

NEW BUSINESS

REFERRAL

18-15-19.

**NEIGHBORHOOD
AND COMMUNITY
SERVICES STANDING
COMMITTEE**

14

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1093 Event Name: 2019 Winter Magic Events

Event Date : November 22, 2019 - March 8, 2019

Street Closure: Various

Organization Name: Downtown Detroit Partnership

Street Address: 1 Campus Martius Detroit, MI 48226

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

Event Elements (check all that apply):

- | | | | |
|------------------------------------|--|--|--|
| <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>Park Programming</u> | |
- ☒ **24-Hour Liquor License**

Petition Communications (include date/time)

The Downtown Detroit Partnership will host their winter events at Campus Martius Park, Cadillac Square, Esplanade, Grand Circus Park and Capitol Park; temporary street closures on Woodward, Michigan, Monroe & Cadillac Square for the Detroit Tree Lighting.

**** 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 Eagle 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 Security 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"/>	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 Signage Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages & Generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Business License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase of Parking Meters & No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: B. Auster

Date: 10-9-19

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

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

1093 *Detroit 300 Conservancy / Downtown Detroit Partnership, request to hold "2019 Winter Magic Events" at DDP Operated Downtown City Parks and Public Spaces starting 11/22/19 and ending 3/1/20 from 8:00 am to 8:00 pm with set-up beginning 10/21/19 and tear down completion 4/1/20*

City of Detroit Special Events Application

11/22/19

1093

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: 2019 WINTER MAGIC EVENTS

Event Location: DDP OPERATED DOWNTOWN CITY PARKS AND PUBLIC SPACES

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

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: DETROIT 300 CONSERVANCY/DOWNTOWN DETROIT PARTNERSHIP

Organization Mailing Address: 1 CAMPUS MARTIUS, SUITE 380, DETROIT, MI 48226

Business Phone: 313-715-9944

Business Website: DowntownDetroitParks.com

Applicant Name: HEATHER BADRAK

Business Phone: 313-715-9944 Cell Phone: 313-715-9944 Email: HBADRAK@DETROIT300.ORG

Event On-Site Contact Person:

Name: DAVID COWAN

Business Phone: 734-377-3472 Cell Phone: 734-377-3472 Email: david.cowan@downtowndetroit.org

Event Elements (check all that apply)

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

Projected Number of Attendees: 1M OVER SEASON

Please provide a brief description of your event:

11/6/19: TREE ARRIVAL

11/22/19: DETROIT'S TREE LIGHTING

11/15 - 17: RINK PREVIEW WEEKEND (WEATHER PERMITTING)

11/22/19 - 3/1/20: THE RINK

11/22/19 - 1/31/20: THE SALVATION ARMY RED KETTLE

11/22, 23, 29, 30, 12/6, 7, 13, 14, 20, 21, 27, 28: HORSE & CARRIAGE RIDES (+ 12/23, 24, 26 & 30 IF FUNDED)

1/6/20 - 2/25/20: BROOMBALL LEAGUE

Begin Set-up Date 10/21/19 Time: 8A Complete Set-up Date: 11/22/19 Time: 8A

Begin Set-up Date 10/21/19 Time: 8A Complete Set-up Date: 11/22/19 Time: 8A

Event Start Date: 11/22/19 Time: 5P Event End Date: 3/1/20 Time: 8P

Begin Tearing Down Date:3/1/20 Complete Tear Down Date:4/1/20

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

11/6/19: TREE ARRIVAL, 9A - 4P, **11/22/19:** DETROIT'S TREE LIGHTING, 5P - 12A, 11/15 - 17: RINK PREVIEW WEEKEND (WEATHER PERMITTING) FRI 5P - 12A, SAT, 10A - 12A, SUN 12P - 8P, 11/22/19 - 3/1/20: THE RINK, M - TH, 11A-10P, F 11A-12A, SA 10A - 12A, SU 12P - 8P, 11/22/19 - 1/31/20: THE SALVATION ARMY RED KETTLE, OPEN DAILY, 11/22, 23, 29, 30, 12/6, 7, 13, 14, 20, 21, 27, 28: HORSE & CARRIAGE RIDES (+ 12/23, 24, 26, 30, 15 FUNDED), 6P - 12A, 1/6/20, 2/5/20: BROOMBAY LEAGUE, 6P - 10P, 11/23/19

Section 3- LOCATION/SITE INFORMATION

Location of Event: CAMPUS MARTIUS PARK, CADILLAC SQUARE, ESPLANADE, GRAND CIRCUS AND CAPITOL

Facilities to be used (Check)	Street	Sidewalk	Park <input checked="" type="checkbox"/>	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 First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

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

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Dynamic local and national entertainment and figure skaters for Tree Lighting, comcast music on Rink

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? House sound, amplified sound.

Describe specific power needs for entertainment and/or music:

Park power

How many generators will be used? (1) on Michigan for Tree Lighting

How will the generators be fueled?

Diesel

Name of vendor providing generators:

Contact Person: JAMES WERHLE, XYZ POWER

Address: 3549 ALIDA AVE.

