

New Business

9-24-19.

**PUBLIC HEALTH  
AND SAFETY  
STANDING  
COMMITTEE**

**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 1026 Event Name: Eastern Market Brewing Co.'s Oktoberfest

Event Date: October 5, 2019

Street Closure: Riopelle Street

Organization Name: Eastern Market Brewing Co.

Street Address: 2515 Riopelle Street Detroit, MI 48207

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

Event Elements (check all that apply):

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

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

Eastern Market Brewing Co. will host their annual Oktoberfest from 10:00am - 11:00pm; with temporary street closure on Riopelle between Adelaide and Winder.

**\*\* 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"/>	7th Precinct will Provide Special Attention; Contracted with Eastern Market Security 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
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

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

**MAYOR'S OFFICE**

Signature: B. Jushier

Date: 9-19-19

Janice M. Winfrey  
City Clerk

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

Caven West  
Deputy City Clerk/Chief of Staff

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Monday, August 5, 2019*

*To: The Department or Commission Listed Below*

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

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

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

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

**1026**    *Eastern Market Brewing Co, request to hold "Eastern Market Brewing Co's Oktoberfest" at 2515 Riopelle on October 5, 2019 from 10:00 AM to 11:00 PM with the temporary closure of Riopelle from Adelaide to Winder.*

10/5/19

## City of Detroit Special Events Application

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

### Section 1- GENERAL EVENT INFORMATION

Event Name: Eastern Market Brewing Co's Oktoberfest

Event Location: Eastern Market Brewing Co located at 2515 Riopelle, Detroit, MI 48207

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Eastern Market Brewing Co

Organization Mailing Address: 2515 Riopelle, Detroit, MI 48207

Business Phone: 313-502-5165

Business Fax:

Federal Tax ID # 81-1373046

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

Applicant Name: Shalyn Getz

Title/Role: Marketing Director

Email Address: shalyn@easternmarket.beer

Mailing Address: 2515 Riopelle, Detroit, MI 48207

Business Phone: 410-598-1016

Business Fax::

Event On-Site Contact Person: Shalyn Getz

Mailing Address: 2515 Riopelle, Detroit, MI 48207

Business Phone: 410-598-1016

Business Fax:

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

List Event Sponsors:

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Walkathon             | <input type="checkbox"/> Carnival/Circus     | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon          | <input type="checkbox"/> Bike Race           | <input type="checkbox"/> Religious Ceremony  |
| <input type="checkbox"/> Political Event       | <input 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:**

We'll be holding our first annual Oktoberfest. The event will be similar to other events, where we close our block of Riopelle for the day.

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

Begin Set-up Date & Time: 10/5/19 @ 6am    Complete Set-up Date & Time: 10/5/19 @ 10am

Event Start Date & Time: 10/5/19 @ 10am    Event End Date & Time: 10/5/19 @ 11pm

Begin Tearing Down Date: 10/5/19 @ 11pm    Complete Tear Down Date: 10/5/19 @ Midnight

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

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**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? \_\_\_\_\_

When was the event last held in Detroit? \_\_\_\_\_

Where was the event last held in Detroit? \_\_\_\_\_

What were the hours last year? \_\_\_\_\_

Project Attendance This Year (Minimum – Maximum)?    250-500

What is the basis for your projected attendance? Previous events and the fact that this is our first year holding this event

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**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?    If successful, we'd like to hold this event again next year.

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: Eastern Market Brewing Co at 2515 Riopelle, Detroit, MI 48207

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 bands

List proposed entertainers and/or bands performing at the event: We have multiple bands we work with throughout the year; we'll have three or four perform throughout the event

Will a sound system be used?  Yes  No

If yes, what type of sound system? Just a small, personal-sized PA

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: \_\_\_\_\_

We use standard, 120-volt outlets on the side of our building

How many generators will be used? none

How will the generators be fueled? n/a

Name of vendor providing generators: \_\_\_\_\_

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

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

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

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

### Section 5- COMMUNICATION/ADVERTISING STRATEGY

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

Radio (Specify stations): \_\_\_\_\_

Television (Specific stations): \_\_\_\_\_

Newspapers (specify papers): \_\_\_\_\_

Web site (identify web address): www.eastemmarket.beer

Public Relations or Marketing Firm (Specify): \_\_\_\_\_

Contact Info:

Raffle (List Item(s)): \_\_\_\_\_

Billboards

Flyers

Street Banners

Other (specify): \_\_\_\_\_

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

### Section 6- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No

If yes, please describe: \_\_\_\_\_

Will there be on-site ticket sales?  Yes  No

If yes, list price(s): \_\_\_\_\_

Will food be sold?  Yes  No

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

Will merchandise be sold?  Yes  No

If yes, describe: just our usual merchandise that we sell out of our existing, licensed space

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

If yes, describe: \_\_\_\_\_

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

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Other (specify): \_\_\_\_\_

Indicate type of items to be sold:

Just the same things we currently sell on a day-to-day basis



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

### Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

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

Describe the emergency evacuation plan: There will be entries and exits at each end of the block

Describe the parking plan to accommodate anticipated attendance: Existing public parking in Eastern Market

How will you advise attendees of parking options? Website and social media

Are you seeking a group parking rate? no

### Section 8- COMMUNITY IMPACT INFORMATION

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

No impact beyond a typical Eastern Market Saturday

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 will inform Eastern Market Partnership leadership and also the surrounding businesses during our community meetings.

Indicate contact names and phone numbers (for verification) or attach approved letter(s): Dan Carmody, 260-494-6015

### Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

#### Structure

How Many? 1 Tent Canopy

Size/Height 20x40

Booth \_\_\_\_\_

Tent (enclosed on 3 sides) \_\_\_\_\_

Canopy (open on all sides) \_\_\_\_\_

Staging/Scaffolding \_\_\_\_\_

Bleachers \_\_\_\_\_

**Company:**

Grill

Gas       Charcoal       Electrical       Propane

Fireworks (Pyrotechnics)

Aerial       Stage

Provide Sketch:

Portable Restrooms:

Standard       ADA Accessible

Vehicles

Type/Weight: \_\_\_\_\_

Other: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

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

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

**Section 10- COMPLETE ALL THAT APPLY**

**Name of Sanitation Company collecting refuse and garbage?**

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

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

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

**Name of company providing emergency medical services?**

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

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

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

**Name of company providing porta-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.

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

**STREET NAME:** Riopelle St

**FROM** Adelaide

**TO** Winder

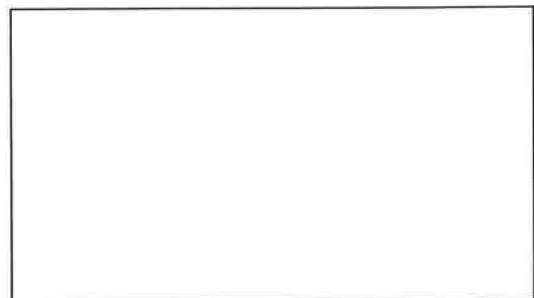
**Closure Dates:** 10/5/19

**Beg. Time:** 6am

**End Time:** midnight

**Reopen Date:** 10/5/19

**Time:** midnight



**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 & AFFADAVIT OF APPLICANT**

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



7/31/19

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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.





25th Street

Barricade

Porta Potties

Tent

Live Music

Barricade

2019-08-05

**1026**

**1026**

*Petition of Eastern Market Brewing Co, request to hold "Eastern Market Brewing Co's Oktoberfest" at 2515 Riopelle on October 5, 2019 from 10:00 AM to 11:00 PM with the temporary closure of Riopelle from Adelaide to Winder.*

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

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



**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 1027 Event Name: 5K Run Community Fundraiser

Event Date: October 12, 2019

Street Closure: Various

Organization Name: Alkebulan Village

Street Address: 7701 Harper Detroit, MI 48213

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

Event Elements (check all that apply):

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

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

Alkebulan Village will host a 5K Walk/Run at 7701 Harper and the surrounding streets as a community fundraiser from 8:00am - 12:00pm.

**\*\* 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"/>	7th Precinct 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"/>	DPD Assisted Event; No Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 Permits Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: B. Fusher

Date: 9-19-19

# City of Detroit

Janice M. Winfrey  
City Clerk

OFFICE OF THE CITY CLERK

Caven West  
Deputy City Clerk/Chief of Staff

## DEPARTMENTAL REFERENCE COMMUNICATION

*Monday, August 5, 2019*

*To: The Department or Commission Listed Below*

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

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

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

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

**1027**    *Alkebulan Village, request to hold "5K Run Community Fundraiser" beginning at 7701 Harper on October 12, 2019 from 8:00 AM to 12:00 PM with various street closures in the area of 7701 Harper.*

10/12/19

## City of Detroit Special Events Application

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

### Section 1- GENERAL EVENT INFORMATION

Event Name: 5K Run Community Fundraiser  
 Event Location: Alkebulan Village 7701 Harper

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Alkebulan Village  
 Organization Mailing Address: 7701 Harper Det, MI 48213  
 Business Phone: 313-921-1616 Business Fax:  
 Federal Tax ID #

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

Applicant Name: Veronica Johnson  
 Title/Role: Project coordinator  
 Email Address: vjohnson@alkebulanvillage.com  
 Mailing Address: 7701 Harper Det, MI 48213  
 Business Phone: 313-921-1616 Business Fax::

#### Event On-Site Contact Person:

Mailing Address: Veronica Johnson / Rhonda Kennedy  
 Business Phone: 313-332-9333 Business Fax:

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

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

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Walkathon               | <input type="checkbox"/> Carnival/Circus   | <input type="checkbox"/> Concert/Performance |
| <input checked="" 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: _____        |

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

Begin Set-up Date: 10/12/19 Time: 7:00am Complete Set-up Date: 10/12/19 Time: 4:00 pm

Event Start Date: 10/12/19 Time: 8:00am Event End Date: 10/12/19 Time: 12:00 pm

Begin Tearing Down Date: 10/12/19 Complete Tear Down Date: 10/12/19

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

N/A

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: 7701 Harper Det. MI 48213

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:

Will a sound system be used?  Yes  No

If yes, what type of sound system?

**Section 5- SALES INFORMATION**

Will there be advanced ticket sales?  Yes  No

If yes, please describe:

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: N/A

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? N/A

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

Name of Private Security Company: N/A

Contact Person:

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

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

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

Are the private security personnel (check all that apply):  
[ ] Licensed [ ] Armed [ ] Bonded

**Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION**

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
The street will be blocked off for the run.

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

Indicate what steps you have or will take to notify them of your event: Going door to door informing  
them.

**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:  
N/A

Name of vendor providing generators: Contact Person: N/A

Address:

Phone:

City/State/Zip

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

**Section 9- COMPLETE ALL THAT APPLY**

Emergency medical services?

