

11/19/19

**NEW**

**BUSINESS**

**MAYOR'S OFFICE COORDINATORS REPORT**

**30**

①

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

Petition #: 1121      Event Name: 47th Annual Noel Night

Event Date : December 7, 2019

Street Closure: None

Organization Name: Midtown Detroit, Inc.

Street Address: 3939 Woodward Avenue Detroit, MI 48201

**11**

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 47th Annual Noel Night will provide special programming at Midtown Detroit museums, schools, business, restaurants and Wayne State University from 11:00am - 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"/>	DPD & Wayne State University Police Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

NOV 18 2019 M. T. F. to NB (RM) 3-D

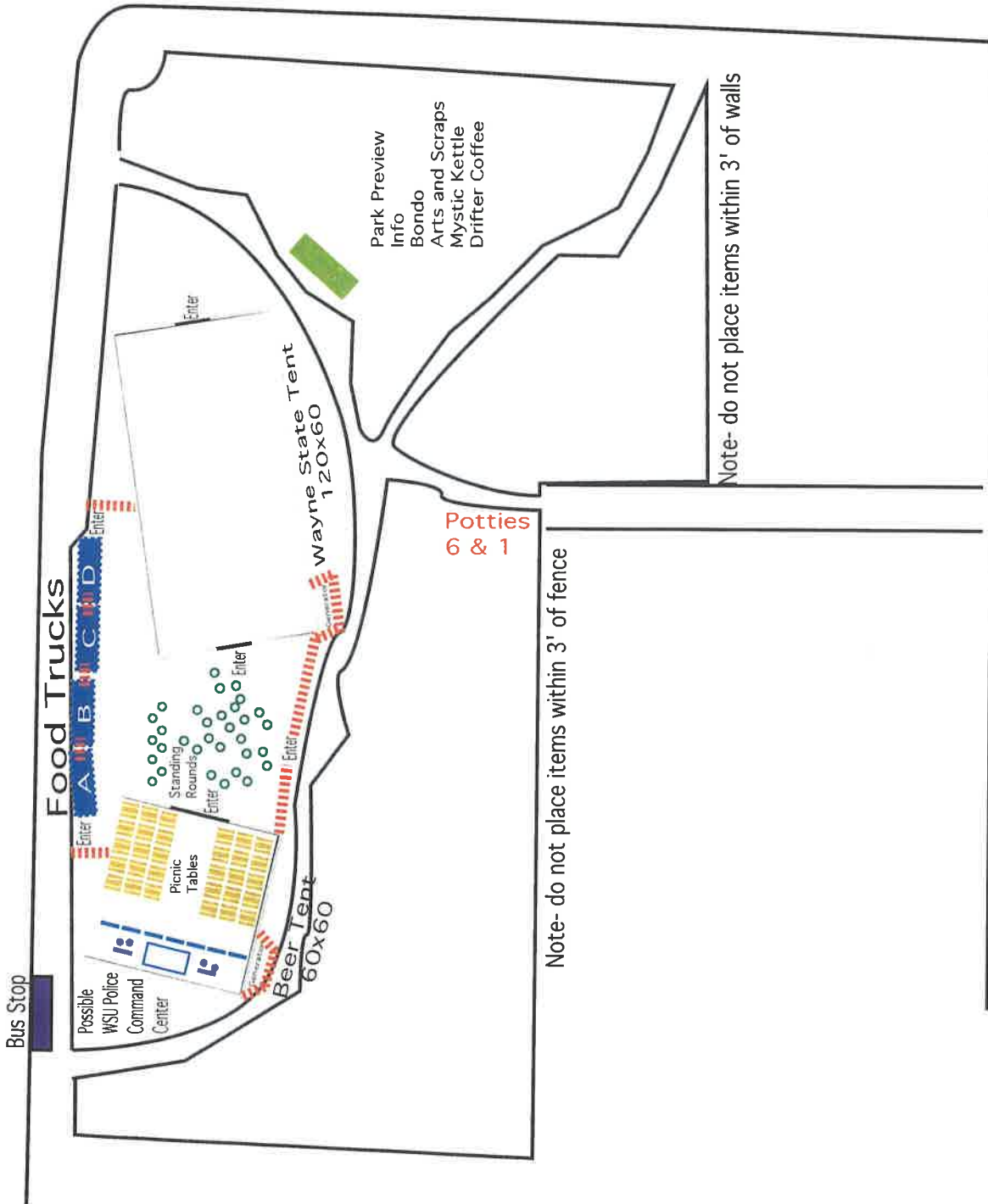
Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fencing Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections
	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. Austin

Date: 10-23-19

Warren

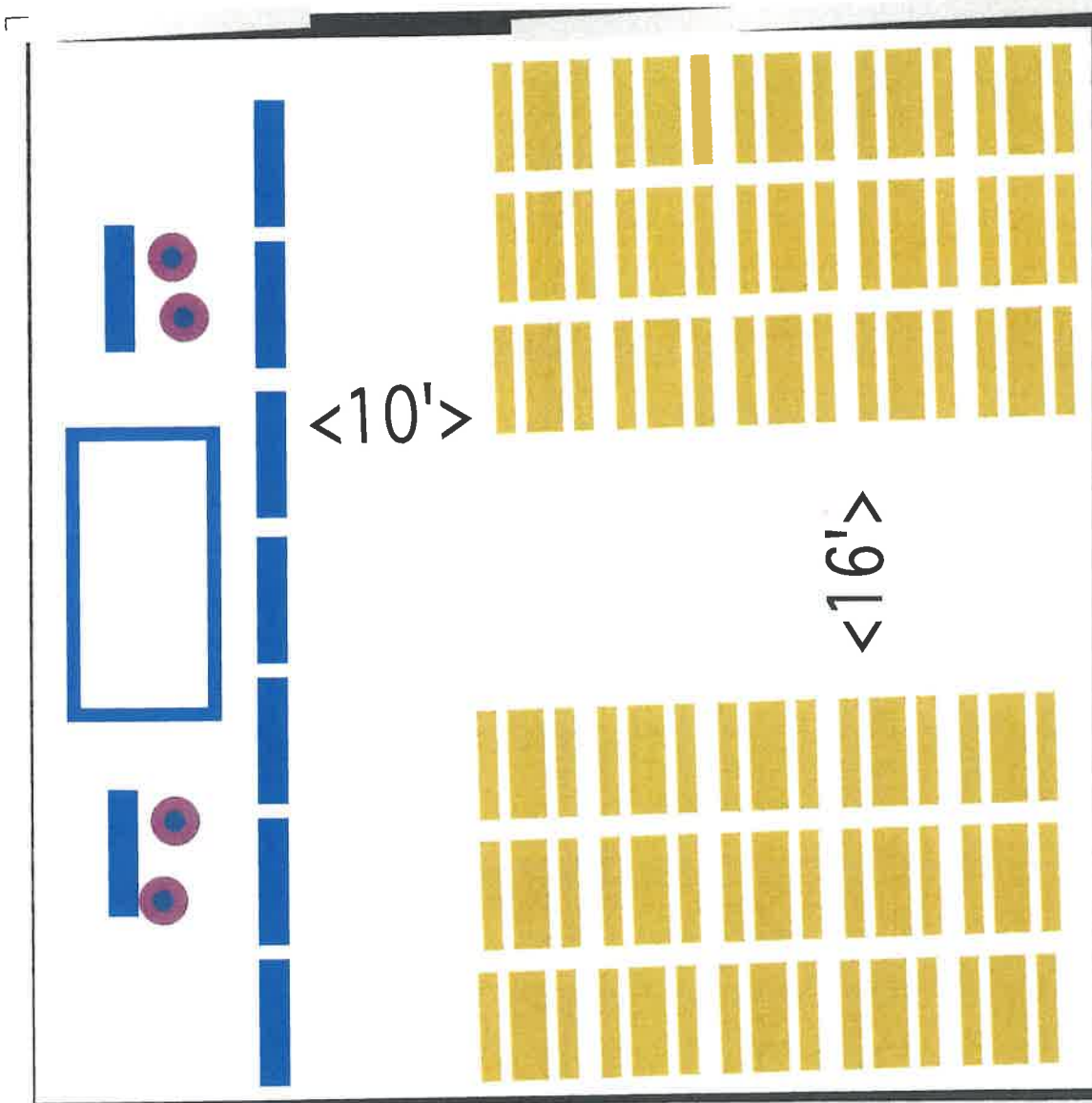


Woodward



Hancock

Emergency  
Exit



Picnic  
Tables

Enter

Picnic  
Tables

40x40

**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 21, 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

**1121**    *Midtown Detroit, Inc., request to hold "47th Annual Noel Night" in Midtown Detroit - Charlotte to Perry and Third to St. Antoine on December 7, 2019 from 11:00 AM to 10:00 PM with set up to begin on 12/6/19 at 10:00 AM and tear down to be completed 12/7/19 at Midnight.*

12/7/19

### 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: 47th annual Noel Night  
Event Location: Midtown Detroit- Charlotte to Ferry and Third to St. Antoine.  
Is this going to be an annual event?  Yes  No

#### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Midtown Detroit, Inc.  
Organization Mailing Address: 3939 Woodward, Suite 100, Detroit, MI 48201  
Business Phone: 313 420 6000 Business Website: MidtownDetroitinc.org

Applicant Name: Mark Loeb  
Business Phone: 313 486 2666 Cell Phone: 734 216 3958 Email: mark@integrityshows.com

Event On-Site Contact Person:  
Name: Same  
Business Phone: Cell Phone: Email:

- Event Elements (check all that apply)**
- Walkathon
  - Run/Marathon
  - Political Event
  - Parade
  - Convention/Conference
  - Carnival/Circus
  - Bike Race
  - Festival
  - Sports/Recreation
  - Fireworks
  - Concert/Performance
  - Religious Ceremony
  - Filming
  - Rally/Demonstration
  - Other: \_\_\_\_\_

Projected Number of Attendees: 15,000

**Please provide a brief description of your event:**  
Midtown museums, schools, businesses and restaurants offer special proگرامing indoors, with some additional outdoor displays, primarily on the campus of Wayne State University.

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

Begin Set-up Date : December 6 Time: 10am Complete Set-up Date: December 7 Time: 11am

Event Start Date: December 7 Time: 11am Event End Date: December 7 Time: 10pm

Begin Tearing Down Date: December 7, 10pm Complete Tear Down Date: December 7, Midnight

Event Times (If more than one day, give times for each day):  
11am until 10pm

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Throughout Midtown and on Wayne State Campus

Facilities to be used (circle): Street None of the above 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:  
Various local and some national groups indoors performing holiday programing.

Will a sound system be used?  Yes  No

If yes, what type of sound system? Indoors. Salvation Army band outdoors on portable stage with small 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

Wayne State will host a beer tent and food trucks on their Woodward and Warren grass lot, as well as a tent of small local businesses. Local businesses and restaurants will participate within their facilities.



Indicate type of items to be sold: Food, art, small local stores on Wayne State Campus.

Will there be food trucks?  Yes  No 5-7  
If yes, please list how many: \_\_\_\_\_

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

How will you advise attendees of parking options? Website and advertisements

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

Name of Private Security Company: Prostar

Contact Person: Michael

Address: 3011 W Grand Blvd #407, Detroit, MI Phone: 48202 313 879 9430

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

Number of Private Security Personnel Hired Per Shift: To be determined in conjunction with police Departments.

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)?  
Media, social media, signage.

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

Indicate what steps you have or will take to notify them of your event: Midtown Detroit, Inc. has regular communication with the local neighbors and business community.

**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:  
One or two diesel generators on Wayne State property. Arrive full and ready.

Name of vendor providing generators: Contact Person:

MAD Power

248-545-4845

Address:

28399 Dartmouth

Phone:

Madison Hts, MI 48071

City/State/Zip

How Many?

Size/Height

Booth

Two large tents at the corner of Woodward and  
Warren on Wayne State property.

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

### Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Hart Medical, Adam Gottlieb

Address: 1636 Fort St.

Detroit, MI 48216

City/State/Zip:

Name of company providing port-a-johns: Indoor plumbing plus  
John's Sanitation

Contact Person: 59075 Oasis Center Dr  
South Lyon, 48178

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:** \_\_\_\_\_

**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**

We will provide these shortly.

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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.

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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.

**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:** Noel Night **Event**  
**Date:** December 7, 2019

**Event Organizer:**  
Midtown Detroit, Inc

**Applicant Signature:** Mark Loeb  
**Date:** \_\_\_\_\_

Digitally signed by Mark Loeb  
DN: cn=Mark Loeb, o=Integrity Shows, ou,  
email=mark@integrityshows.com,  
c=US  
Date: 2019.10.07 13:29:35 -05'00'

2

33

### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1120 Event Name: CNS Healthcare Turkey Giveaway

Event Date: November 23, 2019

Street Closure: None

Organization Name: CNS Healthcare

Street Address: 15560 Joy Road Detroit, MI

Handwritten initials/signature

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: Food Distribution Event
- 24-Hour Liquor License

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

CNS Healthcare will host a community event to celebrate the opening of their new location at 15560 Joy Road by to providing free turkeys from 11:00am - 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 6th 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"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

CITY CLERK 2019 OCT 25 PM 3:50 NOV 18 2019 M.T.F. to NB (JA) 3-0

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barricades & Stantions 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"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input 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. Austin

Date: 10-23-19



October 8, 2019

Dear Ryan Kattoo,

This correspondence serves as a follow up to our meeting on Thursday, October 3, 2019, at CNS Healthcare's clinic – at 15560 Joy Road, Detroit, Michigan 48228.

In that meeting, the CNS Healthcare (CNS) team made you aware that we are hosting three events, during the next couple of months, including:

- CNS Healthcare's 1<sup>st</sup> Annual Turkey Giveaway on Saturday, November 23, 2019. We will start setting up at 8 am. The actual turkey giveaway will start at 11 am and ends when, CNS has given away all 1,000 turkeys. We agreed to host the event directly in front of CNS' clinic and out into the parking lot for approximately 50 x 50 square feet, which we will block off. Last Thursday, you asked Allen from US Quality Super Market to come to CNS' facility and we discussed that CNS is giving away 1,000 turkeys. Allen does not have a problem that CNS is giving away 1,000 free turkeys. You asked that CNS clean up once, the turkey give away is over, and we will do so.
- \* • CNS' Ribbon Cutting Ceremony on Monday, December 9, 2019 from 10 am to noon. This event will occur inside CNS' clinic. We are inviting elected officials, dignitaries, other guests and the media. We agreed it is OK to tie a ribbon on the yellow posts in front of CNS, the ribbon we will cut.
- \* • CNS' Open House Event on Monday, December 9, 2019 from 4 pm to 7 pm. This event will also occur inside CNS' clinic. We are inviting elected officials, dignitaries and other guests.

