

New Business

1-28-20

Referrals

**NEIGHBORHOOD
AND COMMUNITY
SERVICES
STANDING
COMMITTEE**

32

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1172 Event Name: Beacon Park February Flicks

Event Date: February 8 - 29, 2020

Street Closure: None

Organization Name: Downtown Detroit Partnership *

Street Address: 1 Campus Martius Suite 380 Detroit, MI 48226

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

The Downtown Detroit Partnership will erect a a 40x120 tent in Beacon Park to host family friendly movies every Saturday in February.

**** 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"/>	Contracted with Eagle Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections of Tent
	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

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

MAYOR'S OFFICE

Signature: B. Lusher

Date: 1-20-2020

City of Detroit

Janice M. Winfrey
City Clerk

OFFICE OF THE CITY CLERK

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, January 23, 2020

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.

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

1172 *Downtown Detroit Partnership, request to hold "Beacon Park February Flicks" on February 8, 15, 22, and 29 from 1:00 PM to 7:00 PM at 1903 Grand River Ave.*

2 Woodward Ave. Coleman A. Young Municipal Center Rm. 200, Detroit, MI 48226

(313) 224 - 3260 | Fax: (313) 224 - 1466

2/8-2/29, 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: BEACON PARK FEBRUARY FLICKS

Event Location: 1903 GRAND RIVER

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: DOWNTOWN DETROIT PARTNERSHIP

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

Business Phone: 313-715-9944 Business Website: DowntownDetroitParks.com

Applicant Name: HEATHER BADRAK

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

Event On-Site Contact Person:

Name: DAVID COWAN

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

Projected Number of Attendees: 4000 total @ 500 per movie

Please provide a brief description of your event:

February Flicks (Movies at Beacon Park) Feb 8, 15, 22, 29 with Family Fun activities

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

Begin Set-up Date: 02/03/2020 Time: 08:00A Complete Set-up Date: 02/07/2020 Time: 5:00P

Event Start Date: 02/08/2020 Time: 1:00P Event End Date: 02/29/2020 Time: 7:00P

Begin Tearing Down Date: 03/02/2020 Complete Tear Down Date: 03/02/2020

Event Times (If more than one day, give times for each day):
February 8, 15, 22, 29 Showtimes: 1p & 4p

Section 3- LOCATION/SITE INFORMATION

Location of Event: Beacon Park, 1903 Grand River, Detroit, MI 48226

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:

Movies: *Tow Story 4, Aquaman, How to Train Your Dragon: The Hidden World, Avengers Endgame*

Will a sound system be used? Yes No

If yes, what type of sound system? Amplified Sound

Describe specific power needs for entertainment and/or music:

Park power

How many generators will be used? None

How will the generators be fueled?
N/A

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe:

Will there be on-site ticket sales? Yes No

If yes, list price(s):

Will there be vending or sales? Yes No

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Indicate type of items to be sold:

Lumen will provide the concessions in the tent at February Flicks.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Eagle Security

Contact Person: Matt Warner

Address:

Phone: 734-306-4871

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

1 event security + 2 core guards

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

Website

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
Positive impact, Free and Open to All

Have local neighborhood groups/businesses approved your event?

Yes No

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

Section 8- EVENT SET-UP

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

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	1	40 x 120
Canopy (open on all sides)		
Staging/Scaffolding		
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: _____

Address: _____

City/State/Zip: _____

Name of company providing port-a-johns.

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

Name of private catering company?

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

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

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

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

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

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

AUTHORIZATION & 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.

HBad 1/6/20
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.

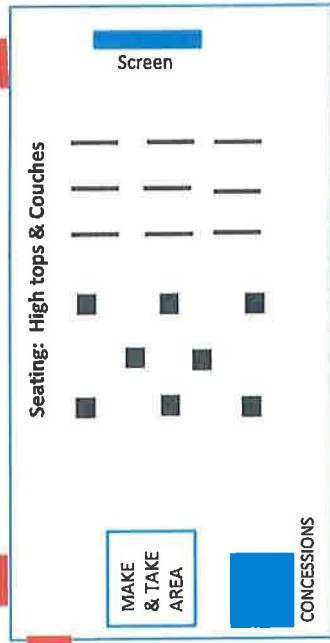
Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: FEBRUARY FLICKS Event
Date: FEB 8, 15, 22, 29

