

*New Business Agenda*

*2-25-20*

**NEW**

**BUSINESS**

**MAYOR'S OFFICE COORDINATORS REPORT**

9  
20

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

Petition #: 1207   Event Name: Tiger's Opening Day Event - Dino Drop

Event Date: March 30, 2020

Street Closure: None

Organization Name: Dino Drop, Inc.

Street Address: 22740 Woodward Avenue Ferndale, MI 48220

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

Event Elements (check all that apply):

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

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

Dino Drop will host a private Tiger's Opening Day Party at the parking lot located at 401 - 405 Gratiot from 10:00am - 4:00pm.

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

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

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

**MAYOR'S OFFICE**

Signature: B. Kusher

Date: 2-12-2020

Janice M. Winfrey  
City Clerk

# City of Detroit

OFFICE OF THE CITY CLERK

Andre P. Gilbert II  
Deputy City Clerk

## DEPARTMENTAL REFERENCE COMMUNICATION

*Friday, February 14, 2020*

*To: The Department or Commission Listed Below*

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

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

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

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

**1207**    *Dino Drop Inc., request to hold "Tigers Opening Day Event - Dino Drop" at 401 - 405 Gratiot on March 30, 2020 from 10:00 AM to 4:00 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: Tigers Opening Day Event - Dino Drop

Event Location: 401-405 Gratiot Lot

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Dino Drop Inc.

Organization Mailing Address: 22740 Woodward Ave. Ferndale 48220

Business Phone: 248-591-3466 Business Website: \_\_\_\_\_

Applicant Name: Dean Bach

Business Phone: 248-591-3466 Cell Phone: 248-284-3029 Email: laurenkcurrier@gmail.com

Event On-Site Contact Person:

Name: Dean Bach

Business Phone: 248-591-3466 Cell Phone: 248-444-7970 Email: dino@dinoslounge.com

Event Elements (check all that apply)

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

Projected Number of Attendees: 1,000

Please provide a brief description of your event:

A one day private Tigers Opening Day Tailgate event.

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

Begin Set-up Date: 3/29/20 Time: 10AM Complete Set-up Date: 3/30/20 Time: 10AM

Event Start Date: 3/30/20 Time: 10AM Event End Date: 3/30/20 Time: 4pm

Begin Tearing Down Date: 3/30/20 Complete Tear Down Date: 3/31/20

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

Just one day

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: 401-405 Gratiot Parking Lot

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

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

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

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

Flat Screen T.V.'s for watching the Tigers Game

Will a sound system be used?  Yes  No

If yes, what type of sound system? EV SX200/300 Two Way Speaker

**Section 5- SALES INFORMATION**

Will there be advanced ticket sales?  Yes  No

If yes, please describe: Membership 100 person access wristbands

Will there be on-site ticket sales?  Yes  No

If yes, list price(s): probably not

Will there be vending or sales?  Yes  No

If yes, check all that apply:

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

Indicate type of items to be sold: All Inclusive

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

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

How will you advise attendees of parking options? local lots and/or public transportation

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

Name of Private Security Company: Archangel Security

Contact Person: Dale

Address: 15465 Rhoades Lane Phone: (810) 820-1635

City/State/Zip: Fenton MI 48430

Number of Private Security Personnel Hired Per Shift: 5

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

- Licensed       Armed       Bonded

**Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION**

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

It will not. Will be in a private, fenced secured lot.

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

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

There are no neighbors near our location.

**Section 8- EVENT SET-UP**

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

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

One generator will be used. Will be fueled by gasoline. Company supplying: PM Technologies 29395 Wall St. Wixom MI 48393

Name of vendor providing generators: Contact Person: Bob Thackeray, PM Technologies

Address: 29395 Wall St.

Phone: 800-419-5199

City/State/Zip: Wixom MI 48393

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides) 12 10-20'x20'x15' height 1-20'x40'x15' height

Canopy (open on all sides) 1-20'x30'x15' height

Staging/Scaffolding

Bleachers (tables) 8' banquet tables - 20 6' banquet tables - 5 36" cocktail tables - 100

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person

Address:

City/State/Zip:

Name of company providing port-a-johns. Parkway Services, Inc.

Contact Person: parkwayservicesinc@yahoo.com

Address: 2876 Tyler Rd.

Phone: 734-482-7633

City/State/Zip: Ypsilanti MI 48198

Name of private catering company? Dino's Catering

Contact Person: Dean Bach

Address: 22740 Woodward Ave

Phone: (248) 591-3466

City/State/Zip: Ferndale, MI 48220



**SPECIAL USE REQUESTS**

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

Will there be street closures?  Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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**AUTHORIZATION & AFFADAVIT OF APPLICANT**

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

De Bach 1/25/2020  
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.

(Please Print)

Event Name: TIGERS OPENING DAY Event  
Date: 3/30/2020

Event Organizer: DEAN BACH

Applicant Signature: De Bach  
Date: 1/25/2020



DINOLOU-01

KMCCANN

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/22/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Huttenlocher Group 1007 W. Huron Street Waterford, MI 48328	CONTACT NAME: Kathy McCann	
	PHONE (A/C, No, Ext): (248) 203-1837	FAX (A/C, No):
INSURED  Dino Drop, Inc. DBA: Dino's Lounge 22740 Woodward Ave Ferndale, MI 48220	E-MAIL ADDRESS: kmccann@epi-ins.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Cincinnati Insurance Company	NAIC # 10677
	INSURER B: The Cincinnati Casualty Company	28665
	INSURER C: Accident Fund National Insurance Company	12305
	INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	EPP 0157454	8/28/2019	8/28/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		EBA0157454	8/28/2019	8/28/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		EPP 0157454	8/28/2019	8/28/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MI) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WCV6182053	2/5/2019	2/5/2020	PER STATUTE   OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Park Rite Inc. is named additional insured as regards general liability.

### CERTIFICATE HOLDER

Park Rite Inc.  
1426 Times Square  
Detroit, MI 48226

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Service Stops:

ORDER CONFIRMATION [DH Route:1 Stop:0]

Parkway Services, Inc.

We're There  
When You Gotta Go



Portable Toilets & Septic Service

2876 Tyler Road

Ypsilanti, MI 48198

Ph: 734-482-7633

Fax: 734-482-7632

Service Address
Monroe Parking Lot Tigers Opening Day 401 Gratiot Ave DETROIT, MI 48226

Billing Address
Dino's Lounge Atten:Accts.Payable 22740 Woodward Ave. FERNDAL, MI 48220

Phone: (248) 591-3466

Contact: Patrick Vincent

Phone: (248) 444-7970

Contact: Dean Bach

Order #: 106546 - 0

106546 01

Site #	Cust #	Sched Date	Day	Time	Clerk	Req Date	Route	P.O.#	Terms	Sales Source/Cred	Mrkt/Tier
20146	DINOLOUN	Mar 29, 20	Sun	00:00:00	ST	Mar 29, 20	1		COD	/	SP/

ORDER CONFIRMATION - Ord# 106546

Driver=DH Route=1 Stop=0 Truck=\_\_\_ Trailer=\_\_\_

SN# =

Page 1 / 1

Invoice Note: Deliver 13 hand sanitizer units  
for Opening Day March 30, 2020  
Del.Sun/Pickup Tues  
Total: \$1300.00  
Ordered by Lauren on 1-27-20

Units: PTZ 13

Existing Units:

Serial# \_\_\_\_\_

Message: **\*\*Sign White office copy below & return to us.\*\***  
 Email to: [parkwayservicesinc@yahoo.com](mailto:parkwayservicesinc@yahoo.com)  
 Map: Lat = 42.3361183 Long = -83.0445275  
 Directions: Gratiot Ave./Brush St.  
 \*Monroe parking lot\*  
 Driver Notes: 13 ptz  
 call upon arrival  
 Patrick or Lauren Currier 248-284-3029

Customer Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Driver: \_\_\_\_\_ Date: \_\_\_\_\_



food bar area

1  
20x20

2  
20x20

3  
20x20

4  
20x20

12  
20x20

11  
20x20

bar  
20x20

10  
20x20

9  
20x20

5  
20x20

6  
20x20

8  
20x20

7  
20x20

20x40  
15x30

- = GARBAGE CANS
- = FIRST AID
- = FIRE LANE
- = Enter/exit
- = Television
- = Bathroom
- = Fencing
- = Cocktail Table
- = Generator
- = Tent

Amount of Tables



FountainX

10

~~102~~

### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1208 Event Name: Jacoby's Tent Event

Event Date: March 17 & March 26, 2020

Street Closure: None

Organization Name: 1904 Enterprise, LLC

Street Address: 624 Brush Street Detroit, MI 48226

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

Event Elements (check all that apply):

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

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

Jacoby's will erect a 40x40 tent at 600 Brush Street to host additional attendees from 9:00am - 10:00pm both event dates.

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

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

FEB 24 2020 MTMB RM(2-2)

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

**MAYOR'S OFFICE**

Signature: B. Lushier

Date: 2-12-2020



Janice M. Winfrey  
City Clerk

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

Andre P. Gilbert II  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Friday, February 14, 2020*

*To: The Department or Commission Listed Below*

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

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

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

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

**1208**    *1904 Enterprise LLC, request to hold "Jacoby's Tent Event" at 600 Brush Street on March 17 and 26, 2020 from 9:00 AM to 10:00 PM on each day.*

3/17 and 3/26/2020

### 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: Jacoby's Tent Event

Event Location: 600 Brush St. Detroit MI 48226

Is this going to be an annual event?  Yes  No

#### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: 1904 Enterprise LLC

Organization Mailing Address: 624 Brush St. Detroit MI 48226

Business Phone: (313) 962-7067 Business Website: Jacobysdetroit.com

Applicant Name: Adam Gilezas

Business Phone: (313) 962 7067 Cell Phone: (586) 601-6161 Email: adamg619@gmail.com

#### Event On-Site Contact Person:

Name: Adam Gilezan

Business Phone: (313) 962-7067 Cell Phone: (586) 601-6161 Email: adamg619@gmail.com

#### Event Elements (check all that apply)

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

Projected Number of Attendees: 100 people

Please provide a brief description of your event:

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

Begin Set-up Date: 3-17-20 Time: 6AM Complete Set-up Date: 3-17-20 Time: 9AM

Event Start Date: 3-17-20 Time: 9AM Event End Date: 3-17-20 Time: 10PM

Begin Tearing Down Date: 3-17-20 Complete Tear Down Date: 3-17-20

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

Also 3-26-20 with the same times as above.

**Section 3- LOCATION/SITE INFORMATION**

Location of Event:

Facilities to be used (Check) Street Sidewalk Park City

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

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

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

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

DJ

Will a sound system be used?  Yes  No

If yes, what type of sound system? speakers & Amplifiers

Describe specific power needs for entertainment and/or music:

Power from the Bks building music & lighting

How many generators will be used? \_\_\_\_\_

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

Address:

N/A

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 ~~Yes~~ \$10 per person  
If yes, list price(s):

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

Food  Merchandise  Non-Alcoholic Beverages  Alcoholic Beverages

Indicate type of items to be sold:

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Cammon industries LLC

Contact Person: Jimmie Cammon

Address: 12094 Marlowe

Phone: (313) 623-5135

City/State/Zip: Detroit, MI 48227

Number of Private Security Personnel Hired Per Shift: 3

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

Pay Parking Lots around the area also street parking.

### Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

It will be good for our surrounding businesses because we will be bringing more people in our area.

Have local neighborhood groups/businesses approved your event?

Yes  No

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

~~Verbally~~ Verbally and via event flyers

### Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth	0	
Tents (enclosed on 3 sides)	1	40 x 40 ft.
Canopy (open on all sides)	0	
Staging/Scaffolding	0	
Bleachers	0	

### Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person:

Address:

City/State/Zip:

Name of company providing port-a-johns.

Contact Person:

Jay's

(Katie)

Address:

2737 Greenwood Rd.

Phone:

(310) 214-4570

City/State/Zip:

Lapeer MI 48446

Name of private catering company?

Contact Person:

N/A

Address:

Phone:

City/State/Zip:

**SPECIAL USE REQUESTS**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**AUTHORIZATION & AFFADAVIT OF APPLICANT**

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

*[Handwritten signature]*

*2-5-2020*

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: *Jacoby's Tent Event* Event  
Date: *3-17-20 / 3-26-20*

Event Organizer: *Adam Gilezan*

Applicant Signature: *[Handwritten signature]*  
Date: *2-5-2020*





# S&R Event Rental

22655 South Chrysler Dr, Hazel Park, MI 48030  
Phone: (248) 655-6020  
www.sreventrental.com | office@sreventrental.com

## PROPOSAL

### Bill To

**Jacoby's**  
**ADAM GILEZAN**  
624 Brush Street  
Detroit, MI 48226  
Phone: ( ) -  
Email: adamg619@hotmail.com

**Quote No:** QSR1001

**Quote Date:** February 5, 2020  
**Written By:** TF

### Deliver To

624 Brush Street  
Detroit, MI 48226

**Delivery:** Tue, Mar 17, 2020 Early Morning  
**Event Starts:** Tue, Mar 17, 2020 12:00 am  
**Event Ends:** Tue, Mar 17, 2020 11:59 pm  
**Pick-up:** Tue, Mar 17, 2020 After 10 pm  
**Delivery Method:** Delivery

### Contact Person

**ADAM GILEZAN**  
Phone: ( ) -  
Cell Phone: (586)601-6161  
Email: adamg619@hotmail.com

### Additional Notes

Customer said the tent will be located in the parking lot next to his building. We have to use anchors, you can not stake down.