Please let me know, If I captured your understanding about CNS' three upcoming events. If you have questions and/or require clarifications, please advise.

Thank you in advance for your consideration in this matter.

Best,

Anthony Jackson  
Facilities Manager  
CNS Healthcare

279 Summit Drive  
Waterford, MI 48328

24600 Northwestern Highway  
Southfield, MI 48075

1841 N. Perry Street  
Pontiac, MI 48340

5901 Chase Road, Suite 200  
Dearborn, MI 48126

**Our House Clubhouse**  
28200 Franklin Road  
Southfield, MI 48034

**Visions Clubhouse**  
185 Elizabeth Lake Road  
Pontiac, MI 48341



*Approved*

*Ryan Kattoo 10/11/19*



**CNS Healthcare**

hosts its

**1<sup>st</sup> Annual Thanksgiving**

*Turkey*  
**GIVEAWAY**



**Saturday, November 23, 2019**

Starting at 11 a.m.

**The first 1,000 people will receive a FREE turkey!**

(while supplies last)

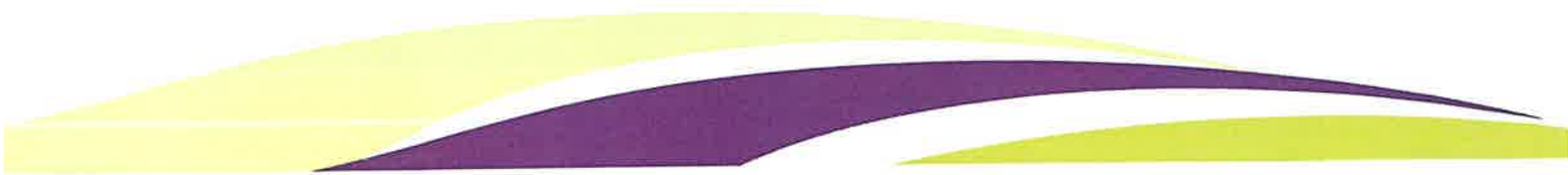
**FIRST COME, FIRST SERVED**

**Photo ID Required, Adults Only, Limited One Per Household**

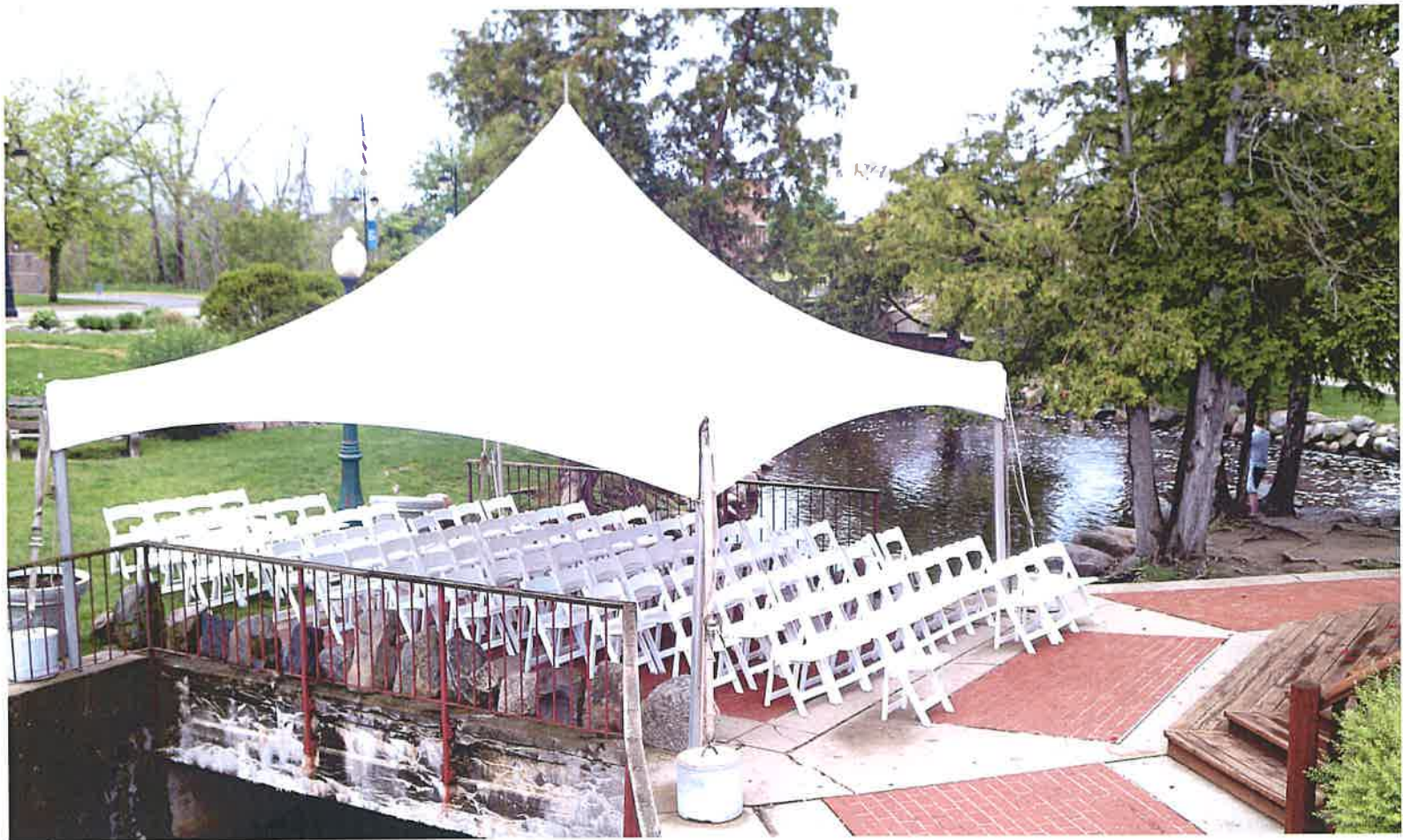
**CNS Healthcare**

15560 Joy Road  
Detroit, MI 48228

**800.615.0411    ■    [www.cnshealthcare.org](http://www.cnshealthcare.org)**









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 21, 2019*

*To: The Department or Commission Listed Below*

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

---

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

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

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

**1120**    *CNS Healthcare, request to hold "CNS Healthcare Turkey Giveaway" at 15560 Joy Road on November 23, 2019 from 11:00 AM to 1:00 PM with set up to begin on 11/23/19 at 9:00 AM and tear down to be completed on 11/23/19.*

1120

11/23/19

# 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: CNS Healthcare Turkey Giveaway

Event Location: 15560 Joy Rd. (Joy Road & Greenfield)

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: CNS Healthcare

Organization Mailing Address: 24230 Karim Blvd. Suite 100 Novi, MI 48375

Business Phone: 248-871-1417 Business Website: www.cnshealthcare.org

Applicant Name: Anthony Jackson

Business Phone: 248-871-1508 Cell Phone: 248-467-4982 Email: ajackson@cnshealthcare.org

Event On-Site Contact Person:

Name: Mya Mason

Business Phone: 248-871-1417 Cell Phone: 313-920-6510 Email: mmason@cnshealthcare.org

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: Food distribution (non-sales)

Projected Number of Attendees: 1030

Please provide a brief description of your event:

This is a community event held on private property. The event will consist of the distribution of 1000 turkeys to attendees until the supply is depleted.

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

Begin Set-up Date : 11/23/19 Time: 9:00am Complete Set-up Date: 11/23/19 Time: 11:00am

Event Start Date: 11/23/19 Time: 11:00am Event End Date: 11/23/19 Time: 1:00pm

Begin Tearing Down Date: 11/23/19 Complete Tear Down Date: 11/23/19

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

N/A

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Joyland Shopping Center- parking lot

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

Facility

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

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

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

DJ

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:

Will there be food trucks?  Yes  No

If yes, please list how many:

Will there be a charge for parking?  Yes  No

If yes, please describe the amount:

How will you advise attendees of parking options?

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Contact Person:

Address:

Phone:

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)?

Have local neighborhood groups/businesses approved your event?

Yes  No

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

### 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:

**Facility power source**



Name of vendor providing generators: Contact Person:

Address:

Phone:

City/State/Zip

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

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.**

Will there be street closures?  Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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.

---

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: CNS Healthcare Turkey Giveaway Event  
Date: 11/23/2019

Event Organizer: Mya Mason

Applicant Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

3

3A  
XB

### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1114 Event Name: America's Thanksgiving Day Parade

Event Date: November 28, 2019

Street Closure: Various

Organization Name: The Parade Company

Street Address: 9500 Mt. Elliott Detroit, MI 48211

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 Annual Thanksgiving Parade will be located on Woodward Avenue between Jefferson Avenue and Kirby Avenue from 5:00am - 1:00pm; with temporary street closure on Woodward Avenue.

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

NOV 18 2019 M.T.F. to NB (RM) 3-0

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 Grandstands
	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 & Q - Line

**MAYOR'S OFFICE**

Signature: B. Ausher

Date: 10-23-19

City of Detroit  
OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Andre P. Gilbert II  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Friday, October 18, 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    MAYOR'S OFFICE  
PLANNING AND DEVELOPMENT DEPARTMENT    POLICE DEPARTMENT  
FIRE DEPARTMENT    BUSINESS LICENSE CENTER  
TRANSPORTATION DEPARTMENT    MUNICIPAL PARKING DEPARTMENT

**1114**    *The Parade Company, request to hold "America's Thanksgiving Day Parade presented by Art Van" along Woodward Ave. on November 28, 2019 from 5:00 AM to 1:00 PM with set up to begin on 11-25-19 and tear down to be complete on 11-29-19.*

# 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: AMERICA'S THANKSGIVING PARADE PRESENTED BY ART VAN

Event Location: WOODWARD AVE

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: THE PARADE COMPANY

Organization Mailing Address: 9500 MT ELLIOTT, DETROIT MI, 48211

Business Phone: (313) 923-7400 Business Website: WWW.THEPARADE.ORG

Applicant Name: DON MORRIS

Business Phone: (313) 923-7400 Cell Phone: 248 200 8710 Email: DMORRIS@THEPARADE.ORG

Event On-Site Contact Person:  
Name: DON MORRIS

Business Phone: 313 923-7400 Cell Phone: 248 200 8710 Email: DMORRIS@THEPARADE.ORG

### Event Elements (check all that apply)

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

Projected Number of Attendees: 100,000 +

Please provide a brief description of your event:  
ANNUAL THANKSGIVING PARADE



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

Begin Set-up Date: 11-25-19 Time: 12:00 pm Complete Set-up Date: 11-27-19 Time: 10:00 pm

Event Start Date: 11-28-19 Time: 5:00 Event End Date: 11-28-19 Time: 13:00

Begin Tearing Down Date: 11-28-19 Complete Tear Down Date: 11-29-19

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

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: WOODWARD AVENUE

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 (ON STREET)  
If yes, what type of sound system? ONLY ON PARADE FLOATS

**Section 5- SALES INFORMATION**

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

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

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

- Food  Merchandise  Non-Alcoholic Beverages  Alcoholic Beverages

Indicate type of items to be sold:

Will there be food trucks?

Yes  No

If yes, please list how many:

Will there be a charge for parking?

Yes  No

If yes, please describe the amount:

CITY OF DETROIT PARKING FACILITIES

How will you advise attendees of parking options?

WLSL MEDIA

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

Name of Private Security Company:

NAIAS SECURITY SERVICES

Contact Person:

CARL BERRY

Address:

1900 WEST BIG BEAVER, SUITE 100

Phone:

248-722-4309

City/State/Zip:

TROY MI 48064

Number of Private Security Personnel Hired Per Shift:

TBD

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 EVENT WILL ONLY IMPACT DOWNTOWN DETROIT

Have local neighborhood groups/businesses approved your event?

Yes  No

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

**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:

Name of vendor providing generators: Contact Person:

Address:

Phone:

City/State/Zip

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

**Section 9- COMPLETE ALL THAT APPLY**

Emergency medical services?

Contact Person: HART MEDICAL - ADAM GOTTLIEB

Address: 1636 WEST FORT ST

City/State/Zip: DETROIT MI 48226

Name of company providing port-a-johns.

Contact Person: SCOTTY'S POTTIES - TBD

Address: 27940 NICK RD

Phone: 734-421-1400

City/State/Zip: ROMULUS MI, 48174

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

**SPECIAL USE REQUESTS**

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

Will there be street closures?  Yes  No

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

**STREET NAME:** PLEASE REVIEW ATTACHED

**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:** \_\_\_\_\_

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**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.

*[Handwritten Signature]*

9.23.19

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: AMERICA'S THANKSGIVING PARADE Event  
Date: 11-28-19

Event Organizer: THE PARADE COMPANY

Applicant Signature: *[Handwritten Signature]*  
Date: 9.23.19

# THE PARADE COMPANY DETROIT

August 22, 2019

The Honorable Brenda Jones,  
President  
Detroit City Council  
1340 Coleman A. Young Municipal Center  
2 Woodward Ave  
Detroit, MI 48226

Dear Ms. Jones:

On behalf of The Parade Company and its Board of Directors, producers of America's Thanksgiving Parade®, presented by Art Van, respectfully request permission from the Detroit City Council to hold the following events in the city of Detroit in conjunction with the 93rd annual America's Thanksgiving Parade® presented by Art Van.

- America's Thanksgiving Parade®, "Detroit Shining Bright!" Thursday, November 28, 2019
- S3 Turkey Trot 10K run, Stuffing Strut 5K run and the Mashed Potato Mile, Thursday, November 28, 2019
- Hob Nobble Gobble® presented by Ford, Friday November 22, 2019

The Parade will be on Woodward Avenue, starting at Kirby to Jefferson Avenues. Additionally, street closures will be needed at the north end of the Parade route in the area surrounding Woodward Avenue between Ferry and Piquette for assembling and the south end of the route in the area bordered by Jefferson Avenue, Washington Boulevard on the west and Randolph on the east to disperse the Parade. The specific times and street closures will be coordinated with the relevant City departments.

