

VOTE
6/4/19

NEW

BUSINESS

① ~~28~~ 28

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 717 Event Name: 42nd Annual St. Patrick Irish Festival

Event Date : June 23, 2019

Street Closure: None

Organization Name: St. Patricks Senior Center

Street Address: 58 Parsons Street Detroit, MI 48201

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

Annual festival for Senior Citizens held at 58 Parsons Street and adjacent parking lot from 1:00pm - 9:00pm.

ENTERED JUN 03 2019 M TNB JA (50)

**** 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 Secondary Employment to Provide Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with St. Patricks Senior Center to Provide Emergency Care
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

CITY CLERK: 2019 JUN 20 10:42:24

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

MAYOR'S OFFICE

Signature: Betnanie Aushie

Date: May 16, 2019

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, February 21, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

717 *St. Patricks Senior Center, Inc., request to hold "42nd Annual St. Patrick Irish Festival" at 58 Parsons, Detroit MI, on 6/23/19 @ 1PM - 9PM, Set-up on 6/22/19 @10 AM - 1PM and tear down on 6/23/19.*

#717

City of Detroit Special Events Application

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

Section 1- GENERAL EVENT INFORMATION

Event Name: 42nd Annual St. Patrick Irish Festival

Event Location: 58 Parsons, Detroit, MI 48201

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: St. Patrick Senior Center, Inc.

Organization Mailing Address: 58 Parsons St., Detroit, MI 48201

Business Phone: 313-833-7080

Business Website: www.stpatsrctr.org

Applicant Name: SaTrice Coleman-Betts

Business Phone: 313-833-7080

Cell Phone: 313-690-7171

Email: src.betts@stpatsrctr.org

Event On-Site Contact Person:

Name: SaTrice Coleman-Betts / Vince Borowski

Business Phone: 313-833-7080

Cell Phone: 313-690-7171

Email: src.betts@stpatsrctr.org

Event Elements (check all that apply)

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

Projected Number of Attendees: 1000 - 1500

Please provide a brief description of your event:

A special event hosted on St. Patrick Senior Center's business property to raise funds to support the 501c3 nonprofit senior center. The event has musical entertainment, raffles, children games, and food. Volunteers and senior center staff man the one-day event that is held from 1 pm -9 pm.

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

Begin Set-up Date 06/22/2019 Time:10:00 Complete Set-up Date:06/23/2019 Time:01:00 pm

Event Start Date:06/23/2019 Time:01:00 Event End Date:06/23/2019 Time:09:00 pm

Begin Tearing Down Date:06/23/2019 Complete Tear Down Date:06/23/2109

Event Times (If more than one day, give times for each day):
June 23, 2019 1:00 pm - 9:00 pm

Section 3- LOCATION/SITE INFORMATION

Location of Event: St. Patrick Senior Center, 58 Parsons, Detroit, MI 48201

Facilities to be used (Check) Street Sidewalk Park City

Facility (only using our property)

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

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

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

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Irish musicians will provide entertainment on 2 floors in the building and small stage in parking lot.

Will a sound system be used? Yes No

If yes, what type of sound system? Acoustic audible, heard within natural range.

Describe specific power needs for entertainment and/or music:

Power will be provided from our facility outlets and 1 small generator will be used in the parking lot.

How many generators will be used? 1

How will the generators be fueled?
Gasoline

Name of vendor providing generators:

Contact Person: OK 2 Playy Rental Co.

Address: 13950 John R. Street

Phone: 313-743-1574

City/State/Zip: Highland Park, MI 48201

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No
If yes, please describe:

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

Will there be vending or sales? Yes No
If yes, check all that apply:

- Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold:

Arts and Crafts prepared by the senior members.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Detroit Police Reserves

Contact Person: Officer Hill

Address: 6300 Caniff

Phone: 313-596-2570

City/State/Zip: Hamtramck, MI 48212

Number of Private Security Personnel Hired Per Shift: 4 per 2 shifts

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

- Licensed Armed Bonded

How will you advise attendees of parking options?
Signs and advertised on promotional information.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
Minimal impact of neighborhood. All activities take place on the organization's property and parking facilities are donated by the Detroit Symphony Orchestra. Individuals will attend the event over an eight-hour period.

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

Indicate what steps you have or will take to notify them of your event:
A meeting with the Detroit Symphony Orchestra's administration has taken place. A letter will be provided along with promotional information to the other businesses on the block. Two of the three other businesses will be closed the day of the event.

Section 8- EVENT SET-UP

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

	How Many?	Size/Height
Booth	N/A	
Tents (enclosed on 3 sides)	3	2-10x10, 1-10x40
Canopy (open on all sides)	3	2-20x40, 1-20x30
Staging/Scaffolding	1	Stage approx 12 inches in height
Bleachers	N/A	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Lisa Saigh, R.N.

Address: 58 Parsons

City/State/Zip: Detroit, MI 48201

Name of company providing port-a-johns: Parkway Portable Toilets

Contact Person: Kathy Mular

Address: 2876 Tyler Road

Phone: 734-482-7633

City/State/Zip: Ypsilanti, MI 48198

Name of private catering company? N/A

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

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

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

STREET NAME: N/A

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: N/A

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: N/A

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: N/A

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: N/A

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

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

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

AUTHORIZATION & AFFADAVIT OF APPLICANT

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

Antwice Coleman-Betts 2/19/2019

Signature of Applicant

Date

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

HOLD HARMLESS AND INDEMNIFICATION

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

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

Event Name: 42nd Annual St. Patrick Irish Festival **Event**
Date: June 23, 2019

Event Organizer:
St. Patrick Senior Center, Inc.

Applicant Signature: Antwice Coleman-Betts
Date: 2/19/2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/28/2018

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

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

PRODUCER Ralph C. Wilson Agency, Inc. Box 5069 Southfield MI 48086-5069		CONTACT NAME: Patricia Brandemihl PHONE (A/C, No, Ext): (248) 355-1414 FAX (A/C, No): (248) 304-0877 E-MAIL ADDRESS: pattyb@rcwa.net																						
INSURED St. Patrick Senior Center, Inc. 58 Parsons St. Detroit MI 48201		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>First Non-Profit Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td>AmTrust North America, Inc.</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td>Accident Fund</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td>Travelers Casualty & Surety Company of America</td> <td>31194</td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	First Non-Profit Insurance Company		INSURER B :	AmTrust North America, Inc.		INSURER C :	Accident Fund		INSURER D :	Travelers Casualty & Surety Company of America	31194	INSURER E :			INSURER F :		
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INSURER E :																								
INSURER F :																								

COVERAGES **CERTIFICATE NUMBER:** 18/19 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			NPP1007879	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Employee Benefits \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			NCA1008052	12/31/2018	12/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			NMB1008178	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 PER STATUTE OTH-ER
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	WCV6121406	12/31/2018	12/31/2019	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Directors & Officers/Errors & Omissions			106434296	12/31/2018	12/31/2019	Limit \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City of Detroit is included as Additional Insured with respect to General Liability as required by written contract or agreement.
 Crime coverage is included in policy number NPP 1007879, with a limit of \$100,000 .