Contact Person:

N/A

Address:

City/State/Zip:

Name of company providing port-a-johns.

N/A

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company?

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.**

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.

*See attached maps.*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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**AUTHORIZATION & AFFADAVIT OF APPLICANT**

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

V Johnson 6/24/2019  
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.

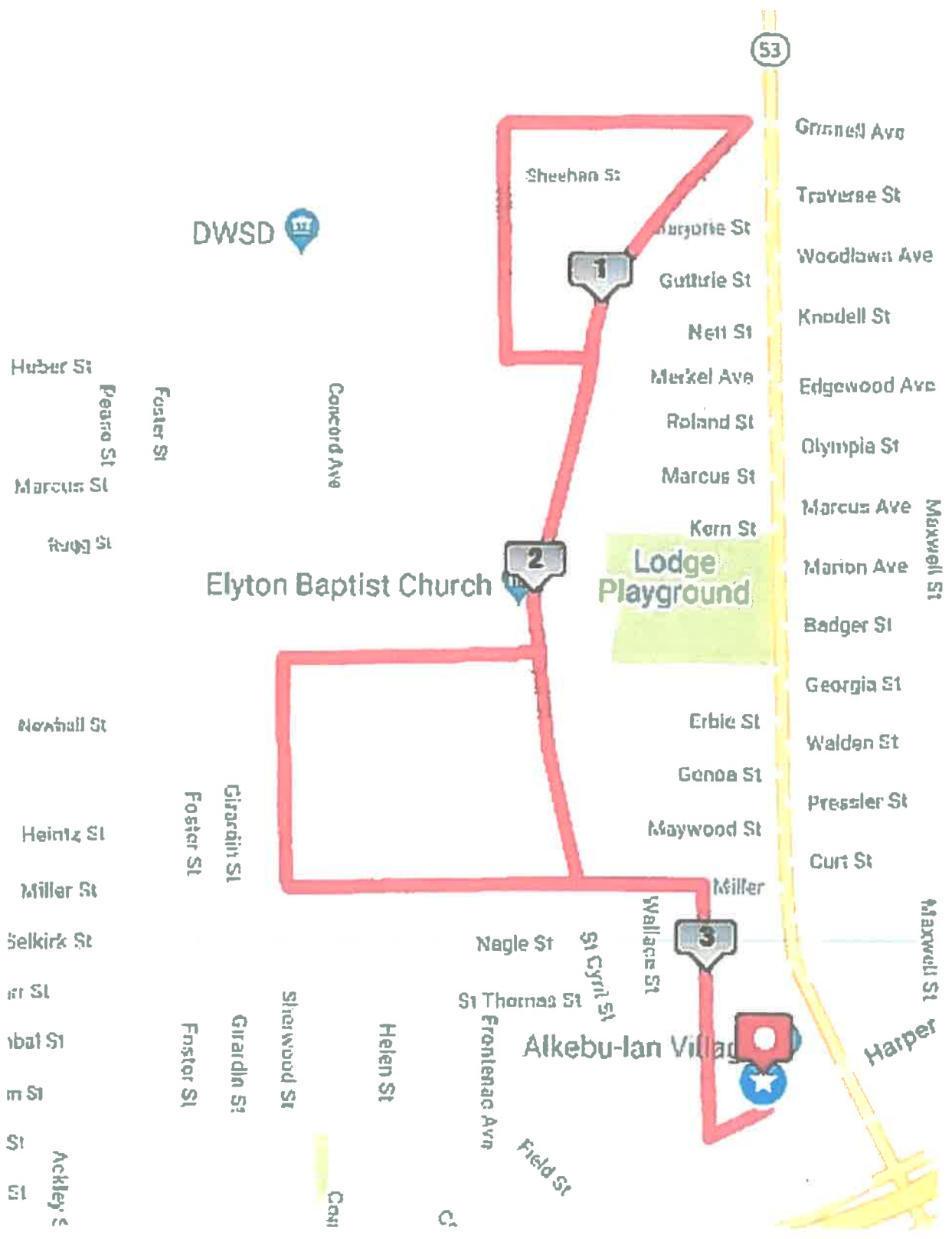
(Please Print)

Event Name: 5K Run Community Fundraiser Event  
Date: 10/12/2019

Event Organizer: Veronica Johnson

Applicant Signature: V Johnson  
Date: 6/24/2019





DWSD

53

1

2

3

Elyton Baptist Church

Lodge Playground

Alkebu-lan Village

Huber St  
Peano St  
Marcus St  
15th St

Foster St

Concord Ave

Sheehan St

Marguerite St

Gutterie St

Neil St

Merkell Ave

Roland St

Marcus St

Kern St

Grinnell Ave

Traverse St

Woodlawn Ave

Knodell St

Edgewood Ave

Olympia St

Marcus Ave

Marion Ave

Badger St

Georgia St

Walden St

Pressler St

Curt St

Maxwell St

Newhall St

Heintz St

Miller St

Selkirk St

1st St

10th St

11th St

12th St

13th St

14th St

Ackley St

Foster St

Girardin St

Foster St

Girardin St

Sherwood St

Helen St

Nagle St

St Thomas St

Frontenac Ave

Field St

St Cyril St

Wallace St

Miller

Maxwell St

Harper

Can

St

2019-08-05

**1027**

**1027**

*Petition of Alkebulan Village, request to hold "5K Run Community Fundraiser" beginning at 7701 Harper on October 12, 2019 from 8:00 AM to 12:00 PM with various street closures in the area of 7701 Harper.*

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

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

**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 1065 Event Name: Open Streets Dearborn

Event Date: October 6, 2019

Street Closure: Woodmere Street

Organization Name: City of Dearborn/Healthy Dearborn

Street Address: 16901 Michigan Avenue Dearborn, MI 48126

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

Event Elements (check all that apply):

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

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

Open Streets Dearborn is requesting the use of Woodmere Street at Vernor Highway from 11:00am - 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"/>	Dearborn Police Department Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dearborn EMS will Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>No Permits Required</b>

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

**MAYOR'S OFFICE**

Signature: B. Kushe

Date: 9-19-19

City of Detroit  
OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Andre P. Gilbert II  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Friday, September 6, 2019*

*To: The Department or Commission Listed Below*

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

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

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

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

**1065**    *City of Dearborn/Healthy Dearborn, request to hold "Open Streets Dearborn" at Woodmere and Vernor on October 6, 2019 from 11:00 AM to 3:00 PM with a temporary closure of Woodmere at Vernor.*



1065  
10/6/19

# 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: Open Streets Dearborn

Event Location: Vernor Hwy → Dix. Cross Dix → Holly St → Lapeer Park  
(beginning at Woodmere + Vernor, then event is all in Dearborn)

Is this going to be an annual event?  Yes  No  
Maybe!

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: City of Dearborn / Healthy Dearborn

Organization Mailing Address: 16901 Michigan Ave. Dearborn MI 48126

Business Phone: 313-378-7052 Business Website: ~~ci.dearborn~~ https://cityofdearborn.org + www.healthydearborn.org

Applicant Name: Sara Gleicher

Business Phone: 313-378-7052 Cell Phone: 313-378-7052 Email: ~~Bar~~ sgleicher@ci.dearborn.mi.us

Event On-Site Contact Person:  
Name: Sara Gleicher

Business Phone: 313-378-7052 Cell Phone: 313-378-7052 Email: sagleicher@comcast.net

### Event Elements (check all that apply)

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

Projected Number of Attendees: 250

Please provide a brief description of your event:

The open streets event purpose is to create a three-mile "paved park" to showcase alternate modes of travel and physical activity on public streets. Requesting barricade allowed at Woodmere + Vernor.

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

Begin Set-up Date: 10/6/19 Time: 8 AM Complete Set-up Date: 10/6/19 Time: 9 AM

Event Start Date: 10/6/19 Time: 11 AM Event End Date: 10/6/19 Time: 3 PM

Begin Tearing Down Date: 10/6/19 Complete Tear Down Date: 10/7/19

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

Section 3- LOCATION/SITE INFORMATION

Location of Event: Vernor Hwy - Dearborn

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:

ATTACHED

- 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:

To be determined.

Will a sound system be used? [ ] Yes [ ] No -> don't know yet

If yes, what type of sound system?

Section 5- SALES INFORMATION

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

If yes, please describe:

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

If yes, list price(s):

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

If yes, check all that apply:

- [ ] Food [ ] Merchandise [ ] Non-Alcoholic Beverages [ ] Alcoholic Beverages

Indicate type of items to be sold: NA

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? Yes - flyers, outreach

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

Name of Private Security Company: NA

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)?

Streets will be closed - Community is involved in planning & implementation

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

Indicate what steps you have or will take to notify them of your event: flyers, meetings, outreach

**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:  
NA

Name of vendor providing generators: Contact Person: NA

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

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

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

**Section 9- COMPLETE ALL THAT APPLY**

Emergency medical services?

Contact Person: City of Dearborn - Chief Haddad  
Address: 15801 Michigan Ave  
City/State/Zip: Dearborn, MI 48126

Name of company providing port-a-johns. To be determined

Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Name of private catering company? NA

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: Woodmere at Vernor - barricade

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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**AUTHORIZATION & AFFADAVIT OF APPLICANT**

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

*Sara Gleicher* 8/19/19

Signature of Applicant

Date

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

**HOLD HARMLESS AND INDEMNIFICATION**

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

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

(Please Print)

Event Name: Open Streets Dearborn Event  
Date: 10/6/19

Event Organizer: Sara Gleicher / City of Dearborn

Applicant Signature: *Sara Gleicher*  
Date: 8/19/19

# City of Dearborn

## Special Events Application and Request Form



Today's Date: 07 | 02 | 2019

### Sponsoring Organization Information:

Name City of Dearborn and the Healthy Dearborn Coalition  
Address 16901 Michigan  
City Dearborn State MI Zip 48126 Phone Number 313 9432159

Is your group a State registered non-profit organization? (Be prepared to show proof)  Yes  No

### Contact Person Information:

Name David Norwood  
Address 16901 Michigan  
City Dearborn State MI Zip 48126 Phone Number 313 9432159

### On Site Coordinator Information:

Name David Norwood  
Address 16901 Michigan  
City Dearborn State MI Zip 48126 Phone Number 313 6131872

### Event Information:

Name of Event Healthy Dearborn Open Streets  
Description of Event See Attached  
Preferred Location (s) See Attached  
Preferred Set Up Date (s) 10/04/19 Time (s) 9 am - Noon  
Preferred Event Date (s) 10/06/19 Time (s) 11 am - 3 pm  
Preferred Tear Down and Clean Up Date (s) 10/07/19 Time (s) 8 am - 11am  
What is the Expected attendance? 100

### Please check the appropriate response to the following questions:

Does your preferred date(s) have any special significance?  Yes  No  
If so what? The closing of the streets on Sunday afternoon will have the least amount of impact on traffic

Does your preferred location(s) have any special significance?  Yes  No  
If so what? The route will demonstrate on street bicycle paths, mid-block pedestrian crosswalks, highlight the Dix Vernor Corridor Authority, Lapeer Park amenities. The closed streets (Holly and Vernor) will be used for residents and property owners in the area for physical activities such as walks, biking, and displays by the 6 Healthy Dearborn workgroups

Will this event require any street to be closed?  Yes  No  
Will food be sold?  Yes  No

This application is subject to approval. A contract will be issued upon approval.





