

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

Begin Set-up Date & Time: 11/12/16 6am Complete Set-up Date & Time: 11/12/16 9:59am

Event Start Date & Time: 11/12/16 10am Event End Date & Time: 11/12/16 11am

Begin Tearing Down Date: 11/12/16 11am Complete Tear Down Date: 11/12/16 12pm

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

One Day Event

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

If no, what years has the event been held in Detroit? 2013, 2014 2015

When was the event last held in Detroit? November 9th 2014

Where was the event last held in Detroit? Rivertown Warehouse District, Detroit Riverfront

What were the hours last year? Same as above.

Project Attendance This Year (Minimum – Maximum)? 1,500-1,800

What is the basis for your projected attendance? Historical data

Please describe your anticipated/ target audience:

Is this going to be an annual event? Yes No

If yes, do you have a preferred/proposed for next year? 11/11/17

If a parade is planned. Indicate elements (check all that apply):

People Balloons

Floats Animals

Vehicles Other: NA

Bands

If animals included, specify type, number and how used. NA

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

Section 3- LOCATION/SITE INFORMATION

Location of Event: 237 Joseph Campau

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

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -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

What type of entertainment will be used? (check all that apply)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Singers | <input type="checkbox"/> Magician |
| <input type="checkbox"/> Musicians | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Comedians | <input type="checkbox"/> Other: <u>PA System</u> |

Describe the entertainment for this year's event:

Music via PA system, Ipod.

List proposed entertainers and/or bands performing at the event:

NA

Will a sound system be used? Yes No

If yes, what type of sound system?

800 watt PA

Acoustic-audible, sound heard within natural range

Amplified-augmented, sound increased to broaden range

The amplified sound will be used: To communicate instructions to attendees. Music for ambiance

Will the event consist of a musical concert? Yes No

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

Live Recorded Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music:

Honda 2000i gas generator

How many generators will be used? 2

How will the generators be fueled?

Gasoline

Name of vendor providing generators:

Contact Person: RUNdetroit Owns it's own generators.

Address:

Phone:

City/State/Zip: _____

Section 5- COMMUNICATION/ADVERTISING STRATEGY

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

- Radio (Specify stations):
- Television (Specific stations):
- Newspapers (specify papers):
- Web site (identify web address):
- Public Relations or Marketing Firm (Specify):

Contact Info:

- Raffle (List Item(s)):
- Billboards
- Flyers
- Street Banners
- Other (specify): _____

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

Section 6- SALES INFORMATION

Will there be advanced ticket sales? Yes No
If yes, please describe: Pre-registration via www.mustachedache.com

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

Will food be sold? Yes No
If yes, please pick up Special Events Vendor Packet in Suite 105:

Will merchandise be sold? Yes No
If yes, describe:

Will a percentage of the proceeds be distributed to a charitable organization? Yes No
If yes, describe: November Foundation is our charitable partner again for 2016

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

NA

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

- Food
- Merchandise
- Non-Alcoholic Beverages
- Alcoholic Beverages
- Other (specify):

Indicate type of items to be sold:

We will have two food trucks on-site: El Guapo & Hero or Vilian

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

Unknown

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: Justin Craig

Address: 441 W. Canfield #5

Phone: 313.638.2831

City/State/Zip: Detroit, MI 48201

Number of Private Security Personnel Hired Per Shift: 2

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

Licensed

Armed

Bonded

Describe the emergency evacuation plan: Two points of egress, Jos. Campau & Wight St.

Describe the parking plan to accommodate anticipated attendance: We'll again rent the Chene Park lot

How will you advise attendees of parking options? Website, Emails, street signage

Are you seeking a group parking rate? NA

Section 8- COMMUNITY IMPACT INFORMATION

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

Minimal, course is designed for minimal impact

Have local neighborhood groups/businesses approved your event?

Yes No

Indicate what steps you have or will take to notify them of your event: Door-to-door conversations, historic presence of the event, same start/finish location, same route.

