

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1257 Event Name: Day of Prayer for Reconciliation

Event Date: October 18, 2016

Street Closure: _____

Organization Name: Metropolitan Christian Council

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)

A short prayer service in front of the Spirit of Detroit - DWJBA has approved

**** 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"/>	
	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 closoures
	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"/>	No Jurisdiction
	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: _____

Lil Styrin

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 DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT

1257 *Metropolitan Christian Council, request to host "Day of Prayer for Reconciliation" at the Spirit of Detroit statue on October 18, 2016 from 12:00pm to 2:00pm.*

City of Detroit Special Events Application

CITY CLERK 18 AUG 2015 10:12 AM

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: DAY OF PRAYER FOR RACIAL RECONCILIATION
Event Location: 2 WOODWARD AVE - FRONT OF COLUMBA YOUNG BUILDING

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: METROPOLITAN CHRISTIAN COUNCIL
Organization Mailing Address: _____
Business Phone: _____ Business Fax: _____
Federal Tax ID # _____

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

Applicant Name: REV DAVID KASBOW
Title/Role: COMMITTEE CHAIR
Email Address: KASBOW@EARTHLINK.NET
Mailing Address: 4750 WOODWARD AVE SUITE 215
Business Phone: 313-831-2009 Business Fax: 313-831-2009

Event On-Site Contact Person: _____
Mailing Address: SAME
Business Phone: SAME Business Fax: SAME

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

List Event Sponsors: REV DAVID KASBOW 734.546.4395
REV PHYSCILLA TUCKER 248-885-3376

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 PRAYER
- Filming
- Rally/Demonstration
- Other

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

Begin Set-up Date & Time: 9:00 AM Complete Set-up Date & Time: 11:00 AM

Event Start Date & Time: 12:00 PM Event End Date & Time: 2:00 PM Oct. 18, 2016

Begin Tearing Down Date: 2:15 PM Complete Tear Down Date: 3:15 PM

Event Times (If more than one day, give times for each day): 12:00 NOON - 2:00 PM

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? MAY 5 2015

When was the event last held in Detroit? MAY 5 2015

Where was the event last held in Detroit? SAME
IN FRONT OF COURTMH BY YOUNG BUILD.

What were the hours last year? 12:00 - 2:00

Project Attendance This Year (Minimum - Maximum)? 50 PEOPLE

What is the basis for your projected attendance? CALLS + FLYERS

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? _____

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

[] People [] Balloons

[] Floats [] Animals

[] Vehicles [] Other: _____

[] Bands

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

Name of business supplying animal(s): _____

Contact Person: _____

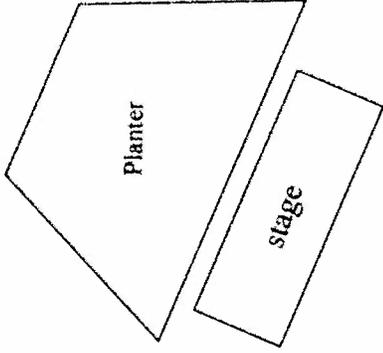
Address: _____

Phone: _____

City/State/Zip: _____

Coleman A Young Building

Spirit of Detroit



Same design as this event from
May 5 2015



Woodward Ave

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): PHONE CALLS

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: _____

^{N/A} 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

Indicate type of items to be sold: _____

Indicate type of items to be sold: _____

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

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

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

Describe the emergency evacuation plan: _____

Describe the parking plan to accommodate anticipated attendance: STREET + LOT PARKING

How will you advise attendees of parking options? ON FLIER + PHONE CALLS

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)? MINIMAL

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

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

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? 1 STAGE

Size/Height 8 FOOT HIGH

Booth NONE

Tent (enclosed on 3 sides) NONE

Canopy (open on all sides) NONE

Staging/Scaffolding 1 8 X 16 STAGE 1 FOOT HIGH

Bleachers

NO

Company:

Grill
 Gas Charcoal Electrical Propane

Fireworks (Pyrotechnics)
 Aerial Stage

Provide Sketch:

Portable Restrooms:
 Standard ADA Accessible

Vehicles

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.

JUST ELECTRICAL PLUG

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

NO

Section 101 COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

N/A

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

N/A

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 _____

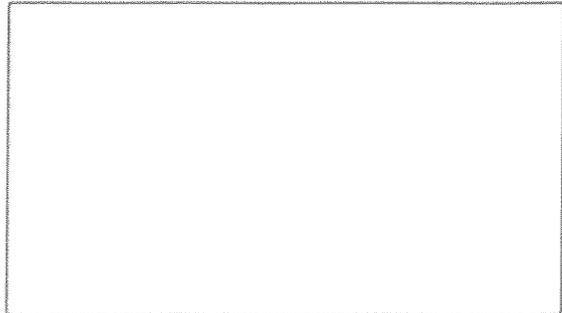
Closure Dates: _____

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 *NO*

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.



8/17/16

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.

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: PRAYER FOR RACIAL RECONCILIATION Event Date: 10/18/16

Event Organizer: METROPOLITAN CHRISTIAN COUNCIL

Applicant Signature:  Date: 8/17/16



August 25, 2016

To: Andre Gilbert II, Assistant City Council Committee Clerk

From: Gregory R. McDuffee – Executive Director
Detroit-Wayne Joint Building Authority (Authority)

C.c . Cynthia Montgomery, Office Manager
Michael Stone, Manager, Securitas Security Services
Michael Kennedy, Property Manager

Re: Petition for October 18, 2016 Event

Dear Andre,

We have received your request the letter dated August 23, 2016 regarding the October 18, 2016 event in front of the Coleman A. Young Municipal Center. As this event and in specific the proposed stage will be in the City of Detroit right-of-way, we will defer to the Detroit Police Department and other relevant City of Detroit departments.

There is however a reference to an “electrical plug” although this is not in the form of a request for such an outlet to be provided by the Authority. Please ask the Petitioner if they are seeking our support in providing an outlet and if so, they should provided details as to what will be energized with this outlet and their location.

Please ask them to call Mike Kennedy at 313-309-2300 in the event that they are requesting our assistance.

Day of Prayer Event
Tuesday, Oct. 18, 2016

Last year when we held the interfaith Day of Prayer event on May 7th in front of the Coleman A Young Building we plugged into an electrical outlet that was in the bushes by the Spirit of Detroit Statue. That worked fine for us. It is no problem for us doing that again.

David Kasbow

CITY CLERK 2016 AUG 31 PM3:33

164

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1233 Event Name: Focus Hope 5K Run

Event Date: October 9, 2016

Street Closure: _____

Organization Name: Focus Hope

Street Address: 1400 Oakman Blvd. Detroit 48238

Receipt date of the COMPLETED Special Events Application:	August 3, 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)

The 5K run is apart of the annual Focus Hope walk community event

**** 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"/>	
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No ROW permit required DPD will secure the route
	Health Dept.	<input 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"/>	DPD is securing the closures/route
	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"/>	No Jurisdiction
	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"/>	Low impact to the buses - DPD will assist

MAYOR'S OFFICE

Signature: 

Date: 8-23-2016

City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, August 03, 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.

DPW - CITY ENGINEERING DIVISION MAYOR'S OFFICE
TRANSPORTATION DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT BUILDINGS SAFETY ENGINEERING
BUSINESS LICENSE CENTER

1233 *Focus: Hope, request to host "Focus: Hope 5K Run" at 1400 Oakman Blvd. on October 9, 2016 from 10:00am to 11:00am with temporary street closures on Oakman between LaSalle and Linwood St.*

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: Focus: HOPE 5K Run (Part of Eleanor's Walk for HOPE)
Event Location: 1400 Oakman Blvd, Detroit

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Focus: HOPE
Organization Mailing Address: 1400 Oakman Blvd, Detroit, MI 48238
Business Phone: 313-494-4343 Business Fax:
Federal Tax ID # 38-1948285

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

Applicant Name: Bill Wenzell
Title/Role: Manager of Volunteers & Community Outreach
Email Address: wenzelb@fourshape.edu
Mailing Address: 1400 Oakman Blvd
Business Phone: 313-494-4343 Business Fax:

Event On-Site Contact Person:

Mailing Address: Same as Above
Business Phone: Same as Above Business Fax:

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

List Event Sponsors: Plastic Omnium, Magna

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: _____

Provide a brief description of your event:

5K run - part of Eleanor's Walk for HOPE

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

Begin Set-up Date & Time: 10-9-16 6am Complete Set-up Date & Time: 10-9-16 11am

Event Start Date & Time: 10-9-16 10AM Event End Date & Time: 10-9-16 11am

Begin Tearing Down Date: 10-9-16 Complete Tear Down Date: 10-9-16

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?

This will be the 3rd annual run - 2015

When was the event last held in Detroit?

Where was the event last held in Detroit?

1400 Oakman Blvd.

What were the hours last year?

1pm - 2pm

Project Attendance This Year (Minimum - Maximum)?

100 runners

What is the basis for your projected attendance?

Based on last year and projected social media campaign.

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?

Second Sunday in October

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: 1400 Oakman Blvd

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)

- Singers Magician
 Musicians Story Telling
 Comedians Other: _____

Describe the entertainment for this year's event: Entertainment only applies to the walk,
not the run.