CERTIFICATE HOLDER City of Detroit Office of Contracts & Procurement 2 Woodward Ave Suite 1008 Detroit MI 48226	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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St. Patrick Senior Center Special Event Emergency Plan

St. Patrick Senior Center does not have a contracted Emergency Medical Agreement. St. Patrick Senior Center has medical personnel on staff. These medical staff will be on staff during the event to handle emergency and emergency medical issues. During the event St. Patrick Senior Center will have 1 Registered Nurse for 8 hours, 1 Registered Nurse for 4 hours, a Certified Nursing Assistant who has Emergency Medical Technician and Life Support certification, and a volunteer. Emergency Medical Technician on-site. St. Patrick Senior Center has an Emergency Action Plan that covers major disasters that will be used when deemed necessary during the event.

Security will be provided by the Detroit Police Reserves and 8 Police Reserves will be onsite and will be split into 2 shifts with 4 Reserves per shift.

St. Patrick Senior Center Special Event Emergency Plan

St. Patrick Senior Center has always had an Emergency Action Plan in place which will be followed during special events to protect individuals from serious injury, property loss, or loss of life, in the event of an actual or potential major disaster. A major disaster may include, but is not limited to any of the following: fire, tornado, earthquake, bomb threat, or hazardous chemical spill. In the event of a major disaster, this Emergency Action Plan describes the initial responsibilities and actions to be taken to protect all until the appropriate responders take over.

For the protection of employees, an Emergency Action Plan is a requirement of OSHA 1910.38. It is also necessary and prudent for the protection of our employees, clients, and visitors. The employer will review with each employee those parts of the plan that the employee must know to protect themselves and others in the event of an emergency. In addition, the written plan shall be made available for employees to review and plan for their evacuation.

GENERAL PROCEDURES

It is impossible to provide specific information for all situations. There is no guarantee implied by this Plan that a perfect response to disaster emergency incidents will be practical or possible. Therefore, this plan is a guide for employees to familiarize themselves with basic emergency planning, response and evaluation.

MEDICAL EMERGENCIES

Emergency Medical Service (EMS) personnel or CPR certified will provide first aid. Until rescue personnel arrive, administer first aid in the building or, in the event of a complete evacuation, at a designated safe assembly area outside.

- A. Call 911 immediately if the injury is life threatening. Provide the following information:
 - 1. Nature of medical emergency.
 - 2. Location of the emergency.
 - 3. Your name and phone number from which you are calling.
- B. Do not move victim unless absolutely necessary.
- C. Call the following personnel trained in CPR and First Aid to provide the required assistance prior to the arrival of the professional medical help:

1. Lisa Saigh, R.N.
 2. Carlonda Baker, Medical Assistant
 3. LaTina Skinner , Medical Assistant/Human Resources
 4. Fran Dorn, R..N.
 5. 2 Additional staff members are CPR trained.
- C. First Aid Kits are located in the Clinic, Kitchen, Activity Office, and Administration Office.
- D. The Defibrillator is located in the basement dining room.
- F. If personnel trained in First Aid are not available, then minimally attempt to provide the following assistance:
1. Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids).
 2. Clear the air passages using the Heimlich Maneuver (abdominal thrusts or chest compressions) in case of choking.
- F. In case of rendering assistance to personnel exposed to hazardous materials, consult the MSDS and wear the appropriate personal protective equipment. Attempt first aid ONLY if trained and qualified. Call 911 and refer to Hazardous Substance Spill section of the Emergency Action Plan document.



St. Patrick Senior Center, Inc.

58 Parsons St., Detroit, MI 48201-2202

Tel: 313-833-7080 ♣ Fax: 313-833-0128

www.stpatsrctr.org

E-mail: info@stpatsrctr.org

Sharing, Caring and Loving the Elders We Serve Since 1973

February 18, 2019

Officer Hill
6300 Caniff
Hamtramck, MI 48212

Dear Officer Hill:

We are requesting that the Detroit Police Reserves assist us again this year for our St. Patrick Senior Center Irish Festival on Sunday, June 23, 2019. Below are the details of the event.

- What:** St. Patrick Senior Center Spring Irish Festival
- When:** Sunday, June 23 from 12:00 PM to 9:00 PM
- Where:** 58 Parsons St., Detroit, Michigan 48201
- Officers Needed:** 8 Officers, with 4 working between 12:00 PM to 4:00 PM and 4 working between 4:00 PM to 9:00 PM.
- Officers Duties:** 2 posted at Finance office and 2 patrolling inside and outside the building.

The officers will be provided with a complimentary lunch/dinner including entrée and beverage.

Thank you for your consideration of our request. If you have any questions, please contact me or Vince Borowski at (313) 833-7080 or you may reach me by email at srcbetts@stpatsrctr.org.

Sincerely,

SaTrice Coleman-Betts
Executive Director

BOARD OF DIRECTORS

Executive Committee: John K. Bentley, Chairperson ♦ Patricia Rencher, Vice Chairperson ♦ Sandra A. Coleman, Secretary ♦ Patrick O'Hara, Treasurer

SaTrice Coleman-Betts, Executive Director ♦ Directors: Michael Chateau ♦ Larry Costello ♦ Frank Crawford ♦ Michael J. Harning

Faith Hopp, MSW, Ph.D. ♦ Barbara Jean Johnson ♦ Barbara McKeand-Stevenson ♦ Donna McAlister

Sharon McWhorter ♦ Rose Parker ♦ Jimmy Roberts ♦ Patricia Battersby, Legal Counsel



Commercial Name Change Service Agreement to GFL Environmental

Account #:

Rizzo Rep:



Customer Billing Information:

Customer Name: St. Patrick Senior Center
 Address: 58 Parsons Street
 City: Detroit
 State: MI Zip: 48201
 Contact Name:
 Phone: 313-833-7080 Fax:
 Email: mr.betts@outlook.com

Service Location Information:


Location Name: St. Patrick Senior Center
 Address: 58 Parsons Street
 City: Detroit
 State: MI Zip: 48201
 Contact on site: Michael Phone: 313-833-7080
 Cross Street: Betts 313-505-6766

Commercial Front Load Services


CHECK: 
2 Yard FLAT TOP Container
 Monthly Rate: _____
 We need (qty.) _____ container(s)
 Pickups/week: _____

CHECK: 
4 Yard FLAT TOP Container
 Monthly Rate: _____
 We need (qty.) _____ container(s)
 Pickups/week: _____

CHECK: 
6 Yard FLAT TOP Container
 Monthly Rate: _____
 We need (qty.) _____ container(s)
 Pickups/week: _____

CHECK: 
6 Yard SLANT TOP Container
 Monthly Rate: 135.00
 We need (qty.) 1 container(s)
 Pickups/week: 2x