Phone: 248-875-6070

City/State/Zip: ROCHESTER HILLS, MI 48309

Section 5- SALES INFORMATION

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

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

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

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

Indicate type of items to be sold:

FOOD TRUCKS, WORKING WITH PARC TO ADD-A-BAR ON MICHIGAN, PREFERRED SEATING AT TREE LIGHTING AND RINK ADMISSION

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: EAGLE SECURITY

Contact Person: MATT WARNER

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?
Website

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

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

DDP COMMUNITY OUTREACH WITH ROAD CLOSURES FOR TREE LIGHTING

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)	(5) larger than 10 x 10	S&R permits all winter setup and Tree Lighting
Canopy (open on all sides)		
Staging/Scaffolding	(1)	20 x 24
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: : Hart Medical for Detroit's Tree Lighting

Address: 220 Bagley, Suite 912

City/State/Zip: Detroit, MI 48226

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

Contact Person: : Lori Proctor

Address: PO Box 530845

Phone: 734-421-1400

City/State/Zip: : Livonia, MI 48153

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: WOODWARD

FROM: STATE TO: LARNED

CLOSURE DATES: 11/22/19 BEG TIME: 12:01A END TIME:

REOPEN DATE: 11/23/19, BY 8A TIME:

STREET NAME: MICHIGAN

FROM: GRISWOLD TO: WOODWARD

CLOSURE DATES: 11/21 BEG TIME: 8P END TIME:

REOPEN DATE: 11/23, BY 8A TIME:

STREET NAME: MONROE

FROM: FARMER TO: WOODWARD

CLOSURE DATES: 11/21 BEG TIME: 8P END TIME:

REOPEN DATE: 11/23, BY 8A TIME:

STREET NAME: EAST & WESTBOUND CADILLAC SQUARE

FROM: BATES TO: WOODWARD

CLOSURE DATES: 11/22/19 BEG TIME: 12:01A END TIME:

REOPEN DATE: 11/23/19, BY 8A TIME:

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:

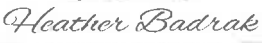
REOPEN DATE: _____ TIME:

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.


Heather Badrak
Mayor of Detroit

08/22/2019

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: WINTER MAGIC Event
Date: 11/22/19 - 3/1/19

Event Organizer:
DOWNTOWN DETROIT PARTNERSHIP


Heather Badrak
Mayor of Detroit

Applicant Signature: _____
Date: 08/22/2019

2019-09-19

1093

1093 *Petition of Detroit 300 Conservancy /
Downtown Detroit Partnerships,
request to hold "2019 Winter Magic
Events" at DDP Operated Downtown
City Parks and Public Spaces starting
11/22/19 and ending 3/1/20 from 8:00
am to 8:00 pm with set-up beginning
10/21/19 and tear down completion
4/1/20*

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

15

MAYOR'S OFFICE COORDINATORS REPORTOVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**Petition #: 1112 Event Name: 2019 Beacon Park Winter EventsEvent Date : November 22 - December 31, 2019Street Closure: NoneOrganization Name: Downtown Detroit PartnershipStreet Address: 1 Campus Martius Detroit, MI 48226

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

The Downtown Detroit Partnership will host their winter events at Beacon Park to include: Light Up Beacon, Silent Discos, Selfies with Santa and the New Years Eve Kid's Countdown.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention; Contracted with Eagle 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 Security Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No 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"/>	No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Business License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input 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. Aushen

Date: 10-9-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, October 14, 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.

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

1112 *Downtown Detroit Partnership, request to hold "2019 Beacon Park Winter Events" at Beacon Park, occurring from 11/22/19 to 12/31/19 with set-up beginning 11/18/19 and tear down to be completed 1/7/20.*

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: 2019 BEACON PARK WINTER EVENTS

Event Location: BEACON PARK, 1901 GRAND RIVER, DETROIT, MI 48226

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

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: DOWNTOWN DETROIT PARTNERSHIP

Organization Mailing Address: 1 CAMPUS MARTIUS, SUITE 380, DETROIT, MI 48226

Business Phone: 313-715-9944

Business Website: DowntownDetroitParks.com

Applicant Name: HEATHER BADRAK

Business Phone: 313-715-9944 Cell Phone: 313-715-9944 Email: HBADRAK@DETROIT300.ORG

Event On-Site Contact Person:

Name: DAVID COWAN

Business Phone: 313.314.2707 Cell Phone: 734-377-3472 Email: david.cowan@downtowndetroit.org

Event Elements (check all that apply)

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

Projected Number of Attendees: THOUSANDS

Please provide a brief description of your event:

11/22, Light Up Beacon Park, 5p - midnight
 11/30 & 12/14, Home for the Holidays (Silent Disco), 7p - midnight
 12/15, Selfies with Santa (Family Fun), 1p - 5p
 12/31 New Year's Eve Kids Countdown, 1p - 6p
 100' x 60' Tent - Open Daily. Table games, eating area, lounge areas

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

Begin Set-up Date: 11/18/19 Time: 08:00a Complete Set-up Date: 11/22/19 Time: 05:00p

Event Start Date: 11/22/19 Time: 05:00p Event End Date: 12/31/19 Time: 06:00P

Begin Tearing Down Date: 1/2/20 Complete Tear Down Date: 1/7/20

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

11/22, Light Up Beacon Park, 5p - midnight

11/30 & 12/14, Home for the Holidays (Silent Disco), 7p - midnight

12/15, Selfies with Santa (Family Fun), 1p - 5p

12/31 New Year's Eve Kids Countdown, 1p - 6p

Section 3- LOCATION/SITE INFORMATION

Location of Event: BEACON PARK

Facilities to be used (Check) 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

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

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

VARIETY OF LOCAL TALENT, DJ'S AND FAMILY FUN

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? HOUSE SOUND AND AMPLIFIED SOUND

Describe specific power needs for entertainment and/or music:

PARK POWER

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- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe:

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

If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

☒ Food

☒ Merchandise

☒ Non-Alcoholic Beverages

☒ Alcoholic Beverages

Indicate type of items to be sold:

FOOD TRUCKS, BEVERAGES SOLD BY LUMEN(LIQUOR LICENSE HOLDER) AND POTENTIAL FOR SPONSOR OR OTHER MERCHANDISE BOOTHS

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: EAGLE SECURITY

Contact Person: MATT WARNER

Address: 500 GRISWOLD, STE 400

Phone: 734-306-4871

City/State/Zip:

DETROIT, MI 48226

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)?
POSITIVE IMPACT, FREE EVENTS, OPEN TO ALL. NO ROAD CLOSURES.

Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

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

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)	1	100' X 60' (ALREADY INSTALLED IN FALL)
Canopy (open on all sides)		
Staging/Scaffolding		
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: FOR LIGHT UP BEACON PARK - ADAM GOTLIEB, HART EMS MEDICAL SERVICES

Address: 220 BAGLEY, SUITE 912

City/State/Zip: DETROIT, MI 48226

Name of company providing port-a-johns. BEACON PARK HAS PUBLIC RESTROOMS SCOTTY'S POTTIES AS

Contact Person: LORI PROCTOR

Address: PO BOX 530845

Phone: 734-421-1400

City/State/Zip: LIVONIA, MI 48153

Name of private catering company? N/A

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

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

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

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

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

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

AUTHORIZATION & AFFIDAVIT OF APPLICANT

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

eSigned via SignEasyDoc.com
Heather Badrak
Key: a33fa18b07b9a3f3aaf6b4a2320786

08/30/2019

Signature of Applicant

Date

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

HOLD HARMLESS AND INDEMNIFICATION

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

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

Event Name: 2019 BEACON PARK WINTER EVENTS Event
Date: 8/30/19

Event Organizer:
DOWNTOWN DETROIT PARTNERSHIP

Applicant Signature:

eSigned via SignEasyDoc.com
Heather Badrak
Key: a33fa18b07b9a3f3aaf6b4a2320786

Date: 08/30/2019

PETITION # TBD – 2019 BEACON PARK WINTER EVENTS

SECURITY PLAN:

BEACON PARK: (2) GUARDS, 24/7, Lighthouse radios and if needed, 911.

ADDING FOR EVENTS AS FOLLOWS:

- Light Up Beacon Park, 11/22, 5p – midnight, Add (9) 3:30p – 12:30a
- Home for the Holidays, 11/30 & 12/14, 7p - midnight, Add(6) 6p – 12:30a
- Family Fun – Selfies with Santa, 12/15, 1p – 5p, Add (2) 12:30p – 5:30p
- Family Fun – New Year's Eve Kids Countdown, 12/31, 1p – 6p, Add (4) 12:30p – 6:30p

EMS PLAN:

DTE command center has EMTs that can assist as needed.

Lighthouse radios and if needed, 911.

Light Up Beacon Park – HART Medical

RECYCLING PLAN:

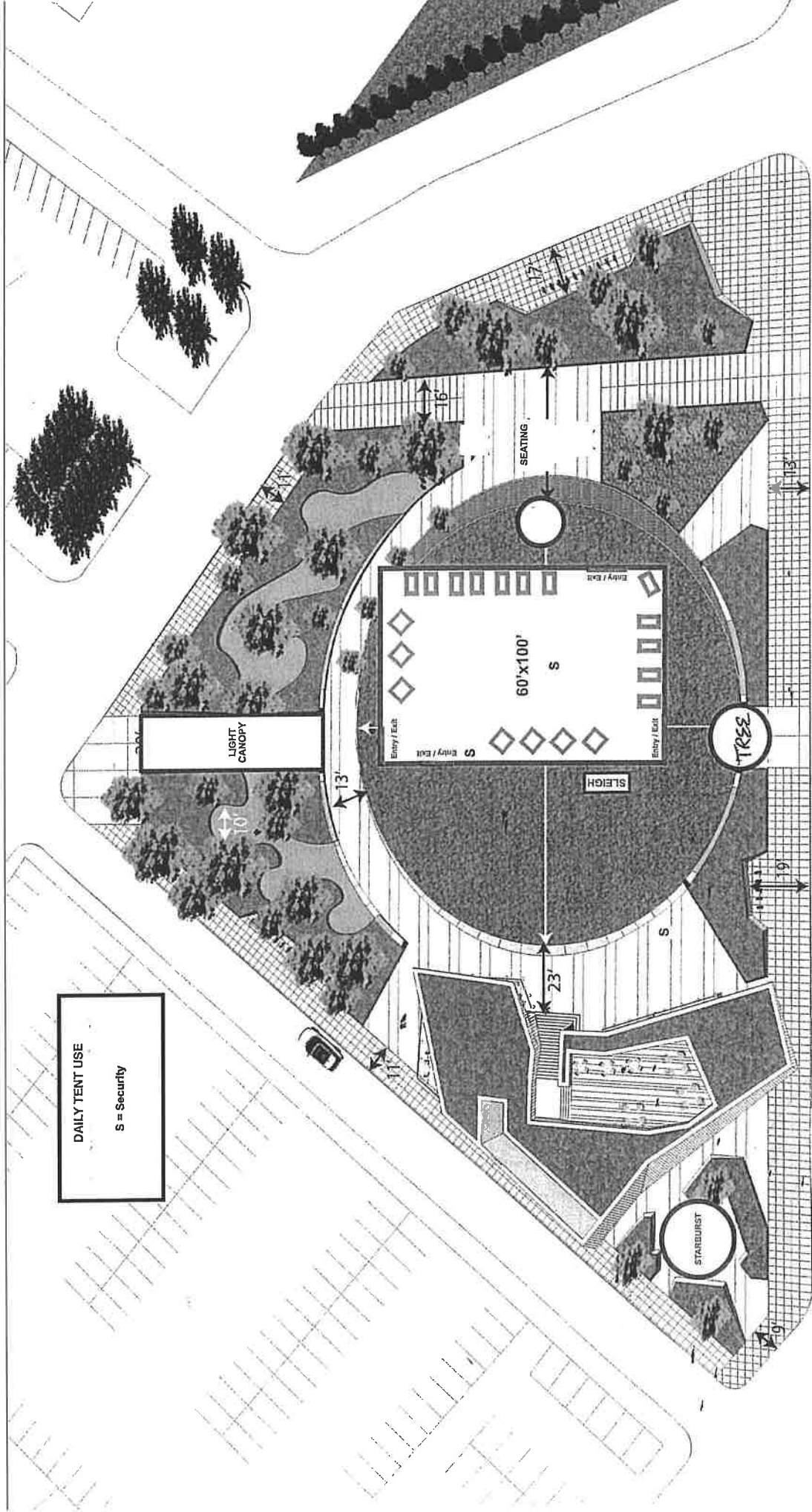
DDP requires all food trucks in our Downtown Street Eats program to use recyclable / compostable / biodegradable packaging. For those without resources or with limited resources, DDP has arranged a packaging partner, Michigan Green Safe Products, who will offer advice for optimizing bulk costs. We will offer a tiered Green Food Truck Certification for compliant food trucks, and we are working to have all food trucks certified by the end of the 2019 season. We complement our food truck operations at Cadillac Square and Beacon Park with recycling receptacles on-site during food truck hours.

