

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, June 27, 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
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT
POLICE DEPARTMENT FIRE DEPARTMENT
BUILDINGS SAFETY ENGINEERING BUSINESS LICENSE CENTER

1194 *Downtown Detroit Partnership, request to host "Open Streets Detroit" along Michigan Ave., Woodward Ave., Vernor Hwy., Lacombe Dr. and Newark St. on September 25, 2016 and October 2, 2016 from 12:00pm to 5:00pm each day with temporary street closures.*



June 17, 2016

City of Detroit, Michigan

Honorable Detroit City Council
 Attn: Detroit City Clerk
 2 Woodward Avenue, Room 200
 Detroit, MI 48226

Re: Special Events Application – Open Streets Detroit

Dear Clerk Winfrey:

The Downtown Detroit Partnership is submitting its application to host Open Streets Detroit, a pilot program to provide a free, safe and inclusive opportunity for fitness, recreation and community building for Detroiters and people throughout the region. Open Streets initiatives temporarily close streets to automobile traffic, so that people may use them for walking, bicycling, dancing, playing, and socializing. With more than 100 documented initiatives in North America, Open Streets are increasingly common in cities seeking innovative ways to achieve environmental, social, economic, and public health goals.

Open Streets Detroit is proposed to take place from noon to 5 p.m. on Sunday, Sept. 25, 2016 and Sunday, Oct. 2, 2016 along Michigan Avenue and West Vernor Highway. The proposed route begins at Campus Martius Park in Downtown Detroit, connects through Roosevelt Park in Corktown, and continues through Southwest Detroit, past Clark Park, ending at Boyer Playfield located at Livernois and Vernor. The route highlights vibrant neighborhood retail and green space in communities along both Michigan and Vernor. Both dates will be free and open to all ages.



In addition to walking, biking and running along the route, participants will have the opportunity to take part in free activities, such as sports, exercise classes, and other health and wellness activities. Open Streets Detroit will be seeking business and community partners to provide programming such as yoga, dance, basketball and kid- and senior-friendly activities along the route.

Open Streets Detroit will provide several health, economic and community benefits, including:

- Encouraging and increasing physical activity and healthier lifestyles;
- Improving quality of life for participants and surrounding neighborhoods;
- Reducing traffic congestion and noise and improving air quality during event;
- Increasing patronage to businesses along the route both during and after the events; and
- Building and reinforcing positive feelings about the city and community.



The Downtown Detroit Partnership is excited to be working with several business and community organizations to launch this pilot initiative in Detroit, including: City of Detroit, Community Development Advocates of Detroit, Detroit Future City, Detroit Greenways Coalition, Detroit Riverfront Conservancy, Detroit-Wayne County Health Authority, DTE Energy, Henry Ford Health System, Jefferson East, Inc., and Wayne State University. Funding for Open Streets Detroit is provided by DTE Energy Foundation and the John S. and James L. Knight Foundation.

The Downtown Detroit Partnership looks forward to working with the City of Detroit to make its pilot Open Streets program a celebration of community in Detroit that is enjoyed by all.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Nuskowski". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Lisa Nuskowski
Executive Director, Detroit Bike Share
Downtown Detroit Partnership

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: Open Streets Detroit

Event Location: Michigan Ave from Woodward to 16th Street and Vernor Hwy from Michigan to Livernois Ave, Woodward from State Street to Fort Street, Lacombe Drive from 15th Street to 16th Street, Newark Street from St. Anne to 17th Street

Section 2- ORGANIZATION/APPLICANT

Organization Name: Downtown Detroit Partnership

Organization Mailing Address: 600 Renaissance Center, Suite 1740 Detroit, MI 48243

