New Baperess Agenda

NEW

BUSINESS

TAKEN FROM THE TABLE

Council Member CASTANEDA-LOPEZ moved to take from the table an ordinance to amend Chapter 23 of the 2019 Detroit City Code, Human Rights, by amending Article VIII, Biased Based Policing and Solicitation of Immigration Status, to be renamed Unbiased Provision of City Services, and by amending Section 23-8-1, Statement of purpose, Section 23-8-2, Definitions, Section 23-8-3, Violations and penalties, Section 23-8-4, Biased-based policing by public servants who are police officers, on the basis of appearance, English language proficiency, ethnicity, immigration status, manner of dress, national origin, perceived national origin, age, height, weight, familial status, marital status, disability, physical characteristics, race color, religious beliefs, sexual orientation, gender identity or expression prohibited; exceptions, Section 23-8-6, Solicitation of immigration status by public servants who are not police officers prohibited: exceptions, Section 23-8-7, Implementation of article, and Section 23-8-8, Reporting requirements. Laid on the table February 11, 2020. (SIX (6) VOTES REQUIRED AND SHALL BE GIVEN IMMEDIATE EFFECT AND SHALL BECOME EFFECTIVE UPON PUBLICATION) ROLL CALL.

The Ordinance was then placed on the order of third reading.

THIRD READING OF ORDINANCE.

The title to the Ordinance was read a third time.

The ordinance was then read.

The question being "Shall this Ordinance Now Pass?"

The Ordinance was passed, a majority of the Council Members present voting therefore as follows:



DENIED

N/A

CANCELED

OVERALL STATUS (please circle):

APPROVED

| Petition #: | Petition #: 1178 Event Name: Climate Leadership Conference Activation | | | | | |
|-------------------------|---|--------------|--------------------|-------------|---|--|
| Event Date | March 4 | - 6, 2 | 020 | | | |
| Street Clos | sure: None | | | | | |
| Organizati | on Name: The | Clim | ate Registr | / | | |
| Street Add | lress: 600 Wi | Ishire | Boulevard | Los An | igeles, CA 90017 | |
| Receipt da | ite of the COMPI | ETED | Special Events A | pplication: | | |
| Due date f | y Clerk's Depart or City Departme | ents rep | orts: | nunication: | | |
| Due date f | or the Coordinat | ors Rep | ort to City Clerk: | | | |
| Event Eler | nents (check all | that app | ly): | | | |
| Walkatl | non C | arnival/ | Circus [| Concer | rt/Performance Run/Marathon | |
| Bike Ra | ace R | eligious | Ceremony [| Politica | al Ceremony Festival | |
| Filming | P | arade | [| | Recreation Rally/Demonstration | |
| Firewor | ks 🗸 C | onventi | on/Conference [| Other: | Car Activation | |
| 24-Hou | r Liquor Licens | е | | | | |
| | | | | | | |
| The Clima | to Loadorchin (| | tition Communi | | · | |
| Washingto | n Boulevard ar | nd will p | lace an electric | : Audi on t | the Westin Book Cadillac located at 1114 the sidewalk during the duration of their | |
| event in a | 11x25 space. | | | | | |
| | | | | | | |
| | ** ALL_perm | | | | be fulfilled for an approval status ** | |
| Date | Department | N/A | APPROVED | DENIED | Additional Comments | |
| | DPD | П | \checkmark | П | Downtown Services will provide Special Attention | |
| | | 1-1 | | 1 - 1 | | |
| | DFD/ | | \checkmark | | No Permits Required | |
| | EMS | | | | | |
| DPW ROW Permit Required | | | | | | |
| | 2 | | \checkmark | | | |
| | Health Dept. | \checkmark | | | No Jurisdiction | |
| State State Sand | 0.0 | 4 9 | | | | |

| MAYOR'S OFFICE | |
|-----------------------|--|
| Signature: 13. Lusher | |
| Date: 2-le-2020 | |

City of Detroit

Janice M. Winfrey City Clerk

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

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 BUILDINGS SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

The Climate Registry, request to hold "Climate Leadership Conference" on March 4-6, 2020 from 7:00 AM to 6:00 PM each day at the Westin Book Cadillac, 1114 Washington Blvd. with temporary closure of the sidewalk at the corner of Washington and Michigan.

3-4-2020

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.

| Sec | tion 1- GENERAL EVEN | LINFORMATION | | | | |
|---|-----------------------------|---|--|--|--|--|
| Event Name: Climate Leadership C | Conference | | | | | |
| Event Location: Westin Book Cadilla | ac Detroit, 1114 Washingto | n Blvd, Detroit, MI 48226 | | | | |
| Is this going to be an annual event? Yes No | | | | | | |
| Section 2- | ORGANIZATION/APPL | ICANT INFORMATION | | | | |
| Organization Name: The Climate Reg | gistry | | | | | |
| Organization Mailing Address: 600 Wils | hire Blvd, Los Angeles, CA | 90017 | | | | |
| Business Phone: 213-213-1258 | Business Website: W | ww.theclimateregistry.org | | | | |
| | | | | | | |
| Applicant Name: Alexandra Lilienfel | d | | | | | |
| Business Phone: 213-213-1258 | 818-521-1049 Cell Phone: | alilienfeld@theclimateregistry.org <u>Email:</u> | | | | |
| Event On-Site Contact Person: | | | | | | |
| Name: Alexandra Lilienfeld | | | | | | |
| Business Phone: 213-213-1258 | Cell Phone: 818-521-1049 | Email: alilienfeld@theclimateregistry.org | | | | |
| 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: | | | | |
| 400 | | | | | | |
| Projected Number of Attendees: 400 | | | | | | |
| Please provide a brief description of your event: The annual Climate Leadership Conference is North America's premier event dedicated to addressing the climate crisis through policy, innovation, and business solutions. The conference is taking place in Detroit at the Westin Book Cadillac this year to bring together forward-thinking leaders from business, government, academia, and the non-profit community to explore energy and climate solutions and opportunities, and to showcase climate leadership. | | | | | | |

| What are the projected set-up, or | event and tear do | wn dates and tim | es (must be completed)? | |
|--|--|--|---|------------------------|
| Begin Set-up Date March 4, | Time: 6:00am | Complete Set-up I | Date:March 4, 2020 | Time:7:00am |
| Event Start Date:March 4, 2020 |) Time:7:00am | Event End Date: N | larch 6, 2020 | Time:3:00pm |
| Begin Tearing Down Date:March | 6, 2020 | Complete Tear Do | wn Date:March 6, 2020 |) |
| Event Times (If more than one day, g 7:00am - 6:00pm each day | ve times for each da . On March 5, | y): we also host a | nd awards dinner fro | om 7:00pm-9:30pm. |
| | | | | |
| Location of Event: Westin Book | | CATION/SIT | E INFORMATION | |
| Facilities to be use(Check) Streen | | Sidewalk 🗸 | Park | City |
| Please attach a copy of Port-a-John, S anticipated layout of your event inclu- | anitation, and Emerging the following: | gency Medical Agree | ements as well as a site plan | which illustrates the |
| -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 | | -Lo -Pr -Lo -Sk -Lo -Lo | ocation of First Aid ocation of fire lane oposed route for walk/run ocation of tents and canopies tetch of street closure ocation of bleachers ocation of press area tetch of proposed light pole b | |
| You will be pro | | | | n submitting this form |
| Describe the entertainment for this ye | | on 4- ENTERI | LAINMENT | |
| n/a | | | | |
| Will a sound system be used? | Yes No | | | |
| If yes, what type of sound system? | | | | |
| Describe specific power needs for enter | ertainment and/or mu | isic: | | |
| n/a | | | | |
| How many generators will be used? | /a | | | |
| How will the generators be fueled? | | | | |

| Name of vendor providing generators: | |
|---|-------------------------|
| Contact Person: n/a | |
| | |
| Address: | Phone: |
| City/State/Zip | |
| | |
| Section 5- SALES INFOI | RMATION |
| Will there be advanced ticket sales? | |
| Will there be on-site ticket sales? | |
| Will there be vending or sales? | |
| [] Food [] Merchandise [] Non-Alcoholic Beverages | [] Alcoholic Beverages |
| Indicate type of items to be sold: | |
| | |
| | |
| Continue Diditio Carrery o Babra | DIG INCODA LATION |
| Section 6- PUBLIC SAFETY & PARKI Name of Private Security Company It will be covered by Westin Book (| |
| Contact Person: Meredith Hackett | sadillae Security |
| Address:1114 Washington Blvd | Phono 212 442 1620 |
| Address.TTT4 Washington bivd | Phone:313,442,1628 |
| City/State/Zip: Detroit, MI 48226 | |
| Number of Private Security Personnel Hired Per Shift: | |
| Are the private security personnel (check all that apply): | , |
| [] Licensed [] Armed | [] Bonded |
| | |

How will you advise attendees of parking options?

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? The proposed display will be exclusively on the sidewalk and will not disrupt any car traffic. There is no amplified sound.

Have local neighborhood groups/businesses approved your event?

| Yes | No |
|-----|----|
| | |

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

My colleagues and I have visited the Westin Book Cadillac Detroit twice since June 2019 and have a great working relationship with the hotel. We have also engaged with a variety of local entities via phone, email and in-person meetings as Supporting Partners of the conference.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

How Many?

Size/Height

Booth

n/a

Tents (enclosed on 3 sides)

n/a

Canopy (open on all sides)

n/a

Staging/Scaffolding

n/a

Bleachers

n/a

| Section 9- CO | MPLETE 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 c | | |
|---|-------------------|-----------|
| STREET NAME: Washington Blvd - only | on the sidewalk | <u>.</u> |
| $_{\mbox{FROM:}}$ On the corner at Michigan Ave | TO: | |
| CLOSURE DATES: 03/04/2020 | BEG TIME: 07:00am | END TIME: |
| REOPEN DATE: 03/06/2020 at 3:00pm | TIME: | |
| STREET NAME: | | |
| FROM: | | - |
| 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

This proposal is for an Audi installation featuring a car on the sidewalk in front of the Westin Book Cadillac Hotel as part of the Climate Leadership Conference. In a 11'x25' space at the corner of Washington Blvd and Michigan Ave, we will invite people to explore the all electric Audi e-tron SUV to educate them on the world of electric vehicles. There is a high importance on sustainability and working toward a green future, so as part of the program, Audi will be donating to four environmental charities

WHAT:

- (1) static car for education piece
- (1) Amazon Home Service EV Charger

HOW:

Our team will be educating consumers on the technology and landscape of EVs.

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.

| | ADEQUACION DE RESERVE DE L'ANNE |
|----|---|
| CA | lexandra L'Ilienfeld |
| _ | Annual William Company of the State of the Company |

12/30/2019

Signature of Applicant

Date

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

HOLD HARMLESS AND INDEMNIFICATION

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

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

| Event Name: Climate Date: March 4-6, 2020 | Event | |
|---|--|--|
| Event Organizer: The Climate Registry | & C2ES | |
| Applicant Signature: Date: 12/30/2019 | CAlexandra Littlenfeld Lag. 6778412000000000000000000000000000000000000 | |





| OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED | | | | | | | |
|---|--|----------------------|-------------------------|-------------|---|--|--|
| Petition #: 1180 Event Name: Downtown Street Eats Food Truck Program | | | | | | | |
| Event Date | Event Date: March 17 - December 31, 2020 | | | | | | |
| Street Clo | sure: None | | | | | | |
| Organizati | on Name: Dow | ntow | n Detroit Pa | artnersh | ip | | |
| Street Add | _{lress:} 1 Cam | ous M | lartius Detr | oit, MI 4 | 8226 | | |
| Date of Cit Due date f | ate of the COMPL by Clerk's Depart or City Department or the Coordinate | mental l ents rep | Reference Comn orts: | | | | |
| Event Eler | nents (check all t | hat app | ly): | | | | |
| Walkat | hon C | arnival/(| Circus | Concer | t/Performance Run/Marathon | | |
| Bike Ra | ace R | eligious | Ceremony [| Politica | l Ceremony Festival | | |
| Filming | P | arade | [| Sports/ | Recreation Rally/Demonstration | | |
| Firewor | Fireworks Convention/Conference Other: 2020 Parks Programming | | | | | | |
| 24-Hour Liquor License | | | | | | | |
| | | | | | | | |
| Petition Communications (include date/time) The Downtown Detroit Partnership will program Cadillac Square, Beacon Park, Spirit Plaza, The Esplanade, Capitol Park and Grand Circus Park with Detroit based food trucks from 11:00am - 2:00pm daily and flexible weekend & event hours. | | | | | | | |
| | ** <u>ALL</u> _perm | its and i | icense requirem | ents must b | e fulfilled for an approval status ** | | |
| Date | Department | N/A | APPROVED | DENIED | Additional Comments | | |
| | DPD | | ✓ | | DPD will Provide Special Attention; Contracted with Eagle Security to Provide Private Security Services | | |
| | DFD/ EMS Pending Fire Inspections of Food Trucks | | | | | | |
| | DPW | | \checkmark | | No Permit Required | | |

FEB 2 4 2020 MTVB RM Q-D

Health Dept.

7 PLENE 2020 元B 1.D sw2v5c

Temporary Food License Required

| Date | Department | N/A | APPROVED | DENIED | Additional Comments | |
|--------------------------------------|----------------------|-----|--------------|--------|---|--|
| | TED | | \checkmark | | No Barricades Required | |
| | Recreation | | V | | Application Received & Approved as Presented | |
| | Bldg & Safety | | \checkmark | | No Permits Required | |
| | Bus. License | | ✓ | | Vendors License Required | |
| | Mayor's Office | | \checkmark | | All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event. | |
| | Municipal Parking | | ✓ | | No Purchase of Parking Meters Required | |
| | DDOT | | \checkmark | | No Impact on Buses | |
| MAYOR'S OFFICE Signature: 18. Jusher | | | | | | |

| Signature: B. Lusher | |
|----------------------|--|
| 2 1 0000 | |

Date: 2-6-2020

City of Detroit

Janice M. Winfrey City Clerk

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

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.