CHECK: 
8 Yard FLAT TOP Container
 Monthly Rate: _____
 We need (qty.) _____ container(s)
 Pickups/week: _____

CHECK: 
8 Yard SLANT TOP Container
 Monthly Rate: _____
 We need (qty.) _____ container(s)
 Pickups/week: _____

CHECK: 
Front Load Recycling Container
 Front Load can size: 2 Yards
 Type: Flat Slant
 Monthly Rate: 50.00
 We need (qty.) 1 container(s)
 Pickups/week: 1x
 Paper & Cardboard only Single Stream

Check box for requested container

Container Push/Pull Out: Yes No
 Container behind Gate or Enclosure: Yes No
 24 Hour Access: Yes No

CHECK: 
Verti-Pak Front Load
 Size of Verti-Pak: _____ Yards
 Monthly Rate: _____
 We need (qty.) _____ container(s)
 Pickups/week: _____

Payment:

Type of Payment: Rizzo Account Check Credit Card

Checking Account #:

Routing #: _____ Bank: _____


Card Type: Visa MasterCard American Express

Card #:

Sec. Code:

Exp. Date:

Roll-Off Dumpsters

CHECK: 
Roll Off Dumpster
 _____ per pull
 up to the below tonnage limits.
 10 yard - _____ tons 20 yard - _____ tons
 30 yard - _____ tons 40 yard - _____ tons
 _____ per ton over tonnage limit.

Check Usage: Perm. Temp. Seasonal/Contractor Trash
 (which apply) Recycling Construction Clean Care

Service Change

Container:	Monthly	Extra Pickup	Delivery
Size Qty.	Charge	Fee	Charge

From:

To: Fed ID 29 38-2953534

SPECIAL INSTRUCTIONS

* prefers Monday & Thursday pickups
* No extra monthly surcharges
* Price firm 24 months and third year max, increase is 7%.
* place in alley behind building

Schedule of Charges

■ Casters		■ Inactivity Fee per month	
■ Lock Bar	<u>100.00</u>	■ minimum # of hauls charge/month	
■ Delivery Charge	<u>50.00</u>	■ Daily can rental for open top	
■ Removal Charge		roll-offs - over 10 days a rate	
■ Trip Fee/Extra Dump		of _____ per day may apply.	
■ Clean Concrete - 20yd		■ haul for all sizes and _____	
If concrete or recycling loads are		ton (min tonnage is _____ tons for all	
contaminated cost is _____ per ton		sizes) applies unless rates are filled	
■ Demurrage Wait Time _____ /hr.		in the roll off section.	
■ Overage/Overflow _____ /yd.			

NOTE: All recycling loads for compactor and roll off loads will not be charged a "per ton fee" unless loads are contaminated.

TERMS: NET 10 DAYS

By executing this agreement, Customer agrees it has read and reviewed and agrees to be fully bound by the Service Agreement Terms which are available at RizzoServices.com/ServiceAgreementTerms.asp - which terms and conditions may be updated from time-to-time. Such terms and conditions shall be fully incorporated into and made a part of this Service Agreement.

Date of Agreement: 10/10/16 Effective Service Date: 10/18/16

By: (Signature) Andrew Holman
 Name: (Please Print) Andrew Holman Title: 10/18/16

Send to: Rizzo Environmental Services

6200 Elmridge Dr., Sterling Heights, MI 48313 - or FAX to: 877-655-2367

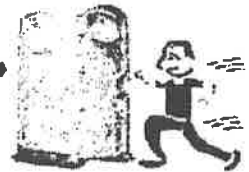
RizzoServices.com CUSTOMER SERVICE: 888-877-4996 press 1

Service Stops:

ORDER CONFIRMATION [AN Route:8 Stop:1]

Parkway Services, Inc.

**We're There
When You Gotta Go**



Portable Toilets & Septic Service
2876 Tyler Road
Ypsilanti, MI 48198

Ph: 734-482-7633

Fax: 734-482-7632

Service Address
ST. PATRICKS Festival Senior Center 58 PARSONS DETROIT, MI 48201

Billing Address
St. Patricks Atten: Accts. Payable 58 Parsons DETROIT, MI 48201

Phone: (313) 833-7080

Contact: Norvena Wilson

Phone: (313) 833-1236

Contact: Sister Mary Watson

Order #: 100950 - 0

Site #	Cust #	Sched Date	Day	Time	Clerk	Req Date	Route	P.O.#	Terms	Sales Source/Cred	Mrkt/Tier
14750	STPATRICKS	Jun 21, 19	Fri	00:00:00	KM	Jun 21, 19	8		COD	CI/KM	SP/

ORDER CONFIRMATION - Ord# 100950

Driver=AN Route=8 Stop=1 Truck= Trailer=

SN# =

Page1 / 1

Invoice Note: SPECIAL EVENTS UNITS for Sunday, June 23rd, 2019
3 standard units w/ hand sanitizers (@ \$90.00 each) inside
*event starts Sunday 1pm to 9pm
Del. Fri. 2-4pm/Pick up Monday am
Total: \$270.00
Ordered by LaFonda 2-18-19 fax confirmation 313-833-0126

Units: PTZ 3

Existing Units:

Serial#

Message	**Sign White office copy below & return to us.** Email to: parkwayservicesinc@yahoo.com
Map:	Lat = 42.34822 Long = -83.0595
Directions:	between Woodward & Cass by Max Fisher Music Center and Wayne State
Driver Notes:	Deliver 3 hand sanitizer units contact LaFonda 313-833-7080

Customer Signature:

Satrice Coleman Betts

Print Name:

Satrice Coleman Betts

Driver:

Date:

2/18/19



St. Patrick Senior Center, Inc.

58 Parsons St., Detroit, MI 48201-2202

Tel: 313-833-7080 ♣ Fax: 313-833-0128

www.stpatsrctr.org

E-mail: info@stpatsrctr.org

Sharing, Caring and Loving the Elders We Serve Since 1973

February 19, 2019

Neighbors of St. Patrick Senior Center

To whom it may concern:

St. Patrick Senior Center is holding the annual Irish Festival on Sunday, June 23, 2019, from 1:00 p.m. to 9:00 p.m. The event will take place both indoors and outside.

We are extending an invitation and hope that you can join us at the festival to help promote programs and services that promote wellness and independence for the seniors that we serve.

The Detroit Police Department will have officers patrolling at the event, and free parking will be available in the DSO parking structure across the street from the St. Patrick Senior Center. Feel free to call me if you have any questions or concerns.