Business Phone: 313-566-8217

Business Fax: 313-567-3474

Federal Tax ID # 38-3436456

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

Applicant Name: Lisa Nuskowski

Title/Role: **Executive Director of Detroit Bike Share**

Email Address: lisa.nuskowski@downtowndetroit.org

Mailing Address: 600 Renaissance Center, Suite 1740 Detroit, MI 48243

Business Phone: 313-566-8217

Business Fax: 313-567-3474

Event On-Site Contact Person: Lisa Nuskowski

Mailing Address: 600 Renaissance Center, Suite 1740 Detroit, MI 48243

Business Phone: 313-566-8217

Business Fax: 313-567-3474

List name/phone number of person(s) authorized to make decisions for the organization/event: Lisa Nuskowski, 313-566-8217

List Event Sponsors: DTE Energy Foundation

Event Elements (check all that apply)

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

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

Begin Set-up Date & Time: 09/25/2016, 10AM

Complete Set-up Date & Time: 09/25/2016, 11:30AM

Event Start Date & Time: 09/25/2016, 12PM

Event End Date & Time: 09/25/2016, 5PM

Begin Tearing Down Date: 09/25/2016

Complete Tear Down Date: 09/25/2016 by 7PM

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

Begin Set-up Date & Time: 10/02/2016, 10AM

Complete Set-up Date & Time: 10/02/2016, 11:30AM

Event Start Date & Time: 10/02/2016, 12PM

Event End Date & Time: 10/02/2016, 5PM

Begin Tearing Down Date: 10/02/2016

Complete Tear Down Date: 10/02/2016 by 7PM

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

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

When was the event last held in Detroit? _____ Where

was the event last held in Detroit?

What were the hours last year?

Project Attendance This Year (Minimum – Maximum)? 10,000-20,000 along the route.

What is the basis for your projected attendance? Open Streets events typically attract a diverse range of neighborhood residents and people from the metro region. We will be doing community engagement with businesses and residents along the route, as well as executing a paid and earned media strategy to spread the word about this free event for all ages.

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? Residents of Detroit and the metro region and anyone who is looking to integrate physical activity into their lives.

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: Michigan Ave from Campus Martius Park to 16th Street and Vernor Highway from Roosevelt Park to Livernois Ave.

Facilities to be used (circle):

Street

Sidewalk

Park

City Facility

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

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

Section 4- ENTERTAINMENT

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

Singers
Magician

Musicians
Telling

Story

Comedians

Other: _____

Describe the entertainment for this year's event:

Open Streets Detroit will feature a variety of health, wellness and mobility-related activities. Examples include walking, running, biking, yoga, Zumba, soccer, tai chi, and health and wellness promotion. There

will be an open call for participation for local organizations and community partners to provide programming.

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? The sound system at Campus Martius will be used to kick off the start of Open Streets Detroit, with remarks being made by elected officials and program organizers and sponsors.

Acoustic-audible, sound heard within natural range

Amplified-augmented, sound increased to broaden range

The amplified sound will be used: At Campus Martius only

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: n/a

How many generators will be used? Zero

How will the generators be fueled? n/a

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): WDET, WJR, WWJ and WCHB

Television (Specific stations): Fox 2 and CBS Detroit

Newspapers (specify papers): Detroit Free Press, Detroit News, Metro Times, Model D

Web site (identify web address): www.openstreetsdetroit.org

Public Relations or Marketing Firm (Specify): Kailey Poort from Downtown Detroit Partnership will be handling PR, kailey.poort@downtowndetroit.org

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify):

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

Section 6- SALES INFORMATION

Will there be advanced ticket sales? Yes No

No

If yes, please describe:

Will there be on-site ticket sales? Yes No

No

If yes, list price(s):

Will food be sold? Yes No

City/State/Zip:

Detroit, MI 48226

Number of Private Security Personnel Hired Per Shift:

10

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

Licensed

Armed

Bonded

Describe the emergency evacuation plan: The street will not be fenced along sidewalks or cross streets, and streets that are closed to automobile traffic will have traffic cones and barriers in place. Participants will never be boxed in at any point during the event and will be able to enter and exit the route freely. There will be clearly marked emergency contact stations with first aid along the route, and there will be 18 feet of clearance for emergency vehicles along the entirety of the route.