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

Downtown Detroit Partnership, request to hold "Downtown Street Eats Food Truck Program" in Downtown parks and other public spaces managed by DDP on Monday - Friday from March 17, 2020 to December 31, 2020 beginning at 11:00 AM with various end times each day.

3/17-12/31, 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.

| Sec | ction 1- GENERAL EVEN | TINFORMATION |
|---|-------------------------------|---|
| Event Name: DOWNTOWN STREET | | |
| Event Location: DOWNTOWN PARK | | |
| Even Cacanoni, | | |
| Is this going to be an annual event? | Yes No | |
| Section 2- | - ORGANIZATION/APPL | ICANT INFORMATION |
| Organization Name: DOWNTOWN DI | | |
| Organization Mailing Address: 1 CAMP | | |
| | _ | ACMANITOMAN DE TROUTDA DICC. COM |
| Business Phone: 313-715-9944 | Business Website: L | OWNTOWNDETROITPARKS.COM |
| _Applicant Name: HEATHER BADRAK | < | |
| 313-715-9944 Business Phone: | 313-715-9944 Cell Phone: | HBADRAK@DETROIT300.ORG |
| Event On-Site Contact Person: | Cen rhone. | Email. |
| Name: NDIDIKA VERNON | | |
| Business Phone: 313-314-2710 | Call Phone: 313-715-9944 | |
| | Cell Phone: 313-715-9944 | Email: downtownstreeteats@downtowndetroit.c |
| 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: 2020 Parks Program |
| n vari | es daily 100 - 2500 | |
| Projected Number of Attendees: Vari | | |
| Please provide a brief description of the | | rship that provides affordable food and |
| beverage options. | - Domitomi Decivit i di tilei | and the provides and dable 1000 and |
| | | |
| | | |

| Begin Set-up Date DAILY | Time: VARIES | Complete Set-up Da | nte: DAILY | Time:VARIES |
|--|------------------------|---------------------|---|---------------------------------------|
| Event Start Date:3/17/20 | Time:11A | Event End Date: 12 | 2/31/20 | Time:VARIES |
| Begin Tearing Down Date:DAIL | Y | Complete Tear Dov | n Date:DAILY | |
| Event Times (If more than one day | give times for each da | av): | | |
| Monday - Friday, 11a - 2r | , all locations, F | lexible scheduli | ng for events, wee | ekends and evening hours. |
| | | | | |
| | | | INFORMATION | |
| Location of Event: Cadillac So | ., Beacon Park, | Spirit Plaza, Es | olanade, Capitol P | ark, Grand Circus |
| Facilities to be use (Check) S Facility | treet | Sidewalk | Park 🥒 | City |
| Please attach a copy of Port-a-John anticipated layout of your event in | | gency Medical Agree | ments as well as a site pla | an which illustrates the |
| -Public entrance and exit | | | cation of First Aid | |
| -Location of merchandising booth -Location of food booths | s | -Pro | cation of fire lane posed route for walk/run | |
| -Location of garbage receptacles -Location of beverage booths | | -Sk | cation of tents and canop etch of street closure | ies |
| -Location of sound stages -Location of hand washing sinks | | | cation of bleachers cation of press area | |
| -Location of portable restrooms | aromated to u | | etch of proposed light pol | e banners oon submitting this form |
| rou will be p | | on 4- ENTERT | | on submitting this form |
| Describe the entertainment for this | | | | |
| | • | | | |
| Kickoff of program begin | s on March 17 w | ith a St. Patrick | 's Day theme. Pot | tentially a DJ for kickoff event |
| Will a sound system be used? | Yes No | | | |
| If yes, what type of sound system? | amplified sound | for kickoff ever | it only | |
| Describe specific power needs for | | | | |
| House power | | | | |
| How many generators will be used | ? None | | | |
| How will the generators be fueled? | | | | |
| .tow will the generators be fucted? | | | | |

| Name of vendor providing generators: | | | |
|---|-------------------------|-------------------------|--|
| Contact Person: | | | |
| Address: | | Phone: | |
| | | | |
| City/State/Zip | | | |
| | | | |
| | Section 5- SALES INFO | DRMATION | |
| Will there be advanced ticket sales? | s No | | |
| Will there be on-site ticket sales? | es No | | |
| Will there be vending or sales? If yes, check all that apply: | r'es 🗆 No | | |
| Food [] Merchandise | Non-Alcoholic Beverages | [] Alcoholic Beverages | |
| Indicate type of items to be sold: | | | |
| food and non-alcoholic beverages | | | |
| | | | |
| | Company with a little | | |
| | | KING INFORMATION | |
| Name of Private Security Company Eagle Se | curity | | |
| Contact Person: Matt Warner | | | |
| Address:500 Griswold | | Phone:734-306-4871 | |
| City/State/Zip: Detroit. MI 48226 | | | |
| Number of Private Security Personnel Hired Peraries by location | Shift: | | |
| Are the private security personnel (check all that | apply): | | |
| [] Licensed | [] Armed | [] Bonded | |
| | | | |

How will you advise attendees of parking options? Website shows Downtown parking options

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

Downtown Street Eats continues to attract new and mainstay food trucks and local restaurant pop-ups and entrepreneurs to provide an increasing variety of quick food options for residents, employees and tourists.

Have local neighborhood groups/businesses approved your event?

Yes \square No

Indicate what steps you have or will take to notify them of your event: DDP's small business initiatives and regularly occurring BIZ connect

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 ALI | L 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 prope | | |
|-------------------------------------|-----------|---------------|
| STREET NAME: | | |
| FROM: | TO: | |
| CLOSURE DATES: | BEG TIME: | END TIME: |
| REOPEN DATE: | TIME: | |
| STREET NAME: | | |
| | | : |
| CLOSURE DATES: | BEG TIME: | END TIME: |
| REOPEN DATE: | TIME: | |
| STREET NAME- | | |
| | | |
| CLOSURE DATES: | BEG TIME: | END TIME; |
| REOPEN DATE: | TIME: | |
| STREET NAME: | | |
| | | |
| CLOSURE DATES: | BEG TIME: | END TIME: |
| REOPEN DATE: | TIME: | |
| STREET NAME: | | |
| | | |
| 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.

| 9 | leather Badrak |
|---|---------------------------------------|
| | 104 + 2014-101001010174-12(34-233076) |

01/14/2020

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: DOWNTO | Event | |
|---------------------------------------|----------------|--|
| Event Organizer: DOWNTOWN DETROIT | PARTNERSHIP | |
| Applicant Signature: Date: 01/14/2020 | Heather Badrak | |

MAYOR'S OFFICE COORDINATORS REPORT

| MEN | |
|-----|---|
| NA | |
| | 1 |

| OVERAL | .L STATUS (pl | ease c | ircle): ✓ <u>AP</u> | PROVED | | DENIED | | <u>N/A</u> | | CANCELED |
|--|-----------------------------------|-----------|------------------------------------|--------------|----------------|--------------|---------|-----------------------------|-------|----------------|
| Petition #: 1181 Event Name: Corktown Paddy's Parade Party | | | | | | | | | | |
| Event Date: March 15, 2020 | | | | | | | | | | |
| | None | | | | | | | | | |
| | | Hom | e Team Gro | A & auc | nne | x Grour | | | | |
| | | | | | | 7 O. Gup | | | | |
| Street Add | ress: 40 Ade | laide | Detroit, MI | 70201 | | | | | | |
| | | | Special Events A Reference Comm | | | | | | | |
| Due date fo | or City Departme | nts repo | orts: | idilication, | | | | | | |
| Due date for | or the Coordinate | ors Rep | ort to City Clerk: | | | | | | | |
| Event Elem | nents (check all t | hat app | ly): | | | | | | | |
| Walkath | non C | arnival/0 | Circus | Concer | t/Pe rf | ormance | | Run/Ma | arath | ion |
| ☐ Bike Ra | ce \square | eliaious | Ceremony [| Politica | l Cere | emony | H | Festival | | |
| | | - | | _ | | | | | | |
| Filming | | arade | L | Sports/ | | | | Rally/De | emo | nstration |
| Firework | ks C | onventio | on/Conference | ✓ Other: _ | 1611 | t Party | | | | |
| X 24-Hou | r Liquor Licens | e | | | | | | | | |
| | | | | | | | | | | |
| | | | tition Communic | | | | | | | |
| | own Paddy's Pa om 9:00am - 7:0 | | arty will erect a | tent in the | e park | king lot adj | jacen | t to 202 | :4 N | lichigan |
| / 1701140 110 | 7.0 | opiii. | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Date | ** <u>ALL</u> _perm Department | its and i | icense requireme | ents must b | e fulf | | | <i>val statเ</i> al Comr | | |
| | • | | | | DPE |) will Provi | ide Sı | pecial A | \tter | ntion; Private |
| | DPD | | \checkmark | | | urity Comp | | | | |
| | | | | | | | | | | |
| | DFD/ | | √ | | Pen | ding Inspe | ection | S | | |
| | EMS | , | | | | | | | | |
| | | | | | | V Permit F | | | Alle | y Closure |
| | DPW | | ✓ | | Adja | icent to Bu | ıilding | j | | |
| | Health Dept. | | 1 | | Tor | nnorary | Foor | d Lice | ne. | Required |

| Date | Department | N/A | APPROVED | DENIED | Additional Comments |
|--------------------|----------------------|----------|--------------|--------|---|
| | TED | | V | | Bike Racks Required |
| | Recreation | ✓ | | | No Jurisdiction |
| | Bldg & Safety | | V | | Permits Required for Tents, Generators & Heaters |
| | Bus. License | | ✓ | | Vendors License & Liquor License Required |
| | Mayor's Office | | \checkmark | | All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event. |
| | Municipal Parking | ✓ | | | No Jurisdiction |
| | DDOT | | V | | No Impact on Buses |
| MAYOR'S Signature: | | ei | | | |

| Signature: | B. | Lisher | | | |
|------------|----|--------|--|--|--|
| | | | | | |

Date: 2-6-2020

City of Detroit

Janice M. Winfrey City Clerk

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

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

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

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

The Home Team Group & The Annex Group, request to hold "Corktown Paddy's Parade Party" at 2024 Michigan Ave on March 15, 2020 from 9:00 AM to 7:00 PM.

3-15-2020

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: Corktown Paddy's Parade Party | | | | |
| Event Location: 2024 Michigan Ave | enue, Detroit, MI 48216 - Pa | arking Lot | | |
| Is this going to be an annual event? | Yes 🗆 No | | | |
| | ORGANIZATION/APPL | | | |
| Organization Name: The Home Tear | m Group (non-profit) & The | Annex Group | | |
| Organization Mailing Address: 48 Adel | aide, Detroit, MI 48201 | | | |
| Business Phone: 248.219.4941 | Business Website: V | ww.the home team group.org | | |
| | | | | |
| Applicant Name: Andrus McDonald | | | | |
| 248.219.4941 <u>Business Phone:</u> | Cell Phone: 248.219.4941 | andrusm@me.com Email: | | |
| Event On-Site Contact Person: | | | | |
| Name:Andrus McDonaid | | | | |
| Business Phone: 248-219-4941 | Cell Phone: 248.219.4941 | Email: andrusm@me.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: Tent Party | | |
| Projected Number of Attendees: 800 - 1000 | | | | |
| Please provide a brief description of your event: Annual event held on the day of the Corktown St. Patrick's Day Parade - this is our 7th or maybe 8th year hosting this event. We have permission from the parade organizers to host this event and we donate a portion of the property to the organizers for parking and administration. We have hosted the event at this particular location for the past 5 years - I believe. Maybe 4 years. | | | | |

| What are the projected set-up, | event and tear do | own dates and times (must b | e completed)? | | | |
|--|---|--|---|-------------------|--|--|
| Begin Set-up Date March 11, | Time:9 a.m | Complete Set-up Date: 03/15 | 5/2020 T in | ne:9 a.m. | | |
| Event Start Date: March 15, | Time9 a.m | Event End Date: March 15, | 2020 Tin | e:7 p.m. (Dusk) | | |
| Begin Tearing Down Date:March | Begin Tearing Down Date:March 15, 2020 Complete Tear Down Date:March 19, 2020 | | | | | |
| Event Times (If more than one day, g 9 a.m. to 7 p.m. (or earlier | ive times for each d , depending o | ^{ay):} n day light) | | | | |
| | | | | | | |
| | Section 3- LC | OCATION/SITE INFOR | RMATION | | | |
| Location of Event: 2024 Michiga | an Avenue, De | etroit 48216 - Parking Lo | ot | | | |
| Facilities to be use (Check) Stree Facility | eet | Sidewalk | Park | City 🗸 | | |
| Please attach a copy of Port-a-John, S anticipated layout of your event inclu | | rgency Medical Agreements as we | ell as a site plan whic | h illustrates the | | |
| -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 Fine -Location of fine -Location of tee -Sketch of street -Location of blocation of blocation of blocation of street -Location -Locat | e lanc e for walk/run nts and canopies et closure | | | |
| -Location of hand washing sinks -Location of portable restrooms | | -Location of pr | ess area osed light pole banne | are. | | |
| · | ompted to ι | ıpload these attachn | | | | |
| | Sect | ion 4- ENTERTAINME | NT | | | |
| Describe the entertainment for this ye | ear's event: | | | | | |
| | | | | | | |
| DJ and Live Irish Bands | | | | | | |
| Will a sound system be used? | Yes 🗆 No | | | | | |
| If yes, what type of sound system? Amplified speakers | | | | | | |
| Describe specific power needs for ent | | | | | | |
| | | | | | | |
| Large Generator | | | | | | |
| How many generators will be used? | One | | | | | |
| How will the generators be fueled? | | | | | | |

| Name of vendor providing generators: |
|--|
| Contact Person: TBD |
| Address |
| 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 \Box No If yes, list price(s): |
| Will there be vending or sales? If yes, check all that apply: Yes No |
| [Food |
| Indicate type of items to be sold: |
| T-shirts/Hats Food Concessions Alcoholic and Non-Alcoholic Beverages |
| 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: |
| Are the private security personnel (check all that apply): |
| [] Armed [] Bonded |
| |

How will you advise attendees of parking options? There is plentiful street parking and we secure the use of a small parking lot across the street from the location for staff parking and overflow parking.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? We are part of the larger parade festival

Have local neighborhood groups/businesses approved your event?