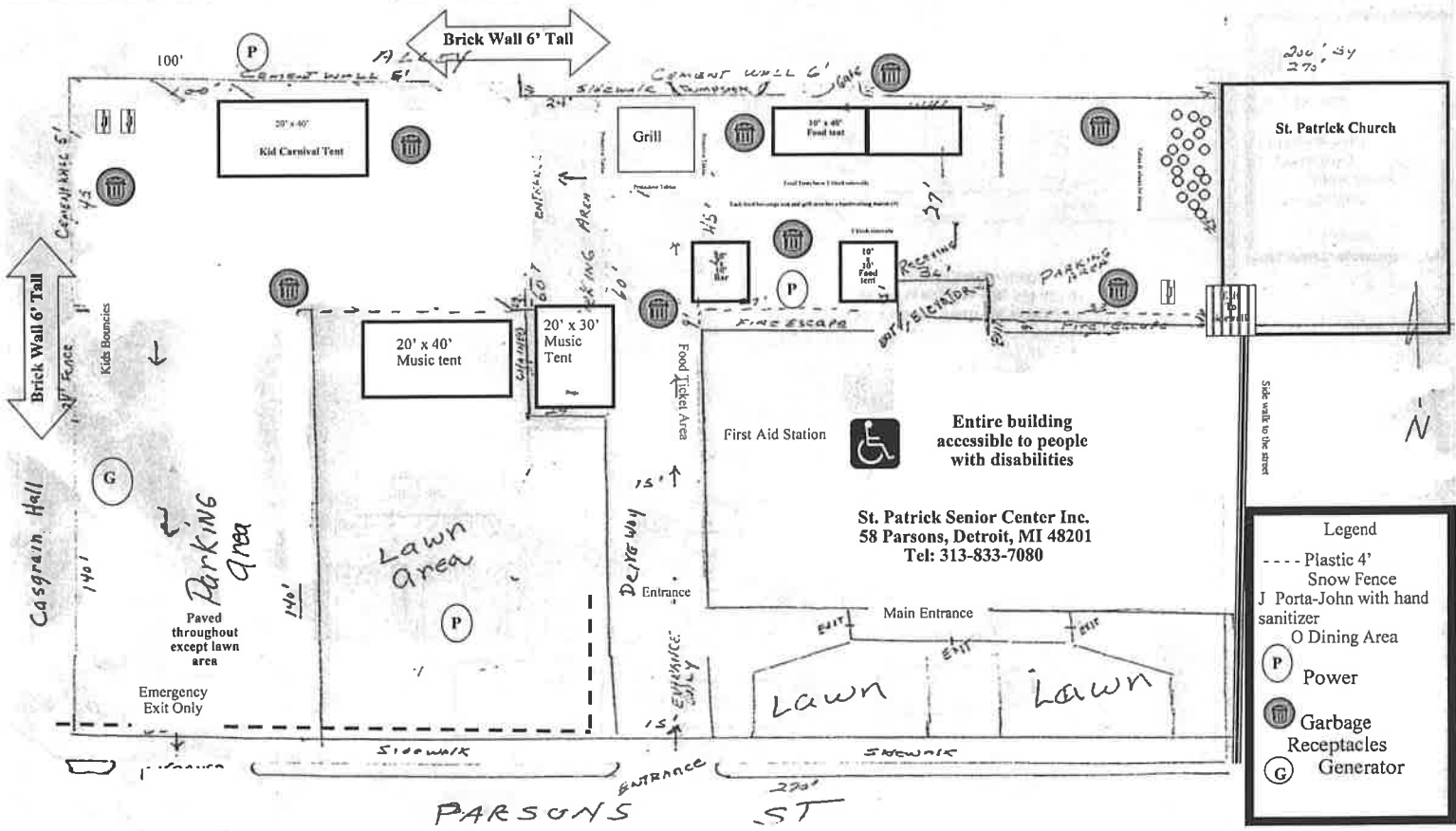
We look forward to seeing you at the festival.

Sincerely,

SaTrice Coleman-Betts
Executive Director

BOARD OF DIRECTORS

Executive Committee: John K. Bentley, *Chairperson* ❖ Patricia Rencher, *Vice Chairperson* ❖ Sandra A. Coleman, *Secretary* ❖ Patrick O'Hara, *Treasurer*
SaTrice Coleman-Betts, *Executive Director* ❖ **Directors:** Larry Costello ❖ Frank Crawford ❖
Faith Hopp, MSW, Ph.D. ❖ Barbara Jean Johnson ❖ Barbara McKeand-Stevenson ❖ Donna McAlister
Sharon McWhorter ❖ Rose Parker ❖ Jimmy Roberts ❖ Patricia Battersby, *Legal Counsel*



St. Patrick Irish Festival

Map Updated on 2/19/2019

② ~~15~~ ~~29~~

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 886 Event Name: AAA Branch Grand Opening

Event Date : June 11, 2019

Street Closure: None

Organization Name: MVP Collaborative

Street Address: 1751 E. Lincoln Ave Madison Heights, MI 48071

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

Event Elements (check all that apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input checked="" type="checkbox"/> Other: <u>Grand Opening Ribbon Cutting</u> | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

AAA is celebrating their new Detroit Branch located at 7310 Woodward Avenue with a ribbon cutting from 9:00am - 3:00pm.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention
	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 for Sidewalk Closure; Valet Permit Required
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction

CITY CLERK 2019 MAY 20 PM 2:18:4

ENTERED JUN 03 2019 MTNB JA (310)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bike Racks Required for Sidewalk Closure
	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Lusher

Date: May 16, 2019

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, May 23, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

886 *MVP Collaborative, request to hold "AAA Branch Grand Opening" at 7310 Woodward Ave on June 11, 2019 from 9:00 AM to 3:00 PM with set up and tear down complete on the event date, 6-11-19.*

City of Detroit Special Events Application

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

Section 1- GENERAL EVENT INFORMATION

Event Name: AAA Branch Grand Opening

Event Location: 7310 Woodward Ave

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: MVP Collaborative

Organization Mailing Address: 1751 E. Lincoln Ave, Madison Heights, MI 48071

Business Phone: 248.591-5100 Business Website: mvpcollaborative.com

Applicant Name: Michelle Spranger

Business Phone: _____ Cell Phone: 248-470-7569 Email: michelle.spranger@mvpcollaborative.com

Event On-Site Contact Person:
Name: Michelle Spranger

Business Phone: _____ Cell Phone: 248-470-7569 Email: michelle.spranger@mvpcollaborative.com

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

Projected Number of Attendees: 50

Please provide a brief description of your event:

AAA is celebrating the opening of their new Detroit branch located at 7310 Woodward with a Grand Opening Ribbon Cutting ceremony for about 50 guests.

CITY CLERK 2013 NOV 20 PM2100

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

Begin Set-up Date : 6/11/19 Time: 5:00AM Complete Set-up Date: 6/11/19 Time: 9:00AM

Event Start Date: 6/11/19 Time: 9:00AM Event End Date: 6/11/19 Time: 3:00PM

Begin Tearing Down Date: 6/11/19 Complete Tear Down Date: 6/11/19

Event Times (If more than one day, give times for each day):
9:00AM-3:00PM

Section 3- LOCATION/SITE INFORMATION

Location of Event: AAA Branch, sidewalk on Grand Blvd. and in the building's parking lot.

