

Referrals
7/2/19

**NEIGHBORHOOD
AND COMMUNITY
SERVICES STANDING
COMMITTEE**

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 668 Event Name: JDRF One Walk

Event Date : September 22, 2019

Street Closure: Atwater Street

Organization Name: JDRF

Street Address: 24359 Northwestern Highway Southfield, MI 48075

| | |
|--|--|
| 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 checked="" 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 type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

JDRF One Walk to raise awareness for Juvenile Diabetes located at Milliken State Park & the Detroit Riverwalk from 8:00am - 11:30am.

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

| Date | Department | N/A | APPROVED | DENIED | Additional Comments |
|------|--------------|--------------------------|-------------------------------------|--------------------------|--|
| | DPD | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DPD Assisted Event |
| | DFD/ EMS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contracted with Hart Medical to Provide Private EMS Services |
| | DPW | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DPD Assisted Event; No Permit Required |
| | Health Dept. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | No Permit Required |

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

MAYOR'S OFFICE

Signature: B. Austin

Date: 6-28-19

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, February 07, 2019

To: *The Department or Commission Listed Below*

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

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

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

MAYOR'S OFFICE POLICE DEPARTMENT
RECREATION DEPARTMENT FIRE DEPARTMENT
BUILDINGS SAFETY ENGINEERING BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

668 *JDRF, request to hold "JDRF One Walk" at Milliken State Park/Detroit River Walk, on 9/22/19 at 8:00am - 11:30am, Set-up 9/21/19 at 8am - 5pm, Complete tear down on 9/22/19 at 12pm - 2pm, Street closure at Atwater (both directions) from Beaubien-Riopelle*

71668

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: JDRF One Walk
Event Location: Milliken State Park / Detroit RiverWalk

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: JDRF
Organization Mailing Address: 24359 Northwestern Hwy, #125 Southfield MI 48075
Business Phone: 248-355-1133 Business Website: michiganeast.jdrf.org

Applicant Name: Sherry Rank
Business Phone: 248-936-1287 Cell Phone: 248-872-9390 Email: srank@jdrf.org

Event On-Site Contact Person:
Name: Sherry Rank
Business Phone: 248-936-1287 Cell Phone: 248-872-9390 Email: srank@jdrf.org

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

Projected Number of Attendees: 4,500
Please provide a brief description of your event:

JDRF One Walk is a fun, family event that raises money for type 1 diabetes research to find a cure.

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

Begin Set-up Date 09/21/2019 Time: 8:00am Complete Set-up Date: 9/21/2019 Time: 5:00pm

Event Start Date: 09/22/2019 Time: 8:00am Event End Date: 9/22/2018 Time: 11:30 am

Begin Tearing Down Date: 9/22/2019 12:00pm Complete Tear Down Date: 9/22/2019 2:00pm

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

Saturday, September 21, 2019 Event set-up from 8:00 am - 5:00 pm

Sunday, September 22, 2019 Set-up morning of the event at 6:00 am. Walk is 8:00 am to 11:30 am.

Section 3- LOCATION/SITE INFORMATION

Location of Event: William G. Milliken State Park, 1900 Atwater St, Detroit, MI 48207

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

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

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

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

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

DJ and Kids activities to include face-painting and bounce houses

Will a sound system be used? Yes No

If yes, what type of sound system? DJ - Amplified Sound

Describe specific power needs for entertainment and/or music:

Gas generator for DJ, bounce houses, and start line boulder blimp

How many generators will be used? 5

How will the generators be fueled?

Gas

Name of vendor providing generators:

Contact Person: Jason Marzec, Sunbelt Rentals

Address: 34111 West Fort Street

Phone: 313-202-5767

City/State/Zip: Detroit, MI 48216

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe:

Will there be on-site ticket sales? Yes No

If yes, list price(s):

Will there be vending or sales? Yes No

If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold:

No items or food will be sold. Snacks, fruit, juice boxes and bottled water will be provided free to participants. The Walk is free to attend.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Omega Security Service

Contact Person: Timothy Short

Address: 4325 Fox Hill Drive

Phone: 248-224-7621

City/State/Zip:

Sterling Heights, MI 48310

Number of Private Security Personnel Hired Per Shift:

4

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

Parking info and parking map will be posted on our Detroit Walk website and included in our Walk team captain kits that are mailed to participants. It will also be included in the Walk Day details eblast that goes out to all walk participants one week prior to the event.

On Walk Day, we will also have traffic control volunteers with vests and flags strategically placed around the walk site and at the River East Parking Garage to direct participants to free parking at River East Parking Garage.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
Will affect pedestrian traffic the morning of the event. Street closure and music may affect residents of Orleans Lansing and visitors to the OAC.

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

Indicate what steps you have or will take to notify them of your event:
Approved by Rivard Plaza and Milliken State Park. We plan to reach out to Orleans Landing and the OAC to notify them of event far in advance of Walk date, as well as a reminder to them before the event. Will submit their approval to the city. They have approved and been supportive of our event the last 3 years.

Section 8- EVENT SET-UP

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

| | How Many? | Size/Height |
|-----------------------------|-----------|---|
| Booth | | |
| Tents (enclosed on 3 sides) | 2 | 1 - 10 x 60 / 1 - 20 x 20 |
| Canopy (open on all sides) | 33 | 2 - 20 x 40 / 1, 20 x 20 / 29 - 10 x 10 |
| Staging/Scaffolding | 1 | 20 x 16 mobile stage |
| Bleachers | | |

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Adam Gottlieb, HART EMS

Address: 220 Bagley, Suite 912

City/State/Zip: Detroit, MI 48226

Name of company providing port-a-johns. Brendel's Septic Tank Services

Contact Person: Terri Vickers

Address: 9481 Highland Road

Phone: 248-695-5000

City/State/Zip: Southfield, MI 48075

Name of private catering company? TBD for special catering for V1P tent only

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: Atwater Street (both directions)

FROM: Beaubien Street **TO:** Riopelle Street

CLOSURE DATES: 9/22/2019 **BEG TIME:** 8:00 am **END TIME:**

REOPEN DATE: 9/22/2019 at 11:00 am **TIME:**

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:**

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:**

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:**

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:**

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

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

This will be our 4th year hosting the JDRF One Walk Detroit at Milliken State Parking and working with the City of Detroit. Please note that Milliken State Park is a State of Michigan Park and we work directly with the park to obtain special event permits required by the State of Michigan.