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? _____

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: _____

How many generators will be used? _____

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 (Specify stations):

Newspapers (specify papers): Detroit News, Detroit Free Press

Web site (identify web address): www.focushope.edu

Public Relations or Marketing Firm (Specify): M.C.C.I.

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify): Social Media

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: Focus: HOPE

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: Arnold Pirtle - focus: HOPE in-house security

Address: 1355 Oakman Blvd.

Phone: 313-494-4356

City/State/Zip: Detroit, MI 48238

Number of Private Security Personnel Hired Per Shift: 20-25

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

Licensed

Armed

Bonded

Describe the emergency evacuation plan: Attached

Describe the parking plan to accommodate anticipated attendance: On-site private parking

How will you advise attendees of parking options? Security staff will direct vehicles

Are you seeking a group parking rate? No fee for parking

Section 8- COMMUNITY IMPACT INFORMATION

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

Pedestrian traffic

Have local neighborhood groups/businesses approved your event?

Yes No

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

Local neighborhood groups are part of the steering committee.

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

Attached.

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many? 19

Size/Height

Booth 16 (12x12)

Tent (enclosed on 3 sides)

Canopy (open on all sides)

2 (one 30x60) one 10x20

Staging/Scaffolding

stage is 8x4, 9ft. high

Bleachers

Company:

Grill

Gas

Charcoal

Electrical

Propane

Fireworks (Pyrotechnics)

Aerial

Stage

Provide Sketch:

Portable Restrooms:

Standard

ADA Accessible

Vehicles

Type/Weight:

Provided by Lang's On Site Services

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.

No.

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: Republic Services - Craig Lantto
Address: 14620 Dequindre Phone: 800966-2660
City/State/Zip: Detroit MI 48212

Name of company providing emergency medical services?

Contact Person: Community EMS
Address: 25400 W. Eight Mile Rd
City/State/Zip: Southfield, MI 48034

Name of company providing porta-johns. Lang's On Site Services

Contact Person: 26490 W. Eight Mile Road
Address: Southfield, MI 48033 Phone: _____
City/State/Zip: _____

Name of private catering company? Touch of Class

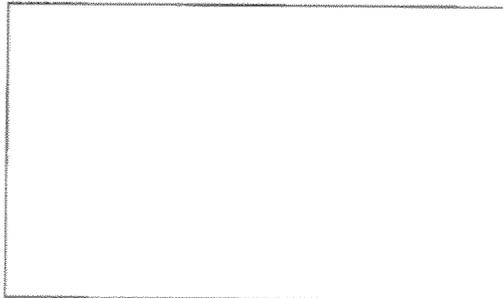
Contact Person: _____
Address: 10612 W. Nine Mile Road Phone: _____
City/State/Zip: _____

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: Oakman
FROM: ~~8AM~~ 8AM Lasalle
TO: ~~3PM~~ 3PM Linwood
Closure Dates: 8am 10-9-16
Beg. Time: 8AM
End Time: 3pm
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

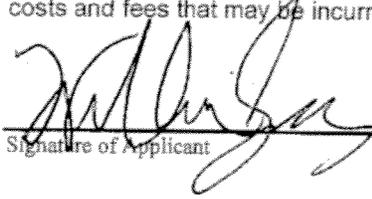
Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

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

AUTHORIZATION & 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

Date

7/29/16

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.

**LODGE ■ DAVISON ■ LINWOOD ■ OAKMAN
L. D. L. O. BLOCK CLUB ASSOCIATION**

c/o Focus: HOPE
1355 Oakman Blvd.
Detroit, MI 48238

March 11, 2016

Officers:

Stephanie Johnson- Cobb
President

Helen Adams
Vice President

Katrina Rice
Treasurer

Marchioness Taylor
Financial Secretary

Alvin Horton
Sergeant of Arms

Warren Black
Chaplain

Members:

Annie Brown
Lucy Butts
Johnnie R. Cleveland
Roderick Grey
Laura Moore

To whom it may concern,

My name is Stephanie Johnson-Cobb and I am the president of the Lodge, Davison, Linwood, Oakman Block Club Association. I am writing this letter in support of the annual Focus: HOPE Walk. This event has become a staple event in our community and it attracts visitors from Southeast Michigan to rally in support of our neighborhood Anchor Institution, Focus: HOPE.

This organization provides food for seniors, education programs, early childhood education, and they have adopted 100 blocks of community around their campus with a long term goal to improve the lives of the residents educationally, economically, and environmentally.

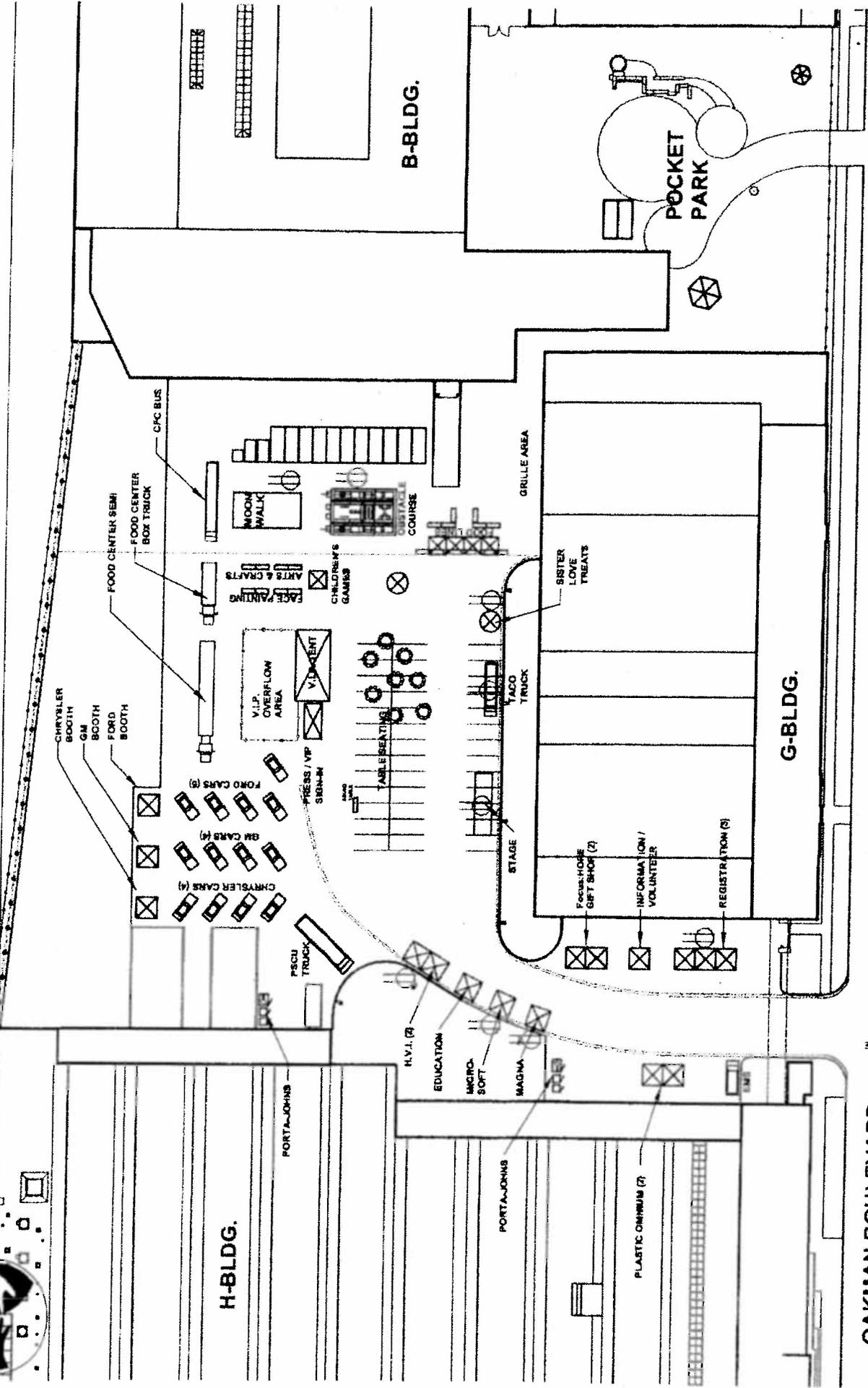
Focus: HOPE is an asset to both our local community and city at large. The LDLO requests that the City of Detroit approves Focus: HOPE's request to have their 2016 Annual Walk.