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

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

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

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Speeches and recorded music

Will a sound system be used? Yes No

If yes, what type of sound system? Live event PA system: (2) 16" speakers with (1) microphone

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No
If yes, please describe:

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

Will there be vending or sales? Yes No
If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold:

Will there be food trucks? Yes No

If yes, please list how many:

Will there be a charge for parking? Yes No

If yes, please describe the amount:

How will you advise attendees of parking options? **We are offering free valet parking through Metro Valet Parking (separate permit).**

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

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

Licensed

Armed

Bonded

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

Sidewalk is 39' wide. We will be using 27', leaving 12' of space open for passersby on the sidewalk to the curb.

Have local neighborhood groups/businesses approved your event?

Yes No

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

All tenants of the building and the property management company (REDICO) have approved our plan.

Section 8- EVENT SET-UP

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

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

Power will come from the AAA branch. No generators are required.

Name of vendor providing generators: Contact Person:

Address:

Phone:

City/State/Zip

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides) (2) 10'x10' canopies in the parking lot for windshield chip repair and child safety seat checks.

Staging/Scaffolding 4' D x 8' W x 12" H stage riser on the cement adjacent to the sidewalk facing Grand Blvd on the far southeast corner of the building.

Bleachers

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person:

Address:

City/State/Zip:

Name of company providing port-a-johns.

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

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

Will there be street closures? Yes No

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

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

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

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

AUTHORIZATION & AFFADAVIT OF APPLICANT

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

Signature of Applicant _____ Date _____

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

HOLD HARMLESS AND INDEMNIFICATION

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

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

(Please Print)

Event Name: AAA Detroit Branch Grand Opening

Event Date: June 11, 2019

Event Organizer: MVP Collaborative LLC on behalf of The Auto Club Group

Applicant Signature: _____

Date: May 15, 2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/8/2019

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

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

PRODUCER InPro Insurance Group, Inc. 2095 E. Big Beaver, Ste 100 Troy MI 48083	CONTACT NAME: InPro Insurance Group	
	PHONE (A/C, No, Ext): 248-526-3260	FAX (A/C, No): 248-526-3261
E-MAIL ADDRESS: certificates@inproagent.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Massachusetts Bay Insurance Co		22306
INSURER B: Hanover Insurance Company		22292
INSURER C: Accident Fund General Ins Co		12304
INSURER D:		
INSURER E:		
INSURER F:		

INSURED MVPCO-1
 MVP Collaborative, LLC
 1751 E. Lincoln Ave.
 Madison Heights MI 48071-4175

COVERAGES

CERTIFICATE NUMBER: 1693115291

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		ZDB077062011	9/1/2018	9/1/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			AHB077056911	9/1/2018	9/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			UHB077061911	9/1/2018	9/1/2019	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCV8002439	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

Additional Insured for General Liability when required by written contract: City of Detroit, its agencies, officers, elected officials, appointed officials and employees

