

Referrals
11/19/19

**PUBLIC HEALTH
AND SAFETY
STANDING
COMMITTEE**

99

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1127 Event Name: Cupid's Undie Run - Detroit

Event Date: February 8, 2020

Street Closure: None

Organization Name: Cupid's Charity

Street Address: 3457 Ringsby Court Suite 205 Denver, CO 80216

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

Cupid's Undie Run will host their annual event at St. Andrew's with the fun run along the surrounding sidewalks from 11:00am - 3:00pm.

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

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

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

Date: 11-15-19

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 25, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

1127 *Cupid's Charity, request to hold "Cupid's Undie Run - Detroit" at St. Andrew's Hall and Surrounding Streets on February 8, 2020 from 11:00am to 3:00pm with set-up and tear down on the same day.*

1127

2/8/2020

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: Cupid's Undie Run - Detroit

Event Location: St. Andrews Hall

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Cupid's Charity

Organization Mailing Address: 3457 Ringsby Court Suite 205, Denver, Colorado 80216

Business Phone: 312-805-3515 Business Website: https://cupids.org/

Applicant Name: Jamie Balhon

Business Phone: 312-805-3515 Cell Phone: 312-805-3515 Email: jamie@cupids.org

Event On-Site Contact Person:

Name: Sheila Cohoon

Business Phone: 586-713-6464 Cell Phone: 586-713-6464 Email: detroit@cupids.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 checked="" type="checkbox"/> Other: <u>Charity Event</u> |

Projected Number of Attendees: 500

Please provide a brief description of your event:
Cupid's Charity (501c3) requests to hold "Cupid's Undie Run - Detroit" starting at 431 E Congress Street and around the downtown area. This is a 1 mile brief "fun-run" on February 8, 2020 from 12-4pm with temporary street closures. The event has been in the Detroit area since 2013 and funds critical research dollars for the genetic disease Neurofibromatosis (NF).

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

Begin Set-up Date 02/08/2020 Time: 10:00am Complete Set-up Date: 02/08/2020 Time: 12:00pm

Event Start Date: 02/08/2020 Time: ~~12:00pm~~ Event End Date: 02/08/2020 Time: 4:00p,

Begin Tearing Down Date: 02/08/2020 11:00 am Complete Tear Down Date: 02/08/2020 8:00 pm

Event Times (If more than one day, give times for each day)
Only 1 day - Saturday February 8th 2020

Section 3- LOCATION/SITE INFORMATION

Location of Event: Inside St. Andrews Hall and surrounding streets for a brief period of time (1 mile run)

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

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

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

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

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

This will be indoors - inside St. Andrews Hall

Will a sound system be used? Yes No

If yes, what type of sound system? Venues internal sound system and potentially a radio van out front to play music

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?
n/a

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:

For tickets above: Ticket sales start at \$25 and increase in price through a price jump calendar. We offer individuals opportunities to utilize promotions and events for discounted admission as well. \$50 for a Walk Up Ticket

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Will be using police officers for the run route and potentially security guards as

Contact Person: TBD

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

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

Licensed Armed Bonded

How will you advise attendees of parking options?

Email and information will be posted on the event page via Facebook

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

Have local neighborhood groups/businesses approved your event?

Yes No

Indicate what steps you have or will take to notify them of your event:
We will communicate our plan to those businesses and residents with the help of St. Andrews Hall. We have not had issues with our event in the 7+ year's past, which is a positive sign.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

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

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Hart EMS Medical Services PLLC

Address: 32365 Shrewsbury

City/State/Zip: Farmington Hills, MI

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.

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

STREET NAME: See attached _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: See attached _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: See attached _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: See attached _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: See attached _____

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**

1) COI has been requested and is in process - I can always send over a previous year's COI for reference if necessary.

2) Emergency medical agreement is N/A but we will have EMS onsite in case of minor injuries

3) Sanitation agreement is N/A

4) Port-a-john agreement is N/A

5) Community Communication will be carried out to the following businesses via email the week of January 6, 2020: Sweet Water Tavern, City Market Detroit, Blue Cross Blue Shield of Michigan, Du Mouchelles, Applebees, Tim Horton's and Flagstar Bank.

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MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1147 Event Name: Utopia Gardens Block Party

Event Date : April 20, 2019

Street Closure: Bellevue Street

Organization Name: Utopia Gardens

Street Address: 6541 E. Lafayette Detroit, MI 48207

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

Utopia Gardens will host their 2nd Annual Block Party to bring together local businesses and neighbors to celebrate the Island View Community with literature, food trucks & live music from 10:00am - 8:00pm.

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

| Date | Department | N/A | APPROVED | DENIED | Additional Comments |
|------|--------------|--------------------------|-------------------------------------|--------------------------|--|
| | DPD | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DPD will Provide Special Attention; Contracted with Utopia Gardens Security to Provide Private Security Services |
| | DFD/EMS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Inspections Required for Tent |
| | DPW | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ROW Permit Required |
| | Health Dept. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Temporary Food License Required |

| Date | Department | N/A | APPROVED | DENIED | Additional Comments |
|------|-------------------|-------------------------------------|-------------------------------------|--------------------------|---|
| | TED | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Type III Barricades & Road Closure Signage Required |
| | Recreation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No Jurisdiction |
| | Bldg & Safety | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Permits Required for Tent & Generator |
| | Bus. License | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vendors License Required for Food Trucks |
| | 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. J. Asher

Date: 11-15-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, November 15, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

1147 *Utopia Gardens, request to hold "Utopia Gardens Block Party" at Lafayette & Bellevue Streets on April 20, 2020 from 10:00am to 8:00pm with set-up to begin on 4/19/20 at 6:00pm and teardown to be completed on 4/20/20*

City of Detroit Special Events Application

1147

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: Utopia Gardens Block Party

Event Location: Lafayette & Bellevue

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Utopia Gardens

Organization Mailing Address: 6541 E. Lafayette St, Detroit MI 48207

Business Phone: 313-332-0544

Business Website: www.utopiagardens.com

Applicant Name: Garrett Carter

Business Phone: 313-332-0544

Cell Phone: 248-259-4681

Email: garrett@utopiagardens.com

Event On-Site Contact Person:

Name: Garrett Carter

Business Phone: 313-332-0544

Cell Phone: 248-259-4671

Email: garrett@utopiagardens.com

Event Elements (check all that apply)

Walkathon

Carnival/Circus

Concert/Performance

Run/Marathon

Bike Race

Religious Ceremony

Political Event

Festival

Filming

Parade

Sports/Recreation

Rally/Demonstration

Convention/Conference

Fireworks

Other: Business Block Party

Projected Number of Attendees: 300-500

Please provide a brief description of your event:

We are hoping to hold our second annual Utopia Gardens Block Party. This event is geared towards bringing together local business, neighbors and friends to celebrate Island View & it's local community.