Qty	Description	Size	Unit Price	Bill. Days	Total
<b>40 X 60 NAVI-TRAC WHITE FRAME TENT</b>					
1	40 X 60 NAVI-TRAC WHITE FRAME TENT		\$1,550.00	1	\$1,550.00
<b>HC HEATING AND COOLING</b>					
120	Propane Per Gallon		\$2.75	1	\$330.00
<b>SW SIDE WALL</b>					
10	Tracking Wall 8' X 20' White		\$25.00	1	\$250.00
<b>AS ANCHOR SYSTEM</b>					
10	Cement Blocks 1600 #		\$50.00	1	\$500.00
<b>LC LABOR CHARGES</b>					
1	Permit Fees Tbd Est. \$800 - \$1600		\$1,200.00	1	\$1,200.00
<b>HC HEATING AND COOLING</b>					
1	Heater Lb 350,000 Btu		\$425.00	1	\$425.00

**Order Subtotal:** \$4,255.00  
**Pick-Up Charge:** \$400.00  
**Delivery Charge:** \$400.00  
**Sales Tax (6%):** \$183.30  
**CC Fee:** \$157.15  
**TOTAL:** \$5,395.45

**Deposit Due:** \$2,697.72

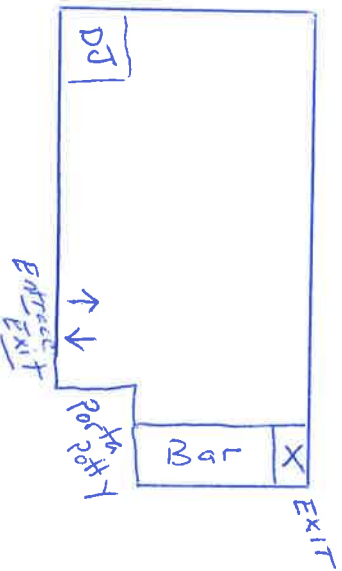
### THIS IS A QUOTATION

1. Table and Chair pricing does not include setup. Additional fees required, call the office for a quote.
2. Events require a 50% deposit due at the time of scheduling, with remaining balance due at delivery.
3. Events scheduled with 6 days or less, prior to the event date need to make payment arrangements with the office, which may require payment in full at the time of scheduling.
4. Credit Card Payments are welcome, additional 3% processing fee will be applied to your total.
5. Customer Responsible for Calling "MISS DIG" #800-482-7171 2 Weeks Prior to Installation.
6. Customer Takes Full Responsibility For Any Structural Alterations After Installation.
7. The customer agrees to be responsible for and to pay the cost of any damage to the equipment rented from S&R/Ace. Customer agrees to pay such costs upon notification from S&R/Ace within five days of such notification.
8. An After hours emergency line is provided to you. In case of missing or damaged items. Please contact the office at 248.655.6020 and select option 5 to be forwarded to an emergency voicemail. No invoice will be credited for missing or damaged items that have not been reported prior to the start of the event or at the time damage incurs (if it is weather



Imagery ©2020 First Base Solutions, Maxar Technologies, Sanborn, U.S. Geological Survey, Map data ©2020

20 ft



## LEASE AGREEMENT

APG PARKING INC, ALLOWES JACOBYS DETROIT TO USE THE FULL LOT LOCATED AT 600 BRUSH ST, DETROIT MI 48226 FOR BOTH ST. PATRICKS DAY TUESDAY MARCH 17 FOR THE COST OF 750\$ AND TIGERS OPENING DAY THURSDAY MARCH 27 FOR THE COST OF 850\$.

APG PARKING INC.

CEO: M, MALICK

CELL: (313) 407-1977

## MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1209    Event Name: 29th Annual St. Patrick's Day Celebration - Old Shillelagh

Event Date: March 14 & March 17, 2020

Street Closure: None

Organization Name: The Old Shillelagh, Inc.

Street Address: 348 Monroe Detroit, MI 48226

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

Event Elements (check all that apply):

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

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

The Old Shillelagh will host their annual St. Patrick's Day celebration at 349 Monroe and the adjacent parking lot from 12:00pm - 2:00am and 6:00am - 2:00am on both dates respectively.

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

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

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

**MAYOR'S OFFICE**

Signature: B. Lushier

Date: 2-12-2020

Janice M. Winfrey  
City Clerk

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

Andre P. Gilbert II  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Friday, February 14, 2020*

*To: The Department or Commission Listed Below*

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

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

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

---

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

**1209**    *The Old Shillelagh, LLC, request to hold the "Old Shillelagh 29th Annual St. Patrick's Day Celebration" at 349 Monroe from March 14, 2020 to March 18, 2020 from 12:00 noon to 2:00 each day. Set up begins on 3/11/20 with complete tear down on 3/18/20.*

### 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: 29th Annual St. Patrick's Day Celebration - Old Shillelagh

Event Location: 349 Monroe

Is this going to be an annual event?  Yes  No

#### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: The Old Shillelagh, LLC

Organization Mailing Address: 349 Monroe

Business Phone: 313-964-0009 Business Website: www.oldshillelagh.com

Applicant Name: Richelle Lewis

Business Phone: 313-964-0009 Cell Phone: 248-953-5811 Email: oldshillelagh@comcast.net

Event On-Site Contact Person: Name: Monique Lazaros

Business Phone: 3139640009 Cell Phone: 248-953-5811 Email: oldshillelagh@comcast.net

#### Event Elements (check all that apply)

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

Projected Number of Attendees: 5000

#### Please provide a brief description of your event:

Two large heated tents with entertainment along with, food, alcoholic and non-alcoholic drinks.

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

Begin Set-up Date 03/11/2020 Time:4:00am Complete Set-up Date: 3/13/2020 Time:5:00pm

Event Start Date:03/14/2020 Time:12:00pm Event End Date: 3/18/2020 Time:2:00am

Begin Tearing Down Date:03/18/2020 Complete Tear Down Date:03/18/2020

Event Times (if more than one day, give times for each day):  
March 14, 2020 12:00pm to March 15, 2020 2:00am  
March 17, 2020 6:00am to March 18, 2020 2:00am

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: 349 Monroe Street, Detroit, MI 48226

Facilities to be used (Check) Street Sidewalk Park City

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

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

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

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

Bands performing Irish songs, covers and DJ's alternating.

Will a sound system be used?  Yes  No

If yes, what type of sound system? Audio System

Describe specific power needs for entertainment and/or music:

Amplified-augmented, sound increased to broaden range. No Generators will be used.

How many generators will be used? 0

How will the generators be fueled?  
n/a



Name of vendor providing generators:

Contact Person: n/a

Address: n/a

Phone: n/a

City/State/Zip n/a

**Section 5- SALES INFORMATION**

Will there be advanced ticket sales?  Yes  No

If yes, please describe:

Will there be on-site ticket sales?  Yes  No

If yes, list price(s):

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food     Merchandise     Non-Alcoholic Beverages     Alcoholic Beverages

Indicate type of items to be sold:

Burgers, Hot Dogs, Nachos, French Fries, Shepards Pie, water, soda, beer and liquor.

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

Name of Private Security Company: Safe Provisions

Contact Person: Mitch Heard

Address: 2723 S. State Street, Ste 150

Phone: 734-657-5224

City/State/Zip:

Ann Arbor, MI 48104

Number of Private Security Personnel Hired Per Shift:

20-25

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

Licensed     Armed     Bonded

How will you advise attendees of parking options?

Signs, social media and word of mouth.

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
Our neighbors look forward to our events annually.

Have local neighborhood groups/businesses approved your event?

Yes  No

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

Contact the following people

Ross (The well) 348-231-8191, Yanni (Exodus) 313-405 and Spiro (Baltimore and Pappy's) 313-971-3886

## 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)	See Attached	
Canopy (open on all sides)	See Attached	
Staging/Scaffolding	See Attached	
Bleachers		

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

Contact Person: Hart EMS - Adam West 313-366-4278

Address: 1636 W Fort Street

City/State/Zip: Detroit, MI 48226

**Name of company providing port-a-johns.** Scotties Potties

Contact Person: Lori Proctor

Address: 27940 Wick Road

Phone: 734-421-1400

City/State/Zip: Romulus, MI 48174

**Name of private catering company?** n/a

Contact Person:

Address:

Phone:

City/State/Zip:

**SPECIAL USE REQUESTS**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**AUTHORIZATION & AFFADAVIT OF APPLICANT**

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

  
Richelle Lewis

02/10/2020

Signature of Applicant

Date

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

**HOLD HARMLESS AND INDEMNIFICATION**

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

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

**Event Name:** 29th Annual St. Patrick’s Day Celebration **Event**

**Date:** 03/14/2020

**Event Organizer:**  
The Old Shillelagh, LLC

**Applicant Signature:** 

**Date:** 02/10/2020

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### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1210 Event Name: 11th Annual Marche du Nain Rouge

Event Date: March 22, 2020

Street Closure: Canfield & Second Street

Organization Name: Marche du Nain Rouge

Street Address: 34 West Bethune Detroit, MI

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

Event Elements (check all that apply):

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

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

The 11th Annual Marche du Nain Rouge Parade will host their art presentation in Detroit's Historic Cass Corridor from 12:00pm - 3:00pm with a party located inside of the Masonic Temple immediately after until 8:00pm; with temporary street closures on Canfield, Second and Temple Street.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Universal Macomb to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

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

**MAYOR'S OFFICE**

Signature: B. Kushier

Date: 2-12-2020

Janice M. Winfrey  
City Clerk

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

Andre P. Gilbert II  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Friday, 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  
PLANNING AND DEVELOPMENT DEPARTMENT    POLICE DEPARTMENT  
FIRE DEPARTMENT    BUSINESS LICENSE CENTER  
TRANSPORTATION DEPARTMENT    MUNICIPAL PARKING DEPARTMENT

**1210**    *Marche du Nain Rouge, request to hold the "11th Annual Marche du Nain Rouge" on Canfield, between Cass and Second and Second between Canfield and Temple on March 22, 2020 from 12:00 Noon to 8:00 PM with setup and teardown on the same day.*

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

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



3/22/2020

## 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: 11th Annual Marche du Nain Rouge

Event Location: Canfield, between Cass and Second; Second between Canfield and Temple; Temple

Is this going to be an annual event?  Yes  No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Marche du Nain Rouge

Organization Mailing Address: 34 West Bethune

Business Phone: 313.717.4298

Business Website: www.marchedunainrouge.com

Applicant Name: Marche du Nain Rouge

Business Phone: 313.717.4298

Cell Phone: 313.717.4298

Email: marchedunainrouge@gmail.com

#### Event On-Site Contact Person:

Name: Francis Grunow

Business Phone: 313.717.4298

Cell Phone: 313.717.4298

Email: marchedunainrouge@gmail.com

#### Event Elements (check all that apply)

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

Projected Number of Attendees: 5,000-7,000

#### Please provide a brief description of your event:

The 11th Annual Marche du Nain Rouge is a community art parade and presentation in Detroit's Historic Cass Corridor. Thousands of participants come dressed in costume and become the parade, celebrating Spring and evoking Detroit's oldest legend, the Nain Rouge.

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

Begin Set-up Date 03/22/2020 Time: 8 a.m. Complete Set-up Date: 03/22/2020 Time: 11 a.m.

Event Start Date: 03/22/2020 Time: 12 p.m. Event End Date: 03/22/2020 Time: 8 p.m.

Begin Tearing Down Date: 03/22/2020 Complete Tear Down Date: 03/22/2020

Event Times (If more than one day, give times for each day):  
Please note parade step off is targeted for 1:30 p.m.

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Canfield, Second, Temple, Cass Park, Masonic Temple

Facilities to be used (Check) Street  Sidewalk  Park \_\_\_\_\_ City \_\_\_\_\_

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

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

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

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

There will be an hourlong Community Stage beginning at noon, with poetry, music, and approved flame

Will a sound system be used?  Yes  No

If yes, what type of sound system? Multiway Concert Sound

Describe specific power needs for entertainment and/or music:

10,000 Watt Max

How many generators will be used? One

How will the generators be fueled?  
Diesel or Gas

Name of vendor providing generators:

Contact Person: Nick Enright (Lyve/Thunder)

Address: 4437 5th Street

Phone: 313.303.3438

City/State/Zip Ecorse, MI 48229

### Section 5- SALES INFORMATION

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

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

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

Food  Merchandise  Non-Alcoholic Beverages  Alcoholic Beverages

Indicate type of items to be sold:

Merchandise - T-shirts, posters, coloring books, patches, stickers, etc.

Food - We do not have any food vendors at this time, but will direct any food vendors to submit license to City of Detroit

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: NA

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?

Via website, social media, and earned media. Attendees are advised to use area parking and through a special deal with Wayne State University Parking

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
There is a 3-4 hour period where the Marche impacts the surrounding community. Streets are closed off and there is a loudspeaker at the beginning of the event. Thousands of costumed attendees fill the streets and sidewalks

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

Indicate what steps you have or will take to notify them of your event:  
We work closely with Midtown Detroit, Inc., to disseminate information. Also businesses and residents are notified by word of mouth, flyers, emails, etc.

