

*Formal Session Agenda*

*2-18-20*

*Referrals*

**NEIGHBORHOOD  
AND COMMUNITY  
SERVICES  
STANDING  
COMMITTEE**

10

## MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1179 Event Name: Beacon Park March & April Events

Event Date : March 14 - May 24, 2020

Street Closure: None

Organization Name: Downtown Detroit Partnership

Street Address: 1 Campu Martius Detroit, MI 48226

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

Event Elements (check all that apply):

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

☒ **24-Hour Liquor License**

### Petition Communications (include date/time)

The Downtown Detroit Partnership will host their annual park programming at Beacon Park located at 1903 Grand River to include Family Fun Day, Tiger & NCAA watch parties, film festivals, interactive art and more during normal park hours.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention; Contracted with Eagle Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Tent Inspections
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required for Food Trucks

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	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 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. Fisher

Date: 2-6-2020

Janice M. Winfrey  
City Clerk

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

Andre P. Gilbert II  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Friday, January 31, 2020*

*To: The Department or Commission Listed Below*

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

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

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

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

**1179**    *Downtown Detroit Partnership, request to hold "Beacon Park March and April Events" at Beacon Park on various days from March 14, 2020 through May 24, 2020*

3/14 - 5/24, 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 MARCH AND APRIL EVENTS

Event Location: BEACON PARK

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.ORG

Applicant Name: HEATHER BADRAK

Business Phone: 313-715-9944

Cell Phone: 313-715-9944

Email: HBADRAK@DETROIT300.ORG

Event On-Site Contact Person:

Name: DAVID COWAN

Business Phone: 734-377-3472

Cell Phone: 734-377-3472

Email: david.cowan@downtowndetroit.org

Event Elements (check all that apply)

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

Projected Number of Attendees: Varies daily

Please provide a brief description of your event:

Family Fun Days, NCAA and Tiger's Opening Day Watch Parties, Downtown Street Eats, Freep Film Festival, Parkcade and Los Tompos Interactive Art and the 40' x 120' Tent open daily. See attachment for more detail.

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

Begin Set-up Date 03/01/20 Time: 8:00a Complete Set-up Date: 03/01/20 Time: 5:00p

Event Start Date: 3/14/20 Time: 1:00p Event End Date: 5/24/20 Time: 5:00p

Begin Tearing Down Date: 5/25/20 Complete Tear Down Date: 5/25/20

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

• 3/14, St. Patrick's Day, 1p - 5p, • 3/16 - 4/6, NCAA Watch Parties, TBD, • 3/30, Tiger's Opening Day, 11a - 6p, • 4/11, Easter Family Fun Day, 1p - 5p, • 4/17 - 10/10, Downtown Street Eats, 11a - 2p, • 4/22 - 4/26, FREEP, Film Festival, Times TBD (Ticketed Event), • 4/29 - 5/24, Parkcade, Daily except closed Mondays. Tent reduces to 40' x 60', • 4/29 - 5/24, Los Trompos Interactive Art, Daily, On lawn

**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 Facility

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

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

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

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

**FAMILY FRIENDLY FUN**

Will a sound system be used? ☒ Yes ☐ No

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

Describe specific power needs for entertainment and/or music:

**HOUSE POWER**

How many generators will be used? 0

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:

Concessions by Lumen and Food Trucks  
FREEP Film Festival will sell tickets and merchandise

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: EAGLE SECURITY

Contact Person: MATT WARNER

Address: 500 GRISWOLD

Phone: 734-306-4871

City/State/Zip:

DETROIT, MI 48226

Number of Private Security Personnel Hired Per Shift:

VARIES BY EVENT - SEE ATTACHED

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

☐ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

DOWNTOWN DETROIT PARKS WEBSITE SHOWS PARKING OPTIONS

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
**POSITIVE IMPACT - FREE 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) CURRENT TENT	40 X 120 REDUCES TO 40 X 60 ON 4/28
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 & AFFIDAVIT OF APPLICANT

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

  
Digitally signed by Heather Badrak

01/10/2020

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: MARCH AND APRIL BEACON PARK EVENTS  
Date: 3/1 - 5/24

Event

Event Organizer:  
DOWNTOWN DETROIT PARTNERSHIP

Applicant Signature:

  
Digitally signed by Heather Badrak

Date: 01/10/2020



## MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1182 Event Name: 97.1 The Ticket Tigers Opening Day Block Party

Event Date : March 30, 2020

Street Closure: None

Organization Name: Entercom Michigan

Street Address: 26455 American Drive Southfield, MI

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

Event Elements (check all that apply):

