of Attendees: 500  Please provide a brief description of your event:  This Natural Hair Festival will be be a day full of experiences filled with love, laughter, dancing, music, and food. We have renowned vendors, musicians, artists, comedians, and panelists. Celebrate with your crew and enjoy giveaways, games, and "shop till you drop" at the vendors market.				

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Begin Set-up Date June 28th,	Time: 6:00 PM	Complete Set-u	p Date: June 29th, 2019	Time:10:00 AM
Event Start Date: June 29th,	Time:11:00	Event End Date	:June 29th, 2019	Time:5:00 PM
Begin Tearing Down Date:June 2	9th, 2019	Complete Tear	Down Date:June 29th, 20	19
Event Times (If more than one day, a	ive times for each da	y):		
	Section 3- LO	CATION/SI	TE INFORMATION	
Location of Event: Roosevelt Pa	rk			
Facilities to be use(Check) Stre	set	Sidewalk	Park 🗸	City
Facility Please attach a copy of Port-a-John, anticipated layout of your event incl		gency Medical Ag	greements as well as a site plan	which illustrates the
-Public entrance and exit			-Location of First Aid	
Location of merchandising booths			-Location of fire lane	
-Location of food booths -Location of garbage receptacles			<ul> <li>Proposed route for walk/run</li> <li>Location of tents and canopies</li> </ul>	
Location of beverage booths			-Sketch of street closure	
Location of sound stages  Location of hand washing sinks			-Location of bleachers -Location of press area	
Location of portable restrooms			-Sketch of proposed light pole b	panners
You will be pr	ompted to u	pload thes	e attachments upo	n submitting this form
	Secti	on 4- ENTE	RTAINMENT	
Describe the entertainment for this y	ear's event:			
Art display, Musicians, and	Panels.			
Vill a sound system be used?	Yes No			
f yes, what type of sound system?				
Describe specific power needs for en	ertainment and/or m	usic:		
<i>N</i> e will need one generato	r (50AMPS) to	power our er	ntertainment stage.	
How many generators will be used?	1			
Francisco de la companya de la comp				
Iow will the generators be fueled?				

Name of vendor providing generators:		
Contact Person: XYZ Power - James	Wehrle	
Address: N/A		Phone:248-875-6070
-		
City/State/ZipMichigan		
	Section 5- SALES INF	ORMATION
Will there be advanced ticket sales?  If yes, please describe:	Yes No	
Will there be on-site ticket sales?  If yes, list price(s):	Yes No	
Will 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:		
-Hats -Tshirts		
-Art -Products		
		KING INFORMATION
Name of Private Security Company Securi	ty Dee	
Contact Person: Dennis Walker		
Address:		Phone3137219301
City/State/Zip:		
Number of Private Security Personnel Hired I	Per Shift:	
are the private security personnel (check all t	hat apply):	
[ ] Licensed	[ ] Armed	[ ] Bonded

How will you advise attendees of parking options? We will have signs that will direct attendees on where to park, as well as blast out directions via email, and website.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? The surrounding community will benefit greatly from our event, because we are surrounded by business owners who will gain publicity and exposure from attendees. We will also include them in our promotions. Yes □ No Have local neighborhood groups/businesses approved your event? Indicate what steps you have or will take to notify them of your event: Meeting, and talking with them about how they can also be involved on that day is what allowed us to partner. **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) 15 10x10 Canopy (open on all sides) 0 Staging/Scaffolding 1 20x16 0 Bleachers Section 9- COMPLETE ALL THAT APPLY Emergency medical services? Contact Person: Address: City/State/Zip: Name of company providing port-a-johns. Detroits Finest Rentals Contact Person: Lela Stoval Address: 16501 Woodward Avenue Phone: 3137431574 City/State/Zip: Name of private catering company? Contact Person:

Address:

City/State/Zip:

### SPECIAL USE REQUESTS

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

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.

# STREET NAME: Vernor Hwy (streets surrounding middle island FROM: 8:00 AM TO: 8:00 PM CLOSURE DATES: Saturday June 29th, BEG TIME: 8:00 AM END TIME: REOPEN DATE: 8:00 PM STREET NAME: \_\_\_\_\_ FROM: \_\_\_\_\_\_TO: \_\_\_\_\_ CLOSURE DATES: \_\_\_\_\_\_ BEG TIME: \_\_\_\_\_ END\_TIME: REOPEN DATE: \_\_\_\_\_TIME: STREET NAME: \_\_\_\_\_ \_\_\_\_\_TO: \_\_\_\_\_ FROM: CLOSURE DATES: \_\_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: REOPEN DATE: \_\_\_\_\_TIME: STREET NAME: \_\_\_\_\_ TO: FROM: CLOSURE DATES: \_\_\_\_\_\_ BEG TIME: \_\_\_\_\_ END\_TIME: REOPEN DATE: \_\_\_\_\_TIME: STREET NAME: \_\_\_\_\_ \_\_\_\_\_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**

Insurance Agency: Farmers Insurance (Commercial General Liability Insurance)

Contact: Vincent Ellis

### **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.

Sarah Marshall  Any 2004 of the thickness of the Angel 2004 of the	05/14/2019		
Signature of Applicant	Date		

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

### HOLD HARMLESS AND INDEMNIFICATION

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

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

Event Name: Date: 06/29/19	Event Name: Agape Naturals Fest Date: 06/29/19		
Event Organi Sarah Marsha	zer:		
Applicant Sig			

# **MAYOR'S OFFICE COORDINATORS REPORT**

OVERA	LL STATUS (p	lease o	circle): 🕢 Al	PPROVED	DENIED	N/A CANCELED
Petition #: 913 Event Name: Techno Tuesday						
Event Dat	<sub>e :</sub> July 23 -	Augu	ıst 27, 2019	9		
Street Clo	<sub>sure:</sub> None					
Organizati	on Name: Det	roit H	istorical So	ciety		
Street Add	ress: <u>5401 V</u>	Vood	ward Avenu	ıe		
Date of Cit Due date f	y Clerk's Depart or City Departme	mental ents rep	Special Events A Reference Commorts: ort to City Clerk:	munication:		
	nents (check all			•		
Walkat	non 🔲 C	arnival/		✓ Concer	t/Performance	Run/Marathon
Bike Ra	ace R	eligious	Ceremony	Politica	I Ceremony	Festival
Filming	P	arade			Recreation	Rally/Demonstration
Firewor	ks C	onventi	on/Conference	✓ Other:	DJ	
24-Hou	r Liquor Licens	e				
		Pet	tition Communi	ications (in	clude date/time)	
The Detroi building fro	t Historical Mu om 11:30am - 2	seum w	ill host a Food			Plaza adjacent to their
** ALL permits and license requirements must be fulfilled for an approval status **						
Date	Department	N/A	APPROVED	DENIED		litional Comments
	DPD		<b>✓</b>			de Special Attention; h DHM Security to Provide

 $\checkmark$ 

 $\checkmark$ 

 $\checkmark$ 

DFD/

**EMS** 

**DPW** 

Health Dept.

**AMENDED** 

Temporary Health License Required

No Permits Required

No Permits Required

	T				
Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		V		No Barricades Required
	Recreation	<b>✓</b>			No Jurisdiction
	Bldg & Safety		<b>V</b>		No Permits Required
	Bus. License		<b>✓</b>		Vendors License Required
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<b>✓</b>			No Jurisdiction
	DDOT		<b>✓</b>		No Impact on Buses
MAYOR'S OFFICE Signature: Bethanie Lusher					
_ /	12 0	MIA			

Date: June 13, 2019

Caven West

Deputy City Clerk/Chief of Staff

# DEPARTMENTAL REFERENCE COMMUNICATION

Friday, June 14, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

## **AMENDMENT**

Herewith, the following referral is a copy of Petition

<u>913</u>

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

Detroit Historical Society, requesting to hold "Techo Tuesday" at the Detroit Historical Museum - Legends Plaza on 7/23/19 - 8/27/19 from 11:30am - 2:30pm, Set-up on 7/23/19 @ 9:30am - 11am, Tear down following event.

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

<u>PETITIONER IS AMENDING PETITION DUE TO:</u> Change dates. See attached.

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

200 Coleman A. Young Municipal Center • Detroit, Michigan 48226-3400 (313) 224 3260 • Fax (313) 224-1466



# DEPARTMENTAL REFERENCE COMMUNICATION

Friday, June 14, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

# **AMENDMENT**

Herewith, the following referral is a copy of Petition 913

7/21/2019

# 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.

THE TOTAL PROPERTY OF THE PROP	ction 1- GENERAL EVEN	T INFORMATION
Event Name: Techno Tuesday		Call Alberta Children
Event Location Detroit Historical N	luseum- Legends Plaza	
Is this going to be an annual event?	Yes 🗆 No	
Section 2	ORGANIZATION/APPL	ICANT INFORMATION
Organization Name: Detroit Historic	al Society	
Organization Multing Address 5401 W	oodward Ave.	1212
Business Phone: 313,833,1805		etroithistorical.org
Applicant Name: Casle Blovsky Business Phone: 313.833.1801	313.833.1801 Cell Phone:	Emil: casieb@detrolthistorical.org
Event On-Site Contact Person: Name: Malika Pryor		
Business Phone: 313.833.0481	Cell Phone: 313.833.0481	Email: malikap@detroithistorical.org
Event Elements (check all that apply)		
[ ] Walkathon	[ ] Camival/Circus	✓ Concert/Performance
[ ] Run/Marathon	Bike Race	Religious Ceremony
[ ]Political Event	[ ] Festival	[ ] Filming
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration
[ ] Convention/Conference	[ ] Pireworks	<b>V</b> ] Other: D)
Projected Number of Attendees: 50 Please provide a brief description of Techno Tuesday will be a free Museum. Techno Music will be from a food truck(s) onsite.	low-by bornels awant bacted c	on Legends Plaza at the Detroit Historical can bring your own lunch or purchase lunch

What are the projected set-up, event and tear down dates and times (must be completed)?
Begin Set-up Date July 23, 2019 Time: 9:00am Complete Set-up Date: July 23, 2019 Time: 11:00am
Event Start Date: July 23, 2019 Time:11:30am Event End Date August 27, 2019 Time:2:30pm
Begin Tearing Down Date:July 23, 2019 Complete Tear Down Date:July 23, 2019
Event Times (If more than one day, give times for each day): Same times on these dates as well, July 30, 2019, August 6, 2019, August 13, 2019, August 20, 2019, August 27, 2019.
Section 3- LOCATION/SITE INFORMATION
Location of Event: Detroit Historical Museum - Legends Plaza
Facilities to be use(Check) Street Sidewalk Park City   Pacility
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 First Aid -Location of merchandising booths -Location of foed booths -Location of garbage receptacles -Location of stream of the entrance booths -Location of beverage booths -Location of sound stages -Location of sound stages -Location of hand washing sinks -Location of portable restrooms -Location of portable restrooms -Sketch of proposed light pole banners
You will be prompted to upload these attachments upon submitting this form  Section 4- ENTIRITATINGENT
Describe the entertainment for this year's event:
DJs will be playing Techno Music
Will a sound system be used?
If yes, what type of sound system? Dj speakers
Describe specific power needs for entertainment and/or musica
Legends plaza has power
How many generators will be used? N/A
How will the generators be fiteled?  N/A

Name of vendor providing generators:
Contact Person:
Address: Phone:
City/State/Zip
Section 5- SALES INFORMATION
Will there be advanced ticket sales?
Will there be on-site ticket sales?
Will there be vending or sales?
Food     Merchandise [   Non-Alcoholic Beverages [   Alcoholic Beverages
Indicate type of items to be sold:
A variety of food trucks will be offering food for purchase. Most likely one per week.
Section 6- PUBLIC SAFETY & PARKING INFORMATION
Name of Private Security Company.N/A
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? The Detroit Historical Museum has onsite parking.

# Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

Have local neighborhood groups/businesses approved your event?

☐ Yes



Indicate what steps you have or will take to notify them of your event: I will be sending letters to area businesses.

### Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Name of private catering company? A variety of Food Trucks

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Emergency medical services?

Staging/Senffolding

Bleachers

Contact Person:

City/State/Zip:

Address:

# Contact Person: 911 Address: City/State/Zip: Name of company providing port-n-Johns. N/A Contact Person: Address: Phone:

Section 9- COMPLETE ALL THAT APPLY

Phone:

9

# 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 propos	red area for closure.	
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DA'TE:		
STREET NAME:		
	;O:	
	BEG TIME:	
REOPEN DATE:		
	то:	
CLOSURE DATES:	BÈG TIME:	END TIME:
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STREET NAME:		
	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:		
STREET NAME:		<del></del>
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:		

# 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.

(123/19 5/23/19

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 Indomnification provision and agrees to the terms expressed therein.

Event Name: TRELIALD TUESDAY	Event
Date: 7/13/19	
Event Organizer: (ASIE Bosky	
Applicant Signature. Vaccy V	**************************************



May 23, 2019

Park Shelton Hotel 15 E Kirby St, Detroit, MI 48202

Dear Midtown Neighbor,

Greetings! My name is Casie Blovsky and I'm the Manager of Public Programs at the Detrolt Historical Society. On Tuesday July 23 and each Tuesday after until the end of August the Detroit Historical Museum will be hosting Techno Tuesday on Legends Plaza.

This program will be a lunch break program, in which we will invite the local community to come and take their lunch break at the Detroit Historical Museum. We will have DJs playing Techno Music on the plaza with tables and chairs set up for eating. This is a free event, bring your own lunch or purchase lunch from a food truck onsite. We will be on Legend's Plaza, our outdoor space that sits at Woodward Ave and Kirby Street - from 11:30am - 2:30 pm.

We would be very grateful if you considered joining us and appreciate your support as we host this special community event. It is free of charge and all are welcome.

We're excited about the possibilities for this special event and thank you so much for your consideration. If you have questions or concerns, please contact me by email: casleb@detroithistorical.org or phone: 313-833-1801.