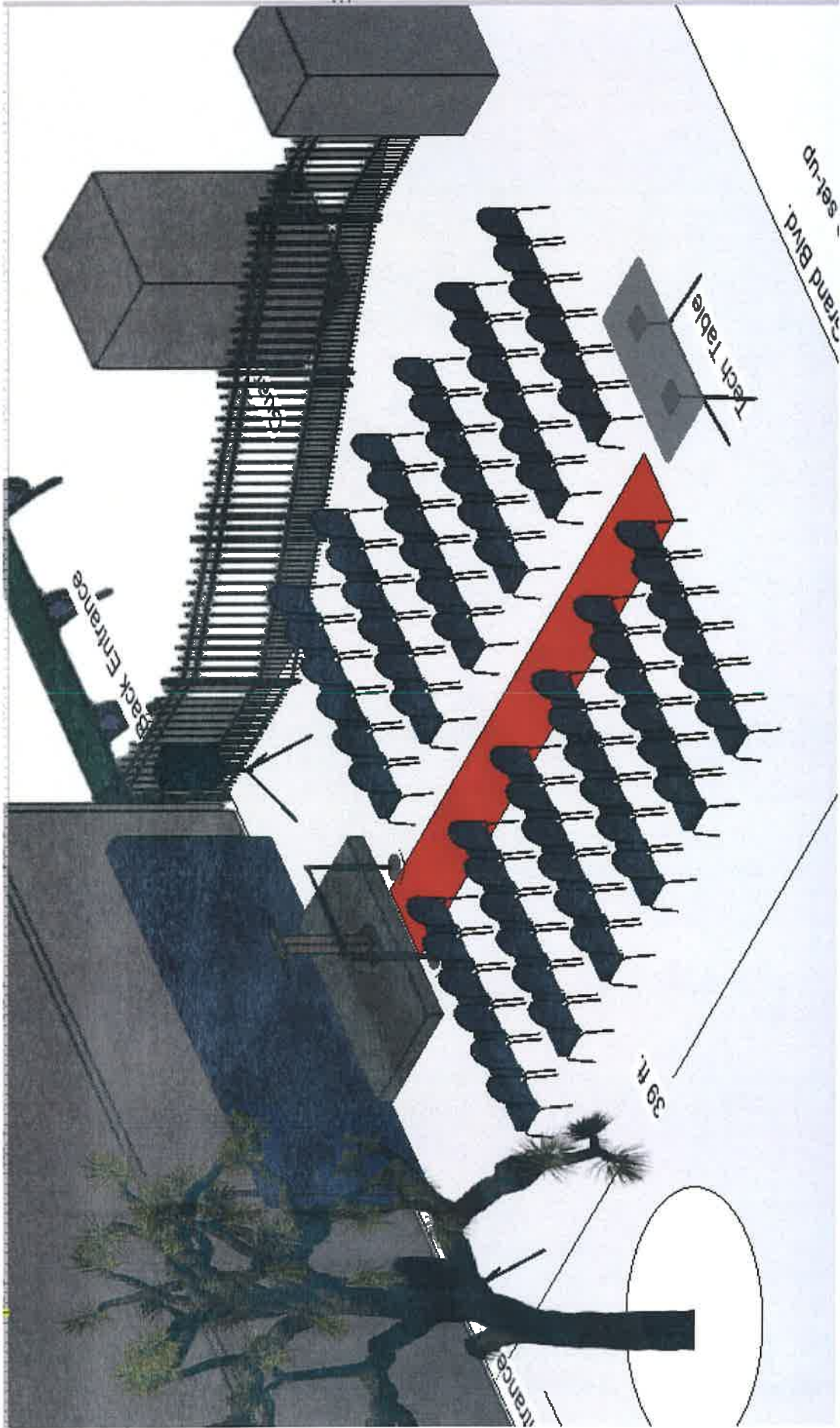
CERTIFICATE HOLDER**CANCELLATION**

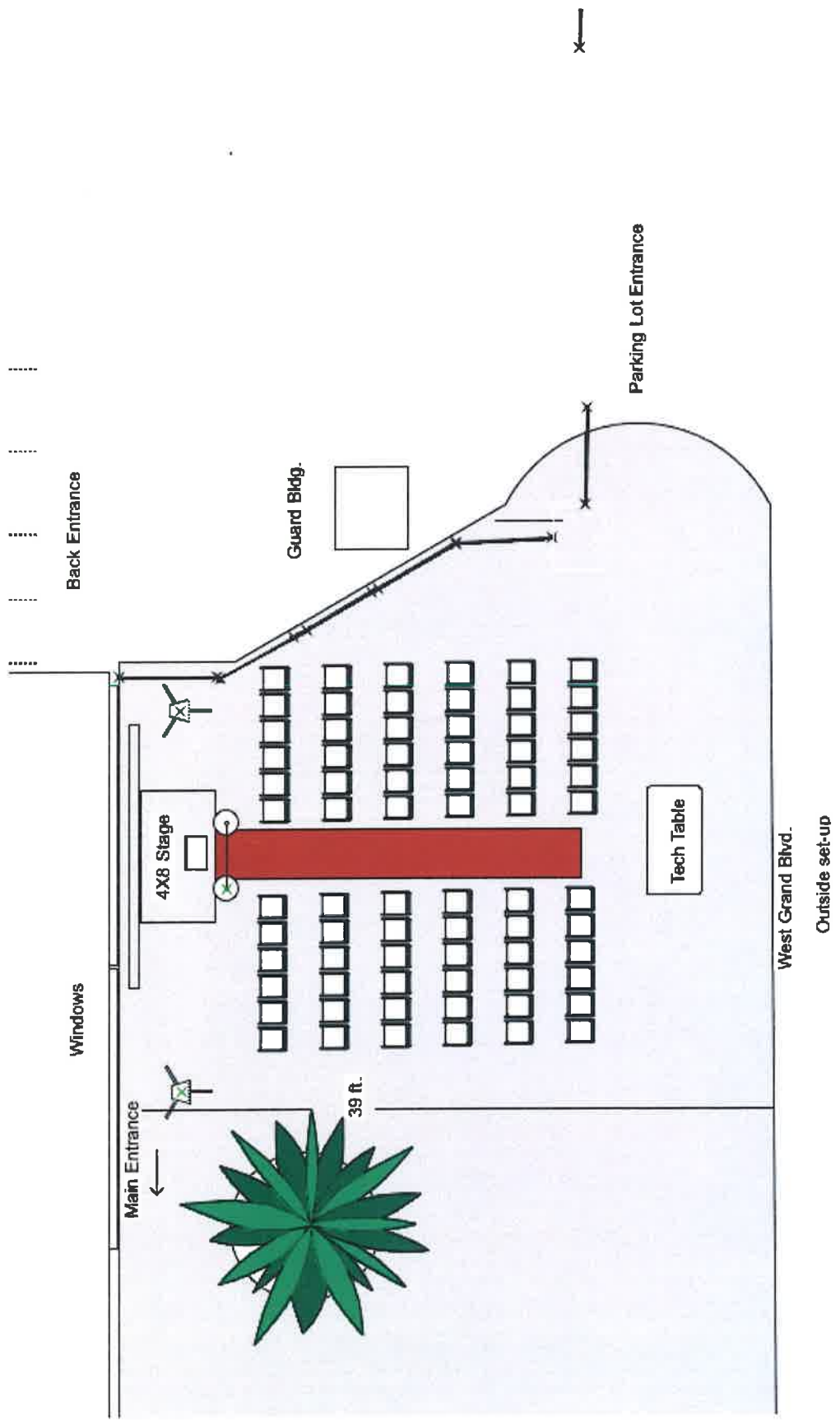
City of Detroit
 900 Cadillac Square
 Detroit MI 48226

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

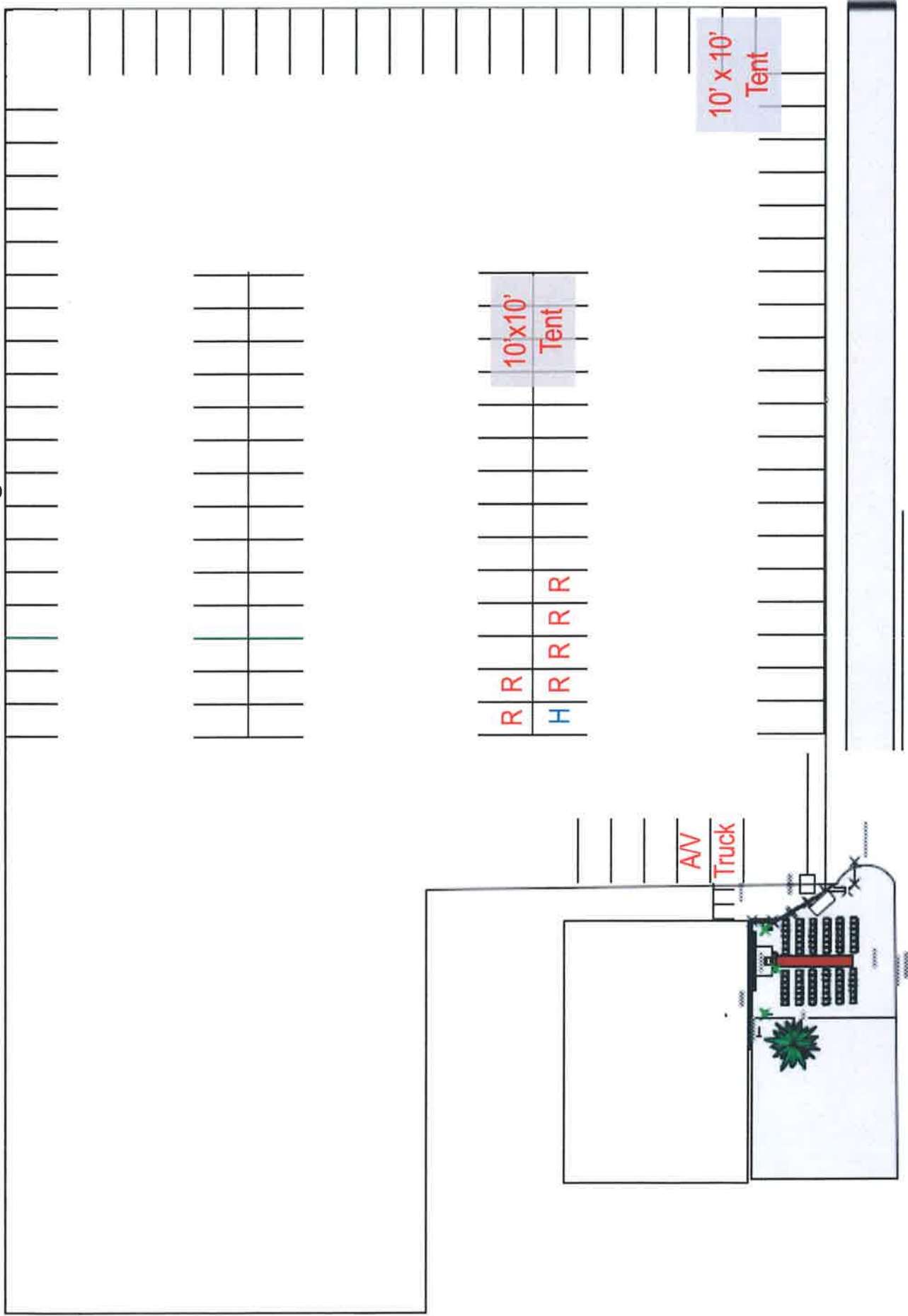
AUTHORIZED REPRESENTATIVE

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AAA Detroit Branch Grand Opening 7310 Woodward – Parking Lot