S3 Turkey Trot 10K Run, Stuffing Strut 5K Run, and the Mashed Potato Mile will precede the Parade at 7:45 a.m. The Parade will begin at 9:00 a.m. and will end at approximately 1:00 p.m.

Your consideration of this request, as well as your written approval is greatly appreciated. Please forward your response or direct any questions to Don Morris at 248.200.8710.

Sincerely,

*Don Morris*

Don Morris  
Event Operations

CC: Anthony Michaels



**THE PARADE COMPANY**

August 22, 2019

Mr. Manilal Patel  
Department of Public Works  
Traffic Engineering  
1301 E. Warren  
Detroit, MI 48207

Dear Mr. Patel:

The Parade Company once again respectfully requests the temporary removal of traffic lights for America's Thanksgiving Parade® presented by Art Van for Thursday, November 28, 2019. The Parade will stage on Woodward between Piquette and Ferry; "Step-off" at Kirby and Woodward; and disperse on Woodward between Congress and Jefferson. Float rollout will begin Wednesday, November 27th at Noon from the studio and proceed south on Mt. Elliott, to Warren turn North at Brush, then proceed north to Piquette, turn left on Piquette to Woodward and then turn south on Woodward. The maps of the areas are attached. The following traffic lights need to be removed for our floats and balloons to safely navigate the Parade route:

**Woodward avenue on the east and west sides**

- Piquette
- Burroughs
- Harper
- Antionette/ Edsel Ford Service Drive
- Hendrie
- Palmer
- Ferry
- Kirby
- Farnsworth/Putnam
- Warren
- Hancock
- Forest
- Canfield
- Alexandrine
- Parsons
- Mack
- Martin Luther King
- Erskine
- Petersboro
- Charlotte
- Adilade
- Sibley
- I-75 Service Drive
- Montcalm
- Elizabeth
- Adams
- Witherall/Park
- Lights on the People Mover – swing up.
- John R/Clifford
- Grand River
- Gratiot/State
- Michigan
- Campus Martius Park area (Monroe/Michigan Avenue/Fort/ Cadillac Sq.)
- Woodward & Congress
- Woodward & Larned
- Congress & Griswald
- Larned & Griswald



Thank you once again for your assistance and support. Should you have any questions or concerns, please feel free to contact me at the Parade Company (248) 200. 8710.

Sincerely,

*Don Morris*

Don Morris  
Sr. Director of Operations

cc: Cpt. Conway Petty, Tactical Operations  
James Coon, P. E., Director, Public Lighting  
Johnnie Williams, Public Lighting



# AMERICA'S THANKSGIVING PARADE DETROIT

PRESENTED BY  
**Art Van**

- Parade Step Off

- Parade Route

- TV Zone

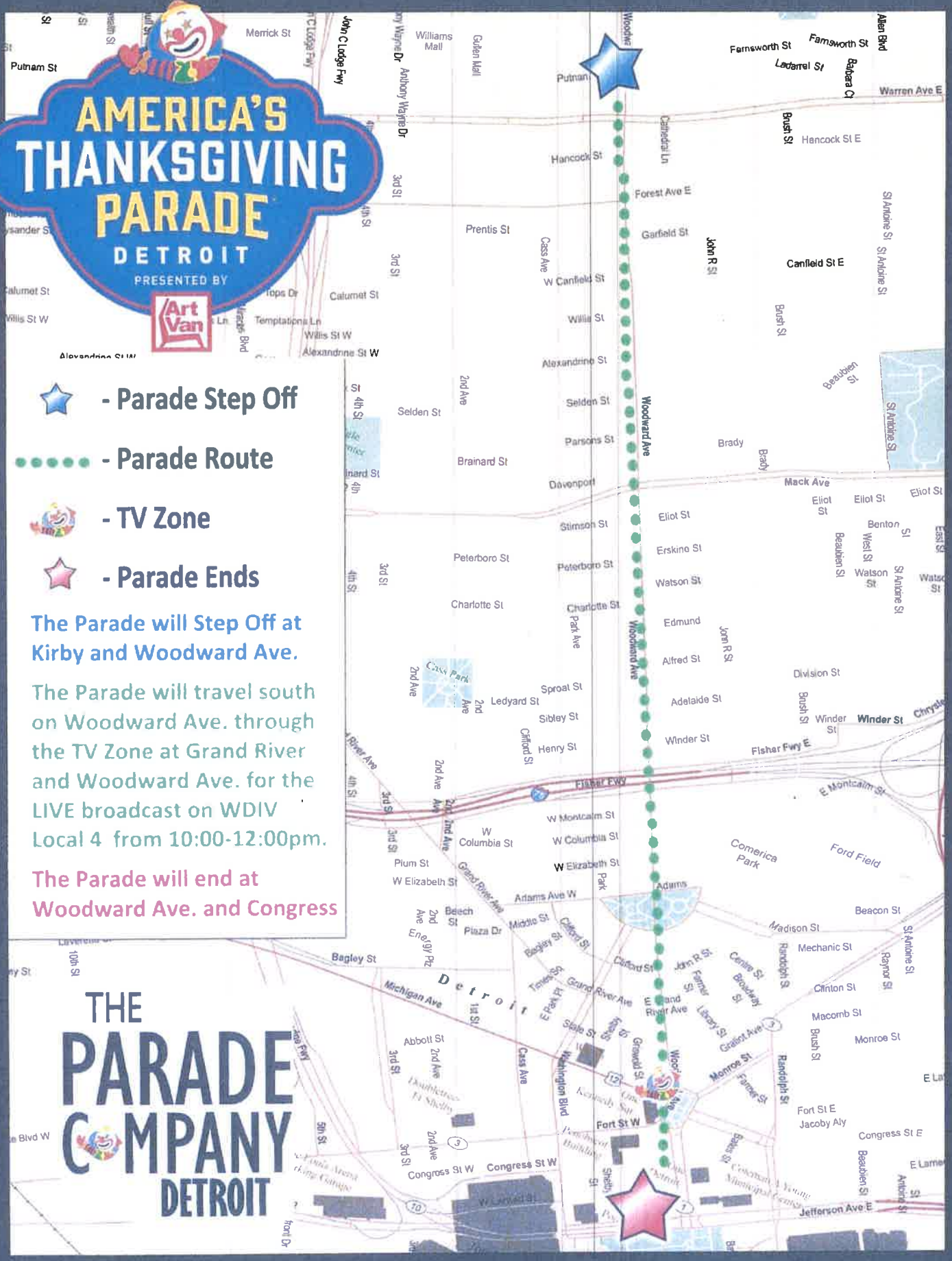
- Parade Ends

The Parade will Step Off at Kirby and Woodward Ave.

The Parade will travel south on Woodward Ave. through the TV Zone at Grand River and Woodward Ave. for the LIVE broadcast on WDIV Local 4 from 10:00-12:00pm.

The Parade will end at Woodward Ave. and Congress

THE  
**PARADE  
COMPANY**  
DETROIT





# 2019 America's Thanksgiving Parade "Assembly Map"

## MAP LEGEND

- F Floats
- Mix
- ★ Step-off
- Portable Restrooms

←BURROUGHS→



Tow Truck(s)

SPECIALTY UNITS (IF NEEDED)

←PIQUETTE→

(Golf carts & Radios) b  
OPERATION'S LOT

←HARPER→

←John R→

←ANTIONETTE (NOT FOR USE)→

←EDEL FORD FREEWAY SERVICE DRIVE→

Edsel Ford Freeway (I-94)

2nd Ave. →

←CASS→

F F F F F F F F F F

←PALMER→

BANDS

Parade Mix

EQUESTRIAN UNITS

←HENDRIE→

←PALMER→

←FERRY→

BANDS

Banner Pick-Up

FREER HOUSE  
CELEBRITIES AND  
DIGNITARIES

←John R→

←FERRY→

Parade Step Off  
8:45 AM

SPECIALTY UNITS

←KIRBY→

KIRBY

BHC & PMH Pick-Up

SOUND MULES



DCC Staging Area  
DCC Drop-off



Detroit Institute of Art

←John R→

Center for Creative Studies

2nd Ave. →

←CASS→

Detroit Library



←PUTNAM→

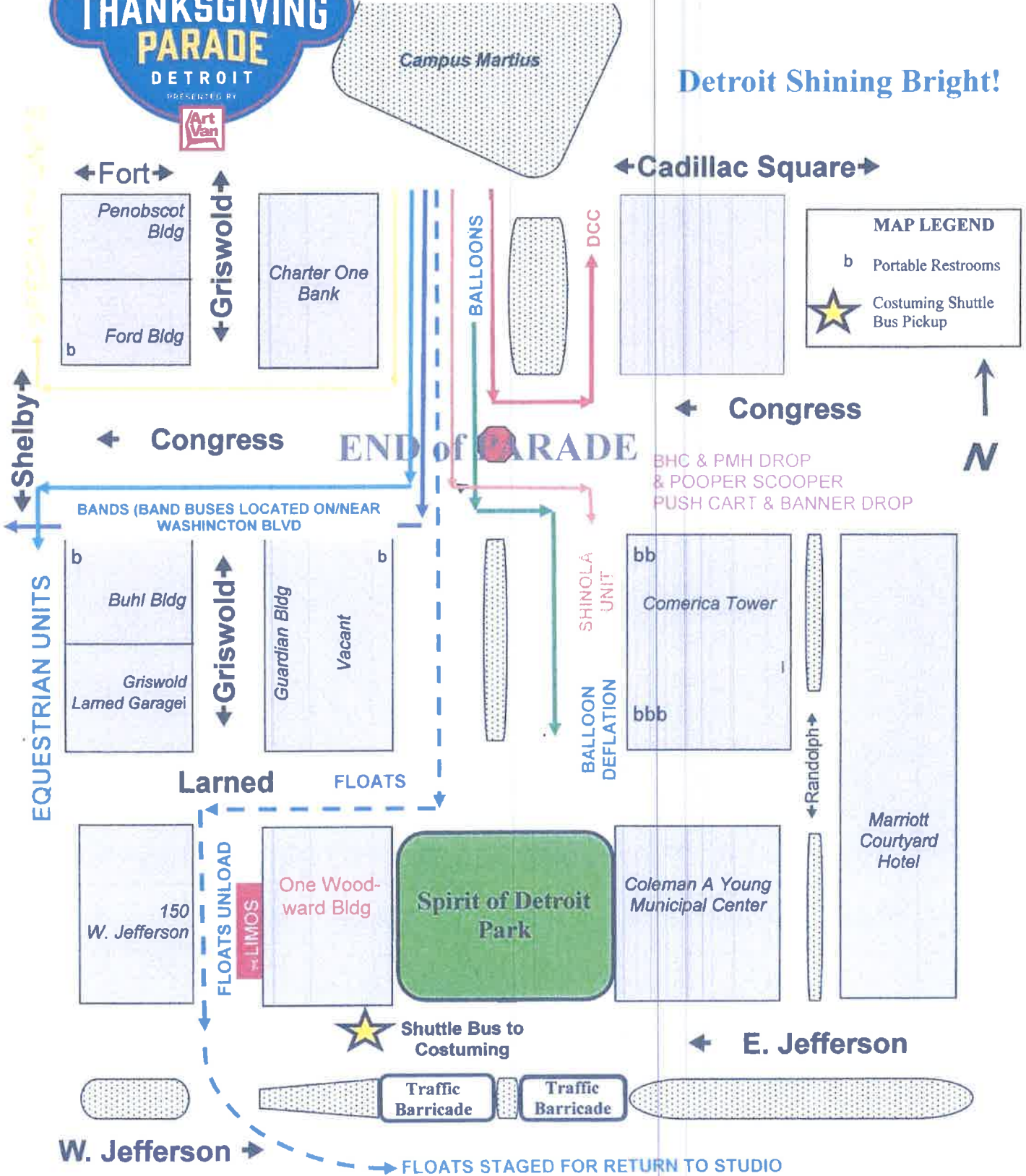
←FARNSWORTH→



# 2019 America's Thanksgiving Parade

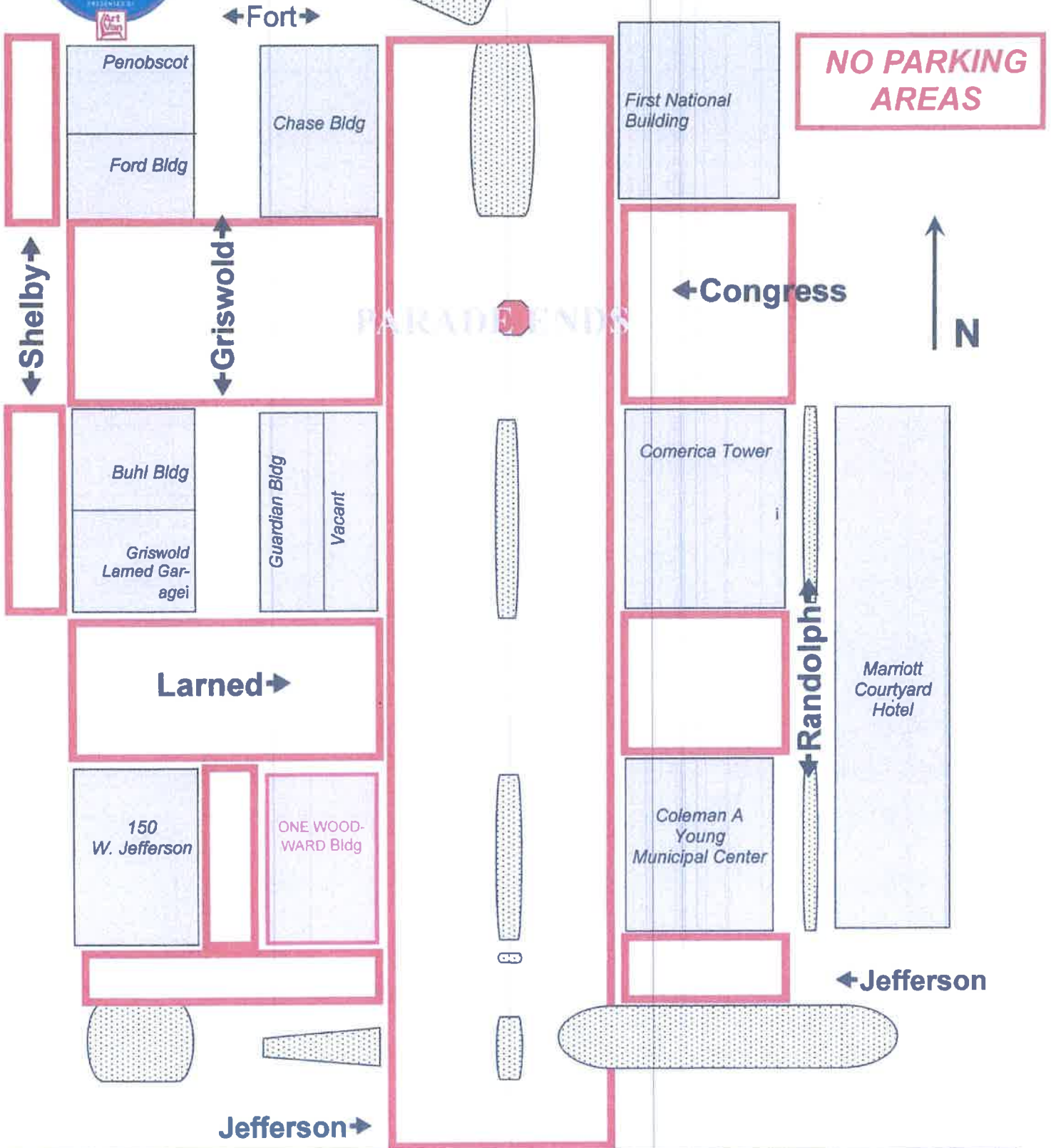
"DISPERSAL AREA"

Detroit Shining Bright!