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

Begin Set-up Date 04/19/2020 Time: 6:00pm Complete Set-up Date: 04/19/2020 Time: 10:00pm

Event Start Date: 4/20/2020 Time: 10:00am Event End Date: 04/20/2020 Time: 8:00pm

Begin Tearing Down Date: 04/20/2020 Complete Tear Down Date: 04/20/2020

Event Times (If more than one day, give times for each day):
April 20th, 2020 from 10:00am to 8:00pm

Section 3- LOCATION/SITE INFORMATION

Location of Event: Utopia Gardens property and a portion of Bellevue

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

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

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

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

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

We will be booking multiple artists to perform throughout the day

Will a sound system be used? Yes No

If yes, what type of sound system? Crown Power Base 2

Describe specific power needs for entertainment and/or music:

We will be utilizing a generator owned by Utopia Gardens for entertainment power

How many generators will be used? 1

How will the generators be fueled?
A Utopia Gardens employee will be fueling the generator

Name of vendor providing generators:

Contact Person: Utopia Gardens

Address: 6541 E. Lafayette St Phone: 313-332-0544

City/State/Zip: Detroit, MI 48207

Section 5- SALES INFORMATION

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

If yes, please describe:

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

If yes, list price(s):

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

If yes, check all that apply:

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

Indicate type of items to be sold:

We will be securing one or two food trucks for the entire event. We will also have local businesses attend the event to showcase/sell their products (if applicable).

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Nowell Security Agency

Contact Person: Lamar Nowell

Address: 19100 W 10 Mile Road, Suite 204 Phone: 313-598-4484

City/State/Zip: Southfield, MI 48075

Number of Private Security Personnel Hired Per Shift:

2

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

[x] Licensed [] Armed [x] Bonded

How will you advise attendees of parking options?

Will be utilizing the Utopia Gardens parking lot. An employee and/or security will be directing attendees to an overflow parking area, if needed.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
A portion of Bellevue will be closed for the day (April 20, 2020).

Have local neighborhood groups/businesses approved your event?

Yes No

Indicate what steps you have or will take to notify them of your event;
We will be working with the local business association to notify neighborhood groups/businesses about the event. We will also be going door-to-door to notify neighborhood groups/businesses.

Section 8- EVENT SET-UP

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

| | How Many? | Size/Height |
|-----------------------------|-----------|-------------|
| Booth | | |
| Tents (enclosed on 3 sides) | | |
| Canopy (open on all sides) | 1 | 30' x 60' |
| Staging/Scaffolding | | |
| Bleachers | | |

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Not currently available - will source if required

Address:

City/State/Zip:

Name of company providing port-a-johns. Bob's Sanitation Services

Contact Person: Lori Proctor

Address: PO Box 530845

Phone: 734-421-1400

City/State/Zip: Livonia, MI 48153

Name of private catering company? Not currently available - will source if required

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

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

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

STREET NAME: Bellevue St
FROM: Lafayette St TO: 300 Feet North from Lafayette

CLOSURE DATES: 4/19/2020 BEG TIME: 6:00pm END TIME:
REOPEN DATE: 4/20/2020 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**
- See attached. Will provide further information as needed.

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.

eSign via BeartaskData.com
Garrett Dean Carter
Key: e33fa18000b8f3ca7c94c2330785

11/05/2019

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: Utopia Gardens Block Party **Event**
Date: April, 20 2020

Event Organizer:
Utopia Gardens

eSign via BeartaskData.com
Garrett Dean Carter
Key: e33fa18000b8f3ca7c94c2330785

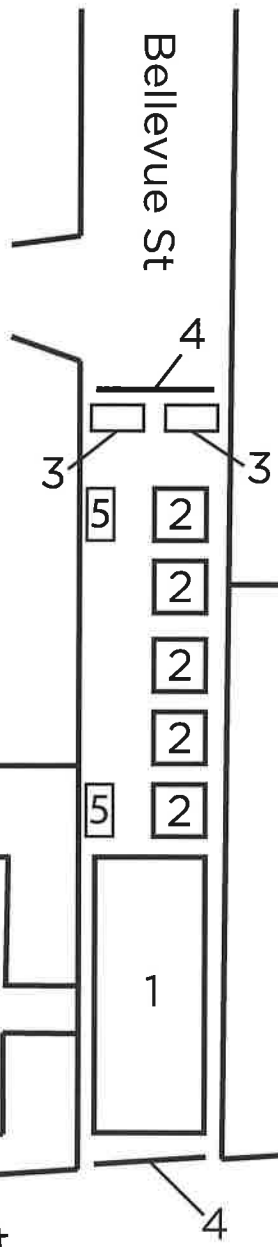
Applicant Signature: _____
Date: 11/05/2019

LEGEND

- 1 - 30' x 60' Canopy
- 2 - Neighborhood Business Booths
- 3 - Food Trucks
- 4 - Type 3 Barricades
- 5 - Recycling & Trash Containers