Due to it being a State of Michigan Park, in 2017 it was determined by the City of Detroit that we did not have to obtain permits with the City of Detroit Building and Safety and the Fire Marshall Inspection was waived. Supporting documentation can be provided upon request.

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.

Sherry Rank 01/22/2019

SIGNED BY: SHERRY RANK
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: JDRF One Walk, Detroit Event
Date: January 17, 2019

Event Organizer:
JDRF

Applicant Signature: *Sherry Rank*
Date: 01/22/2019

2019-02-07

668

668 *Petition of JDRF, request to hold "JDRF One Walk" at Milliken State Park/Detroit River Walk, on 9/22/19 at 8:00am - 11:30am, Set-up 9/21/19 at 8am - 5pm, Complete tear down on 9/22/19 at 12pm - 2pm, Street closure at Atwater (both directions) from Beaubien-Riopelle*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

RECREATION DEPARTMENT

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 753 Event Name: Making Strides Against Breast Cancer of Detroit 2019

Event Date : October 12, 2019

Street Closure: Various

Organization Name: American Cancer Society

Street Address: 20450 Civic Center Drive Southfield, MI 48076

| | |
|--|--|
| 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 5K Walk in support of Breast Cancer from 6:00am - 3:00pm; with various street closures.

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

| Date | Department | N/A | APPROVED | DENIED | Additional Comments |
|------|--------------|--------------------------|-------------------------------------|--------------------------|--|
| | DPD | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DPD Assisted Event; Contracted with Camouflage Security to Provide Private Security Services |
| | DFD/EMS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pending Inspections; Contracted with DMCAre Express to Provide Private EMS Services |
| | DPW | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DPD Assisted Event; No Permits Required |
| | Health Dept. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Temporary Food License Required |

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

MAYOR'S OFFICE

Signature: B. Ausher

Date: 6-28-19

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, March 20, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

753 *American Cancer Society, request to hold "Making Strides Against Breast Cancer of Detroit 2019" at Hart Plaza on 10/12/19 from 6 AM - 3 PM, Set-up on 10/11/19 from * AM - 3 PM, Tear down on 10/12/19 from 12 PM to 3 PM.*

#753

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: Making Strides Against Breast Cancer of Detroit 2019

Event Location: Hart Plaza

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: American Cancer Society

Organization Mailing Address: 20450 Civic Center Drive, Southfield, MI 48076

Business Phone: 2486633401 Business Website: www.cancer.org

Applicant Name: Carrie Franchi

Business Phone: 248.663.3467 Cell Phone: 734.891.7177 Email: carrie.franchi@cancer.org

Event On-Site Contact Person:

Name: same as above

Business Phone: _____ Cell Phone: _____ Email: _____

Event Elements (check all that apply)

- Walkathon
- Run/Marathon
- Political Event
- Parade
- Convention/Conference
- Carnival/Circus
- Bike Race
- Festival
- Sports/Recreation
- Fireworks
- Concert/Performance
- Religious Ceremony
- Filming
- Rally/Demonstration
- Other: non-competitive 3 mile walk

Please provide a brief description of your event:

5 K walk in support of breast cancer

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

Begin Set-up Date :10.11.19 Time:8am Complete Set-up Date: 10.11.19 Time: 3pm

Event Start Date: 10.12.19 Time:6am Event End Date: 10.12.19 Time:3pm

Begin Tearing Down Date:10.12.19 12:00pm Complete Tear Down Date 10.12.19 3:00pm

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

Section 3- LOCATION/SITE INFORMATION

Location of Event: Hart Plaza / 1 Hart Plaza, Detroit, MI

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: DJ, stage speakers, Emcee

Will a sound system be used? Yes No

If yes, what type of sound system? A7Productions speaker amplification

Describe specific power needs for entertainment and/or music: Will use Hart Plaza plug ins and 3 generators

How many generators will be used? 3

How will the generators be fueled? gasoline

Name of vendor providing generators:

DTE Energy

Address: _____ Phone: _____

City/State/Zip: _____

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe: _____

Will there be on-site ticket sales? Yes No

If yes, list price(s): _____

Will there be vending or sales? Yes No

If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold: Food trucks

Section 6- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: Camouflage Security / Joel Grissom

Address: _____ Phone: 313.717.2381

City/State/Zip: _____

Number of Private Security Personnel Hired Per Shift: 21 different security points

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

Licensed Armed Bonded

Two will be armed (two security guards escorting our money handlers)

How will you advise attendees of parking options?

_We will coordinate parking options with surface lots and garages, then will direct participants through email, website, and logistics phone call.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

_____ We will work with DPD and Chris Stillwell from MitiSafe Consulting for road closures & use Traffic Management for barricades _____

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

Indicate what steps you have or will take to notify them of your event: emailing, calling, volunteers will visit _____

and offer posters and informaiton _____

Section 8- EVENT SET-UP

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

| | How Many? | Size/Height |
|-----------------------------|-----------|---------------------|
| Booth | | |
| Tents (enclosed on 3 sides) | 15-18 | 10x10, 20x20, 20x30 |
| Canopy (open on all sides) | 3 | 20x20, 30x30 |
| Staging/Scaffolding | 1 | A7 Productions |
| Bleachers | None | |