**2019 America's Thanksgiving Parade**  
**"No Parking - DISPERSAL AREA"**  
**November 28, 2019**

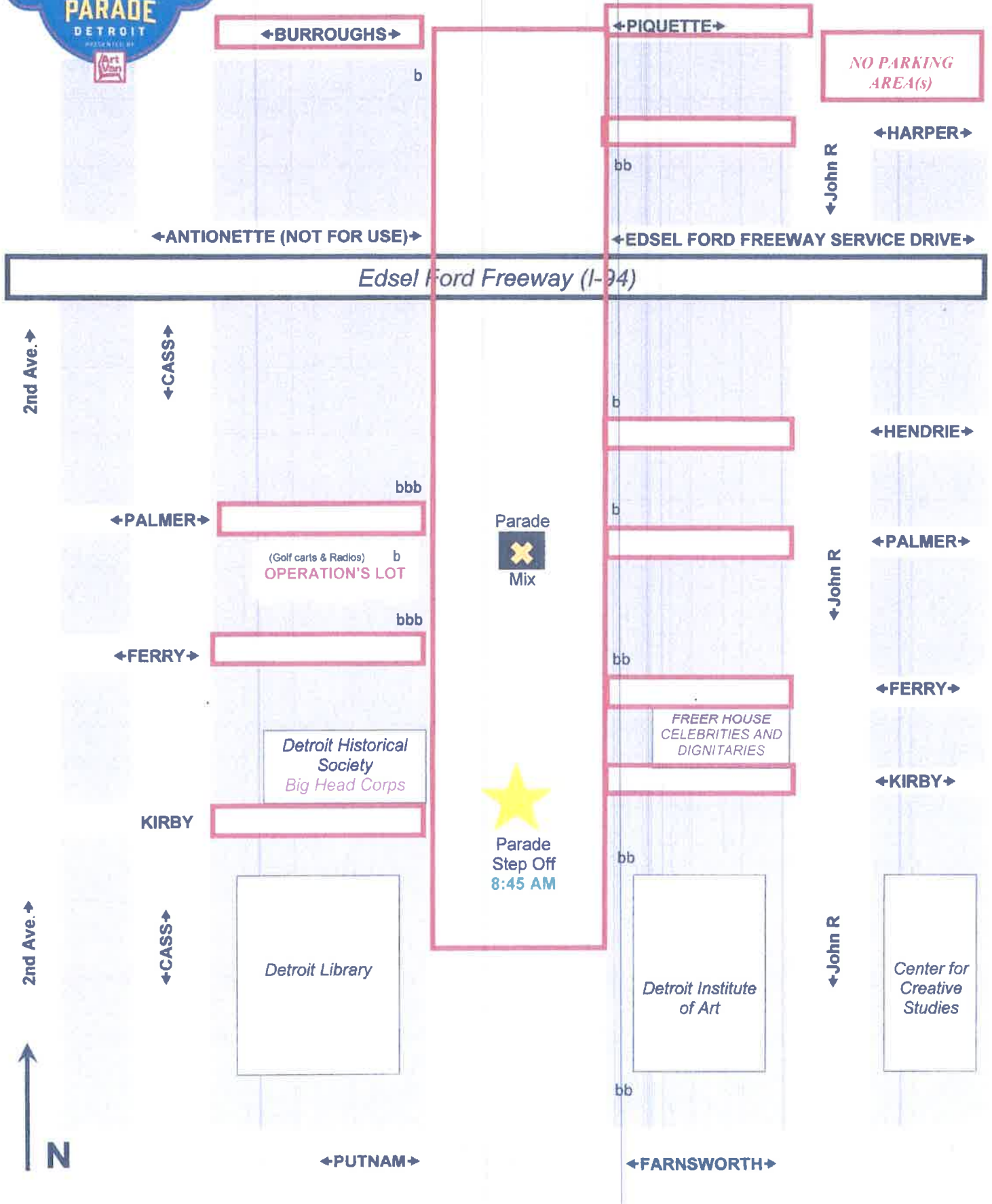




# 2019 America's Thanksgiving Parade

## "No Parking - ASSEMBLY AREA"

November 27— 28, 2019



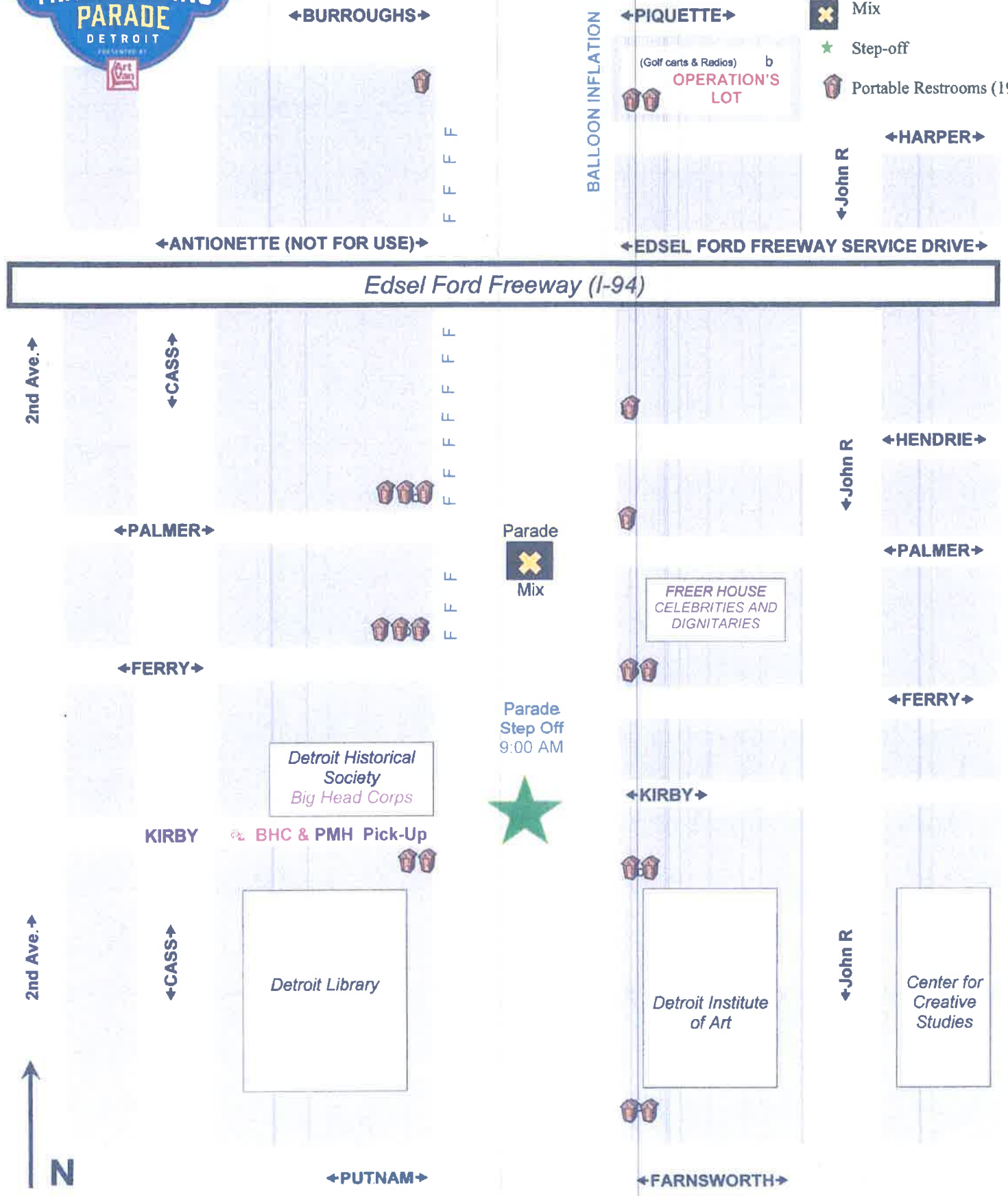


# 2019 America's Thanksgiving Parade

## "Assembly Area Map" for Port-a-Johns

### MAP LEGEND

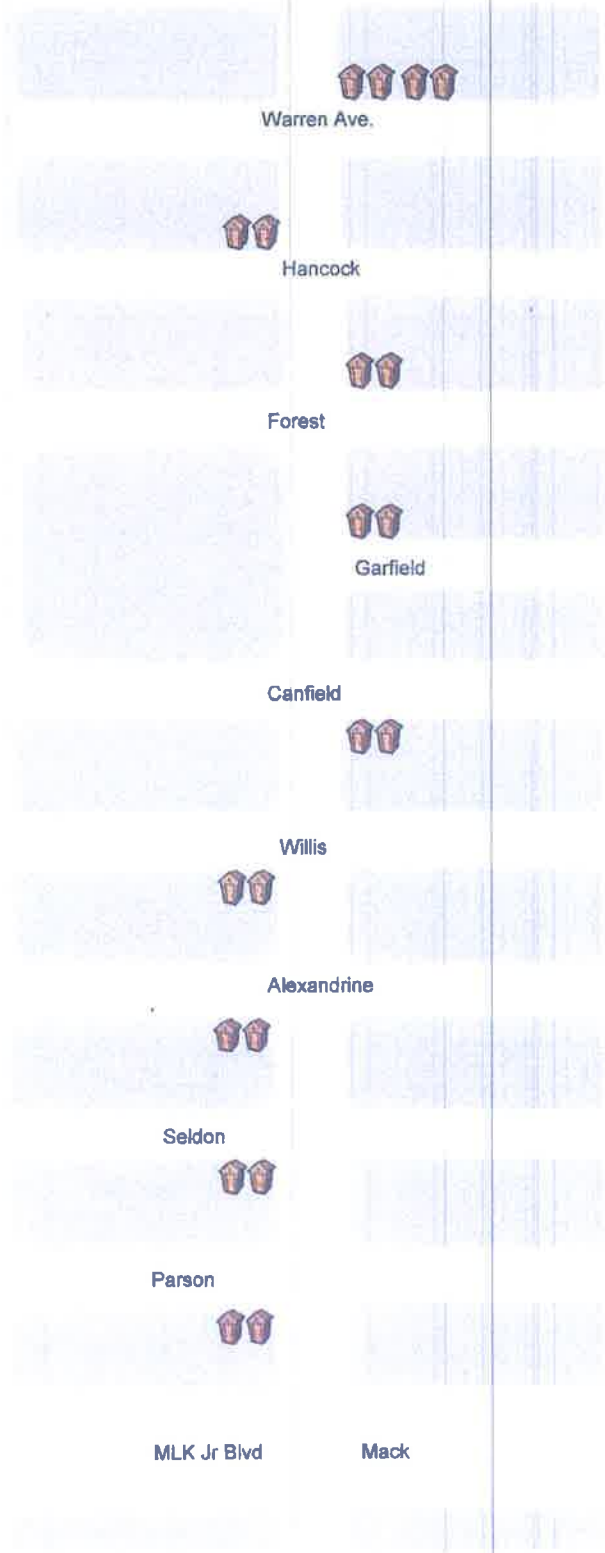
- F Floats
- Mix
- Step-off
- Portable Restrooms (19)





# 2018 America's Thanksgiving Parade<sup>®</sup> presented by Art Van *"Route Port-a-Johns"*

- Warren (4)
- Hancock (2)
- Forest (2)
- Garfield (2)
- Canfield (2)
- Willis (2)
- Alexandrine (2)
- Seldon (2)
- Parson (2)



