

Referrals  
6/18/19

**PUBLIC HEALTH  
AND SAFETY  
STANDING  
COMMITTEE**

16

# MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 907 Event Name: Detroit City Distillery Street Party

Event Date: June 30, 2019

Street Closure: Riopelle Street

Organization Name: Detroit City Distillery

Street Address: 2462 Roipelle Street Detroit, MI

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

Event Elements (check all that apply):

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

## Petition Communications (include date/time)

Detroit City Distillery will close Riopelle Street between Winder & Fisher Service Drive for their celebration of a new product from 9:00am - 11:00pm.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Eastern Market Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Health License Required

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

**MAYOR'S OFFICE**

Signature: Bethanie Kuskei

Date: June 5, 2019

Janice M. Winfrey  
City Clerk

City of Detroit  
OFFICE OF THE CITY CLERK

Caven West  
Deputy City Clerk/Chief of Staff

## DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, June 5, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

**907**    *Detroit City Distillery, request to hold "Detroit City Distillery Street Party" on Riopelle between Winder and Fisher Service Dr. on June 30, 2019 from 9:00 AM to 11:00 PM with a temporary closure of Riopelle from Winder to Fisher Service Dr.*

## City of Detroit Special Events Application

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

### Section 1- GENERAL EVENT INFORMATION

Event Name: Detroit City Distillery street party  
 Event Location: Riopelle St Between Winder & Fisher Service Dr

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit City Distillery  
 Organization Mailing Address: 2462 Riopelle St, Detroit, MI 48207  
 Business Phone: 313-338-3760 (313-610-0655 cell) Business Fax:  
 Federal Tax ID # 46-1114350

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

Applicant Name: Michael Forsyth  
 Title/Role: Partner + Founder  
 Email Address: forsyth@detroitcitydistillery.com  
 Mailing Address: 2462 Riopelle St Detroit, MI 48207  
 Business Phone: (313) 610-0655 Business Fax:  
 Event On-Site Contact Person: Michael Forsyth  
 Mailing Address: 2462 Riopelle St  
 Business Phone: 313-610-0655 Business Fax:

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

List Event Sponsors:

### Event Elements (check all that apply)

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

Provide a brief description of your event:

This is a very similar set up to what we do for Eastern Market After Dark but smaller scale

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

Begin Set-up Date & Time: 6/30 9am Complete Set-up Date & Time: 6/30 12p

Event Start Date & Time: 6/30 9am Event End Date & Time: 6/30 11p

Begin Tearing Down Date: 6/30 11pm Complete Tear Down Date: 6/30/19 12a

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

Is this the first time you have held this event in the City of Detroit?

Yes ☒ No

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

4 years (Eastern Market After Dark)

When was the event last held in Detroit?

Sept 2018

Where was the event last held in Detroit?

Same as proposed

What were the hours last year?

Project Attendance This Year (Minimum - Maximum)?

200 - 400

What is the basis for your projected attendance?

last years attendance

Please describe your anticipated/ target audience:

Is this going to be an annual event?

☒ Yes ☐ No

If yes, do you have a preferred/proposed for next year?

Not yet, likely in June though

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

☐ People

☐ Balloons

☐ Floats

☐ Animals

☐ Vehicles

☐ Other:

N/A

☐ Bands

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

N/A

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

### Section 3- LOCATION/SITE INFORMATION

Location of Event: Riopelle st between Winder + service (outside our distillery)

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

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

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

### Section 4- ENTERTAINMENT

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

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

Describe the entertainment for this year's event: DJ & outdoor bar

List proposed entertainers and/or bands performing at the event: to be determined

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? TBD

☐ Acoustic-audible, sound heard within natural range

☒ Amplified-augmented, sound increased to broaden range

The amplified sound will be used: Small DJ set up, nothing big

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

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

- |   |                                   |  |
|---|-----------------------------------|--|
| <input checked="" type="checkbox"/> Live DJ | <input type="checkbox"/> Recorded | <input type="checkbox"/> Karaoke/Lip-synch |
|---|-----------------------------------|--|

Describe specific power needs for entertainment and/or music: Power from inside

How many generators will be used? No

How will the generators be fueled? N/A

Name of vendor providing generators:

Contact Person: N/A

Address:

Phone:

City/State/Zip:

### Section 5- COMMUNICATION/ADVERTISING STRATEGY

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

- ☐ Radio (Specify stations):
- ☐ Television (Specific stations):
- ☐ Newspapers (specify papers):
- ☐ Web site (identify web address):
- ☐ Public Relations or Marketing Firm (Specify):

Word of mouth  
social media

Contact Info:

☐ Raffle (List Item(s)):

☐ Billboards

☐ Flyers

☐ Street Banners

☐ Other (specify):

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

### Section 6- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe:

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

If yes, list price(s):

Will food be sold? ☐ Yes ☒ No

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

Will merchandise be sold? ☐ Yes ☒ No

If yes, describe:

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

If yes, describe:

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

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

- ☒ Food ☐ Merchandise
- ☐ Non-Alcoholic Beverages ☒ Alcoholic Beverages

☐ Other (specify):

Indicate type of items to be sold:

Cocktails + food sold under  
existing licenses  
Bus 2015 00274 (city) 239432-2014 (state)



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

### Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person:

Address:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

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

☒ Licensed

☐ Armed

☐ Bonded

Describe the emergency evacuation plan:

Describe the parking plan to accommodate anticipated attendance:

How will you advise attendees of parking options?

Are you seeking a group parking rate?

### Section 8- COMMUNITY IMPACT INFORMATION

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

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

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

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

### Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many?

Size/Height

Booth

Tent (enclosed on 3 sides)

We have 6-8 orange traffic barrel & 2-4 traffic barricades for Riopelle Street closure

Canopy (open on all sides)

Ø

Staging/Scaffolding

Ø

Bleachers

Ø

Company:

Grill

☐ Gas

☐ Charcoal

☐ Electrical

☐ Propane

Fireworks (Pyrotechnics)

☐ Aerial

☐ Stage

N/A

Provide Sketch:

Portable Restrooms:

☐ Standard

☐ ADA Accessible

Vehicles

N/A

Type/Weight:

Other:

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

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

N/A

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

N/A

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

N/A

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: Waste Management

Address: 1550 Harper

Phone: 313-462-0163

City/State/Zip: Detroit, Mi 48211

Name of company providing emergency medical services?

Contact Person:

Address: See Eastern Market App

City/State/Zip:

Name of company providing porta-johns.

Contact Person:

Address:

N/A

Phone:

City/State/Zip:

Name of private catering company?

Contact Person:

Address:

N/A

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

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

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

STREET NAME: Riopelle

FROM  
TO

Winder  
Fisher Service Drive

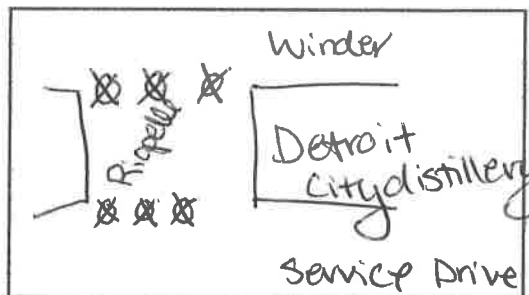
Closure Dates:

Beg. Time:

End Time:

Reopen Date:

Time:



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

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

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

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

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

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

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

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

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

**Requested City Equipment**

**Provided In:** \_\_\_\_\_ (year) None. We have our own

**Current Request:** \_\_\_\_\_ (year) \_\_\_\_\_

**Street Closures:**

☐ Posting no parking signs

☐ Light pole

☐ Electrical Services

☐ Storage for Trailers/Trunks

**Barricades are not available from the City of Detroit.**

**ADDITIONAL INFORMATION**

Is there any additional information that you feel is important to mention regarding your event or additional requests?

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

#### AUTHORIZATION & AFFADAVIT OF APPLICANT

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

Signature of Applicant

Date

5.24.19

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.



### Temporary Authorization Application

(For MLCC Use Only)

(Authorized by R 436.1023(2),(3), R 436.1403(2), R 436.1407, and R 436.1419)

**\*\*\*This application, all required documents, and a \$70.00 inspection fee must be submitted at least ten (10) days in advance of your event for your request to be considered by the Commission.\*\*\***

#### Part 1 - Licensee Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it is filed with the State of Michigan Corporation Division.