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: DMCCare _____

Address: 6420 E Lafayette St _____

City/State/Zip: Detroit, MI 48207 _____

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

Contact Person: Tiffany _____

Address: 27940 Wick Road _____

Phone: 734.421.1400 _____

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

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

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

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

- 1) **CERTIFICATE OF INSURANCE (will not have until 60 days prior to event)**
- 2) **EMERGENCY MEDICAL AGREEMENT**
- 3) **SANITATION AGREEMENT**
- 4) **PORT-A-JOHN AGREEMENT**
- 5) **COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFIDAVIT OF APPLICANT

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

Signature of Applicant

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: _____ Event Date: _____

Event Organizer: _____

Applicant Signature: _____ Date: _____

2019-03-20

753

753

*Petition of American Cancer Society,
request to hold "Making Strides
Against Breast Cancer of Detroit
2019" at Hart Plaza on 10/12/19 from
6 AM - 3 PM, Set-up on 10/11/19 from
* AM - 3 PM, Tear down on 10/12/19
from 12 PM to 3 PM.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

22
+
23

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 841 Event Name: Ride 4 Justice

Event Date : August 10, 2019

Street Closure: None

Organization Name: Justice 4 Jada, Inc.

Street Address: 35216 Wright Circle

| | |
|--|--|
| 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 checked="" 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 type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Ride 4 Justice will hold their annual event for the community to rally against gun violence from 12:00pm - 4:00pm with a walkathon & rally at Sawyer Playground Park.

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

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

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

MAYOR'S OFFICE

Signature: B. Kushner

Date: 6-28-19

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, April 30, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

841

Justice 4 Jada Inc., request to hold the "Ride 4 Justice Against Gun Violence" at Sawyer Playgorund Park on 8/10/19 from 12PM - 4PM, Set up on 8/10/19 from 11AM - 12PM, Tear down 8/10/19 after event.

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: Mide 4 Justice Against Gun Violence.

Event Location: Lawyer Playground Park

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Justice 4 Jada Inc

Organization Mailing Address: 35216 Wright Circle

Business Phone: (313) 208-0898 Business Website: www.justice4jada.org

Applicant Name: Tawanna Hankin

Business Phone: (313) 208-0898 Cell Phone: _____ Email: Justice4Jada@hotmail.com

Event On-Site Contact Person: Tawanna Hankin

Name: Tawanna Hankin

Business Phone: (313) 208-0898 Cell Phone: _____ Email: Justice4Jada@hotmail.com

Event Elements (check all that apply)

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

Projected Number of Attendees: _____

Please provide a brief description of your event:

Mide 4 Justice is A Event that allow the Community to Come a Support a Rally together Against Gun violence. It gives families the chance who lose love one to Gun violence to have the opportunity to be Embressed with the Community.

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

Begin Set-up Date: 8/10/19 Time: 11:AM Complete Set-up Date: _____ Time: 12PM
Event Start Date: 8/10/19 Time: 12pm Event End Date: 8/10/19 Time: 4pm
Begin Tearing Down Date: 8/10/19 Complete Tear Down Date: 8/10/19

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

Section 3- LOCATION/SITE INFORMATION

Location of Event: 15401 Grand River (Mammoth Parking Lot) Detroit

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:

Bounce House, face painting

Will a sound system be used? Yes No

If yes, what type of sound system? DS Equipment

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?

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Contact Person:

Address:

Phone:

W/A

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

W/A

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)?

Have local neighborhood groups/businesses approved your event?

Yes

No

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

OK yes This an ~~an~~ Annually

OP Event, How I goes door to door passing out
Flyer

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

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

Generators (2)

Name of vendor providing generators: Contact Person:

Address:

Phone:

City/State/Zip

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

(3)

10 x 10

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person:

911

Address:

City/State/Zip:

Name of company providing port-a-johns.

Deotthy's Potties

Contact Person:

~~Deotthy~~ Deotthy

Address:

27940 Wick Rd

Phone:

734-421-1400

City/State/Zip:

Romulus, ME 04874

Name of private catering company?

Contact Person:

N/A

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

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

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 & AFFIDAVIT OF APPLICANT

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

Chawanna Larkin 4/10/9

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: *Ride 4 Justice* Event
Date: _____