We will also be expanding our onsite recycling program at our DDP-managed parks with permanent and temporary receptacles that make recycling easier for the public. Beacon Park has permanent recycling cans. This year, our parks rentals and special events will have recycling receptacles on site. We take our recycling to Recycle Here!, a Detroit-owned local business.

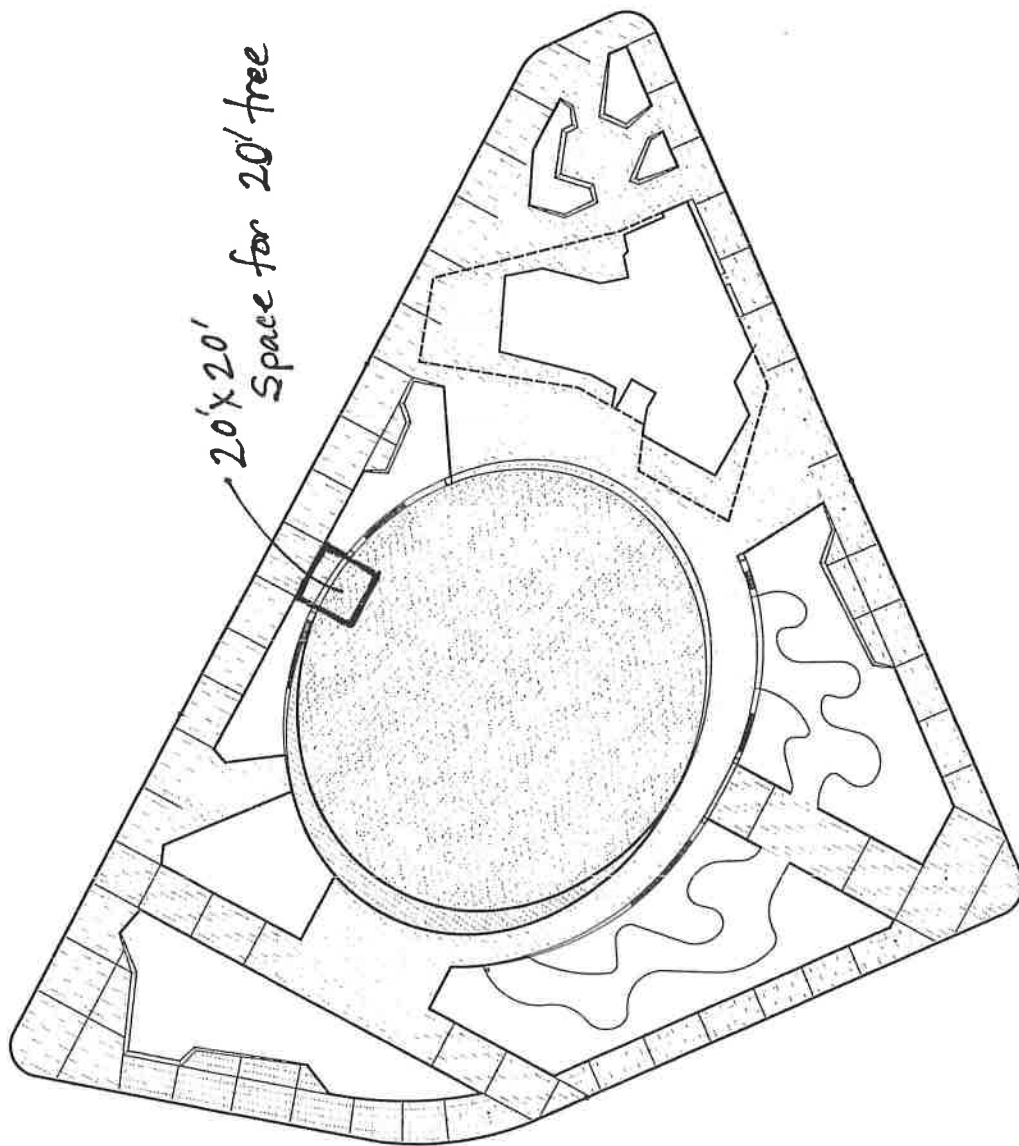
RESTROOMS:

BEACON PARK: (2) ADA accessible public restrooms located on the back of the building.

Extra Porta-potties are brought in for all events.