## 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)	1-2	10x10
Canopy (open on all sides)		
Staging/Scaffolding	1	Mobile stage at beginning.
Bleachers		

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

Contact Person: Universal Macomb

Address: 37583 Mound Road

City/State/Zip: Sterling Heights, MI 48310

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

Contact Person:

Address: PO Box 40387

Phone: 734.421.1400

City/State/Zip: Redford, MI 48240

Name of private catering company? NO

Contact Person:

Address:

Phone:

City/State/Zip:

**SPECIAL USE REQUESTS**

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

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

STREET NAME: Canfield Street  
FROM: Cass TO: Second (including intersection)

CLOSURE DATES: 3/22 BEG TIME: 10 a.m. - 5 END TIME:  
REOPEN DATE: \_\_\_\_\_ TIME:

STREET NAME: Second Avenue  
FROM: Prentis TO: Ledyard

CLOSURE DATES: 3/22 BEG TIME: 1:30 p.m. - 4 END TIME:  
REOPEN DATE: \_\_\_\_\_ TIME:

STREET NAME: Temple  
FROM: Cass TO: Second

CLOSURE DATES: 3/22 BEG TIME: 1:30 - 4 p.m. 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.

  
Digitally signed by Francis Grunow, DN: cn=Francis Grunow, o=City of Detroit, ou=City of Detroit, email=grunowfr@cityofdet.org

01/20/2020

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: Marche du Nain Rouge **Event**

Date: 3/22/2020

Event Organizer:  
Marche du Nain Rouge

Applicant Signature:   
Digitally signed by Francis Grunow, DN: cn=Francis Grunow, o=City of Detroit, ou=City of Detroit, email=grunowfr@cityofdet.org

Date: 01/20/2020

13

47 24

### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1211 Event Name: 43rd Annual St. Patrick's Irish Festival

Event Date: May 3, 2020

Street Closure: None

Organization Name: St. Patrick Senior Center, Inc.

Street Address: 58 Parsons Detroit, MI 48201

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

Event Elements (check all that apply):

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

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

The St. Patrick Senior Center will host their 43rd Annual Irish Festival at 58 Parsons the adjacent parking lot from 1:00pm - 8:00pm.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; St. Patricks Senior Center will Provide Personal EMS Onsite
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required



Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fencing Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tent, Staging & Generator
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: B. Aushier

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.

---

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

**1211**    *St. Patrick Senior Center, Inc., request to hold "43rd Annual St. Patrick Irish Festival" at 58 Parsons on May 3, 2020 from 1:00 pm to 8:00 pm with set up on 5/2/2020 and tear down completion on 5/3/2020.*

5/3/2020

1211

# 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: 43rd Annual St. Patrick Irish Festival

Event Location: 58 Parsons, Detroit, MI 48201

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: St. Patrick Senior Center, Inc.

Organization Mailing Address: 58 Parsons, Detroit, MI 48201

Business Phone: 313-833-7080

Business Website: www.stpatsrctr.org

Applicant Name: SaTrice Coleman-Betts

Business Phone: 313-833-7080

Cell Phone: 313-690-7171

Email: src.betts@stpatsrctr.org

Event On-Site Contact Person:

Name: SaTrice Coleman-Betts/Vince Borowski

Business Phone: 313-833-7080

Cell Phone: 313-690-7171

Email: src.betts@stpatsrctr.org

Event Elements (check all that apply)

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

Projected Number of Attendees: 1000

Please provide a brief description of your event:

A special event hosted on St. Patrick Senior Center's business property to raise funds to support the 501c3 nonprofit senior center. The event has musical entertainment, raffles, children's games, and food. Volunteers and senior center staff man the one-day event that will be held from 1 pm - 8 pm.

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

Begin Set-up Date 05/02/2020 Time 9:00 AM Complete Set-up Date: 05/03/2020 Time: 1:00 PM

Event Start Date: 05/03/2020 Time: 1:00 PM Event End Date: 05/03/2020 Time: 08:00 PM

Begin Tearing Down Date: 05/03/2020 Complete Tear Down Date: 05/03/2020

Event Times (If more than one day, give times for each day):  
May 3, 2020 1:00 M - 8:00 PM

### Section 3- LOCATION/SITE INFORMATION

Location of Event: St. Patrick Senior Center, Inc., 58 Parsons, Detroit, MI 48201

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

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

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

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

### Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Irish musicians will provide entertainment on 2 floors in the building and a small entertainment area

Will a sound system be used?  Yes  No

If yes, what type of sound system? Acoustic audible, heard within natural range.

Describe specific power needs for entertainment and/or music:

Power will be provided from our facility outlets and a small generator will be used in the parking lot.

How many generators will be used? 1

How will the generators be fueled?  
Gasoline

Name of vendor providing generators:

Contact Person: LA's Events & Design, LLC

Address: 29936 Orchard Lake Road

Phone: 313-743-1574

City/State/Zip Farmington Hills, MI 48336

### Section 5- SALES INFORMATION

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

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

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

Food  Merchandise  Non-Alcoholic Beverages  Alcoholic Beverages

Indicate type of items to be sold:

Arts and crafts prepared by senior members.

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Detroit Police Reserves

Contact Person: Officer Hill

Address: 6300 Caniff

Phone: 313-596-2570

City/State/Zip:

Detroit, MI 48201

Number of Private Security Personnel Hired Per Shift:  
4 per 2 shifts

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

Licensed  Armed  Bonded

How will you advise attendees of parking options?

Signs and advertised on promotional information.

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
 Minimal impact on neighborhood. All activities take place on the organization's property and parking facilities are donated by the Detroit Symphony Orchestra. Individuals will attend the event over a 7 hour period.

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

Indicate what steps you have or will take to notify them of your event:  
 A meeting with the Detroit Symphony Orchestra's administration has taken place. A letter will be provided along with promotional information to the other businesses on the block. Two of the three other business will be closed the day of the event.

## 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)	3	2-20x40 and 1-20x30
Canopy (open on all sides)	3	1-10x10 and 2-10x20
Staging/Scaffolding	1	Entertainment platform approximately 12" in
Bleachers	N/A	

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

Contact Person: Lisa Saigh, R.N.

Address: 58 Parsons

City/State/Zip: Detroit, MI 48201

Name of company providing port-a-johns: Parkway Portable Toilets

Contact Person: Kathy Mular

Address: 2876 Tyler Road

Phone: 734-482-7633

City/State/Zip: Ypsilanti, MI 48198

Name of private catering company? N/A

Contact Person:

Address:

Phone:

City/State/Zip:

**SPECIAL USE REQUESTS**

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

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

**STREET NAME:** N/A

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

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

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

**STREET NAME:** N/A

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

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

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

**STREET NAME:** N/A

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

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

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

**STREET NAME:** N/A

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

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

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

**STREET NAME:** N/A

**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.

*Antwice Aleman Betts*

*1/6/2020*

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:** 43rd Annual St. Patrick Irish Festival **Event**  
**Date:** May 3, 2020

**Event Organizer:**  
St. Patrick Senior Center

**Applicant Signature:** *Antwice Aleman Betts*  
**Date:** *1/6/2020*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/02/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Ralph C. Wilson Agency, Inc  Box 5069 Southfield MI 48086-5069		<b>CONTACT NAME:</b> Patricia Brandemihl <b>PHONE (A/C, No, Ext):</b> (248) 355-1414 <b>E-MAIL ADDRESS:</b> pattyb@rcwa.net <b>FAX (A/C, No):</b> (248) 304-0877	
<b>INSURED</b> St. Patrick Senior Center, Inc. 58 Parsons St.  Detroit MI 48201		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> First Non-Profit Insurance Company <b>INSURER B:</b> Accident Fund <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 19/20

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NPP1007879	12/31/2019	12/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			NCA1008052	12/31/2019	12/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000			NMB1008178	12/31/2019	12/31/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCV6121406	12/31/2019	12/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

City of Detroit  
 200 Coleman A Young  
 Municipal Center  
 Detroit MI 48226-3400

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Parkway Services, Inc.

**We're There  
When You Gotta Go**



Portable Toilets & Septic Service  
2876 Tyler Road  
Ypsilanti, MI 48198

Ph: 734-482-7633

Fax: 734-482-7632

Service Address
ST. PATRICKS Festival Senior Center 58 PARSONS DETROIT, MI 48201

Billing Address
St. Patricks Atten: Accts. Payable 58 Parsons DETROIT, MI 48201

Phone: (313) 833-7080

Contact: Vince Borowski

Phone: (313) 833-7080

Contact: Satrice Coleman-Betts

**Order #: 106283 - 0**

106283 01

Site #	Cust #	Sched Date	Day	Time	Clerk	Req Date	Route	P.O.#	Terms	Sales Source/Cred	Mrkt/Tier
14750	STPATRICKS	May 01, 20	Fri	00:00:00	KM	May 1, 20	8		COD	CI/KM	SP/

**ORDER CONFIRMATION - Ord# 106283**

Driver=AN Route=8 Stop=1 Truck=\_\_\_ Trailer=\_\_\_

SN# =

Page 1 / 1

**Invoice Note:** SPECIAL EVENTS UNITS for Sunday May 3, 2020  
 2 standard units w/ hand sanitizer inside @ \$90 each  
 Deliver Friday/Pick up Monday  
 Total: \$180.00  
 Ordered by Satrice 12-30-19

Units: PTZ 2

Existing Units:

Serial# \_\_\_\_\_

**Message** \*\*Sign White office copy below & return to us.\*\*

Email to: parkwayservicesinc@yahoo.com

**Map:** Lat = 42.34822 Long = -83.0595

**Directions:** between Woodward & Cass by Max Fisher Music Center and Wayne State

**Driver Notes:** 2 ptz

Contact Satrice 313-833-7080

Customer Signature:

Print Name:

Satrice Coleman-Betts

Driver:

Date:

1/31/19

**Customer Billing Information:**

Customer Name: St. Patrick Senior Center  
 Address: 38 Parsons Street  
 City: Detroit  
 State: MI Zip: 48201  
 Contact Name:  
 Phone: 313-833-7080 Fax:  
 Email: mr.betts@outlook.com


**Service Location Information:**


Location Name: St. Patrick Senior Center  
 Address: 38 Parsons Street  
 City: Detroit  
 State: MI Zip: 48201  
 Contact on site: Michael Phone: 313-833-7080  
 Cross Street: Betts 313-305-6766


**Commercial Front Load Services**


CHECK:   **2 Yard FLAT TOP Container**  
 Monthly Rate: \_\_\_\_\_  
 We need (qty.) \_\_\_\_\_ container(s)  
 Pickups/week: \_\_\_\_\_


CHECK:   **4 Yard FLAT TOP Container**  
 Monthly Rate: \_\_\_\_\_  
 We need (qty.) \_\_\_\_\_ container(s)  
 Pickups/week: \_\_\_\_\_

CHECK:   **6 Yard FLAT TOP Container**  
 Monthly Rate: \_\_\_\_\_  
 We need (qty.) \_\_\_\_\_ container(s)  
 Pickups/week: \_\_\_\_\_

CHECK:   **6 Yard SLANT TOP Container**  
 Monthly Rate: 135.00  
 We need (qty.) 1 container(s)  
 Pickups/week: 2x

CHECK:   **8 Yard FLAT TOP Container**  
 Monthly Rate: \_\_\_\_\_  
 We need (qty.) \_\_\_\_\_ container(s)  
 Pickups/week: \_\_\_\_\_

CHECK:   **8 Yard SLANT TOP Container**  
 Monthly Rate: \_\_\_\_\_  
 We need (qty.) \_\_\_\_\_ container(s)  
 Pickups/week: \_\_\_\_\_

CHECK:   **Front Load Recycling Container**  
 Front Load can size: 2 Yards  
 Type:  Flat  Slant  
 Monthly Rate: 50.00  
 We need (qty.) 1 container(s)  
 Pickups/week: 1x  
 Paper & Cardboard only  Single Stream

**Check box for requested container**

Container Push/Pull Out:  Yes  No  
 Container behind Gate or Enclosure:  Yes  No  
 24 Hour Access:  Yes  No

CHECK:   **Verti-Pak Front Load**  
 Size of Verti-Pak: \_\_\_\_\_ Yards  
 Monthly Rate: \_\_\_\_\_  
 We need (qty.) \_\_\_\_\_ container(s)  
 Pickups/week: \_\_\_\_\_

**Payment:**

Type of Payment:  Rizzo Account  Check  Credit Card  
 Checking Account #: \_\_\_\_\_  
 Routing #: \_\_\_\_\_ Bank: \_\_\_\_\_  
 Card Type:  Visa  MasterCard  American Express  
 Card #: \_\_\_\_\_  
 Sec. Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Roll-Off Dumpsters**

CHECK:   **Roll Off Dumpster** \_\_\_\_\_ per pull  
 up to the below tonnage limits.  
 10 yard - \_\_\_\_\_ tons 20 yard - \_\_\_\_\_ tons  
 30 yard - \_\_\_\_\_ tons 40 yard - \_\_\_\_\_ tons  
 \_\_\_\_\_ per ton over tonnage limit.