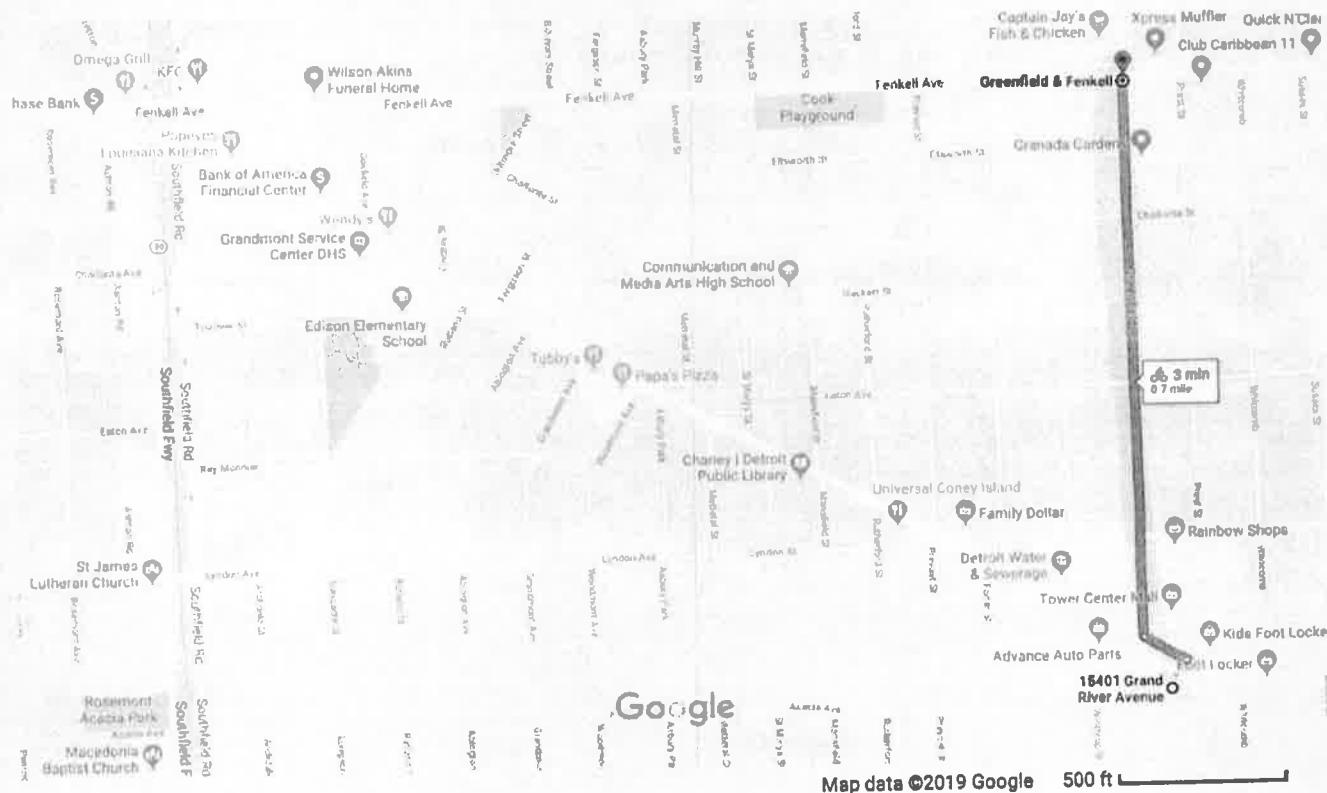
Event Organizer: _____

Applicant Signature: _____
Date: _____

Google Maps

15401 Grand River Avenue, Detroit, MI to Greenfield & Fenkell, Detroit, MI 48227

Bicycle 0.7 mile, 3 min



via Greenfield Rd

3 min

0.7 mile

Mostly flat

Grand River & Greenfield
 to Greenfield to Fenkell
 Fenkell and Greenfield to
 Fenkell & Meyers.
 Meyers to Lyndon
 Lyndon down to Sawyer Playground Park.