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

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many? 6

Size/Height 10x10, 20x20

Booth _____

Tent (enclosed on 3 sides) none

Canopy (open on all sides) all

Staging/Scaffolding none

Bleachers

none

Company:

Grill

Gas

Charcoal

Electrical

Propane

Fireworks (Pyrotechnics)

Aerial

Stage

Provide Sketch:

NA

Portable Restrooms:

Standard

ADA Accessible

Vehicles

Type/Weight:

Standard

Other:

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

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

NA

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

None

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

No

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: On-site via Atwater Brewing

Address: _____

Phone: _____

City/State/Zip: _____

Name of company providing emergency medical services?

Contact Person: Hart EMS

Address: _____

City/State/Zip: _____

Name of company providing porta-johns.

Contact Person: Parkway Services, Carol

Address: 2876 Tyler Rd.

Phone: 734.482.7633

City/State/Zip: Ypsilanti Township, MI 48198

Name of private catering company?

Contact Person: NA

Address: _____

Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

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

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

STREET NAME: See attached course map _____

FROM _____
TO _____

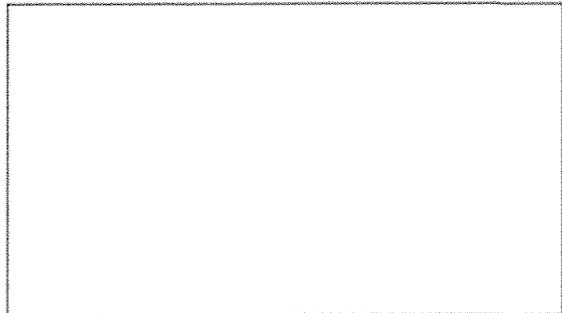
Closure Dates: 11.7.15

Beg. Time: 9am

End Time: 11am

Reopen Date: 11.7.15

Time: 11:01am



STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

Requested City Equipment

Provided In: NA (year)

Current Request: _____ (year)

Street Closures:

Posting no parking signs

Light pole

Electrical Services

Storage for Trailers/Trunks

Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

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

This is the **4th** year RUNdetroit, a locally owned retailer is hosting the Mustache Dache.

The event is a part of a national event to raise awareness and funds for Men's Health issues.

Our goal is to create fun events with a greater cause of health and enjoying the great sites

we have in our city such as the Riverwalk and Downtown Detroit.