Sincerely,



Stephanie Johnson-Cobb,
President

FOCUS: HOPE

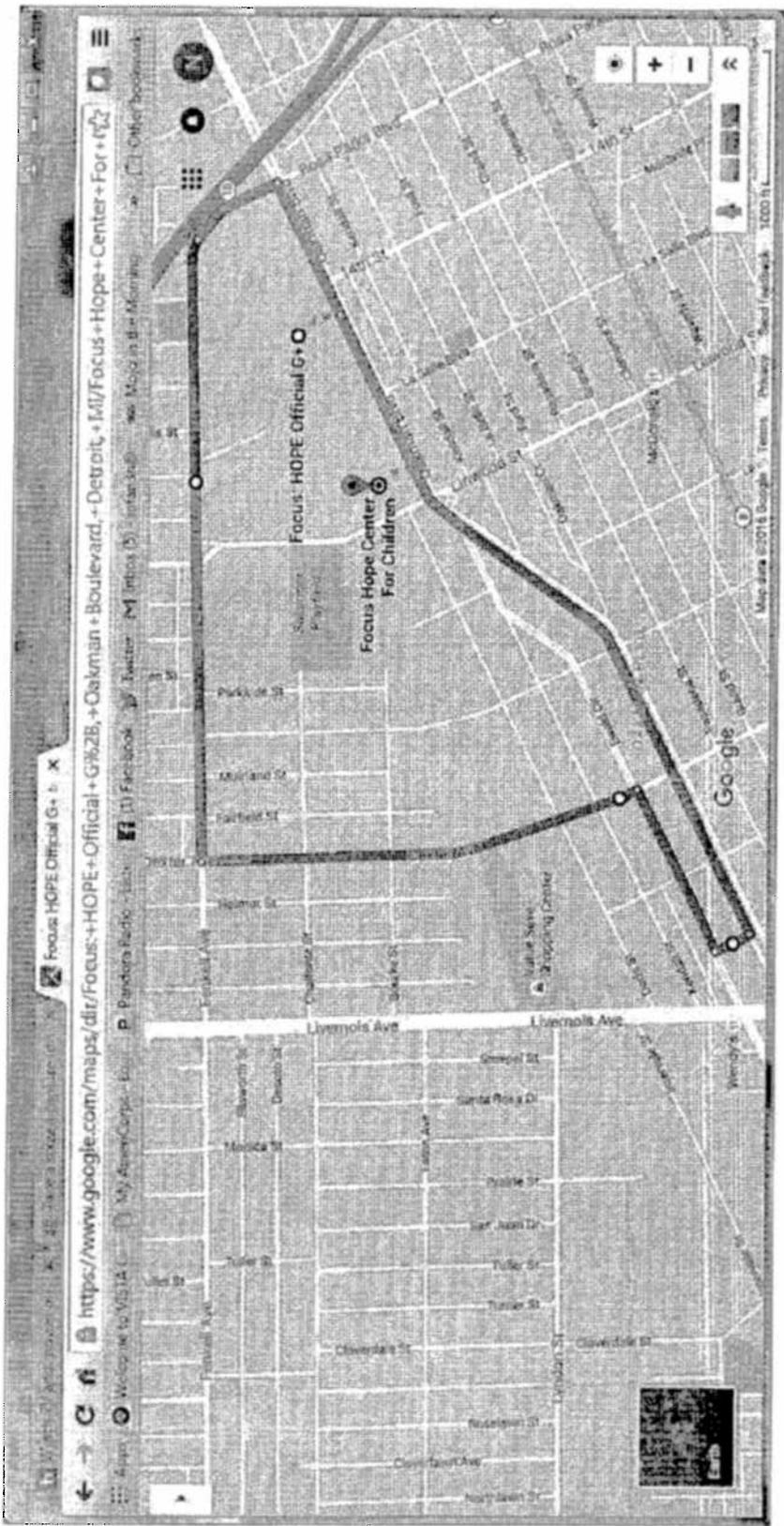


OAKMAN BOULEVARD

Walk 2015 - Layout

Revision Date: 10-05-15

Celebrating Diversity Since 1968



MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1236 Event Name: An Evening to Connect with Community

Event Date: September 10, 2016

Street Closure: _____

Organization Name: Tent Venue DBA: Porterhouse

Street Address: 3783 Rennie School Rd., Traverse City MI 49685

Receipt date of the COMPLETED Special Events Application:	August 10, 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)

Community outside party with food and live music

**** 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"/>	
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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"/>	Vendor license and inspections required

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"/>	Permit required for 10x20 tent and staging
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Merchandise sales 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 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: _____

Linda Wynn

Date: _____

8-22-2016

City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, August 10, 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 DPW - CITY ENGINEERING DIVISION
MUNICIPAL PARKING DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT BUILDINGS SAFETY ENGINEERING
BUSINESS LICENSE CENTER

1236 *Tent Venue DBA: Porterhouse Presents, request to host "An Evening to Connect with Community" at the Green Alley btw. 2nd Ave. and Cass next to Jolly Pumpkin on September 10, 2016 from 5:00pm to 12:00am with temporary closure on Green Alley btw. Canfield and West Willis.*

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: An Evening to Connect with Community

Event Location: Green Alley between 2nd Ave and Cass next to Jolly Pumpkin

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Tent Venue DBA: Porterhouse Presents

Organization Mailing Address: 3783 Rennie School Rd, Traverse City, MI 49685

Business Phone: 231-499-4968

Business Fax:

Federal Tax ID # Tent Venue: 46-3872645

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

Applicant Name: Sam Porter

Title/Role: Owner/CEO

Email Address: Sam@tentvenue.com and carly@tentvenue.com

Mailing Address: Same as above

Business Phone: same as above

Business Fax::

Event On-Site Contact Person:

Mailing Address: same as above

Business Phone: same as above

Business Fax:

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

List Event Sponsors: Jolly Pumpkin and Third Man Records

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 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>1/2 Private, 1/2 public</u> |

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

Begin Set-up Date & Time: 9/10 @ 8am Complete Set-up Date & Time: 9/10 @ 2pm

Event Start Date & Time: 9/10 @ 5pm Event End Date & Time: 9/10 @ 12am

Begin Tearing Down Date: 9/10 @ 12am Complete Tear Down Date: 9/10 @ 2am

Event Times (If more than one day, give times for each day): Saturday, 9/10, 5pm-12am

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? Tent install for Detroit Design Festival in 2014

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)? 400

What is the basis for your projected attendance? Develop relationships for future Detroit Cultural Event on Roosevelt Park and Midtown. Introduce our own and nonprofit programs.

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: _____

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): NPR Sponsor/ WDET

Television (Specific stations):

Newspapers (specify papers): TBD

Web site (identify web address): porterhousepresents.com

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify): Custom invites to city and community members

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

Section 6- SALES INFORMATION

Will there be advanced ticket sales? Yes No Only 150

If yes, please describe: Price-TBD

Will there be on-site ticket sales? Yes No

If yes, list price(s): Price- TBD

Will food be sold? Yes No

If yes, please pick up Special Events Vendor Packet in Suite 105:
Not crucial but would like to provide

Will merchandise be sold? Yes No

If yes, describe: Festival and artist merch. Shirts, sweatshirts and CD's

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

If yes, describe: The event is raising capital and awareness for a large scale fundraiser for parks & neighborhood nonprofits

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

TBD

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:

Jolly Pumpkin will pull MLCC License

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

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: We have an in house crowd control and security team

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: With 4 points of evacuation plus direct access to Third Man warehouse
We can send detailed plan

Describe the parking plan to accommodate anticipated attendance: We wil have access to and provide shuttle from off site location with Detroit Party Bus

How will you advise attendees of parking options? Yes

Are you seeking a group parking rate? _____

Section 8- COMMUNITY IMPACT INFORMATION

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

Noise will be lower levels than typical festival as a classy controlled model event

Have local neighborhood groups/businesses approved your event?

Yes

No

Indicate what steps you have or will take to notify them of your event: Sue Mosey is finalizing event with residents on alley.

Jolly Pumpkin, Third Man and others have approved

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

Jon Carlson- 734-604-0977: Jolly Pumpkin

Roe Petehans- 313-737-7788: Third Man Records

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many? 10x10 and 10x20 only

Size/Height Standard

Booth _____

Tent (enclosed on 3 sides) no

Canopy (open on all sides) _____

Staging/Scaffolding 24x30 grounded as needed- Stage Right Professional Stage

Bleachers _____

Company:

Grill

Gas

Charcoal

Electrical

Propane

Fireworks (Pyrotechnics)

Aerial

Stage

Provide Sketch:

Portable Restrooms:

Standard

ADA Accessible

6-8

Vehicles

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.

Only using 20-30 amp power source from Third Man building. Minimal power & LED lighting

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

no

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/Same as Jolly Pumpkin has in the alley

Address: _____

Phone: _____

City/State/Zip _____

Name of company providing emergency medical services?

Contact Person: We have trained 1st responder and will have our First Aid tent, banner and support at main gate

Address: _____

City/State/Zip: _____

Name of company providing porta-johns. TBD

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

Name of private catering company? No catering but Man and Pan, our paella STFU business, is launching a Detroit office is our food design

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: Green Alley

FROM Canfield

TO West Willis

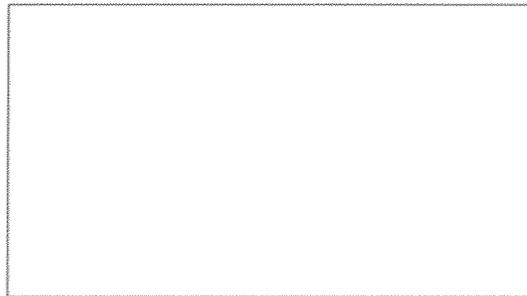
Closure Dates: 9/10 only

Beg. Time: 8am-3am(9/11)

End Time: _____

Reopen Date: 9/11 at 3am

Time: _____



We will be able to provide access to entire alley from South entrance

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?

We will follow up with a narrative and site map

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

7/1/16

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.

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: TBD Event Date: 9/10/16

Event Organizer: Sam Porter

Applicant Signature:  Date: 7/1/16

1166

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1235 Event Name: Eastern Market After Dark

Event Date: September 22, 2016

Street Closure: _____

Organization Name: Eastern Market Corporation

Street Address: 2934 Russell St.