Describe the parking plan to accommodate anticipated attendance: There will be no on-street parking on the route, however participants will be able to park along side streets, where allowed by the City. The planning team is reaching out to owners of parking lots in close proximity to the route such as Holy Redeemer, Western High School, E&L Supermercado, Michigan Welcome Center and Mercado and MGM Grand Hotel and Casino to provide free parking for participants.

How will you advise attendees of parking options? The parking map will be shared via any promotional materials and outreach and will be on the website, www.openstreetsdetroit.org.

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)?

There will be an increase in pedestrian traffic and people in the street. Additionally, some residential streets may see an increase in the number of automobiles parked during the event. The planning team is talking with neighborhood organizations and businesses to mitigate impacts of parking on residents and business owners along the route.

Have local neighborhood groups/businesses approved your event?

Yes

No

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

The planning team has held several meetings with business and community leaders about Open Streets Detroit and will continue to do so leading up to the event dates. Additionally, the planning team will be

going door-to-door to every business along the route to inform them about the program and provide information on how they can engage with participants.

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

Ron Cooley (Corktown Business Association)- 810-531-4898

Kathy Wendler (Southwest Detroit Business Association)- (313) 842-0986

Maria Salinas (Congress of Communities)- 313-384-2173

Todd Scott (Detroit Greenways Coalition) - 313.649.7249

Section 9-EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many?

Size/Height

Booth: Long Folding Tables,
approximately 10 tables at 30" x 72"

Tent (enclosed on 3 sides)

Canopy (open on all sides)

Approximately 20 tents, 10" x 10"

Staging/Scaffolding

Bleachers _____

Company:

Grill

Gas Charcoal Electrical

Propane

Fireworks (Pyrotechnics)

Aerial Stage

Provide Sketch:

Please see attached renderings.

Portable Restrooms:

[X] Standard [X] ADA Accessible

Vehicle

Type/Weight: _____ Ford F-150, 4,150 lbs.

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:

Ryan Epstein, BIZ Ambassador Program

Address: 600 Renaissance Center, Suite 1740

Phone: 313-567-3474

City/State/Zip: Detroit, MI 48243

Name of company providing emergency medical services?

Contact Person: Hart Medical EMS

Address: 1636 W Fort St

City/State/Zip: Detroit, MI 48216

Name of company providing porta-johns.

Scotty's Potties

Contact Person:

Address: 27940 Wick Road Phone: 800-266-0002

City/State/Zip:

Romulus, MI 48174

Name of private catering company?

Contact Person:

Address: Phone:

City/State/Zip:

SPECIAL USE REQUESTS

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

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

Street name: Michigan Ave

FROM Woodward Ave

TO 16th Street

Closure Dates: 09/25/2016, 10/2/2016

Beg. Time: 10AM

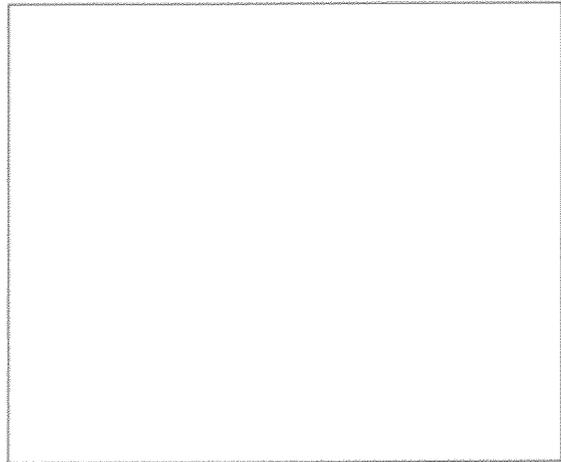
End Time: 5PM

Reopen Date: 09/25/2016, 10/2/2016

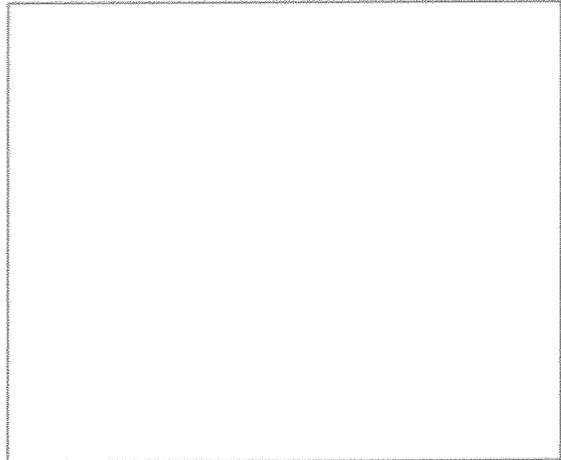
Time: 7PM

See attached map for all streets

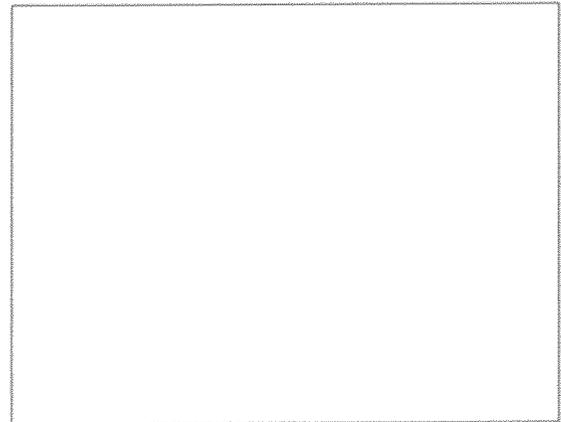
STREET NAME: Vernor Hwy
FROM Michigan Avenue
TO Livernois Avenue
Closure Dates: 09/25/2016, 10/02/2016
Beg. Time: 10 AM
End Time: 5 PM
Reopen Date: 09/25/2016, 10/02/2016
Time: 7 PM



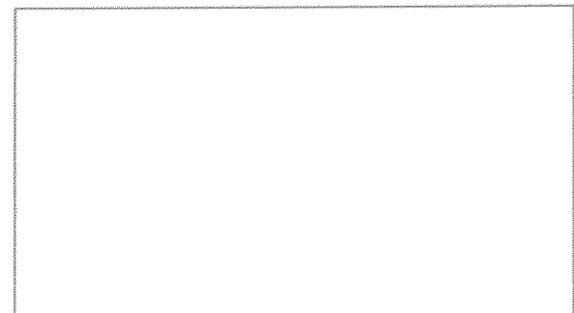
STREET NAME: Woodward Avenue
FROM State Street
TO Fort Street
Closure Dates: 9/25/2016, 10/2/2016
Beg. Time: 10 AM
End Time: 5 PM
Reopen Date: 9/25/2016, 10/2/2016
Time: 7 PM



STREET NAME: Lacombe Drive
FROM 15th Street
TO 16th Street
Closure Dates: 9/25/2016, 10/2/2016
Beg Time: 10 AM
End Time: 5 PM
Reopen Date: 9/25/2016, 10/2/2016
Time: 7 PM



STREET NAME: Newark Street
FROM St. Anne Street
TO 17th Street
Closure Dates: 9/25/2016, 10/2/2016



Beg Time: 10 AM

End Time: 5 PM

Reopen Date: 9/25/2016, 10/2/2016

Time: 7 PM

Requested City Equipment

Provided In: _____ (year)

Current Request:

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?

Open Streets is an international initiative that seeks to provide a free, safe and inclusive opportunity for fitness, recreation and community building by temporarily closing major streets and opening them up to people walking, running, biking, and playing. With more than 100 documented initiatives in North America, Open Streets are increasingly common in cities seeking innovative ways to achieve environmental, social, economic, and public health goals. The Downtown Detroit Partnership is excited to work with the City of Detroit to provide this fun and unique opportunity for Detroiters to experience their streets in a new way, help connect to each other, and highlight the diverse range of businesses, parks and public space in Detroit.