Licensee name(s): Detroit City Distillery		
Address: 2462 Riopelle ST		
City: Detroit		Zip Code: 48207
Contact name: Michael Forsyth	Phone: (313) 610-0655	Email: Forysth@detroitcitydistillery.com

☒ \$70.00 Inspection Fee - Make Check Payable to State of Michigan MLCC Use - Fee Code 4037

#### Part 2 - Temporary Authorizations Available

A licensee may request up to twelve (12) daily authorizations for each type of temporary authorization in a calendar year. A conditional licensee is not eligible for a temporary permit pursuant to MCL 436.1525(6). Select all that apply to this application:

<input checked="" type="checkbox"/> Temporary Outdoor Service Permit - Complete Parts 3, 8, and 9	<input checked="" type="checkbox"/> Temporary Extended Hours Permit - Complete Parts 6 and 9
<input type="checkbox"/> Temporary Dance Permit - Complete Parts 4 and 9	<input type="checkbox"/> Temporary Specific Purpose Permit - Complete Parts 7, 8, and 9
<input checked="" type="checkbox"/> Temporary Entertainment Permit - Complete Parts 5 and 9	

#### Part 3 - Temporary Outdoor Service Permit Information

A Temporary Outdoor Service Permit requires a recommendation from the local law enforcement agency that has primary jurisdiction over the licensed premises. **The local law enforcement agency must complete Part 8 of this application.**

Date(s) of event: 6/30/2019	Describe event: We shut down the street for outdoor patio with cocktails
Date(s) of event:	Describe event:
Date(s) of event:	Describe event:
1. Check below if the event(s) listed above will include any of the following: <input type="checkbox"/> Dancing <input type="checkbox"/> Contests <input type="checkbox"/> Tournaments <input type="checkbox"/> Classic Cars <input type="checkbox"/> Motorcycles <input type="checkbox"/> Concerts <input type="checkbox"/> Festivals	
2. List the exact dimensions of the proposed area: *Submit a diagram of the outdoor area with application* 30 feet X 44 feet = square feet Width Length	
3. Describe type and height of the barrier that will be used to enclose the area: type III barricades	
4. Will the proposed outdoor service area be connected to the licensed premises? <input checked="" type="radio"/> Yes <input type="radio"/> No If No, what is the distance from the licensed premises to the proposed area? feet	
5. Is the entrance/exit point(s) for the proposed area through the licensed premises? <input checked="" type="radio"/> Yes <input type="radio"/> No	
6. Are there any dedicated streets or intervening property between proposed area and the licensed premises? <input type="radio"/> Yes <input checked="" type="radio"/> No	
7. Describe type of security that will be used for event(s) and how it will be utilized to secure and monitor to prevent sales to minors and visibly intoxicated persons:	

**Part 3 Continued - Temporary Outdoor Service Permit Information**

8. Is the location of the proposed area owned, rented, or leased by the licensee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If No, submit a lease or written permission which grants the licensee the use of the proposed area. <b>*Submit written permission from a city, township, or village if the proposed area is located on municipally-owned property*</b>	
9. Is the proposed area located in the same local governmental unit as the licensed premises?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If No, please explain:	
10. Does the licensee currently hold an Additional Bar Permit that will be utilized in the proposed area?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, the licensee will be restricted to providing only table service in the proposed area unless a new Additional Bar Permit has been requested by the licensee and approved by the Commission. <i>This requirement applies only to Class C or B-Hotel licenses.</i>	

**Part 4 - Temporary Dance Permit Information**

<ul style="list-style-type: none"> <li>Licensees that currently hold a Dance Permit at the licensed premises <u>do not</u> need to request a Temporary Dance Permit for dancing in a Temporary Outdoor Service area.</li> <li>The dance floor must be at least 100 square feet, be clearly marked, and shall not have tables, chairs, or other obstacles on the dance floor while customers are dancing.</li> </ul>
1. List the dates requested for a Temporary Dance Permit:

**Part 5 - Temporary Entertainment Permit Information**

<ul style="list-style-type: none"> <li>Licensees that currently hold a Entertainment Permit at the licensed premises <u>do not</u> need to request a Temporary Entertainment Permit for entertainment in a Temporary Outdoor Service area.</li> <li>A Temporary Entertainment Permit does not allow for topless activity on the licensed premises.</li> </ul>	
1. List the dates requested for a Temporary Entertainment Permit:	6/30/2019
2. Describe the type of entertainment provided:	DJ
3. Will the entertainment provided under the Temporary Entertainment Permit include a contest with prizes totalling over \$250.00 in retail value?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If Yes, the licensee must complete Form LCC-207 and submit with this application. No alcoholic beverages may be used as part of any contest or as a prize for a contest. No licensee may provide anything of value from another licensee without prior Commission approval.	

**Part 6 - Temporary Extended Hours Permit Information**

<ul style="list-style-type: none"> <li>Licensees that currently hold an Extended Hours Permit in conjunction with a Dance or Entertainment Permit at the licensed premises <u>do not</u> need to request a Temporary Extended Hours Permit for use with a Temporary Outdoor Service area.</li> </ul>	
1. Select the permit type that requires a Temporary Extended Hours Permit*: <input type="checkbox"/> Dance Permit <input checked="" type="checkbox"/> Entertainment Permit	
2. List the dates and hours requested for a Temporary Extended Hours Permit:	6/30 from 9a-11pm

**Part 7 - Temporary Specific Purpose Permit Information**

<ul style="list-style-type: none"> <li>Licensees that currently hold a Specific Purpose Permit for an approved purpose at the licensed premises <u>do not</u> need to request a Temporary Specific Purpose Permit for the same purpose for use with a Temporary Outdoor Service Permit.</li> <li>A Temporary Specific Purpose Permit requires a recommendation from the local law enforcement agency that has primary jurisdiction over the licensed premises. The local law enforcement agency must complete Part 8 of this application.</li> </ul>
1. Indicate the activity that requires extended hours* (e.g. food service):
2. List the dates and hours requested for a Temporary Specific Purpose Permit:

**\*Hours of Operation**

Weekdays and Saturdays - Beer, wine, and spirits may be sold from 7:00 a.m. to 2:00 a.m. of the next day, provided that the sale of spirits is legal in the governmental unit where the license is desired.

Sundays - Legal hours of sale on Sundays are from 7:00 a.m. until 2:00 a.m. of the next day, provided the sale of alcoholic beverages on Sunday is legal in the governmental unit and the appropriate permit has been approved by the Commission and the permit has been issued.

**Part 8 - Local Law Enforcement Recommendation for Temporary Outdoor Service Permit and Temporary Specific Purpose Permit**  
The local law enforcement agency with primary jurisdiction over the event location must complete this section.

Name of law enforcement agency:		
Address of law enforcement agency:		
Phone number of officer:		Email of officer:
I certify that I have reviewed this application and recommend the approval of the Temporary Outdoor Service Permit or Temporary Specific Purpose Permit by the Michigan Liquor Control Commission.		
Print Name & Title of Reviewing Officer:	Signature of Reviewing Officer	Date

**Part 9 - Signature of Licensee**

If approved, the license shall not sell, or allow the consumption of alcoholic beverage outdoors, except in the defined area, under administrative rule R 436.1419.

If approved, the licensee shall provide service of alcoholic beverages in the outdoor area only by wait staff servicing the tables, unless the

Refrigeration trucks and/or trailers cannot include an alcoholic beverage logo and must be rented by the licensee from a non-wholesale company. If the refrigeration truck/trailer allows customer access to obtain alcoholic beverages, an Additional Bar Permit must be obtained unless an existing Additional Bar Permit will be utilized.

Pursuant to MCL 436.1525(6), a conditional license must only include any existing permits and approvals held in connection with the seller's existing license. A conditional licensee is not eligible for a temporary permit pursuant to MCL 436.1525(6).

Under administrative rule R 436.1003, the licensee shall comply with all state and local building, plumbing, zoning, sanitation, and health laws, rules, and ordinances as determined by the state and local law enforcements officials who have jurisdiction over the licensee. Approval of this application by the Michigan Liquor Control Commission does not waive any of these requirements. The licensee must obtain all other required state and local licenses, permits, and approvals for this business before using this license for the sale of alcoholic liquor on the licensed premises.

I certify that the information contained in this form is true and accurate to the best of my knowledge and belief. I agree to comply with all requirements of the Michigan Liquor Control Code and Administrative Rules. I also understand that providing false or fraudulent information is a violation of the Liquor Control Code pursuant to MCL 436.2003.

Submit this application, all required documents, and a \$70.00 inspection fee at least ten (10) days in advance of your event for your request to be considered by the Commission. Make check payable to State of Michigan.

Print Name of Licensee & Title

Signature of Licensee

Date

Please return this completed form along with corresponding documents and fees to:

Michigan Liquor Control Commission

Mailing address: P.O. Box 30005, Lansing, MI 48909

Hand deliveries or overnight packages: Constitution Hall - 525 W. Allegan, Lansing, MI 48933

Fax to: 517-284-8557





Michigan Department of Licensing and Regulatory Affairs  
Finance and Administrative Services  
Revenue Services

LARA Revenue Services **is not** a part of  
the Michigan Liquor Control  
Commission (see note below).

### Credit Card Authorization Form

**\*\* FAX COMPLETED FORM TO SECURE FAX LINE: 517-284-8557 \*\***

**\*\* DO NOT EMAIL OR MAIL THIS FORM \*\***

*Requests with credit card payments that are not faxed to the above secure fax line will be destroyed along with the credit card authorization in order to ensure the security of applicants' personal credit card numbers.*

**\*\*IF YOU ARE NOT SUBMITTING AN APPLICATION FORM WITH THIS CREDIT CARD AUTHORIZATION, YOU MUST PROVIDE AN ITEMIZATION OF THE FEES FOR WHICH YOU ARE SUBMITTING PAYMENT OR YOUR PAYMENT WILL NOT BE PROCESSED\*\***

Name: Theodora McKinney  
Address: 2462 Riopelle St  
City: Detroit  
State: MI  
Zip Code: 48207  
Phone: 734-545-3221

Transaction Amount: \$70.00

Card Number: 4246 3152 6836 9822

Check One:

☐ MasterCard

☒ Visa

☐ Discover

Security Code/CVV Code: 876

Expiration Date: 11/23

Applicant/Licensee Name: Detroit City Distillery  
Request or Business ID #: 233606

Payment is for:

4037 Fee Code

Theo McKinney  
Signature

**IF YOU ARE NOT SUBMITTING AN APPLICATION FORM WITH THIS CREDIT CARD AUTHORIZATION, YOU MUST PROVIDE AN ITEMIZATION OF THE FEES FOR WHICH YOU ARE SUBMITTING PAYMENT OR YOUR PAYMENT WILL NOT BE PROCESSED.**

**Credit Card Payment Itemization:**

Fee Type	Fee Amount	MLCC Fee Code
<input type="checkbox"/> Inspection Fee(s):		4036
<input type="checkbox"/> Special License Fee(s):		4008
<input type="checkbox"/> Temporary Authorization Fee:	<u>\$70.00</u>	4037
<input type="checkbox"/> License Renewal Fee(s):		4004
<input type="checkbox"/> Manufacturer License(s):		4038
<input type="checkbox"/> Wholesaler License(s):		4085
<input type="checkbox"/> New Retailer License(s):		4012
<input type="checkbox"/> Transfer Retailer License(s):		4034
<input type="checkbox"/> Conditional License		4012
<input type="checkbox"/> New Add Bar <input type="checkbox"/> Transfer Add Bar:		4012/4034
<input type="checkbox"/> Sunday Sales Permit (AM):		4033
<input type="checkbox"/> Sunday Sales Permit (PM):		4032
<input type="checkbox"/> Catering Permit:		4031

LARA Revenue Services **is not** a part of the Michigan Liquor Control Commission (MLCC). Receipt of payment and application forms by LARA Revenue Services does not constitute receipt of an application by the MLCC. **Applications submitted through LARA Revenue Services may take up to two (2) additional business days to be received by the MLCC after receipt by LARA Revenue Services.**

For requests that require a timely receipt of an application by the MLCC to be processed, such as Special Licenses and temporary requests, please ensure that your application will be received in adequate time to be processed by the MLCC after the payment is received and processed by LARA Revenue Services.



# MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 908 Event Name: Detroit City Distillery - Eastern Market After Dark

Event Date : September 19, 2019

Street Closure: Riopelle Street

Organization Name: Detroit City Distillery

Street Address: 2462 Riopelle Street Detroit, MI

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

Event Elements (check all that apply):

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

## Petition Communications (include date/time)

Detroit City Distillery will close Riopelle Street between Winder & Fisher Service Drive for their celebration during Eastern Market After Dark from 6:00pm - 2:00am.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Eastern Market Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Health License Required

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

**MAYOR'S OFFICE**

Signature: Bethanie Kushe

Date: June 5, 2019

Janice M. Winfrey  
City Clerk

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

Caven West  
Deputy City Clerk/Chief of Staff

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Wednesday, June 5, 2019*

*To: The Department or Commission Listed Below*

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

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

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

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

**908**    *Detroit City Distillery, to hold "Detroit City Distillery - Eastern Market After Dark" on Riopelle between Winder and Fisher Service Dr on September 19, 2019 from 6:00 PM to 2:00 AM ith a temporary closure of Riopelle between Winder and Fisher Service Dr.*

EMAD 9/19

908.

## City of Detroit Special Events Application

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

### Section 1- GENERAL EVENT INFORMATION

Event Name: Detroit City Distillery - Eastern Market After Dark  
 Event Location: Riopelle Street between Winder + Fisher Service Drive

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit City Distillery  
 Organization Mailing Address: 2462 Riopelle St  
 Business Phone: 313-388-3760 // 313-610-0655 (cell) Business Fax: \_\_\_\_\_  
 Federal Tax ID # 46-1114350

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

Applicant Name: Michael Forsyth  
 Title/Role: Partner + Founder  
 Email Address: forsyth@detroitcitydistillery.com  
 Mailing Address: 2462 Riopelle St, Detroit, MI 48207  
 Business Phone: 313-610-0655 Business Fax: \_\_\_\_\_  
 Event On-Site Contact Person: Michael Forsyth  
 Mailing Address: 2462 Riopelle St  
 Business Phone: 313-610-0655 Business Fax: \_\_\_\_\_

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

List Event Sponsors: \_\_\_\_\_

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

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

Provide a brief description of your event:

This is the 4th year doing this event. It is a small party outside our bar. We propose closing down Riopelle St B/t Winder & Service on Sept 19 from approx. 4pm - 3a (9/20) We will create outdoor patio to serve food & cocktails. A live DJ will play music later in the evening.

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

Begin Set-up Date & Time: 9/19 3pm Complete Set-up Date & Time: 9/19 @ 4pm

Event Start Date & Time: 9/19 6pm Event End Date & Time: 9/20 @ 2am

Begin Tearing Down Date: 9/20 2am Complete Tear Down Date: 9/20 @ 3am

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

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

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

last 4 yrs

When was the event last held in Detroit?

last yr

Where was the event last held in Detroit?

same place

What were the hours last year?

same proposed

Project Attendance This Year (Minimum - Maximum)?

~200-500 throughout the night

What is the basis for your projected attendance?

last yrs attendance

Please describe your anticipated/ target audience:

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

If yes, do you have a preferred/proposed for next year?

usually 3rd or 4th Thursday in Sept

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

[ ] People [ ] Balloons

[ ] Floats [ ] Animals

[ ] Vehicles [ ] Other:

[ ] Bands

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

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

### Section 3- LOCATION/SITE INFORMATION

Location of Event: Riopelle between Winder & Service (outside our distillery)

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

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

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

### Section 4- ENTERTAINMENT

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

- [ ] Singers [ ] Magician
- [X] Musicians [ ] Story Telling
- [ ] Comedians [ ] Other: \_\_\_\_\_

Describe the entertainment for this year's event: DJ & outdoor bar

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

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? TBD

[ ] Acoustic-audible, sound heard within natural range

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

The amplified sound will be used: Small DJ set up, nothing big

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

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

- [X] Live DJ [ ] Recorded [ ] Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: Power from inside

How many generators will be used? NO

How will the generators be fueled? N/A

Name of vendor providing generators: N/A

Contact Person: N/A



Address:

Phone:

City/State/Zip:

### Section 5- COMMUNICATION/ADVERTISING STRATEGY

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

- ☐ Radio (Specify stations):
- ☐ Television (Specify stations):
- ☐ Newspapers (specify papers):
- ☐ Web site (identify web address):
- ☐ Public Relations or Marketing Firm (Specify):

Word of mouth  
social media

Contact Info:

☐ Raffle (List Item(s)):

☐ Billboards

☐ Flyers

☐ Street Banners

☐ Other (specify):

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

### Section 6- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe:

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

If yes, list price(s):

Will food be sold? ☐ Yes ☒ No

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

Will merchandise be sold? ☐ Yes ☒ No

If yes, describe:

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

If yes, describe:

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

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

☒ Food

☐ Merchandise

☐ Non-Alcoholic Beverages

☒ Alcoholic Beverages

☐ Other (specify):

Indicate type of items to be sold:

Cocktails & Food sold under  
existing licenses

Bus 201500274 (city) 839432-2014 (state)

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

### Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person:

Address: 615 Griswold #925

Phone: 313 338 8215

City/State/Zip: Detroit, MI 48226

Number of Private Security Personnel Hired Per Shift: 2-3

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

☒ Licensed

☐ Armed

☐ Bonded

Describe the emergency evacuation plan: 2 means of Egress

Describe the parking plan to accommodate anticipated attendance: see Eastern Market App. Public parking

How will you advise attendees of parking options? We will advise parking in pub in lots + garages

Are you seeking a group parking rate? N/A

### Section 8- COMMUNITY IMPACT INFORMATION

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

District wide Event for Eastern Market After Dark

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

Indicate what steps you have or will take to notify them of your event: Coordinating w/ Dan Carmody + Melissa Thomas. EM is applying for special license

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

Dan Carmody - Dcarmody@Easternmarket.com

Melissa Thomas - mthomas@Easternmarket.com

### Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many?

Size/Height

Booth

Tent (enclosed on 3 sides)

☒  
N/A  
☒  
☒

6-8 orange traffic barrels + 2-4 traffic barricades for Riopelle street closure

Canopy (open on all sides)

\_\_\_\_\_ 0

Staging/Scaffolding

\_\_\_\_\_ 0

Bleachers

\_\_\_\_\_ 0

Company:

Grill

☐ Gas

☐ Charcoal

☐ Electrical

☐ Propane

Fireworks (Pyrotechnics)

☐ Aerial

☐ Stage

Provide Sketch:

N/A

Portable Restrooms:

☐ Standard

☐ ADA Accessible

Vehicles

N/A

Type/Weight:

\_\_\_\_\_

Other:

\_\_\_\_\_

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

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

N/A

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

N/A

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

N/A

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: Waste Management

Address: 1550 Harper

Phone: 313-462-0163

City/State/Zip: Detroit, mi. 48211

Name of company providing emergency medical services?

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

Address: See Eastern Market App

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

Name of company providing porta-johns.

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

N/A

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

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

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

Name of private catering company?

N/A

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

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

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

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

SPECIAL USE REQUESTS

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

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

STREET NAME: Riopelle

FROM Winder

TO

Fisher Service drive

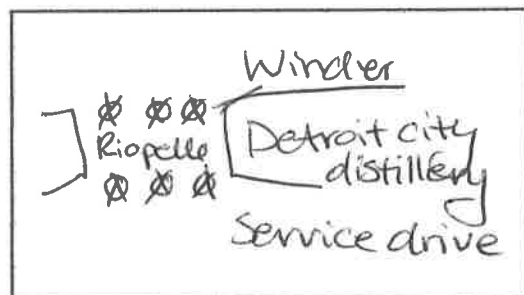
Closure Dates: 9/19-9/20

Beg. Time: 3pm on 9/19

End Time: 3am 9/20

Reopen Date: 3am on 9/20

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



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

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

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

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

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

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

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

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

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

**Requested City Equipment**

**Provided In:** \_\_\_\_\_ (year) None. We have our own

**Current Request:** \_\_\_\_\_ (year)

**Street Closures:**

☐ Posting no parking signs

☐ Light pole

☐ Electrical Services

☐ Storage for Trailers/Trunks

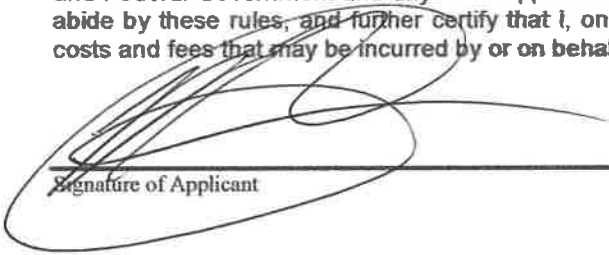
**Barricades are not available from the City of Detroit.**

**ADDITIONAL INFORMATION**

**Is there any additional information that you feel is important to mention regarding your event or additional requests?** \_\_\_\_\_

#### AUTHORIZATION & AFFIDAVIT OF APPLICANT

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

  
\_\_\_\_\_  
Signature of Applicant

5.24.19  
\_\_\_\_\_  
Date

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



### Temporary Authorization Application

(Authorized by R 436.1023(2),(3), R 436.1403(2), R 436.1407, and R 436.1419)

**\*\*\*This application, all required documents, and a \$70.00 inspection fee must be submitted at least ten (10) days in advance of your event for your request to be considered by the Commission.\*\*\***

#### Part 1 - Licensee Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it is filed with the State of Michigan Corporation Division.