Sincerely,

Casie Blovsky Manager of Public Programs Detroit Historical Society

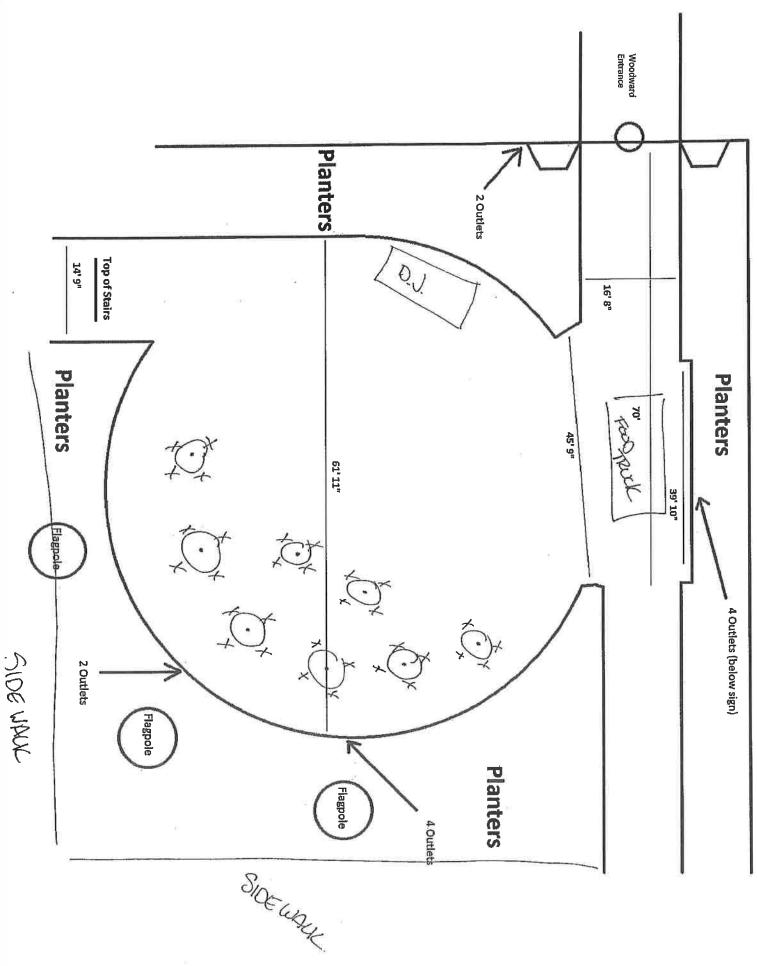


### GERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/23/2019

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

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROCATION IS WAIVED, subject to the terms and conditions of the policy darks in profices may require an endorsement. A statement on this certificate cope and confer rights to the certificate holder in lieu of such autorsandur(s) Marie II Electricine Cranna PRODUCER PHONE 1011 No Euro 2-MAIL A00AESS: S (586) 323-5703 (586) 323-5700 FOX HOR STERLING INSURANCE GROUP sciranna@sterlingagency.com 13900 Lak Bide Citole NAIC# MURERIES AFFORDING COVERAGE MI 48213-1319 Philadelphia Insurance Co Sterling Hargata INSURER A : 34690 The Hartford INSURED INSURER BE Detroit Historical Socialy MSUPER C: 5401 viloquivard Ave MEURER D B.EUPER B MI 48202 Detroit MSURER F 19/20 Master REVISION NUMBER: COVERAGES GERMFIGATE 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 NOT ATHSTANDING 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 ADE LISUER POLICY SEE TYPE OF INSURANCE POLICY NUMBER 1912.1 JVO 1,000,000 COMMERCIAL GENERAL LIABILITY EACH CCCURRENCE DAMAGE TO HENTED PREMISES (Ea occurrence) 1,000,000 s. CLAMISHLADA 5,000 MED EXP (Any one person) 1,000,000 PHPK1985200 05/33/2010 05/23/2020 Α PERSONAL & ADV INJURY 3,000,000 GENERAL AGGREGATE GENTLACORECANE UNIT TOPLIED PER 3,000,000 JEST JEST PRODUCTS - COMPIOP AGG POLICY . 1.000.000 Abuse & Molestation OTHER DOME NED SINGLE LIMIT £ 1,000,000 AUTOMOBILE LL, SILLI East Leanth X ANY AUTO BODE Y INJURY (Per person) CWNED AUTOS CNL: HIGEC AUTOS CNL'I 05/23/2019 | 05/23/2020 BODILY INJURY (Per accident) 26231985200 PROPERTY DAMAGE (Per accident) 10 0 30 PU 5,000,000 UMBRIELLA LIAB ELOU COUNTRE LOS 20032 05/23/2019 05/23/2020 5,000,000 PHU56770-2 EXCESS LIME AGGREGATE ALAM SALACE EST. DED WORKERS OF TREMEN CH X : UTF 500,000 ANY PROPRIETOR IPARTITIES E. COUNTY E OFFICERMIEMBER EL C. UDEON (Mandatary in TP) 07/01/2018 : 07/01/2019 3 L AUGIDENT 35WECZF4083 500.000 EL DITEASE - SA EUPLO DES 500,000 EL DIDENSE POLICYLIMIT DESCRIPTION OF C. S. Chor J. L. Jo., LOAD MAHIOLES (ACORD 101, Not Bould IV., 1 rks Schedule, may be attend out in space to required) Event dots: Eirary Tudodory, July 10 to August 17 (7/20/2016, 7/00/2019, 8/0/2019, 8/10/2019, 3/20/2019 and 8/27/2019) Event: Techno False by -- was blon are Place CANCELLATION CERTIFIC TE FOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Oity of Daviotififedia S. 1965 Department/Special Events AUTHORIZED REPRESENTATIVE 128 or five n 1308-2015 ACOTO CORPORATION All rights reserved.





# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 05/23/2019

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

th	SUBROGATION IS WAIVED, subject to als certificate does not confer rights to	the t	terms ertifl	s and conditions of the po leate holder in lieu of sucl	licy, ce 1 endo	ertain policies	s may require	e an endorsement. A sta	ement	on
PRODUCER					CONTACT  CONTACT  NAME:  Contact  Stephanie Ciranna					
STERLING INSURANCE GROUP				PHONE (586) 323 5700 FAX (580) 203 5702						
13900 Lakeside Circle				E-MAIL	Coironno/	@sterlingageno		(360)	323-3703	
					ADDRE	.50.				ľ
Ste	rling Heights			MI 48313-1318		D1 11 1 1	SURER(S) AFFOI phia Insurance	RDING COVERAGE		NAIC#
_	JRED			1111 10010 1010	INSURE	- TI II				34600
	Detroit Historical Society				INSURE		lioru			34690
	5401 Woodward Ave.				INSURE					
					INSURE					
	Detroit			MI 48202	INSURE					
CO	nit waysta (feet)	TIEIC	ATE	NUMBER: 19/20 Master	INSURE	RF:				
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C	ERTIFICATE MAY BE ISSUED OR MAY PERTA XCLUSIONS AND CONDITIONS OF SUCH PO	AIN, TH	JE INS	SURANCE AFFORDED BY THE	POLIC	IES DESCRIBE	D HEREIN IS S	UBJECT TO ALL THE TERMS		
INSR LTR		ADDL	SUBR		KEDUC					
LIK	TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	4.00	0.000
								EACH OCCURRENCE DAMAGE TO RENTED	4	0,000
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	5.00	0,000
Α				PHPK1985200		05/23/2019	05/03/0000	MED EXP (Any one person)	s 5,00	
				F11F1X1903200		03/23/2019	05/23/2020	PERSONAL & ADV INJURY	9	0,000
	POLICY PRO-							GENERAL AGGREGATE	9	0,000
								PRODUCTS - COMP/OP AGG	9	0,000
-	AUTOMOBILE LIABILITY		_					Abuse & Molestation COMBINED SINGLE LIMIT	\$ 1,000	
	X ANY AUTO							(Ea accident)	\$ 1,000	3,000
Α	OWNED SCHEDULED			PHPK1985200		05/03/0040	05/00/0000	BODILY INJURY (Per person)	\$	
•	AUTOS ONLY AUTOS NON-OWNED			1 111 K 19 03200	05/23/2019	05/23/2020	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$		
_	✓ UMBRELLA LIAB    ✓ OCCUP		_						\$	2000
Α	EVOCES LIAD COCOR			PHUB677042		05/22/2010	05/03/0000	EACH OCCURRENCE	s 5,000	
	CLAINS-IVADE	8 1		F1100077042		05/23/2019	05/23/2020	AGGREGATE	\$ 5,000	1,000
-	DED   RETENTION \$   WORKERS COMPENSATION							DER LOTH	\$	
	AND EMPLOYERS' LIABILITY Y/N						-	➤ PER STATUTE OTH-	=00.4	
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		35WECZF4083		07/01/2018	07/01/2019	E.L. EACH ACCIDENT	\$ 500,0	
	(Mandatory In NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	s 500,0	
	DÉSCRIPTION OF OPERATIONS below		-					E.L. DISEASE - POLICY LIMIT	\$ 500,0	)00
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	OPD 40	11 Additional Pamarks Schodule	nay bo at	toobad If mars an				
	nt date: Every Tuesday, July 23 to August 27									
		. (172	3,2010	0, 170012010, 07012010, 071012	.010, 0/2	20/2019 8/10 0/.	2112019)			
Eve	nt: Techno Tuesday — Music on the Plaza									
										- 1
CER	TIFICATE HOLDER				CANCI	ELLATION				
OLI	THIOATE HOLDER			T	CANCI	ELLATION			_	
					SHOU	JLD ANY OF TH	E ABOVE DES	CRIBED POLICIES BE CAN	CELLED	BEFORE
					THE	EXPIRATION D	ATE THEREOF,	NOTICE WILL BE DELIVERE	ED IN	
	City of Detroit Media Service Dep	artme	ent/Sp	ecial Events	ACC	ORDANCE WITI	H THE POLICY	PROVISIONS.		
	2 Woodward Ave Suite 333			ŀ	AUTHOR	IZED REPRESEN	TATIVE			
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	Detroit			MI 48226	(	>-).	a C	-1-2-	-	_>
_										A-1201

# City of Betroit OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Caven West
Deputy City Clerk/Chief of Staff

## DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 6, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

913 Detroit Historical Society, requesting to hold "Techo Tuesday" at the Detroit Historical Museum - Legends Plaza on 7/23/19 from 11:30am - 2:30pm, Set-up on 7/23/19 @, 9:30am - 11am, Tear down following event.

7/21/2019

# **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.

St.	ection 1- GENERAL EVEN	T INFORMATION
Event Name: Techno Tuesday		
Event Location Detroit Historical	Museum- Legends Plaza	
Is this going to be an annual event?	Yes No	
Section 2	2- ORGANIZATION/APPI	ICANT INFORMATION
Organization Name: Detroit Histori	cal Society	
Organization Mailing Address: 5401 V	Woodward Ave.	
Business Phone: 313,833,1805	Business Website: O	letroithistorical.org
Applicant Name: Casie Blovsky		
Business Phone: 313.833.1801	Cell Phone: 313.833.1801	casieb@detroithistorlcal.org
Event On-Site Contact Person:		
Name: Malika Pryor		
Business Phone: 313.833.0481	Cell Phone: 313.833.0481	Email: malikap@detroithistorical.org
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	(Cther: D)
Projected Number of Attendees: $\frac{50}{}$		
Please provide a brief description of Techno Tuesday will be a free Museum, Techno Music will be from a food truck(s) onsite.	lunch break event hosted o	n Legends Plaza at the Detroit Historical can bring your own lunch or purchase lunch

What are the projected set-up, event and te	ar down dates and times	(must be completed)?	
Begin Set-up Date July 23, 2019 Time:9:00	Dam Complete Set-up Date	::July 23, 2019	Time:11:00am
Event Start Date: July 23, 2019 Time:11:3	Oam Event End Date: July	23, 2019	Time:2:30pm
Begin Tearing Down Date:July 23, 2019	Complete Tear Down	Date:July 23, 2019	
Event Times (If more than one day, give times for ex Same times on these dates as well, J August 27, 2019.	uch day): uly 30, 2019, August	6, 20 <b>1</b> 9, August 1	3, 2019, August 20, 2019,
	LOCATION/SITE	NFORMATION	
Location of Event: Detroit Historical Muse	um - Legends Plaza		797,00
Facilities to be use(ICheck) Street Facility	Sidewalk	Park	City 🗸
Please attach a copy of Port a John, Sanitation, and anticipated layout of your event including the follow	Emergency Medical Agreeme /ing:	nts as well as a site plan w	hich illustrates the
-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 band washing sinks -Location of pr	-L.ocat -Propo -Locat -Sketal -Locat -Locat -Sketal	ion of First Aid ion of fire lune sed route for walk/run ion of tents and canopics in of street clesure ion of bleachers ion of press area in of proposed light pole ba	
You will be prompted t	ection 4- ENTERTA		submitting this form
Describe the entertainment for this year's event:	ection 4- ENTERTA	INVIENT	
DJs will be playing Techno Music			
Will a sound system be used?	No		
If yes, what type of sound system? DJ speakers			
Describe specific power needs for entertainment and	for music:		
Legends plaza has power			
How many generators will be used? N/A			
How will the generators be fiteled? N/A			

Name of vendor providing generators:	
Contact Person:	
Address:	Phone:
City/State/Zip	
Скульника	
Section 5-	SALES INFORMATION
Will there be advanced ticket sales?	
Will there be on-site ticket sales?	
Will there be vending or sales? Yes If yes, check all that apply:	io
✓ Food       Merchandise       Non-Alex	pholic Beverages [ ] Alcoholic Beverages
Indicate type of items to be sold:	
A variety of food trucks will be offering food	for purchase. Most likely one per week.
Section 6 DIDLICSAL	ETY & PARKING INFORMATION
Name of Private Security Company:N/A	ETTETARRINGENCIAMITON
Contact Person:	
Address:	Phone:
City/State/Zip:	
Number of Private Security Personnel Hired Per Shift:	
Are the private security personnel (cheek all that apply):	
[ ] Licensed [ ]	Armed [ ] Bonded
411.00	

How will you advise attendees of parking options? The Detroit Historical Museum has onsite parking.

### Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

Have local neighborhood groups/businesses approved your event?

☐ Yes



Indicate what steps you have or will take to notify them of your event: I will be sending letters to area 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 A	APPLY	(
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Emergency medical services?

Contact Person: 911

Address:

City/State/Zip:

Name of company providing port-a-johns. N/A

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? A variety of Food Trucks

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 propo		
STREET NAME:	A DESCRIPTION OF THE PERSON OF	
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DA'TE:	TIME:	
STREET NAME:		
	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
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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.

(a) in Eley 5/23/19

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 Indomnification provision and agrees to the terms expressed therein.

Event Name: TERMAD TUESDY	Event
Date: 7/23/19	
Event Organizer: LASIE Brosky	
Applicant Signature: Truck  Date: 5/23/19	



May 23, 2019

Park Shelton Hotel 15 E Kirby St, Detroit, MI 48202

Dear Midtown Neighbor,

Greetings! My name is Casie Blovsky and I'm the Manager of Public Programs at the Detroit Historical Society. On Tuesday July 23 and each Tuesday after until the end of August the Detroit Historical Museum will be hosting Techno Tuesday on Legends Plaza.

This program will be a lunch break program, in which we will invite the local community to come and take their lunch break at the Detroit Historical Museum. We will have DJs playing Techno Music on the plaza with tables and chairs set up for eating. This is a free event, bring your own lunch or purchase lunch from a food truck onsite. We will be on Legend's Plaza, our outdoor space that sits at Woodward Ave and Kirby Street - from 11:30am - 2:30 pm.

We would be very grateful if you considered joining us and appreciate your support as we host this special community event. It is free of charge and all are welcome.

We're excited about the possibilities for this special event and thank you so much for your consideration. If you have questions or concerns, please contact me by email: casieb@detroithistorical.org or phone: 313-833-1801.

Sincerely,

Casie Blovsky Manager of Public Programs Detroit Historical Society



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/23/2019

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

	BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.								
li	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 the to the certificate holder in lieu of such endorsements.								
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	ERLING INSURANCE GROUP			23-5700	I FaX	FOC) 202 E702			
		75.22	110, 4 1 241		[ (A/G, H3);	586) 323-5703			
138	900 Lak eside Cirille	Ā	DDRESS: SCIranna(	esterlingagen	cy.com				
		_			RDING COVERAGE	NAIC#			
	rling Heights	MV 48313-1313		hia Insurance	: Co				
INSU	JRED	15	ISURED B The Hart	ford		34690			
	Detroit Historical Society	7.7	SURER CU						
	5401 Woboward Ave	18	ISURER D						
		II.	SURER E :						
	Deiroit	MI 48202	SURSE F:						
CO	VERAGES CERTIFICATE NUM	IBER: 19/20 Master			REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIST NDICATED - NOTWITHSTANDING ANY REQUIREMENT, TERM ( ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURA XCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS S	OR CONDITION OF ANY CO	NTRACT OR OTHER OLICIES DESCRIBE	DOCUMENT OF THE PROPERTY OF TH	WITH RESPECT TO WHICH THIS				
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	ODANAS-ARTOS 15 TO COOK				PREMISES (Ea occurrence) S  MED EXP (Any one person) S	5,000			
Α	PHI	PK1985200	05/23/2010	05/23/2020	PERSONAL & ADV INJURY S	1,000,000			
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						3,000,000			
	1020					1,000,000			
	AUTOMOBILE LINEILI				COMBINED SINGLE LIMIT	1,000,000			
	ANYAUTO		Į.		BODILY INJURY (Per person)	7,000,000			
Α		PK198520Ū	05/23/2019	05/23/2020					
^	AUTOS CINEY AUTOS NO POYMED	FK1903200	05/23/2019		BODILY INJURY (Per accident) S				
	AUTOS CNL; "UTOS CNLY				PROPERTY DAMAGE				
_					31/4	5.000.000			
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Eve	ent; Tec เทอ กันสะเน่น) — เพนร์เดอก เกษ Piáza								
CE	RTIFICATE HOLDER	C.	ANCELLATION						
	City of Darroit Media Sarvice Department/Special	l Events	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
			JTHONIZED REPRESEN		)	ĺ			
	Digtron	All = 8226		s. d	1000				



# **MAYOR'S OFFICE COORDINATORS REPORT**

OVERA	LL STATUS (p	lease d	circle): 🕢 AF	PROVED	DENIED N/A CANCELED			
Petition #: 914 Event Name: Family Pictures USA Detroit Debut								
Event Date	Event Date : July 26, 2019							
Street Clos	<sub>sure:</sub> None							
Organizati	on Name: Deti	roit H	istorical So	ciety				
Street Add	Iress: 5401 V	Voodv	ward Avenu	ie				
Date of Cit Due date f	Receipt date of the COMPLETED Special Events Application:  Date of City Clerk's Departmental Reference Communication:  Due date for City Departments reports:							
Due date f	or the Coordinate	ors Rep	ort to City Clerk:					
Event Eler	nents (check all t	that app	ly):					
Walkatl	hon C	arnival/	Circus [	Concer	t/Performance Run/Marathon			
Bike Ra	ace R	eligious	Ceremony	Politica	l Ceremony Festival			
Filming	P	arade	[		Recreation Rally/Demonstration			
Firewor	ks C	onventi	on/Conference [	✓ Other:	Film Screening			
24-Hou	ır Liquor Licens	е						
		Dot	lition Communi					
The Detro	it Historical Mus		<u>tition Communi</u> rill host a film so		f their joint project with PBS on Legends			
Plaza adja	cent to their bu	ilding fi	rom 7:00pm - 1	1:30pm.	, , , , , , , , , , , , , , , , , , , ,			
	** All porm	ita and	lioonaa wa mu tuu uu		E IPH 16 PROCESSOR A CONTROL OF THE PROCESSOR AND THE PROCESSOR AN			
Date	Department	N/A	APPROVED	DENIED	pe fulfilled for an approval status ** Additional Comments			
	DPD		<b>V</b>		DPD will Provide Special Attention; Contracted with DHM Security to Provide Private Security Services			
	DFD/ EMS		<b>✓</b>		No Permits Required			
	DPW		$\checkmark$		No Permits Required			
	Health Dept.		<b>✓</b>		No Permits Required			