- |                                    |  |  |  |
|------------------------------------|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus       | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon        |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony    | <input type="checkbox"/> Political Ceremony  | <input 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"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____        |  |
- ☒ **24-Hour Liquor License**

### Petition Communications (include date/time)

Entercom will host their annual Tiger's Opening Day Block Party at Grand Circus Park (East & West) from 9:00am - 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; Private Security Company Pending Approval
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Private EMS Company Pending Approval
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No 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"/>	Bike Racks 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, Staging, Bleachers & 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"/>	Purchase of Parking Meters & No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: B. Lushin

Date: 2-6-2020

Janice M. Winfrey  
City Clerk

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

Andre P. Gilbert II  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Friday, January 31, 2020*

*To: The Department or Commission Listed Below*

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

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

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

---

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

**1182**    *Entercom Michigan, request to hold "97.1 The Ticket Tigers Openin Day Block Party" at Grand Circus Park East and est on March 30, 2020 from 9:00 AM to 8:00 PM*

3-30-2020

## 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: 97.1 The Ticket Tigers Opening Day Block Party

Event Location: Grand Circus Park East and West

Is this going to be an annual event? Yes

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Entercom Michigan

Organization Mailing Address: 26455 American Drive

Business Phone: 248-327-2900

Business Website: 971TheTicket.com

Applicant Name: Todd Redden

Business Phone: 248-327-2930

Cell Phone:

Email: todd.redden@entercom.com

Event On-Site Contact Person:

Phil Talbert 313-478-3722 ptalbert66@comcast.net

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: _____        |

Please provide a brief description of your event:

Celebration of the annual Tigers Opening Day with free entertainment, activities and fun for the entire family.

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

Begin Set-up Date : 3/28/20

Time: 7:00am

Complete Set-up Date: 3/30/20

Time: 9:00am

Event Start Date 3/30/20:

Time: 9:00am

Event End Date: 3/30/20

Time: 8:00pm

Begin Tearing Down Date: 3/30/20

Complete Tear Down Date: 3/31/20

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

9:00 am – 8:00pm With a rain date of March 31st same times

### Section 3- LOCATION/SITE INFORMATION

Location of Event: Grand Circus Park East and West

Facilities to be used (circle):

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:

Local cover band and DJ's

Will a sound system be used?

Yes

If yes, what type of sound system? Amplified within event area

Describe specific power needs for entertainment and/or music: Generators,

How many generators will be used? 4



How will the generators be fueled? Gas

**Name of vendor providing generators:**

Contact Person: TBD

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

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

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

### Section 5- SALES INFORMATION

Will there be advanced ticket sales?

If yes, please describe: No

Will there be on-site ticket sales? No

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

Will there be vending or sales?

If yes, check all that apply:

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

Indicate type of items to be sold: Standard festival food, merchandise, beer, wine.

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: TBD

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

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

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

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

Number of Private Security Personnel Hired Per Shift: 28

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

☒ Licensed

☐ Armed

☒ Bonded

How will you advise attendees of parking options? Through media partners Print Broadcast and Radio

### Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

No anticipated impact on pedestrian traffic, sound within event areas.

Have local neighborhood groups/businesses approved your event? YES

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

Surrounding business will be notified and invited to attend event

### 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)	15	
Canopy (open on all sides)	TBD	
Staging/Scaffolding	2	
Bleachers	-0	

### Section 9- COMPLETE ALL THAT APPLY

Emergency medical services? TBD

Contact Person:

Address:

City/State/Zip:

Name of company providing port-a-johns. TBD

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? TBD

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**

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## AUTHORIZATION & AFFIDAVIT OF APPLICANT

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

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: 97.1 The Ticket Tigers Opening Day Block Party

Event Date: March 30, 2020

Event Organizer: Entercom Michigan

Applicant Signature:

Date:



*City of Detroit*

CITY CLERK 2020 FEB 12 PM 3:05

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**GABE LELAND**  
COUNCIL MEMBER

## MEMORANDUM

**TO:** Brad Dick, Director  
Department of Parks and Recreation

**THRU:** Council Member Scott Benson, Chairperson  
Public Health and Safety Standing Committee

**FROM:** Gabe Leland  
Councilmember District 7

**DATE:** February 11, 2020

**RE:** Soccer Field at Rouge Park

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Can you assist us by investigating and sending us your findings as to why the scheduled completion of the soccer field (North of Joy Rd. and East of Spinoza Dr.) at Rouge Park was extended from the fall of 2019 to the spring of 2020?

Constituents have called to share that they are unable to use certain parts of the park as a result of its incomplection.

Thank you in advance for an update.

**cc:** Honorable Colleagues  
Stephanie Washington / Gail Fulton, Mayor's Liaisons  
Janice Winfrey, City Clerk

gl:ld/ab