**MAP LEGEND**

**b** Portable Restrooms  
 20 - Restrooms



# America's Thanksgiving Parade® presented by Art Van

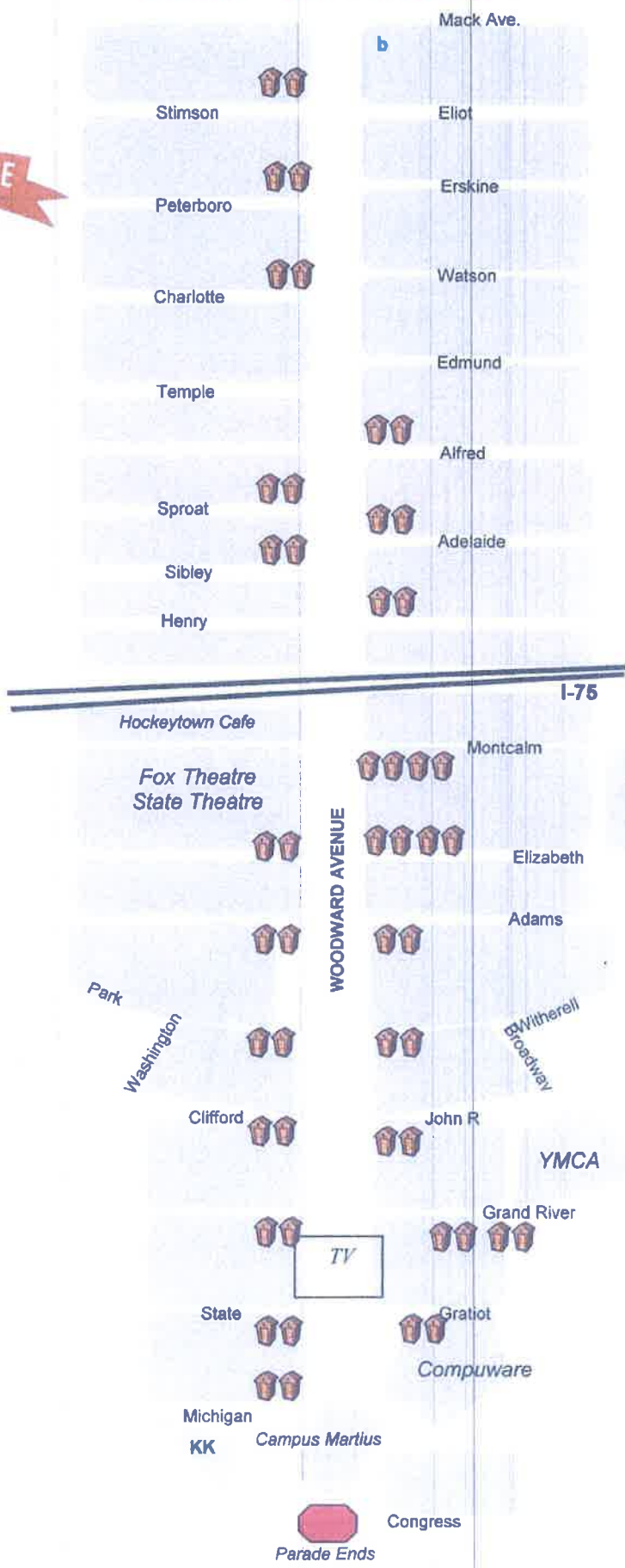
## Route "Port-a-Johns"



**MAP LEGEND**

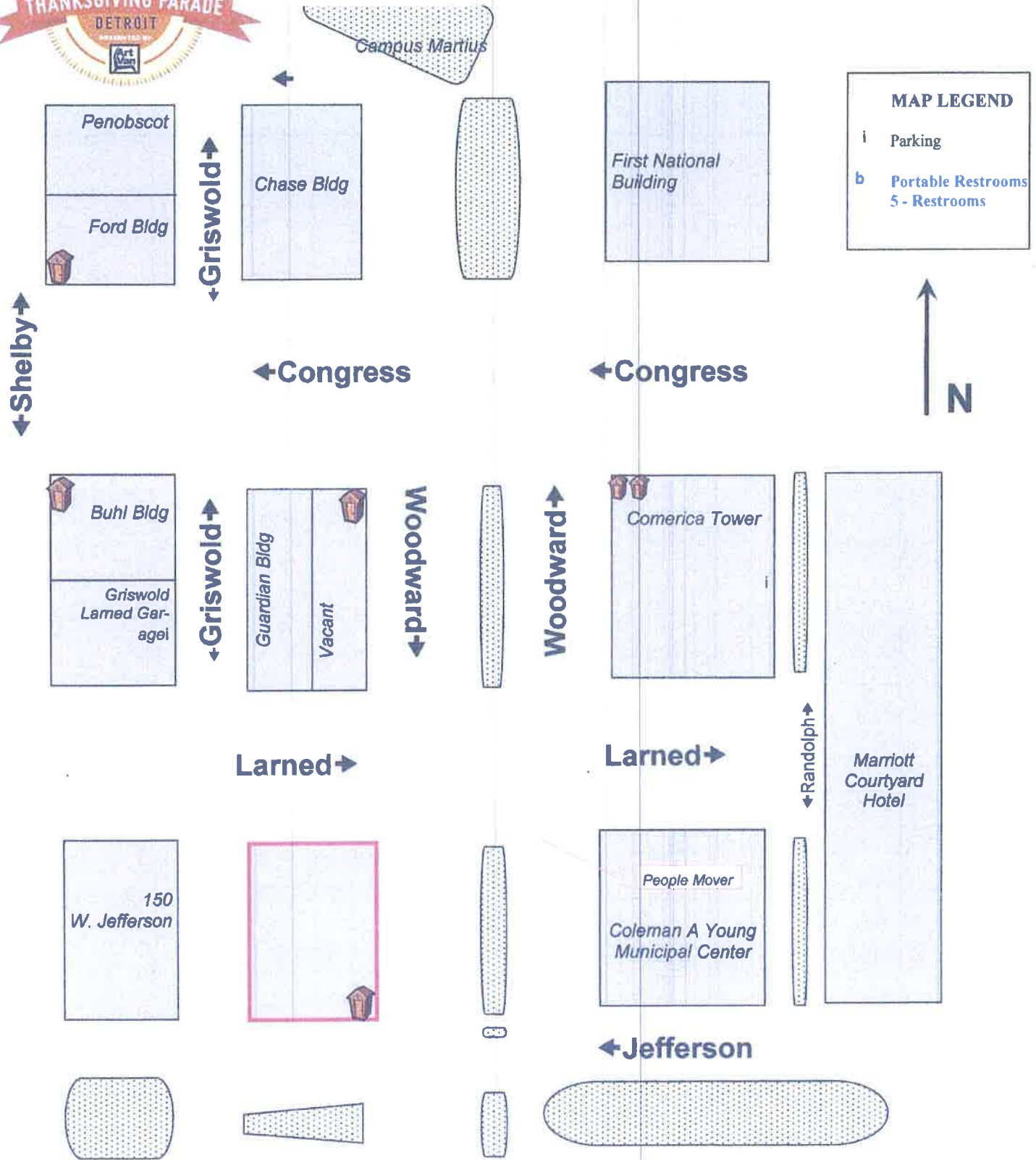
**b** Portable Restrooms  
50 - Restrooms

- Stimson (2)
- Erskine (2)
- Charlotte (2)
- Alfred (2)
- Sproat (2)
- Adelaide (2)
- Sibley (2)
- Henry (2)
- Montcalm (4)
- Elizabeth (6)
- Adams (4)
- Park / Witherell (4)
- Clifford / John R (4)
- Grand River (6)
- State / Gratiot (4)
- Michigan (2)