Google Maps

Captain Jay's Fish & Chicken to Fenkell Avenue & Meyers Road

Bicycle 1.5 miles, 8 min



via Fenkell Ave

8 min
1.5 miles

via Midland St and Fenkell Ave

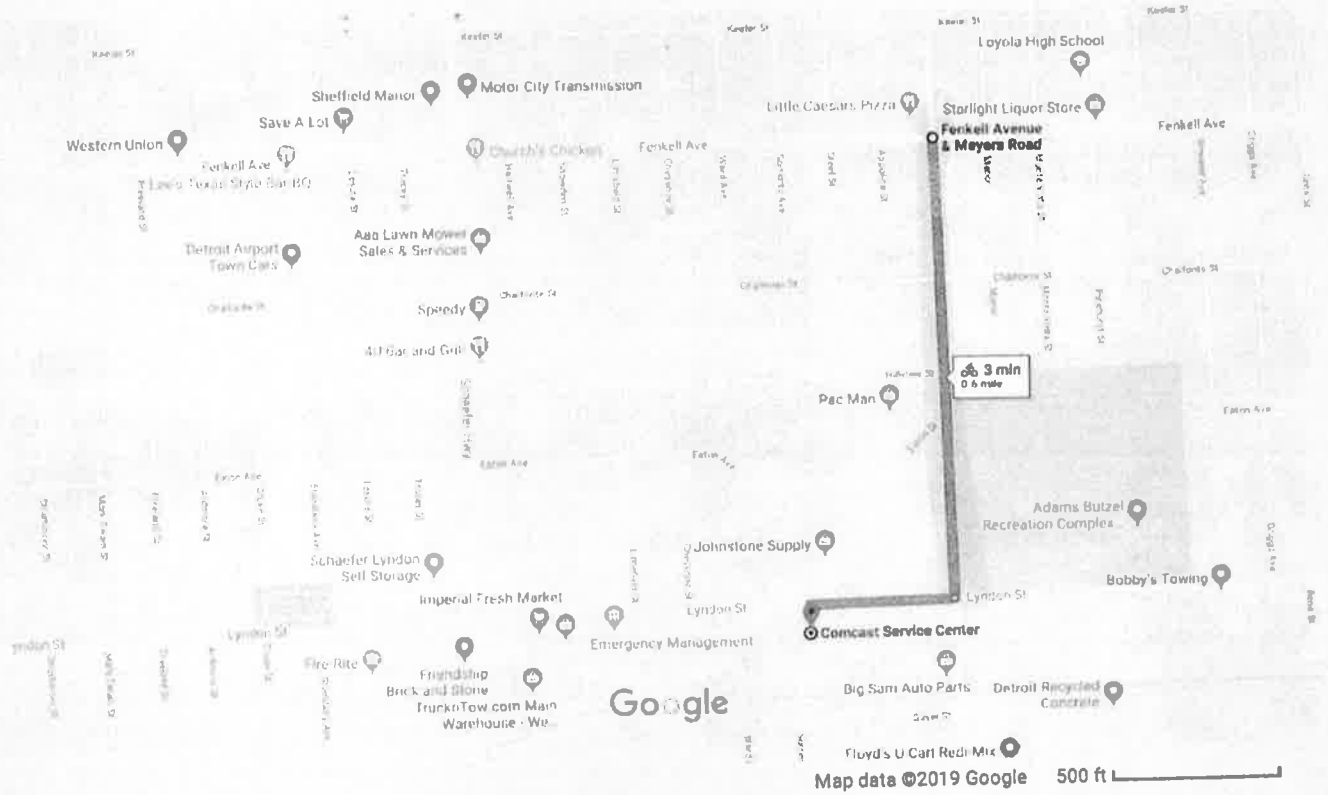
11 min
2.0 miles

All routes are mostly flat

Google Maps

Fenkell Avenue & Meyers Road to Comcast Service Center

Bicycle 0.6 mile, 3 min



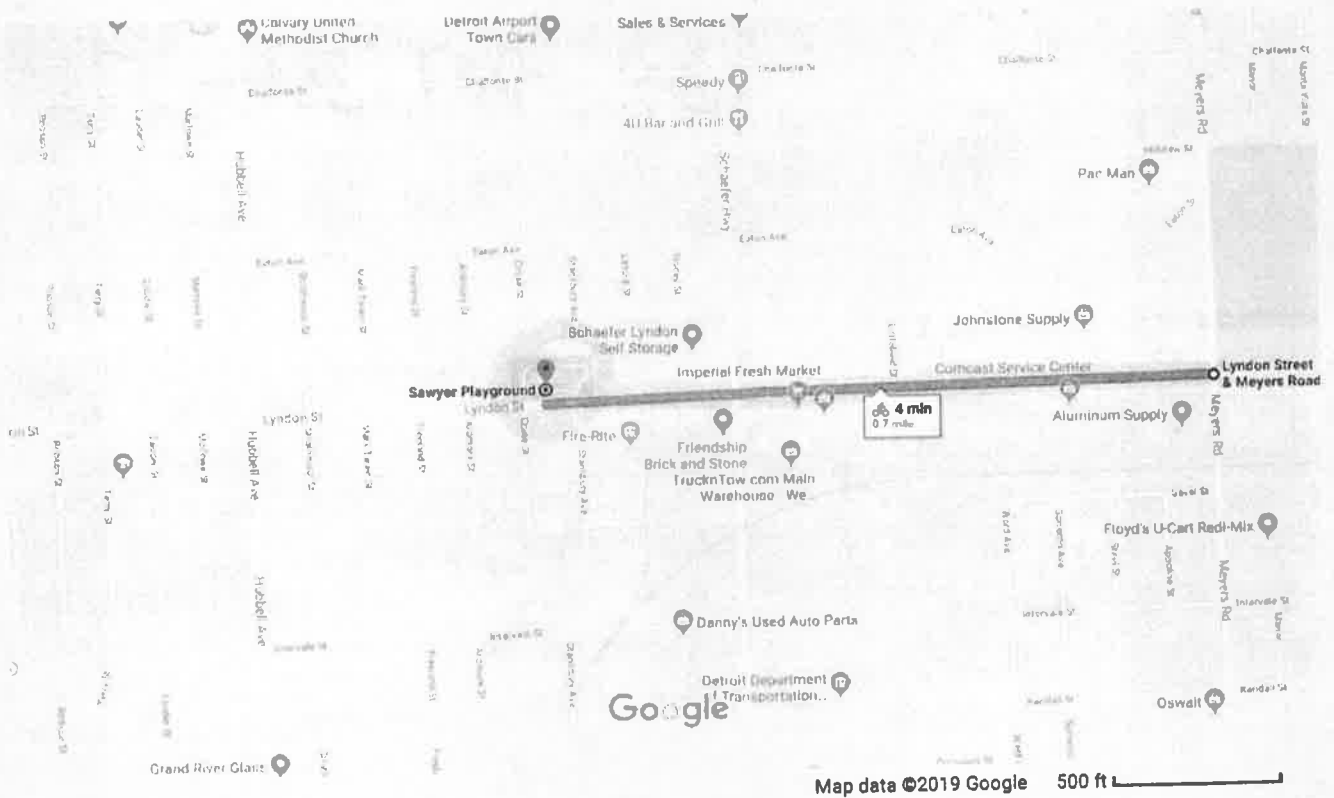
via Meyers Rd

3 min
0.6 mile

Mostly flat

Google Maps

Lyndon St & Meyers Rd, Detroit, MI 48238 to Sawyer Playground Bicycle 0.7 mile, 4 min



via Lyndon St

4 min
0.7 mile

Mostly flat

2019-04-30

841

841 *Petition of Justice 4 Jada Inc., request to hold the "Ride 4 Justice Against Gun Violence" at Sawyer Playgorund Park on 8/10/19 from 12PM - 4PM, Set up on 8/10/19 from 11AM - 12PM, Tear down 8/10/19 after event.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

22
+
23

24 23

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: #974 Event Name: Hispanic Family Festival

Event Date: 7/28 - 9/1, 2019

Street Closure: None

Organization Name: Zamora Entertainment

Street Address: 23300 Goddard Road Taylor, MI 48180

| | |
|--|--|
| 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 Hispanic Family Festival located at Patton Park from 1:00pm - 10:00pm.

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

| Date | Department | N/A | APPROVED | DENIED | Additional Comments |
|------|--------------|--------------------------|-------------------------------------|--------------------------|---|
| | DPD | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DPD will Provide Special Attention; Contracted with a Private Security Company to Provide Security Services |
| | DFD/EMS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services |
| | DPW | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | No Permits Required |
| | Health Dept. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Temporary Food License Required |

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

MAYOR'S OFFICE

Signature: B. Fisher

Date: 6-28-19

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, July 1, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

974 *Zamora Entertainment Inc., request to hold "Hispanic Family Festival" at Patten Memorial Park on 7/28/19 - 9/1/19 from 1pm til 10pm, Set-up on 7/26/19 @8am - 12pm, Tear down on 7/29/19 from 1pm - 8pm.*

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: HISPANIC FAMILY FESTIVAL
 Event Location: PATTON MEMORIAL PARK 2301 WOODMERE ST

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: ZAMORA ENTERTAINMENT INC
 Organization Mailing Address: 23300 GODDARD RD TAYLOR, MI 48180
 Business Phone: 313-291-6100 Business Fax: 313-291-6101
 Federal Tax ID # 38-3548084

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

Applicant Name: DANIELA ZAMORA
 Title/Role: VICE PRESIDENT
 Email Address: Daniela@Zamorausa.com
 Mailing Address: 23300 GODDARD RD TAYLOR, MI 48180
 Business Phone: 313-291-6100 Business Fax: 313-291-6101
 Event On-Site Contact Person: YESENIA MARTINEZ / RAFAEL ZAMARRON
 Mailing Address: 23300 GODDARD RD TAYLOR, MI 48180
 Business Phone: 313-291-6100 Business Fax: 313-