	T	T				
Date	Department	N/A	APPROVED	DENIED	Additional Comments	
	TED		<b>✓</b>		No Barricades Required	
	Recreation	<b>✓</b>			No Jurisdiction	
	Bldg & Safety		$\checkmark$		No Permits Required	
	Bus. License	<b>✓</b>			No Jurisdiction	
	Mayor's Office		<b>V</b>		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.	
	Municipal Parking	<b>✓</b>			No Jurisdiction	
	DDOT		<b>✓</b>		No Impact on Buses	
MAYOR'S OFFICE Signature: Bethanie Lusher Date: June 13, 2019						
Date:	ine 13, 20	219				



### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 05/23/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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).

tl	nis certificate does not confer rights to	the	certifi	cate holder in lieu of such	n endo	rsement(s).		an enuorsement. A statement	Off	
PRODUCER					CONTACT Stephanie Ciranna					
STERLING INSURANCE GROUP						PHONE (586) 323-5700 FAX (A/C, No): (586) 323-5703				
139	00 Lakeside Circle				E-MAIL ADDRESS: sciranna@sterlingagency.com					
Ste	rling Heights			MI 48313-1318	INSURE	51.11	SURER(S) AFFOI	RDING COVERAGE	NAIC#	
_	JRED				INSURE	The Head			34690	
	Detroit Historical Society				INSURE	IND.			54350	
	5401 Woodward Ave.				INSURE					
					INSURE					
	Detroit			MI 48202	INSURE					
_				NUMBER: 19/20 Master				REVISION NUMBER:		
C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTI XCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, T	NT, TE	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA	ACT OR OTHER	R DOCUMENT NO HEREIN IS S	WITH RESPECT TO WHICH THIS		
NSR LTR		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
-110	COMMERCIAL GENERAL LIABILITY	INSU	WVD	POLIOT NOMBER		[MINI/DD/TTTT]	[MM/DD/YYYY]	1.00	0,000	
	CLAIMS-MADE OCCUR						i	DAMAGE TO RENTED 1 00		
	SE TIME IN THE LOUISING							E OC		
Α				PHPK1985200		05/23/2019	05/23/2020	1.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:							0.00		
	POLICY PRO- LOC							0.00		
	OTHER:							PRODUCTS - COMP/OP AGG \$ 3,000 Abuse & Molestation \$ 1,000		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT 0 1 00		
	ANY AUTO							(Ea accident) \$ 1,00  BODILY INJURY (Per person) \$	0,000	
Α	OWNED SCHEDULED			PHPK1985200		05/23/2019	05/23/2020	BODILY INJURY (Per accident) \$		
	AUTOS ONLY AUTOS NON-OWNED						00/20/2020	PROPERTY DAMAGE		
	AUTOS ONLY AUTOS ONLY						3	(Per accident) \$		
	➤ UMBRELLA LIAB ➤ OCCUR							5.00	0.000	
Α	EXCESS LIAB CLAIMS-MADE			PHUB677042		05/23/2019	05/23/2020	5.00		
	DED RETENTION \$								0,000	
	WORKERS COMPENSATION							→ PER OTH- STATUTE ER		
_	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							500	000	
В	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A		35WECZF4083		07/01/2018	07/01/2019			
	If yes, describe under DESCRIPTION OF OPERATIONS below						-	E.C. DIOLAGE - EA LIVIP LOTEL 3		
	SEGGMI FION OF CITE OF TOTAL BEION							E.L. DISEASE - POLICY LIMIT \$ 500,	300	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 10	01, Additional Remarks Schedule, i	nay be at	tached if more sp	ace is required)			
Eve	nt date: Every Tuesday, July 23 to August 27	7. (7/2	3/2019	9, 7/30/2019, 8/6/2019, 8/13/2	2019, 8/2	20/2019 and 8/3	27/2019)			
Eve	nt: Techno Tuesday — Music on the Plaza									
	indication records									
									l l	
CEF	RTIFICATE HOLDER				CANCI	ELLATION				
	City of Detroit Media Service De	partm	ent/Sp	ecial Events	THE		ATE THEREOF,	SCRIBED POLICIES BE CANCELLED NOTICE WILL BE DELIVERED IN PROVISIONS.	BEFORE	
	2 Woodward Ave Suite 333			Ť	AUTHOR	IZED REPRESEN	TATIVE			
	Detroit			MI 48226	<	-)	a d	1		
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# City of Betroit OFFICE OF THE CITY CLERK

Janice M. Winfrey City Clerk Caven West

Deputy City Clerk/Chief of Staff

## DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 6, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

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

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

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

Detroit Historical Society, request to hold "Family Pictures USA Detroit Debut" at Detroit Historical Museum on 7/26/19 @ 7pm - 11:30pm, Set-up on 7/26/19 at 5:30 pm - 7 pm, Tear down on 7/26/19 - 7/27/19 after midnight.

7/26/2019

# 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 EV	ENT INFORMATION	- 100 July - 1
Event Name: Family Pica	rune SUSA Detroit	- Debut	
Event Location: Detrit	Historical Muse	um	
Is this going to be an annual event!			
Secti	ion 2- ORGANIZATION/AP	PLICANT INFORMATION	1812
Organization Name: Detroi-	+ Historical Socie	ety	
Organization Mailing Address	5401 Woodward A	ve Detroit, MI 486	202
Business Phone 313-833		www.detroithistorical	
	Davis		
Business Phone 313-833-	4306 Cell Phone:	Email: Kalishad@detroif	historical.
Event On-Site Contact Person			6
Name: Kalisha	Davis		
Business Phone:	Ceil Phone:	Email: Kalishad @detn	it histoniau
Event Elements (check all that app	uly)		org
[ ] Walkathon	[ ] Camival/Circus	[ ] Concert/Performance	9
[ ] Run/Marathon	[ ] Bike Race	[   Religious Ceremony	
[ ] Political Event	[ ] Festival	[·] Filming	
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration	
[ ] Convention/Conference	[ ] Fireworks	[ ] Other: Film Somening	7
Projected Number of Attendees Please provide a brief description			
DHG: Family Die	tures 1) SA will or	fler a Community-wides	crentae
( )	0.52	0	
OTTHE NEW TBS	series teathing res	idents from the Carty of	detroit.
This will be be	time it airs that	tenally in an Angust 20	19.
On Legends	. Plaza - the Do	troit fistorical Muselm	ے ک
( 1	Nuld-60		

What are the projected set-up, event and tear de	own dates and times (must l	be completed)?	-	
Begin Set-up Date 7/26/19 Time 5:30p	Complete Set-up Date: 7/2	26/19	Time: 7: 60 F	m
Event Start Date: 7/26/19 Time: 7:00 pm	N Event End Date: 7/26	119	Time: / ( :30	pM
Begin Tearing Down Date: 7/26/19	Complete Tear Down Date:	7/27/1	9 (asser	midni gnt
Event Times (If more than one day, give times for each d	lay):			
\ <del></del>				
	CATION/SITE INFO	RMATION		
Location of Event: Do-troit Historica	il Museum, I	egonds	Plaza	
Facilities to be used (circle): Street Facility	Sidewalk	Park	City	
Please attach a copy of Porta-John, Sanitation, and Enter anticipated layout of your event meluding the following:	gency Medical Agreements as w	zelf as a site plan v	which illustrates the	
-Public entrance and exit -Location of merchandising booths -Location of food booths -Location of garbage receptacles -Location of heverage booths -Location of sound stages -Location of land washing sinks -Location of portable restrooms	-Sketch of stre -Location of bl -Location of pr	re lane te for walk/run ents and canopies et closure leachers	annetz	
	on 4- ENTERTAINME	ENT		
Describe the entertainment for this year's event:  Outdook Screening Portainment for this year's event:  Outdook Screening Portainment for this year's event:  Will a sound system be used?  Even No	nojection: Sou to Wood ward	and on	the side	e of
If yes, what type of sound system?	rs W/stan	ds		
Section	5- SALES INFORMAT	ΓΙΟΝ		
Will there be advanced ticket sales? Yes N If yes, please describe:	· Eventbrite	registrat	nm (Event	-i5)
Will there be on-site ticket sales? Yes 1		oublic 15	+ some 1.15	tserve
Will there be vending or sales?	No			
[1]Food [ ] Merchandise [ ] Non-Al	coholic Beverages [ ]	Alcoholic Beverag	ges	

Indicate type of items to be sold: Securing food vendors lood truck
Will there be food trucks?
Will there be a charge for parking?
How will you advise attendees of parking options? Eventorite / Social media
Section 6- PUBLIC SAFETY & PARKING INFORMATION
Name of Private Security Company: Buffalo Soldier EnterpriseLLC  Contact Person: Robert Webster  Address: 15322 Marsfield St.: Phone: 313-522-0265
City/State/Zip Detroit, MI 48227
Number of Private Security Personnel Hired Per Shift: 2
Are the private security personnel (check all that apply):
[ ] Armed [ ] Bonded
Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION
How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
The program will be contained to the musem plaza, sound modest  Have local neighborhood groups/businesses approved your event?
Indicate what steps you have or will take to notify them of your event:
Hand delivering a letter informing them of the event-/followy Conversation (Copy attached)
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 fucled:  We will use our own Power Sources on the plaza.

Name of vendor providing ge	enerators: Contact Person:		
Address:		Phone:	
City/State/Zip			
	How Many?	Size/Height	
Booth			2
Tents (enclosed on 3 sides)			
Canopy (open on all sides)			
Staging/Scaffolding			
Bleachers			
	Section A. COMPLI	ETERALI THAT ADDIN	
	Section 9- COMPL	ETE ALL THAT APPLY	
Emergency medical services?			
Contact Person:	1000000		
Address:			
City/State/Zip:			
Name of company providing por	t-a-johus. N/A		
Contact Person:	, , , , , , , , , , , , , , , , , , , ,		
A ddreer.		Phone:	
-	*****	Thome.	
City/State/Zip:			
Name of private catering compar	iy? N/A		
Contact Person			
Address:		Phone	
City/State/Zip:			
· · · · · · · · · · · · · · · · · · ·			

### SPECIAL USE REQUESTS

List any streets or possible streets you Neighborhood Signatures must be subt	are requesting to be closed. Include the onitted with application for approval. Bar	day, date, and time of requested closing and reopening. ricades are not available from the City of Detroit.
Will there be street closures? If yes, please complete the street clos	Yes No Sure information below and attach a market with the sure information below and attach a market with the sure in the sur	ap 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:	
STDEET NAME.		
	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME;	

PLE	ASE 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.

Viller	5/23/19
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 Indomnification provision and agrees to the terms expressed therein.

(Please Print) Event Name: Family Pictures USA Date: 7/20/19	Event
Event Organizer: Kalisha Davis	
Applicant Signature: Tracy Trwin  Date: 5/23/19	



The Park Shelton 15 E Kirby St. Detroit, MI 48202

May 23, 2019

Dear Midtown Neighbors,

Greetings! On Friday, July 26th my team will host a very special outdoor screening of a national documentary series known as: Family Pictures USA at the Detroit Historical Museum.

This episode is all about Detroit and several years in the making since the producers partnered with us in 2015 to document current day stories in conjunction with the Detroit 67 Project (our now awardwinning initiative to commemorate the 50th Anniversary of July 1967).

We're very excited about this series and the 30 local residents that will be featured on the show, which will air on PBS August 12th and 13th (check your local listings and https://familypicturesusa.com/ for more). We plan to invite all of them, their families, and our community partners to celebrate with us on Legend's Plaza, our outdoor space that sits at Woodward Ave and Kirby Street - from 7:00 - 11:30 pm.

We would be very grateful if you considered joining us and appreciate your support as we host this special community event. It is free of charge and all are welcome.

### Here's the General Run of Show:

- 7 pm 9 pm Activity on the plaza, storytelling, food vendors and impromptu interviews inside/outside the museum.
- 9:15 pm 10:30 pm The Screening projected on the side of our Museum building adjacent to Woodward Ave (includes sound)
- 10:30 pm 11:30 pm Program ends/ Tear down on the Plaza

We're excited about the possibilities for this special event and thank you so much for your consideration. If you have questions or concerns, please contact me by email: kalishad@detroithistorical.org or phone: 313-833-4306.

Sincerely

Director, Community Outreach & Engagement

Detroit Historical Society



MAYOR'S OFFICE COORDINATORS REPORT **DENIED CANCELED** Event Name: Great American Lobsterfest - Detroit Petition #: Event Date: September 13, 2019 Street Closure: None Organization Name: Detroit Events Street Address: 1420 Washington Blvd. Suite 301 Detroit, MI 48226 Receipt date of the COMPLETED Special Events Application: Date of City Clerk's Departmental Reference Communication: Due date for City Departments reports: Due date for the Coordinators Report to City Clerk: Event Elements (check all that apply): Walkathon Carnival/Circus Concert/Performance Run/Marathon Bike Race Religious Ceremony Political Ceremony Festival **Filming** Parade Sports/Recreation Rally/Demonstration Fireworks Convention/Conference Other: \_ 24-Hour Liquor License Petition Communications (include date/time) 2nd Annual Lobsterfest located in Hart Plaza from 12:00pm - 10:00pm. \*\* ALL permits and license requirements must be fulfilled for an approval status \*\*

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD		<b>✓</b>		DPD Assisted Event; Contracted with Camouflage Security to Provide Private Security Services
	DFD/ EMS		$\checkmark$		Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services
	DPW		$\checkmark$		No Permits Required
	Health Dept.		<b>✓</b>		Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		<b>✓</b>		No Barricades Required
	Recreation		<b>✓</b>		Application Received & Approved as Presented
	Bldg & Safety		<b>V</b>		Permits Required for Tents, Stages & Generators
	Bus. License		<b>✓</b>		Vendors License & Liquor License Required
	Mayor's Office		$\checkmark$		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of event
	Municipal Parking	<b>✓</b>			No Jurisdiction
	DDOT		<b>✓</b>		Low Impact on Buses

### **MAYOR'S OFFICE**

Signature: Bethanie Lushin
Date: June 13, 2019

# City of Detroit office of the city clerk

Janice M. Winfrey City Clerk Caven West
Deputy City Clerk/Chief of Staff

### DEPARTMENTAL REFERENCE COMMUNICATION

Monday, June 17, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

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

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

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

948 Detroit Special Events, request to hold "Great American Lobsterfest - Detroit" at Hart Plaza on 9/13/19 - 9/15/19 from 12PM to 10PM, Set-up on 9/12/19 from 8AM - 10PM, Complete tear down on 9/15/19 - 9/16/19.



## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

### **Section 1- GENERAL EVENT INFORMATION**

Event Name: Great American Lobsterfest - I	Detroit
--	---------

Event Location: Hart Plaza (1 Hart Plaza, Detroit, MI, 48226)		
Section 2- ORGANIZATION/APPLI	CANT INFORMATION	
Organization Name: Detroit Special Events	•	
Organization Mailing Address: 1420 Washington Blvd, Suite 301 Detroit, MI 482	226	
Business Phone: 312-286-2479	Business Fax:	
Federal Tax ID # 81-1436382		
If registered as a non-profit, indicate non-profit ID num	ber and attach a copy of the certificate.	
Applicant Name: Jim Rafferty		
Title/Role: Producer		
Email Address: jim@greencurtainevents.com		
Mailing Address: 1420 Washington Blvd, Suite 301 Detroit, MI 48226		
Business Phone: 312-286-2479	Business Fax::	
Event On-Site Contact Person: Mailing		
Address: 1420 Washington Blvd, Suite		
301 Detroit, MI 48226		
Business Phone: 312-286-2479	Business Fax:	
List name/phone number of person(s) authorized to make decisions for the	e organization/event (indicate role/responsibility).	