1052 Bellevue St
Lot

Bellevue St

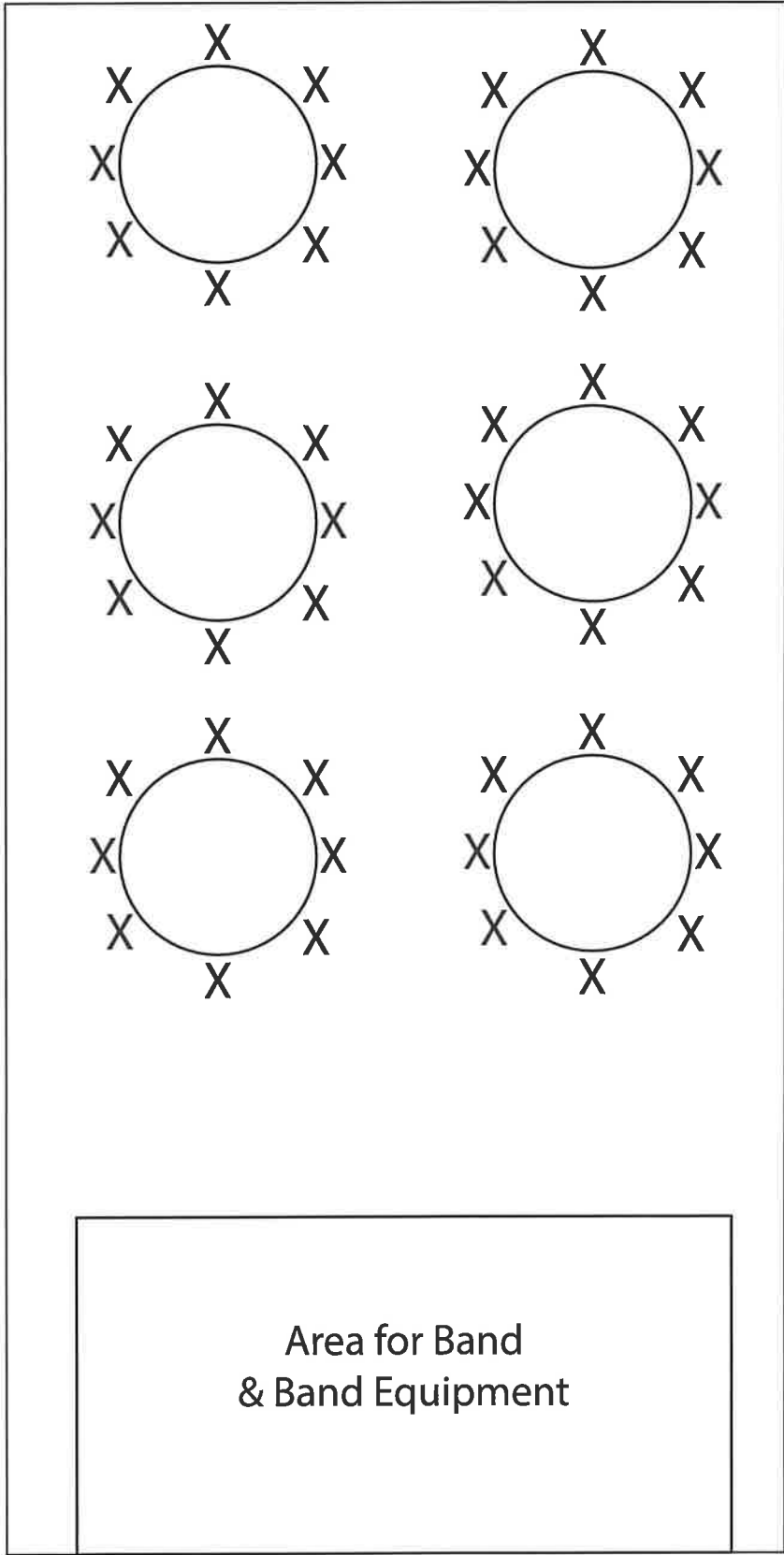


Overflow
Parking

Utopia Gardens
6541 E. Lafayette

Utopia Gardens
Parking Lot

East Lafayette St



30' x 60' Canopy
Details

Generator

101

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1138 Event Name: Annual MLK Day March

Event Date : Januar 20, 2020

Street Closure: None

Organization Name: M.L.King, Jr. March Committee

Street Address: 5920 2nd Avenue Detroit, MI 48202

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

The Martin Luther King, Jr. Day March Committee will host it's annual parade in celebration of Martin Luther King, Jr. at 8850 Woodward Avenue and surrounding streets from 2:00pm - 3:30pm.

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

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

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

MAYOR'S OFFICE

Signature: B. Aushen

Date: 11-15-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, November 15, 2019

To: *The Department or Commission Listed Below*

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

AMENDMENT

Herewith, the following referral is a copy of Petition **1138**

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

1138 *M. L. King Jr. Day March Committee, request to hold "Annual MLK Day March" at and around King St. on Jan 20, 2020 from 2:00pm to 3:30pm with set-up and teardown on the same day.*

NOTE: **Attached please find additional documentation for the above mentioned petition.**

PETITIONER IS AMENDING PETITION DUE TO:
route change. See attached.

Please provide the City Council with a report relative to this petition within four (4) weeks. Thanking you in advance.

Revised March Route for MLK Day January 20, 2020

As agreed to at the Nov. 13, 2019 meeting of the Special Events
Management Group – Attention Bethanie Fisher

Expecting 500 people

Step off time approximately 2 PM

1. Marchers exit St. Matthew/St. Joseph Episcopal Church at 1:30 PM and gather on King Street, just east of Woodward Ave.
2. March steps off at about 2:00 PM westbound on King St., crossing Woodward Avenue and continuing west on Gladstone St.
3. Turning north onto Second Ave. March continues north on Second Ave. to Clairmount Street.
4. March turns east onto Clairmount St., crossing Woodward Ave. and continuing east on Owen St. until Oakland St.
5. March turns south onto Oakland St. using right hand lane until it reaches King St.
6. March turns west onto King St. and continues to St. Matthew/St. Joseph Episcopal Church, where marchers will then re-enter the church.

Submitted by David Sole for the Dr. M. L. King Jr. Day March Committee

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

AMENDMENT

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, November 7, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

1138 *M. L. King Jr. Day March Committee, request to hold "Annual MLK Day March" at and around Woodward and King St. on Jan 20, 2020 from 2:00pm to 3:30pm with set-up and teardown on the same day.*

City of Detroit Special Events Application

1138

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: Annual MLK Day March
Event Location: Detroit - Woodward Ave. & King St. area

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: M.L. King Jr. Day March Committee
Organization Mailing Address: 5920 2nd Ave, Detroit MI 48202
Business Phone: 313-680-5508 Business Website: —

Applicant Name: David Sole
Business Phone: 313-680-5508 Cell Phone: — Email: davidsole48@gmail.com

Event On-Site Contact Person:
Name: same
Business Phone: '' Cell Phone: — Email: ''

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 checked="" 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: <u>March</u> |

Projected Number of Attendees: 500

Please provide a brief description of your event:
Annual march honoring M.L. King Jr. through the community following indoor rally.

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

Begin Set-up Date: 1-20-20 Time: 1:30PM Complete Set-up Date: 1-20-20 Time: 2:00 PM

Event Start Date: 1-20-20 Time: 2:00PM Event End Date: 1-20-20 Time: 3:30 PM

Begin Tearing Down Date: 1-20-20 Complete Tear Down Date: 1-20-20

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

1-20-20 1:30PM to 3:30 PM

Section 3- LOCATION/SITE INFORMATION

Location of Event: King St. & Woodward Ave.

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:

NONE

Will a sound system be used? Yes No

If yes, what type of sound system? hand held bullhorn or car mounted

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No NONE

Will there be on-site ticket sales? Yes No

Will there be vending or sales? Yes No

[] 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? church parking lot + street parking

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: None

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)?

minimal impact on holiday

Have local neighborhood groups/businesses approved your event?