Licensee name(s): Detroit City Distillery		
Address: 2462 Riopelle ST		
City: Detroit	Zip Code: 48207	
Contact name: Michael Forsyth	Phone: (313) 610-0655	Email: Forysth@detroitcitydistillery.com

☒ \$70.00 Inspection Fee - Make Check Payable to State of Michigan MLCC Use - Fee Code 4037

#### Part 2 - Temporary Authorizations Available

A licensee may request up to twelve (12) daily authorizations for each type of temporary authorization in a calendar year. A conditional licensee is not eligible for a temporary permit pursuant to MCL 436.1525(6). Select all that apply to this application:

<input checked="" type="checkbox"/> Temporary Outdoor Service Permit - Complete Parts 3, 8, and 9	<input checked="" type="checkbox"/> Temporary Extended Hours Permit - Complete Parts 6 and 9
<input type="checkbox"/> Temporary Dance Permit - Complete Parts 4 and 9	<input type="checkbox"/> Temporary Specific Purpose Permit - Complete Parts 7, 8, and 9
<input checked="" type="checkbox"/> Temporary Entertainment Permit - Complete Parts 5 and 9	

#### Part 3 - Temporary Outdoor Service Permit Information

A Temporary Outdoor Service Permit requires a recommendation from the local law enforcement agency that has primary jurisdiction over the licensed premises. The local law enforcement agency must complete Part 8 of this application.

Date(s) of event: 9/19/19-9/20/19	Describe event: We shut down the street for outdoor patio with cocktails
Date(s) of event:	Describe event:
Date(s) of event:	Describe event:
1. Check below if the event(s) listed above will include any of the following: <input type="checkbox"/> Dancing <input type="checkbox"/> Contests <input type="checkbox"/> Tournaments <input type="checkbox"/> Classic Cars <input type="checkbox"/> Motorcycles <input type="checkbox"/> Concerts <input type="checkbox"/> Festivals	
2. List the exact dimensions of the proposed area: *Submit a diagram of the outdoor area with application* 30 feet X 44 feet = square feet Width Length	
3. Describe type and height of the barrier that will be used to enclose the area: type III barricades	
4. Will the proposed outdoor service area be connected to the licensed premises? <input checked="" type="radio"/> Yes <input type="radio"/> No If No, what is the distance from the licensed premises to the proposed area? feet	
5. Is the entrance/exit point(s) for the proposed area through the licensed premises? <input checked="" type="radio"/> Yes <input type="radio"/> No	
6. Are there any dedicated streets or intervening property between proposed area and the licensed premises? <input type="radio"/> Yes <input checked="" type="radio"/> No	
7. Describe type of security that will be used for event(s) and how it will be utilized to secure and monitor to prevent sales to minors and visibly intoxicated persons:	

**Part 3 Continued - Temporary Outdoor Service Permit Information**

8. Is the location of the proposed area owned, rented, or leased by the licensee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If No, submit a lease or written permission which grants the licensee the use of the proposed area. <b>*Submit written permission from a city, township, or village if the proposed area is located on municipally-owned property*</b>	
9. Is the proposed area located in the same local governmental unit as the licensed premises?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If No, please explain:	
10. Does the licensee currently hold an Additional Bar Permit that will be utilized in the proposed area?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, the licensee will be restricted to providing only table service in the proposed area unless a new Additional Bar Permit has been requested by the licensee and approved by the Commission. <u>This requirement applies only to Class C or B-Hotel licenses.</u>	

**Part 4 - Temporary Dance Permit Information**

<ul style="list-style-type: none"><li>• Licensees that currently hold a Dance Permit at the licensed premises <u>do not</u> need to request a Temporary Dance Permit for dancing in a Temporary Outdoor Service area.</li><li>• The dance floor must be at least 100 square feet, be clearly marked, and shall not have tables, chairs, or other obstacles on the dance floor while customers are dancing.</li></ul>
1. List the dates requested for a Temporary Dance Permit:

**Part 5 - Temporary Entertainment Permit Information**

<ul style="list-style-type: none"><li>• Licensees that currently hold a Entertainment Permit at the licensed premises <u>do not</u> need to request a Temporary Entertainment Permit for entertainment in a Temporary Outdoor Service area.</li><li>• A Temporary Entertainment Permit does not allow for topless activity on the licensed premises.</li></ul>	
1. List the dates requested for a Temporary Entertainment Permit:	9/19/19-9/20/19
2. Describe the type of entertainment provided:	DJ
3. Will the entertainment provided under the Temporary Entertainment Permit include a contest with prizes totalling over \$250.00 in retail value?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If Yes, the licensee must complete Form LCC-207 and submit with this application. No alcoholic beverages may be used as part of any contest or as a prize for a contest. No licensee may provide anything of value from another licensee without prior Commission approval.	

**Part 6 - Temporary Extended Hours Permit Information**

<ul style="list-style-type: none"><li>• Licensees that currently hold an Extended Hours Permit in conjunction with a Dance or Entertainment Permit at the licensed premises <u>do not</u> need to request a Temporary Extended Hours Permit for use with a Temporary Outdoor Service area.</li></ul>	
1. Select the permit type that requires a Temporary Extended Hours Permit*:	<input type="checkbox"/> Dance Permit <input checked="" type="checkbox"/> Entertainment Permit
2. List the dates and hours requested for a Temporary Extended Hours Permit:	9/19/19 until 4am

**Part 7 - Temporary Specific Purpose Permit Information**

<ul style="list-style-type: none"><li>• Licensees that currently hold a Specific Purpose Permit for an approved purpose at the licensed premises <u>do not</u> need to request a Temporary Specific Purpose Permit for the same purpose for use with a Temporary Outdoor Service Permit.</li><li>• A Temporary Specific Purpose Permit requires a recommendation from the local law enforcement agency that has primary jurisdiction over the licensed premises. <b>The local law enforcement agency must complete Part 8 of this application.</b></li></ul>
1. Indicate the activity that requires extended hours* (e.g. food service):
2. List the dates and hours requested for a Temporary Specific Purpose Permit:

**\*Hours of Operation**

**Weekdays and Saturdays** - Beer, wine, and spirits may be sold from 7:00 a.m. to 2:00 a.m. of the next day, provided that the sale of spirits is legal in the governmental unit where the license is desired.

**Sundays** - Legal hours of sale on Sundays are from 7:00 a.m. until 2:00 a.m. of the next day, provided the sale of alcoholic beverages on Sunday is legal in the governmental unit and the appropriate permit has been approved by the Commission and the permit has been issued.



**Part 8 - Local Law Enforcement Recommendation for Temporary Outdoor Service Permit and Temporary Specific Purpose Permit**  
The local law enforcement agency with primary jurisdiction over the event location must complete this section.

Name of law enforcement agency:		
Address of law enforcement agency:		
Phone number of officer:	Email of officer:	
I certify that I have reviewed this application and recommend the approval of the Temporary Outdoor Service Permit or Temporary Specific Purpose Permit by the Michigan Liquor Control Commission.		
Print Name & Title of Reviewing Officer:	Signature of Reviewing Officer	Date

**Part 9 - Signature of Licensee**

If approved, the license shall not sell, or allow the consumption of alcoholic beverage outdoors, except in the defined area, under administrative rule R 436.1419.

If approved, the licensee shall provide service of alcoholic beverages in the outdoor area only by wait staff servicing the tables, unless the licensee uses an approved additional bar in the area where customers may obtain their alcoholic beverages from a bartender using a currently authorized additional bar or receiving approval by the Commission for a new Additional Bar Permit. This requirement applies only to Class C or B-Hotel licenses.

Refrigeration trucks and/or trailers cannot include an alcoholic beverage logo and must be rented by the licensee from a non-wholesale company. If the refrigeration truck/trailer allows customer access to obtain alcoholic beverages, an Additional Bar Permit must be obtained unless an existing Additional Bar Permit will be utilized.

Pursuant to MCL 436.1525(6), a conditional license must only include any existing permits and approvals held in connection with the seller's existing license. A conditional licensee is not eligible for a temporary permit pursuant to MCL 436.1525(6).

Under administrative rule R 436.1003, the licensee shall comply with all state and local building, plumbing, zoning, sanitation, and health laws, rules, and ordinances as determined by the state and local law enforcements officials who have jurisdiction over the licensee. Approval of this application by the Michigan Liquor Control Commission does not waive any of these requirements. The licensee must obtain all other required state and local licenses, permits, and approvals for this business before using this license for the sale of alcoholic liquor on the licensed premises.

I certify that the information contained in this form is true and accurate to the best of my knowledge and belief. I agree to comply with all requirements of the Michigan Liquor Control Code and Administrative Rules. I also understand that providing false or fraudulent information is a violation of the Liquor Control Code pursuant to MCL 436.2003.