Check Usage:  Perm.  Temp.  Seasonal/Contractor  Trash (which apply)  
 Recycling  Construction  Clean Care

**Service Change**

Container Size	Qty.	Monthly Charge	Extra Pickup Fee	Delivery Charge
From:				
To:	<u>Fed ID 29</u>			<u>38-2953534</u>

**SPECIAL INSTRUCTIONS**

\* prefers Monday & Thursday pickup  
\* No extra monthly surcharges  
\* Price firm 24 months and third year max increase is 7%.  
\* place in alley, behind building

**Schedule of Charges**

- Casters
- Lock Bar 102.00
- Delivery Charge 50.00
- Removal Charge
- Trip Fee/Extra Dump
- Clean Concrete - 20yd \_\_\_\_\_  
 If concrete or recycling loads are contaminated cost is \_\_\_\_\_ per ton
- Demurrage Wait Time \_\_\_\_\_ /hr.
- Overage/Overflow \_\_\_\_\_ /yd.
- Inactivity Fee per month \_\_\_\_\_
- minimum # of hauls charge/month \_\_\_\_\_
- Daily can rental for open top roll-offs - over 10 days a rate of \_\_\_\_\_ per day may apply.
- haul for all sizes and \_\_\_\_\_ per ton (min tonnage is \_\_\_\_\_ tons for all sizes) applies unless rates are filled in the roll off section.

NOTE: All recycling loads for compactor and roll off loads will not be charged a "per ton fee" unless loads are contaminated.

**TERMS: NET 10 DAYS**

By executing this agreement, Customer agrees it has read and reviewed and agrees to be fully bound by the Service Agreement Terms which are available at [RizzoServices.com/ServiceAgreementTerms.asp](http://RizzoServices.com/ServiceAgreementTerms.asp) - which terms and conditions may be updated from time-to-time. Such terms and conditions shall be fully incorporated into and made a part of this Service Agreement.

Date of Agreement: 10/10/16 Effective Service Date: 10/18/16  
 By: (Signature) Andrew Roman, Betts  
 Name: (Please Print) Andrew Roman Title: owner

**Send to: Rizzo Environmental Services**

6200 Elmridge Dr., Sterling Heights, MI 48313 - or FAX to: 877-655-2367

RizzoServices.com CUSTOMER SERVICE: 888-877-4996 press 1

© 2010 RIZZO ENVIRONMENTAL SERVICES

GFL Environmental

26999 Central Park Blvd

Suite 200

Southfield MI 48076-4145

B44 464 3587

(0001) ST PATRICK SENIOR CENTER  
 58 PARSONS STREET, DETROIT MI 48201

Serv #002 ROLLOFF WASTE TEMP 0 - 20YD

20 - Jun Roll Off - Delivery W.O# 294905

REFERENCE	RATE	QTY.	AMOUNT
MIKE	\$425.000	1.00	\$425.00

*QB*  
*7/10/19*  
*L22*  
*SCB*

<b>CURRENT</b> \$ 425.00	<b>31 - 60 DAYS</b> \$ 0.00	<b>61 - 90 DAYS</b> \$ 0.00	<b>OVER 90 DAYS</b> \$ 0.00	<b>ACCOUNT TOTAL</b> \$ 425.00
-----------------------------	--------------------------------	--------------------------------	--------------------------------	-----------------------------------

**INVOICE TOTAL** \$425.00

**CUSTOMER NO.** 357185

**INVOICE NO.** 0003222604

425.00

PAYMENT  
 RECORD

1787



425.00

### **St. Patrick Senior Center Special Event Emergency Plan**

St. Patrick Senior Center does not have a contracted Emergency Medical Agreement. St. Patrick Senior Center has medical personnel on staff. These medical staff will be on staff during the event to handle emergency and emergency medical issues. During the event St. Patrick Senior Center will have 1 Registered Nurse for 8 hours, 1 Registered Nurse for 4 hours, a Certified Nursing Assistant who has Emergency Medical Technician and Life Support certification, and a volunteer. Emergency Medical Technician on-site. St. Patrick Senior Center has an Emergency Action Plan that covers major disasters that will be used when deemed necessary during the event.

Security will be provided by the Detroit Police Reserves and 8 Police Reserves will be onsite and will be split into 2 shifts with 4 Reserves per shift.

## St. Patrick Senior Center Special Event Emergency Plan

St. Patrick Senior Center has always had an Emergency Action Plan in place which will be followed during special events to protect individuals from serious injury, property loss, or loss of life, in the event of an actual or potential major disaster. A major disaster may include, but is not limited to any of the following: fire, tornado, earthquake, bomb threat, or hazardous chemical spill. In the event of a major disaster, this Emergency Action Plan describes the initial responsibilities and actions to be taken to protect all until the appropriate responders take over.

For the protection of employees, an Emergency Action Plan is a requirement of OSHA 1910.38. It is also necessary and prudent for the protection of our employees, clients, and visitors. The employer will review with each employee those parts of the plan that the employee must know to protect themselves and others in the event of an emergency. In addition, the written plan shall be made available for employees to review and plan for their evacuation.

### GENERAL PROCEDURES

It is impossible to provide specific information for all situations. There is no guarantee implied by this Plan that a perfect response to disaster emergency incidents will be practical or possible. Therefore, this plan is a guide for employees to familiarize themselves with basic emergency planning, response and evaluation.

- A. Call 911 immediately if the injury is life threatening. Provide the following information:
  - 1. Nature of medical emergency.
  - 2. Location of the emergency.
  - 3. Your name and phone number from which you are calling.
- B. Do not move victim unless absolutely necessary.
- C. Call the following personnel trained in CPR and First Aid to provide the required assistance prior to the arrival of the professional medical help:
  - 1. Lisa Saigh, R. N. 313-833-7080
  - 2. Monica Barbelito, Medical Assistant
  - 3. Francine Dorn, R.N. Phone: 313-833-7080
  - 4. College Nursing students
- D. First Aid Kits are located on-site and the First Aid Emergency Stations.
- E. The Defibrillator will be located at the First Aid Station.



- F. If personnel trained in First Aid are not available, then minimally attempt to provide the following assistance:
1. Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids).
  2. Clear the air passages using the Heimlich Maneuver (abdominal thrusts or chest compressions) in case of choking.
- G. In case of rendering assistance to personnel exposed to hazardous materials, consult the MSDS and wear the appropriate personal protective equipment. Attempt first aid ONLY if trained and qualified. Call 911 and refer to Hazardous Substance Spill section of the Emergency Action Plan document.

1/6/20

ALLEY

Secured by walls & fencing for the entire length\*

4' Gate

250'

Secured by walls & fencing for the entire length\*

170'

Orchestra Towers

20' x 30'  
Kid Carnival Tent

Grill  
Protective Tables

10' x 40'  
Foot Tent 4 & 5

Tables & chairs for dining  
Propane fryers  
Protective Tables

St. Patrick Church

Bar  
10 x 10

Food Tent  
10 x 10

Elevator

Fire Escape

Gates to Sidewalk

Kids Bouncer

20' x 30'  
Music tent

20' x 40'  
Food tent

First Aid Station



Entire building  
accessible to people

Sidewalk to the street

Paved  
throughout  
except lawn  
area

Lawn Area

St. Patrick Senior Center Inc.  
58 Parsons, Detroit, MI  
48201  
Tel: 313-833-7080

**Legend**

- Plastic 4'
- ☒ Snow Fence
- ☒ Porta-John with hand sanitizer
- Dining Area
- Ⓟ Power
- ♻️ Garbage
- Ⓜ️ Receptacles
- Ⓜ️ Generator
- \* See Addendum for detail

Entrance

Main Entrance

Exit

Entrance Only

Sidewalk

LAWN

LAWN

Sidewalk

Sidewalk for entire length

Curb Cut 15'

PARSONS ST

Curb Cut 15'

Entrance

**St Patrick Senior Center 43<sup>rd</sup> Annual Festival – Festival Date May 3, 2020**  
**Detail and Description for Securing the Exterior Site**  
**Addendum to MLLC Special License Application (January, 2020)**

For its Annual Festival on May, 3, 2020, St Patrick Senior Center will have one bar area in the exterior of its property. The exterior bar will be entirely contained within a 10'x10' tent that is situated against the rear of the Senior Center building on one side. The other 3 sides of the tent will be open with tables set up under the tent line restricting access to consumers.

The exterior Festival space will be primarily at the western end of the property. Access to the property will be restricted and controlled with a managed entry on the paved driveway with fencing controlling access to the balance of the exterior. The exterior entrance to the Festival is at the southwest corner of the Senior Center building and is 40ft. from the Parsons Street sidewalk. The entrance will be staffed by a minimum of 2 adults who will sell entrance tickets to the Festival. This entry will be blocked and controlled by tables where the staff will sit. This is also a location that will be a Police Reserve location. The only other entry to the Festival is through the main doors of the Senior Center building which are immediately to the east of the exterior entry and readily controlled by the Police Reserve location.

The Parsons Street exterior line of property containment will continue from the exterior Festival entry and consist of a 4-foot-high plastic snow fence along the driveway towards Parsons Street and then continue west 130 feet along Parsons Street where it connects to the western property line. The fencing will be placed within the Senior Center property line, appropriately supported and will not impinge upon or restrict the public sidewalk along Parsons Street.

The western property line is fenced in its entirety of 170 ft. with an existing hard barrier which provides security and controls access through feature which include brick wall, an apartment building, chain link fence and cement block wall commencing at the Parsons Street property line north as follows:

- 5 ft. long brick wall 4 ft. high,
- 30 ft long brick wall 6 ft. high,
- 30 ft. long brick wall 7 ft. high,
- 40 ft. long 8 story building at the property line,
- 20 ft. long chain link fence 8 ft. high,
- 45 ft long concrete block wall to the rear property line 5 ft. high.

At the rear of the western boundary the concrete block wall continues east along the entire rear of the property (250 feet) where it meets the existing, permanently closed St Patrick Church building. The rear wall at the western end is 5 ft. high for 100 ft. and 6 ft. high for the 150 ft. remainder of its course except for a 4 ft. wide steel gate which provides access to the alley.

The Senior Center and the Church prevent any access to the eastern rear of the Senior Center property except for a 7 ft. high steel gate which is secured and padlocked.

**LA's Event & Design, LLC**  
 29936 Orchard Lake Road  
 Farmington Hills, Michigan ,48336,  
 313-743-1574



**Events & Designs**

**INVOICE**

Invoice# INV-15694

Bill To
<b>St. Patrick Senior Center</b> Eddle Powell 58 Parsons Detroit, MI 48201 (313) 833-7080 May 3, 2020 Set up @ 8:00 am

Date	Terms	Due Date
December 30, 2019	Custom	May 03, 2020

Item	Description	Qty	Rate	Amount
Generator (7500 watt)	Generator (7500 watt + 1 can of gas)	1.00	100.00	100.00
Obstacle Course	Monster Obstacle Course ( 35 - 65')	1.00	275.00	275.00
Giant Slide	Giant Slide	1.00	250.00	250.00
Bouncer Stakes	Inflatable Bouncer Stakes 4' Galvanized Stakes	12.00	0.001	0.01
Setup and Breakdown	Setup & Breakdown	1.00	25.00	25.00

Thank you for choosing DFR Luxx Events & Design  
 Make Check Payable: Detroit's Finest Rentals

Sub Total	650.01
Delivery and pickup	40.00
<b>Total</b>	<b>\$690.01</b>
<b>Balance Due</b>	<b>\$690.01</b>

Orders under \$75.00 can be paid in cash at delivery. (Management approval is required)

All debit/credit orders will incur a .5% upcharge under \$1000.00

All deposits and final payments can be paid in cash at our office at the required times, Corporate Checks Only- Make payable to Detroit's Finest Rentals (allow clearing time).

Make Checks payable "Detroit's Finest Rentals" (allow 5 day clearing time)

All orders must be paid in advance unless otherwise approved by management.

Checks must be submitted (7-10) before the event, no exceptions.

**Terms & Conditions**



**BIG TOP PARTY RENTALS**  
 5749 Beebe ave  
 Warren, MI 48092 US  
 (586) 759-1600  
 bigtopneverstops@gmail.com

# Estimate

**ADDRESS**  
 Crystal Staffney  
 St. Patrick Senior Centwer  
 3134349630

ESTIMATE #	DATE
1534	12/30/2019

**EVENT DATE**

05/30/20

ACTIVITY	QTY	RATE	AMOUNT
10'x10' Frame tent	2	175.00	350.00
10' x 20' Frame tent	2	250.00	500.00
20' x 30' Stakedown tent	1	225.00	225.00
20' x 40' Stakedown tent	2	300.00	600.00
Sidewalls with windows \$1.25 per foot	2	25.00	50.00
120' sidewalls	6	30.00	180.00
Barrels	16	12.00	192.00
Stage 4 x8	4	50.00	200.00
Skirting	4	15.00	60.00
8' Banquet tables	50	8.00	400.00
Chairs	150	1.25	187.50
Delivery	1	200.00	200.00

Thank you for your order

**TOTAL**

**\$3,144.50**

Accepted By

Accepted Date



## *St. Patrick Senior Center, Inc.*

58 Parsons St., Detroit, MI 48201-2202

Tel: 313-833-7080 ♣ Fax: 313-833-0128

[www.stpatsrctr.org](http://www.stpatsrctr.org)

E-mail: [info@stpatsrctr.org](mailto:info@stpatsrctr.org)

*Sharing, Caring and Loving the Elders We Serve Since 1973*

January 2, 2019

Officer Hill  
6300 Caniff  
Hamtramck, MI 48212

Dear Officer Hill:

We would like to request that the Detroit Police Reserves assist us again this year for our St. Patrick Senior Center Irish Festival on Sunday, May 3, 2019. Below are the details of the event.