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

List Event Sponsors: Still acquiring

Event Elements (check all that a	oply)		
[ ] Walkathon	[ ] Carnival/Circus	[x] Concert/Performance	
[ ] Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony	
[ ] Political Event	[x] Festival	[ ] Filming	
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration	
[ ]Convention/Conference	[ ] Fireworks	[ ] Other:	
Provide a brief description of y	our event:		
3 day food festival celebrating	all things lobster.		
		- 3	
	event and tear down dates and time		
	Dam Complete Set-up Date & Time: 9/12		
1.71-AV3 LT	ent Start Date & Time: 9/13 12:00pm Event End Date & Time: 9/15 10:00pm		
Begin Tearing Down Date: 9/15	Complete Tear Down Date: 9	0/16	
Event Times (If more than one day, g	give times for each day): 5:00pm - 10:00	pm 9/13, 12pm-10pm 9/13-9/14	
-			
Is this the first time you have he	eld this event in the City of Detroit?	V.	
		Yes	
If no, what years has the event been I When was the event last held in Detr	oit? 9/14/2018 – 9/16/2018		
Where was the event last held in Deta	oit? Hart Plaza		
What were the hours last year? 12:00	pm – 10:00pm		
Project Attendance This Year (Minim	uum – Maximum)? 12,000		
What is the basis for your projected a			
	ttendance? Last year's attendance		
Please describe your anticipated	/ target audience:		
Is this going to be an annual event?	Yes No		
	red for next year? 9/18/2020 – 9/20/2020		
, , and the same of the same propos			
If a parade is planned. Indicate element	nts (check all that apply):		

[ ] Prole [ ] Pallocos [ ] Protes [ ] Pother:	f IPt-			
If animals included, specify type, number and how used.  Name of business aupplying animal(s):  Contact Person:  Address:  Phone:  City/State/Zip:  Section 3- LOCATION/SITE INFORMATION  Location of Event: 1 Hart Plaza, Detroit, MI 48226  Facilities to be used (circle): Stroot  Sidewalk  Park  City Facility  Please attach a site plan which illustrates the anticipated layout of your event including the following:  -Public entrance and exit  -Location of merchandising booths -Location of free land -Location of free land -Location of garbage receptacles -Location of garbage receptacles -Location of streated booths -Location of streated the streated streate	[ ] Floats [ ] Animals			
Name of business supplying animal(s):  Contact Person:  Address:  Phone:  City/State/Zip:  Section 3- LOCATION/SITE INFORMATION  Location of Event: 1 Hart Plaza, Detroit, MI 48226  Facilities to be used (circls): Street  Please attach a site plan which illustrates the anticipated layout of your event including the following:  Public entrance and exit  Location of merchandising booths  Location of ford booths  Location of ford booths  Location of fire lane  Proposed route for walk/run  Location of page receptacles  Location of beverage booths  Location of beverage booths  Location of press area - Location of press	[ ] Bands			
Contact Person:  Address: Phone:  City/State/Zip:  Section 3- LOCATION/SITE INFORMATION  Location of Event: 1 Hart Plaza, Detroit, MI 48226  Facilities to be used (circle): Street Sidewalk Park City Facility  Please attach a site plan which illustrates the anticipated layout of your event including the following:  -Public entrance and exit - Location of First Aid - Location of fore lane - Proposed route for wulrun - Location of fabrage receptacles - Location of tents and canopies - Sketch of Street closure - Location of bleachers - Location of bleachers - Location of pand stages - Location of proposed light pole banners  Section 4- ENTERTAINMENT  What type of entertainment will be used? (check all that apply)  [x] Singers	If animals included, specify type, number	and how used.		
Contact Person:  Address: Phone:  City/State/Zip:  Section 3- LOCATION/SITE INFORMATION  Location of Event: 1 Hart Plaza, Detroit, MI 48226  Facilities to be used (circle): Street Sidewalk Park City Facility  Please attach a site plan which illustrates the anticipated layout of your event including the following:  -Public entrance and exit - Location of First Aid - Location of fore lane - Proposed route for wulrun - Location of fabrage receptacles - Location of tents and canopies - Sketch of Street closure - Location of bleachers - Location of bleachers - Location of pand stages - Location of proposed light pole banners  Section 4- ENTERTAINMENT  What type of entertainment will be used? (check all that apply)  [x] Singers	Name of business supplying animal(s):	-		
Address:    Phone:		=		
Section 3- LOCATION/SITE INFORMATION		<del></del>	Phone:	
Location of Event: 1 Hart Plaza, Detroit, MI 48226  Facilities to be used (circle): Street Sidewalk Park City Facility  Please attach a site plan which illustrates the anticipated layout of your event including the following:  -Public entrance and exit -Location of First Aid -Location of fire lane -Location of food booths -Location of fire lane -Proposed route for walk/run -Location of garbage receptacles -Location of street closure -Location of sund stages -Location of beverage booths -Sketch of street closure -Location of press area -Location of pres	City/State/Zip:			
Location of Event: 1 Hart Plaza, Detroit, MI 48226  Facilities to be used (circle): Street Sidewalk Park City Facility  Please attach a site plan which illustrates the anticipated layout of your event including the following:  -Public entrance and exit -Location of First Aid -Location of fire lane -Location of food booths -Location of fore lane -Proposed route for walk/run -Location of garbage receptacles -Location of tents and canopies -Sketch of street closure -Location of beverage booths -Sketch of street closure -Location of hand washing sinks -Location of hand washing sinks -Location of press area -Location of Many washing sinks -Sketch of proposed light pole banners  -Ske				
Location of Event: 1 Hart Plaza, Detroit, MI 48226  Facilities to be used (circle): Street Sidewalk Park City Facility  Please attach a site plan which illustrates the anticipated layout of your event including the following:  -Public entrance and exit -Location of First Aid -Location of fire lane -Location of food booths -Location of fire lane -Proposed route for walk/run -Location of garbage receptacles -Location of street closure -Location of sund stages -Location of beverage booths -Sketch of street closure -Location of press area -Location of pres	Sag	tion 2 LOCATIO	NICITE INFORMATION	
Please attach a site plan which illustrates the anticipated layout of your event including the following:  -Public entrance and exit -Location of merchandising booths -Location of fire lane -Location of garbage receptacles -Location of garbage receptacles -Location of beverage booths -Location of beverage booths -Location of street closure -Location of hand washing sinks -Location of proposed light pole banners  Section 4- ENTERTAINMENT  What type of entertainment will be used? (check all that apply)  [x] Singers  [] Story Telling [] Comedians [] Other:  Describe the entertainment for this year's event: live bands performing pop music  Will a sound system be used?  Will a sound system be used?	N.		JN/SITE INFORMATION	
-Location of merchandising booths -Location of food booths -Location of food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages -Location of sound stages -Location of sound stages -Location of hand washing sinks -Location of press area -Location of press area -Location of proposed light pole banners    Section 4- ENTERTAINMENT	Facilities to be used (circle): Street Please attach a site plan which illustrates the			City Facility
-Location of food booths -Location of garbage receptacles -Location of garbage receptacles -Location of store televance -Location of store televance -Location of store televance -Location of hand washing sinks -Location of hand washing sinks -Location of press area -Loc				
-Location of garbage receptacles -Location of beverage booths -Sketch of street closure -Location of beverage booths -Location of hand washing sinks -Location of hand washing sinks -Location of press area -Location of press area -Location of portable restrooms  -Sketch of proposed light pole banners    Section 4- ENTERTAINMENT				
Location of sound stages Location of hand washing sinks Location of hand washing sinks portable restrooms  Section 4- ENTERTAINMENT  What type of entertainment will be used? (check all that apply)  [x] Singers			-Location of tents and canopies	
Location of hand washing sinks portable restrooms  Section 4- ENTERTAINMENT  What type of entertainment will be used? (check all that apply)  [x] Singers Magician [x] Musicians [] Comedians [] Other:  Describe the entertainment for this year's event: live bands performing pop music  List proposed entertainers and/or bands performing at the event: pending  Will a sound system be used?  No				
Section 4- ENTERTAINMENT  What type of entertainment will be used? (check all that apply)  [x] Singers [ ] Magician [x] Musicians [ ] Comedians [ ] Other:  Describe the entertainment for this year's event: live bands performing pop music  List proposed entertainers and/or bands performing at the event: pending				
What type of entertainment will be used? (check all that apply)  [x] Singers [x] Magician [x] Musicians [y] Other:  Describe the entertainment for this year's event: live bands performing pop music  List proposed entertainers and/or bands performing at the event: pending  Will a sound system be used?  Yes No	portable restrooms	-Sketch	of proposed light pole banners	
[x] Singers [x] Magician [x] Musicians [] Comedians [] Other:  Describe the entertainment for this year's event: live bands performing pop music  List proposed entertainers and/or bands performing at the event: pending  Will a sound system be used?  No	All to be a second	Section 4- EN	TERTAINMENT	
Magician  [x]Musicians [] Comedians [] Other:  Describe the entertainment for this year's event: live bands performing pop music  List proposed entertainers and/or bands performing at the event: pending  Will a sound system be used?  No	What type of entertainment will be used? (cl	eck all that apply)		
[ x ]Musicians [ ] Story Telling [ ] Comedians [ ] Other:  Describe the entertainment for this year's event: live bands performing pop music  List proposed entertainers and/or bands performing at the event: pending  Will a sound system be used?  No		]		
Describe the entertainment for this year's event: live bands performing pop music  List proposed entertainers and/or bands performing at the event: pending  Will a sound system be used?  Yes  No		1 Story Telling		
List proposed entertainers and/or bands performing at the event: pending  Will a sound system be used?  No	· -			
Will a sound system be used? Yes No	Describe the entertainment for this year's ev	ent: live bands perform	ing pop music	
Will a sound system be used? Yes No				
	List proposed entertainers and/or bands perfe	orming at the event: pen	ding	
f yes, what type of sound system? Amplified sound system				
	f yes, what type of sound system? Amplific	sound system		

[x] Amplified-augmented, sound increased to broa	aden
range The amplified sound will be used:	
Will the event consist of a musical concert?	No No
If yes, what type of music? (check all that apply)	
[x] Live [] Recorded	[ ] Karaoke/Lip-synch
Describe specific power needs for entertainment and	
music: generator will provide needed power	
How many generators will be used? 1	
How will the generators be fueled? Gasoline	
Name of vendor providing generators:	
Contact Person: pending	
Address:	Phone:
Titu/Otata/7im	
City/State/Zip:	
City/State/Zip:	
	MUNICATION/ADVERTISING STRATEGY
Section 5- COMN	
Section 5- COMN Check all applicable boxes that describe the type of	
Section 5- COMN  Check all applicable boxes that describe the type of particular and the second section is a section of the second section of the section of	
Section 5- COMN  Check all applicable boxes that describe the type of particle of the stations	
Section 5- COMN  Check all applicable boxes that describe the type of particle of the stations	promotion you plan to use to attract participants:
Section 5- COMN  Check all applicable boxes that describe the type of a second	promotion you plan to use to attract participants:
Section 5- COMN  Check all applicable boxes that describe the type of particle of the stations	promotion you plan to use to attract participants:
Section 5- COMN  Check all applicable boxes that describe the type of a gradio (Specify stations):  Television (Specific stations):  Newspapers (specify papers):  X Web site (identify web address): Facebook / Ins  Public Relations or Marketing Firm (Specify):  Contact Info:  Raffle (List Item(s)):	promotion you plan to use to attract participants:
Section 5- COMN  Check all applicable boxes that describe the type of particle of the stations	promotion you plan to use to attract participants:
	promotion you plan to use to attract participants:
Section 5- COMN  Check all applicable boxes that describe the type of particle of the stations	promotion you plan to use to attract participants:

Will there be advanced ticket sales? Yes No If yes, please describe:	
Will there be on-site ticket sales? No If yes, list price(s): \$2.00	
Will food be sold?	
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?	
If yes, describe:	
If the event is a fundraiser, identify charity or recipient of funds: Detroit Sports Zone	
Will there be vending or sales?	
If yes, check all that apply:	
[x]Food []	
Merchandise [x] Non-Alcoholic Beverages [x] Alcoholic Beverages	
Other (specify):	
ndicate type of items to be sold:	
Will these be exclusive vendors or outside vendors? (please describe): pending	<u></u> £1
Section 7- PUBLIC SAFETY & PARKING INFORMATION	133.75
Name of Private Security Company: Existing park contract security will be used.	
Contact Person: pending	
Address: Phone:	
City/State/Zip:	
Number of Private Security Personnel Hired Per Shift: 10-12	·
Are the private security personnel (check all that apply):	<del>-</del>
[x]Licensed []Armed	[x]Bonded

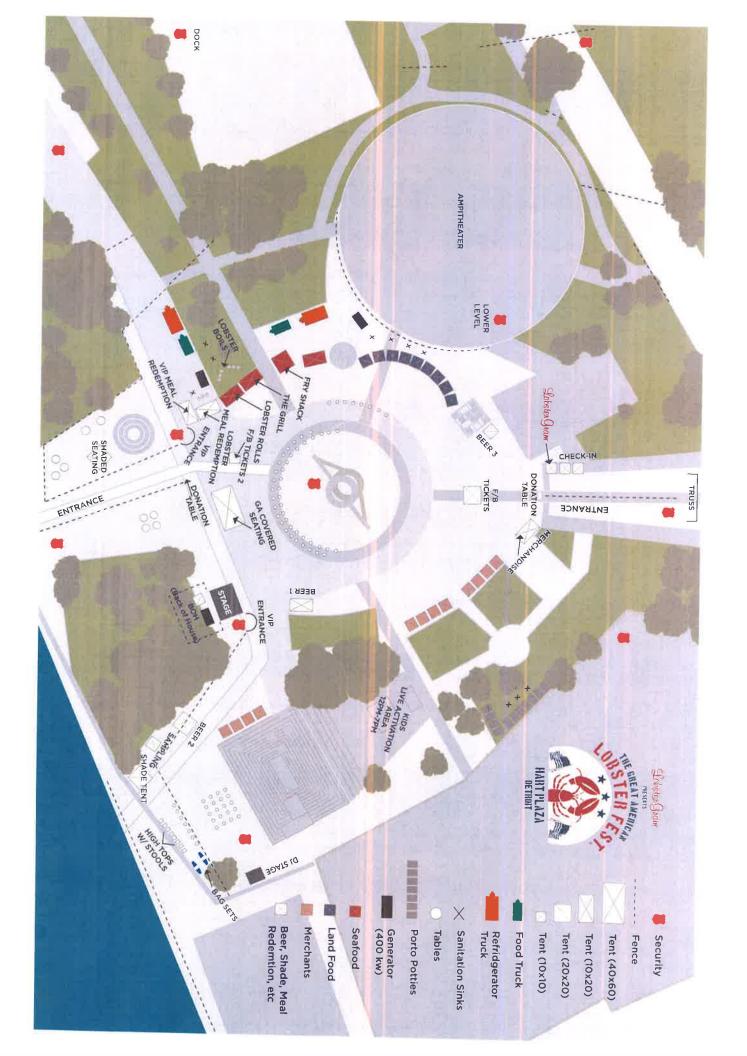
Describe the emergency execution plant and dis-	
Describe the emergency evacuation plan: pending	
Describe the parking plan to accommodate anticipated attendance: public	
How will you advise attendees of parking options? Email/website/social n	
Are you seeking a group parking rate? no.	
9	
Section 8- COMMUNITY IM	IPACT INFORMATION
How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  Community will be minimally impacted and plans are in place to a produced on the plaza.	alleviate any inconvenience to the community. The whole event is
Have local neighborhood groups/businesses approved your event?	Yes No
Indicate what steps you have or will take to notify them of your event:	
CI' O EVEN	
Section 9- EVEN	IT SET-UP
Complete the appropriate categories that apply to the event.	IT SET-UP
Complete the appropriate categories that apply to the event.  Structure	IT SET-UP
Complete the appropriate categories that apply to the event.  Structure  How Many? 1	IT SET-UP
Complete the appropriate categories that apply to the event.  Structure  How Many? 1  Size/Height 30x60	IT SET-UP
Complete the appropriate categories that apply to the event.  Structure  How Many? 1  Size/Height 30x60  Booth none	IT SET-UP
Complete the appropriate categories that apply to the event.  Structure  How Many? 1  Size/Height 30x60  Booth none  Tent (enclosed on 3 sides)	IT SET-UP
Complete the appropriate categories that apply to the event.  Structure  How Many? 1  Size/Height 30x60  Booth none  Tent (enclosed on 3 sides)  Canopy (open on all sides)	IT SET-UP
Complete the appropriate categories that apply to the event.  Structure  How Many? 1  Size/Height 30x60  Booth none  Tent (enclosed on 3 sides)  Canopy (open on all sides)  Staging/Scaffolding 1 medium size stage	IT SET-UP
Complete the appropriate categories that apply to the event.  Structure  How Many? 1  Size/Height 30x60  Booth none  Tent (enclosed on 3 sides)  Canopy (open on all sides)  Staging/Scaffolding 1 medium size stage  Bleachers 0	IT SET-UP
Complete the appropriate categories that apply to the event.  Structure  How Many? 1  Size/Height 30x60  Booth none  Tent (enclosed on 3 sides)  Canopy (open on all sides)  Staging/Scaffolding 1 medium size stage	[x] Propane

Portable Restrooms: [ x ] Standard	[x] ADA Accessible	
Vehicles		
Type/Weight:		
Other:		
NOTE: Specific requ	irements must be met and special	approval must be received by the Detroit Fire Department.
Will additional electr	ical wiring need to be installed?	Specify locations, voltage, amperage, and phase.
No. Generators will	be used.	
	r services be used (power, water, r will be used by 3 <sup>rd</sup> parties	etc.)? Please describe.
Yes. Power and wate	r will be used by 3 <sup>rd</sup> parties	etc.)? Please describe.
Yes. Power and wate	r will be used by 3 <sup>rd</sup> parties	
Yes. Power and wate	r will be used by 3 <sup>rd</sup> parties	
Yes. Power and wate	r will be used by 3 <sup>rd</sup> parties	
Yes. Power and wate	r will be used by 3 <sup>rd</sup> parties	
Yes. Power and wate	r will be used by 3 <sup>rd</sup> parties	ation, vendor, and attach certificate of insurance.
Yes. Power and wate	r will be used by 3 <sup>rd</sup> parties	ction, vendor, and attach certificate of insurance.
Yes. Power and wate	r will be used by 3 <sup>rd</sup> parties  rks display? List dates, time, local  Section 10-  Company collecting refuse and	ction, vendor, and attach certificate of insurance.
Yes. Power and wate	r will be used by 3 <sup>rd</sup> parties  rks display? List dates, time, local  Section 10-  Company collecting refuse and	ction, vendor, and attach certificate of insurance.