Submit this application, all required documents, and a \$70.00 inspection fee at least ten (10) days in advance of your event for your request to be considered by the Commission. Make check payable to State of Michigan.

Print Name of Licensee & Title

Signature of Licensee

Date

Please return this completed form along with corresponding documents and fees to:

Michigan Liquor Control Commission

Mailing address: P.O. Box 30005, Lansing, MI 48909

Hand deliveries or overnight packages: Constitution Hall - 525 W. Allegan, Lansing, MI 48933

Fax to: 517-284-8557

## Credit Card Authorization Form

**\*\* FAX COMPLETED FORM TO SECURE FAX LINE: 517-284-8557 \*\***

**\*\* DO NOT EMAIL OR MAIL THIS FORM \*\***

Requests with credit card payments that are not faxed to the above secure fax line will be destroyed along with the credit card authorization in order to ensure the security of applicants' personal credit card numbers.

**\*\*IF YOU ARE NOT SUBMITTING AN APPLICATION FORM WITH THIS CREDIT CARD AUTHORIZATION, YOU MUST PROVIDE AN ITEMIZATION OF THE FEES FOR WHICH YOU ARE SUBMITTING PAYMENT OR YOUR PAYMENT WILL NOT BE PROCESSED\*\***

Name: Theodora McKinney  
Address: 2462 Riopelle St  
City: Detroit  
State: MI  
Zip Code: 48207  
Phone: 734-545-3221

Transaction Amount: \$70.00  
Card Number: 4246 3152 6836 9822

Check One:

☐ MasterCard ☒ Visa ☐ Discover

Security Code/CVV Code: 876

Expiration Date: 11/23

Applicant/Licensee Name: Detroit City Distillery Request or Business ID #: 233606

Payment is for:

4037 Fee Code

Theo McKinney  
Signature

**IF YOU ARE NOT SUBMITTING AN APPLICATION FORM WITH THIS CREDIT CARD AUTHORIZATION, YOU MUST PROVIDE AN ITEMIZATION OF THE FEES FOR WHICH YOU ARE SUBMITTING PAYMENT OR YOUR PAYMENT WILL NOT BE PROCESSED.**

**Credit Card Payment Itemization:**

Fee Type	Fee Amount	MLCC Fee Code
<input type="checkbox"/> Inspection Fee(s):		4036
<input type="checkbox"/> Special License Fee(s):		4008
<input type="checkbox"/> Temporary Authorization Fee:	<u>\$70.00</u>	4037
<input type="checkbox"/> License Renewal Fee(s):		4004
<input type="checkbox"/> Manufacturer License(s):		4038
<input type="checkbox"/> Wholesaler License(s):		4085
<input type="checkbox"/> New Retailer License(s):		4012
<input type="checkbox"/> Transfer Retailer License(s):		4034
<input type="checkbox"/> Conditional License		4012
<input type="checkbox"/> New Add Bar <input type="checkbox"/> Transfer Add Bar:		4012/4034
<input type="checkbox"/> Sunday Sales Permit (AM):		4033
<input type="checkbox"/> Sunday Sales Permit (PM):		4032
<input type="checkbox"/> Catering Permit:		4031

LARA Revenue Services **is not** a part of the Michigan Liquor Control Commission (MLCC). Receipt of payment and application forms by LARA Revenue Services does not constitute receipt of an application by the MLCC. **Applications submitted through LARA Revenue Services may take up to two (2) additional business days to be received by the MLCC after receipt by LARA Revenue Services.**

For requests that require a timely receipt of an application by the MLCC to be processed, such as Special Licenses and temporary requests, please ensure that your application will be received in adequate time to be processed by the MLCC after the payment is received and processed by LARA Revenue Services.



OFFICE OF CONTRACTING  
AND PROCUREMENT

June 12, 2019

HONORABLE CITY COUNCIL:

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

6002151      100% City Funding – To Provide PPE for Firefighters. (Leather Boots, Rubber Boots, Gloves, and Long Hoods). – Contractor: Douglass Safety Systems, LLC – Location: 2655 N. Meridian Rd., Sanford, MI 48657 – Contract Period: Upon City Council Approval through June 3, 2021 – Total Contract Amount: \$274,000.00. **FIRE**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 6002151 referred to in the foregoing communication dated June 12, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING  
AND PROCUREMENT**

June 12, 2019

HONORABLE CITY COUNCIL:

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

3034827      100% City Funding – To Provide Emergency Residential Demolition at 19494 Stout. – Contractor: Leadhead Construction – Location: 1660 Midland, Detroit, MI 48238 – Contract Date: Upon City Council Approval through June 24, 2020 – Total Contract Amount: \$19,973.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER**           BENSON          

**RESOLVED**, that Contract No. 3034827 referred to in the foregoing communication dated June 12, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING  
AND PROCUREMENT**

June 12, 2019

HONORABLE CITY COUNCIL:

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

3034878      100% City Funding – To Provide Emergency Residential Demolition at 19216 Bloom. – Contractor: RDC Construction Services – Location: 26400 W. Eight Mile Rd., Southfield, MI 48033 – Contract Date: Upon City Council Approval through June 24, 2020 – Total Contract Amount: \$17,900.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER BENSON**

**RESOLVED**, that Contract No. 3034878 referred to in the foregoing communication dated June 12, 2019, be hereby and is approved.



**OFFICE OF CONTRACTING  
AND PROCUREMENT**

June 12, 2019

HONORABLE CITY COUNCIL:

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

3032636      100% Federal Funding – To Provide a Gemini S2 Rugged Handheld System Integrating Raman & FTIR Spectroscopy for Identification of Unknown Solid and Liquid Chemicals and Explosives per the Port Security Grant. – Contractor: Thermo Scientific Portable Analytical Instruments Inc. – Location: 28 Schenck Parkway, Building 2B, Ste. 400, Asheville, NC 28803 – Contract Period: One Time Purchase – Total Contract Amount: \$106,700.00. **POLICE**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER BENSON**

**RESOLVED**, that Contract No. 3032636 referred to in the foregoing communication dated June 12, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING  
AND PROCUREMENT**

June 12, 2019

HONORABLE CITY COUNCIL:

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

3034817      100% City Funding – To Provide CRYE Precision Tactical Uniform Gear for DPD Special Response Team. (Combat Pants/Shirts, Knee/Elbow Pads) – Contractor: Audio Visual Equipment & Supplies DBA AVE – Location: 25325 Shiawassee Cir. Ste. 203, Southfield, MI 48033 – Contract Period: One Time Purchase – Total Contract Amount: \$30,316.00. **POLICE**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER**           **BENSON**          

**RESOLVED**, that Contract No. 3034817 referred to in the foregoing communication dated June 12, 2019, be hereby and is approved.



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**OFFICE OF CONTRACTING  
AND PROCUREMENT**

June 12, 2019

HONORABLE CITY COUNCIL:

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

6002137      100% City Funding – To Provide Viaduct Lighting Installation at 3 Locations. – Contractor: LeCom, Inc. – Location: 29377 Hoover, Warren, MI 48093 – Contract Period: Upon City Council Approval through December 31, 2019 – Total Contract Amount: \$128,241.10. **PUBLIC LIGHTING**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER** BENSON

**RESOLVED**, that Contract No. 6002137 referred to in the foregoing communication dated June 12, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING  
AND PROCUREMENT**

June 12, 2019

HONORABLE CITY COUNCIL:

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

6002141      100% State Funding – To Provide Person-Centered Transportation Options for Individuals with Disabilities, Elderly Adults and their Assisted Caregivers, and to Provide a Flexible Transportation Services that Allows for Responsive Same-Day Trip Return Scheduling. – Contractor: St. Patrick Senior Center, Inc. – Location: 58 Parsons Ave., Detroit, MI 48201 – Contract Period: Upon City Council Approval through September 30, 2019 –Total Contract Amount: \$59,669.31. **DEPARTMENT OF TRANSPORTATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER**           **BENSON**          

**RESOLVED**, that Contract No. 6002141 referred to in the foregoing communication dated June 12, 2019, be hereby and is approved.



25

Date: June 7, 2019

HONORABLE CITY COUNCIL

RE: **RECOMMENDATION FOR DEFERRAL**  
**ADDRESS: 9564 Beaverland**  
**NAME: Beaverland 9564 LLC**  
**Demolition Ordered: April 19, 2011**

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on June 5, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 2<sup>nd</sup> deferral request for this property.**

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

1. A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
2. BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
  - Certificate of Acceptance related to building permits
  - Certificate of Approval as a result of a Housing Inspection
  - Certificate of Compliance, required for all rental properties
4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell  
Director

DB:bkd

cc: Beaverland 9564 LLC, 1985 W. Big Beaver RD, -STE 210, Troy, MI 48084  
Beaverland 9564 LLC, 6 Parklane Blvd. STE 545, Dearborn, MI 48126



Date: June 10, 2019

HONORABLE CITY COUNCIL

RE: **RECOMMENDATION FOR DEFERRAL**  
**ADDRESS: 9001 LaSalle Blvd.**  
**NAME: Jason Sproule**  
**Demolition Ordered: October 13, 2014**

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on June 07, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1<sup>st</sup> deferral request for this property.**

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

1. A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
2. BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
  - Certificate of Acceptance related to building permits
  - Certificate of Approval as a result of a Housing Inspection
  - Certificate of Compliance, required for all rental properties
4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell  
Director

DB:bkd

cc: Jason Sproule, 28283 Thorny Brae RD, Farmington Hills, MI 48331



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Date: June 10, 2019

HONORABLE CITY COUNCIL

RE: **RECOMMENDATION FOR DEFERRAL**  
**ADDRESS: 201 W. Parkhurst PL**  
**NAME: Kevin Mackey**  
**Demolition Ordered: June 13, 2011**

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on June 6, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 2<sup>nd</sup> deferral request for this property.**

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

1. A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
2. BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
  - Certificate of Acceptance related to building permits
  - Certificate of Approval as a result of a Housing Inspection
  - Certificate of Compliance, required for all rental properties
4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell  
Director

DB:bkd

cc: Kevin Mackay, 201 W. Parkhurst PL, Detroit, MI 48203  
Kevin Mackay, 200 W. Parkhurst PL, Detroit, MI 48203



June 3, 2019

HONORABLE CITY COUNCIL

**RE: RECOMMENDATION FOR DENIAL**  
**Address: 13529 Gratiot**  
**Name: Ivory Properties**  
**Demolition Ordered: October 28, 2002**

OFFICE OF THE  
DETROIT CITY CLERK  
2019 JUN 10 P 1:13

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on **February 1, 2019** revealed that the property did not meet the requirements of the application to defer. The property continues to be open to trespass and not maintained.