AUTHORIZATION & AFFADAVIT OF APPLICANT

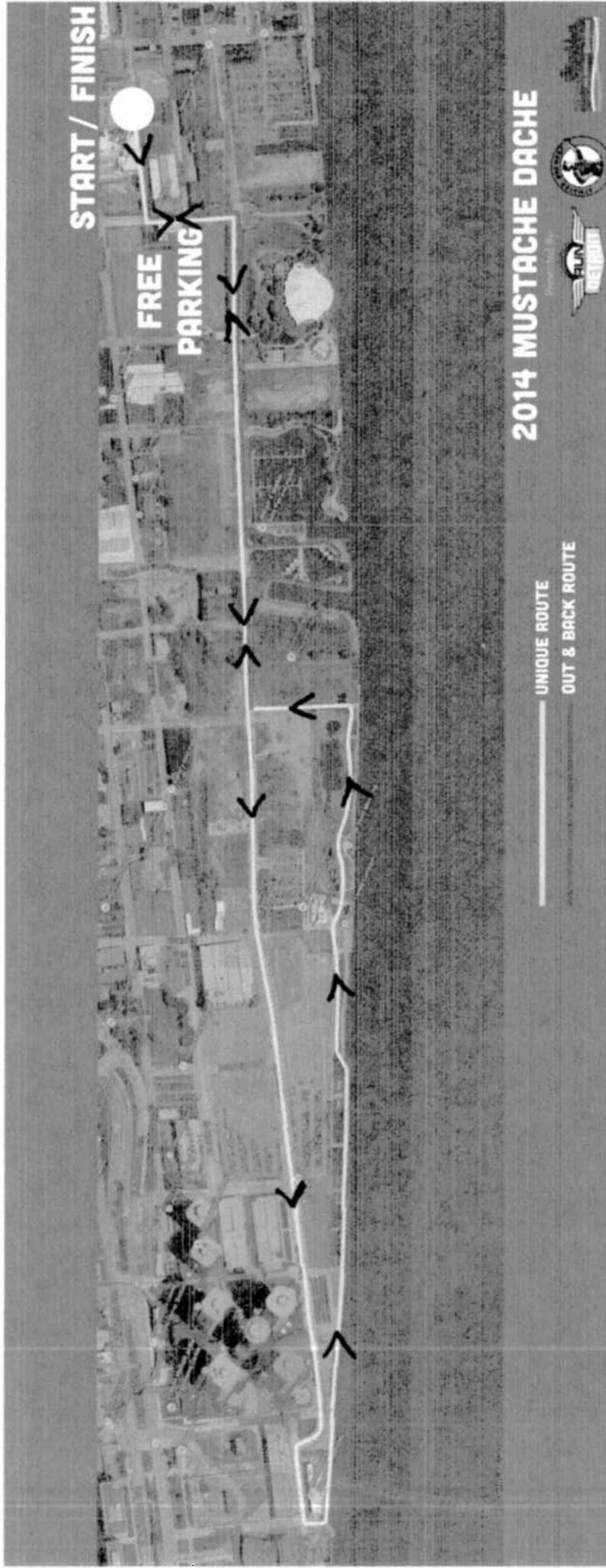
I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to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

7/12/16

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.



START / FINISH

FREE
PARKING

2014 MUSTACHE DACHE

UNIQUE ROUTE
OUT & BACK ROUTE



161

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1255 Event Name: Detroit's Latino's Community Day-Festival

Event Date: October 15, 2016

Street Closure: _____

Organization Name: Many Faces of Detroit

Street Address: 18640 Mac Ave.

Receipt date of the COMPLETED Special Events Application:	August 23, 2016
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)

Festival will take place on private property 3401 W. Vernor Hwy.

**** 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 4th Precinct will assist the event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No ROW permit required
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Street closures
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nothing required as presented
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Merchandise vendor licenses 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"/>	
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No impact on buses

MAYOR'S OFFICE

Signature: _____

Lida Lynn

Date: _____

8-24-2016

City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, August 23, 2016

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 POLICE DEPARTMENT
FIRE DEPARTMENT DPW - CITY ENGINEERING DIVISION
BUILDINGS SAFETY ENGINEERING BUSINESS LICENSE CENTER

1255 *Many Faces of Detroit, request to hold "Detroit's Latino's Community Day-Festival" at 3041 W. Vernor on October 15, 2016 from 11:00am to 8:00pm.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office. There is a 90 day review process. At the end of the 90 days, the petition could either be approved or denied by departments. Please take into consideration the amount of time it will take to plan the event when submitting the application. If submitted later than 90 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Detroit's Latino's Community Day-Festival
 Event Location: 3041 W. Vernor

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Many Faces of Detroit c/o MMAPS
 Organization Mailing Address: 18640 Mack Ave #36763
 Business Phone: 248.973.7056 Business Fax: _____
 Federal Tax ID # 38-3578865

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

Applicant Name: _____
 Title/Role: _____
 Email Address: _____
 Mailing Address: _____
 Business Phone: _____ Business Fax: _____
 Event On-Site Contact Person: Stephanie or Loron
 Mailing Address: _____
 Business Phone: 248.773.1433 Business Fax: _____

List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).