- What:** St. Patrick Senior Center Spring Irish Festival
- When:** Sunday, May 3, 2019 from 12:00 PM to 8:00 PM
- Where:** 58 Parsons, Detroit, Michigan 48201
- Officers Needed:** 8 Officers with 4 working between 12:00 PM to 4:00 PM and 4 working between 4:00 PM to 8:30 PM.
- Officers Duties:** 2 posted at Finance office and 2 patrolling inside and outside the building.

The officers will be provided with a complimentary lunch/dinner including entrée and beverage.

Thank you for your consideration of our request. If you have any questions, please contact myself SaTrice Coleman-Betts or Eddie Powell. Our email and phone numbers are (313) 833-7080, [e.powell@stpatsrctr.org](mailto:e.powell@stpatsrctr.org), or [src.betts@stpatsrctr.org](mailto:src.betts@stpatsrctr.org).

Sincerely,

SaTrice Coleman-Betts  
Executive Director

#### BOARD OF DIRECTORS

**Executive Committee:** John K. Bentley, *Chairperson* ❖ Patricia Rencher, *Vice Chairperson* ❖ Sandra A. Coleman, *Secretary* ❖ Patrick O'Hara, *Treasurer*  
SaTrice Coleman-Betts, *Executive Director* ❖ **Directors:** Carolyn Hill Collins ❖ Nona Harris ❖ Frank Crawford ❖  
Faith Hopp, MSW, Ph.D. ❖ Barbara McKeand-Stevenson ❖ Donna McAlister  
❖ Rose Parker ❖ Jimmy Roberts ❖ Patricia Battersby, *Legal Counsel*

**ST. PATRICK SENIOR CENTER**  
**58 Parsons, Detroit, MI 48202**

**MINUTES OF BOARD OF DIRECTORS ANNUAL MEETING**

**Date: 26 February 2019**

**Call to Order:** John Bentley, Chair called the meeting of the St. Patrick Senior Center Board of Directors to order at 6:15 PM. The meeting was held at 58 Parsons in Detroit.

**Roll Call:** *Present:* J. Bentley, P. Rencher, S. Coleman, P. O'Hara, S. Coleman-Betts, F. Crawford, F. Hopp, B. Johnson, D. McAlister, J. Roberts, B. Stevenson. *Absent with Notification:* R. Parker, S. McWhorter. *Absent without Notification:* I. Costello, M. Harning. *Nominee:* Carolyn Collins

**Meeting Notice:** Notice of the Board of Directors Meeting was duly given; 12 February meeting rescheduled due to weather.

**Meeting Quorum and Agenda:** A quorum was present at the start of the meeting. It was moved to adopt the Agenda with flexibility.

**Acceptance of Minutes:** Minutes for 13 November 2018 were accepted as presented.

**Correspondence:** Received request to purchase ad for the 2019 Festival [\$275 full page color]

**Reports:**

- 1. Nominating Committee:** J. Roberts Nominating Committee Chair summarized the Committee's process. Persons submitted for potential Board service were contacted to determine interest. One candidate Carolyn Collins expressed interest and submitted the Board Member Interest form. Joseph Vassallo expressed interest in serving on a committee but not on the Board. Board members with terms expiring in 2019 were contacted, sent the Board Member Interest Form and asked to complete it. The forms of those submitting were reviewed and found qualified to be included on the Slate. The Nominating Committee submitted the Slate for Election of Directors listing the following names: John K. Bentley, Sandra A. Coleman, Carolyn Collins, Patricia Rencher, and Barbara Stevenson. **Election:** Ballots were casted and all persons nominated received more than 51% of the votes casted. J. Roberts moved to approve the ballot count.
- 2. Treasurer:** P. O'Hara distributed and reviewed the Profit & Loss Budget vs. actual report for the period covering January – December 2018 and the Profit & Loss Budget Overview for January through December 2019. The Audit for year ending 2017 was distributed and reviewed. St. Patrick Senior again received an Unqualified audit. The Center is doing very well.
- 3. Executive Director:** (1) Lori Leonard is now an employee of SPSC as of 3/1. Anika Kanaris is now on board in the Health and Wellness program. LaFonda Johnson who had been the Operations Assistance resigned and has been replaced by Valerie Lott-Paramore. (2) Making progress on using the MySenior Center tracking application to collect data and produce grant reports. With the hiring of Lori Leonard and use of MySenior Center, should not be a need to replace Wendy Markus. (3) Has hired Crystal Staffney to fill position of Partnership-Resource Director, will start in April. (4) Rocket Fiber has installed the new phone system; everyone is working to master the operation and capabilities of the system. (5) Designed and implemented a program called "Passport to Good Health" collaborating with MSU, WSU, and Madonna. DAAA funded for \$500,000 over 2 years to implement the program. Executive Director is working to see how much of the grant SPSC will received of the three agencies involved [NSO, SPSC, and DAA]. (6) Working on 2019 Festival and Strides for Seniors. (7) Hayward Penny is consulting part-time on the nutrition program. Barbara Stevenson moved to accept the report. J. Roberts would like Executive

Director to consider having a meeting with new staff to meet them. The motion to accept the report was carried.

4. A written Fund Development report was presented by P. Rencher. (1) Strides for Senior 20 September. (2) Working on (a) a volunteer/supporter plan; (b) Crowdfunding Campaign for April and May via GoFundMe; (c) Annual Report with target date in April; (d) additional program to increase awareness of Center including social media and videos. (e) SPSC book fair 23 April featuring authors belonging to SPSC. B. Stevenson advised Committee needs more members. J. Roberts moved to accept report.
5. **Governance Committee: (a) MOTION:** Sandra A. Coleman moved to authorize the Executive Director to apply for grants and accept grant awards on behalf of the SPSC. In order to be in compliance with certain grant applications and licensing requests that the following language be adopted: That the Chairman, the Executive Director, the President, the Vice President, the Treasurer and the Secretary and each of them, hereby is authorized to execute and deliver, in the name and on behalf of the Company and under its corporate seal or otherwise, any agreement or other instrument or document in connection with any matter of transaction that shall have been duly approved; the execution and delivery of any agreement, document, or other instrument by any such officers to be conclusive evidence of such approval. The Motion was seconded and carried.  
**(b) MOTION:** Sandra A. Coleman moved that the Executive Director be authorized to operate and control St Patrick Senior Center and its employees, sign contracts of \$10,000 or less without consent of the Board of Directors and apply for liquor licenses. The Motion was seconded and carried by the Board of Directors.
6. **For the Good of the Order:** J. Bentley announced the death and memorial service for Charlie Taylor, a long-time support of SPSC and Funder of the Fraternal Order of United Irishman. He emailed notice to all Board Members.
7. S. Coleman collected Board Benevolent Fund contributions from: S. Coleman, P. O'Hara, C. Collins, F. Hopp, B. Johnson, J. Roberts. 2019 Dues collected from: P. O'Hara, C. Collins\*, F. Hopp\* [\*under 60]

The meeting was adjourned at 8:05pm.

Sandra A. Coleman. Recording Secretary

Approved: 9 April 2019





## *St. Patrick Senior Center, Inc.*

58 Parsons St., Detroit, MI 48201-2202

Tel: 313-833-7080 ♣ Fax: 313-833-0128

[www.stpatsrctr.org](http://www.stpatsrctr.org)

E-mail: [info@stpatsrctr.org](mailto:info@stpatsrctr.org)

*Sharing, Caring and Loving the Elders We Serve Since 1973*

January 6, 2019

Detroit Symphony Orchestra  
3711 Woodward Ave.  
Detroit, MI 48201

Dear Neighbors:

We would like to make you aware and invite you to attend our 43<sup>rd</sup> Annual Irish Festival. This has been a community event for over 43 years. Below are the details of the event.

**What:** St. Patrick Senior Center Spring Irish Festival  
**When:** Sunday, May 3, 2019 from 12:00 PM to 8:00 PM  
**Where:** 58 Parsons, Detroit, Michigan 48201

Thank you being wonderful neighbors. If you have any questions, please contact myself SaTrice Coleman-Betts or Eddie Powell. Our email and phone numbers are (313) 833-7080, [e.powell@stpatsrctr.org](mailto:e.powell@stpatsrctr.org), or [src.betts@stpatsrctr.org](mailto:src.betts@stpatsrctr.org).

Sincerely,

SaTrice Coleman-Betts  
Executive Director

#### BOARD OF DIRECTORS

**Executive Committee:** John K. Bentley, *Chairperson* ❖ Patricia Rencher, *Vice Chairperson* ❖ Sandra A. Coleman, *Secretary* ❖ Patrick O'Hara, *Treasurer*  
SaTrice Coleman-Betts, *Executive Director* ❖ **Directors:** Carolyn Hill Collins ❖ Nona Harris ❖ Frank Crawford ❖  
Faith Hopp, MSW, Ph.D. ❖ Barbara McKeand-Stevenson ❖ Donna McAlister  
❖ Rose Parker ❖ Jimmy Roberts ❖ Patricia Battersby, *Legal Counsel*



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*Sharing, Caring and Loving **the** Elders We Serve Since 1973*

January 6, 2019

Orchestra Towers  
3711 Woodward Ave.  
Detroit, MI 48201

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E-mail: [info@stpatsrctr.org](mailto:info@stpatsrctr.org)

*Sharing, Caring and Loving the Elders We Serve Since 1973*

January 6, 2019

Advance Plumbing  
150 Parsons  
Detroit, MI 48201

Dear Neighbors:

We would like to make you aware and invite you to attend our 43<sup>rd</sup> Annual Irish Festival. This has been a community event for over 43 years. Below are the details of the event.

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SaTrice Coleman-Betts  
Executive Director

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❖ Rose Parker ❖ Jimmy Roberts ❖ Patricia Battersby, *Legal Counsel*

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAY 19 2013**

ST PATRICK SENIOR CENTER INC  
58 PARSONS  
DETROIT, MI 48201-2002

Employer Identification Number:  
38-2953534  
DLN:  
17053004377042  
Contact Person:  
MICHELLE A GLUTZ ID# 31213  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
January 1, 2013  
Contribution Deductibility:  
Yes  
Addendum Applies:  
Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

ST PATRICK SENIOR CENTER INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in black ink that reads "Holly O. Paz". The signature is written in a cursive style with a large, looped "H" and "P".

Holly O. Paz  
Director, Exempt Organizations  
Rulings and Agreements

Enclosure: Publication 4221-PC

ST PATRICK SENIOR CENTER INC

Our records show that you were previously tax-exempt as a subordinate under group exemption number 0928. Because you applied for and have been granted your own individual tax-exempt status, you no longer rely on your affiliation with a parent organization for recognition of your tax-exemption and will be listed individually in the Exempt Organizations Select Check (Pub. 78 data).

If, in the future, you choose to become a subordinate under a group ruling, you will lose your individual recognition of tax-exempt status and will no longer appear in the Exempt Organizations Select Check (Pub. 78 data). Moreover, if you become a subordinate under a group ruling and your parent organization loses its tax-exempt status, you also will lose your exempt status. To reestablish your individual tax-exemption after rejoining a group exemption, you will be required to reapply and pay the appropriate user fee.

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(14)

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### MAYOR'S OFFICE COORDINATORS REPORT

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

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

Event Date: March 14 - May 24, 2020

Street Closure: None

Organization Name: Downtown Detroit Partnership

Street Address: 1 Campu Martius Detroit, MI 48226

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

Event Elements (check all that apply):

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

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

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

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

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

FEB 20 2020 MTNB RCL (30)

CITY CLERK 2020 FEB 10 8:42:29

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

**MAYOR'S OFFICE**

Signature: B. Ausher

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    PLANNING AND DEVELOPMENT DEPARTMENT  
MAYOR'S OFFICE    RECREATION DEPARTMENT  
POLICE DEPARTMENT    FIRE DEPARTMENT  
BUSINESS LICENSE CENTER    MUNICIPAL PARKING DEPARTMENT

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

3/14 - 5/24, 2020

### City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

#### Section 1- GENERAL EVENT INFORMATION

Event Name: BEACON PARK MARCH AND APRIL EVENTS

Event Location: BEACON PARK

Is this going to be an annual event?  Yes  No

#### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: DOWNTOWN DETROIT PARTNERSHIP

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

Business Phone: 313-715-9944

Business Website: DOWNTOWNDETROITPARKS.ORG

Applicant Name: HEATHER BADRAK

Business Phone: 313-715-9944

Cell Phone: 313-715-9944

Email: HBADRAK@DETROIT300.ORG

Event On-Site Contact Person:

Name: DAVID COWAN

Business Phone: 734-377-3472

Cell Phone: 734-377-3472

Email: david.cowan@downtowndetroit.org

Event Elements (check all that apply)

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

Projected Number of Attendees: Varies daily

Please provide a brief description of your event:

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

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

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

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

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

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

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

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: BEACON PARK, 1903 GRAND RIVER, DETROIT, MI 48226

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

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

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

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

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

**FAMILY FRIENDLY FUN**

Will a sound system be used?  Yes  No

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

Describe specific power needs for entertainment and/or music:

**HOUSE POWER**

How many generators will be used? 0

How will the generators be fueled?  
N/A

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip

### Section 5- SALES INFORMATION

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

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

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

Food  Merchandise  Non-Alcoholic Beverages  Alcoholic Beverages

Indicate type of items to be sold:

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

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: EAGLE SECURITY

Contact Person: MATT WARNER

Address: 500 GRISWOLD

Phone: 734-306-4871

City/State/Zip:

DETROIT, MI 48226

Number of Private Security Personnel Hired Per Shift:  
VARIES BY EVENT - SEE ATTACHED

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

DOWNTOWN DETROIT PARKS WEBSITE SHOWS PARKING OPTIONS

**Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION**

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
**POSITIVE IMPACT - FREE AND OPEN TO ALL**

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

Indicate what steps you have or will take to notify them of your event:  
**DTE APPROVAL PROCESS**

**Section 8- EVENT SET-UP**

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

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	(1) CURRENT TENT	40 X 120 REDUCES TO 40 X 60 ON 4/28
Canopy (open on all sides)		
Staging/Scaffolding		
Bleachers		

**Section 9- COMPLETE ALL THAT APPLY**

**Emergency medical services?**

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

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

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

**Name of company providing port-a-johns.**

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

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

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

**Name of private catering company?**

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

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

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

**SPECIAL USE REQUESTS**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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.