К
ested closing and reopening.

s there any additions	l information that you feel is	s important to mention re	egarding your event or additional requests?	
ADDITIONAL INF	ORMATION			
Barricades are not a	vailable from the City of I	Detroit.		
] Electrical Service	es	[ ] Storage for Tra	ullers/Trunks	
] Posting no parki	ng signs	[ ] Light pole		
Street Closures:				
Current Request:	(ye	ar)		
Provided In:	(ye	ear)		
Requested City Equ	lipment			
Time:				
Beg. Time: End Time: Reopen Date:				
Closure Dates:				
FROM TO				
STREET NAME:				
Reopen Date: Time:				
Beg. Time: End Time:	= = =			
Closure Dates:				
FROM TO				
STREET NAME:				
Reopen Date: Time:				
Beg. Time: End Time:		-		
Closure Dates:				
FROM TO				
STREET NAME:				

AUTHORIZATION & AFFADA  I certify that the information and belief that I have read, Special Event, and I underst Mayor or the Mayor's design and Federal Government an abide by these rules, and furnished.	contained in the foregoing and understand and agree to able and that this application is made. Applicant agrees to combod any other applicable entity or ther certify that I, on behalf	de by the rules and regulati ade subject to the rules and a ply with all other requiremen which may pertain to Speci of the Event agree to be fir	ons governing the proposed regulation established by the ts of the City, County, State, al Events. I further agree to pancially responsible for any
Signature of Applicant	ncurred by or on behalf of the	Event, to the City of Detroit.  Date	-7019
NOTE: Completion of this form documents will be notified of any requirements	es not constitute approval of your e s, fees, and/or restrictions pertaining	vent. Pending review by the Special to your event.	al Events Management Team, you





# **MAYOR'S OFFICE COORDINATORS REPORT**

OVERAL	L STATUS (pl	ease c	ircle): 🕢 <u>AP</u>	PROVED	DENIED	N/A CANCELED
Petition #: Event Name: WingOut Detroit						
Event Date : August 3 - 4, 2019						
Street Clos	Street Closure: None					
Organizati	Organization Name: Detroit Events					
Street Add	ress: 1420 V	/ashi	ngton Blvd.	Suite 3	01 Detroit,	MI 48226
Receipt da	te of the COMPL	ETED	Special Events A	Application:		
			Reference Comm	nunication:		
	or City Departme or the Coordinate		oπs: ort to City Clerk:			
	nents (check all t		•			<del>- 1</del>
				_		
Walkath	non C	arnival/	Circus [	Concer	t/Performance	Run/Marathon
Bike Ra	nce R	eligious	Ceremony	Politica	I Ceremony	<b>✓</b> Festival
Filming	P	arade		Sports/	Recreation	Rally/Demonstration
Firewor	ks C	onventi	on/Conference	Other:		
	r Liquor Licens	e				
•	•					
		Per	tition Communi	cations (inc	clude date/time)	
First Annu	al "All-You-Can	-Eat" V	Ving Festival fo	r 1,000 pa	trons each day	located in Roosevelt Park
from 2:00p	om - 6:00pm.			·		
	** ALL permits and license requirements must be fulfilled for an approval status **					
Date	Department	N/A	APPROVED	DENIED		ditional Comments
	555				DPD Assisted	Event
	DPD		<b>✓</b>	Ш		
					Pending Inspe	ections
	DFD/ EMS		<b>✓</b>			To the state of th
					No Permits Re	equired **
	DPW		✓		140 F CHIIIIG IX	Squilou 5
						85
	Health Dept.		✓		Temporary	Food License Required

	1				1
Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		$\checkmark$		Fencing Required
	Recreation				Application Received & Approved as Presented
	Bldg & Safety		<b>✓</b>		Permits Required for Staging, Generators & Electrical
	Bus. License		<b>✓</b>		Vendors License & Liquor License Required
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking		$\checkmark$		No Purchase of Parking Meters Required
	DDOT		<b>✓</b>		No Impact on Buses
	MAYOR'S OFFICE Signature: B. 4 + ho n.i.e. Au obia				

Date: June 13, 2019

# City of **Betroit**

Janice M. Winfrey
City Clerk

OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

### DEPARTMENTAL REFERENCE COMMUNICATION

Monday, June 17, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

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

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

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

Detroit Special Events, request to hold "WingOut Detroit" at Roosevelt Park on 8/3/19 - 8/4/19 from 2PM -6PM, Set-Up on 8/2/19 from 8AM to 10PM, Complete tear down on 8/4/19 - 8/5/19.

#949

## 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- GENERA	L EVENT INFORMATION
Event Name: WingOut Detroit	
Event Location: Roosevelt Park (2405 Vernor Hwy, Detroit, MI	48216)
Section 2- ORGANIZATIO	ON/APPLICANT INFORMATION
Organization Name: Detroit Special Events	
Organization Mailing Address: 1420 Washington Blvd, Suite 301 I	Detroit, MI 48226
Business Phone: 312-286-2479	Business Fax:
Federal Tax ID # 81-1436382	
If registered as a non-profit, indicate non-p	profit ID number and attach a copy of the certificate.
Applicant Name: Jim Rafferty	
Title/Role: Producer	
Email Address: jim@greencurtainevents.com	
Mailing Address: 815 Spartan Drive, Rochester Hills, MI 48309	
Business Phone: 312-286-2479	Business Fax::
Event On-Site Contact Person: Mailing	
Address:	
1420 Washington Blvd, Suite 301	
Detroit, MI 48226	
Business Phone: 312-286-2479	Business Fax:
List name/phone number of person(s) authorized to make dec	cisions for the organization/event (indicate role/responsibility).

List Event Sponsors: Still Acquiring

Event Elements (check all that a	pply)		
[ ] Walkathon	[ ] Carnival/Circus	[ ] Concert/Performance	
[ ] Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony	
[ ] Political Event	[x] Festival	[ ] Filming	
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration	
[ ]Convention/Conference	[ ] Fireworks	[ ] Other:	
Provide a brief description of g	your event: ent offering all you can eat wings fi	om the top vendors in Detroit	
	,		
	event and tear down dates and tim	•	
Begin Set-up Date & Time: 8/2 8:00 Event Start Date & Time: 8/3 2:00p		16,000	
Begin Tearing Down Date: 8/4	Complete Tear Down Date:		
	give times for each day): 2:00pm - 6:00p		
	neld this event in the City of Detroit	? Yes No	
If no, what years has the event been			
When was the event last held in Det  Where was the event last held in De			
whole was the event last held in De	wom		
What were the hours last year?			
Project Attendance This Year (Mini	mum – Maximum)? 1000		
What is the basis for your projected			
	*		
Please describe your anticipate	ed/ target audience:		
Please describe your anticipate Is this going to be an annual event?	ed/ target audience:  Yes  No		

] Vehicles [ ] Other:		
] Bands		
animals included, specify type, number and how used.		
ame of business supplying animal(s):	,	
ontact Person:		
ddress:	Phone:	
City/State/Zip:		
S	ATION/CITE INDODMATION	
,	ATION/SITE INFORMATION	
ocation of Event: Roosevelt Park 2405 Vernor Hwy, Detroi	it, MI 48216	
	Sidewalk Park ut of your event including the following:	City Facility
Public entrance and exit	ut of your event including the following: -Location of First Aid	City Facility
Please attach a site plan which illustrates the anticipated layou Public entrance and exit Location of merchandising booths Location of food booths	ut of your event including the following:  -Location of First Aid -Location of fire lane -Proposed route for walk/run	City Facility
Please attach a site plan which illustrates the anticipated layou Public entrance and exit Location of merchandising booths Location of food booths Location of garbage receptacles	Location of First Aid Location of fire lane Proposed route for walk/run Location of tents and canopies	City Facility
Please attach a site plan which illustrates the anticipated layou  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 First Aid Location of fire lane Proposed route for walk/run Location of tents and canopies Sketch of street closure Location of bleachers	City Facility
Please attach a site plan which illustrates the anticipated layou  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 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 Location of	City Facility
Please attach a site plan which illustrates the anticipated layout 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 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 Location of Sketch of proposed light pole banners	City Facility
Public entrance and exit Location of merchandising booths Location of garbage receptacles Location of beverage booths Location of sound stages Location of hand washing sinks ortable restrooms  Section	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 -Location of Sketch of proposed light pole banners	City Facility
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 Portable restrooms  Section  What type of entertainment will be used? (check all that apple)	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 -Location of Sketch of proposed light pole banners	City Facility
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[x] Amplified-augmented, sound increased to broaden range The amplified sound will be used:	
Will the event consist of a musical concert?	No
If yes, what type of music? (check all that apply)	
[x]Live []Recorded [	] Karaoke/Lip-synch
Describe specific power needs for entertainment and/or music: generators will provide needed power	
How many generators will be used? 1	
How will the generators be fueled? Gasoline	
Name of vendor providing generators:	
Contact Person: pending	
Address:	Phone:
City/State/Zip:	
	IICATION/ADVERTISING STRATEGY
Section 5- COMMUN  Check all applicable boxes that describe the type of promo	
Section 5- COMMUN  Check all applicable boxes that describe the type of promo  [ ] Radio (Specify stations):  [ ] Television (Specific stations):	
Section 5- COMMUN  Check all applicable boxes that describe the type of promo  [ ] Radio (Specify stations):	otion you plan to use to attract participants:
Section 5- COMMUN  Check all applicable boxes that describe the type of promo  [ ] Radio (Specify stations):  [ ] Television (Specific stations):  [ ] Newspapers (specify papers):	otion you plan to use to attract participants:
Section 5- COMMUN  Check all applicable boxes that describe the type of promo  [ ] Radio (Specify stations):  [ ] Television (Specific stations):  [ ] Newspapers (specify papers):  [ x ] Web site (identify web address): Facebook / Instagran	otion you plan to use to attract participants:
Section 5- COMMUN  Check all applicable boxes that describe the type of promo  [ ] Radio (Specify stations):  [ ] Television (Specific stations):  [ ] Newspapers (specify papers):  [ x ] Web site (identify web address): Facebook / Instagrar  [ ] Public Relations or Marketing Firm (Specify):  Contact Info: [ ] Raffle (List Item(s)):	otion you plan to use to attract participants:
Section 5- COMMUN  Check all applicable boxes that describe the type of promo  [ ] Radio (Specify stations):  [ ] Television (Specific stations):  [ ] Newspapers (specify papers):  [ x ] Web site (identify web address): Facebook / Instagrar  [ ] Public Relations or Marketing Firm (Specify):  Contact Info: [ ] Raffle (List Item(s)):  [ ] Billboards	otion you plan to use to attract participants:
Section 5- COMMUN  Check all applicable boxes that describe the type of promo  [ ] Radio (Specify stations):  [ ] Television (Specific stations):  [ ] Newspapers (specify papers):  [ x ] Web site (identify web address): Facebook / Instagrar  [ ] Public Relations or Marketing Firm (Specify):  Contact Info:	otion you plan to use to attract participants:

**Section 6- SALES INFORMATION** 

Describe the emergency evacuation	plan: pending	
[ ] Licensed	[ ] Armed	[ ] Bonded
Are the private security personnel (	check all that apply):	
Number of Private Security Persons	nel Hired Per Shift:	
City/State/Zip:		
Address:	Phone:	
ontact Person: pending		
-	: Existing park contract security will be used.	
Section	n 7- PUBLIC SAFETY & PARKING INFO	RMATION
van mese de exclusive vendois of ol	atside vendors? (please describe); exclusive	
	staide vendere? (places describe): syclories	
] Other (specify): dicate type of items to be sold:		
x ] Non-Alcoholic Beverages	[x] Alcoholic Beverages	
f yes, check all that apply:  ] Food	[ ] Merchandise	
Will there be vending or sales?	Yes No	
f the event is a fundraiser, identify c	harity or recipient of funds: Detroit Sports Zone	
f yes, describe:		
Will a percentage of the proceeds be	distributed to a charitable organization?	No
Will merchandise be sold? f yes, describe:	Yes No	
Will food be sold? f yes, please pick up Special Events	Yes Vendor Packet in Suite 105:	
Will there be on-site ticket sales? f yes, list price(s):	Yes (No	

How will you advise attendees of parking options? Email/website/social media

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)?

Community will be minimally impacted but plans are in place to alleviate any inconvenience to the community. The whole event will be produced in the park.

Have local neighborhood groups/businesses approved your event?