Receipt date of the COMPLETED Special Events Application:	August 10, 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)

Annual Open House where the Market District businesses stay open after hours for the public

**** 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"/>	
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No ROW permit required
	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"/>	DPD assisted closures - same as regular market day 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"/>	No Jurisdiction
	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: 8-22-16

City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, August 10, 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 DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUILDINGS SAFETY ENGINEERING MUNICIPAL PARKING DEPARTMENT
BUSINESS LICENSE CENTER

1235 *Eastern Market Corporation, request to hold "Eastern Market After Dark" at private businesses throughout the Eastern Market District on September 22, 2016 from 7:00pm to 11:00pm with temporary street closures on Alfred St., Division St. and Adelaide St.*

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: Eastern Market After Dark
Event Location: At private businesses throughout Eastern Market District

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Eastern Market Corporation
Organization Mailing Address: 2934 Russell St. Detroit, MI 48207
Business Phone: (313) 833-9300 ext. 224 Business Fax: (313) 833-9309
Federal Tax ID # 32-0030432

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

Applicant Name: Melissa Thomas
Title/Role: Event Manager
Email Address: mthomas@easternmarket.com
Mailing Address: 2934 Russell St, Detroit, MI 48207
Business Phone: (313) 833-9300 ext 224 Business Fax: (313) 833-9309

Event On-Site Contact Person:
Mailing Address: Same
Business Phone: Same Business Fax: Same

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

List Event Sponsors: Part of Detroit Design Festival

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: Annual open house where market District businesses stay open late one evening to the public.

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

Begin Set-up Date & Time: 9/22 5pm Complete Set-up Date & Time: 9/22 7pm

Event Start Date & Time: 9/22 7pm Event End Date & Time: 9/22 11pm

Begin Tearing Down Date: 9/22 Complete Tear Down Date: 9/22

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? Sept. 2012, 2013, 2014

When was the event last held in Detroit? Sept. 2014

Where was the event last held in Detroit? Eastern Market District

What were the hours last year? 7pm - 11pm

Project Attendance This Year (Minimum - Maximum)? 7000 - 8000 visitors throughout the district

What is the basis for your projected attendance? Estimate of traffic from last year (when compared to a regular market day (it looks like a winter Saturday market day).

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? NO

If a parade is planned, indicate elements (check all that apply):

People Balloons

Floats Animals

Vehicles Other: N/A

Bands

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

Name of business supplying animal(s): (N/A)

Contact Person: (N/A)

Address: _____ Phone: _____

City/State/Zip: _____

Section 3- LOCATION/SITE INFORMATION

Location of Event: At private businesses throughout the Eastern Market District.

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

Section 4- ENTERTAINMENT

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

- Singers Magician
- Musicians Story Telling
- Comedians Other: N/A

Describe the entertainment for this year's event: N/A

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

Will a sound system be used? Yes No

If yes, what type of sound system? _____

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: _____

How many generators will be used? _____

How will the generators be fueled? _____

Name of vendor providing generators: _____

Contact Person: N/A

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): detroit design festival . com / eastern - market - after - dark /

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List item(s)):

Billboards

Flyers

Street Banners

Other (specify): primarily - social media

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: N/A

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):

NO

NO special event vending.
District businesses will be open
late for regular sales of their
regular products

Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: ~~Existing park contract security will be used.~~ Eastern market corp & DPD
Contact Person: Joseph Johnson Director of Customer Support & Security
Address: 2934 Russell St. Phone: 313-833-9300
City/State/Zip: Detroit, MI 48207
Number of Private Security Personnel Hired Per Shift: between 12-15 patrolling parking lots and around district businesses.
Are the private security personnel (check all that apply):
 Licensed Armed Bonded
Describe the emergency evacuation plan: Same for regular market days. Open air; people disperse to vehicles & all open roads.
Describe the parking plan to accommodate anticipated attendance: Will utilize all existing Eastern market
How will you advise attendees of parking options? Parking lots & existing on street parking
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)? This is an evening open house for district businesses. Little impact as it will be about as busy as a slow Saturday market in winter.
Also, the businesses are the ones involved.
Have local neighborhood groups/businesses approved your event? Yes No
Indicate what steps you have or will take to notify them of your event: All neighboring locations are notified through our "One Call Now" phone Notice system, also at monthly.
Indicate contact names and phone numbers (for verification) or attach approved letter(s): district business meetings.
Main contact method has been by the Detroit Design Festival actively seeking out businesses to stay open and participate.

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many? N/A
Size/Height N/A
Booth N/A
Tent (enclosed on 3 sides) N/A
Canopy (open on all sides) N/A
Staging/Scaffolding N/A

Bleachers

N/A

Company:

Grill

Gas

Charcoal

Electrical

Propane

Fireworks (Pyrotechnics)

Aerial

Stage

N/A

Provide Sketch:

Portable Restrooms:

Standard

ADA Accessible

Vehicles

Type/Weight:

N/A

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.

N/A

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

N/A

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

N/A

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage? Eastern Market Corporation

Contact Person: Jason Velencich Facilities Manager

Address: 2934 Russell St. Phone: 313 833-9800

City/State/Zip: Detroit, MI 48207

Name of company providing emergency medical services?

Contact Person: N/A

Address:

City/State/Zip:

Name of company providing porta-johns. N/A

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? N/A

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

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

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

STREET NAME: Alfred Street

FROM
TO

Shed 4
Russell

Closure Dates:

9-22-16

Beg. Time:

5 AM

End Time:

12:00 am

Reopen Date:

9-22-16

Time:

12:00 am

Please see attached map.

STREET NAME: Division Street
FROM Shed 3
TO Russell Street
Closure Dates: 9-22-16
Beg. Time: 5pm
End Time: 12:00am
Reopen Date: 9-22-16
Time: 12:00pm

Please see attached map

STREET NAME: Adelaide Street
FROM Market Street
TO Russell Street
Closure Dates: 9-22-16
Beg. Time: 5:00pm
End Time: 12:00am
Reopen Date: 9-22-16
Time: 12:00am

Please see attached map

STREET NAME: _____
FROM _____
TO _____
Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

Requested City Equipment

Provided In: _____ (year) N/A
Current Request: _____ (year)

Street Closures:

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

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 an organized open house for businesses in the EMC district to stay open and attract attention to their businesses. It is sponsored by the Detroit Design Festival. This open house will operate like a smaller attended version of a regular weekend market, ~~only~~ only in the evening.

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.

Melissa Thomas

Signature of Applicant

8-4-16

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.

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: Eastern Market After Dark Event Date: 9-22-16

Event Organizer: Eastern market Corp & Detroit Design Festival

Applicant Signature: Melissa Thomas Date: 8-04-16



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248423268

July 16, 2008 LTR 4168C E0

32-0030432 000000 00 000

00016177

BODC: TE

EASTERN MARKET CORPORATION
% JOSEPH G KUSPA
2934 RUSSEL STREET
DETROIT MI 48207

24692

Employer Identification Number: 32-0030432
Person to Contact: Kathy Masters
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of July 07, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in March 2003, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

P8

DETROIT FIRE DEPARTMENT

P7

WILKINS STREET

BASE-BARK

MARKET OFFICES

L.E.L. PACKING

& SEAFOOD

WIRE SHOP

GAZERO & PLAZA

P6

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WELLNESS

Private
SHED 5
West Park

ERNST HOTEL SUPPLY

DUGAN/FOR MEATS

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ALFRED STREET

SHED ONE

PARKING DECK

PLACE JAZZ

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EASTERN MARKET PRODUCE

SAVVY CRC

DMR/KOOP DETROIT

ITA & GRILL

PRODUCE

DIVISION STREET

P3

SHED-3

KAPS WHOLESALE FOOD

DETROIT WHOLESALE PRODUCE

PRODUCE

WELCOME CENTER

Market

ADELAIDE STREET

PRODUCE

FARMER'S RESTAURANT

EM STORAGE & DISTRICT CO.

GABRIEL IMPORT CO.

EASTERN MARKET ANTIQUES

COMPANY

COMPANY

SHED 2

CULTIVATION STATION

ADAM'S MEAT

BUTCHER'S BIK

WINDER STREET

(167)

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1219 Event Name: Murals in the Market

Event Date: September 15-17 & 22, 2016

Street Closure: _____

Organization Name: Detroit City Distillery

Street Address: 2462 Riopelle

Receipt date of the COMPLETED Special Events Application:	July 25, 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: Mural Painting in the Alley
- 24-Hour Liquor License

Petition Communications (include date/time)

Closing the Alley to paint murals and to participate in the Eastern Market After Dark event

**** 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"/>	
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW permit required for alley and street closures
	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"/>	Type 3 barricades required for 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"/>	No Jurisdiction
	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: _____

Debra White

Date: _____

8-22-2016

City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, August 16, 2016

To: *The Department or Commission Listed Below*

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

AMENDMENT

Herewith, the following referral is a copy of Petition 1219

MAYOR'S OFFICE POLICE DEPARTMENT
DPW - CITY ENGINEERING DIVISION FIRE DEPARTMENT
MUNICIPAL PARKING DEPARTMENT BUILDINGS SAFETY ENGINEERING
BUSINESS LICENSE CENTER

1219 *Detroit City Distillery, request to host "Murals in the Market at Detroit City Distillery" on September 15-23, 2016 from 6:00pm to 6:00am with temporary street closure on Riopelle and alley east of Riopelle.*

NOTE: Attached please find additional documentation for the above mentioned petition.