John R

2019-05-23

886

886 *Petition of MVP Collaborative,
request to hold "AAA Branch Grand
Opening" at 7310 Woodward Ave on
June 11, 2019 from 9:00 AM to 3:00
PM with set up and tear down
complete on the event date, 6-11-19.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

③ ~~30~~

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 887 Event Name: State of Michigan Historic Marker Dedication for Masjid Wali Muhammad

Event Date : June 15, 2019

Street Closure: Lawrence Street

Organization Name: Masjid Wali Muhammad

Street Address: 11529 Linwood Street Detroit, MI 48206

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

Celebration located at 11529 Linwood in celebration of the declaration of Masjid Wali Muhammad as a State of Michigan Historic Site from 3:00pm - 9:00pm in the adjacent parking lot; with temporary street closure on Lawrence Street.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention; Contracted with Courtesy Crowd Control to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required for Street Closure
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permit Required

CITY CLERK 2019 MAY 20 PM 2:13A

ENTERED JUN 03 2019 MTNB JA (3rd)

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

MAYOR'S OFFICE

Signature: Bethanie Kushier

Date: May 16, 2019

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, May 23, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

887 *Masjd Wali Muhammad, request to hold "State of Michigan Historic Marker Designation for Masjid Wali Muhammad" at 11529 Linwood St on June 15, 2019 from 3:00 PM to 9:00 PM with a closure of Lawrence St and the alley behind 11529 Linwood.*

City of Detroit Special Events Application

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

Section 1- GENERAL EVENT INFORMATION

Event Name: State of Michigan Historic Marker Dedication for Masjid Wali Muhammad

Event Location: 11529 Linwood St Detroit, MI 48206 (Parking Lot)

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Masjid Wali Muhammad

Organization Mailing Address: 11529 Linwood St Detroit, MI 48206

Business Phone: 313-868-2131

Business Website: www.historicmwm.com

Applicant Name: Sabreen Hanifa

Business Phone: 313-868-2131

Cell Phone: 313-673-4511

Email: historicmwm@gmail.com

Event On-Site Contact Person:

Name: Sabreen Hanifa

Business Phone: 313-868-2131

Cell Phone: 313-673-4511

Email: historicmwm@gmail.com

Event Elements (check all that apply)

Walkathon

Carnival/Circus

Concert/Performance

Run/Marathon

Bike Race

Religious Ceremony

Political Event

Festival

Filming

Parade

Sports/Recreation

Rally/Demonstration

Convention/Conference

Fireworks

Other: Historic Marker Dedication

Projected Number of Attendees: 300

Please provide a brief description of your event:

It is a celebration and historic marker dedication ceremony for the declaration of Masjid Wali Muhammad as State of Michigan historic site.

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

Begin Set-up Date : 6/15/19 Time: 9:00 am Complete Set-up Date: 6/15/19 Time: 12:00 pm

Event Start Date: 6/15/19 Time: 3:00 pm Event End Date: 6/15/19 Time: 9:00 pm

Begin Tearing Down Date: 6/15/19 Complete Tear Down Date: 6/15/19

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

Section 3- LOCATION/SITE INFORMATION

Location of Event: Masjid Wali Muhammad's Parking Lot

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

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

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

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Speakers, possible DJ

Will a sound system be used? Yes No

If yes, what type of sound system? Sound System Powered 2-15" Speakers (See Attached document from Pegasus)

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe:

Will there be on-site ticket sales? Yes No

If yes, list price(s):

Will there be vending or sales? Yes No

If yes, check all that apply:

- Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold:

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

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

How will you advise attendees of parking options? Street Parking, working on possible rental with Life Remodled

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Courtesy Crowd Control Corporation

Contact Person: Roy Muhammad

Address: Detroit, MI

Phone: (313) 363-9826

City/State/Zip: 48213

Number of Private Security Personnel Hired Per Shift: 6

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

Licensed

Armed

Bonded

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

We anticipate heavy car and foot traffic before and after the event. With street parking.

Have local neighborhood groups/businesses approved your event?

Yes No

Indicate what steps you have or will take to notify them of your event: We can send out personal visits, letters, emails and flyer to our fellow

neighbors and community organizations and block clubs.

Section 8- EVENT SET-UP

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

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

Honda 6500 kit Generator

Name of vendor providing generators: Contact Person: Pegasus Entertainment, David Grossman

Address: 22008 W. Eight Mile Rd

Phone: 248-353-6130

City/State/Zip **Southfield, MI 48003**

How Many? **1**

Size/Height **Honda 6500 kit Generator**

Booth **Press Box**

Tents (enclosed on 3 sides) **1 Tent**

Canopy (open on all sides)

Staging/Scaffolding **1 Stage**

Bleachers **n/a**

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: **n/a**

Address:

City/State/Zip:

Name of company providing port-a-johns. **Langs On-Site Services**

Contact Person: **Mary**

Address: **26490 W 8 mile Rd**

Phone: **248-356-3355**

City/State/Zip: **Southfield, MI 48033**

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

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

Will there be street closures? Yes No

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

STREET NAME: Lawrence St

FROM: Linwood St **TO:** Lawton St

CLOSURE DATES: 6/15/2019 **BEG TIME:** 6:00 am **END TIME:** 9:00 pm

REOPEN DATE: 6/15/2019 **TIME:** 10:00 pm

STREET NAME: Alley behind the Masjid 11529 Linwood St 48206

FROM: Burlingame **TO:** Lawrence St

CLOSURE DATES: 6/15/2019 **BEG TIME:** 6:00 am **END TIME:** 9:00 pm

REOPEN DATE: 6/15/2019 **TIME:** 10:00 pm

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

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

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

AUTHORIZATION & AFFADAVIT OF APPLICANT

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

Signature of Applicant _____ Date _____

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

HOLD HARMLESS AND INDEMNIFICATION

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

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

(Please Print)

Event Name: State of Michigan Historic Marker Dedication for Masjid Wali Muhammad **Event**
Date: 6/15/2019

Event Organizer:
Masjd Wali Muhammad /Sabreen Hanifa

Applicant Signature: _____

Date: _____

2019-05-23

887

887 *Petition of Masjid Wali Muhammad, request to hold "State of Michigan Historic Marker Designation for Masjid Wali Muhammad" at 11529 Linwood St on June 15, 2019 from 3:00 PM to 9:00 PM with a closure of Lawrence St and the alley behind 11529 Linwood.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

OFFICE OF CONTRACTING
AND PROCUREMENT

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April 24, 2019

HONORABLE CITY COUNCIL:

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

6001978 100% City Funding – To Manage the Capital Improvements to Re-Open the Joe Louis Arena Parking Garage. – Contractor: Detroit Building Authority – Location: 1301 Third, Ste. 328, Detroit, MI 48226 – Contract Period: Upon City Council Approval through February 14, 2022 – Total Contract Amount: \$2,767,000.00. **MUNICIPAL PARKING**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 6001978 referred to in the foregoing communication dated April 24, 2019, be hereby and is approved.