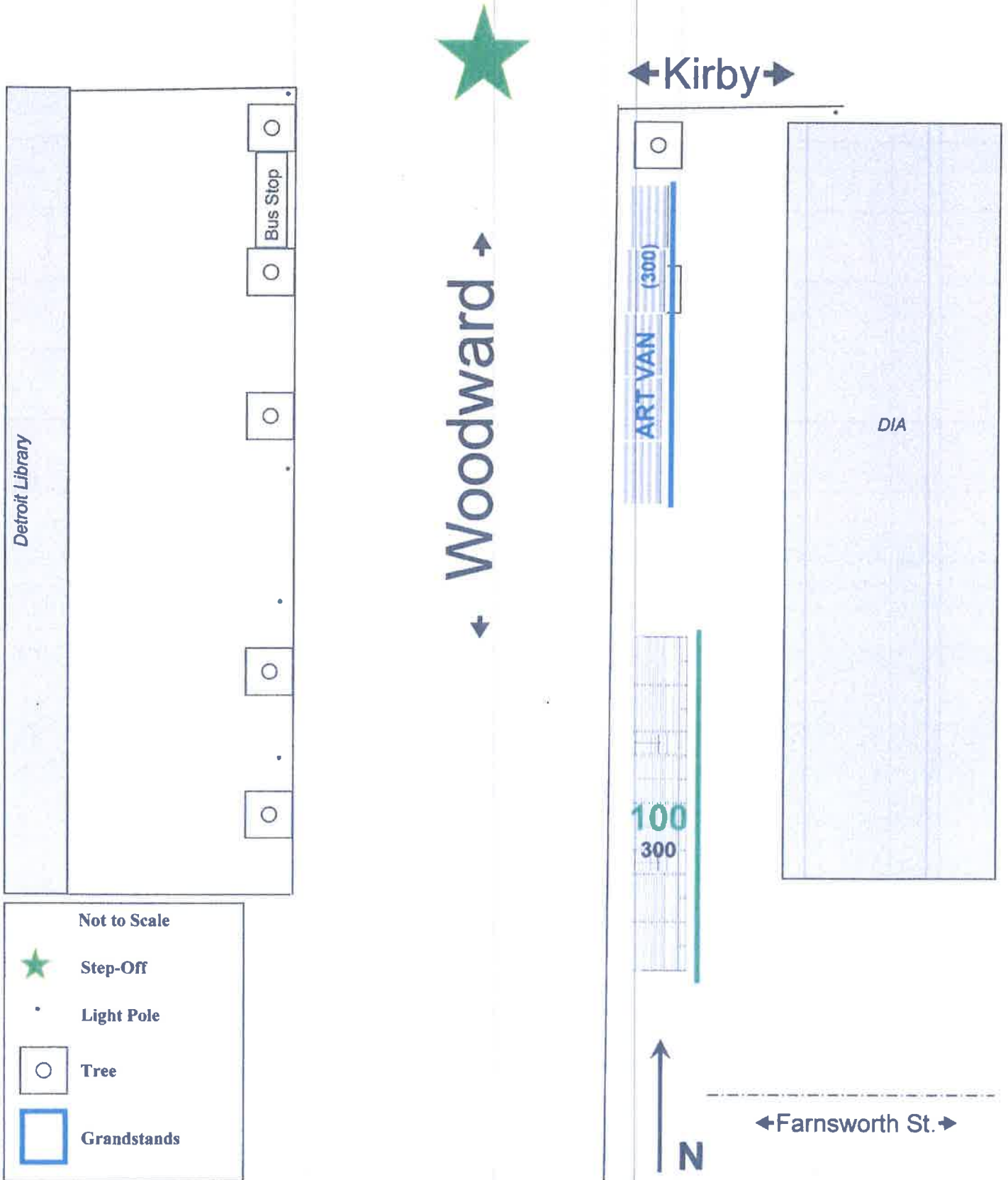




# 2019 America's Thanksgiving Parade "Port-a-Johns DISPERSAL AREA"



2019 America's Thanksgiving Parade<sup>®</sup>  
presented by Art Van  
Step Off GRANDSTANDS



Not to Scale

★ Step-Off

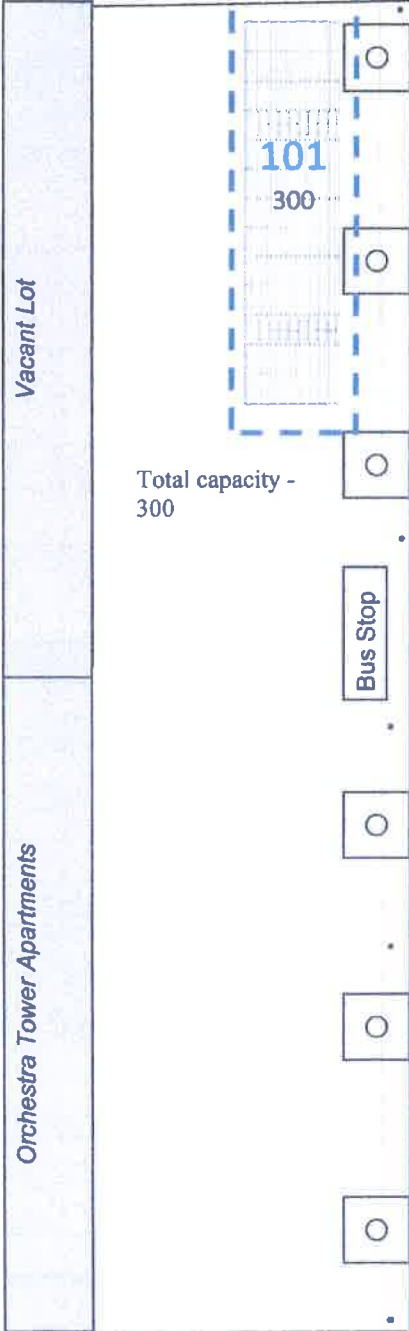
• Light Pole

○ Tree

□ Grandstands

**2019 America's Thanksgiving Parade<sup>®</sup>**  
 presented by Art Van  
**MLK GRANDSTANDS**

←ML King BLVD→



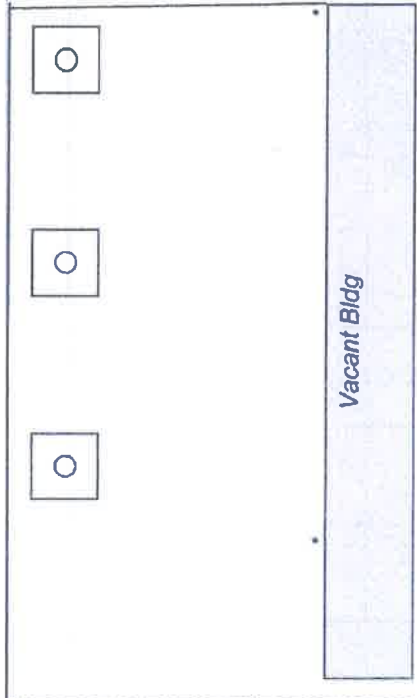
Total capacity - 300

Bus Stop

←Stimson→

↑ Woodward ↓

←Mack→

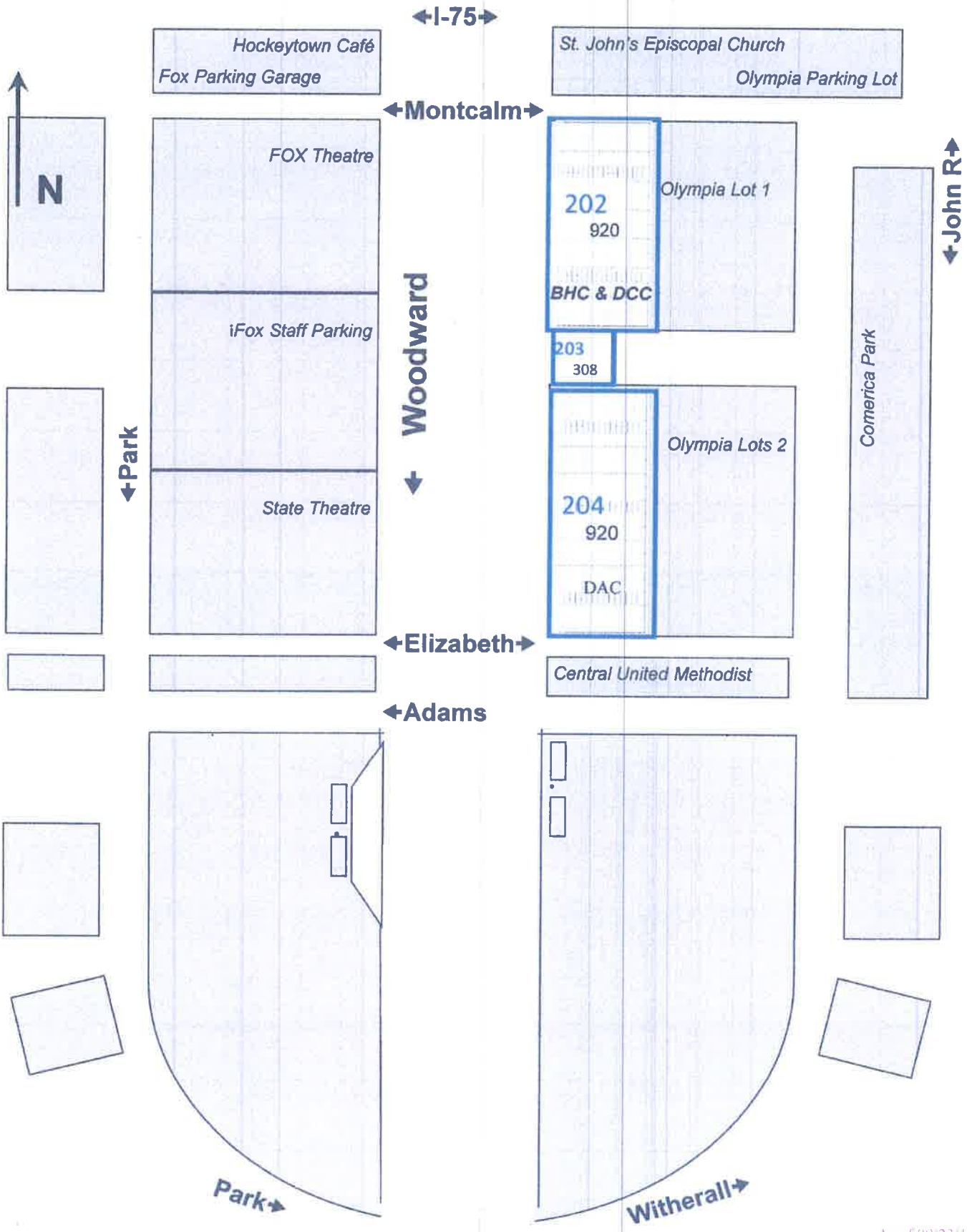


↑ N

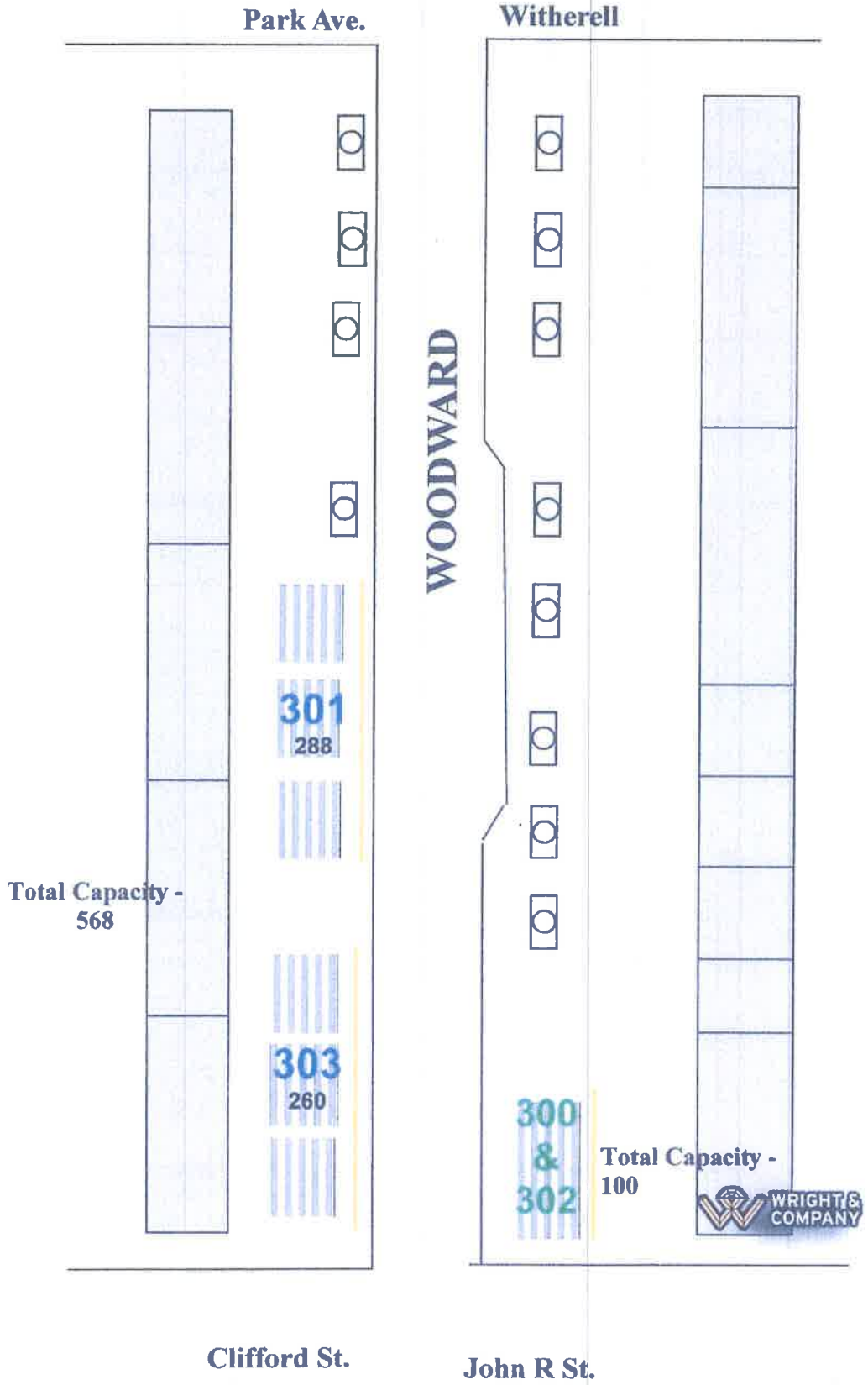
Not to Scale

-  Step-Off
-  Light Pole
-  Tree
-  Grandstands

**2019 America's Thanksgiving Parade<sup>®</sup>**  
**presented by Art Van**  
**BLUE ZONE GRANDSTANDS**



**2018 America's Thanksgiving Parade®  
 presented by Art Van  
 Clifford—Grand River DCC, BHC & S3 GRANDSTANDS**



**2019 America's Thanksgiving Parade®  
presented by Art Van  
Clifford—Grand River Sponsor GRANDSTANDS**

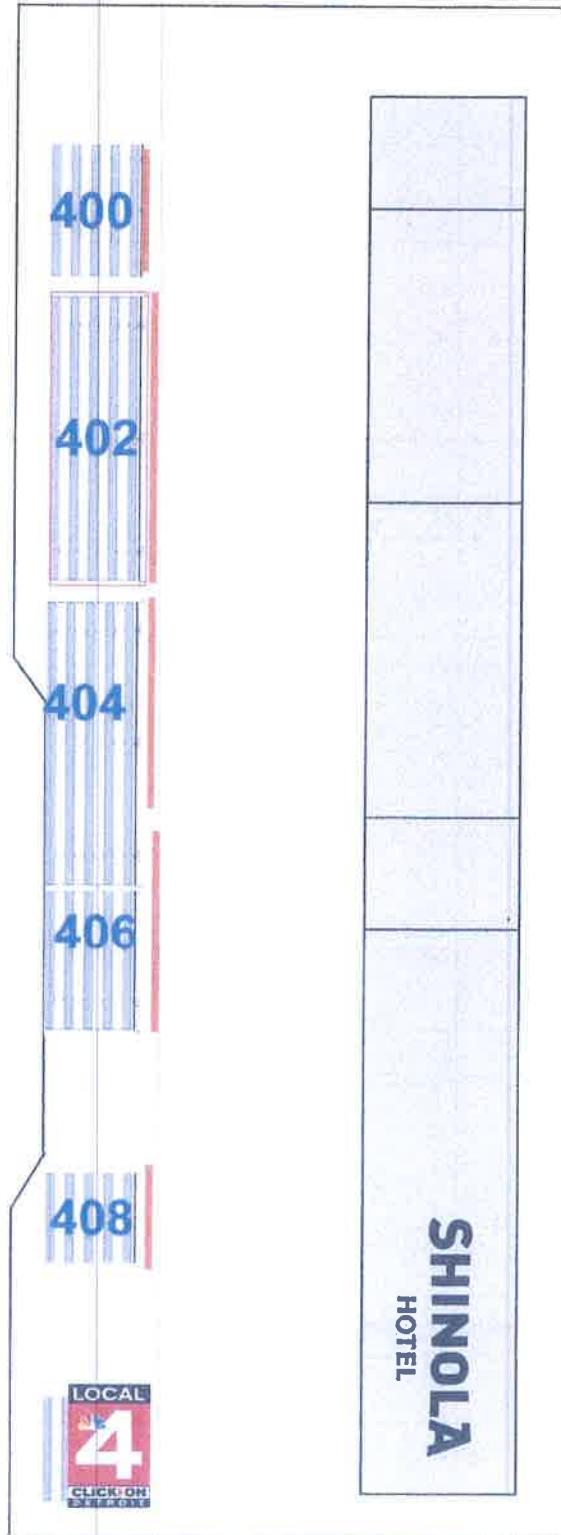
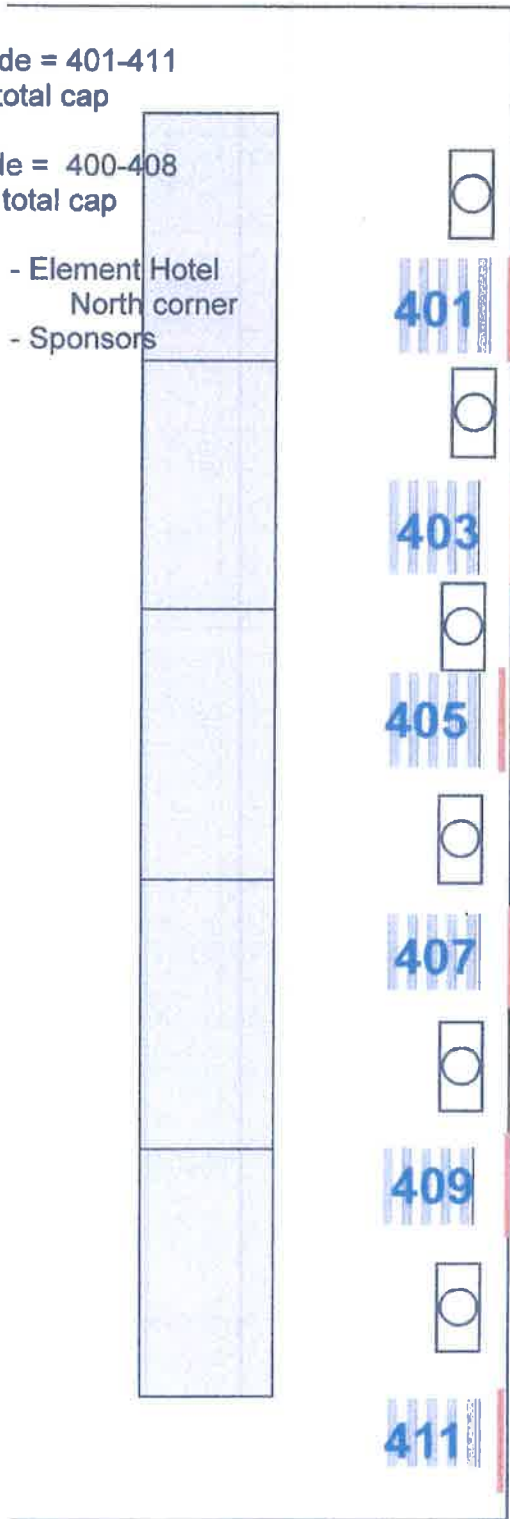
**Clifford**