☐ No

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

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

How Many?

Size/Height

Booth

0 3

Tents (enclosed on 3 sides)

TBD

Canopy (open on all sides) 2

TBD

Staging/Scaffolding

0

0 Bleachers

| Section 9- 0 | COMPLETE ALL THAT APPLY | |
|---|-------------------------|--|
| Emergency medical services? | | |
| Contact Person: TBD | | |
| Address: | | |
| City/State/Zip: | | |
| Name of company providing port-a-johns. TBD | | |
| 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 f | or closure. | |
|---|------------------|-----------|
| STREET NAME: Alley behind 2024 M | ichigan Avenue | |
| | TO: Gaelic Leagu | ie |
| CLOSURE DATES: March 15, 2020 REOPEN DATE: March 15, 2020 | BEGTIME: 9 a.m. | END TIME: |
| REOPEN DATE: March 15, 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

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.

Andrus McDonald

12/06/2019

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: Corktov | Event | | | | |
|------------------------------------|----------------------|--|--|--|--|
| Date: December 6, 2019 | | | | | |
| Event Organizer: The Home Team Gro | up & The Annex Group | | | | |
| Applicant Signature: Date: | CAndrus MoDonald | | | | |

(5)

MAYOR'S OFFICE COORDINATORS REPORT

| OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED | | | | | | |
|--|--|---------------------------------|---|-------------|--|--|
| | 1183 | | | nd Annu | al St. Patrick's Parade | |
| Event Da | te : March 1 | 5, 20 | 20 | | | |
| Street Clo | osure: Michig | an A۱ | /enue | | | |
| Organizat | tion Name: Uni | ted Ir | ish Societie | es | | |
| Street Add | dress: 2086 N | /lichig | gan Avenue | Detroit | , MI 48216 | |
| Date of Control Due date | ate of the COMP ity Clerk's Depar for City Departm for the Coordina | tmental ents rep tors Rep | Reference Comports: port to City Clerk | munication | | |
| | ments (check all | | | | | |
| Walkat | | Carnival | | Conce | rt/Performance Run/Marathon | |
| Bike R | | | s Ceremony | | al Ceremony Festival | |
| Filming | | 'arade | , | Sports | /Recreation Rally/Demonstration | |
| Firewo | | | on/Conference | Other: | | |
| 24-Hou | ır Liquor Licens | e | | | | |
| | | Pe | tition Communi | cations (in | clude date/time) | |
| Petition Communications (include date/time) The 62nd Annual St. Patrick's Parade will be held in Corktown on Michigan Avenue between 6th Street and Roosevelt Park from 1:00pm - 4:00pm. | | | | | | |
| ** ALL permits and license requirements must be fulfilled for an approval status ** | | | | | | |
| Date | Department | N/A | APPROVED | DENIED | Additional Comments | |
| | DPD | | √ | | DPD Assisted Event | |
| | DFD/ EMS | | ✓ | | Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services | |
| | DPW ROW Permit Required | | | | | |
| | Health Dept. | | √ | | Temporary Food License Required | |

FEB 2 4 2020 - MTPB 7M & D)

Y CLEW 2029 FEB 10 M/2/29

| | ta | | | 1 | |
|----------------|----------------------|-----|--------------|--------|---|
| 47 | | | | | |
| Date | Department | N/A | APPROVED | DENIED | Additional Comments |
| | TED | | √ | | Barricades & Road Closure Signage Required |
| | Recreation | | \checkmark | | Application Received & Approved as Presented |
| | Bldg & Safety | | \checkmark | | Permits Required for Tents, Staging, Scaffolding & Generators |
| | Bus. License | | ✓ | | Vendors License Required |
| | Mayor's Office | | \checkmark | | All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event. |
| | Municipal Parking | | ✓ | | Purchase of Parking Meters Required for Saturday Closures & No Parking Signs Required |
| | DDOT | | ✓ | | Low Impact on Buses |
| MAYOR'S OFFICE | | | | | |

| Signature: _ | 43. | Lushin | |
|--------------|-----|--------|--|
| 2 1 | | (10.1) | |

Date: 2-6-2020

City of Detroit

Janice M. Winfrey City Clerk

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

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
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

United Irish Societies, request to hold "62nd Annual St. Patrick's Parade" on Michigan Avenue 1:00 PM to 4:00 PM on March 15, 2020 with various temporary street closures.

3-15-2020

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. 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.

| Sec | Section 1- GENERAL EVENT INFORMATION | | | | | |
|---|--|--|--|--|--|--|
| Event Name: 63.00 Annual Detroit | St. Patrick's Parade | | | | | |
| Event Location: Michigan Ave. Cork | town, Detroit | | | | | |
| Section 2- | ORGANIZATION/APPLIC | ANT INFORMATION | | | | |
| Organization Name: United Irish Socie | | | | | | |
| Organization Mailing Address: 2086 Mi | | | | | | |
| | | B : _ B | | | | |
| Business Phone: 313.475.4675 | | Business Fax: | | | | |
| Federal Tax ID# 38-2852489 501(c | | Name of the second seco | | | | |
| If registered as a not | n-profit, indicate non-profit ID numbe | er and attach a copy of the certificate. | | | | |
| Applicant Name: Michael L. Kelly | | | | | | |
| Title/Role: President & Par | ade Chairman | | | | | |
| Email Address: mkelly@unitediris | shdetroit.com | | | | | |
| Mailing Address: 2068 Michigan A | ve., Detroit, MI 48216 | | | | | |
| Business Phone: 313.475.4675 | | Business Fax:: | | | | |
| Event On-Site Contact Person: | | | | | | |
| Mailing Address: Same | 5191-3 T | | | | | |
| Business Phone: Same | - A-1 (1800-) | Business Fex: | | | | |
| | | | | | | |
| List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility). | | | | | | |
| List Event Sponsors: United Irish Societies, Ford Foundation & TBD | | | | | | |
| Event Elements (check all that apply) [] Walkathon [] Carnival/Circus [] Concert/Performance | | | | | | |
| [] Run/Marathon | [] Bike Race | [] Religious Ceremony | | | | |
| | | | | | | |
| [] Political Event | [] Festival | [] Filming | | | | |
| [X] Parade | [] Sports/Recreation | [] Rally/Demonstration | | | | |
| []Convention/Conference [] Fireworks [] Other: | | | | | | |

| Provide a brief description of your event: 64 Annual Detroit St. Patrick's Parade. | | | | | |
|---|---|--|--|--|--|
| | e Parade and 40-50k expected to watch from Michigan Ave in this family event that and recognizes the Charitable contributions of the Irish Community. | | | | |
| What are the projected set-up, even | at and tear down dates and times (must be completed)? | | | | |
| Begin Set-up Date & Time: 3/14/20 6 | :00arn Complete Set-up Date & Time: 3/15/10 10 am | | | | |
| Event Start Date & Time: 3/14401: | 00 pm Event End Date & Time: 3/2/1204:00 pm | | | | |
| Begin Tearing Down Date: 3/1 \$ 303: | 00 pm Complete Tear Down Date: 3/1 4:30pm | | | | |
| Event Times (If more than one day, give | imes for each day): | | | | |
| Is this the first time you have held t | his event in the City of Detroit? □ Yes ⊠ No | | | | |
| If no, what years has the event been held | n Detroit? 1958 – 20 ≥ € 6 ≥ Years | | | | |
| When was the event last held in Detroit? | 3/10/19 | | | | |
| Where was the event last held in Detroit? | Same Location | | | | |
| What were the hours last year? | 6:00 am - 4:00 pm | | | | |
| Project Attendance This Year (Minimum | -Maximum)? 30,000 - 50,000 | | | | |
| What is the basis for your projected attend | ance? 2019 participation | | | | |
| · · · · · · · · · · · · · · · · · · · | 10 | | | | |
| Please describe your anticipated/ ta | | | | | |
| Is this going to be an annual event? | Yes □ No | | | | |
| If yes, do you have a preferred/proposed f | or next year? Always the Sunday before St. Patrick's Day | | | | |
| If a parade is planned. Indicate elements ([X] People [] Balloons | check all that apply): | | | | |
| [X] Floats [X] Animals | | | | | |
| [X] Vehicles [X] Other: | | | | | |
| [X] Bands | | | | | |
| If animals included, specify type, numb | er and howused. Detroit Mounted Police | | | | |
| Name of business supplying animal(s): | | | | | |
| Contact Person: | Sgt. Doug Muston | | | | |
| Address: | Phone: 313.999.0413 | | | | |
| City/State/Zip: | | | | | |

Section 3- LOCATION/SITE INFORMATION Location of Event: Michigan Ave. b/t 6th Street and Roosevelt Park Facilities to be used (circle): Street Sidewalk Park City Facility Please attach a site plan which illustrates the anticipated layout of your event including the following: -Location of First Aid -Public entrance and exit -Location of fire lane -Location of merchandising booths -Location of food booths -Proposed route for walk/run -Location of tents and canopies -Location of garbage receptacles -Location of beverage booths -Sketch of street closure -Location of sound stages -Location of bleachers -Location of press area -Location of hand washing sinks -Location of portable restrooms -Sketch of proposed light pole banners Section 4= ENTERTAINMENT What type of entertainment will be used? (check all that apply) [] Singers [] Magician [X] Story Telling, Reviewing Stand w/ MC's []Musicians [X] Other: HS Marching Bands, Bagpipers, Step Dancers Comedians Describe the entertainment for this year's event: List proposed entertainers and/or bands performing at the event: □ No Will a sound system be used? [X] Yes Brownstown Parks & Rec Mobile Sound Stage, speakers at Reviewing Stand If yes, what type of sound system? [] Acoustic-audible, sound heard within natural range [X] Amplified-augmented, sound increased to broaden The amplified sound will be used: Metro Audio Visual c/o Pete Hassett Will the event consist of a musical concert? Yes [X] 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: Generators How many generators will be used? Two small Honda Generators Gas How will the generators be fueled?

Name of vendor providing generators:

Contact Person: Metro Audio Visual

| Address: | 6731 | N | Adams | Rd |
|----------|------|---|-------|----|
| | | | | |

Phone: c/o Pete Hassett, 248.514.6221

City/State/Zip: Bloomfield Hills, MI 48301

| Section 5- COMMUNICATION/ADVERTISING STRATEGY | | | | | |
|---|--|--|--|--|--|
| Check all applicable boxes that describe the type of promotion you plan to use to attract participants: | | | | | |
| [X] Radio (Specify stations): WJR , WWJ, Irish Radio Show | | | | | |
| [X] Television (Specific stations): Fox 2, WDIV & WXYZ | | | | | |
| [X] Newspapers (specify papers): Detroit Free Press & Detroit News, Hometown Observer | | | | | |
| [X] Web site (identify web address): www.detroitstpatricksparade.com | | | | | |
| [] Public Relations or Marketing Firm (Specify): | | | | | |
| Contact Info: [] Raffle (List Item(s)): | | | | | |
| [] Billboards | | | | | |
| [X] Flyers | | | | | |
| [X] Street Banners | | | | | |
| [X] 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? X Yes No If yes, please pick up Special Events Vendor Packet in Suite 105: Ron Cooley & Bob McShane, UIS co-Chair for all Vendor Packets | | | | | |
| Food Truck with City Vendor License | | | | | |
| Will merchandise be sold? X Yes No If yes, describe: Vendors, sponsors in one tent | | | | | |
| Will a percentage of the proceeds be distributed to a charitable organization? X Yes | | | | | |
| with a percentage of the proceeds be distributed to a charitable of gamzation? A 169 | | | | | |
| If yes, describe: All proceeds go to Non-Profit to fund Detroit St. Patrick's Parade | | | | | |
| - | | | | | |
| If yes, describe: All proceeds go to Non-Profit to fund Detroit St. Patrick's Parade | | | | | |
| If yes, describe: All proceeds go to Non-Profit to fund Detroit St. Patrick's Parade If the event is a fundraiser, identify charity or recipient of funds: Detroit St. Partick's Parade Will there be vending or sales? X Yes No | | | | | |
| If yes, describe: All proceeds go to Non-Profit to fund Detroit St. Patrick's Parade If the event is a fundraiser, identify charity or recipient of funds: Detroit St. Partick's Parade Will there be vending or sales? X Yes No If yes, check all that apply: | | | | | |
| If yes, describe: All proceeds go to Non-Profit to fund Detroit St. Patrick's Parade If the event is a fundraiser, identify charity or recipient of funds: Detroit St. Partick's Parade Will there be vending or sales? X Yes No If yes, check all that apply: [X] Food [X] Merchandise | | | | | |