ENTERED MAY 06 2019 - BB in 1 week - RM (210)

ENTERED MAY 20 2019 - BB 2 weeks - RM (210)

ENTERED JUN 03 2019 MTNB JA (310)

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**OFFICE OF CONTRACTING
AND PROCUREMENT**

May 22, 2019

HONORABLE CITY COUNCIL:

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

6001815 100% City Funding – To Provide a Compliance and Certification System that Provides for Compliance with and Reporting for Federal Requirements under 49 CFR Parts 23, and 26. – Contractor: AskReply, Inc. DBA B2Gnow – Location: 725 W. McDowell Rd., Phoenix, AZ 85007 – Contract Period: Upon City Council Approval through June 10, 2024 – Total Contract Amount: \$128,095.00. **DDOT**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 6001815 referred to in the foregoing communication dated May 22, 2019, be hereby and is approved.

ENTERED JUN 03 2019 MTNB RM (30)

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**OFFICE OF CONTRACTING
AND PROCUREMENT**

May 22, 2019

HONORABLE CITY COUNCIL:

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

6002075 100% City Funding – To Provide Pet Food and Supplies for Detroit Animal Care and Control. – Contractor: Legend + White Animal Health Co – Location: 105 Schelter Rd., Ste. 204, Lincolnshire, IL 60069 – Contract Period: Upon City Council Approval through April 30, 2021 – Total Contract Amount: \$300,000.00. **HEALTH**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 6002075 referred to in the foregoing communication dated May 22, 2019, be hereby and is approved.

ENTERED JUN 03 2019 *MTNB RM (301)*

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OFFICE OF CONTRACTING
AND PROCUREMENT

May 22, 2019

HONORABLE CITY COUNCIL:

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

6002139 REVENUE – License Agreement for use of certain City Street Light Poles for Purposes of Installing Certain Small Cell Telecommunications Equipment. Revenue Dependent upon the Number of City Assets Used Under the Agreement. – Contractor: Extenet Systems, Inc. – Location: 3030 Warrenville Rd., Ste. 340, Lisle, IL 60532 – Contract Period: Upon City Council Approval through May 27, 2024. **PUBLIC LIGHTING**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 6002139 referred to in the foregoing communication dated May 22, 2019, be hereby and is approved.

ENTERED JUN 03 2019 MTNB RM (BJS)

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**OFFICE OF CONTRACTING
AND PROCUREMENT**

May 15, 2019

HONORABLE CITY COUNCIL:

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

2850143 100% City Funding – AMEND 4– To Provide Diesel and Unleaded Fuel.
– Contractor: Waterfront Petroleum Terminal Company – Location: 5431
W. Jefferson, Detroit, MI 48209 – Contract Period: Upon City Council
Approval through July 31, 2019 Contract Increase: \$1,500,000.00 –Total
Contract Amount: \$98,200,000.00. **DDOT**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 2850143 referred to in the foregoing communication dated May 15, 2019, be hereby and is approved.

ENTERED JUN 03 2019 MTNB RM (310)



CITY OF DETROIT
LAW DEPARTMENT

9

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

Date: May 30, 2019

To: Honorable City Council

From: Law Department *lsn*

Re: **Scheduling Closed session** – Legal Representation and Indemnification in lawsuit of *Michael Teolis v Mackenzie Julian and Nicholas Waldrep*; Civil Action Case No.: 19-2019-436-NZ for EMT Nicholas Waldrep

On May 28, 2019, Your Honorable Body referred the above-referenced matter to the Internal Operations standing committee regarding representation and indemnification of **EMT Nicholas Waldrep, Badge No. N/A**.

Both the Law Department and the Detroit Fire Department have recommended to **DENY** representation and indemnification of Mr. Waldrep.

The past practice of City Council is to hold hearings for employees who have been denied representation, in accordance with arbitration awards issued by the Voluntary Labor Arbitration Tribunal. After consultation with the Council President's office, the Law Department is respectfully requesting that a closed session be held on **Tuesday, June 11, 2019 at 2:30 p.m.** Mr. Waldrep is entitled to receive and the City of Detroit is required to hold this hearing.

BY COUNCIL MEMBER: _____

Required Hearings
Regarding Representation and Indemnification of
Certain Members of the Detroit Fire Department

Whereas, Section 7.5-203, *Civil Litigation*, of the 2012 Detroit City Charter provides, in relevant part, that “[upon request, the Corporation Counsel may represent any officer or employee of the city in any action or proceeding involving official duties;]” and,

Whereas, Section 13-1 1-5, *Civil Service and Personnel Regulations*, of the 1984 Detroit City Code provides, in pertinent part, that “the city council shall consider and determine whether the corporation counsel shall represent the officer or employee in the matter and find and determine whether or not the claim, demand or suit arises out of or involves the performance in good faith of the official duties of such officer or employee[;]” and,

Whereas, Arbitration awards issued by the Voluntary Labor Arbitration Tribunal recognize the past practice of City Council holding hearings for officers or employees who have been denied representation (*see* Grievance Nos. 79-237, 82-055, 90-047, and 92-200/92-202); **Now Therefore Be It**

Resolved, That, pursuant to the above and MCL 15.268(a), a closed session is to be held on **Tuesday, June 11, 2019** for the purpose of conducting hearings related to the following:

Legal Representation and Indemnification in lawsuit of Legal Representation and Indemnification in lawsuit of *Michael Teolis v Mackenzie Julian and Nicholas Waldrep*; Civil Action Case No.: 19-2019-436-NZ for **EMT Nicholas Waldrep**, Badge N/A; **and Be It Further**

Resolved That, the Law Department’s recommendation is to **DENY** indemnification of **Nicholas Waldrep** in this matter, which will be discussed with Law Department attorneys, representatives from the Detroit Fire Fighters Association, Nicholas Waldrep and counsel, representatives from the Detroit Fire Fighters Association, as well as attorneys from the Legislative Policy Division; **and Be It Further**

Resolved That the hearings are scheduled at **2:30 p.m.**; **and Be It Finally**

Resolved That a copy of this resolution be timely provided to the Detroit Fire Fighters Association and Corporation Counsel.