PETITIONER IS AMENDING PETITION DUE TO:

revised diagram of closures. See attached.

Please provide the City Council with a report relative to this petition within four (4) weeks. Thanking you in advance.



Temporary Authorization Application

(Authorized by R 436.1023(2), (3), R 436.1023(2), R 436.1407, and R 436.1419)

*****This application, all required documents, and a \$70.00 inspection fee must be submitted at least ten (10) days in advance of your event for your request to be considered by the Commission.*****

Part 1 - Licensee Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it is filed with the State of Michigan Corporation Division

Licensee name(s): Detroit City Distillery, LLC		
Address: 2462 Riopelle St.		
City: Detroit	Zip Code: 48207	
Contact name: John Jerome	Phone: 734-545-3221	Email: jj@detroitcitydistillery.com

\$70.00 Inspection Fee - Make Check Payable to State of Michigan MLCC Use Fee Code 4037

Part 2 - Temporary Authorizations Available

A licensee may request up to twelve (12) daily authorizations for each type of temporary authorization in a calendar year. Select all that apply to this application:

<input checked="" type="checkbox"/> Temporary Outdoor Service - Complete Parts 3, 8, and 9	<input type="checkbox"/> Temporary Extended Hours Permit - Complete Parts 6 and 9
<input type="checkbox"/> Temporary Dance Permit - Complete Parts 4 and 9	<input type="checkbox"/> Temporary Specific Purpose Permit - Complete Parts 7, 8, and 9
<input type="checkbox"/> Temporary Entertainment Permit - Complete Parts 5 and 9	

Part 3 - Temporary Outdoor Service Information

Temporary Outdoor Service requires a recommendation from the local law enforcement agency that has primary jurisdiction over the licensed premises. The local law enforcement agency must complete Part 8 of this application.

Date(s) of event: 9-22-16	Describe event: Outdoor service in front of the distillery. Street closure approval in process.
Date(s) of event: 9-19-16 9-22, 2016	Describe event: Outdoor service in alley behind distillery. Alley closure approval in process.
Date(s) of event: 9-16 and 9-17	Describe event:
1. Check below if the event(s) listed above will include any of the following: <input type="checkbox"/> Dancing <input type="checkbox"/> Contests <input type="checkbox"/> Tournaments <input type="checkbox"/> Classic Cars <input type="checkbox"/> Motorcycles <input type="checkbox"/> Concerts <input type="checkbox"/> Festivals	
2. List the exact dimensions of the proposed area: <input type="text" value="40"/> feet X <input type="text" value="160"/> feet = <input type="text"/> square feet Submit a diagram of outdoor area with application <div style="display: flex; justify-content: space-around; width: 100%;"> Width Length </div>	
3. Describe type and height of the barrier that will be used to enclose the area: Movable, continuous DOT reflective barrier fence; 6 ft	
4. Will the proposed outdoor service area be connected to the licensed premises? <input checked="" type="radio"/> Yes <input type="radio"/> No If No, what is the distance from the licensed premises to the proposed area? <input type="text"/> feet	
5. Is the entrance/exit point(s) for the proposed area through the licensed premises? <input checked="" type="radio"/> Yes <input type="radio"/> No	
6. Are there any dedicated streets or intervening property between proposed area and the licensed premises? <input checked="" type="radio"/> Yes <input type="radio"/> No	
7. Describe type of security that will be used for event(s) and how it will be utilized to secure and monitor to prevent sales to minors and visibly intoxicated persons:	
Event is age 21+. Entry will be monitored by TIPS certified Distillery staff; contracted security will be present (Camouflage Security).	

Part 3 Continued - Temporary Outdoor Service Information

8. Is the location of the proposed area owned, rented, or leased by the licensee? <input checked="" type="radio"/> Yes <input type="radio"/> No If No , submit a lease or written permission to use the proposed area, including permission from a city, township, or village if the proposed area is located on municipally owned-property.
9. Is the proposed area located in the same local governmental unit as the licensed premises? <input checked="" type="radio"/> Yes <input type="radio"/> No If No , please explain:
10. Does the licensee currently hold an Additional Bar Permit that will be utilized in the proposed area? <input checked="" type="radio"/> Yes <input type="radio"/> No If No , the licensee will be restricted to providing only table service in the proposed area unless a new Additional Bar Permit has been requested by the licensee and approved by the Commission.

Part 4 - Temporary Dance Permit Information

<ul style="list-style-type: none">Licensees that currently hold a Dance Permit at the licensed premises <u>do not</u> need to request a Temporary Dance Permit for dancing in a Temporary Outdoor Service area.The dance floor must be at least 100 square feet, be clearly marked, and shall not have tables, chairs, or other obstacles on the dance floor while customers are dancing.
1. List the dates requested for a Temporary Dance Permit:

Part 5 - Temporary Entertainment Permit Information

<ul style="list-style-type: none">Licensees that currently hold a Entertainment Permit at the licensed premises <u>do not</u> need to request a Temporary Entertainment Permit for entertainment in a Temporary Outdoor Service area.A Temporary Entertainment Permit does not allow for topless activity on the licensed premises.
1. List the dates requested for a Temporary Entertainment Permit:
2. Describe the type of entertainment provided:
3. Will the entertainment provided under the Temporary Entertainment Permit include a contest with prizes totalling over \$250.00 in retail value? <input type="radio"/> Yes <input type="radio"/> No If Yes , the licensee must complete Form LCC-207 and submit with this application. <i>No alcoholic beverages may be used as part of any contest or as a prize for a contest. No licensee may provide anything of value from another licensee without prior Commission approval.</i>

Part 6 - Temporary Extended Hours Permit Information

<ul style="list-style-type: none">Licensees that currently hold an Extended Hours Permit in conjunction with a Dance or Entertainment Permit at the licensed premises <u>do not</u> need to request a Temporary Extended Hours Permit for use with a Temporary Outdoor Service area.
1. Select the permit type that requires a Temporary Extended Hours Permit*: <input type="checkbox"/> Dance Permit <input type="checkbox"/> Entertainment Permit
2. List the dates and hours requested for a Temporary Extended Hours Permit:

Part 7 - Temporary Specific Purpose Permit Information

<ul style="list-style-type: none">Licensees that currently hold a Specific Purpose Permit for an approved purpose at the licensed premises <u>do not</u> need to request a Temporary Specific Purpose Permit for the same purpose for use with a Temporary Outdoor Service area.A Temporary Specific Purpose Permit requires a recommendation from the local law enforcement agency that has primary jurisdiction over the licensed premises. The local law enforcement agency must complete Part 8 of this application.
1. Indicate the activity that requires extended hours* (e.g. food service):
2. List the dates and hours requested for a Temporary Specific Permit:

*Hours of Operation

Weekdays and Saturdays - Beer, wine, and spirits may be sold from 7:00 a.m. to 2:00 a.m. of the next day, provided that the sale of spirits is legal in the governmental unit where the license is desired.

Sundays - Legal hours of sale on Sundays are from 7:00 a.m. until 2:00 a.m. of the next day, provided the sale of alcoholic beverages on Sunday is legal in the governmental unit and the appropriate permit has been approved by the Commission and the permit has been issued.

Part 8 - Local Law Enforcement Recommendation for Temporary Outdoor Service and Temporary Specific Purpose Permit

The local law enforcement agency with primary jurisdiction over the event location must complete this section.

Name of law enforcement agency: Detroit Police Department		
Address of law enforcement agency:		
Phone number of officer:	Email of officer:	
I certify that I have reviewed this application and recommend the approval of the Temporary Outdoor Service or Temporary Specific Purpose Permit by the Michigan Liquor Control Commission.		
Print Name & Title of Reviewing Officer:	Signature of Reviewing Officer	Date

Part 9 - Signature of Licensee *Working on with the city*

If approved, the license shall not sell, or allow the consumption of alcoholic beverage outdoors, except in the defined area, under administrative rule R 436.1419.

If approved, the licensee shall provide service of alcoholic beverages in the outdoor area only by wait staff servicing the tables, unless the licensee uses an approved additional bar in the area where customers may obtain their alcoholic beverages from a bartender using a currently authorized additional bar or receiving approval by the Commission for a new Additional Bar Permit.

Refrigeration trucks and/or trailers cannot include an alcoholic beverage logo and must be rented by the licensee from a non-wholesale company. If the refrigeration truck/trailer allows customer access to obtain alcoholic beverages, an Additional Bar Permit must be obtained unless an existing Additional Bar Permit will be utilized.

Under administrative rule R 436.1003, the licensee shall comply with all state and local building, plumbing, zoning, sanitation, and health laws, rules, and ordinances as determined by the state and local law enforcements officials who have jurisdiction over the licensee. Approval of this application by the Michigan Liquor Control Commission does not waive any of these requirements. The licensee must obtain all other required state and local licenses, permits, and approvals for this business before using this license for the sale of alcoholic liquor on the licensed premises.

I certify that the information contained in this form is true and accurate to the best of my knowledge and belief. I agree to comply with all requirements of the Michigan Liquor Control Code and Administrative Rules. I also understand that providing **false** or **fraudulent** information is a violation of the Liquor Control Code pursuant to MCL 436.2003.

Submit this application, all required documents, and a \$70.00 inspection fee at least 10 days at least ten (10) days in advance of your event for your request to be considered by the Commission. Make check payable to State of Michigan.