**John R**

West Side = 401-411  
300 total cap

East Side = 400-408  
520 total cap

200 - Element Hotel  
North corner  
320 - Sponsors



**WOODWARD**

**Grand River**

**Grand River**

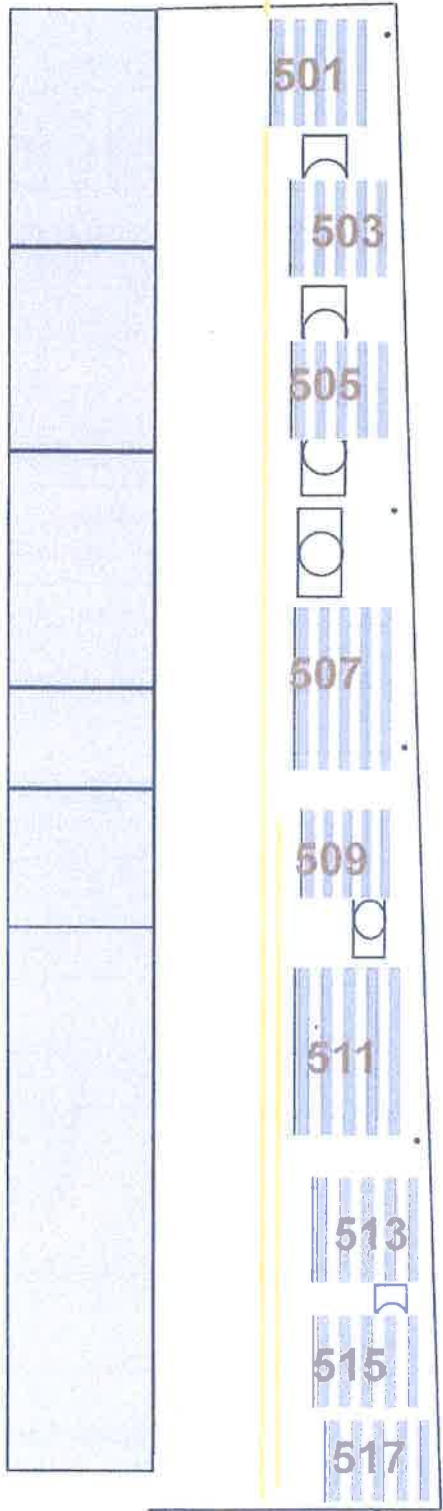
**SHINOLA  
HOTEL**



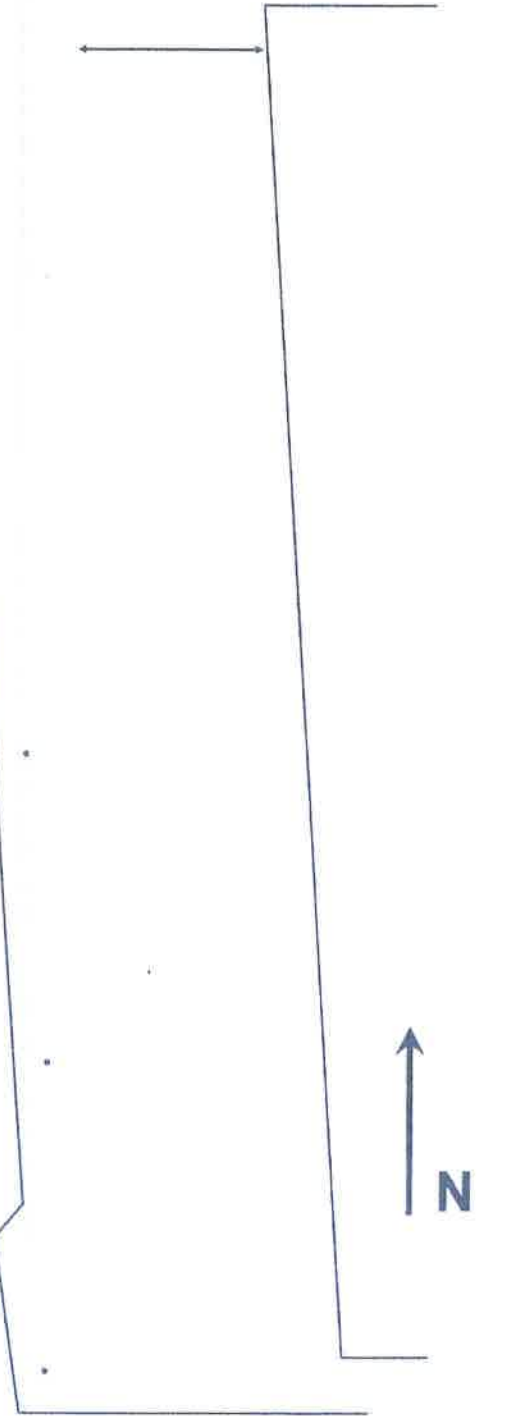


**2018 America's Thanksgiving Parade®  
presented by Art Van  
GRANDSTANDS—TV Broadcast Area & Sponsors**

**GRAND RIVER →**



**Woodward**



WDIV Production Equipment

**← STATE**

**← GRATIOT**

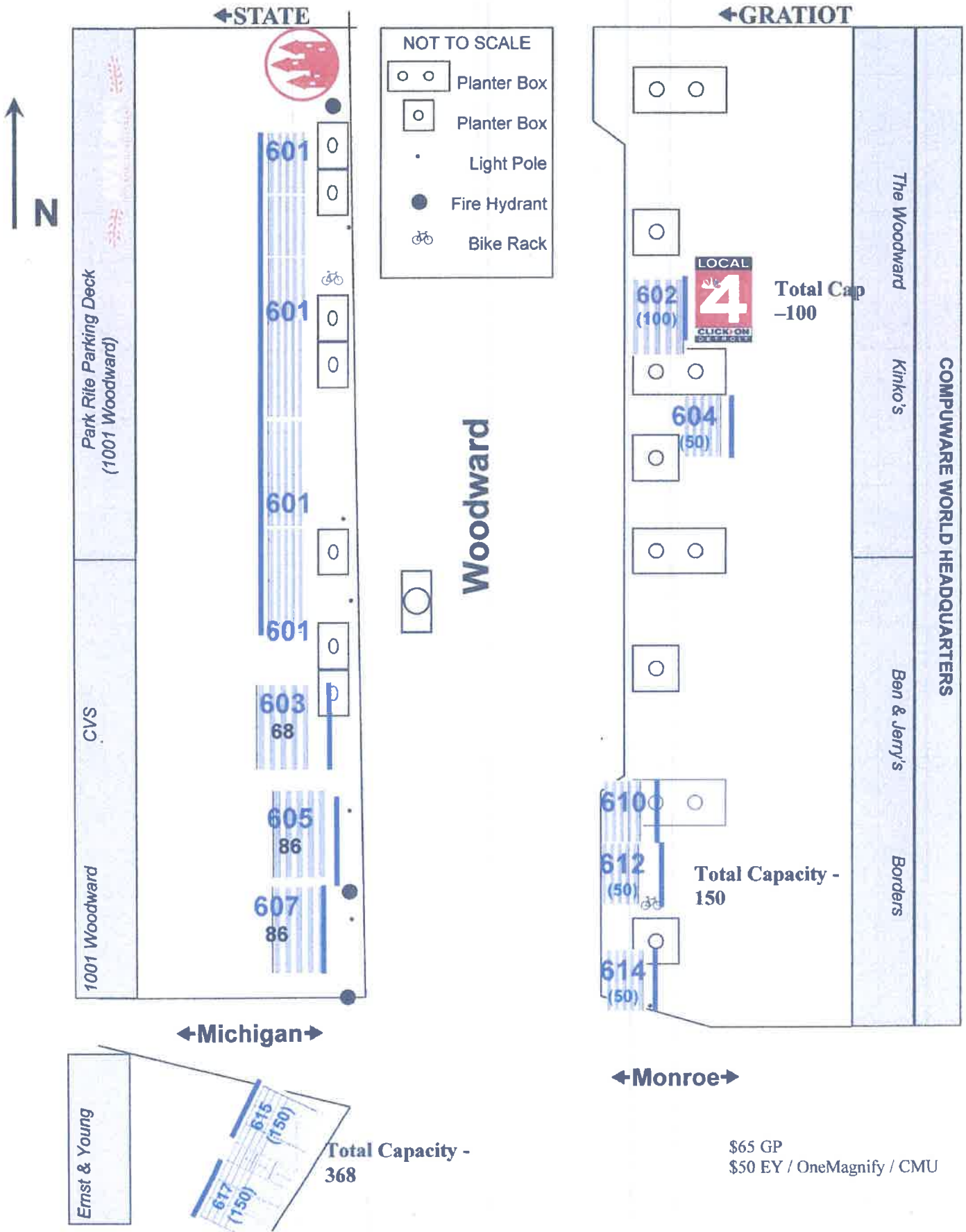


WDIV Production



Tree House

# 2019 America's Thanksgiving Parade<sup>®</sup> presented by Art Van Campus Martius GRANDSTANDS



\$65 GP  
\$50 EY / OneMagnify / CMU

4

35

### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1113 Event Name: Strategic Staffing Solutions Turkey Trot

Event Date : November 28, 2019

Street Closure: Various

Organization Name: The Parade Company

Street Address: 9500 Mt. Elliott Studio A Detroit, MI 48211

A

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 Annual 5K, 10K and 1 Mile Race will take place in Downtown Detroit from 7:00am - 11:30am; with temporary street closures.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with NAIAS 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 Service
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction

CITY CLERK NOV 18 2019

NOV 18 2019 M.T.F. to NB (RM) 3-0

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barricades & Detour 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 Start/End Scaffolding
	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"/>	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. Justice

Date: 10-23-19

**2019 S3 Turkey Trot**

See directional information with the Turkey Trot maps

Area	Street	From	To	Closure Date	Closure Time	Opening Date	Opening Time	No Parking
Assembly	Griswold	Congress	Fort	11/27/2019	6:00 PM	11/28/2019	12:00PM	Congress to Fort
Assembly	Steve Yzerman Dr	Jefferson	Civic Center Dr	11/27/2019	11:30AM	11/28/2019	12:00PM	Jefferson to Civic Center
Assembly	Griswold	Jefferson	Congress	11/28/2019	5:00AM	11/28/2019	12:00PM	Congress to Fort
Route	Griswold	Fort	Grand River	11/28/2019	7:00AM	11/28/2019	10:00AM	Fort to Grand River
Route	Grand River	Griswold	Woodward	11/28/2019	7:00AM	11/28/2019	10:00AM	Griswold to Woodward
Route	Woodward	Grand River	W. Kirby	11/28/2019	7:00AM	11/28/2019	10:00AM	Grand River to W. Kirby
Route	S. 75 Serv. Dr.	Woodward	John R.	11/28/2019	7:00AM	11/28/2019	10:00AM	Woodward to John R
Route	N. 75 Serv. Dr.	John R	Woodward	11/28/2019	7:00AM	11/28/2019	10:00AM	Woodward to John R
Route	John R	S. 75 Serv. Dr.	N. 75 Serv. Dr.	11/28/2019	7:00AM	11/28/2019	10:00AM	Woodward to John R
Route	Adams	Woodward	Park	11/28/2019	7:00AM	11/28/2019	10:30AM	Woodward to Park
Route	Park	Adams	Washington Blvd SB	11/28/2019	7:00AM	11/28/2019	10:30AM	Adams to Washington Blvd.
Route	Wash. Blvd SB	Park	Fort	11/28/2019	7:00AM	11/28/2019	10:30AM	Park to Fort
Route	Fort	Wash. Blvd.	Trumbull	11/28/2019	7:00AM	11/28/2019	10:30AM	Washington Blvd. to Trumbull
Route	6th St.	Fort	Lafayette	11/28/2019	7:00AM	11/28/2019	10:30AM	Fort to Lafayette
Route	Lafayette	6th	Trumbull	11/28/2019	7:00AM	11/28/2019	10:30AM	6th St. to Trumbull
Route	Brooklyn	Fort	Lafayette	11/28/2019	7:00AM	11/28/2019	10:30AM	Fort to Lafayette
Route	N. Cabacier	Fort	Jefferson	11/28/2019	7:00AM	11/28/2019	10:30AM	Fort to Jefferson
Route	Jefferson WB	Cabacier	Yzerman	11/28/2019	7:00AM	11/28/2019	10:30AM	Cabacier to Yzerman
Route	Jefferson EB	Cabacier	Yzerman	11/28/2019	7:00AM	11/28/2019	10:30AM	Cabacier to Yzerman
Route	S. M-10 Lodge	Ramp 1A	W. Jefferson	11/28/2019	6:15AM	11/28/2019	12:00PM	
Route	S. M-10 Lodge	Ramp 1B	Larned	11/28/2019	6:15AM	11/28/2019	12:00PM	

City of Detroit  
OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Andre P. Gilbert II  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Friday, October 18, 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.

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

**1113**    *The Parade Company, request to hold "Strategic Staffing Solutions Turkey Trot" on November 28, 2019 from 7:00 AM to 11:30 AM with various temporary street closures. Set up to begin on 11-27-19 and tear down complete on the event date 11-28-19.*

# 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: Strategic Staffing Solutions Turkey Trot

Event Location: Detroit – 10km and 5km start line is Fort St. and Griswold. 1 Mile start line is on Steve Yzerman Dr. behind TCF Center.

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: The Parade Company

Organization Mailing Address: 9500 Mt. Elliott, Studio A Detroit, MI 48211

Business Phone: 313-923-7400 Business Website: www.theparade.org/turkeytrot

Applicant Name: Megan Jankowski

Business Phone: 313-923-7400 (ext.233) Cell Phone: 248-767-5465 Email: mjankowski@theparade.org

**Event On-Site Contact Person:**  
Name: Megan Jankowski

Business Phone: 313-923-7400 (ext. 233) Cell Phone: 248-767-5465 Email: mjankowski@theparade.org

- 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: _____        |

**Projected Number of Attendees:** 20,000

**Please provide a brief description of your event:**  
The 37<sup>th</sup> Annual Turkey Trot is held on Thanksgiving morning every year in the City of Detroit. The event includes a 10k, 5k, 1 mile, and combo events for participants.





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

Begin Set-up Date: Wednesday, November 27<sup>th</sup>, 2019 Time: 6:00am Complete Set-up Date: Thursday, November 28<sup>th</sup>, 2019 Time: 7:00am

Event Start Date: Thursday, November 28<sup>th</sup>, 2019 Time: 7:00am Event End Date: Thursday, November 28<sup>th</sup>, 2019 Time: 11:30am

Begin Tearing Down Date: Thursday, November 28<sup>th</sup>, 2019 Complete Tear Down Date: Thursday, November 28<sup>th</sup>, 2019

Event Times (If more than one day, give times for each day):  
10km starts at 7:30am (Fort and Griswold)  
5km starts at 8:30am (Fort and Griswold)  
1 Mile starts at 7:30am (Atwater Dr. behind TCF Center)

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: 10km and 5km events start at Griswold and Fort St. and finish on Steve Yzerman Dr. One mile event starts and finishes on Steve Yzerman Dr.

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:

National Anthem singers at the start of the 10km, 5km, and 1-mile events.

Will a sound system be used?  Yes  No

If yes, what type of sound system? Rockville RAM Bluetooth Pro Audio speakers

**Section 5- SALES INFORMATION**

Will there be advanced ticket sales?  Yes  No

If yes, please describe: Online and mail-in registration

Will there be on-site ticket sales?  Yes  No

If yes, list price(s): Various prices dependent upon event registration. On-site registration will be available on November 28<sup>th</sup>, 2019 inside

of TCF Center.

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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: Merchandise to be sold

Will there be food trucks?  Yes  No

If yes, please list how many:

Will there be a charge for parking?  Yes  No

If yes, please describe the amount: Attendees will secure parking at various parking lots in the city or at TCF Center. Cost will vary.