Yes No

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

leafleting + store posters

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

None

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: None

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? None

Contact Person: _____

Address: _____

City/State/Zip: _____

Name of company providing port-a-johns. None

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

Name of private catering company? None

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. 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: King St.
FROM: Woodward Ave. TO: John R. St.
CLOSURE DATES: 1-20-20 BEG TIME: 1:30 PM END TIME: 2:30 PM
REOPEN DATE: 1-20-20 TIME: 2:30 PM

STREET NAME: Woodward Ave. Northbound Right Lane
FROM: King St. TO: Owen St.
CLOSURE DATES: 1-20-20 BEG TIME: 2:00 PM END TIME: 2:30 PM
REOPEN DATE: 1-20-20 TIME: 2:30 PM

STREET NAME: Owen St.
FROM: Woodward Ave. TO: Oakland St.
CLOSURE DATES: 1-20-20 BEG TIME: 2:15 PM END TIME: 2:45 PM
REOPEN DATE: 1-20-20 TIME: 2:45 PM

STREET NAME: Oakland St. - Southbound Right Lane
FROM: Owen St. TO: King St.
CLOSURE DATES: 1-20-20 BEG TIME: 2:30 PM END TIME: 3:00 PM
REOPEN DATE: 1-20-20 TIME: 3:00 PM

STREET NAME: King St.
FROM: Oakland St. TO: Woodward Ave.
CLOSURE DATES: 1-20-20 BEG TIME: 2:45 END TIME: 3:30 PM
REOPEN DATE: 1-20-20 TIME: 3:30 PM

(see attachment)

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**

NA

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.

David Sole 11-2-19
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: M.L. King Jr. Day March Event
Date: 1-20-20

Event Organizer: M.L. King Jr. Day March Committee

Applicant Signature: David Sole
Date: 11-2-19

Proposed March Route for MLK Day January 20, 2020

Expecting 500 people

Step off time approximately 2 PM

1. Marchers exit St. Matthew/St. Joseph Episcopal Church at 1;30 PM and gather on King Street, just east of Woodward Ave.
2. March steps off at about 2:00 PM westbound on King St., turning north onto Woodward Ave. using right hand lane of Woodward northbound.
3. March continues north on Woodward Ave. to Owen St.
4. March turns east onto Owen St. until Oakland St.
5. March turns south onto Oakland St. using right hand lane until it reaches King St.
6. March turns west onto King St. and continues to St. Matthew/St. Joseph Episcopal Church, where marchers will then re-enter the church.

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MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1137 Event Name: Corktown A Glow

Event Date : December 14, 2019

Street Closure: Trumbull

Organization Name: Corktown Business Association

Street Address: P.O. Box 32310 Detroit, MI 48232

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

The Corktown Business Association will host their annual Christmas event from 10:00am - 11:00pm; with temporary street closure on Trumbull between Bagley Leverette Street.

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

| Date | Department | N/A | APPROVED | DENIED | Additional Comments |
|------|--------------|--------------------------|-------------------------------------|--------------------------|------------------------------------|
| | DPD | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DPD will Provide Special Attention |
| | DFD/EMS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pending Inspections |
| | DPW | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ROW Permit Required |
| | Health Dept. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | No Permits Required |

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

MAYOR'S OFFICE

Signature: B. Auster

Date: 11-15-19

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

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

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

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

1137 *Corktown Business Association, request to hold "Corktown Aglow" at Trumbull and Bagley on December 14, 2019 from 10:00am to 11:00pm with set-up on 12/13/19 starting at 4pm and teardown finishing the morning of 12/16/19.*

City of Detroit Special Events Application

1137

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: Corktown A Glow

Event Location: Corktown Neighborhood

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Corktown Business Association

Organization Mailing Address: P.O. Box 32310 1401 W. Fort Street Detroit, MI 48232

Business Phone: 616-634-1975 Business Website: corktowndetroit.biz

Applicant Name: Matthew Buskard

Business Phone: 313-962-1383 Cell Phone: 616-634-1975 Email: Matt@bobcatbonnies.com

Event On-Site Contact Person:

Name: Kelsey Hubbell

Business Phone: _____ Cell Phone: 313-405-5861 Email: kelseyhubbell@gmail.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 checked="" type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Projected Number of Attendees: 100

Please provide a brief description of your event:

This is our yearly Christmas event we put on. Normally we do it at PAL and some of the parking lots- but this year we would like to close a section of the street off- tent it, and have it altogether for the kids and adults! We have santa, a tree lighting, carriage rides toy drive- and last year Garlin did our tree lighting! We host vendors, and a reindeer that kids can get their pictures with! It's a lot of Fun- and ALL FREE!!!!

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

Begin Set-up Date : 12/13/19 Time: 4 PM Complete Set-up Date: 12/13/19 Time: 10PM

Event Start Date: 12/14/19 Time: 10AM Event End Date: 12/14/19 Time: 11PM

Begin Tearing Down Date: 12/15/19 Complete Tear Down Date: 12/16/19 (MONDAY MORNING TENT WILL BE DOWN)

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

Section 3- LOCATION/SITE INFORMATION

Location of Event: Trumbull and Bagley

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:

We will have carolers, as well as some light PA music (nothing bumping!)

Will a sound system be used? Yes No

If yes, what type of sound system? Simple Sound System- Speaker and a Mic. Nothing big at ALL!

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No No- thanks to our neighbors and ford it's free!!
If yes, please describe:

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

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

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

Indicate type of items to be sold: Fun holiday trinkets and such!

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? It will be on the flyer as well as signs made!

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: _____

Contact Person: N/A- not that kind of deal

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)?

It would close off a small section of trumbull- luckily there are MANY other streets that connect around it- so it won't disrupt much.

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

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

They are members of the CBA- and we presented it to them at our last general meeting. We also do this event with the landlords who own the buildings (they actually set up the tree to be lit- as well as cute lights!) So everyone's on board already-we do this yearly (first time closing the road though!)

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:

We will have 1 generator to supply the power for lighting and sound- it's gas powered and very small!

Name of vendor providing generators: Contact Person:

Address: _____

Phone: _____

City/State/Zip _____

| | How Many? | Size/Height |
|-----------------------------|-----------|-------------|
| Booth | | |
| Tents (enclosed on 3 sides) | 2 | 20X30 |
| Canopy (open on all sides) | | |
| Staging/Scaffolding | | |
| Bleachers | | |

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: N/A

Address: _____

City/State/Zip: _____

Name of company providing port-a-johns.

Contact Person: Scotty's Potty's

Address: 27940 Wick St. Romulus, MI 48180

Phone: 734-421-1400

City/State/Zip: _____

Name of private catering company?

Contact Person: N/A

Address: _____

Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

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

Will there be street closures? Yes No

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

STREET NAME: Trumbull

FROM: Levertte TO: Bagley

CLOSURE DATES: 12/13/19 BEG TIME: 2PM END TIME:

REOPEN DATE: 12/16/19 TIME: ANY

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 are working to procure all of these! Wanted to wait to get approval first- or we will go back to our old way of just hosting it at already

Existing spaces (which carry their own insurances)

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 Matthew Buskard Date 08/17/2019

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: Corktown A Glow **Event**
Date: 12/13/2019

Event Organizer:
Corktown Business Association

Applicant Signature: Matthew Buskard
Date: 08/17/2019

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1139 Event Name: Dr. Martin Luther King, Jr. Legacy March

Event Date : January 20, 2020

Street Closure: None

Organization Name: Detroit Public School Community District - Martin Luther King, Jr. Senior High School

Street Address: 3200 E. Lafayette Detroit, MI 48207

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

Martin Luther King, Jr. Senior High School will host it's annual parade in celebration of Martin Luther King, Jr. at 3200 E. Lafayette, Larned and Mt. Elliott from 11:00am - 1:00pm.