Will these be exclusive vendors or outside vendors? (please describe): Exclusive UIS pre approved with city vendor licenses

| Sect | ion 7- PUBLIC SAFETY & PARKING INFORMATI | QN | | | | | | |
|--|---|--------------------------|--|--|--|--|--|--|
| Name of Private Security Compa | Name of Private Security Company: Existing park contract security will be used. | | | | | | | |
| Contact Person: | NAIAS Security Services - Harold Kuhn | | | | | | | |
| Address: 1900 Big Beaver Ro | Phone: 248-722-43 | 09 | | | | | | |
| City/State/Zip: Troy, MI 48084 | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| Number of Private Security P | ersonnel Hired Per Shift: Two 3/9/19 - Six 3/10/19 | | | | | | | |
| Are the private security personne | el (check all that apply): | | | | | | | |
| [X] Licensed | [VIDom/s | | | | | | | |
| Describe the emergency evacuat | tion plan: Public Announcements from three stages / Ham radio oper | rators | | | | | | |
| Describe the parking plan to acc | commodate anticipated attendance: N/S Michigan Ave Large Parking lot | s and lots North of I-75 | | | | | | |
| How will you advise attendees of | of parking options? Web site, local signage & traffic reports | | | | | | | |
| Are you seeking a group parking | grate? No Local private Parking. | | | | | | | |
| | | | | | | | | |
| | Section 8- COMMUNITY IMPACT INFORMATION | Michigan 17 m | | | | | | |
| How will your event impact the pedestrian traffic, sound carryov | | orts the event | | | | | | |
| Have local neighborhood groups | s/businesses approved your event? X Yes \square No | | | | | | | |
| Indicate what steps you have or | will take to notify them of your event: Postcards, fliers, letters, posters | | | | | | | |
| | | | | | | | | |
| Indicate contact names and phor | ne numbers (for verification) or attach approved letter(s): Ron Cooley 810- | 531-4898 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Section 9- EVENT SET-UP | | | | | | | | |
| Section 9- PA ENT SET-CO | | | | | | | | |
| Complete the appropriate category Structure | ories that apply to the event. | | | | | | | |
| How Many? | (1) Bandstand-ShowMobile | | | | | | | |
| Sîze/Height | Similar to Detroit Park & Rec's. | | | | | | | |
| Booth Marshal Booth Michigan & 6th 4'high x 3' long x 2' deep | | | | | | | | |
| Tent (enclosed, 3 sides) | One at Family Fun Zone | | | | | | | |

| Canopy (open on all sides) | | | | | | |
|---|--|--|--|--|--|--|
| Staging/Scaffolding | Bike Barricades (1,108) | | | | | |
| Bleachers | _One pre-manufactured, Family | | | | | |
| Company: Performance S | taging will supply Bike Barricades and (1) portable bleacher | | | | | |
| Grill [] Gas [] Churcool |] Electrical [] Propane | | | | | |
| Fireworks (Pyrotechnics) [] Aerial [] Stage | | | | | | |
| Provide Sketch: | | | | | | |
| | | | | | | |
| Portable Restrooms: [X] Standard [X] ADA | | | | | | |
| Accessible Vehicles | | | | | | |
| Type/Weight: | Victoria de la compansión de la compansi | | | | | |
| 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. | | | | | |
| | | | | | | |
| Will additional utility services be | e used (power, water, etc.)? Please describe. | | | | | |
| | | | | | | |
| Do you plan a fireworks display | ? List dates, time, location, vendor, and attach certificate of insurance. | | | | | |
| | | | | | | |
| | | | | | | |

| Section 10- COMPLETE ALL THAT APPLY | | | | |
|--|--|--|--|--|
| Name of Sanitation Company collecting refuse and garbage? | | | | |
| Contact Person: Republic Services / Matt Darcy | | | | |
| Address: 5400 Cogswell Phone: 734-727-2117 | | | | |
| City/State/Zip Wayne, MI 48184 | | | | |
| Name of company providing emergency medical services? | | | | |
| Contact Person; Hart Medical – Adam Gotleib 248-789-3648 | | | | |
| Address: 1636 W. Fort St. | | | | |
| City/State/Zip: Detroit, MI 48216 | | | | |
| Name of company providing porta-johns. | | | | |
| Contact Person: Scott's Pottles - Christina | | | | |
| Address: P.O. Box 530846 Phone: 734-421-1400 | | | | |
| City/State/Zip: Livonia, MI 48153 | | | | |
| Name of private catering company? | | | | |
| Contact Person: None | | | | |
| 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: (See Attached) | | | | |
| FROMTO | | | | |
| Closure Dates: Beg. Time: End Time: Reopen Date: Time: | | | | |

| FROM TO Closure Dates: Beg. 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 Dates: Beg. Time: End Time: Current Request: Street Closures: [] Posting no parking signs [] Electrical Services Barricades are not available from the City ADDITIONAL INFORMATION | | |
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| [] Electrical Services Barricades are not available from the City ADDITIONAL INFORMATION | [] Light pole | |
| Barricades are not available from the City ADDITIONAL INFORMATION | [] Storage for Trailers/Trunks | |
| ADDITIONAL INFORMATION | [] 0101020 101 17010101 17011110 | |
| | f Detroit. | |
| | | |
| Is there any additional information that you for | | |
| | el is important to mention regarding your event or | additional requests? |
| | | |
| *************************************** | | |
| | | |
| | | |
| | | |

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, 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.

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.

January 3, 2020

Ms. Bethanie Fisher, Special Events City of Detroit – Media Services Coleman A Young Municipal Building 2 Woodward Ave., Suite 333 Detroit, MI 48226

Re: 2020 Detroit St. Patrick's Parade Permit

Dear Ms. Fisher:

Happy New Year, I haven't heard back from the City Council with a petition number yet. I wanted to copy you with the same information as a back-up.

The United Irish Societies, an umbrella group of 36 Detroit Metropolitan Area Irish Organizations requests a permit to stage the 62nd Annual Detroit St. Patrick's Parade on Sunday March 15, 2020.

Detroit's oldest continuous ethnic parade will start at **1:00pm** on Michigan Ave at 6th Street and continue west on Michigan Ave. through the historic Irish Corktown neighborhood, pass by the reviewing stand and end at Roosevelt Park at approximately 3:00pm.

The Parade consisting of approx. 100 Marching Units, High School Marching Bands and spectator crowds in excess of 40,000 who will honor the memory of Ireland's Patron Saint and celebrate our Irish Heritage and the spirit and contributions of the members of the Detroit Area Irish Community.

I have attached the following information for your review and approval:

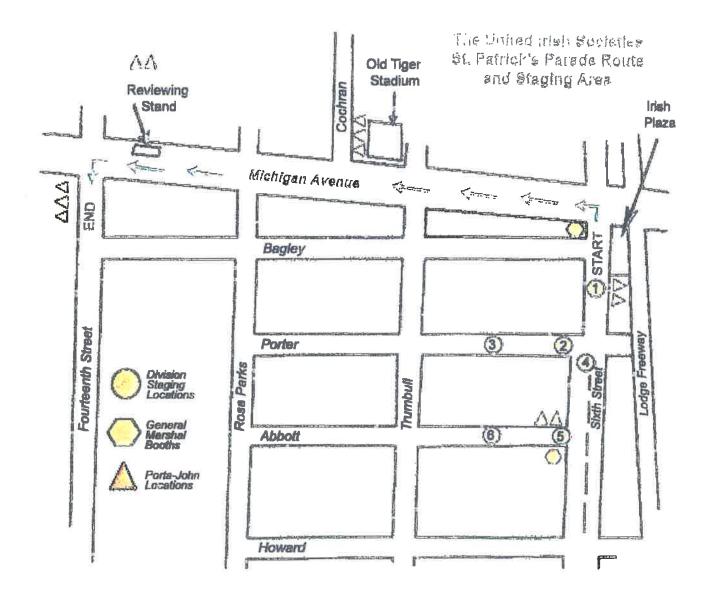
- City of Detroit Special Events Application
- Fun Zone Car Wash Agreement
- Specifications, 10 Row Speedy Mobile Bleacher System (Used Last Year)
- Parking Vendor's, Parade Day

Once again on behalf of the United Irish Societies, thank you in advance for your help. If you have any questions or if I can be of further assistance please do not hesitate to call me on my cell at 313.475.4675.

Mise te meas -

Michael L. Kelly, United Irish Societies, St. Patrick's Parade Co-Chairman

2068 Michigan Ave. • Detroit, MI 48216 • (313) 475-4675



Instruction for Marshals

All Division Marshal must report to the General Marhael's booth on Sixth Street, and Michigan Ave, one hour (12:30 pm) before assembly time to receive their Marshal's arm band and additional instructions.

Line up your divisions properly - only 10 abreast. You are responsible for the appearance of your division during the entire parade. Be proud of them - keep them in line.

Report all deletions to the General Marshals 15 minutes prior to starting time.

Don't physically or verbally abuse anyone. Any problems that you cannot resolve - please see the General Marshals.

No drinking of beverages of any kind is allowed during the parade.

The throwing of any type of candy, mementos or souvenirs is prohibited.

The United Irish Societies does not endorse any individual candidates for any elected office, consequently no political advertising of any type is allowed in the parade.

far. 17 for

CONTRACT FOR TEMPORARY LEASE OF PREMISES

A. LEASE OF EXTERIOR OF PREMISES

In consideration of the United Irish Societies (hereinafter the UIS) leasing the exterior of certain premises located at 1217 Michigan Avenue, Detroit, Michigan, which said location is a car wash. The UIS will lease said premises commencing at 3:00PM on March 10, 2018 and lease shall terminate on or befoe 7:00AM on March 12, 2018 for an amount of Six Hundred (\$600.00) dollars. The following same terms and conditions shall apply for March 9-11, 2019, with the times for occupancy remaining the same and the rental rate remaining the same.

The UIS shall have the option to extend this agreement for the years 2020 and 2021, with the same terms and conditions to apply in such successive years. The UIS will provide the owner/landlord with written notice of the option to extend this agreement no later than April 30, 2019.

B. TERMS AND CONDITIONS

- 2. The UIS shall have exclusive use of the exterior of the lease premises and no other business shall be conducted on said premises during the times in which the UIS is leasing said premises.
- 3. The UIS shall be permitted to place temporary bleachers on the premises which shall be placed along the sidewalk between the driveways on the premises. The installation of and removal of such bleachers shall be at the direction of the UIS and its membership, with the Landlord not being responsible for the same.
- 4. The UIS shall be permitted to place barricades around the property, to secure the property if necessary and supply generators as needed. The installation and removal of the barricades shall be at the direction of the UIS and its membership, with the Landlord not being responsible for the same.
- 5. The UIS shall be allowed access to the utilities, on the premises, such as electrical outlets, use of water from faucets located on the exterior of the building at no cost to the UIS.
- 6. The UIS shall be allowed to place portable toilets on the premises and shall be permitted to have a food truck parked and operating on the premises.
- 7. The UIS shall provide a general liability policy holding harmless the landlord/owner from claims that arise as a result of the UIS or its authorized guests being on the premises on the dates and times set forth above, with the limitations of said policy being \$2,000,000.00.

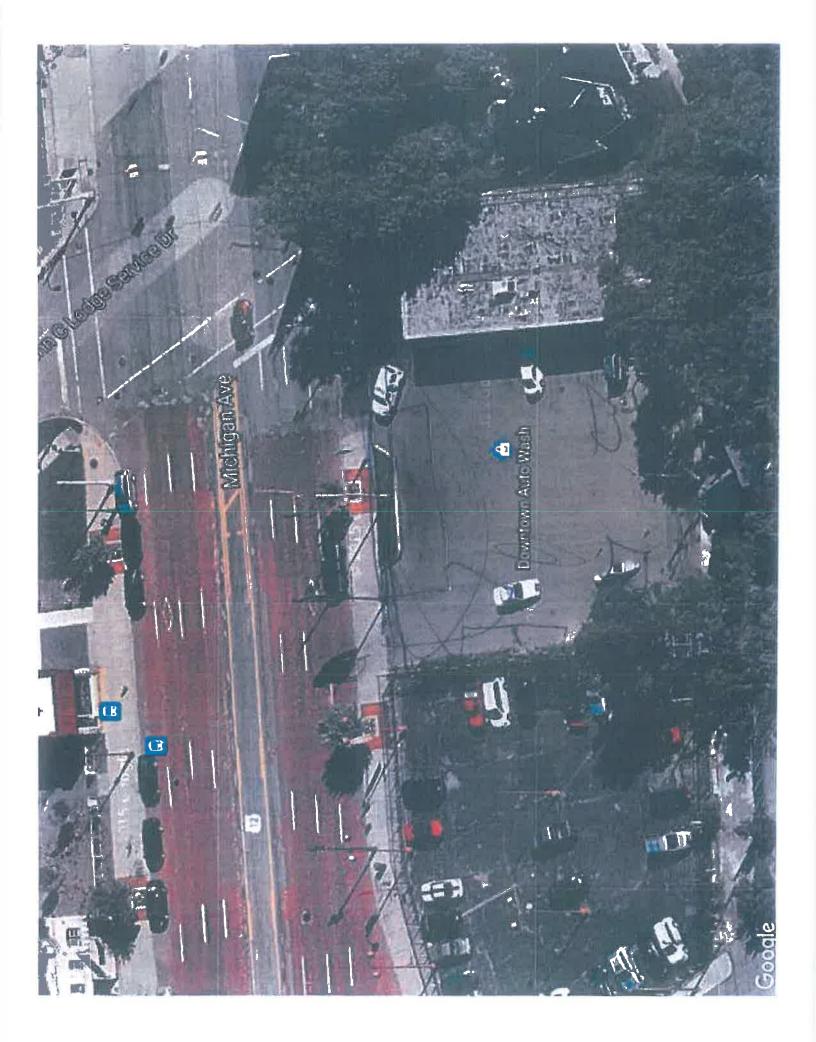
- 8. That as the UIS shall enjoy exclusive use of the premises during the above stated dates and times. No alcoholic beverages and tobacco products shall be sold, distributed, or consumed on the leased premises during the above stated dates and times.
- 9. The UIS staff, its agents, vendors and authorized guests shall be admitted to the property during the above dates and times of this agreement. The property owner/landlord shall have access to the premises as required to observe and preserve its property.