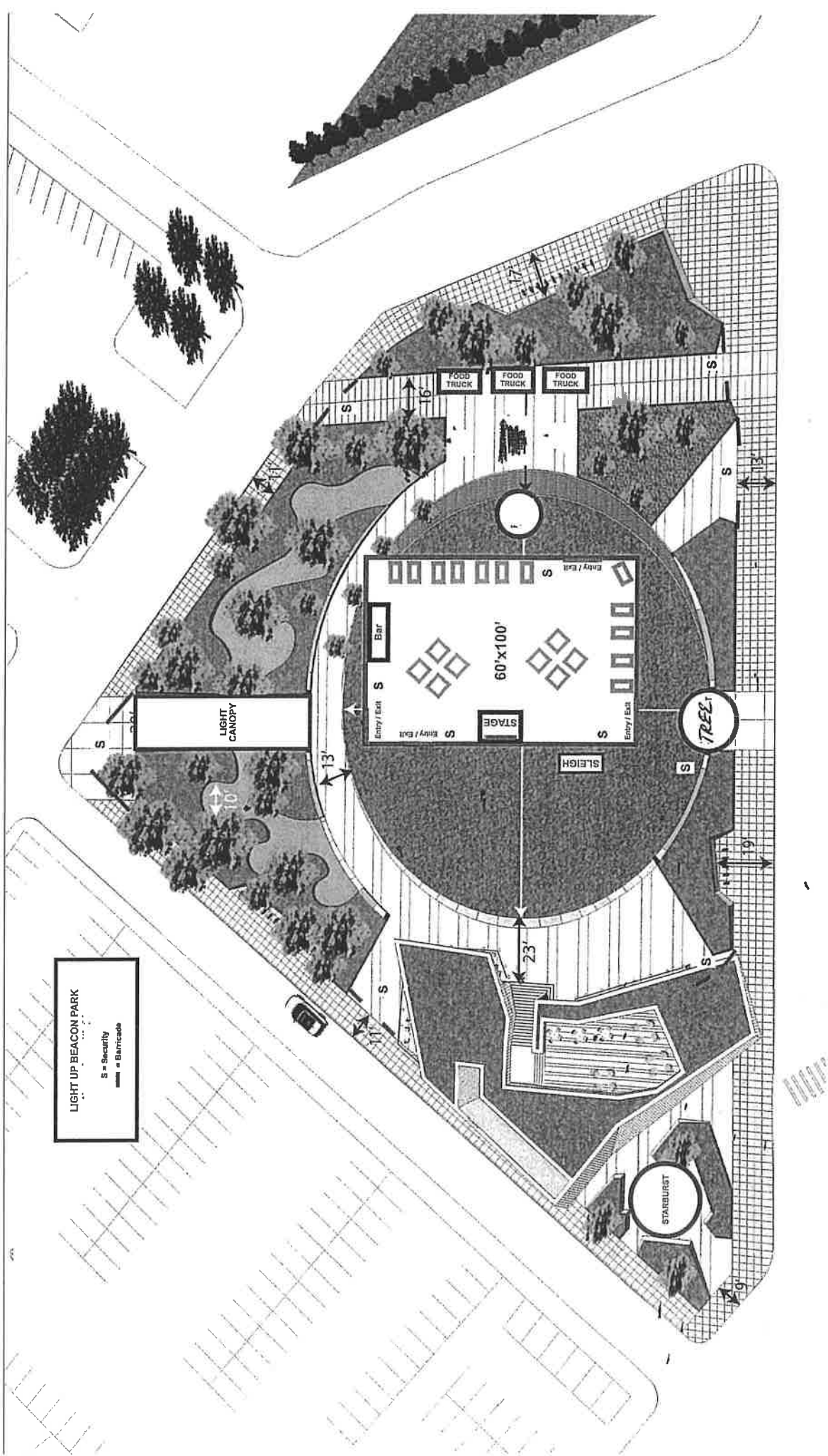


DAILY TENT USE
S = Security



BEACON Park Map

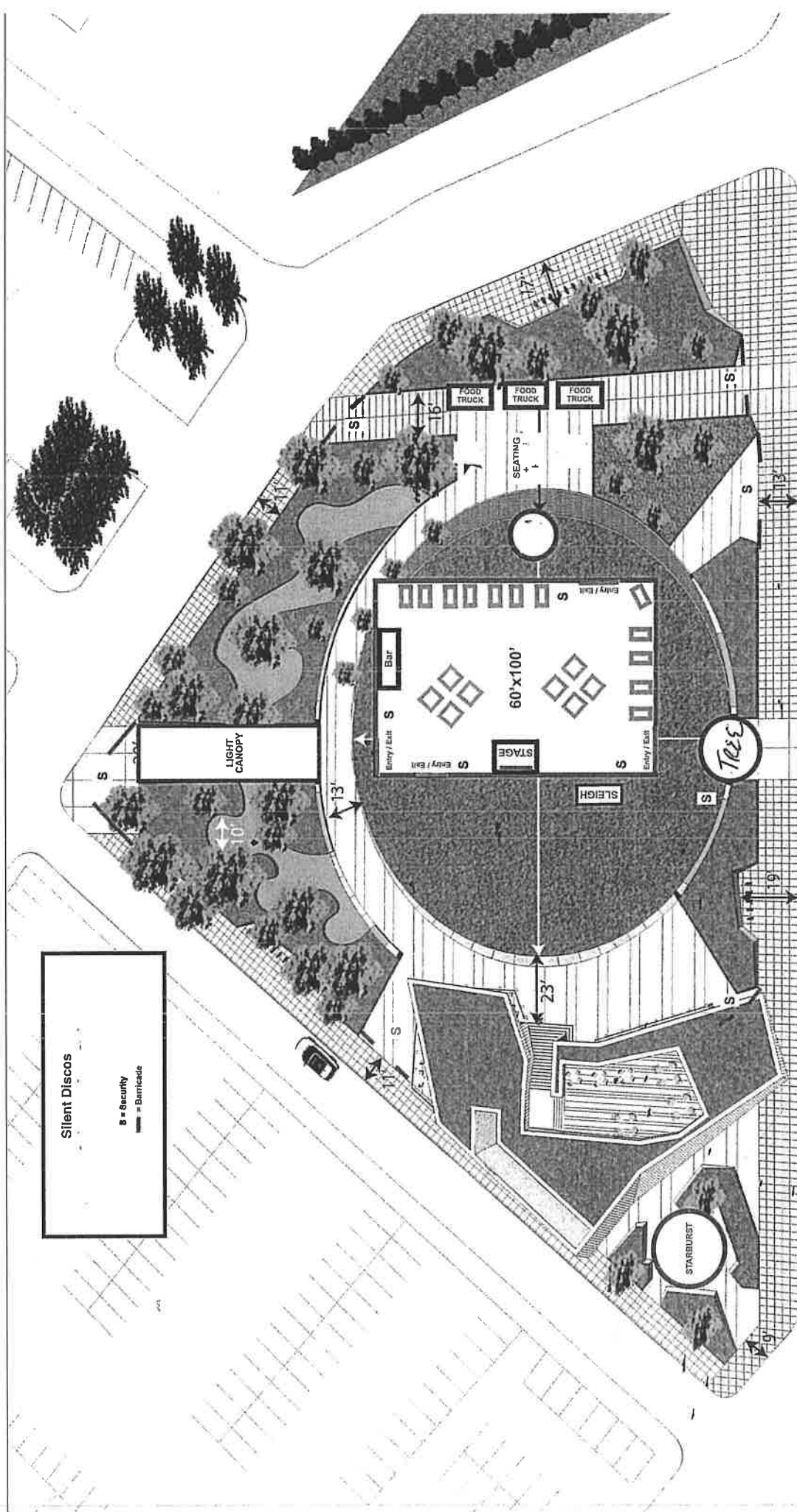
LIGHT UP BEACON PARK
 S = Security
 — = Barricade