How will you advise attendees of parking options? Via email blasts, social media posts, and our event website

## Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: NAIAS (North American International Auto Show Security)

Contact Person: Carl Berry

Address: 1900 W. Big Beaver Rd., Suite 100

Phone: 248-722-4309

City/State/Zip: Troy, MI 48084

Number of Private Security Personnel Hired Per Shift: 2 – 10 security personnel 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)?

Most of the Turkey Trot is along the route of America's Thanksgiving Day Parade presented by Art Van.

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

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

TV, radio, social media, hand-delivered neighborhood letters, signage at special course locations, and email blasts.

## 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:

Five 3000-watt generators will be used that will be fueled by gasoline provided by Chet's Rent-All and three 6500-watt generators provided by Pegasus.

Name of vendor providing generators: Chet's Rent-All

Contact Person: Donny Gransden

Address: 41889 Ford Rd. 48187

Phone: 734-981-0240

City/State/Zip: Canton, MI

	How Many?	Size/Height
Booth	N/A	
Tents (enclosed on 3 sides)	N/A	
Canopy (open on all sides)	1	10 X 10 at Start Line
Staging/Scaffolding	2	Stage – 12 X 12 at Start Line and 8 X 8 at Finish Line Scaffolding – 2 (5 X 7) at Start Line and 2 (5 X 7) at Finish Line
Bleachers	N/A	

**Section 9- COMPLETE ALL THAT APPLY**

Emergency medical services: **Hart Medical**

Contact Person: Adam Gottlieb

Address: 220 Bagley, Suite 912

Phone: 313-366-4278

City/State/Zip: Detroit, MI 48226

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

Contact Person: Jill Coshatt

Address: 27940 Wick St.

Phone: 734-421-1400

City/State/Zip: Romulus, MI 48174

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 **\*\*SEE ATTACHED COMPREHENSIVE STREET CLOSURE LIST\*\***

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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.

*Megan Jankowski*

9/25/2019

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:** Strategic Staffing Solutions Turkey Trot

**Event Date:** November 28<sup>th</sup>, 2019

**Event Organizer:**

The Parade Company, Megan Jankowski (Race Director)

**Applicant Signature:**

*Megan Jankowski*

**Date:** 9/25/2019

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1134

### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1134 Event Name: Rocket Mortgage Thanksgiving Parade Float Unveiling

Event Date: November 21, 2019

Street Closure: None

Organization Name: Quicken Loans Community Fund

Street Address: 1050 Woodward Avenue Detroit, MI 48226

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 Parade Company has constructed a new float for Rocket Mortgage and will unveiling at 1 Campus Martius from 11:30am - 12:15pm with a press conference and media coverage.

**\*\* 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 Assistance to Escort Float
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required for Closure of Staging Area
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>No Jurisdiction</b>

NOV 18 2019 M.T.F. to NB (RM) 3-D



Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barricades & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input 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"/>	Purchase of Parking Meters Required for Staging Area
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

**MAYOR'S OFFICE**

Signature: B. Auster

Date: 11-6-19

City of Detroit  
OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Andre P. Gilbert II  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Thursday, November 7, 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    TRANSPORTATION DEPARTMENT  
POLICE DEPARTMENT    FIRE DEPARTMENT  
PLANNING AND DEVELOPMENT DEPARTMENT    BUSINESS LICENSE CENTER  
MUNICIPAL PARKING DEPARTMENT    DPW - CITY ENGINEERING DIVISION

**1134**    *Quicken Loans Community Fund, request to hold "Rocket Mortgage Thanksgiving Parade Float Unveiling" at the One Campus Martius Building on November 21, 2019 from 11:30 AM to 12:15 PM.*

## 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: Rocket Mortgage Thanksgiving Parade Float Unveiling

Event Location: Front-side of the One Campus Martius Building (Woodward and Monroe)

Is this going to be an annual event?  Yes  No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Quicken Loans Community Fund

Organization Mailing Address: 1050 Woodward Avenue

Business Phone: 313-782-9554

Business Website: www.quickenloans.org

Applicant Name: Jasmin DeForrest

Business Phone: 313-782-9554 Cell Phone: 313-529-6225 Email: jasmindeforrest@quickenloans.com

Event On-Site Contact Person:

Name: Jasmin DeForrest

Business Phone: 313-782-9554 Cell Phone: 313-529-6225 Email: jasmindeforrest@quickenloans.com

Event Elements (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Walkathon             | <input type="checkbox"/> Carnival/Circus   | <input type="checkbox"/> Concert/Performance                             |
| <input type="checkbox"/> Run/Marathon          | <input type="checkbox"/> Bike Race         | <input type="checkbox"/> Religious Ceremony                              |
| <input type="checkbox"/> Political Event       | <input type="checkbox"/> Festival          | <input type="checkbox"/> Filming   |
| <input checked="" 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>Parade Float Unveiling</u> |

Projected Number of Attendees: 100

Please provide a brief description of your event:

Rocket Mortgage has a brand new float in this year's America's Thanksgiving Parade. The unveiling will primarily be a press event with attendance by QL/FOC team members and executive leadership.

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

Begin Set-up Date: 11/21/2019 Time: 6:30 AM Complete Set-up Date: 11/21/2019 Time: 8:00AM

Event Start Date: 11/21/2019 Time: 11:30AM Event End Date: 11/21/2019 Time: 12:15AM

Begin Tearing Down Date: 11/21/2019 Complete Tear Down Date: 11/21/2019

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

6:30am-11:15am: Float staging on Gratiot between Farmer and Woodward / 11:15am-12:15pm Woodward (Monroe/One Campus Martius)

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: The float will be staged on Gratiot between Farmer and Woodward. At 11:20am the float

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:

A DPS Band --tentatively to lead the float for the press announcement

Will a sound system be used?  Yes  No

If yes, what type of sound system? Basic microphone and speaker system for remarks that will take place on the

Describe specific power needs for entertainment and/or music:

n/a

How many generators will be used? n/a

How will the generators be fueled?

Name of vendor providing generators:

Contact Person: N/A

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:

N/A

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Rock Security

Contact Person: Mike Vrooman

Address: 1074 Woodward Ave

Phone: 313-618-4575

City/State/Zip:

Detroit/MI/48226

Number of Private Security Personnel Hired Per Shift:

TBD

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

N/A

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
Because the float will be staged on Gratiot between Farmer and Woodward, that section of Gratiot will need to be closed to vehicular traffic. Additionally, once the float moves from the staging area to in front of OCM --Woodward along with Monroe will need to be closed for that time frame, approximately 11:15am-12:15pm

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

Indicate what steps you have or will take to notify them of your event:  
Bedrock will notify tenants and property owners in the area.

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

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

## Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Mike Vrooman - Rock Security

Address: 1074 Woodward Ave.

City/State/Zip: Detroit/MI/48226

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.**

**VOID NO STREET**

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

**CLOSURES!**

~~STREET NAME: Gratiot  
FROM: Farmer TO: Woodward~~

~~CLOSURE DATES: 11/21/2019 BEG TIME: 6:30am END TIME:~~

~~REOPEN DATE: 11/21/2019 by 11:30am TIME:~~

~~STREET NAME: Woodward (One Campus Martius Bldg side)  
FROM: Monroe TO: Gratiot~~

~~CLOSURE DATES: 11/21/2019 BEG TIME: 11:15am END TIME:~~

~~REOPEN DATE: 11/21/2019 - 12:15pm TIME:~~

~~STREET NAME: Monroe  
FROM: Farmer TO: Woodward~~

~~CLOSURE DATES: 11/21/2019 BEG TIME: 11:00am END TIME:~~

~~REOPEN DATE: 11/21/2019 - 12:15pm 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.

  
City of Detroit | 11/21/2019 11:25:07 AM

11/01/2019

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.

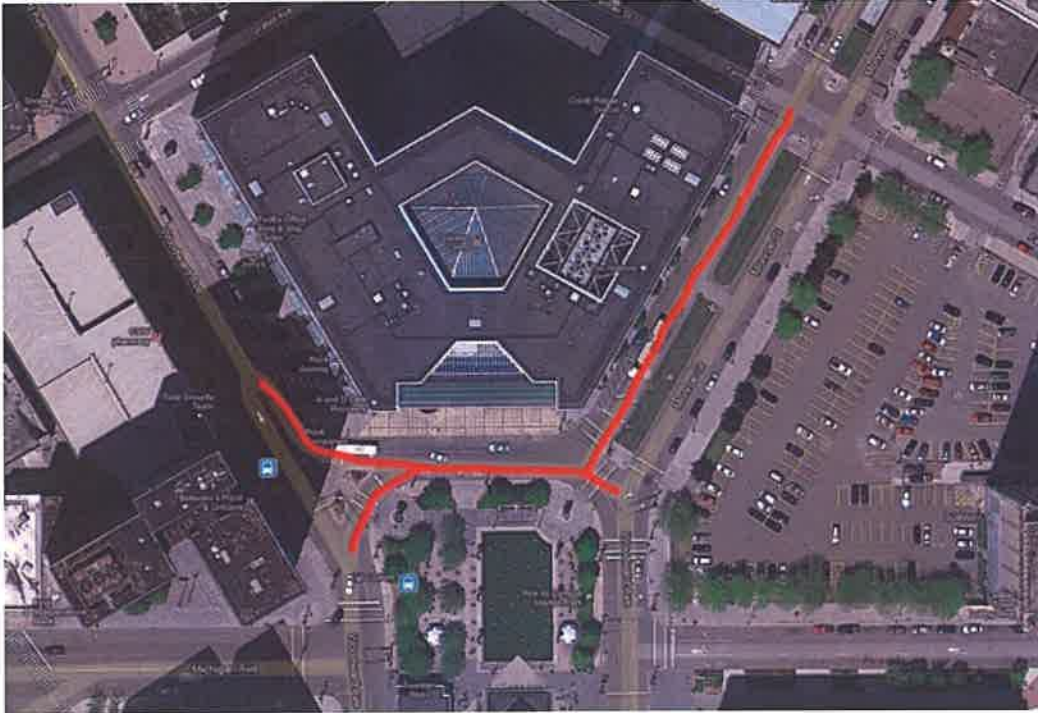
**Event Name:** Rocket Mortgage Float Unveiling **Event**  
**Date:** 11/21/2019

**Event Organizer:**  
Rocket Mortgage/Quicken Loans Community Fund

**Applicant Signature:**   
**Date:** 11/01/2019

## Rocket Mortgage Parade Float Unveiling

- **Date:** Thursday, November 21<sup>st</sup>, 2019.
- **Unveiling Time:** 11:30 a.m. – 12:15 p.m.



- **Street Closure Plan:**
  - **6:30 a.m. – 11:30 a.m.** - Gratiot between Farmer & Woodward.
  - **11:00 a.m. – 12:15 p.m.** - Monroe between Farmer & Woodward.
  - **11:25 a.m. – 11:30 a.m.** - Woodward (Eastbound) between Woodward & front of Campus Martius Park.
  - **11:25 a.m. – 12:15 p.m.** - Woodward in front of One Campus Martius Building.

6

~~13~~ 20

### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1135 Event Name: Aloft Parade Watching

Event Date : November 28, 2019

Street Closure: None

Organization Name: Aloft Hotel

Street Address: 1 Park Avenue Detroit, MI 48226

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: Grandstand Placement
- 24-Hour Liquor License**

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

The Aloft Hotel located at 1 Park Avenue will place Grandstands on Woodward Avenue as a courtesy to their hotel guests to watch America's Thanksgiving Day Parade 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"/>	Aloft Security will Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required for Use of Sidewalk
	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"/>	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"/>	Permit Required for Grandstands
	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. Lusher

Date: 11-6-19

City of Detroit  
OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Andre P. Gilbert II  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Thursday, November 7, 2019*

*To: The Department or Commission Listed Below*

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

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

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

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

**1135**    *Aloft Hotel, request to hold "Aloft Parade Watching" at 1 Park Ave, Detroit, MI 48226 on November 28, 2019 from 8:00 AM to 12:00 PM with the erection of one set of bleachers adjacent to the hotel on Woodward Ave.*

# 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: ALOFT PARADE WATCHING

Event Location: 1 PARK AVE, DETROIT MI 48226

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: ALoft Hotel

Organization Mailing Address: 1 PARK AVE, DETROIT, MI 48226

Business Phone: 313-237-1700

Business Website: www.aloftdetroit.com

Applicant Name: BRIAN ELLISON INTERSECTION CONSULTING GROUP

Business Phone: 313-502-5751 Cell Phone: 313-397-5863 Email: brian@intersectioncg.com

Event On-Site Contact Person:

Name: RICH JONES

Business Phone: —

Cell Phone: 734-257-9180 Email: rich.jones@aloftdetroit.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: 1 SET OF BLEACHERS FOR THANKSGIVING DAY PARADE

Projected Number of Attendees: 50

Please provide a brief description of your event:

ALoft Hotel would like to erect 1 set of bleachers for guests adjacent to the hotel on Woodward Ave.

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

Begin Set-up Date : 27 NOV Time: 8pm Complete Set-up Date: 27 NOV Time: 9pm

Event Start Date: 28 NOV Time: 0800 Event End Date: 28 NOV Time: 1200 P

Begin Tearing Down Date: 28 NOV Complete Tear Down Date: 28 NOV

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

0845 - 1200 28 NOV 19

**Section 3- LOCATION/SITE INFORMATION**

Location of Event:

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

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

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

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

NONE

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: NONE

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

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

How will you advise attendees of parking options? \_\_\_\_\_

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

Name of Private Security Company: 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)? N/A

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

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

**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:

NONE  
\_\_\_\_\_  
\_\_\_\_\_



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? N/A

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

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

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

Name of company providing port-a-johns. RESTROOMS FOR GUESTS IN HOTEL

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.**

**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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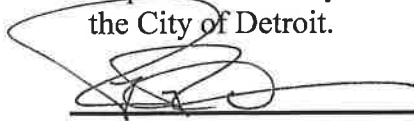
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**AUTHORIZATION & AFFADAVIT OF APPLICANT**

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.



04 NOV 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: ALOFT PARADE WATCH Event  
Date: 28 NOV 19

Event Organizer:  
RICH JONES ALOFT HOTEL

Applicant Signature: 

Date: 28 NOV 19