C. RETURN OF PREMISES

- 10. The UIS will provide broom sweep clean of the premises upon taking possession of the same and will provide broom sweep clean of the premises as needed upon return of the premises.
- 11. The UIS shall haul away snow piles which may restrict access and enjoyment of the leased premises at the sole expense and burden of the UIS.
- 12. The UIS as lessee of the premises will provide the necessary oversight to insure compliance with this agreement and the owner/landlord is not responsible for insuring that the UIS, its agents, vendors and authorized guests are in compliance with the agreement.

This Agreement is a binding, legal document.

| By: MIC | IAEL KELLY, UIS President |
|---------|--------------------------------|
| Dated: | 1-17-18 |
| Ву: | ZOUHEIR OLABI , Owner/Landlord |
| Dated: | 01-17-2018 |



SPECIFICATIONS

10 row Speedy Bleacher Mobile Bleacher System

| | Seating | Row | Max | Static Jack | | В | Folded For To | wing |
|--|---|----------------------|-------------------------|----------------------------------|------------------|------------------|------------------|------------------|
| Madel 6001 2010 | <u>Capacity</u> | <u>Length</u> 30' | <u>Height</u> 12' 6" | <u>Load Cap</u> . 140,000# | Width 19' 4" | Lenath 31' 6" | Width 102" | Length 35' 1" |
| Model SPBL3010 Model SPBL4010 Model SPBL4510 | 200 266 300 | 39' 45' | 12' 6" 12' 6" | 210,000# 210,000# 210,000# | 19' 4" 19' 4" | 41' 6" 46' 6" | 102" 102" | 45' 1" 50' 1" |
| Frame | Main Frame is two 16" rolled steel "l" beams, (weight 26 lbs. per lineal foot.) All steel parts are hot dip galvanized after fabrication. Folding section is 6061 T6 heavy duty high tensile tempered aluminum. | | | | | | | |
| Width | 102" (Whic | th is the cu | ırrent stan | dard width fo | r trailers.) | | | |
| Row Spacing | | cceeding g | generation | the bleacher is are growing | | | | |
| Seat Boards | Nominal 2 | ' x 10" ano | dized (204 | 4 R1) alumini | ım 6063 T | 6 | | |
| Foot Boards | Nominal 2 aluminum, | | _ | minum 6063 t.) | T6 (Bette | r traction t | han anoo | dized |
| Risers | See option | F4 for rise | ers and do | uble footboa | rds. | | | |
| Guard Rails | 4" spaced vertical steel baluster bars, (Patent No. 404-141) are galvanized after fabrication. Guard rails across the back and down the sides to include the third row seat. Guardrails fold automatically with the seats. | | | | | | | |
| Hitch | 2 5/16" ball type standard (pintle type optional) with heavy safety chains and emergency break-away cable and switch. Fully adjustable to match height of hitch on towing vehicle. | | | | | and ght of | | |
| Suspension | 39' and 45' - 14,000 lb. (tandem 7,000 lb.), 30' - 12,000 lb. (tandem 6,000 lb.) Dexter Torflex shock absorbing rubber torsion cushioned axles (not leaf springs) for smoother, quieter towing and less wear and tear. | | | | | | | |
| Brakes | Electric brakes on all four wheels with emergency break-away cable and switch | | | | | | l switch | |
| Tires | Load range "E", ST235/80-R16 (Heavy-Duty Special Trailer Tires) | | | | | | | |
| Towing Electrical | Meets DOT requirements for stop, clearance, turn signal, license bracket lights. Lighting is the latest LED type to give a very long service life. 12 volt cable connector and safety break-away cable for brakes and is held in place on the tongue with magnets to avoid dragging on the ground. | | | | | | | |
| Leveling Jacks | Leveling and stabilizing jacks are large semi-trailer type, each with 35,000 lbs. capacity. Telescoping tubes are 4-3/8" square steel with a large one foot square steel pad on the bottom. (144 sq. in. ground contact when set.) These | | | | | | | |

SPBL30 has 4 jacks, each has a 35,000 lbs. capacity, total 140,000 lbs. SPBL40 has 6 jacks, each has a 35,000 lbs. capacity, total 210,000 lbs. SPBL45 has 6 jacks, each has a 35,000 lbs. capacity, total 210,000 lbs.

sway-load capacity when loaded with people. (Patent# 6,499,258).

are rigidly mounted to the main frame (no swivel jacks) to give extremely high

Jack Operation

Leveling jacks are all operated from a standing position at the back side of

the bleacher. (No stooping or kneeling to operate numerous small jacks)

A separate tongue jack is not needed.

Operation

40' long push button remote control cord allows operator full view to safely fold

or unfold the bleacher

Power

12 volt electrically controlled hydraulic operating system allows complete set up in only 7 to 10 minutes. Includes 40 ft. control cord, 12 volt deep cycle battery for 15 to 20 up-down cycles, indicator gauge shows remaining battery power, main circuit on-off switch to protect the system, automatic battery charger and 12 volt DC powered hydraulic pump. All this is housed

in a lockable aluminum box.

Operation Manual

2 operation manuals are supplied

Set-Up

Complete set-up takes 7 to 10 minutes and no hand or power tools are

required.

On-Site Training

A factory representative will give a full demonstration at time of delivery.

Weight

Base Unit

SPBL30

7950 lbs. (without added options)

SPBL40

9,400 lbs.

SPBL45

10,950 lbs.

MCO

A "Manufacturers Certificate of Origin" is provided with each unit

Engineering

Speedy Bleachers are designed to meet the new IBC 2009 Code if F4, 48AHR options are ordered. *Note: 30' units require one (1) aisle, 39' and 45' units

require two (2) aisle to meet IBC requirements.

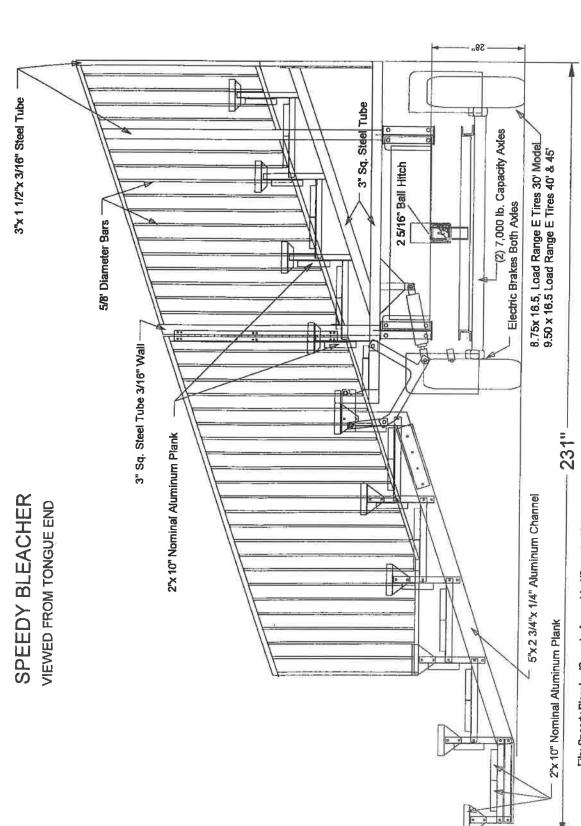
Options

<u>F4.</u> this option meets the "4" opening rule" in recent codes by using full <u>double width footboards</u> and <u>riser boards underneath the seats</u> to close that opening to less than four inches.

48AHR, option adds a 48" center aisle w/handrail.

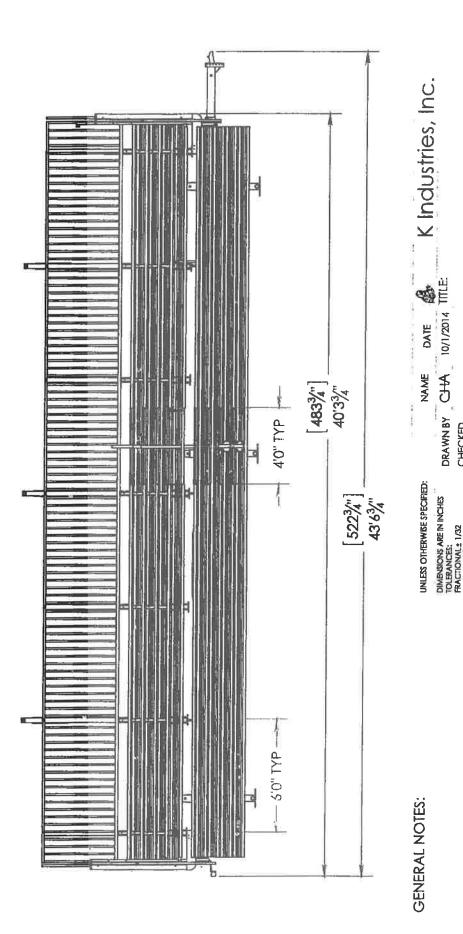
<u>GN</u>, Goose Neck hitch, this option replaces the telescoping ball/pintle hitch tongue with a folding goose neck system. This makes towing for long distances or with smaller vehicles easier. It also allows for better maneuvering to place the bleachers. Once the bleacher is placed you pull one pin and fold the goose neck arms up to the front on the bleacher to get them out of the way of spectators.

Both options are needed to comply with IBC 2009 Code. Code requirements and their interpretation, application and variances are determined by local authorities. Applicable codes can vary by local jurisdiction. Speedy Bleacher Corp., Kay Park-Rec Corp., nor any of its' representatives have authority to interpret or apply codes. The owner is responsible for compliance with applicable codes.



File: Speedy Bleacher/Speedy Assembled/Speedy 10 Row side view from tongue end Drwg. Date: 11/18/04 CKB

Kay Park Rec Corp. 1301 Pine St. Janesville, IA 50647 1-800-553-2476



DO NOT SCALE DRAWING MFG APPR.

MATERIAL

DIMENSIONS ARE'N INCHES TOLERANCES: TRACTIONALE 1/32 BRUD ± 1/2* THREF PLACE DECIMAL ± .005

UNLESS OTHERWISE SPECIFIED:

GENERAL NOTES:

CHECKED

ENG APPR.

MFG APPR.

W/AISLE

LAST SAVED 6/21/2016 1:46:12 PM S:\CADDRWGS\Solidworks\Speedy\Spb14010\\
COMMENTS:

S77F PART NO.

SIZE PART NO.

SPBL4010F448AHR

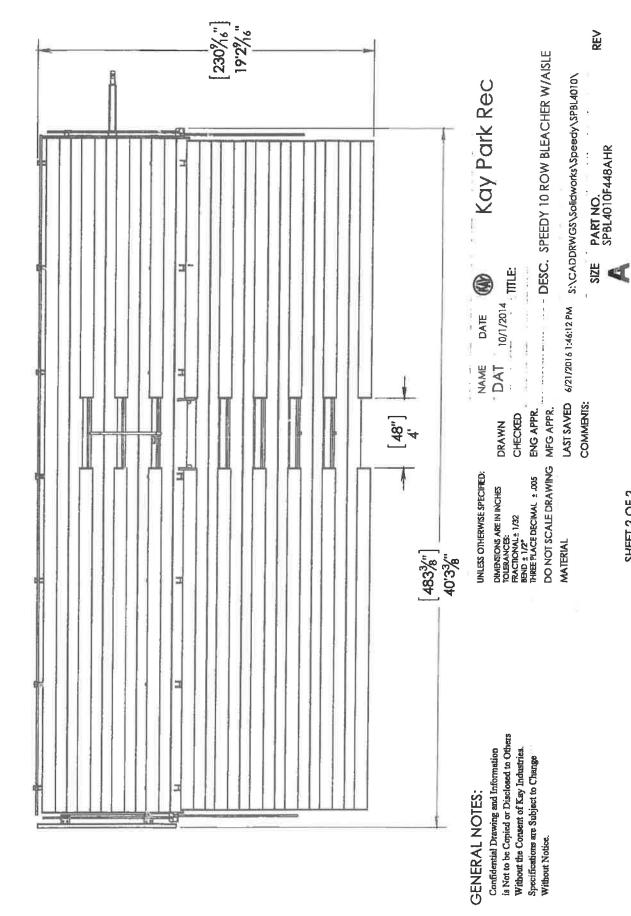
REV

Configuration - Open

S:\CADDRWGS\Solidworks\Speedy\SPBL4010\

Sheet 1 of 2

Path to Part or Assy - SPBLA010F448SHR



SHEET 2 OF 2

2020 St. Patrick's Parade Parking Lots

| Lot# | Address | Owner/Operator |
|------|--|---------------------------------|
| 1 | 1750, 1941 and 1915-1925 Trumbull 1501 Church | Tony Formosa - Trumbull Parking |
| 2 | 1426 and 1360-1374 Kaline Dr. | Ray Formosa - Brooks Lumber |
| 3 | 2251-2297 Harrison | Trumbull Parking |
| 4 | 2302-2310 Rosa Parks Blvd. | Trumbull Parking |
| 5 | 2244-2292 Harrison | Trumbull Parking |
| 6 | 2300-2332 Harrison | Trumbull Parking |
| 7 | 2641 Trumbull | Tony Formosa |
| 8 | 1231-1249 Beech & 1262-1266 Michigan | Derman Brown |



| | | I I I I I I I I I I I I I I I I I I I | | | TOTAL GIVE IVER GIVE | | | |
|--|--|---------------------------------------|-------------------|-------------|--|--|--|--|
| OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED | | | | | | | | |
| Petition #: 1184 Event Name: Detroit Home Opener | | | | | | | | |
| Event Date: March 30, 2020 | | | | | | | | |
| Street Clos | sure: Mechar | nics S | treet | | | | | |
| Organization Name: The Home Team Group & Annex Group | | | | | | | | |
| Street Address: 48 Adelaide Detroit, MI 48201 | | | | | | | | |
| | te of the COMPL | | | | | | | |
| Date of Cit | y Clerk's Departi | mental F | Reference Comn | | | | | |
| | or City Departme or the Coordinate | | | | | | | |
| | nents (check all t | | <u>*</u> | | | | | |
| Walkati | | arnival/(| | Concer | t/Performance Run/Marathon | | | |
| Bike Ra | | | | _ | | | | |
| = | | | Ceremony [| = | Ceremony Festival | | | |
| Filming | Filming Parade Sports/Recreation Rally/Demonstration | | | | | | | |
| Firewor | Fireworks Convention/Conference Other: Tent Party | | | | | | | |
| 24-Hour Liquor License | | | | | | | | |
| | | | | | | | | |
| T. D. | | | ition Communi | - | | | | |
| The Detroit 8:00pm. | it Home Opene | r will er | ect a tent in the | parking Id | ot located at 440 Madison from 9:00am - | | | |
| | 6.66pm. | | | | | | | |
| | | | | | | | | |
| | ** All porm | ite and i | licon so requirem | onto must h | e fulfilled for an approval status ** | | | |
| Date | Department | N/A | APPROVED | DENIED | Additional Comments | | | |
| | DPD | | ✓ | | DPD will Provide Special Attention; Private Security Company Pending | | | |
| | DFD/ EMS | | \checkmark | | Pending Inspections | | | |
| | DPW | | \checkmark | | ROW Permit Required for Mechanics Street | | | |
| | Health Dept. | | √ | | Temporary Food License Required | | | |