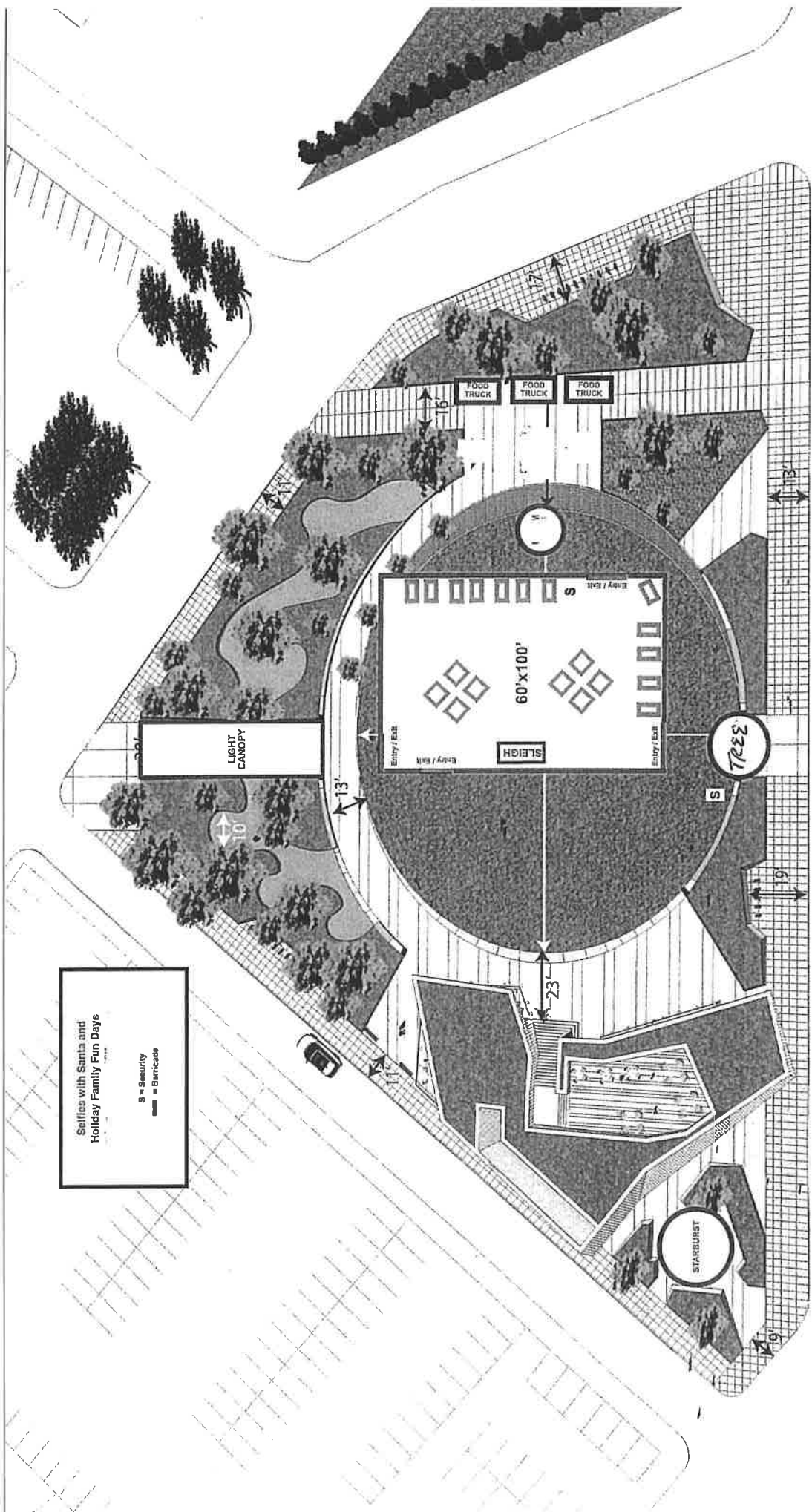
Silent Discos

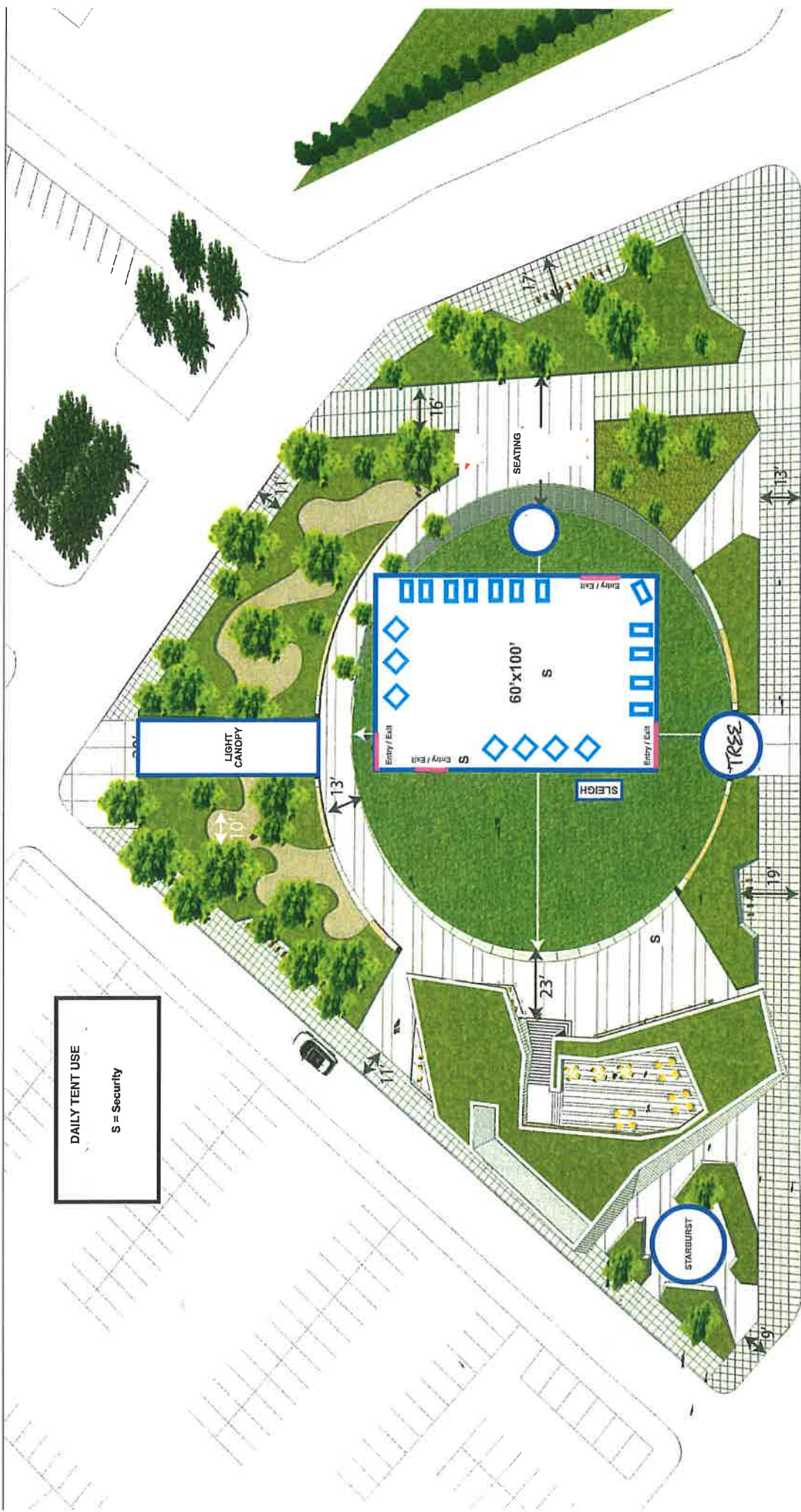
S = Security

█ = Barricade

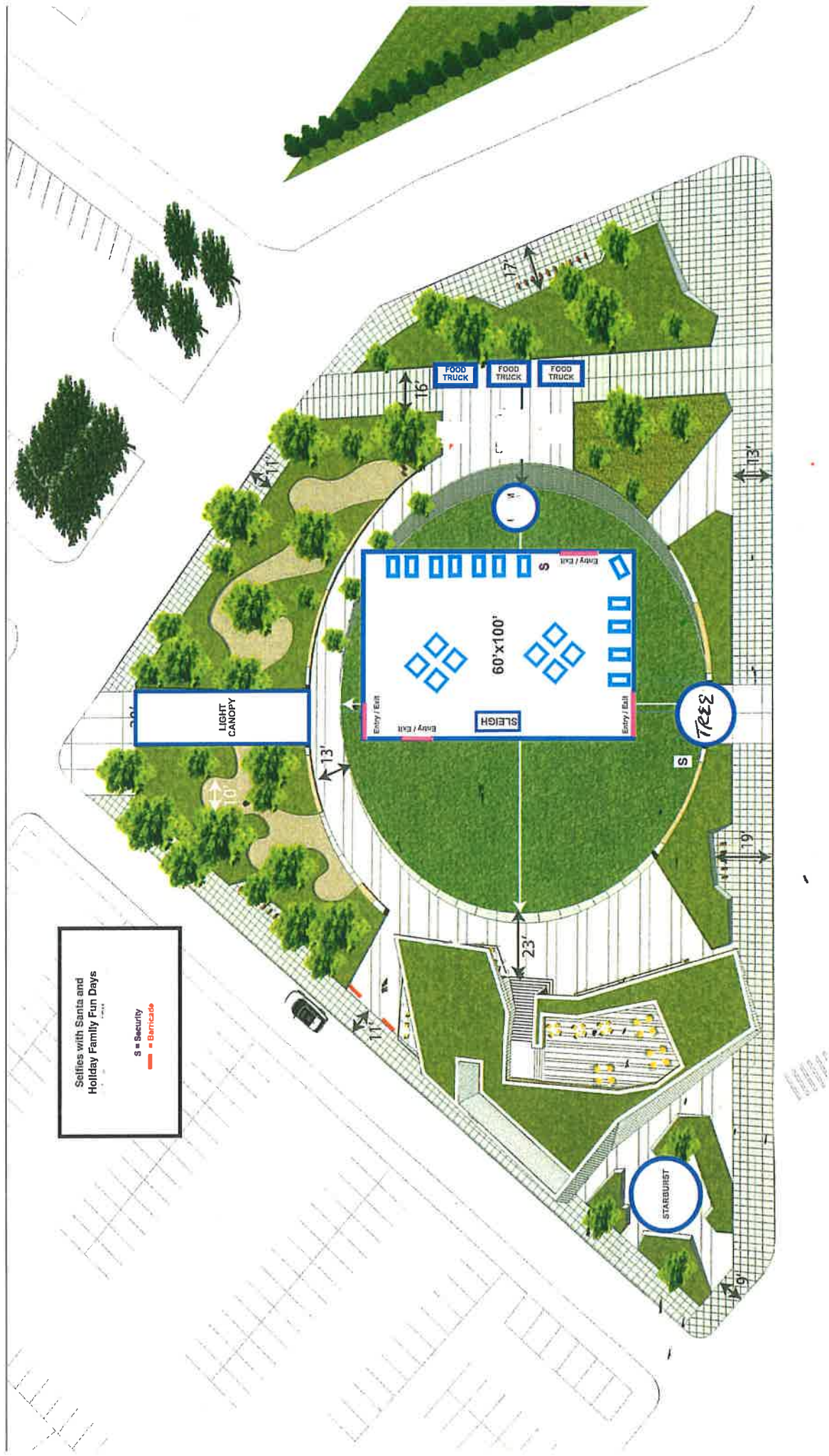


Selfies with Santa and
 Holiday Family Fun Days
 S = Security
 ■ = Barricade





DAILY TENT USE
S = Security



Selfies with Santa and
Holiday Family Fun Days

S = Security
— = Barricade

2019-09-14

1112

1112 *Petition of Downtown Detroit
Partnership, request to hold "2019
Beacon Park Winter Events" at
Beacon Park, occurring from 11/22/19
to 12/31/19 with set-up beginning
11/18/19 and tear down to be
completed 1/7/20.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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



CITY OF DETROIT
PARKS & RECREATION DEPARTMENT
ADMINISTRATION OFFICE

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

16

October 7, 2019

Honorable City Council;

Re: Authorization to accept a donation of park improvements from DTE Energy to be installed at Michigan Third Street Park.

Detroit General Services Department requests authorization from your Honorable Body to accept a donation of park improvements from DTE Energy to be installed at Michigan Third Street Park.

Park improvements consist of adding landscaping and beautifying the park. An estimated cost of \$20,000 will be borne by DTE Energy; and they will maintain the landscaping for the next five years.

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

Sincerely,

Janet Anderson, PhD
Director

CITY CLERK 2019 OCT 10 AM 11:32



RESOLVED

Council Member _____