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

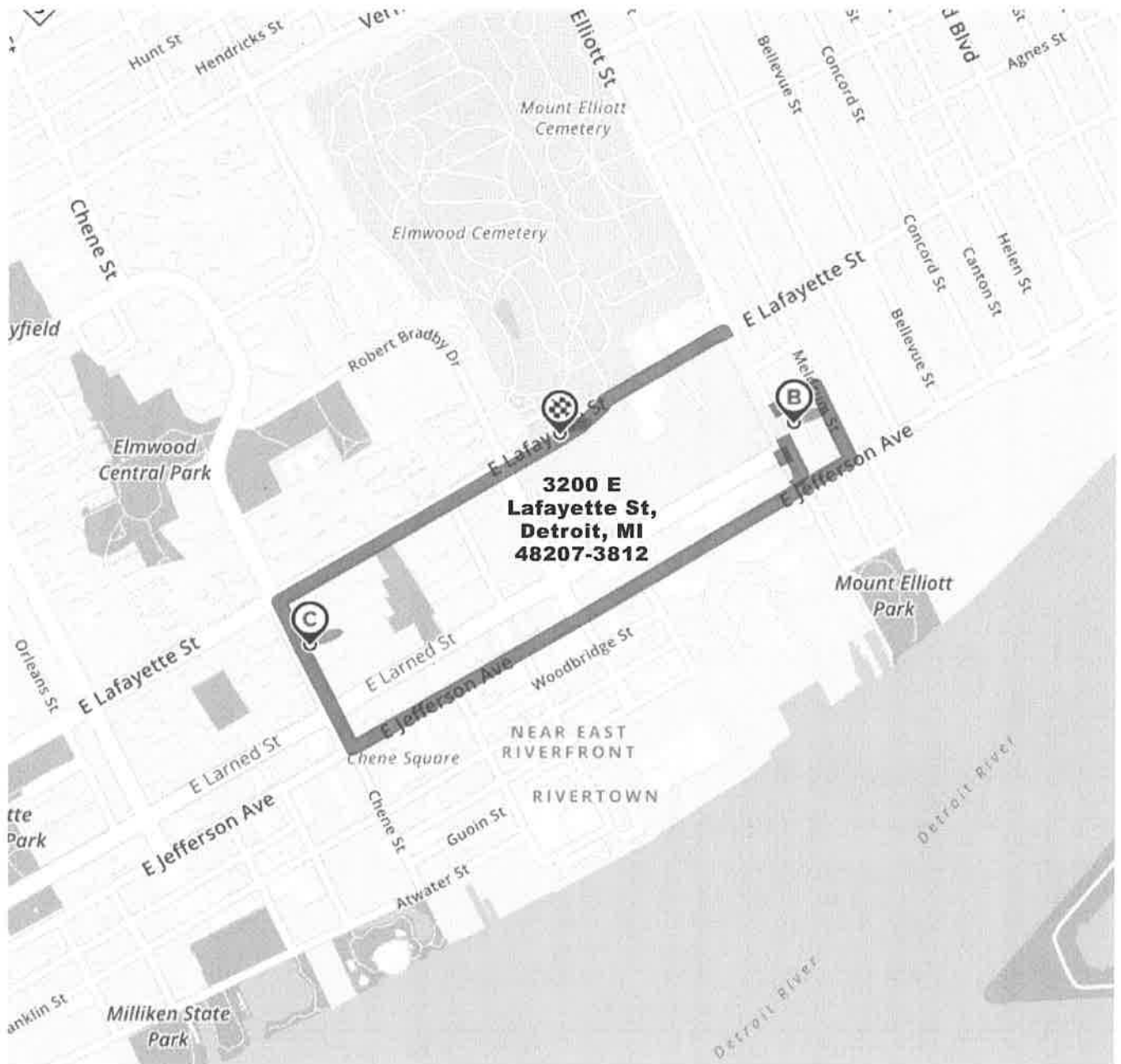
| Date | Department | N/A | APPROVED | DENIED | Additional Comments |
|------|--------------|-------------------------------------|-------------------------------------|--------------------------|--|
| | DPD | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |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

| Date | Department | N/A | APPROVED | DENIED | Additional Comments |
|------|-------------------|-------------------------------------|-------------------------------------|--------------------------|---|
| | TED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soft Closure is DPD Assisted; No Barricades Required |
| | Recreation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No Jurisdiction |
| | Bldg & Safety | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No Jurisdiction |
| | Bus. License | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No Jurisdiction |
| | Mayor's Office | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event. |
| | Municipal Parking | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | No 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. Kushner

Date: 11-15-19



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

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

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

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

1139 *Detroit Public Schools Community District - MLK Jr. Senior High School, request to hold "Dr. Martin Luther King Jr. Legacy March" at and around Lafayette, Larned and Mt Elliott streets on Jan 20, 2020 from 11:00am to 1:00pm with set-up and teardown on the same day.*

1139

City of Detroit Special Events Application

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

Section 1- GENERAL EVENT INFORMATION

Event Name: Dr. Martin Luther King, Jr. Legacy March

Event Location: Legacy March Route: Lafayette/Learned/Mt. Elliot

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit Public Schools Community District – Martin Luther King, Jr. Senior High School

Organization Mailing Address: 3200 E. Lafayette

Business Phone: (313) 494-7373

Business Fax: (313) 262-9140

Federal Tax ID #

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

Applicant Name: Lawrence Fitz

Title/Role: Assistant Principal

Email Address: lawrence.fitz@detroitk12.org

Mailing Address: 3200 E. Lafayette

Business Phone:

Business Fax::

Event On-Site Contact Person:

Lawrence Fitz

Mailing Address: 3200 E. Lafayette

Business Phone: (313) 494-7373

Business Fax: (313) 262-9140

List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).
Dr. Deborah Jenkins, Principal (313) 494-7373 Lawrence Fitz, Assistant Principal (313) 494-7373 Leslie Spain, Teacher (313) 494-7373

List Event Sponsors:

Event Elements (check all that apply)

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

Provide a brief description of your event:

The 8th Annual Martin Luther King, Jr. Legacy March is a commemoration of Dr. King's birthday and legacy uniting community leaders, members, visitors and friends from local, national and international regions in honor of the legendary civil rights leader.