CITY OLERY 2020 FEB 10 PM2/80

| | | | | | , , , , , , , , , , , , , , , , , , , |
|-----------|----------------------|----------|----------|--------|---|
| Date | Department | N/A | APPROVED | DENIED | Additional Comments |
| | TED | | ✓ | | Bike Racks Required |
| | Recreation | ✓ | | | No Jurisdiction |
| | Bldg & Safety | | V | | Permits Required for Tents, Generators & Heaters |
| | Bus. License | | ✓ | | Vendors License & Liquor License Required |
| | Mayor's Office | | ✓ | | All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event. |
| | Municipal Parking | ✓ | | | No Jurisdiction |
| | DDOT | | ✓ | | No impact on buses |
| MAYOR'S | | | | | |
| Signature | B. Lust | lei | | | |

Date: 2-6-2020

City of Detroit

Janice M. Winfrey City Clerk

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

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
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

The Home Team Group & The Annex Group, request to hold "Detroit Home Opener" at 440 Madison Ave 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.

| Sec | tion 1- GENERAL EVEN | T INFORMATION |
|--|--|--|
| Event Name: Detroit Home Opene | r | |
| Event Location: 440 Madison, Detro | oit, MI 48226 | |
| Is this going to be an annual event? | | |
| | ORGANIZATION/APPL | |
| Organization Name: The Home Tean | n Group (non-profit) & The | Annex Group |
| Organization Mailing Address: 48 Adela | ide, Detroit, MI 48201 | |
| Business Phone: 248-219-4941 | Business Website: W | ww.thehometeamgroup.org |
| | | |
| Applicant Name: Andrus McDonald | | |
| 248-219-4941 Business Phone: | Cell Phone: 248.219.4941 | andrusm@me.com |
| Event On-Site Contact Person: | | |
| Name: Andrus McDonald | | |
| Business Phone: 248-219-4941941 | Cell Phone: 248.219.4941 | Email:andrusm@me.com |
| Event Elements (check all that apply) | | |
| [] Walkathon | [] Camival/Circus | [] Concert/Performance |
| [] Run/Marathon | [] Bike Race | [] Religious Ceremony |
| [] Political Event | [] Festival | [] Filming |
| [] Parade | [] Sports/Recreation | [] Rally/Demonstration |
| [] Convention/Conference | [] Fireworks | ✓ Other: |
| Projected Number of Attendees: 150 | 0 - 2000 | |
| Please provide a brief description of | your eve nt: pelieve we've hosted this e | event at this location for the past 7 years. Or street from 36th District Court. |
| | | |
| | | |
| 6 | | |

| What are the projected set-up, even | ent and tear do | wn dates and times (m | ust be completed |)? | | | | |
|--|-----------------------------------|---|--|-------------------------|--|--|--|--|
| Begin Set-up Date 03/27/2020 | Time:5 p.m. | Complete Set-up Date:(| 3/30/2020 | Time:9 a.m. | | | | |
| Event Start Date: March 30, Time.9 a.m Event End Date: March 30, 2020 Time:8 p.m. | | | | | | | | |
| Begin Tearing Down Date:March 30, 2020 Complete Tear Down Date:April 2, 2020 | | | | | | | | |
| Event Times (If more than one day, give March 30, 2020 from 9 a.m. | times for each date to 8 p.m. (es | _{ay):} stimated - based o | n crowd size aı | nd day break) | | | | |
| 4 | | | | | | | | |
| S | ection 3- LO | CATION/SITE IN | FORMATION | | | | | |
| Location of Event: 440 Madison, [| Detroit MI 48 | 226 | | | | | | |
| Facilities to be use(Check) Street Facility | | Sidewalk | Park | City 🗸 | | | | |
| Please attach a copy of Port-a-John, San anticipated layout of your event including | itation, and Emer | gency Medical Agreement | s as well as a site plan | n which illustrates the | | | | |
| -Public entrance and exit -Location of merchandising booths -Location of food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages | | -Locatio -Propose -Locatio -Sketch (| n of First Aid n of fire lane d route for walk/run n of tents and canopion of street closure | es es | | | | |
| -Location of hand washing sinks -Location of portable restrooms | | -Location | of press area f proposed light pole | banners | | | | |
| You will be pron | | pload these atta | chments up | on submitting this form | | | | |
| Davaille the entering of Southing of | | on 4- ENTERTAI? | NMENT | | | | | |
| Describe the entertainment for this year' | s event: | | | | | | | |
| DJ and Live Band | | | | | | | | |
| Will a sound system be used? | Yes 🗆 No | | | | | | | |
| If yes, what type of sound system? Amp | olified speake | ers | | | | | | |
| Describe specific power needs for enterta | | | | | | | | |
| One large generator and 2 S | mall Genera | tors | | | | | | |
| How many generators will be used? 3 | | | = | | | | | |
| How will the generators be fueled? | | | | | | | | |

| Name of vendor providing generators: | |
|---|----|
| Contact Person: TBD | |
| Address: Phone: | |
| Teditos. | |
| 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 Beverage | s |
| Indicate type of items to be sold: | |
| Food concessions Hats and other wearables Alcoholic and Non-Alcoholic Beverages | |
| Section 6- PUBLIC SAFETY & PARKING INFORMATION |)N |
| Name of Private Security Company:TBD | |
| Contact Person: | |
| Address: Phone: | |
| City/State/Zip: | |
| Number of Private Security Personnel Hired Per Shift: | |
| are the private security personnel (check all that apply): | |
| [] Armed [] Bonded | |
| | |

How will you advise attendees of parking options? Plentiful parking in the area - social media and general public information

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? We are in the heart of the central area for opening day celebrations

Have local neighborhood groups/businesses approved your event?

☐ No

Indicate what steps you have or will take to notify them of your event: social media and general market advertising

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

8

1

0

How Many?

Size/Height

Booth

10 x 10

2 Tents (enclosed on 3 sides)

TBD

2

Canopy (open on all sides)

TBD

Staging/Scaffolding

10' x 20'

Bleachers

| Section 2. Confi El | THE MILE THAT MILET | |
|---|---------------------|--|
| Emergency medical services? | | |
| Contact Person: TBD | | |
| Address: | | |
| City/State/Zip: | | |
| Name of company providing port-a-johns. TBD | | |
| 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 i | or crosure. | |
|---|-----------------|-------------|
| STREET NAME: TBD | | _ |
| FROM: | TO: | |
| CLOSURE DATES: March 29, 2020 REOPEN DATE: March 30, 2020 | BEGTIME: 9 a.m. | END TIME: |
| STREET NAME: | | |
| FROM: | TO: | |
| CLOSURE DATES: | BEGTIME: | 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.

Andrus McDonald

12/06/2019

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: Detroit | Home Opener Festival | Event |
|--|-----------------------|-------|
| Date: March 30, 2020 | | |
| Event Organizer: The Home Team Gro | oup & The Annex Group | |
| Applicant Signature: Date: 12/06/2019 | Andrus (McDonald | 91 |

MAYOR'S OFFICE COORDINATORS REPORT

| OVERAI | LL STATUS (p | lease c | circle): 🕢 AP | PROVED | DENIED N/A CANCELED | | | | |
|---|---|-----------|--------------------|-------------|--|-----|--|--|--|
| Petition #: | Petition #: 1185 Event Name: PH1LL Annual 5K 2020 | | | | | | | | |
| Event Date | _{e :} <u>April 4, 2</u> | 020 | | | | 6 | | | |
| Street Clos | sure: None | | | | | | | | |
| Organization Name: PH1LL Incoporated | | | | | | | | | |
| Street Address: P.O. Box 2754 Belleville, MI 48111 | | | | | | | | | |
| | | | | | T. | -00 | | | |
| Receipt date of the COMPLETED Special Events Application: Date of City Clerk's Departmental Reference Communication: | | | | | | | | | |
| | or City Departme | | | | | | | | |
| Due date f | or the Coordinate | ors Rep | ort to City Clerk: | | | | | | |
| Event Elen | nents (check all t | hat app | oly): | | | | | | |
| Walkath | non C | arnival/ | Circus [| Concer | rt/Performance | | | | |
| Bike Ra | ace R | eligious | Ceremony | Politica | l Ceremony Festival | | | | |
| Filming | P | arade | | Sports/ | Recreation Rally/Demonstration | | | | |
| Firewor | ks C | onventi | on/Conference | Other: | | | | | |
| 24-Hou | r Liquor Licens | е | | | | | | | |
| | | | | | | | | | |
| Petition Communications (include date/time) | | | | | | | | | |
| The PH1L | L Foundation w | rill host | their annual 5K | at the ho | noring Fallen Detroit Police Officer Patrick | | | | |
| 9:00am - 1 | in vvayne State 10:30am | Police | Officer Collin F | Rose at the | e Detroit Riverwalk & Dequindre Cut from | | | | |
| 0.000111 | 0.000111. | | | | | | | | |
| | | | | | | | | | |
| | ** ALL_perm | its and i | license requirem | ents must b | pe fulfilled for an approval status ** | | | | |
| Date | Department | N/A | APPROVED | DENIED | Additional Comments | | | | |
| | DPD | | ✓ | | DPD Assisted Event | | | | |
| | Pending Approval | | | | | | | | |
| | DFD/ EMS | | | | | | | | |
| | DPW | | \checkmark | | No Permit Required | | | | |
| | Health Dept. | | J | | No Pormit Postuired | | | | |
| | Hoalin Dept. | | ٧ | | No Permit Required | | | | |

FEB 2 4 2020 NTVB RAL QUE

Y CLERK 2020 FEB 1.Fl surprise

| | 1 | - | | · · · · · · · · · · · · · · · · · · · | |
|---------|----------------------|----------|--------------|---------------------------------------|---|
| Date | Department | N/A | APPROVED | DENIED | Additional Comments |
| | | | | | |
| | TED | | \checkmark | | No Barricades Required |
| | Recreation | ✓ | | | No Jurisdiction |
| | Bldg & Safety | | V | | No Permits Required |
| | Bus. License | ✓ | | | No Jurisdiction |
| | Mayor's Office | | √ | | All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event. |
| | Municipal Parking | ✓ | | | No Jurisdiction |
| | DDOT | | \checkmark | | No Impact on Buses |
| MAYOR'S | SOFFICE B. Juch | ier | | , | |

| Signature: | 3. | Lushin | |
|------------|----|--------|--|
| - | | C | |

Date: 2-6-2020

City of Detroit

Janice M. Winfrey City Clerk

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

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.

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

1185 PH1LL Incorporated/The PH1LL Foundation, request to hold "PH1LL Annual 5k 2020" at the Detroit Riverfront on April 4, 2020 from 9:00 AM to 10:30 AM.