Yes

No

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

In person visits / social media / email / website

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

Cork and Gabel (313) 638-2261 McShanes Irish Pub (313) 961-1960 Gold Cash Gold (313) 242-0770

Provide Sketch:

### Section 9- EVENT SET-UP

	The control of the co	Marin Sale				
Complete the appropriate categories that apply to Structure -	the event.					
How Many? - pending						
Size/Height - 10x10						
Booth - none						
Tent (enclosed on 3 sides)						
Canopy (open on all sides)						
Staging/Scaffolding - 1 medium sized stage						
Bleachers - 0						
Company: Hotz Catering Company						
Grill [x]Gas [x]Charcoal [	] Electrical	[x] Propane				
Fireworks (Pyrotechnics) [ ] Aerial [ ] Stage						

Postable Destrooms		
Portable Restrooms: [x] Standard	[x] ADA Accessible	
Vehicles- pending		
Гуре/Weight:		
Other:		
NOTE: Specific requ	irements must be met and special	approval must be received by the Detroit Fire Department.
Will additional electr	ical wiring need to be installed? S	Specify locations, voltage, amperage, and phase.
No. Generators will b	e used.	
Will additional utility	services be used (power, water, e	tc.)? Please describe.
	r will be used by 3 <sup>rd</sup> parties	to). Trease desertee.
	- Parties	
Do you plan a firewo	rks display? List dates, time, loca	tion, vendor, and attach certificate of insurance.
Name of Sanitation	Section 10- Company collecting refuse and g	COMPLETE ALL THAT APPLY garbage?
Contact Person: Pend	ling	
Address:		Phone:
City/State/Zip		
Name of company p	roviding emergency medical ser	vices?
Contact Person: Non	e	

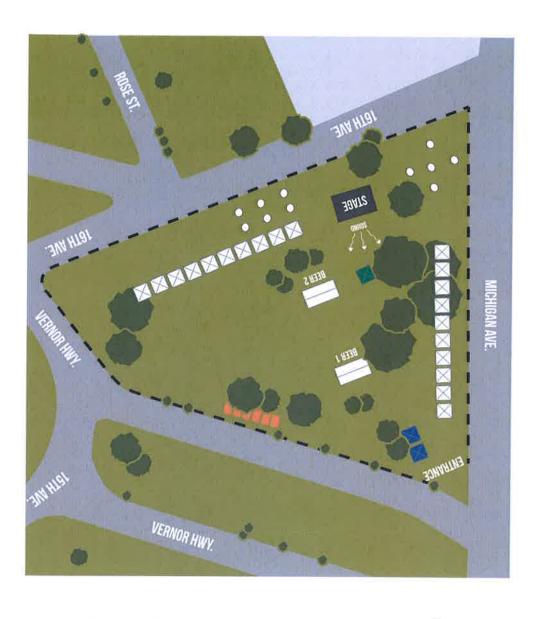
Address'		
City/State/Zip:		
Name of compar	ny providing porta-johns.	
Contact Person: P	Pending	
Address:	Phone:	
City/State/Zip:		
Name of private	catering company? None	
Contact Person:		
Address	Phone:	
City/State/Zip:		
SPECIAL USE	REQUESTS	
List any streets or	REQUESTS  r possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening ignatures must be submitted with application for approval.	ng.
List any streets or Neighborhood Si	r possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopenin	ng.
List any streets or Neighborhood Si	r possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening ignatures must be submitted with application for approval.  r sketch of the proposed area for closure.	ng.
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List any streets of Neighborhood Si Attach a map or STREET NAMI FROM	r possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening ignatures must be submitted with application for approval.  r sketch of the proposed area for closure.	ng.
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Closure Dates:  Graph Time: Closure Date: Closure Dates: Closure Date: Closure Dates: Closure Dates: Closure Date: Closure Dates: Closure	
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Beg. Time: End Time: Reopen Date: Time:  Requested City Equipment	
End Time: Reopen Date: Time:  Requested City Equipment	
Reopen Date: Time:  Requested City Equipment	
Time:  Requested City Equipment	
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 a	dditional requests?
Attached is the layout of our Chicago WingOut festival for reference. Updated layout to be	

AUTHORIZATION & AFFADAVIT OF APPLICANT  I certify that the information contained in the foregoing application is true and correct to the best of my know and belief that I have read, understand and agree to abide by the rules and regulations governing the professerial Event, and I understand that this application is made subject to the rules and regulation established Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agabide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible focosts and fees that may be incurred by or on behalf of the Event, to the City of Detroit.  Signature of Applicant  Date  NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Tear will be notified of any requirements, fees, and/or restrictions pertaining to your event.	oosed by the State, ree to r any



# **ROOSEVELT PARK** LAYOUT



I FENCE

**TABLES** 

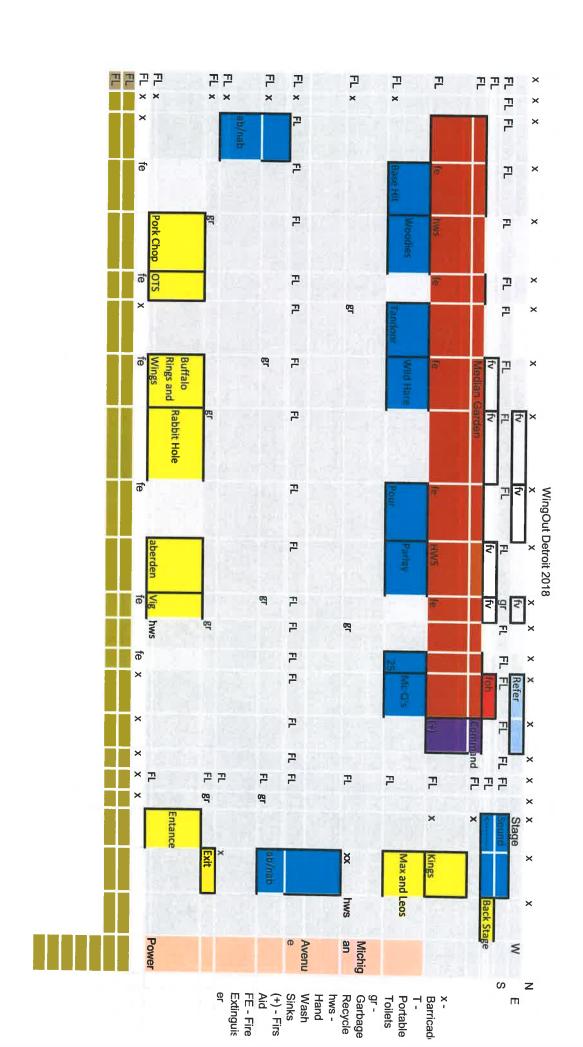
VENDOR TENT (10X10)

FRONT OF HOUSE TENT (10X10)

CHECK-IN TENTS (10X10)

**BEER/BEVERAGE TENT (10X20)** 

PORTO POTTIES



# 53

### **MAYOR'S OFFICE COORDINATORS REPORT**

OVERAL	L STATUS (pl	ease c	ircle): 🕢 AP	PROVED	DENIED N/A CANCELED		
Petition #: 652 Event Name: 2019 Detroit HydroFest							
Event Date : August 24 - 25, 2019							
Street Closure: None							
Organization Name: Detroit Riverfront Events, Inc.							
Street Address: P.O. Box 71 Washington, MI 48094							
Receipt date of the COMPLETED Special Events Application:  Date of City Clerk's Departmental Reference Communication:  Due date for City Departments reports:  Due date for the Coordinators Report to City Clerk:  Event Elements (check all that apply):  Walkathon Carnival/Circus Concert/Performance Run/Marathon  Bike Race Religious Ceremony Political Ceremony Festival  Filming Parade Sports/Recreation Rally/Demonstration  Fireworks Convention/Conference Other:							
24-Hour Liquor License							
Petition Communications (include date/time)							
Annual boat race located on the Detroit River & Piston Park from 8:00am - 7:00pm.							
** ALL permits and license requirements must be fulfilled for an approval status **							
Date	<b>Department</b> DPD	N/A	APPROVED	DENIED	Additional Comments  DPD Assisted Event		
	DFD/ EMS		<b>✓</b>		Pending Inspections; Contracted with Universal Macomb to Provide Private EMS Services		
	DPW	<b>✓</b>			No Jurisdiction		
	Health Dept.		<b>√</b>		Temporary Food License Required		

AMENDED

Date	Department	N/A	APPROVED	DENIED	Additional Comments	
	TED		<b>✓</b>		Barricades Required	
	Recreation		$\checkmark$		Application Received & Approved as Presented	
	Bldg & Safety		$\checkmark$		Permits Required for Tents, Staging, Bleachers & Generators	
	Bus. License		<b>\</b>		Vendors License & Liquor License Required	
	Mayor's Office		$\checkmark$		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.	
	Municipal Parking	<b>✓</b>			No Jurisdiction	
	DDOT				No Impact on Buses	
MAYOR'S OFFICE						
Signature	Bethan	ue	Lusher			
Date:	ine 13, 2	019		Ē		

# City of Betroit OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Caven West Deputy City Clerk/Chief of Staff

### DEPARTMENTAL REFERENCE COMMUNICATION

Monday, June 17, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

Detroit Riverfront Events Inc., request to host "2019 Detroit HydroFest" at Detroit River by Belle Isle Park at 8/24/19 - 8/25/19 from 8AM - 7PM, Set-up on 8/19/19 - 8/22/19 from 7AM - 5PM, Complete tear down on 8/25/19 - 8/29/19.

# **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.

Se	ection 1- GENERAL EVEN	T INFORMATION	
Event Name: 2019 Detroit HydroFest			
Event Location: Detroit River by Belle Isle Park			
Is this going to be an annual event?			
	2- ORGANIZATION/APPL	ICANT INFORMATION	
Organization Name: Detroit Riverfro	ont Events Inc		
Organization Mailing Address: PO Box	71, Washington, MI 48094		
Business Phone: 313-329-8047 Business Website: www.detroitboatraces.com			
Applicant Name: Mark Weber			
Business Phone: 313-329-8047	586-206-8894 Cell Phone:	Email:	
Event On-Site Contact Person:			
Name: Mark Weber			
Business Phone: 313-329-8047	Cell Phone: 586-206-8894	Email: mark@detroitboatraces.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:	
Projected Number of Attendees: 40,000 approx.  Please provide a brief description of your event:			

<sup>2</sup> day boat race with 3 different classes racing. A Detroit tradition since 1916.

Begin Set-up Date 08/19/203	19 Time: 7	am Complete Set-up Dat	e:8/22/2010	Time:5 pm
24		arri Complete Set up Date		тиме. эртг
Event Start Date: 08/28/2019	9 Time:8 a	am Event End Date: 08/	25/2019	Time:7 pm
Begin Tearing Down Date:08/2	25/2019	Complete Tear Down	Date:08/29/2019	
Event Times (If more than one da 8/.	ay, give times fo 24/2019 8a	r each day): m-7pm, 8/25/2019 8a	m-7pm	
WWW.	Section	3- LOCATION/SITE	INFORMATION	
Location of Event: Detroit Riv	ver by Belle	Isle		
Facilities to be use(Check) Facility	Street 🗸	Sidewalk	Park 🗸	City
Please attach a copy of Port-a-Jol anticipated layout of your event i	hn, Sanitation, a including the fol	nd Emergency Medical Agreem lowing:	ents as well as a site plan w	hich illustrates the
-Public entrance and exit		-Loca	tion of First Aid	
<ul> <li>Location of merchandising bootl</li> <li>Location of food booths</li> </ul>	hs		tion of fire lane osed route for walk/run	
-Location of garbage receptacles			ation of tents and canopies	
-Location of beverage booths -Location of sound stages			ch of street closure	
Land of the Land of the	cation of sound stages - Location of bleachers - Location of press area			
-Location of hand washing sinks	-Location of portable restrooms -Sketch of proposed light pole banners			
-Location of portable restrooms		-Skete		
-Location of portable restrooms	prompted	-Sketo I to upload these a	ttachments upor	nners submitting this form
-Location of portable restrooms  You will be		-Skete	ttachments upor	
-Location of portable restrooms		-Sketo I to upload these a	ttachments upor	
Location of portable restrooms  You will be		-Sketo I to upload these a	ttachments upor	
-Location of portable restrooms You will be  Describe the entertainment for th	iis year's event:	-Sketo I to upload these a Section 4- ENTERTA	ttachments upor	
You will be  Poscribe the entertainment for the TBD based on available	is year's event: budget in t	-Sketo I to upload these a Section 4- ENTERTA	ttachments upor	
-Location of portable restrooms You will be  Describe the entertainment for th  TBD based on available	is year's event: budget in t	-Sketo I to upload these a Section 4- ENTERTA he Spring	ttachments upor	
Location of portable restrooms You will be Describe the entertainment for th TBD based on available Will a sound system be used?	tis year's event: budget in t Yes 'TBD	-Skete I to upload these a Section 4- ENTERTA  he Spring  No	ttachments upor	
Pour will be You will be Describe the entertainment for the TBD based on available Will a sound system be used? If yes, what type of sound system	tis year's event: budget in t Yes 'TBD	-Skete I to upload these a Section 4- ENTERTA  he Spring  No	ttachments upor	
-Location of portable restrooms You will be  Describe the entertainment for th  TBD based on available  Will a sound system be used?	is year's event: budget in t	-Sketo I to upload these a Section 4- ENTERTA he Spring	ttachments upor	

Name of vend	or providing generators	;		
Contact Persor	n:TBD			
Address:			Phone:	
City/State/Zip				
		Section 5- SALES 1	NFORMATION	W W
Will there be ad If yes, please de	dvanced ticket sales?	Yes No		
Will there be on If yes, list price	n-site ticket sales?	Yes No		
Will there be ve If yes, check all	ending or sales? that apply:	Yes No		
Food	[ Merchandise	✓ Non-Alcoholic Beverage	ges [ ] Alcoholic Beverages	
Indicate type of	items to be sold:			
Event T shir	ts, hats, programs	s and pins		
	Section 6-	PUBLIC SAFETY & P	ARKING INFORMATION	
Name of Private	Security Company:TBD			
Contact Person: l	Fred Schwartz			
Address:			Phone 586-994-2888	
City/State/Zip:			1000 00 / 2000	1,
Number of Privat 0 to 25	e Security Personnel Hire	d Per Shift.		
Are the private se	curity personnel (check al	I that apply):		
	[ Licensed	[ ] Armed	[ Bonded	
How will you ad Signage	vise attendees of parking	options?		<del></del>

### Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? 103 year tradition, Belle Isle free, money spent in SE Michigan

Have local neighborhood groups/businesses approved your event?	☐ Yes	No No	
Indicate what steps you have or will take to notify them of your event: Email and event website			

### Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

How Many? Size/Height

Booth TBD

Tents (enclosed on 3 sides) TBD

Canopy (open on all sides) TBD

Staging/Scaffolding TBD

Bleachers TBD

### Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Bob Dickerson, Universal-Macomb Ambukance

Address: 37583 Mound

City/State/Zip: Sterling Heights, MI 48310

Name of company providing port-a-johns. Parkway Services

Contact Person: Steve

Address: 2876 Tyler Phone: 734-482-7633

City/State/Zip: Ypsilanti, MI 48198

Name of private catering company? Andiamo's Catering

Contact Person: Stewart Davison

Address: 1490 Premier Drive Phone: 248-643-6000

City/State/Zip: Troy, MI 48084

### 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:	<u>1</u> .or	
CLOSURE DATEST	BEG TIME:	END TIME:
REOPEN DATE:	TTME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TTME:	
STREET NAME:		
		······································
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
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.

Mark Weber

01/14/2019

Signature of Applicant

Date

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

### HOLD HARMLESS AND INDEMNIFICATION

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

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

Event Name: 2019 De Date: 01/14/2019	Event	
Event Organizer: Detroit riverfront Eve	nts Inc.	
Applicant Signature: Date: 01/14/2019	Mark Weber	

Diver and Course Officials Boat Trailers and Pick-up Trucks

ENTRANCE TO:

UNLIMITED PIT AREA MUNCY PARKING CLUB GOLD

VOLUNTEER CRENDICIALS

BELL ISLE BRIDGE

PISTON PARK GRAND PRIX 5 LITER & PARKING

& MEDIA / VENDOR CREDENTIALS TICKET OFFICE

DETROIT RIVER

Ø

Start / Finish

BELL ISLE

# Evacuation Plan Piston Park

Piston Park is an area located at the foot of Motorboat Lane. There are no buildings in this area. It is the staging area for the smaller class of hydroplanes. On race weekends, it is occupied by approximately 30 boats in a secured, restricted area. Separated from these are several motor homes of the boat owners.

There is a floating foot bridge at the east end of the area. On the west end, there is an exit to Motorboat Lane.

In the event of an evacuation, the route would be towards Jefferson Avenue via Motorboat Lane. Trained security would direct the evacuation. 911 would be notified by cell phone or two-way radio.

Submitted by,

Fred Schwartz Retired Sr. Chief DFD 586-994-2888

# Evacuation Plan Grandstand Section

The grandstand section consists of three-section aluminum grandstands facing the Detroit River. Located behind them are various vendors. At the east end of the area, there is a large gate connecting to the pit area. There is also a walk-thru area connected to the parking lot on Marquette Drive. There is a foot bridge on the west end connecting to Piston Park. There is access to Waterworks Park going towards East Jefferson.

In the event of an emergency, there are four egress routes from the grandstand—one on each end, and two between the sections.

Security is trained to conduct an orderly evacuation by these routes. People would then be routed toward East Jefferson through Waterworks Park. 911 and the security leader would then be notified by radio that evacuation is in progress.

Submitted by,

Fred Schwartz Retired Sr. Chief DFD 586-994-2888

# Evacuation Plan Judges Stand and Stockton Park

The judge's stand is located at the foot of Parkview Drive across the street from Stockton Park.

The judge's stand is a two-story masonry and metal building with an observation deck on the roof. Stairways are steel and on the exterior of building. In an emergency evacuation, people would use the steel exterior stairs and then leave the area via a wide gate leading to Parkview Drive. 911 would be notified by cell phone or radio.

Stockton Park is an open park at the foot of Parkview Drive, south of Dwight Street. In an evacuation situation, people would exit onto Parkview Avenue and walk towards East Jefferson.

Submitted by,

Fred Schwartz Retired Sr. Chief DFD 586-994-2888

# Evacuation Plan Dodge Pit Area

The Dodge Pit area is located at the foot of Marquette Drive. The area consists of open spaces and a two-story structure with an observation deck on the roof which is used to conduct race operations. The structure, approximately 40 x 80, is of masonry construction with steel stairways. One stairway is in the central part of the building, another is on the outside. The area is enclosed by an eight-foot chain link fence with large gates on both the east and west ends of the area.