List Event Sponsors: _____

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 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 checked="" type="checkbox"/> Other: <u>VENDERS + Kid Bounce</u> |

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

Begin Set-up Date & Time: 10/14 8P Complete Set-up Date & Time: 10/15 9A
Event Start Date & Time: 10/15 11A Event End Date & Time: 10/15 8P
Begin Tearing Down Date: 10/15 Complete Tear Down Date: 10/15

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

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

If no, what years has the event been held in Detroit? _____

When was the event last held in Detroit? _____

Where was the event last held in Detroit? _____

What were the hours last year? _____

Project Attendance This Year (Minimum - Maximum)? few hundred

What is the basis for your projected attendance? To close out Hispanic Heritage Month

Please describe your anticipated/ target audience:

Is this going to be an annual event? Yes No N/A

If yes, do you have a preferred/proposed for next year? _____

If a parade is planned. Indicate elements (check all that apply): N/A

People Balloons

Floats Animals

Vehicles Other: _____

Bands

If animals included, specify type, number and how used. N/A

Name of business supplying animal(s): _____

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

Section 3- LOCATION/SITE INFORMATION

Location of Event: 3041 W. Vernor

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

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- 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

What type of entertainment will be used? (check all that apply)

- Singers
- Musicians
- Comedians
- Magician
- Story Telling
- Other: DANCERS

Describe the entertainment for this year's event: The entertainers are local talents showcasing their arts of choice

List proposed entertainers and/or bands performing at the event:

Will a sound system be used? Yes No

If yes, what type of sound system? under review

Acoustic-audible, sound heard within natural range

Amplified-augmented, sound increased to broaden range

The amplified sound will be used:

Will the event consist of a musical concert? Yes No

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

- Live
- Recorded
- Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: under review depended upon

How many generators will be used? the number/type of entertainers that register

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

Address: Phone:

City/State/Zip: _____

Section 5- COMMUNICATION/ADVERTISING STRATEGY

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

- Radio (Specify stations):
- Television (Specific stations):
- Newspapers (specify papers):
- Web site (identify web address):
- Public Relations or Marketing Firm (Specify):

PRESS RELEASES WILL BE SENT TO ALL LOCAL ~~QA~~ AND/OR MANY OF LOCAL MEDIA TO PROMOTE + ADVERTISE.

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify): _____

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

Section 6- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe: _____

Will there be on-site ticket sales? Yes No

If yes, list price(s): _____

Will food be sold? Yes No

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

(VENDORS and/or food trucks)

Will merchandise be sold? Yes No

If yes, describe: arts, retail, novelties, and the like

Will a percentage of the proceeds be distributed to a charitable organization? Yes No

If yes, describe: 15% of vendor reservations will be earmarked for a local charity

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

Will there be vending or sales? Yes No

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Other (specify): _____

Indicate type of items to be sold:

Novelties, clothing/retail, arts, etc.

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

outside solicited vendors from metro Detroit and afar.

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: Volunteers will work as organizers assisting public

Address: _____ Phone: _____

City/State/Zip: _____

Number of Private Security Personnel Hired Per Shift: _____

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

Licensed

Armed

Bonded

Describe the emergency evacuation plan: The event is outdoors in a parking lot + field

Describe the parking plan to accommodate anticipated attendance: Free Parking in the plaza area

How will you advise attendees of parking options? Signage

Are you seeking a group parking rate? NO

Section 8- COMMUNITY IMPACT INFORMATION

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

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 have spoken to managers + owners of the local businesses adjacent to the area they are excited.

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

Carmen (FREC) Andy (Farm Agriculture Ctr)
Ms. Gloria/Bridge Co (Plaza del Sol) Ms. Robbie Walker (Trade School)

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many? _____

Size/Height _____

Booth 40-50 10x10 vendor sites

Tent (enclosed on 3 sides) _____

Canopy (open on all sides) _____

Staging/Scaffolding 2 stages

Bleachers

Company:

Grill

Gas

Charcoal

Electrical

Propane

Fireworks (Pyrotechnics)

Aerial

Stage

Provide Sketch:

Portable Restrooms:

Standard

ADA Accessible

Vehicles

Type/Weight:

Other:

under review depending on area approval

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

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

no.

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

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

no.

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip _____

Name of company providing emergency medical services?