4-4-2020

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.

| Se | ction 1- GENERAL EVEN | Γ INFORMATION |
|--|--|---|
| Event Name: PH1LL annual 5k 20 | 20 | |
| Event Location: Detroit Riverfront | | |
| Is this going to be an annual event? | Yes No | |
| Section 2 | - ORGANIZATION/APPL | ICANT INFORMATION |
| Organization Name: PH1LL incorpor | rated/ The PH1LL Foundation | on |
| Organization Mailing Address: P.O. Bo | x 2754 Belleville, Mi 48111 | |
| Business Phone: 313-475-8896 | Business Website: P | h1ll.org |
| | | |
| Applicant Name: Deodge Hill | | |
| 734-699-6880 Business Phone: | Cell Phone: 313-475-8896 | ph1ll.organization@gmail.com |
| Event On-Site Contact Person: | | |
| Name: Shalamar Guerrant | | |
| Business Phone: 313-300-5822 | Cell Phone: 313-300-5822 | Email: doorsofsuccessfoundation1@gmail.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: |
| Projected Number of Attendees: 300 |) | |
| Please provide a brief description of | | |
| We will start at Rivard Plaza, ru | n west to the end of the riv | erwalk conservancy, loop back around near |
| the Rennaissance Center and and run down through the Deg | run east along the river wal Junidre cut and halfway thro | k down around the big hill then cross Atwater ough to go back to the Rivard Plaza. |
| | • | |
| | | |

| Begin Set-up Date 04/04/202 | 20 Time: 06:00 | Complete Set-up Date: | 04/04/2020 | Time:0730 | |
|---|---------------------------|--|-----------------------------------|--|--|
| | 20 Time.06:00 | Complete Set-up Date. | 1-up Date: 04/04/2020 Time: 07.50 | | |
| Event Start Date:04/04/2020 | 0 Time:0900 | Event End Date: 04/0 | 4/2020 | Time:10:30 | |
| Begin Tearing Down Date:04/0 | 04/2020 | Complete Tear Down I | Date: 04/04/2020 | | |
| Event Times (If more than one di one day | ay, give times for each o | lay): | | | |
| | | | | | |
| | Section 3- LC | CATION/SITE I | NFORMATION | V The state of the | |
| Location of Event: 1340 Atw | ater Detroit Mi 48 | 3243 | | | |
| Facilities to be use (Check) | Street 🗸 | Sidewalk 🗸 | Park | City | |
| Please attach a copy of Port-a-Jo anticipated layout of your event | | | nts as well as a site pla | n which illustrates the | |
| Public entrance and exit | | | on of First Aid | | |
| Location of merchandising boot Location of food booths | ths | -Location of fire lane -Proposed route for walk/run | | | |
| Location of garbage receptacles Location of beverage booths | 1 | -Location of tents and canopies -Sketch of street closure | | | |
| Location of sound stages | | -Location of bleachers | | | |
| Location of hand washing sinks Location of portable restrooms | | -Location of press area -Sketch of proposed light pole banners | | | |
| | prompted to | | | on submitting this form | |
| | Sect | ion 4- ENTERTA | INMENT | | |
| Describe the entertainment for the | his year's event: | | | | |
| | | | | | |
| here will be a DJ. | | | | | |
| Vill a sound system be used? | Yes No |) | | | |
| yes, what type of sound system | ^{1?} speakers | | | | |
| rescribe specific power needs for | or entertainment and/or i | nusic: | | | |
| ጉe DJ will have a gene | rator | | | | |
| low many generators will be use | ed? 1 | _= | | | |
| | | | | | |
| How will the generators be fueled UNSURE | d? | | | | |

| Name of vendor providing generator | s: | | |
|--|-----------------------------|-------------------------|--|
| Contact Person: Richard Johnson | | | |
| | | D | |
| Address; | | Phone:586-354-3871 | |
| City/State/Zip | | | |
| Cityotatozip | | | |
| | Section 5- SALES INFO | DRMATION | |
| Will there be advanced ticket sales? If yes, please describe: | Yes 🗆 No | | |
| Will there be on-site ticket sales? If yes, list price(s): | Yes 🗆 No | | |
| Will there be vending or sales? If yes, check all that apply: | Yes No | | |
| [] Food | [] Non-Alcoholic Beverages | [] Alcoholic Beverages | |
| Indicate type of items to be sold: | | | |
| t-shirts challenge coins | | | |
| | | | |
| Soution 6 | PUBLIC SAFETY & PARI | ZINC INCODMATION | |
| Name of Private Security Company 10 | | XING INFORMATION | |
| Contact Person: | | | |
| Address; | | Phone: | |
| | | T HATE. | |
| City/State/Zip: | | | |
| lumber of Private Security Personnel Hir | ed Per Shift: | | |
| are the private security personnel (check a | all that apply): | | |
| [] Licensed | [] Armed | [] Bonded | |
| | | | |

How will you advise attendees of parking options? Flyers and on the runners sign up page

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? there will be loud sounds and the atwater will be blocked during the event.

City/State/Zip:

| there will be loud sounds and the atwater will be blocked during the event. | | | | |
|---|--|---------------------------------|------|--|
| Have local neighborhood gr | oups/businesses approved your | event? | □ No | |
| | | • | | |
| Indicate what steps you have I send a flyer to the r | e or will take to notify them of y esidents in the condos | your event: s that are near, | | |
| | | | | |
| | Sectio | on 8- EVENT SET-UP | | |
| | | | | |
| Complete the appropriate categories | ories that apply to the event str | ucture | | |
| | How Many? | Size/Height | | |
| Booth | | | | |
| Tents (enclosed on 3 sides) | | | | |
| Canopy (open on all sides) | | | | |
| Staging/Scaffolding | | | | |
| Bleachers | | | | |
| | de la companya | | | |
| Emergency medical services? | Section 9- COMP1 | LETE ALL THAT APPLY | | |
| Contact Person: | | | | |
| | | | | |
| Address: | | | | |
| City/State/Zip: | | | | |
| Name of company providing por | t-a-johns.none | | - | |
| Contact Person: | | | | |
| Address: | | Phone: | | |
| City/State/Zip: | | | | |
| Name of private catering compa | ny?none | | | |
| Contact Person: | | | | |
| Address: | | Phone: | | |
| | | | | |

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 | | |
|---|------------------------------|-----------|
| STREET NAME: Atwater | | ¥: |
| FROM: | | |
| CLOSURE DATES: | _{BEG TIME:} 08:30am | END TIME: |
| REOPEN DATE: 04/04/2020; 11:00am | TIME: | |
| STREET NAME: Franklin St | | |
| FROM: | | |
| CLOSURE DATES: 04/04/2020 | _{BEG TIME:} 08:30am | END TIME: |
| REOPEN DATE: | | |
| STREET NAME: | | |
| FROM; | | |
| CLOSURE DATES: | BEG TIME: | END TIME: |
| REOPEN DATE: | TIME: | |
| STREET NAME: | | |
| FROM: | | |
| 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

will be submitted at a later date; the day event insurance, sanitation agreement, 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.

| Signature | of | Apr | diear | ١I |
|-----------|----|--------|----------|----|
| DIEHRIULO | V. | 4 ML/L | /11 C 41 | 11 |

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: PH1LL annual 5k 2020 | Event |
|----------------------------------|-------|
| Date: 10-23-2019 | |
| Event Organizer: Deodge Hill | |
| Applicant Signature: | |
| Date: | |

MAYOR'S OFFICE COORDINATORS REPORT



| OVERAL | L STATUS (ple | ease ci | rcle): 🗸 APF | ROVED | DENIED N/A CANCELED |
|--|---|-----------|-------------------|-------------|---|
| Petition #: _ | 1206. | _ Eve | nt Name:_Fireba | all Whisk | y Experience - Tiger's Opening Day |
| Event Date | March 30, | 2020 | 0 | | |
| | _{ure:} None | | | | |
| Organizatio | n Name: Arch | rival | | | |
| | | | Lincoln, N | E 68508 | 3 |
| | | | Special Events Ap | | |
| | | | Reference Comm | unication: | |
| | or City Department or the Coordinato | | | | |
| Due date to | or the Coordinato | is Kepc | of to City Clerk. | | |
| Event Elem | ents (check all th | nat appl | y): | | 3 |
| Walkath | on Ca | arnival/C | Circus | Concert | t/Performance Run/Marathon |
| Bike Ra | ce Re | eligious | Ceremony | Political | Ceremony Festival |
| Filming | Pa | arade | | | Recreation Rally/Demonstration |
| Firework | cs Co | onventic | on/Conference | Other:_ | Experiential Marketing |
| 24-Hour Liquor License | | | | | |
| | | | | | |
| Petition Communications (include date/time) | | | | | |
| Harry's De | troit will host a | | | | · · |
| Harry's Detroit will host a Tiger's Opening Day event at 2482 Clifford Street and the adjacent parking lot from 8:00am - 6:00pm; with a skee-ball fire activation. | | | | | |
| | , | | | | |
| | | | | | |
| | | | | | |
| | ** ALL permi | | | ents must b | pe fulfilled for an approval status ** |
| Date | Department | N/A | APPROVED | DENIED | Additional Comments |
| | | | | _ | DPD will Provide Special Attention; |
| | DPD | | lacksquare | | Contracted with Harry's Security to Provide |
| | | | | | Private Security Services |
| | | | | | Pending Inspections; DFD Fire Watch |
| | DFD/ | | ✓ | | Required for Entirety of Event |
| | EMS | | | | |
| | | | | | No Permit Required |
| | DPW | | ✓ | | |
| | | | | | |
| | Health Dept. | | √ | | Temporary Food License Required |

| Date | Department | N/A | APPROVED | DENIED | Additional Comments |
|------|----------------------|----------|--------------|--------|---|
| | TED | | ✓ | | Fencing & Barricades Required |
| | Recreation | ✓ | | | No Jurisdiction |
| | Bldg & Safety | | V | | Permits Required for Tent & Flame Permit Required |
| | Bus. License | | ✓ | | Vendors License & Liquor License Required |
| | Mayor's Office | | \checkmark | | All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event. |
| | Municipal Parking | ✓ | | | No Jurisdiction |
| | DDOT | | ✓ | | No Impact on Buses |

MAYOR'S OFFICE

| Signature: 16. | Lucher | | | |
|----------------|--------|--|--|--|
| • | | | | |

Date: 2-12-2020

City of Detroit

Janice M. Winfrey City Clerk

OFFICE OF THE CITY CLERK

Andre P. Gilbert II Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, February 14, 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.

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

Archrival, request to hold "Fireball Whisky Experience/Tiger's Opening Day" at Harry's Detroit, 2482 Clifford on March 30, 2020 from 8:00 AM to 6:00 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: Fireball Whisky Exper | rience // Tiger's Opening Da | зу | | |
| Event Location: Harry's Detroit 248 | 32 Clifford St, Detroit MI 482 | 201 | | |
| Is this going to be an annual event? | | | | |
| Section 2 | - ORGANIZATION/APPL | ICANT INFORMATION | | |
| Organization Name: Archrival | | | | |
| Organization Mailing Address: 720 O S | treet, Lincoln, NE 68508 | | | |
| Business Phone: 503-575-8643 | Business Website: A | rchrival.com | | |
| | | | | |
| Applicant Name: Nick Krzeminski | | | | |
| 503-575-8643 Business Phone: | 503-575-8643 Cell Phone: | nick.krzeminski@archrival.com Email: | | |
| Event On-Site Contact Person: | | | | |
| Name: Nick Krzeminski | | | | |
| Business Phone: 503-575-8643 | Cell Phone: 503-575-8643 | Email: nick.krzeminski@archrival.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: experiential marketing | | |
| | | | | |
| Projected Number of Attendees: 300 Please provide a brief description of | 'vour event: | Skee-Ball activation + photo opportunity and | | |
| We are representing our client, Fireball Whisky, with a Fire Skee-Ball activation + photo opportunity and sampling onsite at Harry's Bar on Clifford St. The fire skee-ball lanes were created for Burning Man Arts Festival in 2013 and are contracted nationally by various brands for experiential marketing campaigns. The lanes are owned and operated by Fired Up Management by pyro certified and compliant onsite technicians. | | | | |

| What are the projected set-up, or | event and tear de | own dates and times (must be co | npleted)? | | |
|---|---|--|--|--|--|
| Begin Set-up Date 03/29/2020 | Time: 08:00 | Complete Set-up Date: 03/29/20 | | | |
| Event Start Date:03/30/202 | Time:08:00 | Event End Date: 03/30/202 | Time:18:00 | | |
| Begin Tearing Down Date:03/31/2 | Begin Tearing Down Date:03/31/2020 Complete Tear Down Date:03/31/2020 | | | | |
| Event Times (If more than one day, goone day, 10 hour activation | ve times for each of with pre/pos | _{lay):} t times included | | | |
| | Section 3- LC | OCATION/SITE INFORMA | TION | | |
| Location of Event: 2482 Clifford | | | Harry's fenced in parking lot] | | |
| Facilities to be use(Check) Street | | Sidewalk Pai | | | |
| • | | rgency Medical Agreements as well as | a site plan which illustrates the | | |
| -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 You will be pro | ompted to u | -Location of First Ai -Location of fire land -Proposed route for v -Location of tents an -Sketch of street clos -Location of bleache -Location of press ar -Sketch of proposed | e valk/run d canopies ure rs ea | | |
| | | ion 4- ENTERTAINMENT | as apon submitting this form | | |
| Describe the entertainment for this ye | ar's event: | | | | |
| Fire skee-ball gameplay lar | nes. | | | | |
| Will a sound system be used? | Yes 🗆 No | 1 | | | |
| If yes, what type of sound system? basic emcee audio package [2 ev speakers on sticks + microphone] | | | | | |
| Describe specific power needs for enter | | | | | |
| 4 grounded 110v dedicated | l outlets, Hari | ry's to provide shore power | | | |
| How many generators will be used? ∃ | | | | | |
| How will the generators be fueled? gasoline jugs by dedicated event crew | | | | | |

| Name of vendor providing generators: |
|--|
| Contact Person: Nick Krzeminski |
| Address: 720 O Street Phone:503-575-8643 |
| |
| City/State/ZipLincoln, NE 68508 |
| |
| Section 5- SALES INFORMATION |
| Will there be advanced ticket sales? |
| Will there be on-site ticket sales? |
| Will there be vending or sales? If yes, check all that apply: Yes No |
| [] Food [] Merchandise [] Non-Alcoholic Beverages [] Alcoholic Beverages |
| Indicate type of items to be sold: |
| nothing will be sold, samples of Fireball Whisky will be distributed by TIPS certified brand ambassadors per Harry's event liquor license and Fireball Whisky's event liquor team. |
| per trainy's event liquor license and theball viriliary's event liquor team. |
| |
| Section 6- PUBLIC SAFETY & PARKING INFORMATION |
| Name of Private Security Company Harry's Detroit to provide onsite security |
| 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 |
| |

How will you advise attendees of parking options? Harry's to handle as this is a preexisting, annual event that we are joining.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? it will not affect any of the above

Have local neighborhood groups/businesses approved your event?