Security, both paid and volunteer, is posted in the building known as the "pit tower", and at both gates.

In case of emergency, fire, accident, or other, security personnel are trained to evacuate the building and pedestrians at both gates. While evacuation is in progress, security will notify 911 by land-line, cell phone, or radio located in the on-scene Detroit Fire apparatus.

Submitted by,

\* already there

Fred Schwartz Retired Sr. Chief DFD 586-994-2888





## **AMBULANCE SERVICES AGREEMENT**

This Ambulance Services ("Agreement") is made this 24 day of 40, 2019 by and between Universal-Macomb Ambulance Service, a Michigan corporation with its principal place of business at 37583 Mound Road, Sterling Heights, MI 48310 (hereinafter "UMAS") and Detroit Riverfront Events, Inc., a Michigan non-profit corporation with its business mailing address at P.O. Box 71, Washington Twp., MI 48094-9998 (hereinafter "DRFE").

## **RECITALS**

WHEREAS, DRFE promotes and organizes boat races and desires that UMAS provide ambulances and staff at a boat race event within the City of Detroit (the "Event"), taking place August 24<sup>th</sup> through August 25<sup>th</sup>, 2019.

WHEREAS, UMAS provides ambulance service in Southeastern Michigan, is duly licensed and/or authorized to provide such services, and wishes to provide staffed ambulances as desired by DRFE.

WHEREAS, in consideration of the following terms and conditions, the parties agree as follows:

#### 1. SERVICES TO BE PROVIDE

UMAS shall provide ambulances licensed and staffed at the Advanced Life Support level in accordance with requirements established by the Detroit/East Medical Control Authority, based upon the following schedule:

Two Ambulances	August 24, 2019	08:00 hours-17:00 hours
Two Ambulances	August 25, 2019	08:00 hours-17:00 hours

One Ambulance-Rescue Practice	TBD	12:00 hours -16:00 hours
Four mobile Medical Volunteers	August 24, 2019	08:00 hours- 17:00 hours
Four mobile Medical Volunteers	August 25, 2019	08:00 hours- 17:00 hours

(No charge for Rescue Day Ambulance or any of the days for the Mobile Medical Volunteers)

In addition to staffed ambulances, UMAS shall provide the medical command unit, bicycles, golf carts and an internal radio system. The parties understand that inclement weather may require that one of the dates specified above be rescheduled for August 26, 2019. UMAS will provide ambulances at times specified for the date being postponed on that "make up day". Any "make up day" shall involve nine (9) hours of operation or less and there shall be no decrease of the applicable service fee if less than (9) hours of operation is required.

Mailed 4/24/19

UMAS shall adhere to the protocols applicable to the location in which any emergency medical services are provided to patients. Neither UMAS nor its personnel shall be responsible for undertaking any "water rescue".

#### 2. BILLING AND PAYMENT

DRFE agrees that UMAS's cost for providing the foregoing services is one hundred fifteen dollars (\$115.00) per hour per staffed ambulance. Notwithstanding the foregoing, DRFE shall pay UMAS the sum of one hundred twenty-five dollars (\$125.00) per hour per ambulance for each hour (or fraction of an hour) that DRFE may request UMAS to provide services in addition to the specified dates and times. UMAS shall submit an invoice to DRFE after the Event and DRFE shall pay UMAS within thirty (30) days of the date of the invoice.

#### 3. DRFE RESPONSIBILITIES

DRFE shall provide UMAS with reasonable notice as to any location (s) where UMAS ambulances must be in place. DRFE shall be responsible for informing UMAS of any situations DRFE wishes UMAS to respond to at the Event.

DRFE shall provide VIP passes with parking for UMAS personnel, the exact number of which shall be determined upon mutual agreement of the parties.

DRFE shall provide ice, water & electrical source as required by UMAS personnel.

#### 4. RELATIONSHIP OF THE PARTIES

UMAS is at all times an independent contractor and not an agent or employee of DRFE. No act of commission or of omission by either party shall make the other a principal, agent, or employee of the other party.

#### 5. MISCELLANEOUS

- A. <u>Applicable Law</u>: This Agreement shall be constructed in accordance with the laws of the State of Michigan, and venue for any dispute arising out of this agreement shall be the Circuit Court of Macomb County or the District Courts situated therein.
- B. <u>Notices</u>: All notices to be given pursuant to this Agreement must be in writing and delivered by hand or sent registered mail to the following addresses listed below:

As to UMAS: 37583 Mound Road Sterling Heights, MI 48310

As to DRFE: P.O. Box 71 Washington Twp., MI 48094-9998

- C. <u>No Third Party Beneficiaries</u>: The parties to this Agreement do not intend to confer any benefits hereunder on any person or other legal entity other than the parties hereto, including without limitation any patients of UMAS or DRFE, and no third-party beneficiary rights are intended to be created hereby.
- D. <u>Force Majeure</u>: UMAS shall be excused from performance under this Agreement if for any period UMAS is prevented from performing any obligations, in whole or in part, as a result of an Act of God, war, civil disturbance, catastrophe, court order, labor dispute or cause beyond its reasonable control, including shortages or fluctuations in electrical power, heat, light air conditioning or fuel shortage, and such non-performance shall not constitute termination or default. UMAS will use its reasonable efforts under such circumstance to ensure that alternate services be made available should any of these conditions arise.
- E. <u>Waiver</u>: The failure of either party to insist upon strict compliance by the other with respect to any of the terms and conditions of this Agreement shall not be construed as a waiver, nor shall such course of action deprive such party of the right thereafter to required strict adherence to the terms and provisions of this Agreement.
- F. <u>Nondisclosure</u>: The terms of this Agreement and in particular the provisions regarding payment for services, are confidential and shall not be disclosed except to the parties' attorneys and as necessary to performance of this Agreement or as required by law.
- G. <u>Headings and Captions</u>: The headings and captions used in this Agreement are for the convenience of reference only, and do not form a part of this Agreement.
- H. <u>Authority of Signatory</u>: The parties represent that their representative signatory, whose signature appears below, has been and is, as of the date first written above, duly authorized by all necessary, appropriate and applicable corporate legal action to execute this Agreement.
- I. Supervening Law: The parties recognize that this Agreement is subject to applicable federal, state and local law, including, but not limited to, the Social Security Act, the rules, regulations and policies of the Department of Health and Human Services, all public health and safety provisions of state law and regulations, and the rules and regulations of state health system agencies. The parties further recognize that this Agreement shall be subject to amendments in such laws and regulations and to new legislation. Any provisions of law that invalidate or otherwise are inconsistent with the terms of this Agreement or that would cause one or both of the parties to be in violation of the law shall be deemed to supersede the terms of this Agreement; provided, however, that the parties shall exercise their best efforts to accommodate the terms and intent of this Agreement to the greatest extent possible within the requirements of law, including amendment of the Agreement as necessary.

IN WITNESS WHEREOF, the parties have executed this Agreement on the date first written above.

OIV	VER PAL-IVIACOIVIB AIVIBULANCE SERVICE, INC.
Ву:	& Caller-
	Duncan Walker, General Manager
DET	ROIT RIVERFRONT EVENTS, INC.
	Mark TWober (Print Name
	Parident-

# City of Detroit OFFICE OF THE CITY CLERK

Janice M. Winfrey City Clerk Caven West
Deputy City Clerk/Chief of Staff

# DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, January 16, 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.

#### PLANNING AND DEVELOPMENT DEPARTMENT

Detroit Riverfront Events inc., request to hold "2019 Detroit HydroFest" at Belle Isle Park on 8/23/19 - 8/29/19 starting at 8am - 7pm, Set-up on 8/19-22/19 @ 7am - 5pm, complete tear down on 8/29/2019, Street closure on Burns St. from Jefferson - Detroit River from 8/22/19-8/26/19

#652

# **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.

Sec	Section 1- GENERAL EVENT INFORMATION				
Event Name: 2019 Detroit HydroF	est				
Event Location: Detroit River by Be	lle Isle Park				
Is this going to be an annual event?	Yes 🗆 No				
Section 2-	· ORGANIZATION/APPL	ICANT INFORMATION			
Organization Name: Detroit Riverfro	nt Events Inc				
Organization Mailing Address: PO Box	71, Washington, MI 48094				
Business Phone: 313-329-8047	Business Website: W	ww.detroitboatraces.com			
Applicant Name: Mark Weber					
Business Phone: 313-329-8047	586-206-8894 Cell Phone:	mark@detroitboatraces.com			
Event On-Site Contact Person:					
<sub>Name:</sub> Mark Weber					
Business Phone: 313-329-8047	Cell Phone: 586-206-8894	Email: mark@detroitboatraces.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:			
Projected Number of Attendees: 40,000 approx.  Please provide a brief description of your event:					
2 4-11 1 2 25					

3 day boat race with 3 different classes racing. A Detroit tradition since 1916.

Begin Set-up Date 08/19/2019	Time:7 am	Complete Set-up Date: 8/22/2019	Time:5 pm
Event Start Date:08/23/2019	Time8 am	Event End Date: 08/25/2019	Time:7 pm
Begin Tearing Down Date:08/25/2	2019	Complete Tear Down Date: 08/29	2019
Event Times (If more than one day, gi /23/2019 8am-7pm, 8/24/2	ve times for each o 2019 8am-7p	day): om, 8/25/2019 8am-7pm	
	Sadan 2 14	OCATION/SITE INFORM/	TION
Location of Event: Detroit River		OCATION/SITE INFORMA	ATION
Facilities to be use(Check) Stree		Sidewalk Pa	rk 🗸 City
Facility Please attach a copy of Port-a-John, S inticipated layout of your event includ		ergency Medical Agreements as well as:	a site plan which illustrates the
Public entrance and exit Location of merchandising booths		-Location of First Ai -Location of fire lan	-
Location of food booths Location of garbage receptacles		-Proposed route for -Location of tents ar	walk/run
Location of beverage booths Location of sound stages		-Sketch of street clor -Location of bleache	sure
Location of hand washing sinks Location of portable restrooms		-Location of press at -Sketch of proposed	ea
•	ompted to		ts upon submitting this form
	Sec	tion 4- ENTERTAINMENT	
Describe the entertainment for this ye	ar's event:		
DD based on available but	daat in the C	pring	
BD based on available bud	uget in the 5	pring	
Vill a sound system be used?	Yes $\square$ N	0	
yes, what type of sound system? TB	D	Salling and	
	ertainment and/or	music:	
escribe specific power needs for ente			
describe specific power needs for ento Generators			

Name of vendor providing general	tors:		
Contact Person: TBD			
Address:		Phone:	
City/State/Zip			
	Section 5- SALES INF	ORMATION	
Will there be advanced ticket sales? If yes, please describe:	Yes No		
Will there be on-site ticket sales?  If yes, list price(s):	Yes No		
Will 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:			
Event T shirts, hats, progra	ams and pins		
Section	6- PUBLIC SAFETY & PAR	KING INFORMATION	
Name of Private Security Company:			
Contact Person: Fred Schwartz			
Address:		Phone 586-994-2888	
City/State/Zip:			
Number of Private Security Personnel     0 to 25	Hired Per Shift:		
Are the private security personnel (chea	ck all that apply):		
[ ] Licensed	[ ] Armed	[ ] Bonded	
How will you advise attendees of park Signage	ing options?		<del>-</del>

# Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? 103 year tradition, Belle Isle free, money spent in SE Michigan

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

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

Section	Q.	TAXZ	CONTRACT	CERT	TID
Seamon	A				

Complete the appropriate categories that apply to the event Structure

How Many? Size/Height

Booth TBD

Tents (enclosed on 3 sides) TBD

Canopy (open on all sides) TBD

Staging/Scaffolding TBD

Bleachers TBD

## Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Bob Dickerson, Universal-Macomb Ambukance

Address: 37583 Mound

City/State/Zip: Sterling Heights, MI 48310

Name of company providing port-a-johns. Parkway Services

Contact Person: Steve

Address: 2876 Tyler Phone: 734-482-7633

City/State/Zip: Ypsilanti, MI 48198

Name of private catering company? Andiamo's Catering

Contact Person: Stewart Davison

Address: 1490 Premier Drive Phone: 248-643-6000

City/State/Zip: Troy, MI 48084

#### 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	a for closure.	
STREET NAME: Burns Street		
FROM: Jefferson Avenue	TO: Detroit River	
CLOSURE DATES: 8/22/2019		
REOPEN DATE; 8/26/2019	TIME:	
STREET NAME:		
FROM:		
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:		
CLOSURE DATES:	BEG TIME;	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:		
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

uic	City of Delfoit.
Geographic and a second	all grant da Sanniera Deca mus
1	m Mare.
0/	Mark Weber

01/14/2019

Signature of Applicant

Date

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

#### HOLD HARMLESS AND INDEMNIFICATION

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

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

Event Name: 2019 De	etroit Hydrofest	Event
Date:01/14/2019		
Event Organizer: Detroit riverfront Eve	The state of the s	
Applicant Signature: Date: 01/14/2019	Mark Weber  Key asstatististestääneatystestässättä	

d

June 14, 2019

#### HONORABLE CITY COUNCIL:

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

3034871

100% City Funding – To Provide Fleet Tools and Diagnostic Equipment. – Contractor: Snap-On Industrial a Division of IDSC Holdings, LLC – Location: 2801 80<sup>th</sup> Street, Kenosha, WI 53143 – Contract Period: Upon City Council Approval through September 28, 2019 – Total Contract Amount: \$64,322.84. **GENERAL SERVICES** 

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

RV (	COUNCIL	<b>PRESIDENT</b>	PRO TEM	SHEFFIELD
------	---------	------------------	---------	-----------

**RESOLVED**, that Contract No. 3034871 referred to in the foregoing communication dated June 14, 2019, be hereby and is approved.



June 14, 2019

#### HONORABLE CITY COUNCIL:

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

3035056

100% City Funding – To Provide Fleet Tools and Diagnostic Equipment. – Contractor: AVE Office Supplies – Location: 25325 Shiawassee Cir., #203, Southfield, MI 48033 – Contract Period: Upon City Council Approval through September 28, 2019 – Total Contract Amount: \$49,716.00. GENERAL SERVICES

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

# BY COUNCIL PRESIDENT PRO TEM \_\_\_\_\_SHEFFIELD

**RESOLVED,** that Contract No. 3035056 referred to in the foregoing communication dated June 14, 2019, be hereby and is approved.



June 14, 2019

#### HONORABLE CITY COUNCIL:

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

6000531

100% City Funding – AMEND 1– To Provide Plumbing Services on behalf of GSD. – Contractor: Ben Washington and Sons Plumbing & Heating, Inc. – Location: 7116 Tireman St., Detroit, MI 48204 – Contract Period: Upon City Council Approval through February 27, 2020 – Contract Increase: \$250,000.00 – Total Contract Amount: \$1,750,000.00. GENERAL SERVICES

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM \_\_\_\_\_SHEFFIELD

**RESOLVED**, that Contract No. 6000531 referred to in the foregoing communication dated June 14, 2019, be hereby and is approved.



June 14, 2019

### HONORABLE CITY COUNCIL:

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

6002108

100% City Funding – To Provide an Assessment and Analysis of Community Needs for Programing in the Recreation Department. – Contractor: Pros Consulting, Inc. – Location: 201 S. Capital Ave., Ste. 505, Indianapolis, IN 46225 Contract Period: Upon City Council Approval through December 31, 2020 – Total Contract Amount: \$138,380.00. GENERAL SERVICES

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY	COUNCIL	<b>PRESIDENT</b>	PRO '	TEM	SHEFFIELD

**RESOLVED**, that Contract No. 6002108 referred to in the foregoing communication dated June 14, 2019, be hereby and is approved.

June 14, 2019

#### HONORABLE CITY COUNCIL:

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

6002143

100% City Funding – To Provide Armed Security at the State Fairgounds on Behalf of GSD. – Contractor: H & P Protective Services, Inc. – Location: 400 Renaissance Ctr., Ste. 2600, Detroit, MI 48243 – Contract Period: Upon City Council Approval through May 11, 2020 – Total Contract Amount: \$342,160.00. **GENERAL SERVICES** 

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM SHEFFIELD	DI COUNCILI RESIDENTI INO TENI SHEFFIELD
--	--

**RESOLVED,** that Contract No. 6002143 referred to in the foregoing communication dated June 14, 2019, be hereby and is approved.

June 14, 2019

#### HONORABLE CITY COUNCIL:

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

6002187

100% City Funding – To Provide Fire Boat Maintenance and Repair Services, Labor and/or Parts. – Contractor: R & R Fire Truck Repair, Inc. – Location: 751 Doheny Drive, Northville, MI 48167 – Contract Period: Upon City Council Approval through June 30, 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. 6002187 referred to in the foregoing communication dated June 14, 2019, be hereby and is approved.