John P. Jerome *[Signature]* 8-4-2016
Print Name of Licensee & Title Signature of Licensee Date

Please return this completed form along with corresponding documents and fees to:
Michigan Liquor Control Commission
Mailing address: P.O. Box 30005, Lansing, MI 48909
Hand deliveries or overnight packages: Constitution Hall - 525 W. Allegan, Lansing, MI 48933
Fax to: 517-373-4202



Michigan Department of Licensing and Regulatory Affairs
 Liquor Control Commission (MLCC)
 Toll-Free: 866-813-0011 - www.michigan.gov/lcc

Credit Card Authorization Form

**** FAX COMPLETED FORM TO SECURE FAX LINE: 517-373-4202 ****

**** DO NOT EMAIL OR MAIL THIS FORM ****

Requests with credit card payments that are not faxed to the above secure fax line will be destroyed along with the credit card authorization in order to ensure the security of applicants' personal credit card numbers.

Name: John Jerome

Transaction Amount: \$70.00

Address: 8827 St. Clair Rd.

Card Number: 5572 6800 0046 1273

City: Laingsburg

Check One:

State: MI

MasterCard

Visa

Discover

Zip Code: 48207

Expiration Date: 12/19

Phone: 734-545-3221

Payment is for: Inspection Fee: Temp Outdoor Service

John P. Jerome
 Signature

Primary Entrance
at Sidewalk

Primary Alley Entrance

"Alley Closure"

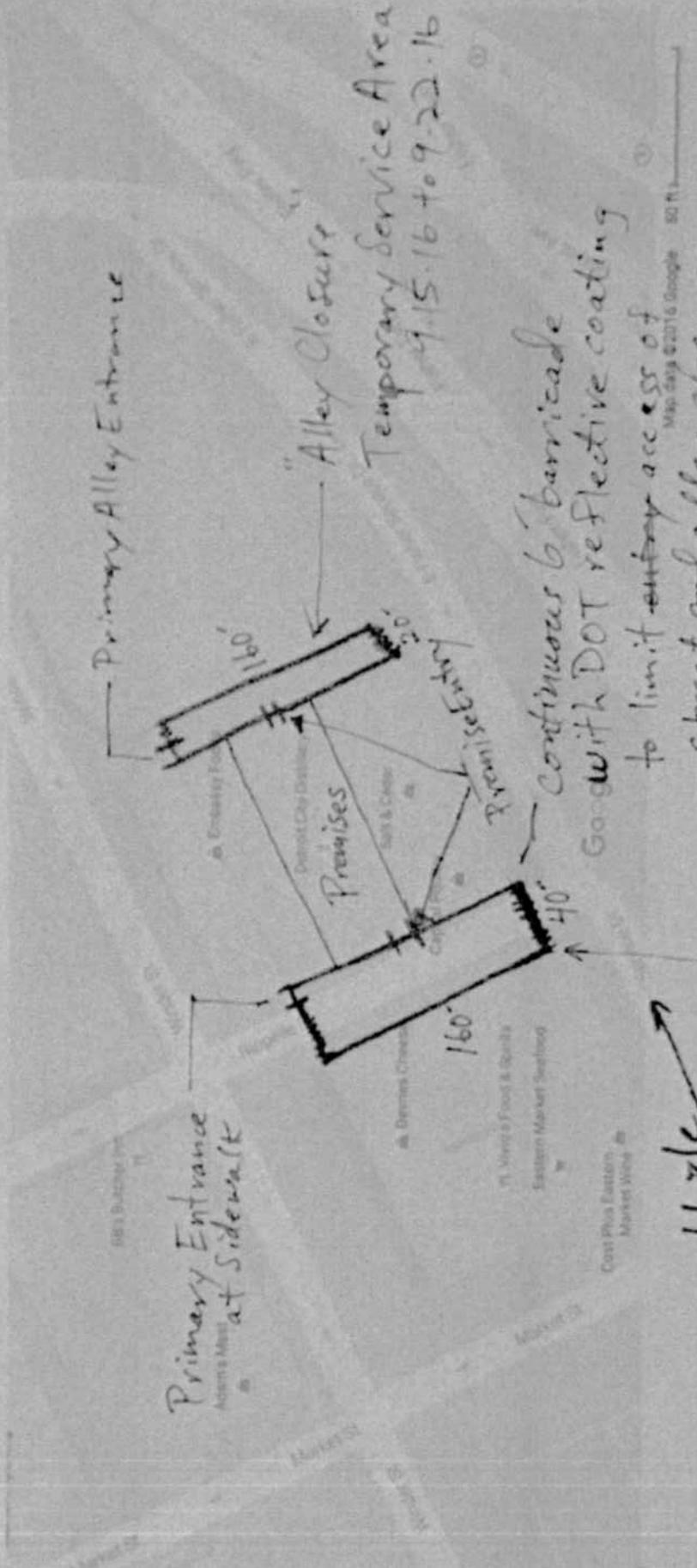
Temporary Service Area
9.15.16 to 9.22.16

Continuous b. barricade
Go with DOT reflective coating
to limit ~~entry~~ access of
street and alley closure

Emergency Vehicle
Access
(E. Fisher Service Dr.)
"Street Closure"

Temporary Service Area
on

9.22.2016





Application for Temporary Authorization

(Authorized by R436.1023(2)(3), R436.1403(2), R436.1407 and R436.1419 of the M.A.C.)

A non-refundable inspection fee of \$70.00 is required with the submission of your application.

Part 1: Applicant Information

Name of licensee: Detroit City Distillery, LLC

Address of business: 2462 Riopelle St.

Name of Contact: John Jerome License type and number: Small Distiller / 239437-2014

Business Phone: 313-338-3760 Fax number: _____ E-mail address: jp@detroitcitydistillery.com

Part 2: Type of Event

Specifically describe the type of event(s) being held for each date requested:

9-24-2015 - Eastern Market After Dark. Eastern Market Corporation is requesting to shut down Riopelle street in front of Detroit City Distillery to vehicle traffic. We hope to have outdoor seating in front and rear of the distillery.

Please check below if your event will include any of the following:

- Dancing Classic Cars Tournaments Contests Motorcycles Concerts Competitive Fight

*Include this information on your diagram in order to provide an accurate site plan. Enclose a copy (if created) of promotional materials/flyers.

Part 3: Temporary Authorization for Outdoor Service - Please complete, if applicable

Dates requested: 9-24-15

1. What are the dimensions of the proposed area? 44 feet feet by 30 feet feet.

2. What is the type and height of the barrier that will be used to enclose the area? Movable Orange Barrier Fence - 4 feet high

Note: Pursuant to administrative rule R 436.1419(2), the outdoor service area must be well-defined and clearly marked for the proposed outdoor service area and pursuant to rule 436.1003, the outdoor service area must comply with local ordinances.

3. Will the proposed outdoor service area be connected to the licensed premises? Yes No
If you answered "no", what is the distance? _____

4. Is the entrance/exit point(s) for the proposed outdoor service area through the licensed premises? Yes No

5. Are there any dedicated streets or intervening property between the licensed premises and the proposed area? Yes No
If you answered "yes", please explain (and include this information on your diagram): _____

6. Describe the type of security that will be used for the event(s) and how they will be utilized to secure and monitor to prevent sales to minors and sales to visibly intoxicated persons.
Bouncers will be at the entrance to each outdoor space, as well as at the main entrance to the distillery. This staff, as well as servers will age verify patrons before entry to the space. Minors and visibly intoxicated persons will be prevented from entry by this staff. Staff is current for TIPS training.

7. Is the location of the proposed area owned, rented or leased by the licensee? Yes No
If you answered "no", you must provide a lease or written permission for the proposed area with this application.

8. Is the location of the proposed area located on property owned by the city, village or township? Yes No
If you answered "yes", you must provide written permission for use of the property from the city, township or village with this application.

9. Is location of the proposed area in the same governmental unit as the licensed premises? Yes No

If you answered "no", please explain: _____

10. Does your license currently include an Additional Bar Permit? Yes No

If you answered "no", you will be restricted to table service only unless you submit a request for a new additional bar permit.

In addition to the questions above it is required that you submit a clear/legible diagram which indicates where the licensed premises is located in conjunction to the proposed temporary outdoor service area. Also make sure that the diagram contains the same information that is asked in Part 3, questions 1 through 10 of this application.

Part 3 Continued - Please check temporary permits needed for your event.

Note: You do not need to request temporary authorization for permits that are currently held in conjunction with your licensed business.

Temporary Dance Permit - Temporary authorization for this permit **does not** require a recommendation from local law enforcement.

The dance floor must be at least 100 square feet, clearly marked, and shall not have tables, chairs and other obstacles on the dance floor while customers are dancing.

Please state the days and times for the permit requested: _____

Temporary Entertainment Permit - (Temporary authorization for entertainment does not allow for topless activity on the licensed premises)

Temporary authorization for this permit **does not** require a recommendation from local law enforcement.

A. Please state the dates and times for the permit: _____

B. Describe the type of entertainment to be provided: _____

C. If the entertainment permit includes a contest with prizes totaling over \$250.00 in retail value, please complete the following questions. In addition, form LC-147 needs to be completed and submitted with this application:

1. Explain, in detail, the rules of the contest (Attach another page, if needed)

2. Describe and state the retail value of each prize to be awarded

3. Specify who will be paying for and supplying the prizes.

4. Will there be any alcoholic beverage items with a brand name logo used as prizes for part of the contest?

5. Is there a cover charge or entrance fee for the contest or tournament?

Important: No alcoholic beverages may be used as part of any contest or as a prize for the contest.