DANIELA ZAMORA 313-743-3247 VICE PRESIDENT / YESENIA MARTINEZ 313-213-5957
RAFAEL ZAMARRON 313-743-3248 ONSITE SUPERVISOR EVENT COORDINATOR

List Event Sponsors: CONSTELLATION BRANDS

- 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: _____ |

Provide a brief description of your event:

OUR PURPOSE IS TO PROVIDE OUTING WITH THE INTENTION OF ENTERTAINING MEMBERS OF ALL AGES OF THE HISPANIC COMMUNITY. THIS FESTIVAL WILL PROMOTE THE TRADITIONAL FAMILY "FIESTA." AND GATHERING, WITH LIVE MUSIC, PERFORMANCES AND GAMES

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

Begin Set-up Date & Time: 07/26/19 8:00 am Complete Set-up Date & Time: 07/26/19 12:00 pm
Event Start Date & Time: 07/28/19 1:00 pm Event End Date & Time: 09/11/19 10:00 pm
Begin Tearing Down Date: 07/29/19 1:00 pm Complete Tear Down Date: 07/29/19 8:00 pm

Event Times (If more than one day, give times for each day): N/A
7/28/19 + 9/11/19

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? 09/03/18
When was the event last held in Detroit? YES
Where was the event last held in Detroit? THE PATTON PARK
What were the hours last year? 1:00 pm TO 10:00 pm
Project Attendance This Year (Minimum - Maximum)? 2,500 TO 4,000
What is the basis for your projected attendance? PREVIOUS EVENTS

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? LABOR DAY WEEKEND 2020

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

- People Balloons
- Floats Animals
- Vehicles Other: _____
- Bands

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

Name of business supplying animal(s): _____

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

Section 3- LOCATION/SITE INFORMATION

Location of Event:

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 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

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

- Singers Magician
 Musicians Story Telling
 Comedians Other: _____

Describe the entertainment for this year's event: LIVE MUSIC, REGIONAL MEXICAN.

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? _____

Acoustic-audible, sound heard within natural range

Amplified-augmented, sound increased to broaden range

The amplified sound will be used: _____

Will the event consist of a musical concert? Yes No

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

Live Recorded Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: _____

How many generators will be used? 2 (125 KW 3PHASE)

How will the generators be fueled? PROVIDER WILL DO IT

Name of vendor providing generators:

Contact Person: STEVE BERRY

Address: 12668 ARNOLD

Phone: 734-358-0787

City/State/Zip: REFORD MI 48239

Section 5- COMMUNICATION/ADVERTISING STRATEGY

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

[X] Radio (Specify stations): LA ZETA 1310 AM & 107.9 FM

[] Television (Specific stations):

[X] Newspapers (specify papers): NUESTRO DETROIT

[X] Web site (identify web address): WWW.ZAMORALIVE.COM

[] Public Relations or Marketing Firm (Specify):

Contact Info:

[] Raffle (List Item(s)):

[] Billboards

[X] Flyers

[X] Street Banners

[] Other (specify):

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

Section 6- SALES INFORMATION

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

If yes, please describe: PRESALE STORES AND ZAMORALIVE.COM

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

If yes, list price(s):

Will food be sold? [X] Yes [] No

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

VENDORS WILL TRAMIT THEIR OWN PERMITS

Will merchandise be sold? [X] Yes [] No

If yes, describe:

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

If yes, describe: 25%

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

DELTA TAU LAMBADA SORORITY

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

If yes, check all that apply:

[X] Food

[X] Merchandise

[X] Non-Alcoholic Beverages

[X] Alcoholic Beverages - BEER

[] Other (specify):

Indicate type of items to be sold:

HATS, BOOTS, REGIONAL FOOD

Will these be exclusive vendors or outside vendors? (please describe): OUTSIDE VENDORS

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: TYRONE CARTER

Address: 2323 FORT ST Phone: 313-671-5497

City/State/Zip: DETROIT, MI 48217

Number of Private Security Personnel Hired Per Shift: 35 TO 40

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

Licensed Armed Bonded

Describe the emergency evacuation plan: PLEASE SEE ATTACHED

Describe the parking plan to accommodate anticipated attendance: PARKING ATTENDANCE

How will you advise attendees of parking options? SIGNS

Are you seeking a group parking rate? NO

Section 8- COMMUNITY IMPACT INFORMATION

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

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 TOTAL 6

How Many? 10X20

Size/Height 1 CANOPY BOX OFFICE

Booth 6

Tent (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

1 STAGE 40X28X5

Bleachers

Company:

Grill

Gas

Charcoal

Electrical

Propane

Fireworks (Pyrotechnics)

Aerial

Stage

Provide Sketch:

Portable Restrooms:

Standard

ADA Accessible

44 STANDARDS

2 HANDY CAP.

Vehicles

FORKLIFT

Type/Weight:

INDUSTRIAL STANDARD / 5,000 LBS

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.

JUST FOR AUDIO, LIGHTING AND VIDEO. WILL BE NECESSARY

125 KW, 3 PHASE

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

LIGHT TOWERS, HAND SANITISER UNITS

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? BUDGED DUMSTER

Contact Person: RANDY MOORE

Address: 830 CATTERBURY

Phone: 866-284-6164

City/State/Zip: WEST LAKE OH, 44145

Name of company providing emergency medical services?