# Dearborn City Council Resolution

35

By Byrnes supported by Dabaja.

7-323-19. WHEREAS: The Healthy Dearborn Coalition is requesting City Council approval to conduct the first Healthy Dearborn Open Streets event on Sunday, October 6, 2019 along Vernor and Holly Streets and in Lapeer Park, subject to all applicable ordinances, rules and regulations of the Dearborn Police Department, and

WHEREAS: The Healthy Dearborn Open Streets event is a 4 hour event to promote health, wellness, and fitness for the community near the Dix Vernor corridor. The Healthy Dearborn Open Streets is a free, safe and inclusive event that turns over the street to the community and brings the South End Community together by providing opportunities and showcasing fitness, recreation and community building along city streets. It is anticipated that members of the community will be walking, running, biking, rollerblading, skateboarding, and playing in the streets. The Healthy Dearborn Coalition Work Groups (Health Disparities/Health Equity; Healthy Environments for Physical Activity; Healthy Schools; Healthy at Work; Healthy Food; Inclusive Health Committee) will have tables set up in Lapeer Park and along the route to showcase their projects and their future plans, and

WHEREAS: Open Streets is an internationally recognized project that encourages streets to become places where people of all ages, abilities, and backgrounds can come out and improve their health. The closing of Hines Drive by Wayne County on Saturdays during the summer season is a long running Open Street program, and

WHEREAS: In order to facilitate the movement of participants and to conduct the event in a safe and lawful manner, police control of the Vernor Dix intersection will be needed on this date from approximately 11:00 A.M. until 3:00 P.M. To the extent that these roadways are under the jurisdiction of the City of Dearborn, Wayne County and the State of Michigan, certain permits are required. Accordingly, the mayor's office is requesting that the City Council adopt a resolution approving the below described items and authorizing the Chief of Police to make application and sign all required documents relating to the issuance of any necessary state and county permits as follows:

1. Usage and closure of all lanes of Vernor from the city boundary to Dix Vernor intersection.

2. Usage and closure of all lanes of Holly Street from the Dix Vernor intersection to Lapeer Street.
  3. Closure of Lowery Street at the Lowery Street and Holly Street intersection.
  4. Closure of Welch Street at the Welch Street and Holly Street intersection.
  5. Closure of Dale Street at the Dale Street and Vernor intersection.
  6. Closure of Westminster Street at the Westminster Street and Vernor intersection.
  7. Closure of Riverside Street at the Riverside Street and Vernor intersection.
  8. Usage and placement of DPW barricades to assist with the closure of the above areas. The City of Dearborn agrees to place, erect and remove the barricades,
- and

WHEREAS: Upon approval, all activities will focus at Lapeer Park and near the American Moslem Society mosque on Vernor. (See attached map), and

WHEREAS: The Healthy Dearborn Coalition is also requesting assistance from the Dearborn Police Department with traffic safety/control for the duration of the event at the Dix Vernor intersection. This special event request is subject to full reimbursement for all City services provided; therefore be it

RESOLVED: That Healthy Dearborn be and is hereby approved to conduct the first Healthy Dearborn Open Streets Event on Sunday, October 6, 2019 from 11 a.m. to 3 p.m. with assistance from DPW for the provision, delivery and pick-up of barricades and from the Police Department for traffic safety/control for the duration of the event at the Dix Vernor intersection; be it further







SUNDAY  
OCTOBER 6  
11AM-3PM

**open streets**  
**DEARBORN**

3.5 miles of  
open streets

FREE ACTIVITIES  
FOR THE  
ENTIRE FAMILY!

WALK  
BIKE  
SKATE  
PLAY



TO VOLUNTEER OR SIGN UP TO RUN AN ACTIVITY

CONTACT: SARAH GLEICHER  
(313) 378-7052

SGLEICHER@CI.DEARBORN..MI.US



**Beaumont**



2019-09-04

**1065**

**1065**

*Petition of City of Dearborn/Healthy  
Dearborn, request to hold "Open  
Streets Dearborn" at Woodmere and  
Vernor on October 6, 2019 from 11:00  
AM to 3:00 PM with a temporary  
closure of Woodmere at Vernor.*

---

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

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

36

**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 1066 Event Name: Eastern Market Brewing Co Birthday Block Party

Event Date : October 19, 2019

Street Closure: Riopelle Street

Organization Name: Eastern Market Brewing Co.

Street Address: 2515 Riopelle Street Detroit, MI 48207

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

Event Elements (check all that apply):

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

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

Eastern Market Brewing Co. will host their annual Birthday Block Party from 10:00am - 11:00pm; with temporary street closure on Riopelle between Adelaide and Winder.

**\*\* 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"/>	7th Precinct will Provide Special Attention; Contracted with Eastern Market Security 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
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

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

**MAYOR'S OFFICE**

Signature: B. Auster

Date: 9-19-19



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

Janice M. Winfrey  
City Clerk

Andre P. Gilbert II  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Friday, September 6, 2019*

*To: The Department or Commission Listed Below*

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

---

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

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

---

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

**1066**    *Eastern Market Brewing Co., request to hold "Eastern Market Brewing Co. Birthday Block Party" at 2515 E Riopelle on October 19, 2019 from 10:00 AM to 11:00 PM with temporary closure of Riopelle from Adelaide to Winder.*

10666  
10/19/19

## City of Detroit Special Events Application

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

### Section 1- GENERAL EVENT INFORMATION

Event Name: Eastern Market Brewing Co. Birthday Block Party

Event Location: Eastern Market Brewing Co. located at 2515 E. Riopelle, Detroit, MI 48207

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Eastern Market Brewing Co.

Organization Mailing Address: 2515 E. Riopelle, Detroit, MI 48207

Business Phone: 313-502-5165

Business Fax:

Federal Tax ID # 81-1373046

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

Applicant Name: Shalyn Getz

Title/Role: Marketing Director

Email Address: shalyn@easternmarket.beer

Mailing Address: 2515 E. Riopelle, Detroit, MI 48207

Business Phone: 410-598-1016

Business Fax::

Event On-Site Contact Person: Shalyn Getz

Mailing Address: 2515 E. Riopelle, Detroit, MI 48207

Business Phone: 410-598-1016

Business Fax:

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

List Event Sponsors:

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

Walkathon

Carnival/Circus

Concert/Performance

Run/Marathon

Bike Race

Religious Ceremony

Political Event

Festival

Filming

Parade

Sports/Recreation

Rally/Demonstration

Convention/Conference

Fireworks

Other: \_\_\_\_\_

10/19/19

**Provide a brief description of your event:**

This is our second annual Birthday Block Party, celebrating the second year we've been open for business. This event will be similar to all previous events where we close our block of Riopelle for the day.

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

Begin Set-up Date & Time: 10/19/19 @ 6am Complete Set-up Date & Time: 10/19/19 @ 10am

Event Start Date & Time: 10/19/19 @ 10am Event End Date & Time: 10/19/19 @ 11pm

Begin Tearing Down Date: 10/19/19 @ 11pm Complete Tear Down Date: 10/19/19 @ midnight

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

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

If no, what years has the event been held in Detroit? 2018

When was the event last held in Detroit? October 20, 2018

Where was the event last held in Detroit? Same location, 2515 E. Riopelle, Detroit, MI 48207

What were the hours last year? Same hours

Project Attendance This Year (Minimum – Maximum)? 500-1000

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? Yes

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: Eastern Market Brewing Co. at 2515 E. Riopelle, Detroit, MI 48207

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 bands and DJs

List proposed entertainers and/or bands performing at the event: We have multiple bands that we use throughout the year and plan to have a couple of them perform throughout the event

Will a sound system be used?  Yes  No

If yes, what type of sound system? just a small, personal-sized PA

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:

We use standard, 120-volt outlets on the side of our building

How many generators will be used? none

How will the generators be fueled? n/a

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip:

### Section 5- COMMUNICATION/ADVERTISING STRATEGY

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

Radio (Specify stations):

Television (Specific stations):

Newspapers (specify papers):

Web site (identify web address): www.easternmarket.beer

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify): \_\_\_\_\_

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

### Section 6- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No

If yes, please describe: \_\_\_\_\_

Will there be on-site ticket sales?  Yes  No

If yes, list price(s): \_\_\_\_\_

Will food be sold?  Yes  No

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

Will merchandise be sold?  Yes  No

If yes, describe: just our usual merchandise that we sell out of existing, licensed space

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

If yes, describe: \_\_\_\_\_

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

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Other (specify): \_\_\_\_\_

Indicate type of items to be sold:

the same things we currently sell on a day-to-day basis

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

### Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

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

Describe the emergency evacuation plan: There will be entries and exits at each end of the block

Describe the parking plan to accommodate anticipated attendance: existing public parking in Eastern Market

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

Are you seeking a group parking rate? no

### Section 8- COMMUNITY IMPACT INFORMATION

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

No impact beyond a typical Market Saturday

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 will inform Eastern Market Partnership leadership and also  
the surrounding businesses during our community meetings.

Indicate contact names and phone numbers (for verification) or attach approved letter(s): Dan Carmody, 260-494-6015

### Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

#### Structure

How Many?

1 tent canopy

Size/Height

20 x 40

Booth

Tent (enclosed on 3 sides)

Canopy (open on all sides) \_\_\_\_\_

Staging/Scaffolding \_\_\_\_\_

Bleachers \_\_\_\_\_

**Company:**

Grill

Gas       Charcoal       Electrical       Propane

Fireworks (Pyrotechnics)

Aerial       Stage

Provide Sketch:

Portable Restrooms:

Standard       ADA Accessible

Vehicles

Type/Weight: \_\_\_\_\_

Other: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

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

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

**Section 10- COMPLETE ALL THAT APPLY**

**Name of Sanitation Company collecting refuse and garbage?**

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

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

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

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

**Name of company providing emergency medical services?**

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

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

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

**Name of company providing porta-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.

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

**STREET NAME:**     Riopelle St    

**FROM**     Adelaide    

**TO**     Winder    

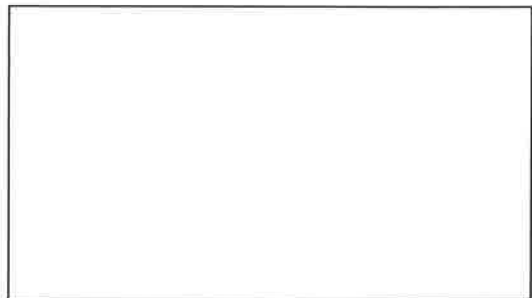
**Closure Dates:**     10/19/19    

**Beg. Time:**     6am    

**End Time:**     midnight    

**Reopen Date:**     10/19/19    

**Time:**     midnight    





**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.



---

Signature of Applicant

9/13/19

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.