  
Digitally signed by Heather Badrak  
DN: cn=Heather Badrak, o=City of Detroit, ou=City of Detroit, email=badrakh@cityofdetroit.gov

01/10/2020

Signature of Applicant

Date

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

**HOLD HARMLESS AND INDEMNIFICATION**

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

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

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

Event Organizer:  
DOWNTOWN DETROIT PARTNERSHIP

Applicant Signature:   
Date: 01/10/2020



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### MAYOR'S OFFICE COORDINATORS REPORT

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

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

Event Date : March 30, 2020

Street Closure: None

Organization Name: Entercom Michigan

Street Address: 26455 American Drive Southfield, MI

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

Event Elements (check all that apply):

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

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

Entercom will host their annual Tiger's Opening Day Block Party at Grand Circus Park (East & West) from 9:00am - 8:00pm.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention; Private Security Company Pending Approval
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Private EMS Company Pending Approval
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

FEB 20 2020 MTWB RCL (310)

CITY CLERK 2020 FEB 10 PM 2:00

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

**MAYOR'S OFFICE**

Signature: B. Justice

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*

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

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

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

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

3-30-2020

### City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

#### Section 1- GENERAL EVENT INFORMATION

Event Name: 97.1 The Ticket Tigers Opening Day Block Party

Event Location: Grand Circus Park East and West

Is this going to be an annual event? Yes

#### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Entercom Michigan

Organization Mailing Address: 26455 American Drive

Business Phone: 248-327-2900 Business Website: 971TheTicket.com

Applicant Name: Todd Redden

Business Phone: 248-327-2930 Cell Phone: \_\_\_\_\_ Email: todd.redden@entercom.com

Event On-Site Contact Person:  
Phil Talbert 313-478-3722 ptalbert66@comcast.net

#### Event Elements (check all that apply)

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

Please provide a brief description of your event:

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

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

Begin Set-up Date : 3/28/20      Time: 7:00am      Complete Set-up Date: 3/30/20      Time: 9:00am

Event Start Date 3/30/20:      Time: 9:00am      Event End Date: 3/30/20      Time: 8:00pm

Begin Tearing Down Date:3/30/20      Complete Tear Down Date: 3/31/20

Event Times (If more than one day, give times for each day):  
9:00 am – 8:00pm With a rain date of March 31st same times

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Grand Circus Park East and West

Facilities to be used (circle):  
Facility

City

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

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

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

Local cover band and DJ's

Will a sound system be used?      Yes

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

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

How many generators will be used? 4

How will the generators be fueled? Gas

Name of vendor providing generators:

Contact Person: TBD

Address:

Phone:

City/State/Zip

### Section 5- SALES INFORMATION

Will there be advanced ticket sales?

If yes, please describe: No

Will there be on-site ticket sales? No

If yes, list price(s):

Will there be vending or sales?

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

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

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: TBD

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift: 28

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

Licensed

Armed

Bonded

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

### Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

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

Have local neighborhood groups/businesses approved your event? YES

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

Surrounding business will be notified and invited to attend event

### Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth -		
Tents (enclosed on 3 sides)	15	
Canopy (open on all sides)	TBD	
Staging/Scaffolding	2	
Bleachers	0	

### Section 9- COMPLETE ALL THAT APPLY

Emergency medical services? TBD

Contact Person:

Address:

City/State/Zip:

Name of company providing port-a-johns. TBD

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? TBD

Contact Person:

Address:

Phone:

City/State/Zip:



**SPECIAL USE REQUESTS**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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





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

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

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**AUTHORIZATION & 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.

JDK 12/9/19  
Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

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

**HOLD HARMLESS AND INDEMNIFICATION**

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

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

(Please Print)

Event Name: 97.1 The Ticket Tigers Opening Day Block Party Event Date: March 30, 2020

Event Organizer: Entercom Michigan

Applicant Signature: JDK 12/17/19 Date: \_\_\_\_\_

14

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### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1212 Event Name: Hot Chocolate 15/5K

Event Date: April 18, 2020

Street Closure: Various

Organization Name: RAM Racing

Street Address: 951 Corporate Grove Drive Buffalo Grove, IL 60089

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

Event Elements (check all that apply):

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

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

The 2nd Annual Hot Chocolate 15/5K to benefit the Make A Wish Foundation will be located at West Riverfront Park to Belle Isle from 7:00am - 11:00am.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Cover 3 Protective Services to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Superior Ambulance to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted; No Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

CITY CLERK 2020 FEB 14 AM 11:30

FEB 20 2020 MTMB RCL (60)

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

**MAYOR'S OFFICE**

Signature: B. Ausher

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*

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

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

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

**1212**    *Running Away Enterprises dba RAM Racing, request to hold "Hot Chocolate 15/5 K" beginning at West Riverfront Park on April 18, 2020 from 7:00 AM to 11:00 AM with some temporary street closures based on the approved route.*

### 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: Hot Chocolate 15/5K

Event Location: West Riverfront Park

Is this going to be an annual event?  Yes  No

#### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Running Away Enterprises dba RAM Racing

Organization Mailing Address: 951 Corporate Grove Drive Buffalo Grove, IL 60089

Business Phone: 312 259-2496 Business Website: ramracing.org

Applicant Name: Brandon Presern

Business Phone: 312 259-2496 Cell Phone: 312 259-2496 Email: bpresern@ramracing.org

Event On-Site Contact Person:  
Name: Brandon Presern

Business Phone: 312 259-2496 Cell Phone: 312 259-2496 Email: bpresern@ramracing.org

**Event Elements (check all that apply)**

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

Projected Number of Attendees: 5000

Please provide a brief description of your event:

5K & 15K race benefiting Make A Wish foundation.

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

Begin Set-up Date : 4/16/20      Time: 7 am      Complete Set-up Date: 4/18/20      Time: 5 am

Event Start Date: 4/18/20      Time: 7 am      Event End Date: 4/18/20      Time: 11:00 am

Begin Tearing Down Date: 4/18/20      Complete Tear Down Date: 4/18/20

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

Race will start around 7 am and finish up around 11 am

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: West Riverfront Park

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

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

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

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

DJ plays music in post race party

Will a sound system be used?     Yes     No

If yes, what type of sound system?    Speaker on sticks

**Section 5- SALES INFORMATION**

Will there be advanced ticket sales?     Yes     No      Race registration will be sold in advance  
If yes, please describe:

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

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

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

Indicate type of items to be sold: Sports clothing, T-shirts, hats, etc.

Will there be food trucks?  Yes  No

If yes, please list how many:

Will there be a charge for parking?  Yes  No

If yes, please describe the amount:

How will you advise attendees of parking options? Through our web site and dedicated info emails

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Contact Person: Cover 3 Protective Serices

Address: 19491 Snowden

Phone: 313-204-0932

City/State/Zip: Detroit, MI 48235

Number of Private Security Personnel Hired Per Shift: 3

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

Licensed

Armed

Bonded

### Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

TBD based on course route

Have local neighborhood groups/businesses approved your event?

Yes

No

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

We will post event sigagne prior to the race to notify residents.

### Section 8- EVENT SET-UP

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

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

We will use about 4 generators for power. They will be fueled by gasoline.



Name of vendor providing generators: Contact Person:

Address: 13404 W Star Dr,

Phone: 586 244 9515

City/State/Zip Shelby Twp, MI, United States

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	4	30x80, 30x60, 10x20, 30x40
Canopy (open on all sides)	4	10x10
Staging/Scaffolding		
Bleachers		

**Section 9- COMPLETE ALL THAT APPLY**

Emergency medical services? Superiour Ambluance

Contact Person: Karl Kuester

Address: 395 W Lake St

City/State/Zip: Elmhurst, IL 60126

Name of company providing port-a-johns.

Contact Person: Scotty's Potties

Address: P.O. BOX 530845

Phone: (734) 421-1400

City/State/Zip: LIVONIA, MI 4815

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

**SPECIAL USE REQUESTS**

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

Will there be street closures?  Yes  No

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

STREET NAME: TBD based on approved route

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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**AUTHORIZATION & AFFADAVIT OF APPLICANT**

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

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Signature of Applicant

Date

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

**HOLD HARMLESS AND INDEMNIFICATION**


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

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

**(Please Print)**

Event Name: Hot Chocolate 15/5K Event  
Date: 4/18/20

Event Organizer: RAM Racing

Applicant Signature:   
Date: 5-19-19



**Event Site Plan**



**Event Date:**  
Saturday, April 18, 2020



**Event Location:**  
McMillian Park  
Detroit, MI





## **Hot Chocolate Detroit 5k Course Description**

### **Saturday April 18, 2020**

### **7:00AM**

**Start: On Atwater St**

**Mile 0.0** - Begin heading West on Atwater St in Eastbound lanes

**Mile 0.02** - Turn Right onto Rivard St heading North

**Mile 0.1** - Turn Left onto Franklin St heading West

**Mile 0.3** - Turn Right onto St Antoine heading North

**Mile .4** - Turn Right onto Woodbridge heading East

**Mile .6** - Turn Right onto Rivard St heading South

**Mile .8** - Turn Left onto Atwater St heading East in the West bound lanes

**Mile 1.6** - Turn Left onto Joe Campau heading North

**Mile 1.7** - Turn Right onto Wright St heading East

**Mile 2** - Turn Right onto Aldair St heading South

**Mile 2.2** - Turn Right onto Detroit River walk

**Mile 2.5** - Turn Right onto Joe Campua heading North

**Mile 2.3** - Turn Left onto Atwater St running West in the Eastbound Lanes

**Mile 3.1, Finish:** On Atwater St just West of Dequindre Cut



## **Hot Chocolate Detroit 15k Course Description**

### **Saturday April 18, 2020**

### **7:45 AM**

**Start: On Atwater St**

**Mile 0.0** - Begin heading West on Atwater St Eastbound lanes

**Mile 0.02** - Turn Right onto Rivard St heading North

**Mile 0.1** - Turn Left onto Franklin St heading West

**Mile 0.3** - Turn Right onto St Antoine heading North

**Mile .4** - Turn Right onto Woodbridge heading East

**Mile .6** - Turn Right onto Rivard St heading South

**Mile .8** - Turn Left onto Atwater St heading East in the West bound lanes

**Mile 1.6** - Turn Left onto Joe Campau heading North

**Mile 1.7** - Turn Right onto Wright St heading East

**Mile 2** - Turn Right onto Aldair St heading South

**Mile 2.2** - Turn Left onto Detroit River walk, run East on the walk to Mt Elliot

**Mile 2.6** - Turn Left onto Mt Elliott St heading North

**Mile 2.8** - Turn Right onto E Jefferson running East in the East bound Lane

**Mile 3.1** - Turn Right onto E Grand Blvd/McArthur Bridge heading South

**Mile 3.3** - Turn Left onto Riverbank Dr heading East

**Mile 4.2** - Turn Right onto Inselruche Ave heading South

**Mile 4.3** Turn left onto Central heading East

**Mile 4.4** Make a Right U-Turn on Central to head West

**Mile 4.9** Turn left on Picnic Way heading South

**Mile 5.0** - Turn Left on Loiter Way heading East



**Mile 5.1** – Turn right on Picnic Way heading South

**Mile 5.3** – Turn right onto The Strand, take the Strand around Belle Isle (clockwise) to Sunset Dr

**Mile 6.7** – Turn left on E Grand/MacArthur Bridge heading North

**Mile 7** – Turn left on E Jefferson running West in the East bound North Lane

**Mile 7.5** – Turn left on Mt Elliott heading South

**Mile 7.6** – Turn right onto Detroit River Walk heading South/East

**Mile 8.0** – Turn right onto Joe Campau heading North

**Mile 8.1** – Turn left onto Atwater heading West in the Eastbound Lanes

**Mile 9.3** – Finish on Atwater just West of the Dequindre Cut





Allstate.