Contact Person: _____

Address: _____

City/State/Zip: _____

Name of company providing porta-johns.

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

Name of private catering company?

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

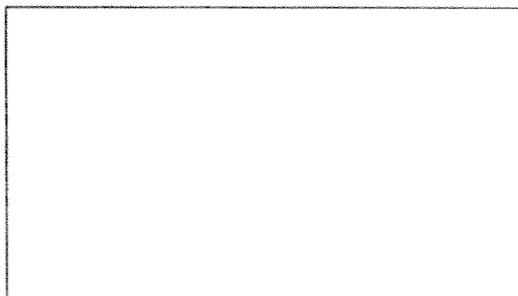
List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

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: _____

Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

- Posting no parking signs
- Light pole
- Electrical Services
- Storage for Trailers/Trunks

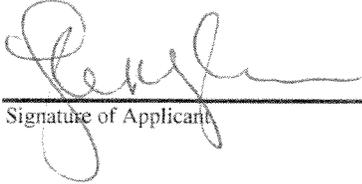
Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

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

AUTHORIZATION & AFFADAVIT OF APPLICANT

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



Signature of Applicant

8/15/14
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

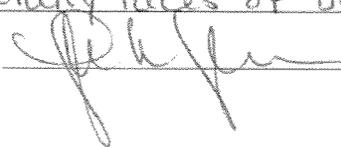
The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and 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: Detroit's Latino's Community Day Festival Event Date: 10/15/14

Event Organizer: Many Faces of Detroit

Applicant Signature:  Date: 8/15/14

Hispanic Heritage

Today, 55 million people or 17% of the American population are of Hispanic or Latino origin. This represents a significant increase from 2000, which registered the Hispanic population at 35.3 million or 13% of the total U.S. population.

In Detroit, 47,167 residents are of Hispanic decent which makes up 5% of Detroit population. The Hispanic population nationwide is the fastest growing population and markets are recognizing this and catering to them. Southwest Detroit is a tight knit community with family owned businesses and nonprofits serving the Hispanic community. Many Faces of Detroit wants to recognize the many cultures that make up the Latino community: Cubans, Puerto Ricans, Dominicans, South Americans, and Mexicans.

The Latino Cultural Festival will take place during the last day of the National Hispanic Heritage month (September 15-October 15) where Hispanic and Latino Americans are recognized and celebrated for the contributes they made to the United States.

The significance of Hispanic Heritage month:

Hispanic Heritage Month begins each year on September 15, the anniversary of independence of five Latin American countries: Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua. Mexico, Chile and Belize also celebrate their independence days during this period and Columbus Day (Día de la Raza) is October 12.

Facts:

The Hispanic population has increased 2.1% between 2013 and 2014.

The population in the United States is projected to increase to 119 million by 2060, which will make up 28.6% of the nation's population.

The United States ranked the 2nd largest Hispanic population worldwide, Mexico ranked the highest.

Sixty-Four percent of Hispanic-origin people in the United States who were of Mexican background in 2013. Another 9.5 percent were of Puerto Rican background, 3.7 percent Cuban, 3.7 percent Salvadoran, 3.3 percent Dominican and 2.4 percent Guatemalan. The remainder was of some other Central American, South American or other Hispanic or Latino origin.

In 2007 there was 2.3 Million Hispanic-owned business, which was up 43.6% from 2002.

Source:

U.S. Census Bureau

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MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1256 Event Name: Detroit Pistons Event

Event Date: October 18, 2016

Street Closure: _____

Organization Name: Palace Sports & Entertainment

Street Address: _____

Receipt date of the COMPLETED Special Events Application:	August 23, 2016
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)

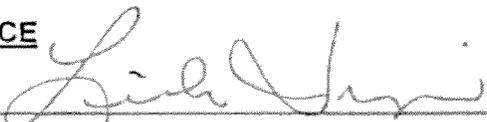
Pistons would like to host a street festival on Woodward with a kids basket ball clinic, music, dance team performances and food trucks as well as guest appearances from the team members