Whereas, the General Services Department is requesting authorization to accept a donation of park improvements from DTE Energy to be installed at Michigan Third Street Park,

Whereas, the total cost of \$20,000 will be borne by DTE Energy. The organization will also purchase and install the materials needed to beautify and landscape the park,

Resolved, General Services Department is authorized to accept a donation of park improvements from DTE Energy to landscape and beautify Michigan Third Street Park.

426
868 Michigan

August 26, 2019

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

Dear Dr. Anderson,

On behalf of DTE, I am writing to offer our full assistance in purchasing and installing landscape improvements at Michigan Ave/Third/Bagley in Michigan Third Street Park (Triangle Park - General Thaddeus Kosciusko). The costs, approximately \$20,000 are being borne by the group mentioned above. These improvements will take place in early September 2019. We have worked with community representatives to ensure these improvements are desired. DTE is signing an agreement with the Downtown Detroit Partnership (DDP) to maintain this site for the next five years.

Thank you for your time and consideration.

Sincerely,



Kevin Waskelis
Senior Strategist
Public Affairs, DTE Energy

CC: Alana Tucker, DDP
Jim Schultz, MDOT





GENERAL SERVICES DEPARTMENT
**Parks & Recreation
Division**

Improvement Authorization Form

Page 1

APPLICANT SECTION

Requesting Organization Name: DTE
Contact Name: Kevin Waskelis
Phone: 313-699-0072
Email: kevin.waskelis@dteenergy.com
Address: _____

Today's Date: August 26, 19
DPRD Property Name: Michigan Third Street Park