2019-09-04

**1066**

**1066** *Petition of Eastern Market Brewing Co., request to hold "Eastern Market Brewing Co. Birthday Block Party" at 2515 E Riopelle on October 19, 2019 from 10:00 AM to 11:00 PM with temporary closure of Riopelle from Adelaide to Winder.*

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

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

## MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1068      Event Name: Slow Your Role on Violence

Event Date: October 26, 2019

Street Closure: None

Organization Name: Still Standing

Street Address: 7310 Woodward Avenue Detroit, MI 48202

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

Event Elements (check all that apply):

- |  |  |  |  |
|--|--|--|--|
| <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>Awareness Walk</u> |  |
| <input type="checkbox"/> <b>24-Hour Liquor License</b> |  |  |  |

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

Still Standing will host their annual walk to bring awareness to Domestic Violence on Woodward Avenue (sidewalk only) from 10:00am - 1:00pm.

\*\* **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"/>	No Permits Required
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	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 Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: B. Justice

Date: 9-19-19

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

Janice M. Winfrey  
City Clerk

Andre P. Gilbert II  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Friday, September 6, 2019*

*To: The Department or Commission Listed Below*

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

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

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

---

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

**1068**    *Still Standing, request hold a walkathon from Woodward at Campus Martius to Woodward at W. Grand on 10-26-19 from 10:00am to 1:00pm.*

1068

10/26/19

# 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: Still Standing presents: Slow Your Role on Violence

Event Location: New Center Park area

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Still Standing

Organization Mailing Address: 7310 Woodward Ave Suite 445 Detroit MI 48202

Business Phone: 313 744 5697

Business Website: stillstandingredeemed.org

Applicant Name: Shari Ware

Business Phone: 313 744 5697

Cell Phone: 313 510 0733

Email: sware.stillstanding@gmail.com

### Event On-Site Contact Person:

Name: Shari Ware

Business Phone:

Cell Phone: 313 510 0733

Email: sware.stillstanding@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: Awareness Walk

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

We would like to host a walk that's focus is to bring awareness to violence.



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

Begin Set-up Date : NA Time: Complete Set-up Date: Time:

Event Start Date: 10/26/19 Time: 10:00am Event End Date: 10/26/19 Time: 1:00pm

Begin Tearing Down Date: NA Complete Tear Down Date:

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

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: New Center One area We will be walking Woodward on the side walk only from West Grand Blvd. to Jefferson (Campus Martius).

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: NA

Will a sound system be used?  Yes  No

If yes, what type of sound system?

Describe specific power needs for entertainment and/or music:

NA

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

How will the generators be fueled? \_\_\_\_\_

Name of vendor providing generators:

Contact Person: NA

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 \$25.00

If yes, list price(s):

Will there be vending or sales?  Yes   No

If yes, check all that apply:

Food  Merchandise  Non-Alcoholic Beverages  Alcoholic Beverages

Indicate type of items to be sold:

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

Name of Private Security Company:

Contact Person:

Address: NA

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

Participants will be advised where to park when registering for event, details will be posted through marketing materials, email blasts and social media.

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

Pedestrian traffic \_\_\_\_\_

Have local neighborhood groups/businesses approved your event? Not yet!  Yes  No

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

We will personally reach out to the neighborhoods groups/businesses for their support. \_\_\_\_\_

## 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)	NA	
Canopy (open on all sides)	NA	
Staging/Scaffolding	NA	
Bleachers	NA	

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

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

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

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

**Name of company providing port-a-johns.**

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

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

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

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

**Name of private catering company?**

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

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:** NA

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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**AUTHORIZATION & AFFADAVIT OF APPLICANT**

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

Shari Ware 08/20/19  
Signature of Applicant Date

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

**HOLD HARMLESS AND INDEMNIFICATION**

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

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

**(Please Print)**

Event Name: Slow your ROLE on Violence Event Date: 10/26/19

Event Organizer: Shari Ware

Applicant Signature: Shari Ware Date: 08/20/19

## STILL STANDING SLOW YOUR ROLE WALK ROUTE

We will begin walking North down Woodward, beginning at Campus Martius at Congress St. and ending at our office located at 7310 Woodward Ave. We will be crossing streets Fort, Michigan, Gratiot, Mack, Warren, arriving at Woodward and W. Grand Blvd.

Once we reach the office location, we will be taking 12 seconds of silence in recognition, reflection, memory and honor of all battered men, women and children, especially those who have been murdered by their batterers. After taking the 12 seconds, we will then be releasing purple balloons.

This walk **will not** include any vendors, entertainment, police assistance, road shut downs, sound systems or tents/canopy's.

2019-09-04

**1068**

**1068** *Petition of Still Standing, request hold  
a walkathon from Woodward at  
Campus Martius to Woodward at W.  
Grand on 10-26-19 from 10:00am to  
1:00pm.*

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

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



38

**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 1085 Event Name: 2019 Natural Disaster Preparedness Expo

Event Date: September 28, 2019

Street Closure: None

Organization Name: Montford Point Marines America

Street Address: 1 Lafayette Plaisance #912 Detroit, MI 48207

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

Event Elements (check all that apply):

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

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

The Montford Point Marines of America will host their annual event to prepare citizens for natural disasters at the Martin Luther King, Jr. Senior High School parking lot from 10:00am - 5:30pm.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7th Precinct 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"/>	No Jurisdiction
	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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: B. Ausher

Date: 9-19-19

City of Detroit  
OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Andre P. Gilbert II  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Thursday, September 19, 2019*

*To: The Department or Commission Listed Below*

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

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

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

---

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

**1085**    *Montford Point Marines America, request to hold 2019 National Disaster Preparedness Expo at Martin Luther King High School on September 28, 2019 from 3:30pm to 5:30pm with set-up and tear down on the same day.*

9/28/19  
1085

# 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: 2019 NATIONAL DISASTER PREPAREDNESS EXPO  
Event Location: MARTIN LUTHER KING HIGH SCHOOL, 3200 E. LAFAYETTE

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: MONTFORD POINT MARINES AMERICA  
Organization Mailing Address: 1 LAFAYETTE PLAISANCE #912 DETROIT, MI 48207  
Business Phone: 313-300-0165 Business Fax: 313-392-0355  
Federal Tax ID #: 38-5295532

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

Applicant Name: ROBERT MIDDLETON  
Title/Role: NATIONAL COMMANDANT  
Email Address: MONTFORDPOINTMARINESMICHIGAN@COMCAST.NET  
Mailing Address: P.O. BOX 7293 DETROIT, MI 48207  
Business Phone: 313-300-0165 Business Fax: 313-392-0355

### Event On-Site Contact Person:

Mailing Address: SAME AS ABOVE  
Business Phone: 313-300-0165 Business Fax: 313-392-0355

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

List Event Sponsors: ROBERT MIDDLETON

### 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>COMMUNITY EXPO</u> |

**Provide a brief description of your event:**

PROMOTE THE PUBLIC INTEREST AND EDUCATION  
THE PUBLIC ON DISASTER PREPAREDNESS

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

Begin Set-up Date & Time: SEPT 28<sup>TH</sup> 9 AM Complete Set-up Date & Time: SEPT 28<sup>TH</sup> 3:50 PM

Event Start Date & Time: SEPT 28<sup>TH</sup> 10 AM Event End Date & Time: SEPT 28<sup>TH</sup> 5:30 PM

Begin Tearing Down Date: SEPT 28<sup>TH</sup> Complete Tear Down Date: SEPT 28<sup>TH</sup>

Event Times (If more than one day, give times for each day): SEPT 28<sup>TH</sup> 10 AM TO 5:30 PM

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? 2017, 2018

When was the event last held in Detroit? SEPTEMBER 29<sup>TH</sup> 2018

Where was the event last held in Detroit? MARTIN LUTHER KING HIGH SCHOOL

What were the hours last year? 10:00 AM - 3:30 PM,

Project Attendance This Year (Minimum - Maximum)? 150 - 175

What is the basis for your projected attendance? BASED ON LAST YEARS ATTENDANCE

**Please describe your anticipated/ target audience:**

Is this going to be an annual event?  Yes  No

If yes, do you have a preferred/proposed for next year? SEPT 2020

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

[ ] People [ ] Balloons

[ ] Floats [ ] Animals

[ ] Vehicles [ ] Other: N/A

[ ] Bands

If animals included, specify type, number and how used. N/A

Name of business supplying animal(s):