**** 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"/>	Police assisted event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Superior Medical to provide private emergency services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW permit required for street closure
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type 3 barricades required for closure
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Specifications and permits required for basketball court and bleacher construction
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nothing required - merchandise give aways
	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"/>	
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No impact on buses

MAYOR'S OFFICE

Signature: 

Date: 8-29-2016

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, August 23, 2016

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 POLICE DEPARTMENT
FIRE DEPARTMENT DPW - CITY ENGINEERING DIVISION
BUILDINGS SAFETY ENGINEERING BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT

1256 *Palace Sports & Entertainment, request to hold the "Detroit Pistons Event" at Woodward between State and Grand River on October 18, 2016 from 3:00pm to 8:00pm with temporary street closure on Woodward Ave.*

City of Detroit Special Events Application

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

Section 1- GENERAL EVENT INFORMATION

Event Name: Detroit Pistons Event
Event Location: Woodward (between Stak + Grand River)

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Palace Sports + Entertainment
Organization Mailing Address: 6 Championship Dr. Auburn Hills, MI 48326
Business Phone: 248-377-8202 Business Fax: n/a
Federal Tax ID # _____

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

Applicant Name: Rachael Church
Title/Role: Manager, Membership Engagement
Email Address: rchurch@palacenet.com
Mailing Address: 6 Championship Dr.
Business Phone: 248-377-8202 Business Fax: n/a

Event On-Site Contact Person: Rachael Church
Mailing Address: 6 Championship Dr.
Business Phone: 248-377-8202 Business Fax: n/a

List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).

Rachael Church
List Event Sponsors: n/a

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 checked="" type="checkbox"/> Festival | <input checked="" type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input checked="" type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Provide a brief description of your event:

Would like to build a court on Woodward between
State + Grand River to kick off the season. Would
be a festival feel with a kids clinic, dance team
performances + team appearance

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

Begin Set-up Date & Time: 9 AM Complete Set-up Date & Time: 1 PM
Event Start Date & Time: 3 PM Event End Date & Time: 8 PM Oct. 18th
Begin Tearing Down Date: 8 PM Complete Tear Down Date: 11 PM

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

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

If no, what years has the event been held in Detroit? 2014

When was the event last held in Detroit? October 2014

Where was the event last held in Detroit? Campus Martius

What were the hours last year? 11-4

Project Attendance This Year (Minimum - Maximum)? 1000 - 2500

What is the basis for your projected attendance? last event estimate, TBD on
pre event promotion

Please describe your anticipated/ target audience:

Is this going to be an annual event? Yes No

If yes, do you have a preferred/proposed for next year?

If a parade is planned. Indicate elements (check all that apply):

[] People [] Balloons

[] Floats [] Animals

[] Vehicles [] Other: _____

[] Bands

If animals included, specify type, number and how used.

Name of business supplying animal(s): _____

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

Section 3- LOCATION/SITE INFORMATION

Location of Event: Woodward (between state & Grand River)

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

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- 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

What type of entertainment will be used? (check all that apply)

- Singers
- Musicians
- Comedians
- Magician
- Story Telling
- Other: dance team

Describe the entertainment for this year's event: Kids Clinic, entertainment team performance, team appearance

List proposed entertainers and/or bands performing at the event: Pistons Entertainment teams

Will a sound system be used? Yes No

If yes, what type of sound system? TBD

Acoustic-audible, sound heard within natural range

Amplified-augmented, sound increased to broaden range

The amplified sound will be used:

Will the event consist of a musical concert? Yes No

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

- Live
- Recorded
- Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: TBD

How many generators will be used? TBD

How will the generators be fueled? TBD

Name of vendor providing generators: Parace

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

Section 5- COMMUNICATION/ADVERTISING STRATEGY

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

Radio (Specify stations): Creator Media Detroit

Television (Specific stations): FSD

Newspapers (specify papers): _____

Web site (identify web address): piston.com

Public Relations or Marketing Firm (Specify): _____

Contact Info:

Raffle (List Item(s)): _____

Billboards

Flyers

Street Banners

Other (specify): _____

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

Section 6- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe: _____

Will there be on-site ticket sales? Yes No

If yes, list price(s): _____

Will food be sold? Yes No

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

Will merchandise be sold? Yes No

If yes, describe: _____

Will a percentage of the proceeds be distributed to a charitable organization? Yes No

If yes, describe: _____

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

Will there be vending or sales? Yes No

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Other (specify): _____

Indicate type of items to be sold: _____

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

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person:

Bobby Glaser

Address:

6 Championship Dr

Phone:

248-377-0126

City/State/Zip:

Auburn Hills, MI 48326

Number of Private Security Personnel Hired Per Shift:

TBD

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

Licensed

Armed

Bonded

Describe the emergency evacuation plan:

TBD

Describe the parking plan to accommodate anticipated attendance:

structure nearby

How will you advise attendees of parking options?

TBD

Are you seeking a group parking rate?

no

Section 8- COMMUNITY IMPACT INFORMATION

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

increased foot traffic

Have local neighborhood groups/businesses approved your event?

Yes

No

- spoke with Nike

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

call with store manager at Nike - they are on board

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

Tim Carroll - 313-965-3319

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

stage

How Many?

1

Size/Height

TBD

Booth

n/a

Tent (enclosed on 3 sides)

5-7

Canopy (open on all sides)

3-4

Staging/Scaffolding

1

Bleachers

TBD

Company:

Grill

Gas Charcoal Electrical Propane

Fireworks (Pyrotechnics)

Aerial Stage

Provide Sketch:

Portable Restrooms:

Standard ADA Accessible

Vehicles team bus, Hooper ambulance

Type/Weight: _____

Other: _____

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

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

no

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

yes, TBD based on power requirements

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

no

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: TBD

Address: _____

Phone: _____

City/State/Zip _____

Name of company providing emergency medical services? Superior EMS

Contact Person: _____

Address: _____

City/State/Zip: _____

Name of company providing porta-johns. TBD

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

Name of private catering company? Levy Catering

Contact Person: Chad Gregory

Address: W Championship Dr.

Phone: 248-375-4097

City/State/Zip: Auburn Hills, MI 48326

SPECIAL USE REQUESTS

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

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

STREET NAME: Woodward

FROM State

TO Grand River

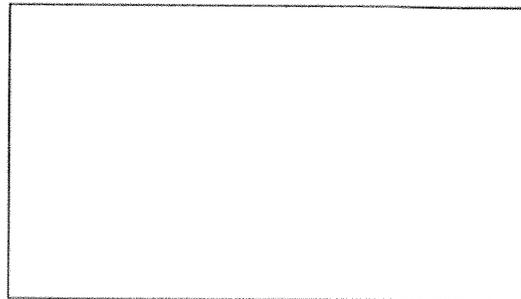
Closure Dates: TBD - October day

Beg. Time: 10 AM

End Time: 5 PM

Reopen Date: same day

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: _____

Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

- Posting no parking signs Light pole
- Electrical Services Storage for Trailers/Trunks

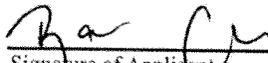
Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