Contact Person: HART EMS MEDICAL / ADAMS GOTTLIER

Address: 1636 FORT ST

City/State/Zip: DETROIT, MI 48216

Name of company providing porta-johns. PARKWAY SERVICES

Contact Person: KATY MULLAR

Address: 2876 TYLER RD

Phone: 734, 482-7633

City/State/Zip: YPSILANTY MI 48198

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: _____

FROM _____
TO _____

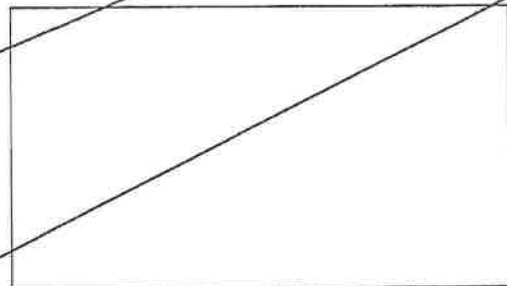
Closure Dates: _____

Beg. Time: _____

End Time: _____

Reopen Date: _____

Time: _____



STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

- Posting no parking signs
- Light pole
- Electrical Services
- Storage for Trailers/Trunks

Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

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

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.

Maya D Zamora
Signature of Applicant

01/08/19
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.

2019-07-01

974

974 Petition of Zamora Entertainment Inc. request to hold "Hispanic Family Festival" at Patten Memorial Park on 7/28/19 - 9/1/19 from 1pm til 10pm, Set-up on 7/26/19 @8am - 12pm, Tear down on 7/29/19 from 1pm - 8pm. *Zatton e*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

24



CITY OF DETROIT
GENERAL SERVICES DEPARTMENT

18100 MEYERS ROAD
DETROIT, MICHIGAN 48235
PHONE 313•628•0900 TTY.311
FAX 313•628•1915
WWW.DETROITMI.GOV

25

June 20, 2019

Detroit City Council
2 Woodward Avenue
1340 Coleman A. Young Municipal Center
Detroit, MI 48226

Re: Authorization to Acquire Twelve (12) Parcels from the Detroit Land Bank Authority for the Park/Playground Project (Fischer-Marion Park)

Honorable City Council

The City of Detroit ("City"), by and through the General Service Department/Parks and Recreation Division ("GSD"), is hereby requesting the authorization of your Honorable Body to acquire certain vacant parcels from the Detroit Land Bank Authority ("Acquisition Parcels") to be included in the Fischer-Marion Park, ("Park/Playground Project").

The City proposes to use twelve (12) vacant parcels to establish the Fischer-Marion Park at the intersection of Fischer Avenue and Marion Avenue.

In accordance with the requirements of Detroit City Code, Section 2-1-12, City Council is required to approve any gift, grant, devise or bequest of real or personal property to be used for any public purpose. Pursuant to the Memorandum of Understanding ("MOU") between the City of Detroit and the Detroit Land Bank Authority, approved by the Detroit City Council on May 5, 2015, the Detroit Land Bank Authority may not transfer ten (10) or more parcels of property received from the City to the same transferee within any rolling 12 month period without the prior approval of the Mayor and City Council.

We hereby request that your Honorable Body approved the attached resolution authorizing the Detroit Land Bank Authority to transfer twelve (12) vacant parcels to the Parks and Recreation Division for the Park/Playground Project.

Respectfully submitted,

Bradley Dick,
Group Executive
Detroit – General Service Department



EXHIBIT A

TRANSFER PARCELS FOR FISCHER-MARION PARK

| Address | City | State | ZIP Code | Parcel ID | Legal Description |
|--------------|---------|-------|----------|-----------|---|
| 9000 Fischer | Detroit | MI | 48213 | 19010760. | E FISCHER LOT 149 F L & L G COOPER SUB L31 P21 PLATS, W C R 19/410 30 X 100 |
| 9001 Crane | Detroit | MI | 48213 | 19009976. | W CRANE LOT 129 F L & L G COOPER SUB L31 P21 PLATS, W C R 19/410 30 X 100 |
| 9007 Crane | Detroit | MI | 48213 | 19009975. | W CRANE LOT 128 F L & L G COOPER SUB L31 P21 PLATS, W C R 19/410 30 X 100 |
| 9008 Fischer | Detroit | MI | 48213 | 19010761. | E FISCHER LOT 150 F L & L G COOPER SUB L31 P21 PLATS, W C R 19/410 30 X 100 |
| 9014 Fischer | Detroit | MI | 48213 | 19010762. | E FISCHER LOT 151 F L & L G COOPER SUB L31 P21 PLATS, W C R 19/410 30 X 100 |
| 9015 Crane | Detroit | MI | 48213 | 19009974. | W CRANE LOT 127 F L & L G COOPER SUB L31 P21 PLATS, W C R 19/410 30 X 100 |
| 9020 Fischer | Detroit | MI | 48213 | 19010763. | E FISCHER LOT 152 F L & L G COOPER SUB L31 P21 PLATS, W C R 19/410 30 X 100 |
| 9021 Crane | Detroit | MI | 48213 | 19009973. | W CRANE LOT 126 F L & L G COOPER SUB L31 P21 PLATS, W C R 19/410 30 X 100 |
| 9026 Fischer | Detroit | MI | 48213 | 19010764. | E FISCHER LOT 153 F L & L G COOPER SUB L31 P21 PLATS, W C R 19/410 30 X 100 |
| 9027 Crane | Detroit | MI | 48213 | 19009972. | W CRANE LOT 125 F L & L G COOPER SUB L31 P21 PLATS, W C R 19/410 30 X 100 |
| 9032 Fischer | Detroit | MI | 48213 | 19010765. | E FISCHER Lot 154 F L & L G COOPER SUB L31 P21 PLATS, W C R 19/410 30 X 100 |
| 9033 Crane | Detroit | MI | 48213 | 19009971. | W CRANE LOT 124 F L & L G COOPER SUB L31 P21 PLATS, W C R 19/410 30 X 100 |

[Remainder of page intentionally left blank]



CITY OF DETROIT
RECREATION DEPARTMENT
ADMINISTRATION OFFICE

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

24

June 25, 2019

Honorable City Council;

Re: Authorization to accept a donation of park improvements from the Detroit Pistons for Rouge Park North.