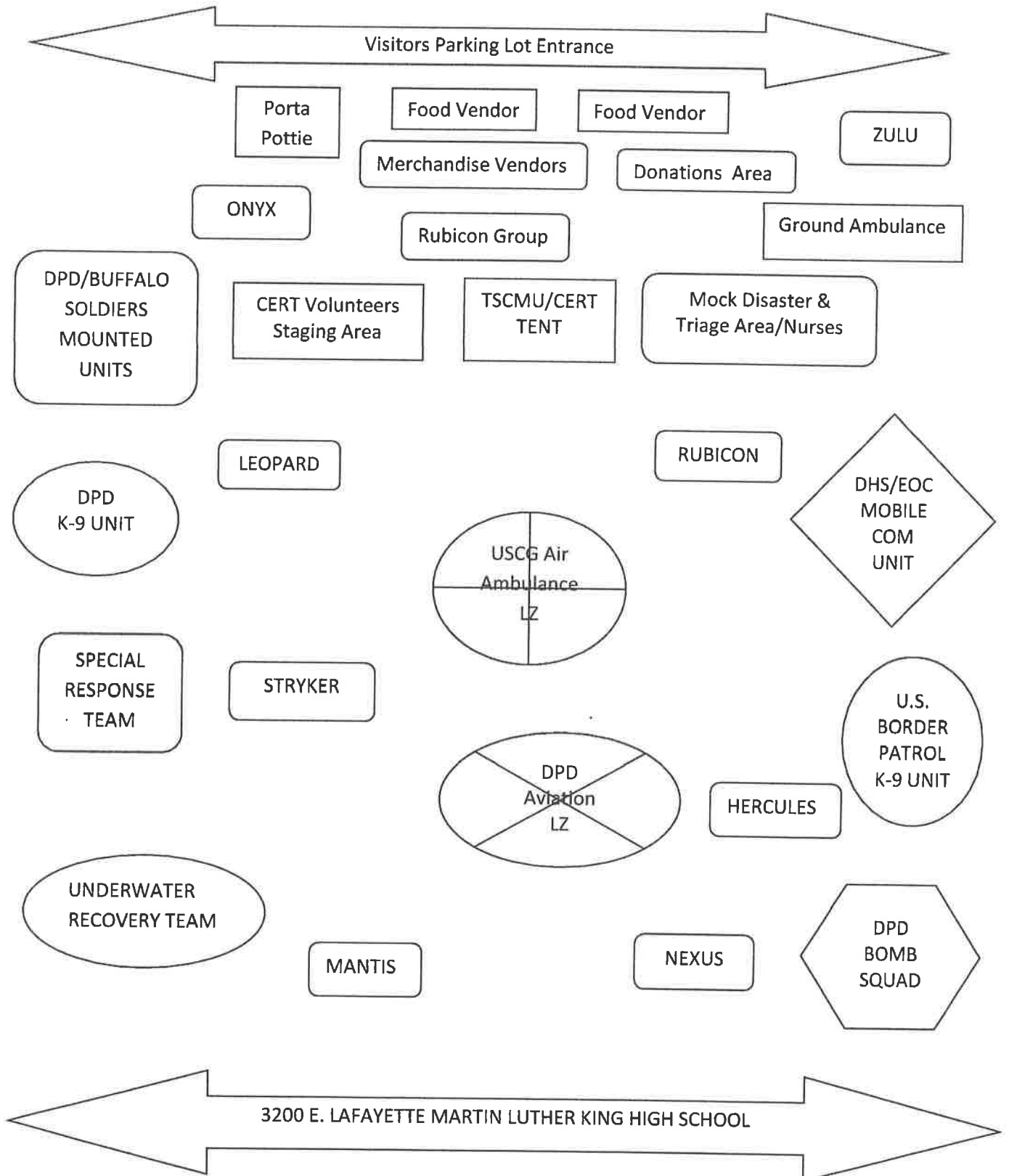
Contact Person:

Address:

Phone:

City/State/Zip:

# NATIONAL PREPAREDNESS MONTH EXERCISE FIELD LAYOUT



**Section 3- LOCATION/SITE INFORMATION**

Location of Event: MARTIN LUTHER KING, JR. HIGH SCHOOL 3200 E. LAFAYETTE

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: FACE PAINTING

Describe the entertainment for this year's event: NONE

List proposed entertainers and/or bands performing at the event: NONE

Will a sound system be used?  Yes  No

If yes, what type of sound system? PA 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: N/A

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

How will the generators be fueled? \_\_\_\_\_

Name of vendor providing generators: \_\_\_\_\_

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

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

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

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

### Section 5- COMMUNICATION/ADVERTISING STRATEGY

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

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

Contact Info:

Raffle (List Item(s)): \_\_\_\_\_

Billboards

Flyers

Street Banners

Other (specify): \_\_\_\_\_

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

### Section 6- SALES INFORMATION

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

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

Will food be sold?  Yes  No  
If yes, please pick up Special Events Vendor Packet in Suite 105: \_\_\_\_\_

Will merchandise be sold?  Yes  No  
If yes, describe: \_\_\_\_\_

Will a percentage of the proceeds be distributed to a charitable organization?  Yes  No  
If yes, describe: N/A

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

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

- Food  Merchandise
- Non-Alcoholic Beverages  Alcoholic Beverages
- Other (specify): \_\_\_\_\_

Indicate type of items to be sold: \_\_\_\_\_



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

**Section 7- PUBLIC SAFETY & PARKING INFORMATION**

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

Contact Person: NONE

Address: N/A Phone: \_\_\_\_\_

City/State/Zip: N/A

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

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

Licensed N/A  Armed  Bonded

Describe the emergency evacuation plan: ALL GUEST DIRECTED TO EXIT ON LARNED ST

Describe the parking plan to accommodate anticipated attendance: ON SITE PARKING

How will you advise attendees of parking options? TRAFFIC CONTROL VOLUNTEERS

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)?

TRAFFIC AND PEDESTRIAN NOT EFFECTED

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

Indicate what steps you have or will take to notify them of your event: DISTRIBUTION OF FLYERS TO LOCAL RESIDENTS

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

LAWRENCE FITZ MLK FACILITY MGR. 313-494-7373

**Section 9- EVENT SET-UP**

Complete the appropriate categories that apply to the event.

**Structure**

How Many? 0

Size/Height N/A

Booth N/A

Tent (enclosed on 3 sides) N/A

**Section 10- COMPLETE ALL THAT APPLY**

Name of Sanitation Company collecting refuse and garbage? NONE

Contact Person: NONE

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

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

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

Name of company providing emergency medical services? NONE

Contact Person: NONE

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

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

Name of company providing porta-johns. SCOTTIE POTTIES PARKWAY SVCS

Contact Person: KATE

Address: 1600 CLAY

Phone: 313.334.4231

City/State/Zip: DETROIT, MI

Name of private catering company? NONE

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

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

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

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

**SPECIAL USE REQUESTS**

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

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

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

FROM \_\_\_\_\_

TO \_\_\_\_\_

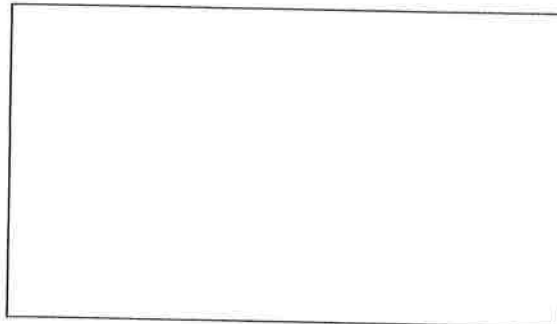
Closure Dates: \_\_\_\_\_

Beg. Time: \_\_\_\_\_

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

Reopen Date: \_\_\_\_\_

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/02/2019

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

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

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Will Maddux	
East Main Street Insurance Services, Inc.		<b>PHONE (A/C, No, Ext):</b> (530) 477-6521	<b>FAX (A/C, No):</b>
Will Maddux		<b>E-MAIL ADDRESS:</b> info@theeventhelper.com	
PO Box 1298		<b>INSURER(S) AFFORDING COVERAGE</b>	
Grass Valley CA 95945		<b>INSURER A:</b> Evanston Insurance Company	<b>NAIC #</b> 35378
<b>INSURED</b>		<b>INSURER B:</b>	
Montford Point Marines America		<b>INSURER C:</b>	
Robert Middleton		<b>INSURER D:</b>	
1 Lafayette Plaisance, Apt 912		<b>INSURER E:</b>	
Detroit MI 48207		<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y	3DS5468-M2713509	08/17/2019 12:01 AM	08/18/2019 12:01 AM	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Host Liquor Liability					MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> Retail Liquor Liability					PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 1,000,000
	OTHER:					Deductible \$ 1,000
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident) \$
<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
						\$
	<b>UMBRELLA LIAB</b>					EACH OCCURRENCE \$
<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
<input type="checkbox"/> DED	<input type="checkbox"/> CLAIMS-MADE					\$
	RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

Certificate holder listed below is named as additional insured per attached MEGL 2217 01 19.  
Attendance: 250, Event Type: Speaking Engagement.

**CERTIFICATE HOLDER****CANCELLATION**

City of Detroit  
c/o Detroit City Council  
Coleman A. Young Municipal Center  
2 Woodward Avenue  
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



## EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

#### SCHEDULE

**Name Of Additional Insured Person(s) Or Organization(s):**

City of Detroit  
c/o Detroit City Council  
Coleman A. Young Municipal Center  
2 Woodward Avenue  
Detroit, MI 48226

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II – Who Is An Insured:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.

2019-09-19

**1085**

**1085**

*Petition of Montford Point Marines  
America, request to hold 2019  
National Disaster Preparedness Expo  
at Martin Luther King High School on  
September 28, 2019 from 3:30pm to  
5:30pm with set-up and tear down on  
the same day.*

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

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

## MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1086      Event Name: Hannah Ferenchick & Rohan Policheria Wedding

Event Date: October 5, 2019

Street Closure: Washington Boulevard

Organization Name: Melissa Marie Events

Street Address: 47655 Rochester Drive Novi, MI 48374

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

Event Elements (check all that apply):

- |  |  |  |  |
|--|--|--|--|
| <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>Wedding Baraat</u> |  |
| <input type="checkbox"/> <b>24-Hour Liquor License</b> |  |  |  |

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

The Baraat is requesting a temporary street closure on Washington Boulevard for a processional for the Groom's wedding at the Westin Book Cadillac from 2:30pm - 3:30pm; with temporary street closure on Washington Boulevard between Michigan Avenue and State 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"/>	3rd Precinct 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>No Jurisdiction</b>

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permits Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	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 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. Auster

Date: 9-19-19

City of Detroit  
OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Andre P. Gilbert II  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Thursday, September 19, 2019*

*To: The Department or Commission Listed Below*

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

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

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

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

**1086**    *Melissa Marie Events, request to hold Hannah Ferenchick and Rohan Policherla Wedding in front of the Book Cadillac Hotel on Washington Blvd from Michigan Ave to State St on 10-5-19 from 2:30 to 3:30pm*



10/5/19  
1086

# 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: Hannah Ferenchick and Rohan Policherla Wedding

Event Location: Westin Book Cadillac Washington Blvd/Michigan Ave

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Melissa Marie Events

Organization Mailing Address: 47655 Rochester Dr, Novi, MI 48374

Business Phone: 248-881-9111 Business Website: melissamarieevents.com

Applicant Name: Melissa Osborne

Business Phone: 248-881-9111 Cell Phone: 248-881-9111 Email: melissamevents@gmail.com

Event On-Site Contact Person:  
Name: Melissa Osborne

Business Phone: 248-881-9111 Cell Phone: 2488819111 Email: melissamevents@gmail.com

### Event Elements (check all that apply)

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

Projected Number of Attendees: 250

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

Baraat - Indian groom celebration/procession into the Westin for Indian ceremony

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

Begin Set-up Date October 5, Time: 02:00pm Complete Set-up Date: October 5, 2019 Time: 02:30pm

Event Start Date: October 5, Time: 02:30pm Event End Date: October 5, 2019 Time: 3:30pm

Begin Tearing Down Date: October 5, 2019 Complete Tear Down Date: October 5, 2019

Event Times (If more than one day, give times for each day):  
3pm-3:30pm

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: In front of Westin Book Cadillac

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

Will a sound system be used?  Yes  No

If yes, what type of sound system? portable speaker

Describe specific power needs for entertainment and/or music:

none

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

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip

### Section 5- SALES INFORMATION

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

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

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

Food       Merchandise       Non-Alcoholic Beverages       Alcoholic Beverages

Indicate type of items to be sold:

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

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

Licensed       Armed       Bonded

How will you advise attendees of parking options?