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

| | |
|---|--|
| Begin Set-up Date & Time: 01/20/2020 at 5:00 AM | Complete Set-up Date & Time: 01/20/2020 at 9:00 AM |
| Event Start Date & Time: 01/20/2020 at 11:00 AM | Event End Date & Time: 01/20/2020 at 1:00 PM |
| Begin Tearing Down Date: 01/20/2020 at 1:00 PM | Complete Tear Down Date: 01/20/2020 at 2:00 PM |

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

11:00 AM – 1:00 PM

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

If no, what years has the event been held in Detroit? 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2016, **2017,2018,2019**
When was the event last held in Detroit? 1-21-2019

Where was the event last held in Detroit? Legacy March Route:

What were the hours last year? 11:00 AM – 1:00 PM

Project Attendance This Year (Minimum – Maximum)? 250 - 1000

What is the basis for your projected attendance? Previous years' attendance and current year's guest list

Describe the entertainment for this year's event: Martin Luther King, Jr. Senior High School Marching Band, additional invited marching band

List proposed entertainers and/or bands performing at the event: Martin Luther King, Jr. Senior High School Marching Band

Will a sound system be used? Yes No

If yes, what type of sound system? Fender amplifiers/speakers

Acoustic-audible, sound heard within natural range

Amplified-augmented, sound increased to broaden range

The amplified sound will be used: To enhance speaker's voice and music range.

Will the event consist of a musical concert? Yes No

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

Live Recorded Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music:

How many generators will be used? none

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip:

Section 5- COMMUNICATION/ADVERTISING STRATEGY

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

Radio (Specify station): Detroit Public School Radio WDET

Television (Specific stations): Government Access Comcast Cable, Direct TV

Newspapers (specify papers): Michigan Chronicle, Detroit New, Detroit Free Press

Web site (identify web address): www.detroitk12.org, www.frecp.com,

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify):

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

Section 6- SALES INFORMATION

Will there be advanced ticket sales? **Yes** **X No**

If yes, please describe:

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

If yes, list price(s):

Will food be sold? **Yes** **X No**

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

Will merchandise be sold? **Yes** **X No**

If yes, describe:

Yes **No**

Will a percentage of the proceeds be distributed to a charitable organization?

If yes, describe:

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

Will there be vending or sales? **Yes** **X No**

If yes, check all that apply

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Other (specify):

Indicate type of items to be sold:

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

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

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

Licensed

Armed

Bonded

Describe the emergency evacuation plan:

Describe the parking plan to accommodate anticipated attendance: School Parking Lot located at 3200 E. Lafayette

How will you advise attendees of parking options? Yes

Are you seeking a group parking rate? N/A

Section 8- COMMUNITY IMPACT INFORMATION

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

Pedestrian traffic will be assisted and monitored as the Legacy March route has been carefully planned in accordance with zoning ordinances and communicated to authorized personnel.

Have local neighborhood groups/businesses approved your event?

Yes No

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

Personal invitations, personal invitation contact follow up, television/radio/internet advertisement.

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

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many? N/A

Size/Height N/A

Booth N/A

Tent (enclosed on 3 sides) N/A

Canopy (open on all sides) N/A

Staging/Scaffolding N/A

Bleachers N/A

Company: N/A

Grill
 Gas Charcoal Electrical Propane

Fireworks (Pyrotechnics)
 Aerial Stage

Provide Sketch:

Portable Restrooms:
 Standard ADA Accessible

Vehicles

Type/Weight:

Other:

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

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

No

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

No

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

No

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person:

Address:

Phone:

City/State/Zip

Name of company providing emergency medical services?

Contact Person:

Address:

City/State/Zip:

Name of company providing porta-johns. 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

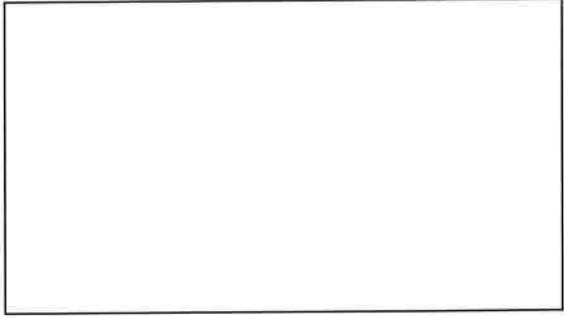
List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

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

STREET NAME: E. Lafayette

FROM _____

Time: 5:00 AM



TO

Closure Dates: 01/20/2020

Beg. Time: 5:00 AM

End Time: 2:00 PM

Reopen Date: 01/16/2018

STREET NAME: _____

FROM _____

TO _____

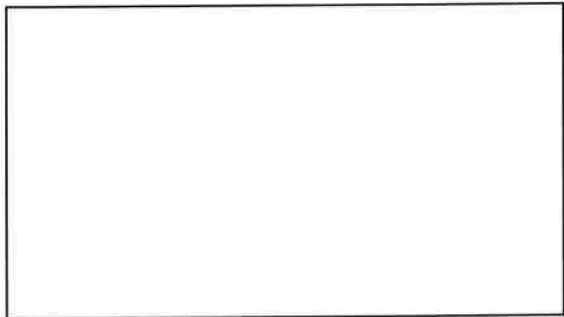
Closure Dates: _____

Beg. Time: _____

End Time: _____

Reopen Date: _____

Time: _____



STREET NAME: _____

FROM _____

TO _____

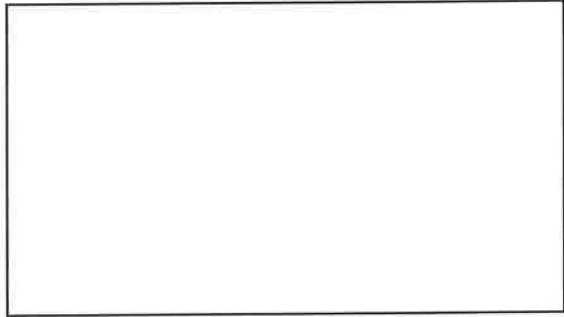
Closure Dates: _____

Beg. Time: _____

End Time: _____

Reopen Date: _____

Time: _____



STREET NAME: _____

FROM _____

TO _____

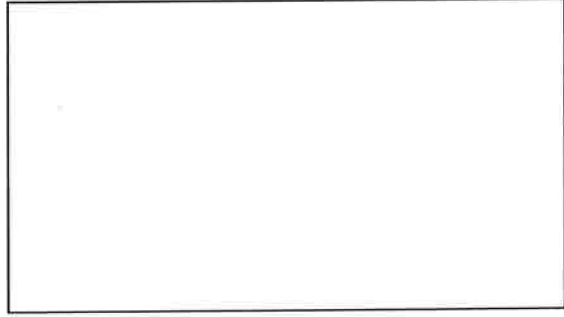
Closure Dates: _____

Beg. Time: _____

End Time: _____

Reopen Date: _____

Time: _____



Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

Posting no parking signs

Light pole

Electrical Services

Storage for Trailers/Trunks

Barricades are not available from the City of Detroit.