June 14, 2019

#### HONORABLE CITY COUNCIL:

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

6002190

REVENUE – To Provide Event Parking at Certain Areas of 20110 Woodward, and 19021 Woodward. – Contractor: Rocket Giving Fund – Location: 1 Woodward, Detroit, MI 48226 – Contract Period: Upon City Council Approval through July 31, 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. 6002190 referred to in the foregoing communication dated June 14, 2019, be hereby and is approved.



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

June 10, 2019

Honorable City Council;

Re: Authorization to accept a donation of park improvements from 15<sup>th</sup> Street Block Club Association for Crockett Park.

Detroit General Services Department is requesting authorization of your Honorable Body to accept a donation of park improvements from the 15<sup>th</sup> Street Block Club Association to install a bike repair station and bike rack at Albert and Florence Crockett Park. The bike repair station has an estimated value of \$1750.00.

Park improvements are made possible through a micro grant awarded to the 15<sup>th</sup> Street Block Club Association offered by the League of Michigan Bicyclists. The grant funding will be used to purchase the necessary equipment and install the bike repair station and bike rack.

We respectfully request your authorization to accept a donation of park improvements from the 15<sup>th</sup> Street Block Club Association by adapting the attached resolution with a Waiver of Reconsideration

Sincerely,

Janet Anderson

Director



## Resolution

Council Member	
Whereas, Detroit General Service	s Department is requesting authorization to accept a donation

Whereas, Detroit General Services Department is requesting authorization to accept a donation of park improvements from the 15<sup>th</sup> Street Block Club Association to install a bike repair station and bike rack with an estimated value of \$1750.00

**Resolved,** Detroit General Services has authorization to accept a donation of park improvements from the 15<sup>th</sup> Street Block Club Association to be installed at Albert and Florence Crockett Park.

# Improvement Authorization Form

Page 1

# **APPLICANT SECTION**

Requesting Organization Name: 15th St. Block Club Association	Today's Date: <u>5/16/2019</u>		
Contact Name: Cherrie Seay	DPRD Property Name: Albert and Florence Crockett Park		
Phone: 313 808 4419	Property Address: 14th and Marquette Streets		
Email: csay_2000@yahoo.com	Location within the Property: SE corner of the park		
Address: 6069 15th St., Detroit, MI 48208			
Improvement Type:			
■ Park	Physical Improvement		
Facility (ie Rec Center)	■ Not-Art → fill out Donation Letter □ Art → fill out Art Donation Letter		
☐ Maintenance → fill out SLA Letter			
Improvement Project Description:			
(Please specify if any listed funding are for an event / program, or not for a permanent, physical improvement.)			
installation of bike repair station and bike rack			
Estimated Value of Improvement: \$1750			
Estimated value of improvement.			
By submitting this request I/We/Our Organization agree(s) to abide by all rules and policies of the City of Detroit and the General Services Department, Parks and Recreation Division. I/We also agree that all information submitted in this Park Improvement Authorization Form is true and accurate to the best of my/our knowledge and I/We hereby request that the Parks and Recreation Division consider my/our Project 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 and/or the City of Detroit by reason of or resulting from my/our use of the DPRD Property named above and construction of this Project as described herein.  Signature:  Date: 5/16/2019			
Print Name: Cherrie Seay			
Organization on behalf of: 15th Street Block Club Association			

## **GSD STAFF SECTION**

Asset Information:		
DPRD Property Number: 3/2	Asset Life Cycle: 5tucces	
DPRD Property Number	Asset Life Cycle: 5+ years  Decommission Cost:	
Asset Value: # 2, 150	Decommission Cost:	
1		
Maintenance Information:		
GSD Maintenance Requirements: None	GSD Operations Requirements: PDu to	
	install bike repair station &	
	bike rack; David Sumners	
	Confirmed	
GSD Project Coordinator: Rays Part Date: 5/28/19		
Authorization:		
☐ Project Denied		
Project Approved as Submitted		
Project Approved with Changes:		
9		
*Approved by GSD Director: January 10 *Requesting Group shall not have approval to make the requesting General Services Department Director		



# **LEAGUE OF MICHIGAN BICYCLISTS**

410 S. Cedar St - Suite A, Lansing, MI 48912 | www.LMB.org

May 17, 2019

Jan Anderson, Director
Detroit Parks and Recreation Division
General Services Department
18100 Meyer Rd
Detroit, MI 48235

The League of Michigan Bicyclists (LMB) is proud to award the 15th Street Block Club with one of our 2019 Micro-Grants.

On May 22 in Lansing, the 15th Street Block Club will receive a brand-new bike repair station from DUO-Gard. DUO-Gard is headquartered in Canton, MI and is a leading innovator in high-performance translucent walls and strategies, illuminated walls and ceilings, as well as custom canopies, shelters and outdoor structures. We will also present leaders of the Club with a check for \$500 to help pay for designated bike parking/bike rack at the park.

In their grant application, organizers described their project for improving and restoring the park at Marquette and 14th. Having "bicycling amenities, in this location will bring a livelier and inviting space... **Our neighborhood will be greatly improved** when the park becomes a location for wholesome and positive activities." -Winnie Kidd, President of the 15th Street Block Club Association

We couldn't agree more. And we are excited to watch how this LMB micro-grant helps the 15th Street Block Club revitalize their neighborhood.

As a contingency for accepting grant dollars and in-kind gifts, we have asked the 15th Street Block Club to **acknowledge LMB by placing one of our Micro-Grant stickers on the station and the bike rack**. We also have asked members of the 15th Street Block Club to share pictures, stories, and updates about how the grant gift is having an impact on the community.

Thank you,

Jason Craner

LMB Development Director



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

May 29, 2018

Honorable City Council;

Re: Authorization to accept a donation of park improvements from the Sierra Club for Scouts Hollow camp ground at Rouge Park.

Detroit General Services Department requests authorization from your Honorable Body to accept a donation of park improvements to include the purchase and installation of materials to improve the access road and parking area for Scouts Hollow camp ground. The estimated cost of \$5,000.00 will be borne by the Sierra Club.

Installation of the park improvements will be complete by May, 2019. The Sierra Club has worked with community representatives and the General Services Department to ensure the improvements are desired. Park improvements will increase the durability of the parking lot for the Scouts Hollow camp ground.

We respectfully request your authorization to accept this donation of park improvements with a Waiver of Reconsideration

Sincerely

LaJuan Counts
Deputy Director



#### Resolution

Council Member	
----------------	--

Whereas, the General Services Department is requesting authorization to accept a donation of park improvements from the Sierra Club; for the Scouts Hollow camp ground located at Rouge Park.

Whereas, the estimated value of \$5,000.00 will be borne by the Sierra Club. Improvements consists of the purchase and installation of materials to improve the access road and parking area utilized for the Scouts Hollow camp ground.

**Resolved**, the General Services Department is authorized to accept a donation of park improvements from the Sierra Club; to be installed at Scouts Hollow inside Rouge Park.

# Improvement Authorization Form

Page 1

APPLICANT SECTION

Requesting Organization Name: Sieca Club	Today's Date: 4-18-19
Contact Name: Garrett Dempsey	DPRD Property Name: Rouge Pour K
Phone: 510-381-1472	Property Address:
Email: Garrett. Dempsay @ Sierraclub. 059	Location within the Property: Scout Hollow
Address: 2727 2nd AVE, Detroit M14820	
Suto 117.	
Improvement Type:	MRh. rainel Improvement
Park	Physical Improvement  Not-Art   fill out Donation Letter
☐ Facility (ie Rec Center)	☐ Art ———————————————————————————————————
	☐ Maintenance → fill out SLA Letter
Improvement Project Description:	
(Please specify if any listed funding are for an event / program	m, or not for a permanent, physical improvement.)
Project will improve access roo	of and horking med 401 - con.
Hollow camping area, Project will	retresh gravel covering ana
improve sections showing wear	from ase portable 10, 197
staging in parking area will	also be improved where
leveling and wooden decking u	nder portable tollets.
Estimated Value of Improvement: 5,	000
By submitting this request I/We/Our Organization agree(s) to the General Services Department, Parks and Recreation Division Park Improvement Authorization Form is true and accurate request that the Parks and Recreation Division consider my/expense to defend, indemnify, save and hold harmless the Coand from any and all liabilities, obligations, damages, penaltic without limitation, fees and expenses of attorneys, expert with upon, incurred by or asserted against myself/us and/or the Coand of the DPRD Property pamed above and construction of this Signature:	rision. I/We also agree that all information submitted in late to the best of my/our knowledge and I/We hereby our Project for approval. I/We agree at my/our own city of Detroit, its officers, employees and agents against es, claims, costs, charges, and expenses (including thesses and other consultants) which may be imposed city of Detroit by reason of or resulting from my/our use
Print Name: CONTETT DOMPSO	14
Organization on behalf of: Sierra Club	

# **GSD STAFF SECTION**

Asset Information:  DPRD Property Number: 149  Asset Value: 58,000	Asset Life Cycle: 5+ years  Decommission Cost:	
Maintenance Information:		
GSD Maintenance Requirements: Not be to	GSD Operations Requirements:	
maintained by staff	7	
	8	
GSD Project Coordinator: Raysh Jank	Date: <u>5/7/19</u>	
Authorization:	•	
☐ Project Denied		
Project Approved as Submitted		
Project Approved with Changes:		
2		
*Approved by GSD Director: Sanet and Services Department Director  *Requesting Group shall not have approval to make the requested park improvement without the approval of the General Services Department Director		

Jan Anderson, Director Detroit Parks and Recreation Division General Services Department 18100 Meyer Rd Detroit, MI

Dear Ms. Anderson,

On behalf of the Sierra Club, I am writing to offer our full assistance in purchasing and installing materials to improve the access road and parking area of the Scout Hollow campground in Rouge Park. This work will increase the durability of these existing areas in Scout Hollow and it will also improve the area where portable toilets are currently located. The costs, approximately \$5,000 are being borne by the group mentioned above. These improvements will take place on May 18, 2019. We have worked with community representatives to ensure these improvements are desired. Our organization works closely with the Detroit Parks and Recreation Department to help community groups access and utilize the Scout Hollow campground space and to maintain this site throughout the summer.

Thank you for your time and consideration.

hu long

Sincerely,

Garrett Dempsey

Program Director
Sierra Club and Detroit Outdoors



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

May 29, 2018

Honorable City Council;

Re: Authorization to accept a donation of artwork from the Viola Liuzzo Park Association

Detroit General Services Department requests authorization from your Honorable Body to accept a donation of artwork from the Viola Liuzzo Park Association to be placed inside Viola Liuzzo Playground. Park improvements consists of purchasing and installing a commemorative statue of Viola Liuzzo; this has an estimated value of \$60,000.00.

Installation of the statue will be June 2019. The organization has worked with community representatives and the General Services Department to ensure the improvements are desired. Once installed the statue will be maintained by the General Services Department.

We respectfully request your authorization to accept a donation of artwork with a Waiver of Reconsideration

Sincerely,

LaJuan Counts Deputy Director



### Resolution

Council Member	

Whereas, the General Services Department is requesting authorization to accept a donation of artwork to be placed inside Viola Liuzzo Playground.

Whereas, the estimated value of \$60,000.00 will be borne by the Viola Liuzzo Park Association. The General Services Department will assist with the installation. The art installation will be complete June, 2019.

**Resolved,** the General Services Department is authorized to accept a donation of art work from Viola Liuzzo Park Association to be installed at Viola Liuzzo Playground.



# Improvement Authorization Form

Page 1

# **APPLICANT SECTION**

APPLICANT SECTION		
Requesting Organization Name: Viola Liuzzo Park Association Date:01/28/19		
Contact Name: Julie Hamilton	DPRD Property Name: Viola Liuzzo Playgrour	
Phone: 248-549-4197	PropertyAddress: Winthrop/Trojan	
Email:jhamiltonpc@gmail.com	Location within the Property:Entrance	
Address: 4625 Leafdale Ave, Royal Oak, MI 48073		
Improvement Type:		
TPark	☐ Physical Improvement	
Facility (ie Rec Center)	☐ Not-Art ————————————————————————————————————	
Tracinty (le rec ochier)	☐ Maintenance → fill out SLA Letter	
Improvement Project Description:	_	
(Please specify if any listed funding are for an event / program, or not for a permanent, physical improvement.)  Life size bronze statue of Viola Liuzzo, approximately 8' fall . Funded by VLPA.		
Permenant installation Approved by the Liuzzo family and VLPA Board.  Mcludup engreed plurarial pe: Mrs. Liuzzo  Artist - Austen Brantley - Sculfule will be installed on a afantitude		
base (3x3)-GANITE LOW will have a metal Plaque with viola Livros biography-		
Estimated Value of Improvement:	APPROX 60,000.00	
By submitting this request I/We/Our Organization agree(s) to the General Services Department, Parks and Recreation Divitins Park Improvement Authorization Form is true and accurate request that the Parks and Recreation Division consider my/expense to defend, indemnify, save and hold harmless the Cand from any and all liabilities, obligations, damages, penalt without limitation, fees and expenses of attorneys, expert will upon, incurred by or asserted against myself/us and/or the Coff the DPRD Property named above and construction of this Signature:	wision. I/We also agree that all information submitted in ate to the best of my/our knowledge and I/We hereby /our Project for approval. I/We agree at my/our own City of Detroit, its officers, employees and agents against ties, claims, costs, charges, and expenses (including itnesses and other consultants) which may be imposed City of Detroit by reason of or resulting from my/our use is Project as described herein.  Date: 2/26/19	
Organization on behalf of: Vt o Ca Ciuz	20 Park ASSOCIATION	

# **GSD STAFF SECTION**

Asset Information:  DPRD Property Number: 46  Asset Value: \$60,000.00	Asset Life Cycle: Long term (Per AHIST)  Decommission Cost: 5 1000	
Maintenance Information:  GSD Maintenance Requirements:  HO maintenance - Wash every  Lew years if needed.	GSD Operations Requirements: GSD will help in stall the sculpture ather Fark with Parks developments help.	
GSD Project Coordinator:	Date: 4-30-2019	
Authorization:  ☐ Project Denied  ☐ Project Approved as Submitted ☐ Project Approved with Changes:		
*Approved by GSD Director: Date:		

Jan Anderson, Director
Detroit Parks and Recreation Department
18100 Meyer Rd
Detroit, MI

Dear Ms. Anderson,

On behalf of the Viola Liuzzo Park Association, I am writing to offer our full assistance in purchasing Viola Liuzzo Statue at entrance in Viola Liuzzo Playground. The costs, approximately 60,000.00 are being borne by the group mentioned above. The City of Detroit, General Services Department will assist with the installation of the statue. These improvements will take place on June 2019. We have worked with community representatives to ensure these improvements are desired. The Department of Detroit Parks and Recreation will maintain the statue, to maintain this site throughout the summer.

Thank you for your time and consideration.

w.a.m.Johan

Sincerely,

Mr. Artis Johnson

**Board President** 

Viola Liuzzo Park Association

# Viola Fauver Gregg Liuzzo

(April 11, 1925 - March 25, 1965)

Viola Liuzzo – a working-class wife, mother, Wayne State University student, and member of the NAACP – had a long history of helping anyone who was suffering or treated unfairly. She lived in Detroit, Michigan, with her children, Penny, Mary, Anthony, Tommy, and Sally; and husband, Anthony Liuzzo.

In March 1965, Mrs. Liuzzo heeded Martin Luther King, Jr.'s plea for help after Bloody Sunday, the infamous day when black citizens in Alabama were brutally beaten by police as they tried to march from Selma to Montgomery to register to vote. After arranging with her closest friend, Sarah Evans, to help care for her children during a brief absence, Mrs. Liuzzo drove to Selma and participated in the successful "Selma to Montgomery Freedom March" and assisted with coordination and logistics. However, she never made it home. On March 25, 1965, while driving back to Selma with a young, fellow activist, Mrs. Liuzzo was assassinated in Lowndes County, Alabama by members of the Ku Klux Klan. She was only 39 years old. Her murder helped spur passage of the Voters Rights' Act in August 1965. Her decision and her extraordinary act of human decency and kindness defined her as a wife, mother, friend, and human being. Her courage has inspired songs, documentaries, books, action, and hope for generations. Viola Fauver Gregg Liuzzo: we thank you.

The Viola Liuzzo Playground was dedicated to her by the City of Detroit on July 1, 1982 out of gratitude for her courage and bravery. In 2015, the Viola Liuzzo Park Association formed to assist in the redesign of the playground and educate the community about Mrs. Liuzzo's courage and struggle for civil and human rights.

The Viola Liuzzo Park Association