**Therefore, we respectfully recommend that the request for a deferral be denied. We will proceed to have the building demolished as originally ordered with the cost of demolition assessed against the property.**

Respectfully submitted,

David Bell  
Director

DB:DP:sc

cc: Ivory Properties, 1600 Clay, Detroit, MI 48211  
Ivory Properties, 743 Beaubien, Detroit, MI 48226





CITY OF DETROIT  
BUILDINGS, SAFETY ENGINEERING AND ENVIRONMENTAL DEPARTMENT

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, FOURTH FLOOR  
DETROIT, MICHIGAN 48226  
(313) 224-2733 • TTY: 711  
WWW.DETROITMI.GOV

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June 3, 2019

HONORABLE CITY COUNCIL

**RE: RECOMMENDATION FOR DENIAL**  
**Address: 13545 Gratiot**  
**Name: Dennis Kefallinos**  
**Demolition Ordered: March 23, 2015**

OFFICE OF THE  
DETROIT CITY CLERK  
2019 JUN 10 P 1:13:11

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on **October 29, 2018** revealed that the property did not meet the requirements of the application to defer. The property continues to be open to trespass and not maintained.

**Therefore, we respectfully recommend that the request for a deferral be denied. We will proceed to have the building demolished as originally ordered with the cost of demolition assessed against the property.**

Respectfully submitted,

David Bell  
Director

DB:DP:sc

cc: Dennis Kefallinos, 1600 Clay, Detroit, Michigan 48211



CITY OF DETROIT  
BUILDINGS, SAFETY ENGINEERING AND ENVIRONMENTAL DEPARTMENT

30

COLEMAN A. YOUNG MUNICIPAL CENTER  
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June 4, 2019

HONORABLE CITY COUNCIL

**RE: RECOMMENDATION FOR DENIAL**  
**Address: 13540 Griener**  
**Name: Stephanie Bare**  
**Demolition Ordered: February 18, 2019**

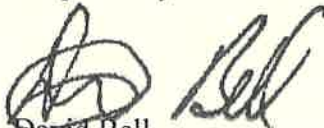
OFFICE OF THE  
DETROIT CITY CLERK  
2019 JUN 10 P 1:13

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on **May 2, 2019** revealed that the property did not meet the requirements of the application to defer. The property continues to be open to trespass and not maintained.

**Therefore, we respectfully recommend that the request for a deferral be denied. We will proceed to have the building demolished as originally ordered with the cost of demolition assessed against the property.**

Respectfully submitted,

  
David Bell  
Director

DB:DP:sc

cc: Stephanie Bare, 17894 Mack Ave., Grosse Pointe, MI 48203





CITY OF DETROIT  
BUILDINGS, SAFETY ENGINEERING AND ENVIRONMENTAL DEPARTMENT

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DETROIT, MICHIGAN 48226  
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June 3, 2019

HONORABLE CITY COUNCIL

**RE: RECOMMENDATION FOR DENIAL**  
**Address: 7500-12 Michigan Ave.**  
**Name: Dennis Kefallinos**  
**Demolition Ordered: April 10, 2017**

OFFICE OF THE  
DETROIT CITY CLERK  
2019 JUN 10 P 1:13

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on **October 22, 2018** revealed that the property did not meet the requirements of the application to defer. The property continues to be open to trespass and not maintained.

**Therefore, we respectfully recommend that the request for a deferral be denied. We will proceed to have the building demolished as originally ordered with the cost of demolition assessed against the property.**

Respectfully submitted,

David Bell  
Director

DB:DP:sc

cc: Dennis Kefallinos, 1600 Clay Detroit, MI 48211



June 3, 2019

HONORABLE CITY COUNCIL

**RE: RECOMMENDATION FOR DENIAL**  
**Address: 8323 Van Dyke**  
**Name: Dennis Kefallinos, NDK Properties**  
**Demolition Ordered: February 6, 2012**

OFFICE OF THE  
DETROIT CITY CLERK  
2019 JUN 10 A 11:48

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on **May 6, 2019** revealed that the property did not meet the requirements of the application to defer. The property continues to be open to trespass and not maintained.

**Therefore, we respectfully recommend that the request for a deferral be denied. We will proceed to have the building demolished as originally ordered with the cost of demolition assessed against the property.**

Respectfully submitted,

David Bell  
Director

DB:DP:sc

cc: Dennis Kefallinos, NDK Properties, 1600 Clay, Detroit, MI 48211



CITY OF DETROIT  
BUILDINGS, SAFETY ENGINEERING AND ENVIRONMENTAL DEPARTMENT

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DETROIT, MICHIGAN 48226  
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June 3, 2019

HONORABLE CITY COUNCIL

**RE: RECOMMENDATION FOR DENIAL**  
**Address: 6467 Varney**  
**Name Dennis Kefallinos, NDK Properties**  
**Demolition Ordered: February 6, 2012**

OFFICE OF THE  
DETROIT CITY CLERK  
2019 JUN 10 A 11:47

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on **February 1, 2019** revealed that the property did not meet the requirements of the application to defer. The property continues to be open to trespass and not maintained.

**Therefore, we respectfully recommend that the request for a deferral be denied. We will proceed to have the building demolished as originally ordered with the cost of demolition assessed against the property.**

Respectfully submitted,

David Bell  
Director

DB:DP:sc

cc: Dennis Kefallinos, NDK Properties, 1600 Clay, Detroit, MI 48211



June 3, 2019

HONORABLE CITY COUNCIL

**RE: RECOMMENDATION FOR DENIAL**

**Address: 2800 Standish**

**Name: Dennis Kefallinos**

**Demolition Ordered: May 21, 2018**

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on **October 22, 2018** revealed that the property did not meet the requirements of the application to defer. The property continues to be open to trespass and not maintained.

**Therefore, we respectfully recommend that the request for a deferral be denied. We will proceed to have the building demolished as originally ordered with the cost of demolition assessed against the property.**

Respectfully submitted,

David Bell  
Director

DB:DP:sc

cc: Dennis Kefallinos, 1600 Clay, Detroit, Michigan 48211

OFFICE OF THE  
DETROIT CITY CLERK  
2019 JUN 10 A 11:49



CITY OF DETROIT  
BUILDINGS, SAFETY ENGINEERING AND ENVIRONMENTAL DEPARTMENT

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DETROIT, MICHIGAN 48226  
(313) 224-2733 • TTY: 711  
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June 4, 2019

HONORABLE CITY COUNCIL

**RE: RECOMMENDATION FOR DENIAL**

**Address: 15414 E. Warren**

**Name: KNR, LLC**

**Demolition Ordered: July 20, 2015**

OFFICE OF THE  
DETROIT CITY CLERK  
2019 JUN 10 P 1:13

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on **April 1, 2019** revealed that the property did not meet the requirements of the application to defer. The property continues to be open to trespass and not maintained.

**Therefore, we respectfully recommend that the request for a deferral be denied. We will proceed to have the building demolished as originally ordered with the cost of demolition assessed against the property.**

Respectfully submitted,

David Bell  
Director

DB:DP:sc

cc: KNR, LLC, 165 E. Broadway Street, 3<sup>rd</sup> Floor, New York, NY, 10002



CITY OF DETROIT  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 1026  
DETROIT, MICHIGAN 48226  
PHONE: 313 • 628-2158  
FAX: 313 • 224 • 0542  
WWW.DETROITMI.GOV



May 24, 2019

The Honorable Detroit City Council  
**ATTN: City Clerk Office**  
200 Coleman A. Young Municipal Center  
Detroit MI 48226

**RE: Request to increase an appropriation for the FY 2019 Local Comprehensive Agreement, Hepatitis A Response Program**

The City of Detroit Health Department has received an increase in funds from the Michigan Department of Health and Human Services for the FY 2019 Local Comprehensive Agreement, Hepatitis A Response Program grant in the amount of \$120,000.00. This funding will increase appropriation 20551 previously approved in the amount of \$5,000.00 by council on 10/16/2018, to a total of \$125,000.00. There is no match requirement for this program. The grant period is 10/01/2018 through 09/30/2019.

The Hepatitis A Response grant is a reimbursement grant. The objective of the grant is to leverage external partnerships developed in response to the Hepatitis A outbreak. This grant will enable the department to hire a temporary Hepatitis A coordinator/outreach vaccine manager, launch a media campaign and expand outreach to high risk populations through partnerships.

I respectfully ask your approval to accept the increase in appropriation funding in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs  
Director, Office of Development and Grants

CC:

Katerli Bounds, Deputy Director, Grants  
Sajjiah Parker, Assistant Director, Grants

This Request has been approved by the Office of Budget and by the Law Department.