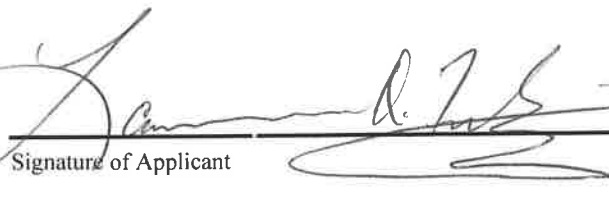
ADDITIONAL INFORMATION

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

AUTHORIZATION & AFFIDAVIT OF APPLICANT

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

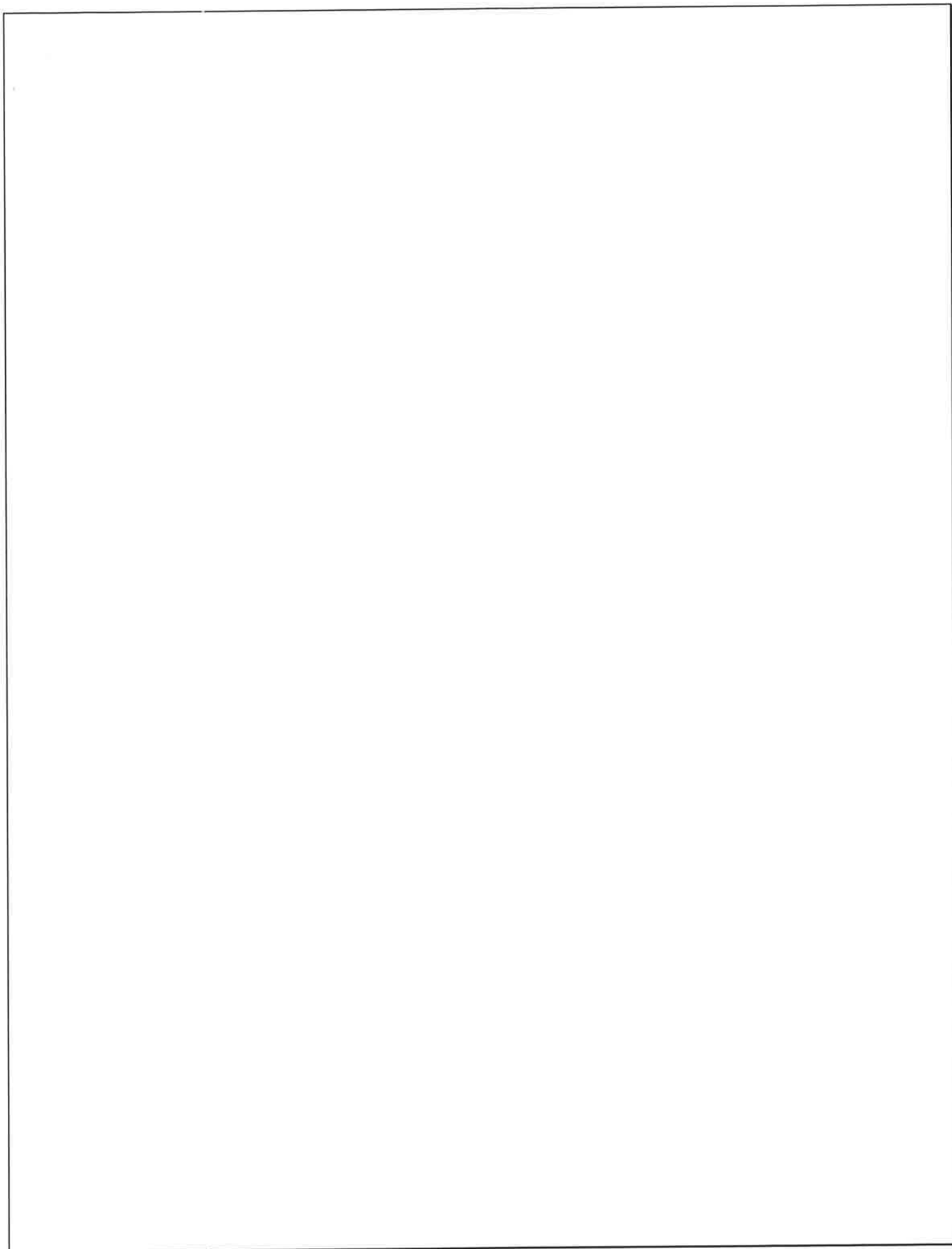
10/24/2019



Signature of Applicant

10/24/2019
Date

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





OFFICE OF CONTRACTING
AND PROCUREMENT

104

November 15, 2019

HONORABLE CITY COUNCIL:

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

6001027 100% City Funding – AMEND 1 – To Provide an Extension of Time and an Increase of Funds to Supply Diesel Exhaust Fluid. – Contractor: Corrigan Oil Company – Location: 775 N Second Street, Brighton, MI 48116 – Contract Period: Upon City Council Approval through December 31, 2019 – Contract Increase Amount: \$88,892.00 – Total Contract Amount: \$254,892.00.
CITYWIDE Previous Contract Period: November 1, 2017 to October 31, 2019

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 6001027 referred to in the foregoing communication dated November 15, 2019, be hereby and is approved.

OFFICE OF CONTRACTING
AND PROCUREMENT

105

November 15, 2019

HONORABLE CITY COUNCIL:

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

6002411 100% City Funding – To Provide Fuel Services to Gilbert Terminal (5600 Wabash), Detroit Water and Sewerage Department (13401 W Outer Drive) and Chandler Park (5660 Conner Ave). – Contractor: Corrigan Oil Co. No. II – Location: 775 N Second Street, Brighton, MI 48116 – Contract Period: Upon City Council Approval through December 31, 2024 – Total Contract Amount: \$29,808,397.62. **CITYWIDE**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 6002411 referred to in the foregoing communication dated November 15, 2019, be hereby and is approved.

OFFICE OF CONTRACTING
AND PROCUREMENT

106

November 15, 2019

HONORABLE CITY COUNCIL:

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

6002415 100% City Funding – To Provide Fuel Services to Vehicle Management (8221 W Davison, 5800 Russell Ferry and 12225 Southfield), Detroit Water and Sewage Department (6425 Huber), Detroit Police Department Precincts, Gun Range and Detroit Police Department Tow Yards. – Contractor: Ace Petroleum – Location: 18263 W McNichols, Detroit, MI 48219 – Contract Period: Upon City Council Approval through December 31, 2024 – Total Contract Amount: \$27,142,146.69.
CITYWIDE

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 6002415 referred to in the foregoing communication dated November 15, 2019, be hereby and is approved.