No licensee may receive anything of value from another licensee without prior MLCC approval.

Temporary Specific Purpose Permit for Difference in Hours of Operation - **Requires** recommendation from local law enforcement

Please state the dates and times for the permit: _____

Please indicate the type of permit used that requires extended hours: _____

Temporary Extended Hours Permit for Difference in Hours of Operation - **Does not** require recommendation from local law enforcement

Please state the dates and times for the permit: _____

Please indicate the type of permit used that requires extended hours: _____

Hours of Operation

Weekdays and Saturdays - Beer, wine, and spirits may be sold from 7:00 a.m. to 2:00 a.m. of the next day, provided that the sale of spirits is legal in the governmental unit where the license is desired.

Sundays - Legal hours of sale on Sundays are from 7:00 a.m. until 2:00 a.m. of the next day, provided the sale of alcoholic beverages on Sunday is legal in the governmental unit and the appropriate permit has been approved by the Commission and the permit has been issued.

Part 4. Warning, Authorized Signatures, and Law Enforcement/Local Approvals

WARNING: Section 1003 of the Liquor Control Code of 1998, being MCL 436.2003, provides in part as follows: "A person who makes a false or fraudulent statement to the Commission, orally or in writing, for the purpose of inducing the Commission to act or refrain from taking action, or for the purpose of enabling or assisting a person to evade the provisions of this act is guilty of a violation of this act and is punishable in the manner provided for in section 909..."

I hereby swear that I have read all of the above answers and that they are true and further that I have read and understand the warning.

The licensee, an authorized corporate officer, or member of a limited liability company must sign this application.

Licensee signature *John P. Jerome*
Print name and title John P. Jerome, Owner/Manager
Print contact name John P. Jerome
Area code and phone number 734-545-3221
Area code and fax number _____
E-mail jp@detroitcitydistillery.com
Date of Application 9-10-15

The Police Chief or Sheriff who has jurisdiction recommends this request for temporary authorization.

Name and signature of police chief or sheriff *Sgt. Condu Lightfoot*
Print name of police agency Detroit Police Department
Address of Agency 2875 W. Grand Blvd
Area code and telephone number 313-596-1954 *see attached*
Area code and fax number 313-596-6861
E-mail lightfootc14@detroitmi.gov
Date of Application 9.23.15



September 21, 2015

To Whom It May Concern,

Eastern Market Corporation has petitioned the City of Detroit for a temporary street closure associated with the Eastern Market After Dark event on Thursday evening, September 24, 2015.

The requested closure is for the street space included in the 2400 block of Riopelle St. This comprises an area of 40' x 160' and includes the street space in front of 3 Dogs 1 Cat, Detroit City Distillery, and Salt and Cedar Letterpress.

Eastern Market Corporation acknowledges that Detroit City Distillery will be selling liquor within the area of the permitted street closure and fully supports this use as long as Detroit City Distillery is in compliance with the terms of their City and State permits.

Any questions can be addressed to Jim Sutherland at 313.833.9300 x107 or jsutherland@easternmarket.com.

Sincerely,

James C. Sutherland, Jr.
Vice President of Operations

Detroit Distillery

Setup for East River Market After Dark

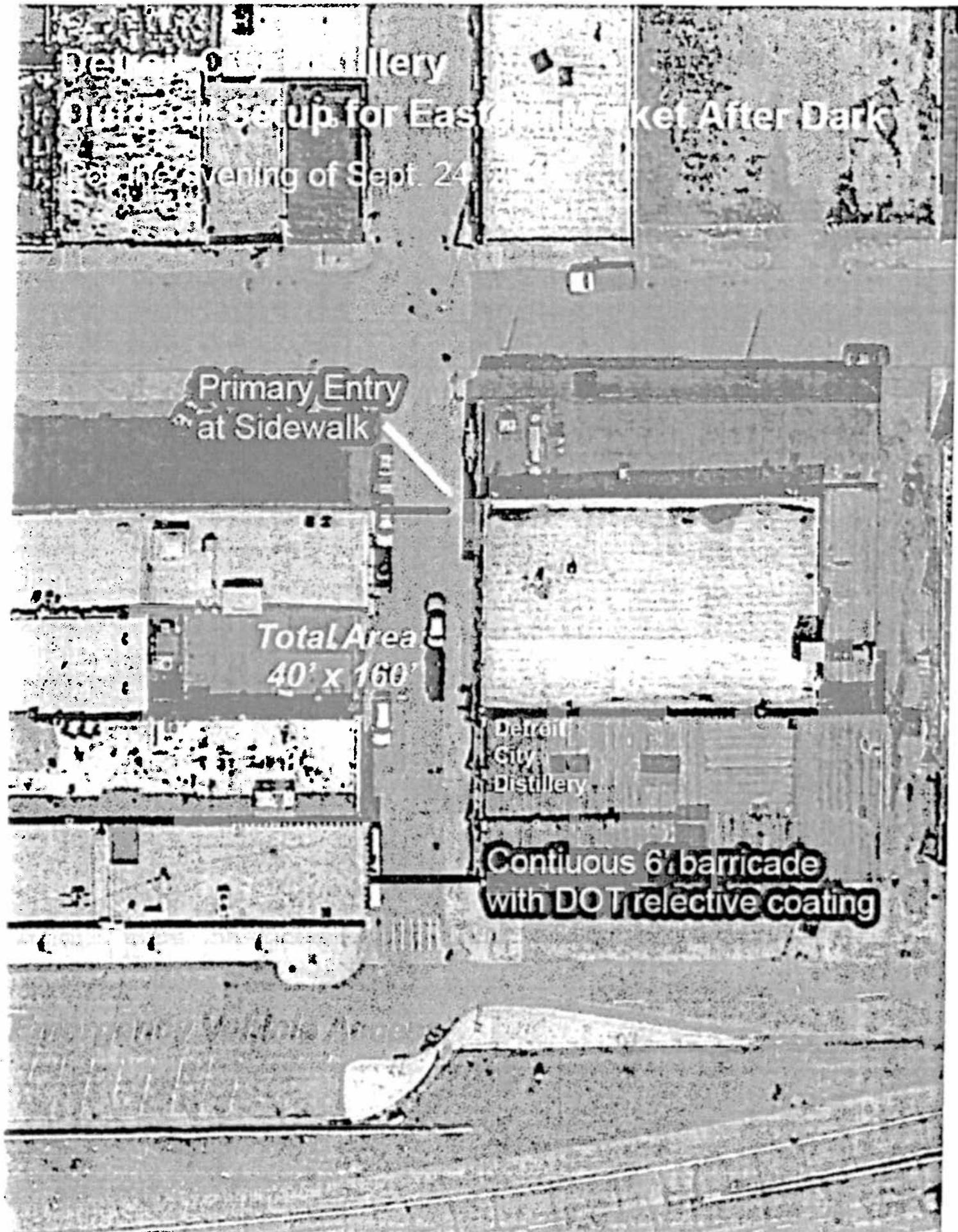
Evening of Sept. 24

Primary Entry
at Sidewalk

Total Area
40' x 160'

Detroit
City
Distillery

Contiuous 6' barricade
with DOT relective coating





CITY OF DETROIT
MAYOR'S OFFICE

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVE., SUITE 1126
DETROIT, MICHIGAN 48226
PHONE 313•224•3400
FAX 313•224•4128
WWW.DETROITMI.GOV

September 14, 2015

Michigan Department of Licensing and Regulatory Affairs
Liquor Control Commission
Constitution Hall 525 West Allegan
Lansing, Michigan 48933

To whom it may concern,

The City of Detroit Mayor's Office is working diligently to obtain the Detroit Police Department authorization of Detroit City Distillery's application for a temporary event based liquor license for Eastern Market After Dark on September 24th, 2015. Temporary street closures have been approved in the Eastern Market area in support of this event.

Please accept this letter as notice to proceed subject to approval by the Detroit Police Department. Approval is expected by COB Thursday, September 17th.