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
some noise from the music, people dancing

Have local neighborhood groups/businesses approved your event?

Yes  No

Indicate what steps you have or will take to notify them of your event:  
should not disturb any neighbors or businesses

## Section 8- EVENT SET-UP

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

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

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

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

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.**

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

**STREET NAME:** Washington Blvd

**FROM:** Michigan Ave **TO:** State St

**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  
*Melissa Marie Osborne*  
Key: 43766473033600004204422540795

06/26/2019

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:** Hannah Ferenchick and Rohan Pilcherla Wedding **Event**  
**Date:** 6/26/19

**Event Organizer:**  
Melissa Osborne

Signature of Applicant  
*Melissa Marie Osborne*  
Key: 43766473033600004204422540795  
**Applicant Signature:** \_\_\_\_\_  
**Date:** 06/26/2019

2019-09-19

**1086**

**1086**    *Petition of Melissa Marie Events,  
request to hold Hannah Ferenchick  
and Rohan Policherla Wedding in  
front of the Book Cadillac Hotel on  
Washington Blvd from Michigan Ave  
to State St on 10-5-19 from 2:30 to  
3:30pm*

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REFERRED TO THE FOLLOWING DEPARTMENT(S)

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



40

**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 1090 Event Name: High Times Detroit - Cannabis Bazaar 2019

Event Date: October 12 - 13, 2019

Street Closure: Clay, Riopelle & Hartwick

Organization Name: High Times Productions, Inc. Los Angeles, CA 90024

Street Address: 10990 Wilshire Boulevard

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

Event Elements (check all that apply):

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

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

The High Times Detroit Cannabis Bazaar located at the Russell Industrial Center will feature exhibitors, local food vendors, live musical performances and educational seminars about the cannabis industry from 12:00pm - 8:00pm; with temporary street closures on Clay, Riopelle and Hartwick.

**\*\* 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 G&R Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required for Street Closures
	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, Detour & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages, Generators & Electrical
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors Licenses Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: B. Justice

Date: 9-19-19

City of Detroit  
OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Andre P. Gilbert II  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Thursday, September 19, 2019*

*To: The Department or Commission Listed Below*

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

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

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

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

**1090**    *High Times Productions, Inc., request to hold High Times Detroit - Cannabis Bazaar 2019 at the Russell Industrial Center on 10-12-19 and 10-13-19 from 12:00 pm to 8:00 pm with street closure. Set up begins 10-8 with tear down on 10-14 and 10-15.*

10/12-10/13, 2019

# City of Detroit Special Events Application

1099

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: High Times Detroit - Cannabis Bazaar 2019

Event Location: Russell Industrial Center

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: High Times Productions, Inc.

Organization Mailing Address: 10990 Wilshire Blvd, PH

Business Phone: 973-617-7540

Business Website: cannabiscup.com

Applicant Name: Sameen Ahmad

Business Phone: 973-617-7540

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

Email: \_\_\_\_\_

### Event On-Site Contact Person:

Name: same as applicant name

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

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

Email: \_\_\_\_\_

### 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: \_\_\_\_\_

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

The High Times Detroit Cannabis Bazaar will feature exhibitors, local food vendors, live musical performances and educational seminars about the cannabis industry.

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

Begin Set-up Date : October 8, 2019      Time: 10AM      Complete Set-up Date: October 15, 2019      Time: 6PM

Event Start Date: October 12, 2019      Time: 12PM      Event End Date: October 13, 2019      Time: 8PM

Begin Tearing Down Date: October 14, 2019      Complete Tear Down Date: October 15, 2019

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

12PM - 8PM

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Russell Industrial Center

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:  
TBD

Will a sound system be used?       Yes       No

If yes, what type of sound system? professional sound system not to exceed 86 db

Describe specific power needs for entertainment and/or music:  
generator power that will be permitted with the city

How many generators will be used? 11

How will the generators be fueled? with a fuel truck in the ams

Name of vendor providing generators:

Contact Person: TBD

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): \$70 / if not sold out in advance

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: t shirts, hats, pins, food

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: G&R Security

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

Social Media, website and via email

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

we will look to close Clay and one lane on Russell for out ofsite parking shuttle service, we will have the right of way permit for the sidewalk closure to keep pedestrians off the road and lastly sound will not carry over past 8pm

Have local neighborhood groups/businesses approved your event?

Yes  No

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

once approved we will send a neighborhood letter

## 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)	4	TBD
Canopy (open on all sides)	55	
Staging/Scaffolding	1	mobile stage
Bleachers		

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

Contact Person: Hart Medical - Adam

Address:

City/State/Zip:

**Name of company providing port-a-johns.**

Contact Person: Jay's Portables

Address:

Phone:

City/State/Zip:

**Name of private catering company? n/a**

Contact Person:

Address:

Phone:

City/State/Zip:

**SPECIAL USE REQUESTS**

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

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

**STREET NAME:** Clay Street

**FROM:** October 12 **TO:** October 14

**CLOSURE DATES:** 10/12 **BEG TIME:** 7AM **END TIME:** 12PM

**REOPEN DATE:** 10/14 **TIME:** 1AM

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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**AUTHORIZATION & 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.

*Sameen Ahmad*  
Signature of Applicant

8/19/2019  
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.

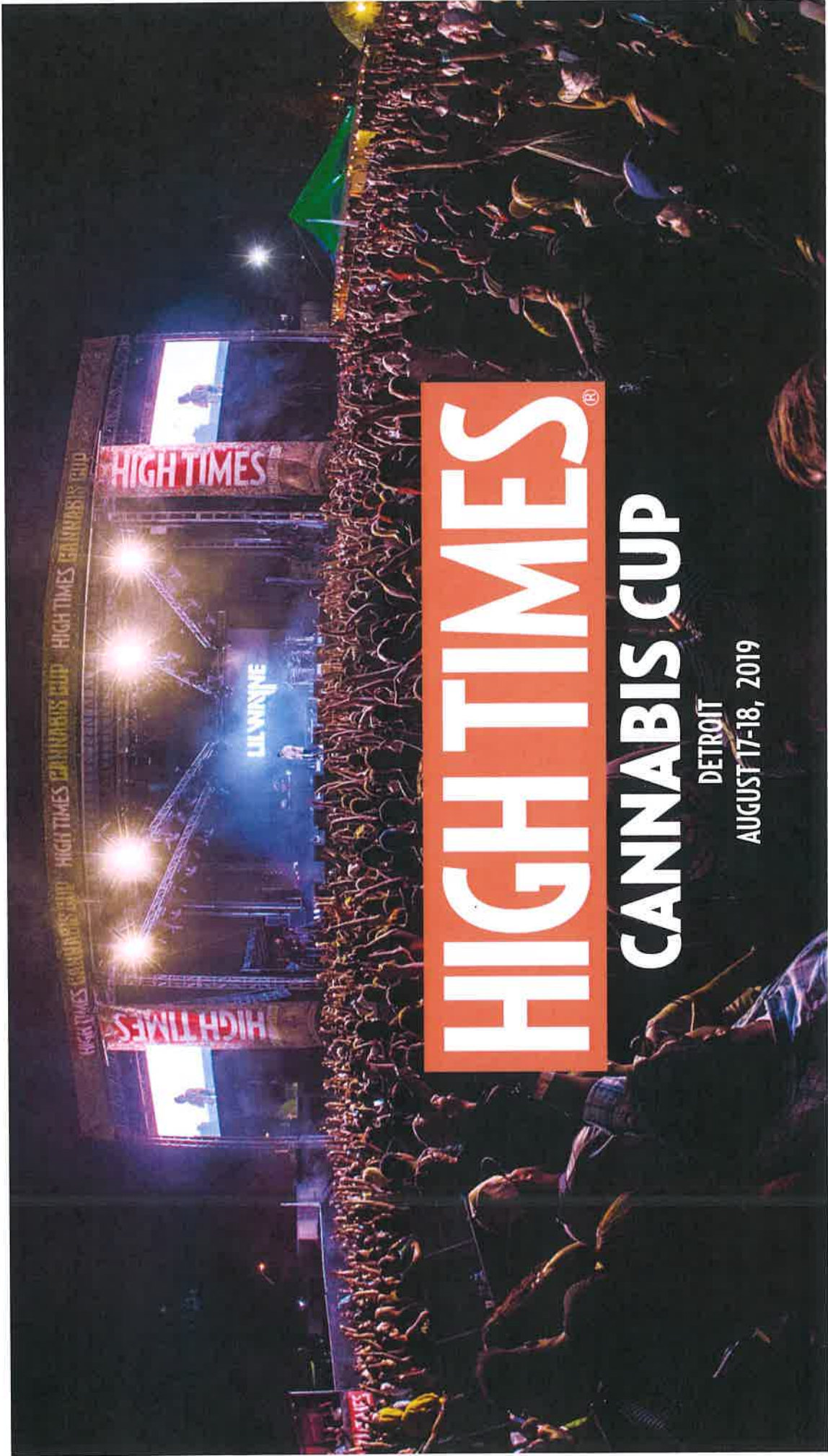
Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

**(Please Print)**

Event Name: High Times Detroit - Cannabis Bazaar 2019 Event Date: 10/12 - 10/13

Event Organizer: High Times Productions, Inc.

Applicant Signature: *Sameen Ahmad* Date: 8/19/19



# HIGH TIMES<sup>®</sup>

## CANNABIS CUP

DETROIT  
AUGUST 17-18, 2019

**HIGH TIMES**  
CANNABIS CUP

# WHAT IS THE CANNABIS CUP?

HIGH TIMES has brought over 44 years of a monthly magazine to the world and the Cannabis Cup brings those pages to life. Thousands of folks converge to celebrate the recent legalization of Cannabis in select states and countries around the globe. Join us and join the movement.