OFFICE OF CONTRACTING
AND PROCUREMENT

108

November 15, 2019

HONORABLE CITY COUNCIL:

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

3037211 100% City Funding – To Provide Funds to Cover Lease Agreement Payments through the December 31, 2019 Until New Location at 100 Mac is Accessible to the Health Department. – Contractor: WSSA Detroit Jefferson, LLC – Location: 503 S Saginaw Street Suite 600, Flint, MI 48502 – Contract Period: September 1, 2019 through December 31, 2019 – Total Contract Amount: \$52,687.50.
HEALTH

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3037211 referred to in the foregoing communication dated November 15, 2019, be hereby and is approved.

OFFICE OF CONTRACTING
AND PROCUREMENT

109

November 15, 2019

HONORABLE CITY COUNCIL:

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

3038966 100% City Funding – To Provide HPE DL385 Servers, Accessories, Support and VMWare Licensing for the Detroit Police Department. – Contractor: Saitech – Location: 42640 Christy Street, Fremont, CA 94538 – Contract Period: Upon City Council Approval through March 2, 2020 – Total Contract Amount: \$264,000.00. **POLICE**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3038966 referred to in the foregoing communication dated November 15, 2019, be hereby and is approved.

OFFICE OF CONTRACTING
AND PROCUREMENT

110

November 15, 2019

HONORABLE CITY COUNCIL:

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

3037503 100% City Funding – To Provide an Emergency Demolition for the Following Residential Properties, 5669 Loraine, 5332 32nd and 11833 Otsego. – Contractor: Detroit Next, Inc. – Location: 10235 Lakepointe, Detroit, MI 48224 – Contract Period: Upon City Council Approval through September 30, 2020 – Total Contract Amount: \$56,100.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3037503 referred to in the foregoing communication dated November 15, 2019, be hereby and is approved.

OFFICE OF CONTRACTING
AND PROCUREMENT



November 15, 2019

HONORABLE CITY COUNCIL:

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

3038830 100% City Funding – To Provide an Emergency Demolition for the Residential Property, 8120 Whittaker. – Contractor: Inner City Contracting – Location: 18701 Grand River, Detroit, MI 48223 – Contract Period: Upon City Council Approval through November 18, 2020 – Total Contract Amount: \$13,820.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3038830 referred to in the foregoing communication dated November 15, 2019, be hereby and is approved.

OFFICE OF CONTRACTING
AND PROCUREMENT

112

November 15, 2019

HONORABLE CITY COUNCIL:

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

3038872 100% City Funding – To Provide an Emergency Demolition for the Residential Property, 8139 Nuernberg. – Contractor: Detroit Next, Inc. – Location: 10235 Lakepointe, Detroit, MI 48224 – Contract Period: Upon City Council Approval through November 18, 2020 – Total Contract Amount: \$13,025.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3038872 referred to in the foregoing communication dated November 15, 2019, be hereby and is approved.

OFFICE OF CONTRACTING
AND PROCUREMENT

113

November 15, 2019

HONORABLE CITY COUNCIL:

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

3039113 100% City Funding – To Provide an Emergency Demolition for the Residential Property, 26121 W Outer Drive. – Contractor: Leadhead Construction – Location: 1660 Midland, Detroit, MI 48238 – Contract Period: Upon City Council Approval through November 25, 2020 – Total Contract Amount: \$20,696.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3039113 referred to in the foregoing communication dated November 15, 2019, be hereby and is approved.



CITY OF DETROIT
BUILDINGS, SAFETY ENGINEERING AND ENVIRONMENTAL DEPARTMENT
ADMINISTRATION

114

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, FOURTH FLOOR
DETROIT, MICHIGAN 48226
WWW.DETROITMI.GOV

November 14, 2019

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

**RE: Slyde Aperitif, LLC
Class C Liquor License**

Honorable City Council:

Slyde Aperitif, LLC is renovating the existing structure located at 3700 Third Street near Brainard Street. The building will be part of a mixed-use development that will house multi-family apartments, retail, and an upscale hamburger restaurant.

Slyde has purchased a Tavern Liquor License (beer and wine only) and seeks to transfer it to a full Class C Liquor License (beer, wine, and liquor). The Michigan Liquor Control Commission (the "Commission") is currently phasing out Tavern licenses. The Commission requires Local Government consent to consider approval of a transfer of a beer and wine license to a beer, wine, and liquor license.

We, therefore, request that your Honorable Body issue your consent that the application by Slyde Aperitif LLC for the transfer of a beer and wine license to a beer, wine, and liquor license to be located at 3700 Third Street, be considered for approval by the Michigan Liquor Control Commission. Additionally, we request that your Honorable Body authorize the Director of the Buildings Safety Engineering and Environmental Department, or his or her authorized designee, to execute such documents as may be necessary to convey such consent.

Respectfully Submitted,

David Bell
Director
Buildings Safety Engineering and Environmental Dept.

cc: Stephanie Washington, Mayor's Office



RESOLUTION

By Council Member _____

WHEREAS, Slyde Aperitif, LLC (“Slyde”) is renovating the existing structure located at 3700 Third Street near Brainard Street. The building will be part of a mixed use development that will house multi-family apartments, retail and an upscale hamburger restaurant; and

WHEREAS, Slyde has purchased a Tavern Liquor License (beer and wine only) and seeks to transfer it to a full Class C Liquor License (beer, wine, and liquor). The Michigan Liquor Control Commission (the “Commission”) requires Local Government consent to consider approval of a transfer of a beer and wine license to a beer, wine and liquor license.

NOW, THEREFORE, BE IT RESOLVED, that Detroit City Council consents to the application by Slyde Aperitif, LLC, for the transfer of a beer and wine license to a beer, wine, and liquor license to be located at 3700 Third Street, being considered for approval by the Michigan Liquor Control Commission; and be it further

RESOLVED, upon satisfaction by Slyde Aperitif, LLC of all applicable zoning and other permitting requirements, that the Director of the Buildings Safety Engineering and Environmental Department, or his or her authorized designee, be authorized to execute such documents as may be necessary to convey such consent.



115

Date: October 31, 2019

HONORABLE CITY COUNCIL

RE: **RECOMMENDATION FOR DEFERRAL**
ADDRESS: 13529 Gratiot
NAME: Ivory Properties INC
Demolition Ordered: October 28, 2002

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on October 16, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 2nd deferral request for this property.**

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

1. **A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.**
2. **BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.**
3. **The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:**
 - Certificate of Acceptance related to building permits
 - Certificate of Approval as a result of a Housing Inspection
 - Certificate of Compliance, required for all rental properties
4. **The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).**
5. **The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.**
6. **Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.**

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell
Director

DB:bkd

cc: Ivory Properties INC, 1600 Clay, Detroit, MI 48211
ATTN: Dionysios Kefallinos