☐ Yes



Indicate what steps you have or will take to notify them of your event: Harry's to promote the 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) 1

10' x 10' x 8' Mastertent with wind rated weights

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

City/State/Zip:

| Section 9- COMPLETE ALL THA | AT APPLY |
|---|----------|
| Emergency medical services? | |
| Contact Person: Event Medic | |
| Address: 901 North Broadway | |
| City/State/Zip:North Massapequa, NY 11758 | |
| Name of company providing port-a-johns. | |
| Contact Person: Harry's to provide | |
| Address: F | Phone: |
| City/State/Zip: | |
| Name of private catering company? | |
| Contact Person:n/a | |
| Address: | Phone: |

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 propose | d area for closure. | |
|---------------------------------------|----------------------------------|-----------|
| STREET NAME: n/a Harry's priv | ate parking lot will be utilized | i. |
| FROM: | TO: | |
| | | |
| CLOSURE DATES: | BEG TIME: | END TIME: |
| REOPEN DATE: | TTIME: | |
| | | |
| STREET NAME: | | • |
| FROM: | TO: | |
| CLOSIDE DATES: | BEG TIME: | END TIME: |
| REOPEN DATE: | | |
| REOPEN DATE: | 3 2273 441 | |
| | | |
| | | - |
| FROM: | TO: | |
| CLOSURE DATES: | BEG TIME: | END TIME: |
| REOPEN DATE: | | |
| | | |
| STREET NAME: | | -y- |
| | TO: | |
| | | |
| CLOSURE DATES: | BEG TIME: | END TIME: |
| REOPEN DATE: | TTME: | |
| | | |
| STREET NAME: | | |
| FROM: | TO: | |
| | DEC TIME: | END TIME |
| | BEG 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

Please reach out directly to me with any/all questions as I can walk you though the onsite process and ROS + all safety precautions we take to execute this event; it is party of a national marketing program for the brand. We have a fire effects package PDF for your review. Please let me know where to send it.

Nick Krzeminski [Senior Event Producer // Archrival] 503-575-8643 [nick.krzeminski@archrival.com]

Josh Levine [Owner // Fired Up Management] 310-424-8801 [josh@firedupmanagement.com]

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.

| 1914 | ed va presentibles to " |
|---------|--------------------------------|
| Hickory | Jehn Kszeminski |
| | 1000000 A SERRE VA NA 2 ENDING |

01/29/2020

Signature of Applicant

Date

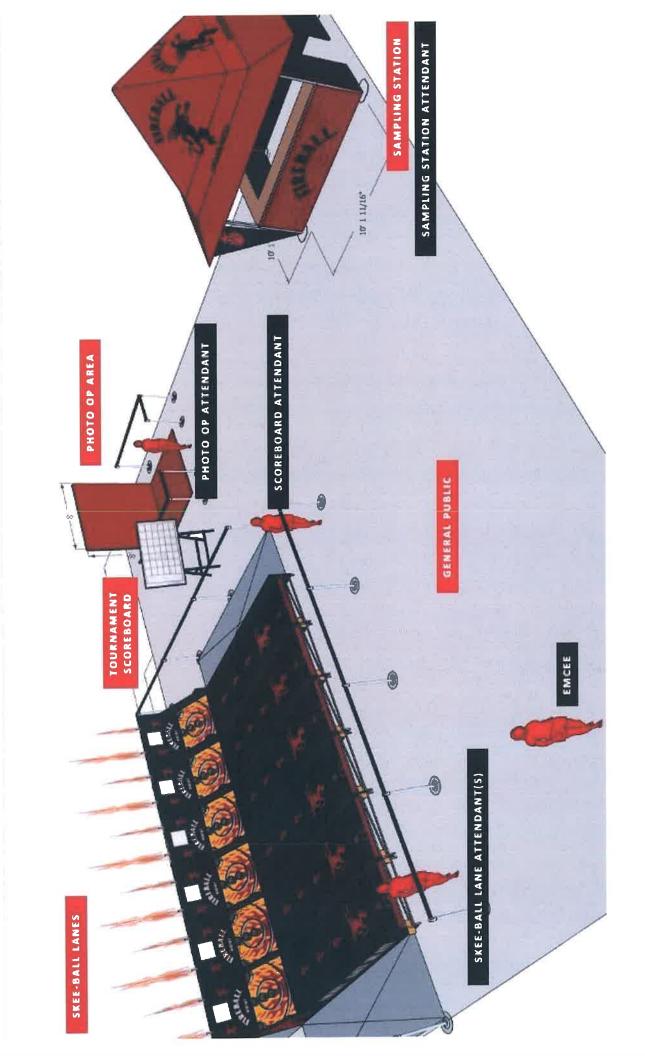
NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

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: Fireball Name: March 30, 2020 | Mnisky Fire Skee-Ball | Event |
|---|----------------------------|-------|
| Event Organizer: Archrival // Nick Krzer | ninski | |
| Applicant Signature: Date: 01/29/2020 | Olicholas John Kazeminskii | |



FIRE SKEE BALL INFORMATION

Harry's

3-30-2020

The intent of the following information is to address the requirements Fireball Skee Ball Installation. It is meant to accompany the Temporary Activity Permit application for the use of flame effects before an audience at the Harpoon Harry's Beachfront Restaurant

- 1. Organization Responsible: Fireball Whiskey / Archrival
- 2. Dates: 3/30/2020
- 3. Production Location: Harry's 2482

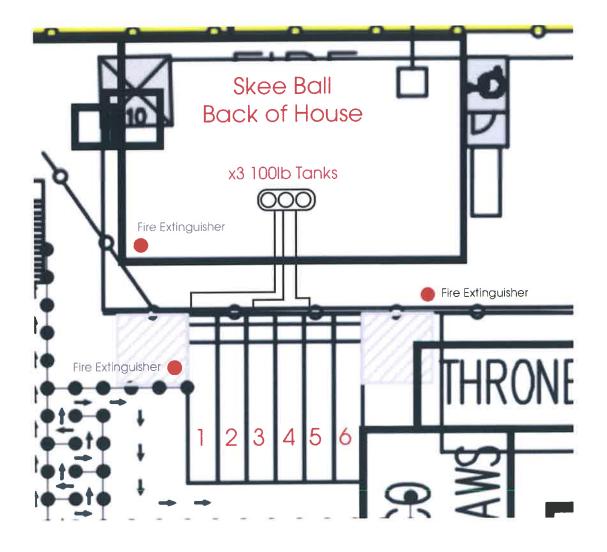
Clifford St. Detroit Mi 48201

313-964-1575

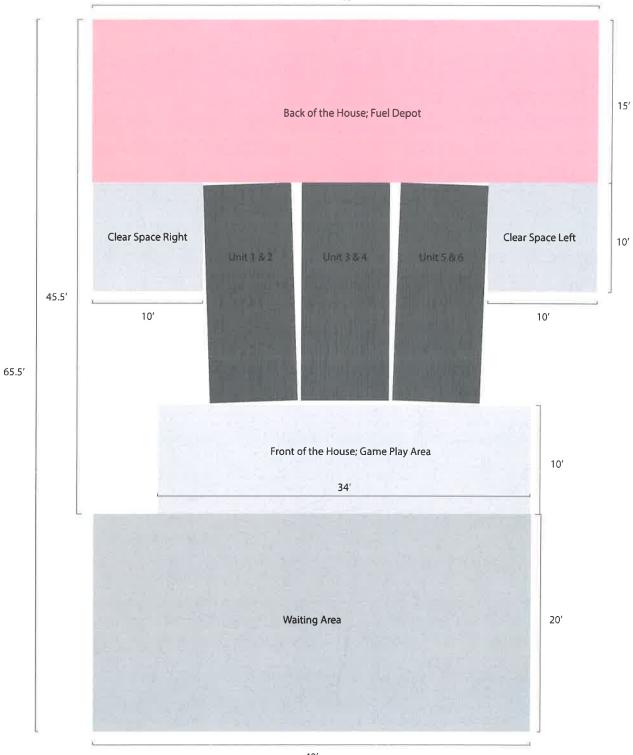
- 4. NFPA Part 160 Annex B information: (Please see documentation below)
- 5. Flame Effect Classification: Group III Flame Effect—An attended temporarily installed for a specific production with limited operation and fixed time for removal.
- 6. General Site Plan and Flame Effect Description:

Below is a diagram of a general proposed location and general site plan, with the location of the temporary activity





The fuel used for the effect will be propane in vapor form. The plan of operation is to run the system for about four to five hours. Estimated consumption is approximately three hundred pounds each of the three evening shims throughout the events. Above is a diagram of the fuel placement as well as strategically placed fire extinguishers.



40′

Proposed Fire Skee Ball location and General Site Plan (Not To Scale)

Fire Skee Ball is generically based on the arcade game, Skee Ball. As the name implies, fire is used to add another dimension to the game experience. Fire Skee Ball is a modification of the Riskee Ball base design implemented at the Burning Man 2013 Charcade by Christopher Guard / Site 3 Fire Arts, and Seth Hardy of Propane and Electrons. This system includes six participant lanes, fabricated in two lane pairs. The lane pairs can be deployed side-by-side and interconnected to one propane supply system for all six. Each pair of lanes would be independently functional, so that depending on the venue any multiple of two lanes could be set up and operated. The lanes themselves are 20 feet long, with aluminum frames. The ball rolling surface is marine plywood, and the sides are aluminum sheet metal. The "Headframe," the system component that is mounted at the end of the lane, contains the microprocessor-controlled flame effect system and scoring display. It is also fabricated with an aluminum frame and sheet metal. The flame effect mechanism is designed in accordance with NFPA Part 160. All piping within the game itself is Schedule 40 black pipe or LPG rated hose, with LPG-rated solenoid valves containing Viton seals. When a ball is rolled with sufficient accuracy, and lands in one of the target holes, a switch is activated that is detected by the microprocessor in the control system. The system in turn

actuates the adjacent solenoid, releasing propane for a predetermined period of time (on the order of 1/2 or one second). This release is ignited by pilot lights that are constantly lit.

Only the immediate area around the headframe is affected by the effect, as it fires at a slight angle from vertical out of the headframe. The audience will be positioned out in front of the game. As the ball runways are 16 feet long, the audience is maintained sufficiently distant from the effect. The sides of the effect will be barricaded at least 15 feet from the effect to prevent audience ingress to the vicinity of the effect. The system operator will have an E-stop button that can be pressed to immediately shut down the system in the event of unauthorized participant ingress.

The six lanes will be located in the center of the lot. A conceptual crowd control is depicted at the lower part of the proposed layout, with barricades around the perimeter. This is not necessarily the final configuration for the crowd control concept, pending additional evaluation.

Fire Skeeball Piping Diagram

| | 1 Propone supply Cytinder (2 each) | 00 | 8 20 B. accumulator propane tank, current certification |
|--------|--|----|--|
| M-10 | 2 M-FOLL LAFT MARPE, 7/8" Imm (Prioriter Supply) | 05 | Blacchi Solemaid Videz, Brans/Vitter (PIDIS) 32V DC 830V (Shusterch) |
| 1/4 10 | 1/4 turn 600 WOG Full Port Brass Ball Valve. (Poofer Supply) | 2 | 10 Low pressure pancake regulator for pilot flames |
| Tibe a | 4 Dillour Hill Pross. Aufl. Regulation - JAT E-AUT Inhet/Durket & gauge (Proster Supply) 23 3/4 turn 400 NOG 548 Port Brass Ball Valve | = | 3,74 turn 400 NeOG Fuff Port Brass Ball Valve |
| 3/8- | 3/V" to 104 PBG LP-day News (Pecter Supply) | 21 | 3.2 1.74 Schedule 40 black pips manifold for pills flames for predess |
| 1 Mr | IV2º (Nestric Solennid Villino, Hrass/Villian (Pissis) 138 V AC (Wicelesh) | = | 13 Schwidze 40 bileck gips and LP-rated gas hone manifold to other lanes |
| Schan | Schedule 40 black pips interconnectors between accomulator and union | | |

Supplemental fire protection features: An emergency stop button that removes power from all systems is included in the system. A solenoid valve at the supply is deenergized, cutting off propane supply to the system as well. 1/4 turn shutoff valves are placed throughout the system in the event that a malfunctioning part of the system needs to be isolated by the operator.

Inclement weather such as rain or winds above 25 mph would necessitate the suspension of operations for these circumstances.

Clearance to combustibles: No combustibles have been identified inside the area other than the incidental plastics in the mechanism and the marine plywood of the lanes themselves. A minimum of two 2-A:10B:C rated fire extinguisher will be on hand at all times.

Operator participation: The certified/registered operator currently identified in this document is not the designers or assembler of this flame effect system. This operator has worked this system in the past and has knowledge of its functionality. They will be in position to immediately press the stop button when an off-normal situation is identified, such as equipment malfunction or unauthorized ingress into the restricted area around the effect. Helpers may be on hand for assistance with the effect and/or crowd control, and will be trained in the system's behavior, location of shutoff valves, fire extinguishers and observational awareness. The operator

will conduct a tailgate safety briefing daily before the startup of operation, and operational checks will be made as part of the startup process. Shutdown will be a general reverse of the startup process.

Emergency response procedures: Off-normal occurrences will be handled on a case-by-case basis. In the event of a minor equipment malfunction, the response may be no more than isolating a particular part of the system and turning off the controller. For a major malfunction, the Emergency Stop button would be pressed by the operator, and, safety permitting, manual system valving would be closed, and participants would be directed to egress. Emergency response notifications would be made immediately through proper chain of command emergency response system depending on the situations.

The Operator is identified for the system will be determined from the Orlando Florida area.

EQUIPMENT NEEDED

on both dates:

3/28 - 3/30

1x Forklift w/8" forks to remove lanes from trailer.

RUN OF SHOW

Estimated

Saturday March 28th 2020

11AM- Arrival of FSB Lanes onsite.

Sunday March 29th 2020

9 AM - Artist/Crew arrive for Build

Monday March 30th 2020

8AM - 8PM SHOW DAY

Mon-Wed 3/28-3/30 - SECURITY ONSITE ONLY

Onsite Contacts:

Josh Levine 310-424-8801 / Aldo Ramon 305-212-4047