**HOT Chocolate 15k/5k.**

**April 18th, 2020**



OFFICE OF CONTRACTING  
AND PROCUREMENT

46

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17

FEBRUARY 5, 2020

HONORABLE CITY COUNCIL:

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

6001175 100% City Funding – AMEND 2 – To Provide an Extension of Time and an Increase of Funds for Waste Removal Services. – Contractor: Birks Works Environmental, LLC – Location: 19719 Mount Elliot, Detroit, MI 48234 – Contract Period: January 2, 2020 through April 2, 2020 – Contract Increase Amount: \$50,000.00 – Total Contract Amount: \$490,000.00 **TRANSPORTATION** (*Previous Contract Period: November 30, 2019 through January 1, 2020*)

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

Ayers

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 6001175 referred to in the foregoing communication dated FEBRUARY 5, 2020, be hereby and is approved.

FEB 17 2020 M.T.F. to NB (RM) 2-0 (JA; RM)

2-18-2020 - Formal Session; Post Phone 1 week

OFFICE OF CONTRACTING  
AND PROCUREMENT

18  
25

February 13, 2020

HONORABLE CITY COUNCIL:

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

6002268      100% State Funding – To Provide a Unique Expertise in Data Collection, Recruiting and Training of Participants to Administer a Potentially Lifesaving Drug. – Contractor: Wayne State University – Location: 5425 Woodward Avenue, Detroit, MI 48202 – Contract Period: Upon City Council Approval through May 31, 2024 – Total Contract Amount: \$216,400.00 **HEALTH**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER                     BENSON                    

**RESOLVED**, that Contract No. 6002268 referred to in the foregoing communication dated February 13, 2020, be hereby and is approved.

FEB 24 2020 - MTNB RM (2.0)

OFFICE OF CONTRACTING  
AND PROCUREMENT

February 13, 2020

19

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26

HONORABLE CITY COUNCIL:

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

6002283      100% State Funding – To Provide a Unique Expertise in Data Analysis, Evaluation and Reporting. – Contractor: Regents of The University of Michigan – Location: 3818 SPH I, 1415 Washington Heights, Ann Arbor, MI 48109 – Contract Period: Upon City Council Approval through May 31, 2023 – Total Contract Amount: \$399,548.00 **HEALTH**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER           BENSON          

**RESOLVED**, that Contract No. 6002283 referred to in the foregoing communication dated February 13, 2020, be hereby and is approved.

FEB 24 2020 - MTNB RM (2.0)

OFFICE OF CONTRACTING  
AND PROCUREMENT

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27

February 13, 2020

HONORABLE CITY COUNCIL:

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

3041207      100% Federal (CDBG) Funding – To Provide a Commercial Demolition (Group 138) of Property, 6084 Vermont. – Contractor: Dore & Associates Contracting, Inc. – Location: 400 Harry S Truman Parkway, Bay City, MI 48706 – Contract Period: Upon City Council Approval through February 11, 2021 – Total Contract Amount: \$17,000.02 **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER                     BENSON                    

**RESOLVED**, that Contract No. 3041207 referred to in the foregoing communication dated February 13, 2020, be hereby and is approved.

FEB 24 2020 MTNB RA (2-2)

OFFICE OF CONTRACTING  
AND PROCUREMENT

(21) 28

February 13, 2020

HONORABLE CITY COUNCIL:

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

3041208 100% Federal (CDBG) Funding – To Provide a Commercial Demolition (Group 139) of Property, 14201 Meyers. – Contractor: SC Environmental Services, LLC – Location: 1234 Washington Boulevard 5<sup>th</sup> Floor, Detroit, MI 48226 – Contract Period: Upon City Council Approval through February 11, 2021 – Total Contract Amount: \$34,977.00 **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 3041208 referred to in the foregoing communication dated February 13, 2020, be hereby and is approved.

FEB 24 2020 MTNB (Pending corrections) RM (2.0)

OFFICE OF CONTRACTING  
AND PROCUREMENT



February 13, 2020

HONORABLE CITY COUNCIL:

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

3041420      100% Federal (CDBG) Funding – To Provide a Commercial Demolition (Group 146) of Property, 12371 LaSalle Boulevard. – Contractor: Dore & Associates Contracting, Inc. – Location: 400 Harry S Truman Parkway, Bay City, MI 48706 – Contract Period: Upon City Council Approval through February 6, 2021 – Total Contract Amount: \$20,250.00 **HOUSING AND REVITAIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER                     BENSON                    

**RESOLVED**, that Contract No. 3041420 referred to in the foregoing communication dated February 13, 2020, be hereby and is approved.

FEB 24 2020 - MTNB RM (20)

OFFICE OF CONTRACTING  
AND PROCUREMENT

February 13, 2020

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HONORABLE CITY COUNCIL:

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

3041422 100% Federal (CDBG) Funding – To Provide a Commercial Demolition (Group 147) of Property, 15459 Wabash. – Contractor: Dore & Associates Contracting, Inc. – Location: 400 Harry S Truman Parkway, Bay City, MI 48706 – Contract Period: Upon City Council Approval through February 6, 2021 – Total Contract Amount: \$18,000.00 **HOUSING AND REVITAIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 3041422 referred to in the foregoing communication dated February 13, 2020, be hereby and is approved.

FEB 24 2020 MTNB RM (20)



OFFICE OF CONTRACTING  
AND PROCUREMENT

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February 13, 2020

HONORABLE CITY COUNCIL:

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

3041427      100% Federal (CDBG) Funding – To Provide a Commercial Demolition (Group 149) of Property, 18865 Mound. – Contractor: SC Environmental Services, LLC – Location: 1234 Washington Boulevard 5<sup>th</sup> Floor, Detroit, MI 48226 – Contract Period: Upon City Council Approval through February 6, 2021 – Total Contract Amount: \$16,018.00 **HOUSING AND REVITAIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER           BENSON          

**RESOLVED**, that Contract No. 3041427 referred to in the foregoing communication dated February 13, 2020, be hereby and is approved.

FEB 24 2020 - MTNB RM (2.0)

OFFICE OF CONTRACTING  
AND PROCUREMENT

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February 13, 2020

HONORABLE CITY COUNCIL:

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

3041430 100% Federal (CDBG) Funding – To Provide a Commercial Demolition (Group 151) of Property, 1245 E Nevada. – Contractor: SC Environmental Services, LLC – Location: 1234 Washington Boulevard 5<sup>th</sup> Floor, Detroit, MI 48226 – Contract Period: Upon City Council Approval through February 6, 2021 – Total Contract Amount: \$26,086.00 **HOUSING AND REVITAIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 3041430 referred to in the foregoing communication dated February 13, 2020, be hereby and is approved.

FEB 24 2020 - MTNB RM (2.0)

OFFICE OF CONTRACTING  
AND PROCUREMENT

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February 13, 2020

HONORABLE CITY COUNCIL:

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

3041436 100% Federal (CDBG) Funding – To Provide a Commercial Demolition (Group 152) of Property, 31 Harmon. – Contractor: Able Demolition, Inc. – Location: 1001 Woodward Avenue Suite 500, Detroit, MI 48226 – Contract Period: Upon City Council Approval through February 6, 2021 – Total Contract Amount: \$93,744.00  
**HOUSING AND REVITAIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 3041436 referred to in the foregoing communication dated February 13, 2020, be hereby and is approved.

**FEB 24 2020**

- MTNB (Pending corrections) RM (2-0)

OFFICE OF CONTRACTING  
AND PROCUREMENT

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February 13, 2020

HONORABLE CITY COUNCIL:

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

3041444      100% Federal (CDBG) Funding – To Provide a Commercial Demolition (Group 154) of Property, 18069 Schoenherr. – Contractor: Able Demolition, Inc. – Location: 1001 Woodward Avenue Suite 500, Detroit, MI 48226 – Contract Period: Upon City Council Approval through February 9, 2021 – Total Contract Amount: \$52,276.11 **HOUSING AND REVITAIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER           BENSON          

**RESOLVED**, that Contract No. 3041444 referred to in the foregoing communication dated February 13, 2020, be hereby and is approved.

FEB 24 2020 – MTNB R.M. 2(-0)

OFFICE OF CONTRACTING  
AND PROCUREMENT

Handwritten marks: a circled '73', a circled '28', and a stylized signature.

February 13, 2020

HONORABLE CITY COUNCIL:

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

3041446 100% Federal (CDBG) Funding – To Provide a Commercial Demolition (Group 156) of Property, 8902 Charlevoix. – Contractor: Dore & Associates Contracting, Inc. – Location: 400 Harry S Truman Parkway, Bay City, MI 48706 – Contract Period: Upon City Council Approval through February 9, 2021 – Total Contract Amount: \$23,800.00 **HOUSING AND REVITAIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 3041446 referred to in the foregoing communication dated February 13, 2020, be hereby and is approved.

FEB 24 2020 MTNB RM (A.O)

OFFICE OF CONTRACTING  
AND PROCUREMENT

February 13, 2020

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HONORABLE CITY COUNCIL:

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

3041455      100% Federal (CDBG) Funding – To Provide a Commercial Demolition (Group 157) of Property, 11036 Chalmers. – Contractor: Dore & Associates Contracting, Inc. – Location: 400 Harry S Truman Parkway, Bay City, MI 48706 – Contract Period: Upon City Council Approval through February 9, 2021 – Total Contract Amount: \$28,500.00 **HOUSING AND REVITAIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER                     BENSON                    

**RESOLVED**, that Contract No. 3041455 referred to in the foregoing communication dated February 13, 2020, be hereby and is approved.

**FEB 24 2020** (MTNB RM 2.0)

OFFICE OF CONTRACTING  
AND PROCUREMENT

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February 13, 2020

HONORABLE CITY COUNCIL:

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

3041459      100% Federal (CDBG) Funding – To Provide a Commercial Demolition (Group 158) of Property, 12505 Elmdale. – Contractor: Dore & Associates Contracting, Inc. – Location: 400 Harry S Truman Parkway, Bay City, MI 48706 – Contract Period: Upon City Council Approval through February 9, 2021 – Total Contract Amount: \$29,900.00 **HOUSING AND REVITAIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER                     BENSON                    

**RESOLVED**, that Contract No. 3041459 referred to in the foregoing communication dated February 13, 2020, be hereby and is approved.

FEB 24 2020      MTNB      (E.D.)

OFFICE OF CONTRACTING  
AND PROCUREMENT

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February 13, 2020

HONORABLE CITY COUNCIL:

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

3041460      100% Federal (CDBG) Funding – To Provide a Commercial Demolition (Group 159) of Property, 12701 Filbert. – Contractor: SC Environmental Services, LLC – Location: 1234 Washington Boulevard 5<sup>th</sup> Floor, Detroit, MI 48226 – Contract Period: Upon City Council Approval through February 9, 2021 – Total Contract Amount: \$36,079.00 **HOUSING AND REVITAIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER**                     **BENSON**

**RESOLVED**, that Contract No. 3041460 referred to in the foregoing communication dated February 13, 2020, be hereby and is approved.

FEB 24 2020    MTNB (2.0)



OFFICE OF CONTRACTING  
AND PROCUREMENT

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February 13, 2020

HONORABLE CITY COUNCIL:

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

3041461 100% Federal (CDBG) Funding – To Provide a Commercial Demolition (Group 160) of Property, 11510 Conner. – Contractor: SC Environmental Services, LLC – Location: 1234 Washington Boulevard 5<sup>th</sup> Floor, Detroit, MI 48226 – Contract Period: Upon City Council Approval through February 9, 2021 – Total Contract Amount: \$56,793.00 **HOUSING AND REVITAIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 3041461 referred to in the foregoing communication dated February 13, 2020, be hereby and is approved.

FEB 24 2020 MTNB (2.0) RML

OFFICE OF CONTRACTING  
AND PROCUREMENT

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February 13, 2020

HONORABLE CITY COUNCIL:

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

3041464 100% Federal (CDBG) Funding – To Provide a Commercial Demolition (Group 161) of Property, 3921 Fenkell. – Contractor: Dore & Associates Contracting, Inc. – Location: 400 Harry S Truman Parkway, Bay City, MI 48706 – Contract Period: Upon City Council Approval through February 9, 2021 – Total Contract Amount: \$17,800.00 **HOUSING AND REVITAIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 3041464 referred to in the foregoing communication dated February 13, 2020, be hereby and is approved.

FEB 24 2020 MET NB RM (2.0)

OFFICE OF CONTRACTING  
AND PROCUREMENT

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February 13, 2020

HONORABLE CITY COUNCIL:

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

3041470 100% Federal (CDBG) Funding – To Provide a Commercial Demolition (Group 163) of Property, 12438 Birwood. – Contractor: SC Environmental Services, LLC – Location: 1234 Washington Boulevard 5<sup>th</sup> Floor, Detroit, MI 48226 – Contract Period: Upon City Council Approval through February 9, 2021 – Total Contract Amount: \$29,806.00 **HOUSING AND REVITAIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 3041470 referred to in the foregoing communication dated February 13, 2020, be hereby and is approved.