Property Address: _____
Location within the Property: _____

Improvement Type:

☒ Park

☐ Facility (ie Rec Center)

☒ Physical Improvement

☒ Not-Art —————> fill out Donation Letter

☐ Art —————> fill out Art Donation Letter

☒ Maintenance —————> fill out SLA Letter

Improvement Project Description:

(Please specify if any listed funding are for an event / program, or not for a permanent, physical improvement.)

Permanent Improvement - landscaping

Estimated Value of Improvement: \$20,000

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

Signature: _____

Date: August 26, 2019

Print Name: Kevin Waskelis

Organization on behalf of: DTE

Please return this form to: Juliana Fulton
fultonj@detroitmi.gov
313-628-2365

General Services
18100 Meyers Rd, Upper Level
Detroit MI 48235

Page 2

GSD STAFF SECTION

Asset Information:

DPRD Property Number: 426
Asset Value: \$20,000

Asset Life Cycle: 20 YEARS
Decommission Cost: \$ 5,000

Maintenance Information:

GSD Maintenance Requirements: None for
5 YEARS. WILL HAVE TO
RENEGOTIATE DEAL AFTER 5 YEARS.
COD is not a part of the deal.

GSD Operations Requirements: None for
5 YEARS. GSD Has not
Committed to any maintenance
or operational functions

GSD Project Coordinator: ^{DTE} JOHN DEZUTER Date: 9/9/2019

Authorization:

☐ Project Denied

☒ Project Approved as Submitted

☐ Project Approved with Changes: _____

*Approved by GSD Director: Janet Anderson Date: 9-20-2019

*Requesting Group shall not have approval to make the requested park improvement without the approval of the General Services Department Director