Detroit General Services Department is requesting authorization of your Honorable Body to accept a donation of park improvements from the Detroit Pistons to be installed at Rouge Park North. Park improvements have an estimated cost of \$15,000 which will be borne by the Detroit Pistons organization.

Park improvements will consist of the purchase and installation of picnic tables and benches to be installed at and around the picnic pavilion and basketball court in Rouge Park North. In addition, the organization will cover the cost and labor to perform brush clearing along Plymouth Road, painting of the picnic shelter, stripping of the parking lot, and planting trees along the basketball court. Improvements will be complete by July 11th. With assistance from Detroit Diesel, we will water the trees to ensure they are maintained post this event.

We respectfully request your authorization to accept a donation of park improvements from the Detroit Pistons by adapting the attached resolution with a Waiver of Reconsideration

Sincerely,

Janet Anderson
Janet Anderson
Director



Resolution

Council Member _____

Whereas, Detroit General Services Department is requesting authorization to accept a donation of park improvements from Detroit Pistons to be installed at Rouge Park-North, with an estimated cost value of \$15,000

Whereas, park improvements will consist of the purchase and installation of picnic tables and benches to be installed at the picnic pavilion and around the basketball court at Rouge Park. Improvements will also include brush clearing along Plymouth Road, painting of the picnic shelter, striping the parking lot, and planting trees

Resolved, Detroit General Services has authorization to accept a donation of park improvements from the Detroit Pistons to be installed at Rouge Park-North.



APPLICANT SECTION

Requesting Organization Name: Detroit Pistons Today's Date: June 21, 2019
 Contact Name: Awenate Cobbina DPRD Property Name: Rouge Park
 Phone: 248.377.0122 Property Address: 21860 Joy Rd., Detroit, MI
 Email: acobbina@pistons.com Location within the Property: _____
 Address: 6 Championship Drive, Auburn Hills, MI 48306 Rouge Park Basketball Courts (Off of Plymouth)

Improvement Type:

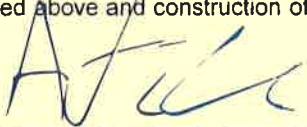
- Park Physical Improvement
 Facility (ie Rec Center) Not-Art → fill out Donation Letter
 Maintenance → fill out SLA Letter
 Art → fill out Art Donation Letter

Improvement Project Description:

(Please specify if any listed funding are for an event / program, or not for a permanent, physical improvement.)
Planting 30 trees around basketball court and parking lot that will be maintained by Pistons sponsor
Brush clearing and landscape clean up along Plymouth Rd
Striping the parking lot lines for clearer demarcation spots
Building picnic tables and benches
Painting the picnic shelter

Estimated Value of Improvement: \$15,000

By submitting this request I/We/Our Organization agree(s) to abide by all rules and policies of the City of Detroit and the General Services Department, Parks and Recreation Division. I/We also agree that all information submitted in this Park Improvement Authorization Form is true and accurate to the best of my/our knowledge and I/We hereby request that the Parks and Recreation Division consider my/our Project for approval. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us and/or the City of Detroit by reason of or resulting from my/our use of the DPRD Property named above and construction of this Project as described herein.

Signature:  Date: 24 June 2019

Print Name: Awenate Cobbina

Organization on behalf of: Palace Sports & Entertainment, LLC

Monday, June 24, 2019

Janet Anderson, PhD
Director, General Services Department
Detroit Parks and Recreation Division
18100 Meyers Road – Lower Level
Detroit, Michigan 48235

Dear Dr. Anderson:

On behalf of Detroit Pistons, I am writing to offer our full assistance in purchasing and installing picnic tables and benches at the picnic pavilion and around the new basketball court in Rouge Park. We will also be covering the cost and labor to perform brush clearing along Plymouth Road, paint the picnic shelter, stripe the parking lot with new parking lot lines, and plant trees along the basketball court and throughout the parking lot islands. The costs, approximately \$15,000, are being borne by the group mentioned above.

These improvements will take place on Thursday, July 11 with prep work beginning Monday, July 8. We have worked with community representatives to ensure these improvements are desired.

The Detroit Pistons will be working with Detroit Diesel to check-in and water the trees that are planted to ensure they are maintained post event.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Avenate Cobbina', written over a faint circular stamp.

Avenate Cobbina
Vice President of Business Affairs & Associate Counsel
Palace Sports & Entertainment, LLC



**City Year Detroit & Detroit Pistons Service Day
Rouge Park Task List - 6.24**

| Project Tasks | | 104 | Participants | Prep work | Responsibility | Notes |
|--|--|----------------|--------------|--|--|-------|
| | | # Participants | | | | |
| 1) Bench Construction | | 18 | | 1) Order materials 2) Double check orders and ghost build | CY Detroit Care Force | |
| a) (6) Cemented benches around court | | 6 | | | | |
| b) (4) Picnic table construction | | 12 | | | | |
| 2) Gazebo & Bathroom Building Rehab | | 18 | | 1) Order materials 2) Double check orders and ghost build 3) Sand gazebo and prime, if needed 4) Tape, tarp gazebo area | CY Detroit Care Force Care Force Care Force | |
| a) (4) Picnic table construction | | 12 | | | | |
| b) Repaint gazebo | | 6 | | | | |
| 3) Landscaping | | 18 | | 1) Identify trail areas and tree locations 2) Mark off tree locations 3) Dog holes | City of Detroit Care Force Care Force | |
| a) Trail clean-up around the court | | 10 | | | | |
| b) Tree planting around court & parking lot (30) | | 8 | | | | |
| 4) Parking Lot Rehab | | 20 | | 1) Receive specs from city 2) Source materials 3) Pressure wash, if needed | City of Detroit Care Force Care Force | |
| a) Paint parking lot lines | | 20 | | | | |
| 4) Brush Clearing | | 30 | | 1) Identify area and what needs to be cleared 2) Gather materials | City of Detroit Care Force | |
| a) Brush Clearing | | 30 | | | | |