FEB 24 2020 MTNB RM(2-4)

OFFICE OF CONTRACTING  
AND PROCUREMENT

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FEBRUARY 5, 2020

HONORABLE CITY COUNCIL:

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

6002560      100% Other Funding – To Provide Facility Assessment, Architecture Services and Engineering Services for the AB Ford Park and Lenox Recreation Center. – Contractor: inFORM Studio – Location: 235 East Main Street Suite 102b, Northville, MI 48167 – Contract Period: Upon City Council Approval through January 31, 2022 – Total Contract Amount: \$400,000.00 **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER SHEFFIELD

**RESOLVED**, that Contract No. 6002560 referred to in the foregoing communication dated FEBRUARY 5, 2020, be hereby and is approved.

FEB 13 2020 - MGNB - (Pending additional documentation)  
RCL (P.D)

2-18-2020 - Formal Session - Postpone 1 week

OFFICE OF CONTRACTING  
AND PROCUREMENT

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FEBRUARY 5, 2020

HONORABLE CITY COUNCIL:

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

6002565      100% City Funding – To Provide Truck Spring Suspension and Steering Repair Services. – Contractor: Certified Alignment & Suspension, Inc. – Location: 6707 Dix Street, Detroit, MI 48209 – Contract Period: Upon City Council Approval through February 3, 2023 – Total Contract Amount: \$165,000.00 **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER SHEFFIELD

**RESOLVED**, that Contract No. 6002565 referred to in the foregoing communication dated FEBRUARY 5, 2020, be hereby and is approved.

FEB 13 2020 - MTNB RCL 20

2-18-2020 - Formal Session - PostPone 1 week

OFFICE OF CONTRACTING  
AND PROCUREMENT

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FEBRUARY 5, 2020

HONORABLE CITY COUNCIL:

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

6002672      100% City Funding – To Provide Services to Furnish Vehicle Glass Replacement and/or Repair. – Contractor: Mostek Paint & Glass – Location: 11515 Jos Campau, Hamtramck, MI 48212 – Contract Period: Upon City Council Approval through March 4, 2022 – Total Contract Amount: \$100,000.00 **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER SHEFFIELD

RESOLVED, that Contract No. 6002672 referred to in the foregoing communication dated FEBRUARY 5, 2020, be hereby and is approved.

FEB 13 2020 - MTNB REL 20

2-18 2020 - Formal Session; Post Phone 1 week

OFFICE OF CONTRACTING  
AND PROCUREMENT



FEBRUARY 5, 2020

HONORABLE CITY COUNCIL:

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

6002689      100% CDBG Grant Funding – To Provide Renovations including Enhanced Landscaping to the Fargo, Marx and Patton Parks. – Contractor: Michigan Recreational Construction – Location: 18631 Conant, Detroit, MI 48234 – Contract Period: Upon City Council Approval through February 10, 2022 – Total Contract Amount: \$1,400,000.00 **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER SHEFFIELD

**RESOLVED**, that Contract No. 6002689 referred to in the foregoing communication dated FEBRUARY 5, 2020, be hereby and is approved.

FEB 13 2020 - MTNB REL REL (20)  
2-18-2020 - Formal Session; Postpone a week



CITY OF DETROIT  
DEPARTMENT OF PUBLIC WORKS  
ADMINISTRATION DIVISION

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 611  
DETROIT, MICHIGAN 48226  
(313) 224-3901 • TTY: 711  
(313) 224-1464  
WWW.DETROITMI.GOV

*[Handwritten initials: JA, JA]*

January 10, 2020

*[Handwritten initials: JA, JA, (39)]*

HONORABLE CITY COUNCIL

**Re: Resolution to Support the Issuance of Outdoor Cafes on the Livernois Corridor, between Clarita and Eight Mile Road, from April 1, 2020 – November 30, 2020**

Construction of the Streetscape has been substantially completed along the Avenue of Fashion, as well the entire Livernois corridor between Clarita and Eight Mile Road. The Department of Public Works (DPW) now seeks to continue supporting the businesses along the corridor by streamlining the process for eating and drinking establishments to obtain permits for outdoor café seating areas, to help ensure that the corridor remains active and bustling.

Presently, each individual business owner must file an independent petition through the City Clerk's office. Subsequent to being routed through all impacted city agencies for review and approval, a resolution is then prepared by DPW/Planning for your Honorable Body's consideration. If Council approves the resolution, only then may the business obtain an Outdoor Café Permit with the Department of Public Works. **On Livernois, this process will currently have to be repeated for every entity that desires to have a seasonal outdoor seating area.**

To streamline the process, the departments of Public Works and Planning are jointly submitting the attached resolution, which if approved by City Council shall serve as legislative authorization for DPW to issue outdoor café permits during the 2020 seasonal period of April 1<sup>st</sup> through November 30<sup>th</sup> along this segment of Livernois Avenue.

This resolution acknowledges that restaurants/bars will still be required to request permits for individual outdoor cafés, and that these requests will still be subject to approvals by all applicable city agencies, including DPW, DPD, BSEED, Health, Housing & Revitalization, as well as the Michigan Liquor Commission, if alcohol is to be consumed in the seating area, and Health's Food & Safety Division if outdoor grilling of food is desired. This resolution, if approved by Council, will eliminate steps that will have to be repeated for multiple businesses along the corridor, helping to ensure that all bars and restaurants that desire to have outdoor cafes have approved permits in place in time for the upcoming season.

Respectfully Submitted,

*[Signature of Ron Brundidge]*  
Ron Brundidge, Director  
Department of Public Works

*[Signature of Arthur Jemison]*  
Arthur Jemison, Director  
Planning, Housing, & Revitalization

Cc: Stephanie Washington, Mayor's Office  
Caitlin Marcon, DPW  
Oladayo Akinyemi, DPW  
Richard Doherty, DPW  
Sunny Jacob, DPW

FEB 03 2020 *RB luk JA (310)*

FEB 10 2020 *BB 2 weeks (2.0) RM*  
FEB 24 2020 - *MTNB RM (2.0)*

CITY CLERK 2020 JAN 10 AM 2:10





## RESOLUTION

**BY: COUNCIL MEMBER:** \_\_\_\_\_

**WHEREAS**, this resolution, if approved by Your Honorable Body, will allow for the Department of Public Works to issue outdoor café permits to eligible restaurants and bars along the Livernois corridor, between Clarita and 8 Mile Road, during the seasonal period of April 1, 2020 through November 30, 2020, and

**WHEREAS**, this resolution acknowledges the City's objective to support the Livernois business owners desire to make the corridor vibrant and active during the summer seasonal period by streamlining the process for applying for and receiving outdoor café permits, and

**WHEREAS**, this resolution shall not serve as final authorization for businesses to construct outdoor cafes, and acknowledges that individual requests for permits will still have to be made to the Department of Public Works and require city review and approvals from all applicable agencies, including Public Works, DPD, Fire, Health, HRD, BSEED, and the Michigan Liquor Commission, where applicable

**AND BE IT FURTHER RESOLVED** that the City Council hereby expresses its support of this streamlined process for the issuance of outdoor café permits along the Livernois corridor, between Clarita and 8 Mile Road, by authorizing this resolution.

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BY COUNCIL MEMBER \_\_\_\_\_:

**RESOLUTION REAPPOINTING A MEMBER TO THE  
CITY PLANNING COMMISSION**

**RESOLVED**, That the Detroit City Council hereby reappoints David Esparza to represent District 6 on the City Planning Commission. The appointment shall begin immediately and shall expire on February 14, 2023.

February 14, 2020

CITY CLERK 2020 FEB 14 PM4:15

2-18-2020 - Formal Session; PostPhone 1 week



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**LAW DEPARTMENT**

Coleman A. Young Municipal Center  
2 Woodward Avenue, Suite 500  
Detroit, Michigan 48226-3437

Phone 313-224-4550  
Fax 313-224-5505  
www.detroitmi.gov



Date: February 20, 2020

To: Honorable City Council

From: Law Department

Re: Closed Session – Mickale Williams v. City of Detroit; Wayne County Circuit Court Case No. 18-0163210-NO

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The Law Department submitted a privileged and confidential memorandum dated February 3, 2020, requesting authorization to settle the lawsuit of *Mickale Williams v. City of Detroit Police Officer Christopher Bush*, Wayne County Circuit Court Case No. 18-0163210-NO. During the February 19, 2020 Internal Operations Standing Committee meeting, Council Member James Tate requested a closed session on the matter. After consultation with the Council President's office, the Law Department is respectfully requesting that the closed session be held on **Tuesday, March 10, 2020 at 2:00 p.m.** to discuss the privileged document.

**RESOLUTION TO CALL CLOSED SESSION**

**RESOLVED**, that a closed session of the Detroit City Council is called in accordance with Section 8(h) of the Open Meetings Act, 1976 PA 267, MCL 15.268(h), for the purposes of discussing a privileged and confidential memorandum titled **Lawsuit Settlement Memorandum – Mickale Williams v. City of Detroit Police Officer Christopher Bush, Wayne County Circuit Court Case No. 18-0163210-NO**, dated January 22, 2020. This memorandum is an attorney-client communication prepared by the Law Department and therefore is exempt from disclosure under Section 13(g) of the Freedom of Information Act, MCL 15.243(1)(g). Law Department attorneys, representatives from the Detroit Police Department, as well as attorneys from the Legislative Policy Division may be present. The closed session will be held on:

**Tuesday, March 10, 2020 at 2:00 p.m.**

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*Note: A 2/3 Roll Call vote of members elected and serving (6 votes) is required pursuant to MCL 15.267(1).*



**LAW DEPARTMENT**

Coleman A. Young Municipal Center  
2 Woodward Avenue, Suite 500  
Detroit, Michigan 48226-3437

Phone 313-224-4550  
Fax 313-224-5505  
www.detroitmi.gov

42

Date: February 20, 2020

To: Honorable City Council

From: Law Department

Re: Closed Session – Emergency procurement of Conway Mackenzie to provide expert witness testimony in connection with the pending property tax appeal by MGM Grand Detroit

The Law Department submitted a privileged and confidential memorandum dated February 10, 2020, relative to the *Emergency procurement of Conway Mackenzie to provide expert witness testimony in connection with the pending property tax appeal by MGM Grand Detroit*. During the February 19, 2020 Internal Operations Standing Committee meeting, Council Member James Tate requested a closed session on the matter. After consultation with the Council President's office, the Law Department is respectfully requesting that the closed session be held on **Tuesday, March 10, 2020 at 2:30 p.m.** to discuss the privileged document.

**RESOLUTION TO CALL CLOSED SESSION**

**RESOLVED**, that a closed session of the Detroit City Council is called in accordance with Section 8(h) of the Open Meetings Act, 1976 PA 267, MCL 15.268(h), for the purposes of discussing a privileged and confidential memorandum titled **Emergency Procurement of Conway Mackenzie to provide expert witness testimony in connection with the pending property tax appeal by MGM Grand Detroit**, dated February 10, 2020. This memorandum is an attorney-client communication prepared by the Law Department and therefore is exempt from disclosure under Section 13(g) of the Freedom of Information Act, MCL 15.243(1)(g). Law Department attorneys, representatives from the City Assessor's Office, as well as attorneys from the Legislative Policy Division may be present. The closed session will be held on:

**Tuesday, March 10, 2020 at 2:30 p.m.**

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*Note: A 2/3 Roll Call vote of members elected and serving (6 votes) is required pursuant to MCL 15.267(1).*



**LAW DEPARTMENT**

Coleman A. Young Municipal Center  
2 Woodward Avenue, Suite 500  
Detroit, Michigan 48226-3437

Phone 313-224-4550  
Fax 313-224-5505  
www.detroitmi.gov

43

Date: February 20, 2020

To: Honorable City Council

From: Law Department

Re: Closed Session – Shelborne Development Company v. City of Detroit; Wayne County Circuit Court Case No. 18-014282-CH

The Law Department submitted a privileged and confidential memorandum dated February 7, 2020, requesting authorization to settle the lawsuit of *Shelborne Development Company v. City of Detroit*; Wayne County Circuit Court Case No. 18-014282-CH. During the February 19, 2020 Internal Operations Standing Committee meeting, Council Member Roy McCalister, Jr. requested a closed session on the matter. After consultation with the Council President's office, the Law Department is respectfully requesting that the closed session be held on **Tuesday, March 10, 2020 at 3:00 p.m.** to discuss the privileged document.

## RESOLUTION TO CALL CLOSED SESSION

**RESOLVED**, that a closed session of the Detroit City Council is called in accordance with Section 8(h) of the Open Meetings Act, 1976 PA 267, MCL 15.268(h), for the purposes of discussing a privileged and confidential memorandum titled **Lawsuit Settlement Memorandum – Shelborne Development Company v. City of Detroit, Wayne County Circuit Court Case No. 18-014282-CH**, dated February 7, 2020. This memorandum is an attorney-client communication prepared by the Law Department and therefore is exempt from disclosure under Section 13(g) of the Freedom of Information Act, MCL 15.243(1)(g). Law Department attorneys, representatives from the Housing and Revitalization Department, as well as attorneys from the Legislative Policy Division may be present. The closed session will be held on:

**Tuesday, March 10, 2020 at 3:00 p.m.**

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*Note: A 2/3 Roll Call vote of members elected and serving (6 votes) is required pursuant to MCL 15.267(1).*