CITY CLERK 2019 JUN 14 10:10 AM

**RESOLUTION**

**Council Member** \_\_\_\_\_

**WHEREAS**, the Health Department is requesting authorization to increase funds for the Michigan Department of Health and Human Services FY 2019 Local Comprehensive Agreement, Hepatitis A Response grant, in the amount of \$120,000.00, in order to leverage external partnerships developed in response to the Hepatitis A outbreak; and

**WHEREAS**, this funding will increase appropriation 20551 previously approved in the amount of \$5,000.00 by council on 10/16/2018, to a total of \$125,000.00; and

**WHEREAS**, this request has been approved by the Budget department; and

**WHEREAS**, this request has been approved by the Law department; now

**THEREFORE, BE IT RESOLVED** that the Director or Head of the Department is authorized to execute the modified grant agreement on behalf of the City of Detroit; and

**BE IT FURTHER RESOLVED**, that the Budget Director is authorized to increase the budget accordingly for appropriation number 20551 in the amount of \$120,000.00 for the Michigan Department of Health and Human Services FY 2019 Local Comprehensive Agreement, Hepatitis A Response grant.



**Fwd: MDHHS Local Health Department - 2019 Amendments**

Timothy Lawther

Thu 4/25/2019 4:00 PM

To: Valentina Djelaj <DjelajV@detroitmi.gov>; Joseph Mutebi <mutebij@detroitmi.gov>; Angelique Rodriguez <rodriguez-edga@detroitmi.gov>

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**From:** Reece, Carissa (DHHS) <ReeceC@michigan.gov>

**Sent:** Thursday, April 25, 2019 3:58:39 PM

**To:** Joneigh Khaldun; Joseph Mutebi; Timothy Lawther

**Subject:** MDHHS Local Health Department - 2019 Amendments

04/25/2019

Jean Ingersoll,  
 Detroit Health Department  
 City Treasurer  
 1151 Taylor Ste 333-CDetroit, MI 48202 1732

Dear Jean Ingersoll:

The following lists the FY 2019 amendments for your organization for funding administered by the Michigan Department of Health and Human Services (MDHHS) through the Comprehensive Agreement. All projects must be budgeted and expended consistent with the requirements contained in your Comprehensive Agreement

**Amendment List****i-a. Allocation Changes – Existing Projects**

Project Title	Current Amount	Amended Amount	New Project
Childhood Lead Poisoning Prevention	273,750.00	-100,000.00	173,750.00
Hepatitis A Response	5,000.00	120,000.00	125,000.00
Public Health Emergency Preparedness (PHEP) 10/1/17 - 6/30/18	160,785.00	1,229.00	162,014.00
Public Health Emergency Preparedness (PHEP) CRI 10/1/17 - 6/30/18	176,916.00	17,205.00	194,121.00
<b>TOTAL :</b>	<b>616,451.00</b>	<b>38,434.00</b>	<b>654,885.00</b>



**i-b. New Allocation – New Projects**

Project Title	Current Amount	Amended Amount	New Project
Immunization Fixed Fees	0.00	0.00	0.00
Local Health Opioid Response	0.00	40,000.00	40,000.00
Vector-Borne Surveillance Prevention	0.00	8,125.00	8,125.00
<b>TOTAL</b>	<b>0.00</b>	<b>48,125.00</b>	<b>48,125.00</b>

**ii. Budget Category changes**

Project Title
Children's Special Hlth Care Services (CSHCS) Care Coordination
Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy
CSHCS Medicaid Elevated Blood Lead Case Mgmt
General Communicable Disease ELPHS
Hearing ELPHS
HIV & STD Testing and Prevention
HIV Data to Care
Immunization ELPHS
Sexually Transmitted Disease (STD-ELPHS)
Vision ELPHS
WIC Breastfeeding

**Next Steps**

The next steps in the MI E-Grants system for amending your applications and budgets and submitting your Comprehensive Agreement Amendment for MDHHS approval are as follows:

1. The project manager will assign the agency users to any new Local Health Department - 2019 projects.
2. For your convenience you can access the "Comprehensive Agreement Training for Grantee" material on the home page by clicking "About EGrAMS" and downloading the PDF. Access the system using the URL: <http://egrms-mi.com/dch/>.
3. Login into MI E-Grants system.
4. Enter the application using the drop down menu's "Grantee>Grant Application>Enter Grant Application" and click on "Go".
5. Select the CO-2019/Local Health Department - 2019 program and click the "Go" button.
6. Select the hyperlink titled "Local Health Department - 2019".
7. Select hyperlink to various projects and amend the application sections. See page 59 for detailed instructions.
8. When the amended application has been entered, validated, and is error free it is ready for submission by the authorized official.

**Additional Documents**

To view your original and amended agreement use the drop-down menu's "Grantee> Project Director> Application Status" and click the 'Go' button. Select the Grant Program and click on the 'Find' button. Select the agreement from the dropdown menu located at the bottom of the screen. "Draft" is the pending amendment. Click on the 'View Contract' to access the selected agreement.

#### Technical Assistance

Technical assistance to complete the requested Grant Amendment is available through the Grants Section Help Desk at [MDHHS-EGRAMS-HELP@michigan.gov](mailto:MDHHS-EGRAMS-HELP@michigan.gov) or 517-335-3359. For Programmatic questions, please contact your MDHHS Program Coordinator. You may also refer to your training materials and the yellow book and help icons within MI E-Grants for assistance.

Please complete the requested updates and have your Authorized Official submit the amended Grant Agreement through MI E-Grants within two weeks.

Please feel free to contact me with any questions or concerns.

Thank you,  
Carissa

Carissa Reece  
Departmental Analyst, Grants Section  
Department of Health & Human Services  
517.335.0940 | [ReeceC@michigan.gov](mailto:ReeceC@michigan.gov)

#### CONFIDENTIALITY NOTICE:

The information contained in this message may be privileged and confidential, and is intended only for use of the individual or entity to which it is addressed. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited, and may be subject to civil and/or criminal penalties. If you received this communication in error, please notify us immediately, delete it from your computer and destroy any copies of the original message. Thank you.

**Attachment B.2**  
**Page 1 of 2**

371Hep A Prevention\_5.8.19

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
PROGRAM BUDGET - COST DETAIL**

Attachment B.2  
Page 2 of 2

- Use WHOLE DOLLARS Only

Program Hepatitis A Response		BUDGET PERIOD		Date Prepared 5/8/2019
		From: 10/01/18 ORIGINAL BUDGET	To: 09/30/19 AMENDED BUDGET X	
Local Agency Southeastern Michigan Health Association				AMENDMENT NUMBER 1
1. SALARIES & WAGES:	POSITIONS REQUIRED (FTEs)	ANNUAL SALARY	MONTHS ON BUDGET	BUDGET SALARY
POSITION DESCRIPTION - EMPLOYEE				
				-
				-
				-
				-
				-
TOTAL FTEs 0.00		1. TOTAL SALARIES		0
2. FRINGE BENEFITS: (Specify)		Composite Rate 41.00%		0
<input checked="" type="checkbox"/> FICA <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> VISION <input checked="" type="checkbox"/> WORKERS <input checked="" type="checkbox"/> UNEMPLOYMENT <input checked="" type="checkbox"/> TERM LIFE <input type="checkbox"/> HEARING <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> RETIREMENT <input checked="" type="checkbox"/> DENTAL		2. TOTAL FRINGE BENEFITS:		
3. TRAVEL: (Specify if any item exceeds 10% of Total Expenditures)		Amount		
		3. TOTAL TRAVEL:		0
4. SUPPLIES & MATERIALS: (Specify if any item exceeds 10% of Total Expenditures)		Amount		0
		4. TOTAL SUPPLIES & MATERIALS:		0
5. CONTRACTUAL: (Subcontracts)		Amount		30,500
Name	Address			
Handwashing Station Distributor		30,500		
		5. TOTAL CONTRACTUAL:		30,500
6. EQUIPMENT: (Specify)		Amount		0
		6. TOTAL EQUIPMENT:		0
7. OTHER EXPENSES: (Specify if any item exceeds 10% of Total Expenditures)		Amount		85,241
Others (explain):				
Outreach Supplies	Instant Canopy tent for outreach events (1@ office depot 9750900)	14,500		
Media campaign	MDHHS PSA, social media boosting, billboards, bus tails	60,241		
Health Promotion	Laminated Hand washing instruction posters with DHD Logo	10,500		
		7. TOTAL OTHER EXPENSES:		85,241
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)				115,741
9. INDIRECT COST CALCULATIONS:		Amount		5,787
Rate #1	SEMHA BASE \$ 115,741 x rate 5.00% =	5,787		
Rate #2	DHD BASE \$ - x rate 15.00% =	0		
		9. TOTAL INDIRECT EXPENDITURES:		
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)				121,528
AUTHORITY: P.A. 388 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider		
COMPLETION: is Voluntary, but is required as a condition of funding		Use Additional Sheets as Needed		
DCH-8388(E) (Rev 9-04) (EXCEL) Previous Edition Obsolete				

Direct Services	115,741
City 3%	3472
DHD Admin (15%)	0
SEMHA	5,787
Total program expense	125,000
Award	125000
Difference	0



CITY OF DETROIT  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 1026  
DETROIT, MICHIGAN 48226  
PHONE: 313 • 628-2158  
FAX: 313 • 224 • 0542  
WWW.DETROITMI.GOV

37

May 23, 2019

The Honorable Detroit City Council  
**ATTN: City Clerk Office**  
200 Coleman A. Young Municipal Center  
Detroit MI 48226

**RE: Authorization to submit a grant application to the Federal Emergency Management Agency for the FY 2019 Port Security Grant Program**

The Detroit Fire Department is hereby requesting authorization from Detroit City Council to submit a grant application to the Federal Emergency Management Agency for the FY 2019 Port Security Grant Program. The amount being sought is \$300,000.00. There is a required cash match of 25 percent or \$75,000.00. The total project cost is \$375,000.00.