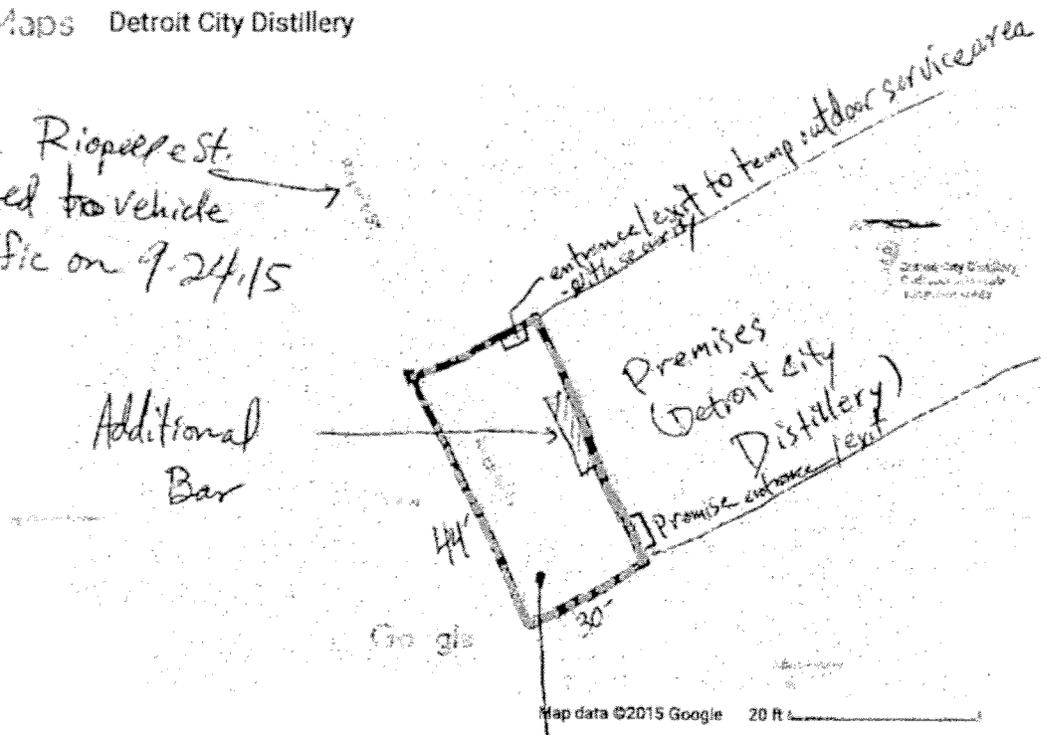
Thank you,

Thomas Lewand

Group Executive of the Jobs and Economy Team
Mayor's Office
City of Detroit

MICHAEL E. DUGGAN, MAYOR

Riopel est.
closed to vehicle
traffic on 9.24.15



Proposed temporary
outdoor service
area

- movable barrier
fence, 4 feet

TRUE COPY CERTIFICATE

STATE OF MICHIGAN }
City of Detroit } SS

CITY CLERK'S OFFICE, DETROIT

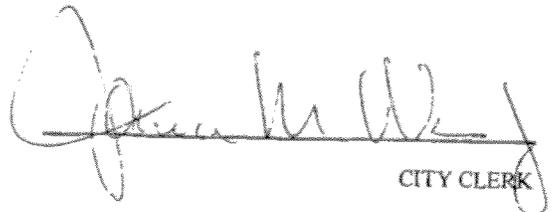
I, JANICE M. WINFREY, City Clerk of the City of Detroit, in said State, do hereby certify

that the annexed paper is a TRUE COPY OF RESOLUTION
adopted (passed) by the City Council at session of September 22 2015
and approved by Mayor September 23 2015

as appears from the Journal of said City Council in the office of the City Clerk of Detroit, aforesaid; that I have compared the same with the original, and the same is a correct transcript therefrom, and of the whole of such original.

In Witness Whereof, I have hereunto set my hand and affixed the corporate seal of said City, at

Detroit, this 23 day of September A.D. 2015


CITY CLERK

PERMIT

Honorable City Council:

To your Committee of the Whole was referred Petition of Eastern Market Corporation (#828), for "Eastern Market After Dark." After consultation with the concerned departments and careful consideration of the request, your committee recommends that same be granted in accordance with the following resolution.

Respectfully submitted,

Benson _____

By Council Member Benson:

Resolved, That permission be and is hereby granted to Eastern Market Corporation (#828), request to hold "Eastern Market After Dark" at private businesses throughout the Eastern Market District on September 24, 2015 from 7:00 p.m. to 11:00 p.m. with various street closures throughout the district, and further

Provided, That same is conducted under the rules and regulations of the concerned departments and the supervision of the Police Department, and further

Provided, That such permission is granted with the distinct understanding that petitioner assumes full responsibility for any and all claims, damages and expenses that may arise by reason of the granting of said petition, and further

Provided, That the site be returned to its original condition, and further

Provided, That this resolution is revocable at the will, whim or caprice of the City Council.

**ADOPTED AS FOLLOWS
COUNCIL MEMBERS**

		YEAS	NAYS
Janee	AYERS	✓	
Scott	BENSON	✓	
Raquel	CASTANEDA-LOPEZ	✓	
*George	CUSHINGBERRY, JR.	✓	
Gabe	LELAND		
Mary	SHEFFIELD	✓	
Andre	SPIVEY	✓	
James	TATE	✓	
Brenda	PRESIDENT JONES	✓	
*PRESIDENT PRO TEM			
		8	0

WAIVER OF RECONSIDERATION (No. _____)

Per motions of adjournment.



Liquor Control Commission (MLCC)
 7150 Harris Drive, P.O. Box 30005 - Lansing, Michigan 48909-7505
 (517) 322-1400 * toll free (866) 813-0011 * www.michigan.gov/lcc

Business ID:	_____
Request ID:	_____

Application and Checklist for New or Cancellation of Additional Bars
 (R436.1023(2)(c))

Notice: This form is intended for current license holders only.

Please read through the requirements closely and check that each box is completed prior to submitting this application to our office.

Licensee Name: Detroit City Distillery, LLC
 (As it appears on your license)

Business address: 2462 Riopelle St.

If you are requesting to cancel an existing bar(s), you may request that by signing this application; no fees are required.

Number of additional bars requested 1 Number of additional bars to cancel _____

To ensure that your request is processed correctly, be specific on the number of additional bars you need.

- \$70.00 inspection fee: Please submit with this signed application.
- Permit and annual renewal fee totaling \$350.00 for each additional bar requested. Please submit with this signed application.

The fees must be paid by check, bank/postal money order (made payable to "State of Michigan/MLCC") or by credit card, using the attached Credit Card Authorization Form LC-3065. If used, please fax to our secured number at (517) 322-5237.

- This signed application must be signed by person(s) authorized by the licensed entity.

Upon receipt of a completed application, your request will be submitted to the Commission for its consideration. Failure to provide all required documents and fees will delay the processing of your application.

Licensee signature: *John P. Jerome*

Print name & title: John Jerome - Owner/Manager

Date of application: 9-10-15



Michigan Department of Licensing and Regulatory Affairs
Liquor Control Commission (MLCC)
7150 Harris Drive, P.O. Box 30005 - Lansing, Michigan 48909-7505
(517) 322-1400 toll free (866) 813-0011 www.michigan.gov/lcc

Business ID: _____

Request ID: _____

CREDIT CARD AUTHORIZATION FORM

Fax completed form to secured number: 517-322-5237

Name John Jerome
Address 8827 St. Clair Rd.
City Laingsburg
State MI
Zip 48848
Payment is for: Additional bar application
Phone 734-545-3221

Transaction Amount: \$420
Card Number: 5572 6800 0005 4094
Check one: MasterCard Visa
Expiration Date: 03/17
Signature *John P. Jerome*

Notice: This form may be used for payment of goods and services offered by the Michigan Liquor Control Commission, with the exception of the purchase of alcoholic beverages.



LIQUOR CONTROL COMMISSION (MLCC)
Constitution Hall - 525 W. Allegan, Lansing, MI 48933
Mailing Address: PO Box 30005, Lansing, MI 48909
Toll Free (866) 813-0011 - www.michigan.gov/lcc

Request ID: _____
(For MLCC use only)

CREDIT CARD AUTHORIZATION FORM

Fax completed form to secured number: 517 373-4202

Name	<u>John Jerome</u>	Transaction Amount:	<u>\$70</u>
Address	<u>8827 St. Clair Rd.</u>	Card Number:	<u>5572 6800 0005 4094</u>
City	<u>Laingsburg</u>	Check one:	<input checked="" type="radio"/> MasterCard <input type="radio"/> Visa <input type="radio"/> Discover Card
State	<u>MI</u>	Expiration Date:	<u>03/17</u>
Zip	<u>48848</u>	Security Code:	<u>959</u>
Payment Is for:	<u>Temporary Outdoor Service Area</u>	Signature	<u><i>John P. Jerome</i></u>
Phone	<u>734-545-3221</u>		

Notice: This form may be used for payment of goods and services offered by the Michigan Liquor Control Commission, with the exception of the purchase of alcoholic beverages.

Detroit City Distillery Outdoor Setup for Eastern Market After Dark

For the evening of Sept. 24, 2015

Primary Entry
at Sidewalk

Total Area:
40' x 160'

Detroit
City
Distillery

Contiuous 6' barricade
with DOT relective coating

Emergency Vehicle Access

11/1/15

168

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1194 Event Name: Open Streets Detroit

Event Date : September 25 & October 2, 2016

Street Closure: _____

Organization Name: Downtown Detroit Partnership

Street Address: 600 Renaissance Center, Suite 1740

Receipt date of the COMPLETED Special Events Application:	June 27, 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: Activity in the street
- 24-Hour Liquor License

Petition Communications (include date/time)

Open streets will temporarily close Michigan Ave. so that people can use the street for walking, bicycling and socializing.

**** 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"/>	PENDING: Event too large, Seeking outside DPD resources to support the event, not yet secured - contracted with Camouflage security
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Hart Medical to provide emergency medical services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MDOT Road - ROW permit required for Vernor Hwy.
	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"/>	Type 3 barricades are required for each street closure along the 4 mile route on Michigan Avenue
	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"/>	No Jurisdiction
	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 metered parking on Michigan Ave. required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Overwhelming impact on buses - will work with DPD

MAYOR'S OFFICE

Signature: _____

Date: _____

Paul Vizio
 8-25-2016