- NEW YORK & LOS ANGELES BASED
- MONTHLY MAGAZINE BASED EVENTS COMPANY
- FOUNDED IN 1974 BY TOM FORCADE
- INNOVATOR IN MARIJUANA COUNTER CULTURE
- 40 CANNABIS CUPS TO DATE:
  - MEDICAL: CALIFORNIA, COLORADO, MICHIGAN, WASHINGTON, WASHINGTON, D.C.
  - RECREATIONAL: ALASKA, CALIFORNIA, COLORADO, NEVADA, MICHIGAN
  - INTERNATIONAL: JAMAICA, THE NETHERLANDS



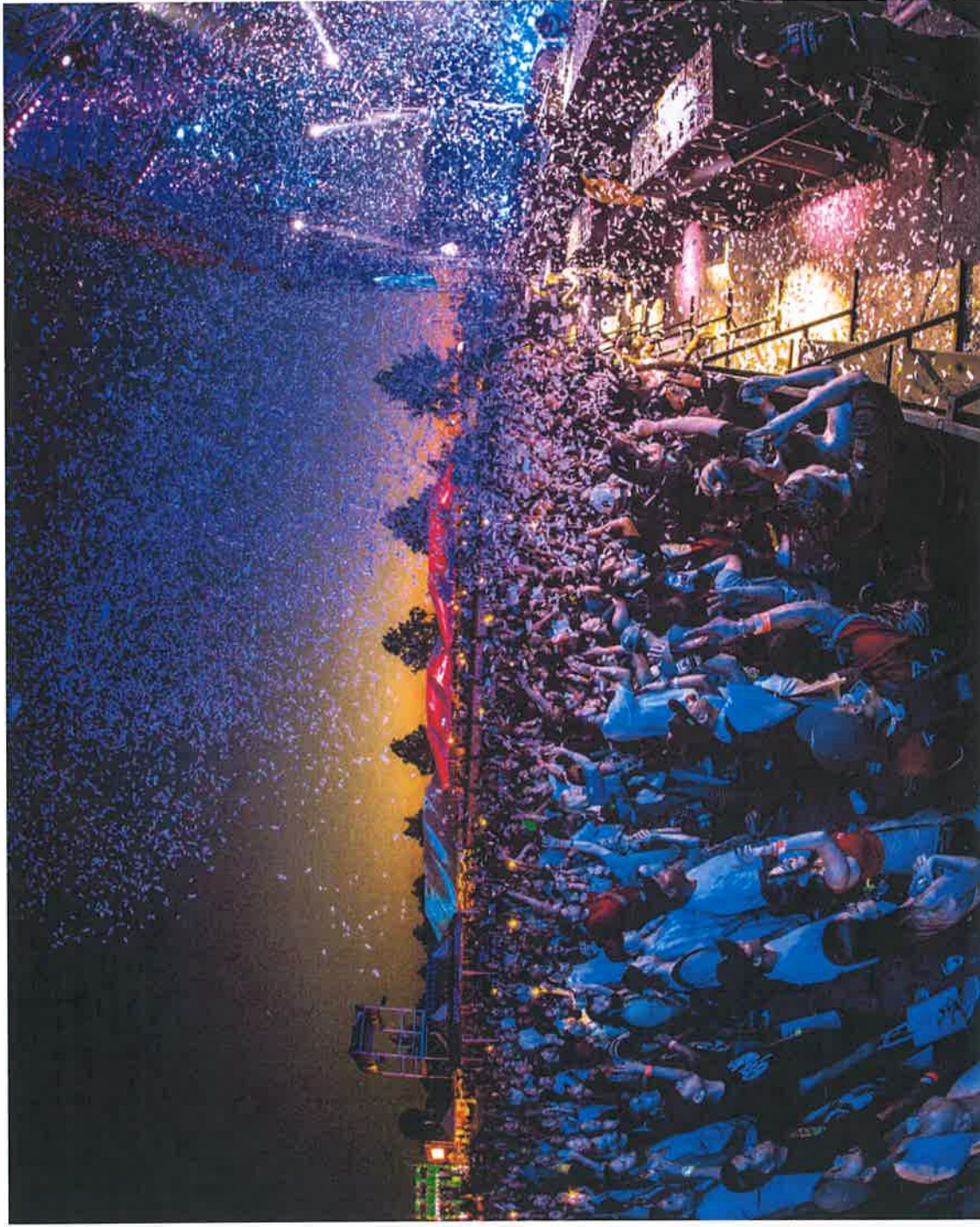
ACTIVISM  
SEMINARS  
VIP & SUPER VIP SOCIETIES  
100s OF EXHIBITOR BOOTHS  
LIVE DEMONSTRATIONS  
CONCERT SERIES  
AWARDS SHOW  
HIGH TIMES EDITORS



**HIGH TIMES**  
CANNABIS CUP

# OUR EVENTS

- For 33 years, a celebration and awards show for the best cannabis based products in the world, on a regional basis
- 41 Cannabis Cups since 2010, when the legalization movement began in earnest
- 2017 - 10 events
- 2018 - 11 events
- 2019 - 9 events (to date)
- Attendance ranges from 8,000 to 45,000







## HIGH TIMES CANNABIS CUP

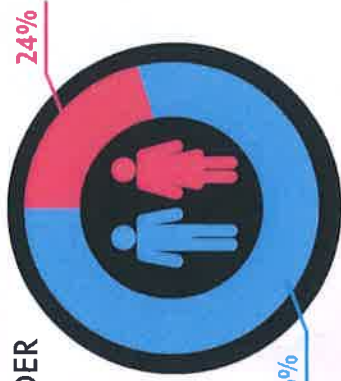
# RESULTS - DETROIT:

- Saturday & Sunday; a 2 day event in August
- 201 participating brands/companies
- 12 local Detroit Food Trucks
- 20,073 unique tickets sold
- 68% out of state attendees with over a 2 hour drive staying in town at local hotels, airbnbs, etc.
- 15,000 daily attendance per day
- 78 local security personnel hired
- 64 local staffers
- 38 stage skilled labor
- 100+ tons of trash and recycling diverted
- 2500 cars parked
- 3 medical transports
- 1879 hotel night booked through code offers
- Average hotel / food / transportation spend per guests = \$600 over the weekend
- Globally known musical acts
- Sessions from industry educators, leaders, doctors and statesmen
- High Times left the Russell Industrial Center cleaner than it was received
- Local businesses within a 1 mile radius called to thank us for the business we brought to them.

**EST. ECONOMIC IMPACT - \$12.05 MM**  
**1,879 HOTEL ROOM NIGHTS**  
**180 LOCALS HIRED**

# MEET OUR ATTENDEES

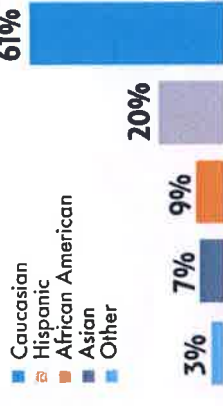
## GENDER



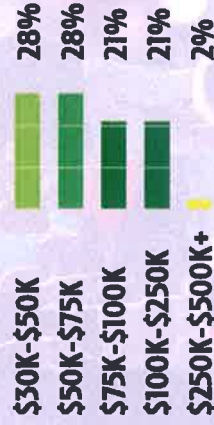
## AGE



## ETHNICITY



## HOUSEHOLD INCOME



## ONLINE REACH



## TOP 5 FEEDER MARKETS







# PLANNING THE EVENT

WE PROVIDE >>>

- Traffic Plan
- Security Plan
- Insurance for every single vendor and HIGH TIMES productions
- Evacuation Plan
- Fire / Life Safety Plan
- Exhibitor Plan
- Communications Plan
- Active Shooter Plan
- Waste Management & Recycling Plan





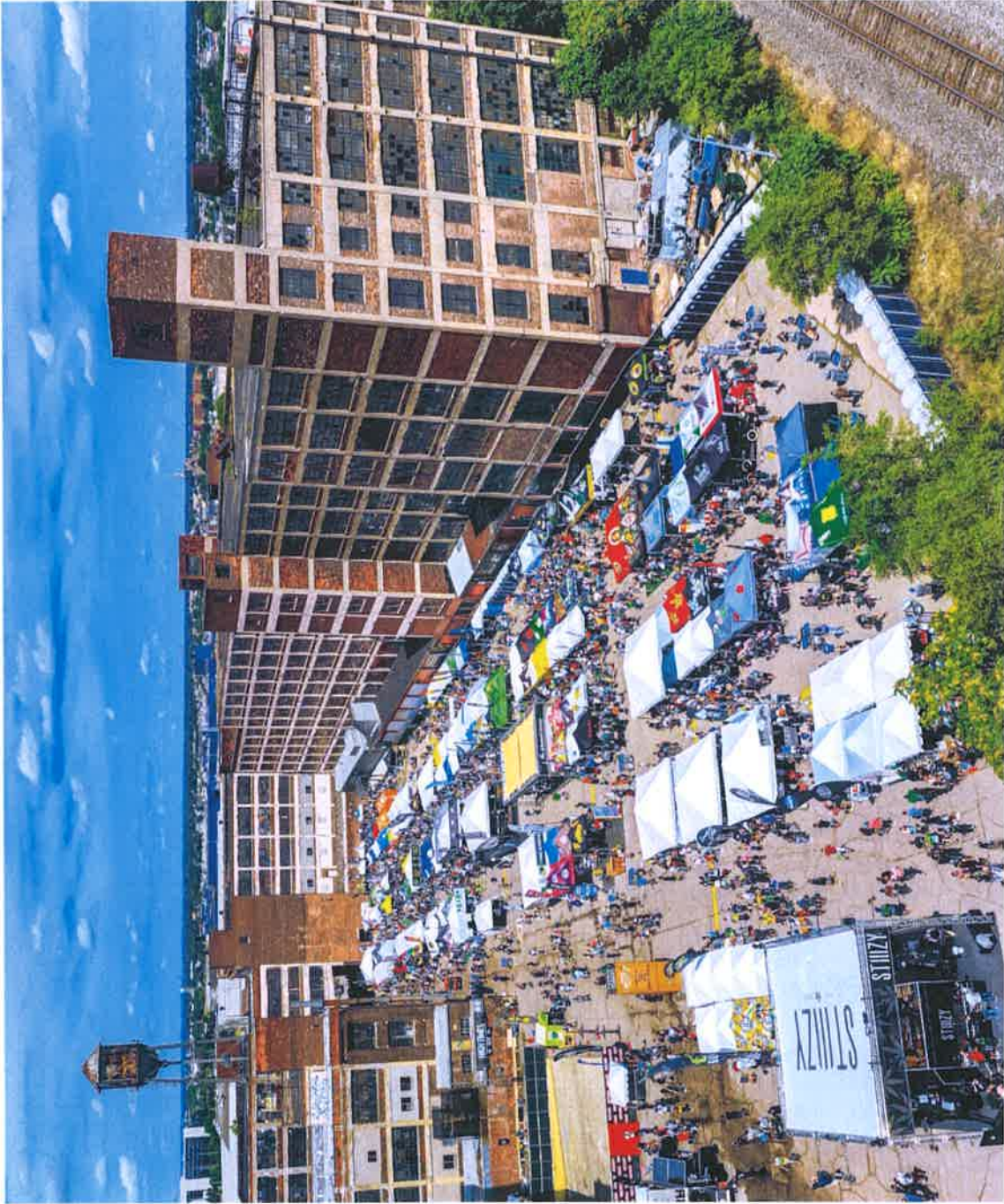


# HOW WE RUN THE EVENT

- We have perfected the Cannabis Cup through years of experience
- We bring in everything:
  - Stages, tents, tables / chairs, bathrooms, ticket booths
  - EMS, Security
  - Musical acts
  - Session presenters
  - Power, WiFi
  - Professional outside management







**HIGH TIMES**  
CANNABIS CUP

# PRESERVING AND RESPECTING THE LAND



- Full service landfill and recycling waste management partner
- Over 15,844,750 tons of waste diverted since 2000





**Thank you!**  
**For more information reach out to Sameen@HighTimes.com**





Clean Vibes, LLC \* PO Box 3265 \* Vallejo, CA 94590\* [www.cleanvibes.com](http://www.cleanvibes.com)\* (707)563-9232

Proposal for Recycling, Clean Up, and Waste Removal Services

Event: Cannabis Cup Vegas

Dates: Sept 9-10

Location: Russell Industrial Center, Detroit, MI

Date Submitted: July 26, 2017

Attn: Sameen Ahmad

### **Company Overview and History**

Clean Vibes is a company formed and dedicated to the responsible on-site waste management of outdoor festivals and events. Our mission is to actively encourage and promote composting, recycling and proper waste disposal. We hope to educate and inspire a new generation of responsible stewards. We have a documented record of diverting high levels of festival generated waste from landfills by increasing the amount of material that is recycled and composted, thereby greatly reducing the ecological footprint of outdoor festivals and events. With over a fifteen years of experience, Clean Vibes has a consistent track record of providing results.