The FY 2019 Port Security Grant Program will enable the department to:

- Enhance the physical security for the Port of Detroit by improving surveillance, patrol capacity, explosives detection, and communications.

If the application is approved, a cash match will be provided from appropriation 00064.

We respectfully request your approval to submit the grant application by adopting the attached resolution.

Sincerely,

Ryan Friedrichs  
Director, Office of Development and Grants

CC:  
Katerli Bounds, Deputy Director, Grants  
Sajjiah Parker, Assistant Director, Grants

This Request has been approved by the Office of Budget

CITY CLERK 2019 JUN 14 04:10:45

**RESOLUTION**

**Council Member** \_\_\_\_\_

**WHEREAS**, the Detroit Fire Department has requested authorization from City Council to submit a grant application to the Federal Emergency Management Agency, for the FY 2019 Port Security Grant Program, in the amount of \$300,000.00, to enhance the physical security for the Port of Detroit by improving surveillance, patrol capacity, explosives detection, and communications; and

**WHEREAS**, the Detroit Fire Department has \$75,000.00 available in its FY 2020 Departmental allocation in appropriation 00064, for the City match requirement for the FY 2019 Port Security Grant Program; and

**WHEREAS**, this request has been approved by the Office of Budget; now

**THEREFORE BE IT RESOLVED**, the Detroit Fire Department is hereby authorized to submit a grant application to the Federal Emergency Management Agency for the FY 2019 Port Security Grant Program.



CITY OF DETROIT  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
OFFICE OF DEVELOPMENT AND GRANTS

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DETROIT, MICHIGAN 48226  
PHONE: 313 • 628-2158  
FAX: 313 • 224 • 0542  
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### Grant Application Request Form (GARF)

In order to secure the Office of Development and Grants (ODG) approval required under Section 18-4-2 of the Detroit City Charter, this form is to be filled out by City Departments as soon as possible upon learning of an opportunity that the Department would like to pursue. This form must be signed and submitted not later than 20 business days prior to the application deadline.

Please submit this form to the following ODG staff: Sajjiah Parker, Assistant Director, [parkersa@detroitmi.gov](mailto:parkersa@detroitmi.gov) and Greg Andrews, Program Analyst IV, [andrewsgr@detroitmi.gov](mailto:andrewsgr@detroitmi.gov)

City Department	Fire Department
Date	May 21, 2019
Department Contact Name	Derek Hillman
Department Contact Phone	313-598-2605
Department Contact Email	hillmande@detroitmi.gov
Grant Opportunity Title	2019 Port Security Grant Program
Grant Opportunity Funding Agency	Detroit Fire Department
Web Link to Opportunity Information	<a href="https://www.grants.gov">https://www.grants.gov</a>
Award Amount (that Department will apply for)	\$300,000.00
Application Due Date	May 29, 2019
Anticipated Proposed Budget Amount	\$300,000.00
City Match Contribution Amount	25% or \$75,000.00
Source of City Match (include Appropriation Number, Cost Center, and Object Code)	Proposed FY-2020 budget - Appropriation 00064, Cost Center 240220, Object 644100
List of programs/services/activities to be funded and the Budget for each Sample: - ABC Afterschool program: \$150,000 - XYZ Youth leadership program: \$100,000 - Salary/Benefits: \$95,000 - Supplies: \$5,000	DFD - To purchase Drones for Detroit Fire Department.
Brief Statement of Priorities/Purpose for the Application Sample: To support expansion of promising youth development programs in MNO neighborhood.	The Detroit Fire Department plans to improve port-wide maritime security risk by strengthening our governance integration, enhancing Maritime awareness and response by obtaining Drones for surveillance.
Key Performance Indicators to be Used to Measure the Programs/Services/Activities Sample: # of kids newly enrolled in ABC and XYZ % of kids from ABC who demonstrate improved educational performance	Enable DFD to enhance the physical security for the Port of Detroit by improving surveillance, patrol capacity, explosive detection, and communications.

**Derek Hillman**

Director's Name (Please Print)

  
Director's Signature

**05/21/2019**

Date



CITY OF DETROIT  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 1026  
DETROIT, MICHIGAN 48226  
PHONE: 313 • 628-2158  
FAX: 313 • 224 • 0542  
WWW.DETROITMI.GOV



May 29, 2019

The Honorable Detroit City Council  
**ATTN: City Clerk Office**  
200 Coleman A. Young Municipal Center  
Detroit MI 48226

**RE: Authorization to submit a grant application to the U.S. Department of Justice for the FY 2019 Community Oriented Policing Services (COPS): Law Enforcement Mental Health and Wellness Act Program**

The Detroit Police Department is hereby requesting authorization from Detroit City Council to submit a grant application to the U.S. Department of Justice for the FY 2019 Community Oriented Policing Services (COPS): Law Enforcement Mental Health and Wellness Act Program. The amount being sought is \$100,000.00. There is no match requirement. The total project cost is \$100,000.00.

The FY 2019 COPS: Law Enforcement Mental Health and Wellness Act Program will enable the department to:

- Increase the capacity of the Detroit Police Department's peer support team and provide new wellness opportunities.

We respectfully request your approval to submit the grant application by adopting the attached resolution.

Sincerely,

Ryan Friedrichs  
Director, Office of Development and Grants

CC:  
Katerli Bounds, Deputy Director, Grants  
Sajjiah Parker, Assistant Director, Grants

CITY CLERK 2019 JUN 11 AM 8:02



**RESOLUTION**

**Council Member** \_\_\_\_\_

**WHEREAS**, the Detroit Police Department has requested authorization from City Council to submit a grant application to the U.S. Department of Justice, for the FY 2019 Community Oriented Policing Services (COPS): Law Enforcement Mental Health and Wellness Act Program, in the amount of \$100,000.00, to increase the capacity of the Detroit Police Department's peer support team and provide new wellness opportunities; now

**THEREFORE BE IT RESOLVED**, the Detroit Police Department is hereby authorized to submit a grant application to the U.S. Department of Justice for the FY 2019 COPS: Law Enforcement Mental Health and Wellness Act Program.



CITY OF DETROIT  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
OFFICE OF DEVELOPMENT AND GRANTS

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### Grant Application Request Form (GARF)

In order to secure the Office of Development and Grants (ODG) approval required under Section 18-4-2 of the Detroit City Charter, this form is to be filled out by City Departments as soon as possible upon learning of an opportunity that the Department would like to pursue. This form must be signed and submitted not later than 20 business days prior to the application deadline.

Please submit this form to the following ODG staff: Sajjiah Parker, Assistant Director, [parkersa@detroitmi.gov](mailto:parkersa@detroitmi.gov) and Greg Andrews, Program Analyst IV, [andrewsgr@detroitmi.gov](mailto:andrewsgr@detroitmi.gov)

City Department	Detroit Police Department
Date	5/21/2019
Department Contact Name	DC Todd Bettison
Department Contact Phone	313-596-2520
Department Contact Email	<a href="mailto:bettison1239@detroitmi.gov">bettison1239@detroitmi.gov</a>
Grant Opportunity Title	COPS Law Enforcement Mental Health & Wellness: Peer Support Implementation
Grant Opportunity Funding Agency	US DOJ Office of Community Policing
Web Link to Opportunity Information	<a href="https://cops.usdoj.gov/lemhwa">https://cops.usdoj.gov/lemhwa</a>
Award Amount (that Department will apply for)	\$100,000
Application Due Date	5/28/2019
Anticipated Proposed Budget Amount	\$100,000
City Match Contribution Amount	0
Source of City Match (Include Appropriation Number, Cost Center, and Object Code)	N/A
List of programs/services/activities to be funded and the Budget for each Sample: - ABC Afterschool program: \$150,000 - XYZ Youth leadership program: \$100,000 - Salary/Benefits: \$95,000 - Supplies: \$5,000	Train the Trainers training for experienced peer support team members  Consulting on setting up Sober Shields and other peer led wellness programs
Brief Statement of Priorities/Purpose for the Application Sample: To support expansion of promising youth development programs in MNO neighborhood.	To increase the capacity of DPD's peer support team and provide new wellness opportunities for DPD officers
Key Performance Indicators to be Used to Measure the Programs/Services/Activities Sample: # of kids newly enrolled in ABC and XYZ % of kids from ABC who demonstrate improved educational performance	Number of peer support members trained Number of times/incidents that peer support members provided support Number of officers participating in peer-led wellness programs

Todd Bettison  
Director's Name (Please Print)

T. H. A. Bett  
Director's Signature

5-21-19  
Date

# City of Detroit

## CITY COUNCIL




**RAQUEL CASTAÑEDA-LÓPEZ**  
COUNCIL MEMBER  
DISTRICT 6

### MEMORANDUM

**TO:** Keith Hutchings, Director, Municipal Parking Department  
Ron Brundidge, Director, Department of Public Works

**THRU:** Council Member Scott Benson, Public Health and Safety Committee

**FROM:** Council Member Raquel Castañeda-López 

**DATE:** June 11, 2019

**RE:** **Parking at St. Hedwig Park**

---

My office has received complaints from residents who want to use St. Hedwig Park during the spring and summer months for baseball games and other large group activities. Unfortunately, residents have found that a lack of sufficient parking deters many residents from attending events at the Park. Residents note that because the east side of Konkel Street near the park is designated a no parking zone, only about 15-20 spots are readily available for patrons to use for parking.

Please assess the area surrounding St. Hedwig Park to determine whether additional areas can be designated for parking.

Additionally, I request that the sidewalks around the Academy of the Americas School are considered for repairs.

Please contact my office (313) 224-2450 if you have any questions.

**Cc:** Honorable Detroit City Council  
City Clerk  
Stephanie Washington, Mayor's Liaison

CITY CLERK 2019 JUN 11 PM 12:35