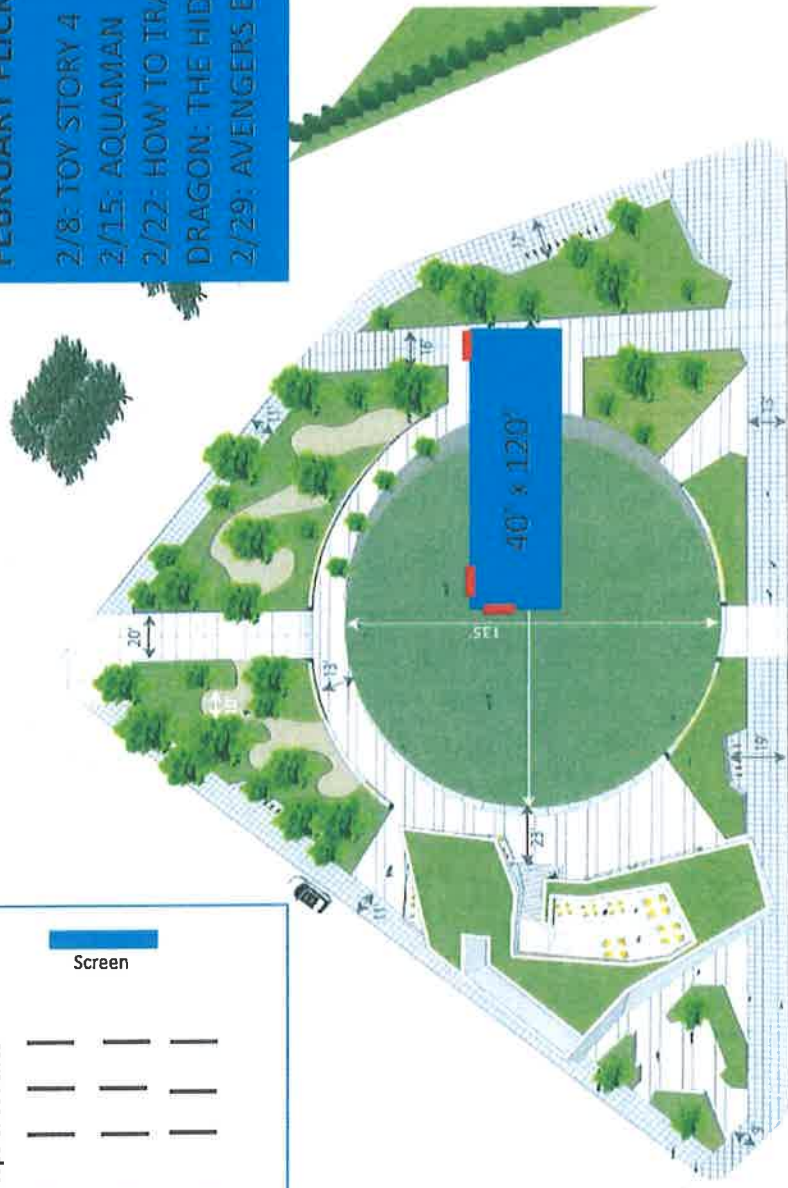
Event Organizer:
DDP

Applicant Signature: HBad
Date: 1/6/20

Tent Floor Plan:



FEBRUARY FLICKS – 1P & 4P:
 2/8: TOY STORY 4
 2/15: AQUAMAN
 2/22: HOW TO TRAIN YOUR DRAGON: THE HIDDEN WORLD
 2/29: AVENGERS END GAME



BEACON PARK

Sponsored by **DTE** Beacon Park Foundation



FEBRUARY FLICKS AT BEACON PARK

SATURDAYS AT 1 P.M. AND 4 P.M.
INSIDE THE HEATED TENT



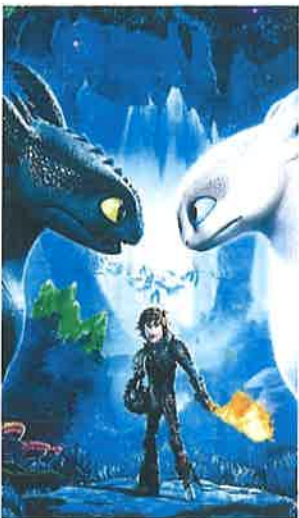
FEB
8

**Toy
Story 4**
(PG)



FEB
15

Aquaman
(PG-13)



FEB
22

**How to Train
Your Dragon:
The Hidden
World**
(PG)



FEB
29

**Avengers
Endgame**
(PG-13)

Programmed by



DOWNTOWN
DETROIT
PARTNERSHIP
Parks + Public Spaces

FOR FULL SCHEDULE OF FREE EVENTS VISIT
DTEBeaconPark.com