Clean Vibes, LLC is a company based in North Carolina with a branch in Vallejo, CA. We are now in our fifteenth year as an independently owned corporation. The company is fully insured and carries a general liability policy, a commercial auto policy and a workers compensation policy for the state of California.

### **Value to Cannabis Cup**

First and foremost, *Clean Vibes* is committed to providing festivals with a *comprehensive* waste management system. Our goal is to ensure that all facets of the event's waste collection and cleanup are effectively managed so that event production staff do not have to worry about this component of the event. We bring with us the experience of having successfully handled the waste management at over 250 previous events, ranging in size from less than 1,000 attendees to over 100,000 attendees. *Clean Vibes* knows how to clean a site in a cost efficient, effective, and environmentally friendly manner. We also understand how important the maintenance and cleanup of an event is to its continued success, as well as to the relationship the event has with the local community.

At the core of the mission and work of *Clean Vibes* is a genuine dedication to providing substantial and measurable results when it comes to diverting waste from the landfill. Our focus is not on merely creating an appearance or image of a 'green' festival. Our focus is on ensuring that there is real substance behind the waste diversion efforts of every event we work. All *Clean Vibes* employees are equally passionate about minimizing the waste footprint of the events that we work, while at the same time educating attendees about responsible waste habits.





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Based on our previous work at music festivals, *Clean Vibes* has developed a high level of positive name recognition and respect among the attendees of these events. The attendees associate *Clean Vibes* with a commitment to environmentally responsible waste management, and a commitment to environmental stewardship. They know that having *Clean Vibes* involved in an event means that the waste will be handled in an environmentally responsible manner.

Another value that *Clean Vibes* brings to a festival is the 'vibe.' Attendees appreciate seeing our crew having fun while working hard. The 'vibe' that our crew brings to an event helps to actively engage the attendees in the clean up process – significantly minimizing the grounds cleanup. In addition, the systems that we put in place at each event help to spread awareness about diversion efforts in general, while also increasing the efforts of attendees to take responsibility for their own waste.

In summary, Clean Vibes will make valuable contributions to the Cannabis Cup in each of the following ways:

- Extensive experience with music & food/drink festivals – handled waste management at over 250 events, ranging in size from 1,000 attendees to over 100,000 attendees
- Dedication and documented success in achieving high levels of waste diversion
- Commitment to educating attendees about responsible waste management
- Positive name recognition and respect within the festival community
- The 'vibe' we bring to an event
- Ensuring the event is recognized as an event that is committed to minimizing its ecological footprint

### **Proposed Scope of Work**

#### **Set Up and Implementation of Waste Management Collection System**

*Clean Vibes* proposes to implement a comprehensive waste management plan for the festival site. Attendee participation in the maintenance and clean up of the event grounds will be a top priority for our crew and work plan.

*Clean Vibes* will set up and strategically place up to 300 recycling and trash collection containers in groups as necessary. All collection stations will be clearly marked with signage as to the appropriate receptacle for each type of material (recycling or landfill). We will routinely patrol the festival site and empty containers as necessary, as well as cleanup trouble spots. *Clean Vibes* will thoroughly clean the site of the previous day's waste in time for the opening of the venue on Sunday. After the event, *Clean Vibes* will thoroughly clean the site in as timely a manner as possible. Staff members will hand pick the site, bag loose litter, and collect all bags of waste for proper disposal.



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Clean Vibes will provide a small crew on 9/7, full crew on 9/8-9/11, and an final sweeps small crew on 9/12.

### Increasing Awareness and Marketing of Sustainability Efforts

If desired, *Clean Vibes* management will work with High Times to:

- Develop appropriate advance messaging strategies to attendees about responsible waste management – using the festival website, mailing lists, press releases, etc.
- Provide input on any possible 'greening' related components of the event in order to develop a comprehensive and coordinated sustainability initiative
- Work with the festival team to help create onsite messaging and creative ways of educating attendees about their waste footprint
- Help communicate to all festival staff and vendors about appropriate disposal of waste and how they can work as a team to minimize the overall waste footprint of the event





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**Cost for Clean Vibes' Services**

Below is a breakdown of costs for *Clean Vibes'* services for the Cannabis Cup Detroit in 2017. It is our hope that, when the various bids for this event are evaluated, more than just the bottom line cost of services will be taken into consideration. We hope that the substance and quality of each bidder's waste diversion efforts will be seen as a source of added value and that the various bidders' track records on this source of value will also be taken into account. There are certainly other companies that are able to setup the appropriate collection containers and clean the festival site. However, *Clean Vibes* is the only company that has the skills and experience to achieve high levels of waste diversion through recycling. We have a proven track record of achieving unparalleled diversion rates and the ability to provide clients with documented results. If High Times is committed to taking its sustainability efforts to the next level by diverting a substantial amount of festival waste from the landfill while ensuring a thorough and timely cleanup of the site, choosing to work with *Clean Vibes* will prove to be a worthwhile investment.

<b>Service</b>	<b>Cost</b>
Clean Vibes' Labor - Setup and Management of Waste Collection System and Clean Up and Sorting of Waste	\$16,500
Rental of Clean Vibes' equipment- up to 300 Clearstream containers and Rubbermaid barrels	\$1000
Bags - for all collection containers	\$250
Travel	\$1800
Temp Labor for nightly cleanup	\$4000
Lodging for staff PROVIDED by High Times	\$0
Work truck rental	\$800
<i>Non-catered meals estimate</i>	<i>\$1000</i>
Hauling- containers, hauling, and tipping fees for all waste	<b>TBD</b>
<b>Total Cost for Above Services</b>	<b>\$25,350</b>

Materials Requested/Additional Hard Costs:

- Space to park on solid paved level ground one (1) 16' foot box truck (total 30' for unloading/loading)
- Secure space for operation area - sufficient space to have box truck, work space and parking for all work vehicles.
- One (1) 20x 20 equipment tent with walls
- One (1) light tower in CV HQ area.
- Parking, with easy access to the event grounds, for staff vehicles.
- Appropriate credentials ensuring adequate access of the site for all staff.





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- Access to a secure internet connection for all days on site.
- Three (3) catered meals per day for all staff onsite when catering is available.
- Two (2) utility bed gators/Kubotas/Bobcats, etc. **with at least a 4'x4' bed**
- Drinking water for all staff and volunteers for all days on site.
- Five (5) radios for use by *Clean Vibes* for all days onsite.
- Tickets or credentials for all volunteers who will assist in the clean up and waste diversion effort. 20 during show cleanup volunteers and 20 post-show volunteers will be recruited.
- Assistance in advance promotion of *Clean Vibes'* volunteer opportunities through festival website, mailing list and social media. Promotion needs to begin within 1 week of signing of contract or announcement of event.
- Debris boxes for trash, recycling and other materials as negotiated with Republic.
- Appropriate placement throughout site of debris boxes to ensure access by crew during peak attendance.
- Assistance in promotion of Clean Vibes' waste diversion efforts through any festival literature, websites, radio stations and stage announcements.

Please note that this proposal is based on the following protocol being in place:

- It is understood that all vendor, caterers, concessions, and bars will handle the cleanup of their areas and the proper sorting/streaming of their waste. *Clean Vibes* will service stations in vendor, caterers, bar, or concession areas that are designated for patron use. *Clean Vibes* will provide and service stations in dining areas of catering tents.
- It is understood the *Clean Vibes* will work closely with High Times to place dumpsters for food and concession vendor prep waste in vendor back of house areas. *Clean Vibes* will provide waste pickup from exhibitor areas and booths.
- It is understood that if it is not possible within the layout of the site to place dumpsters at each bar or vending location, these bars will be responsible for the removal of the waste from these locations to the closest dumpster location.
- It is understood that if an exhibitor brings and executes a professional-style stage with entertainment not organized by High Times, *Clean Vibe* will charge \$500 per exhibitor stage.
- It is understood *Clean Vibes* will be responsible for all exhibitor and stage areas, aka "the venue," VIP, Super VIP, and event production areas. *Clean Vibes* will not be responsible for public parking or ingress/egress traffic routes.
- 'Flaming Lips Clause'- It is understood that, in the event that a band performing at Cannabis Cup chooses to incorporate confetti, toilet paper or any other sizable amount of debris into their performance, *Clean Vibes* will require additional compensation for the cleanup of the debris left



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from said performers stage antics. *Clean Vibes* needs to be notified in advance of the confetti, and an additional cost of \$2,000 per incident will be paid to *Clean Vibes* for the cleanup of the debris.

- It is understood that *Clean Vibes* will not handle any bio-medical or hazardous waste, or unrelated grounds or waste. *Clean Vibes* will assist with the cleanup of any cannabis-related medical waste.

If you have any questions regarding this proposal, please feel free to contact me at your convenience. I can be reached by phone at (707)563-9232 or (802)258-1220 or by email at [meg@cleanvibes.com](mailto:meg@cleanvibes.com)

I am looking forward to the possibility of working together to ensure a clean festival site and to create an efficient and effective waste management system for the Cannabis Cup Vegas.

Thank you for this opportunity. I will follow up shortly to discuss this proposal further.

Sincerely,

Meg Luce

2019-09-19

**1090**

**1090**

*Petition of High Times Productions,  
Inc. request to hold High Times  
Detroit - Canibus Bazaar 2019 at the  
Russell Industrial Center on 10-12-19  
and 10-13-19 from 12:00 pm to 8:00  
pm with street closure. Set up begins  
10-8 with tear down on 10-14 and 10-  
15.*

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

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