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

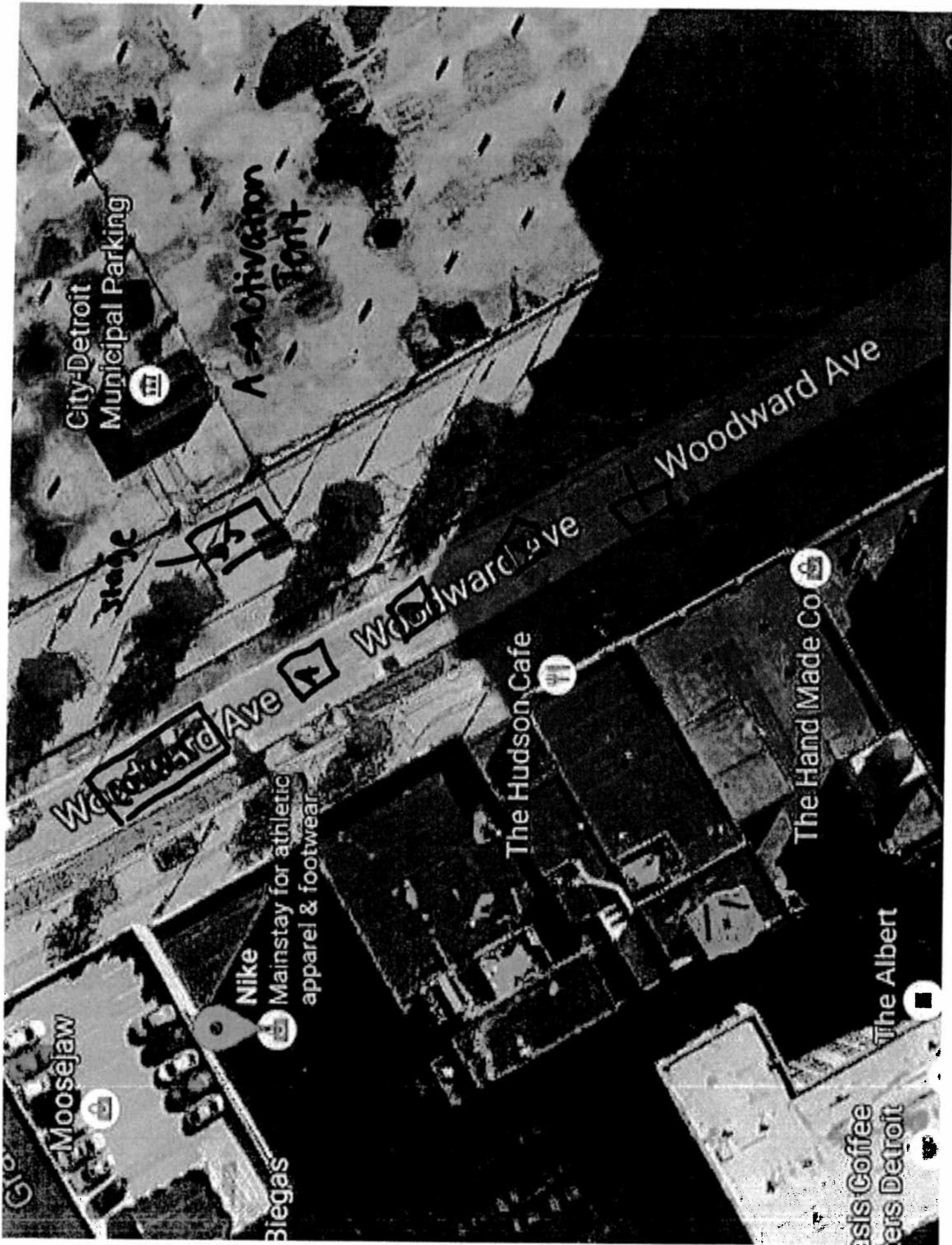
AUTHORIZATION & AFFIDAVIT OF APPLICANT

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


Signature of Applicant

8/9/16
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.



City-Detroit
Municipal Parking

Activation
Point

stage

Woodward Ave

Woodward Ave

Woodward Ave

The Hudson Cafe

The Hand Made Co

The Albert

Nike
Mainstay for athletic
apparel & footwear

Moosejaw

Biegas

Basis Coffee
ers Detroit

33



City-Detroit
Municipal Parking

arc entrance

60' x 50'
Curtain

Woodward Ave

Alameda

Nike
Mainstay for athletic
apparel & footwear

Moosejaw

10x10
5 seats

10x10 promo
activation

20x20
= food trucks

Woodward Ave

arch
entrance

Woodward Ave

MONITOR
for video
game setup

Lofts of Merchant Row

The Hudson Cafe

Google