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

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: Open Streets Detroit

Event Date: September 25, 2016 & October 2, 2016

Event Organizer: Lisa Nuskowski

Applicant Signature: _____ Date: _____

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

June 17, 2016
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

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

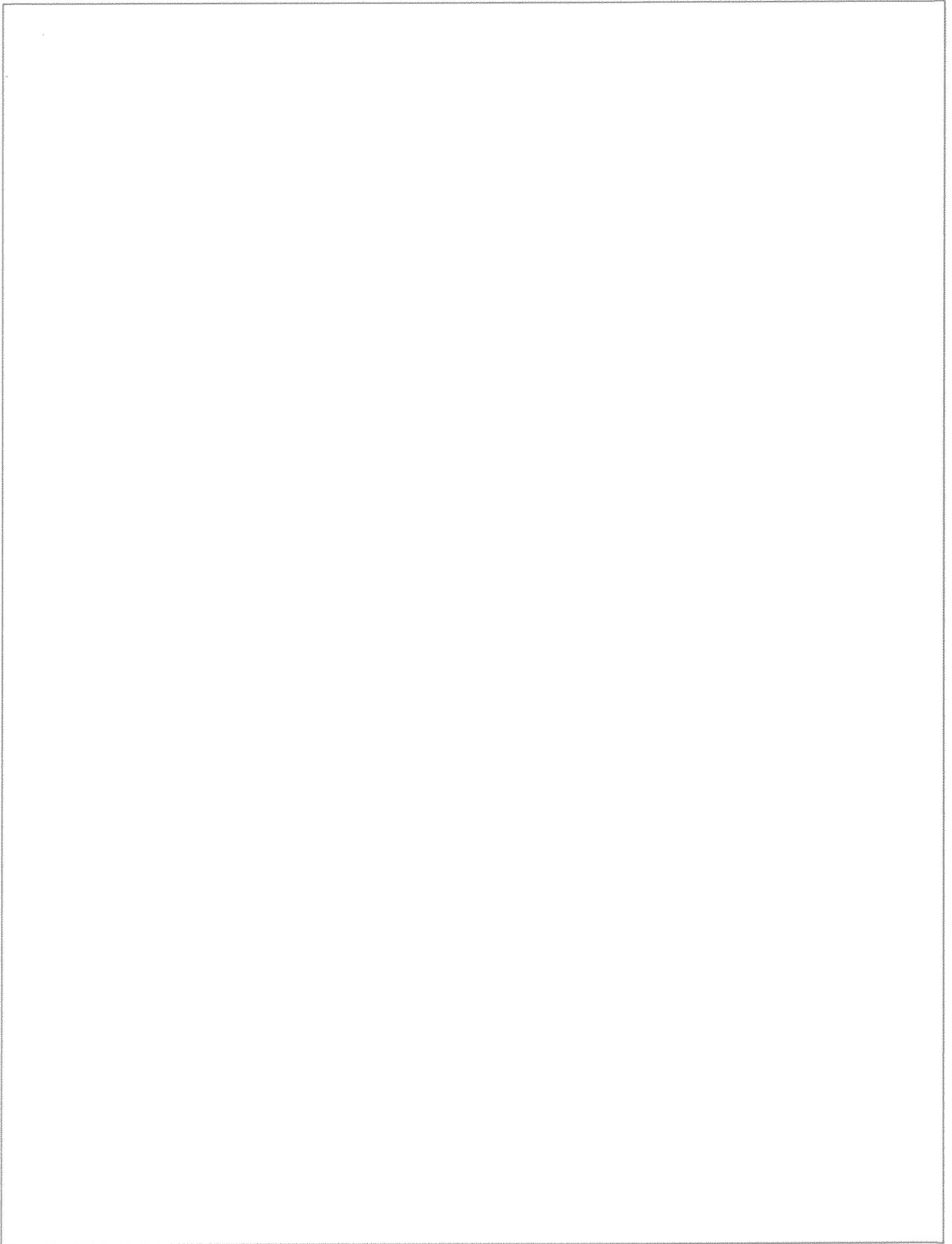
(Please Print)

Event Name: Open Streets Detroit

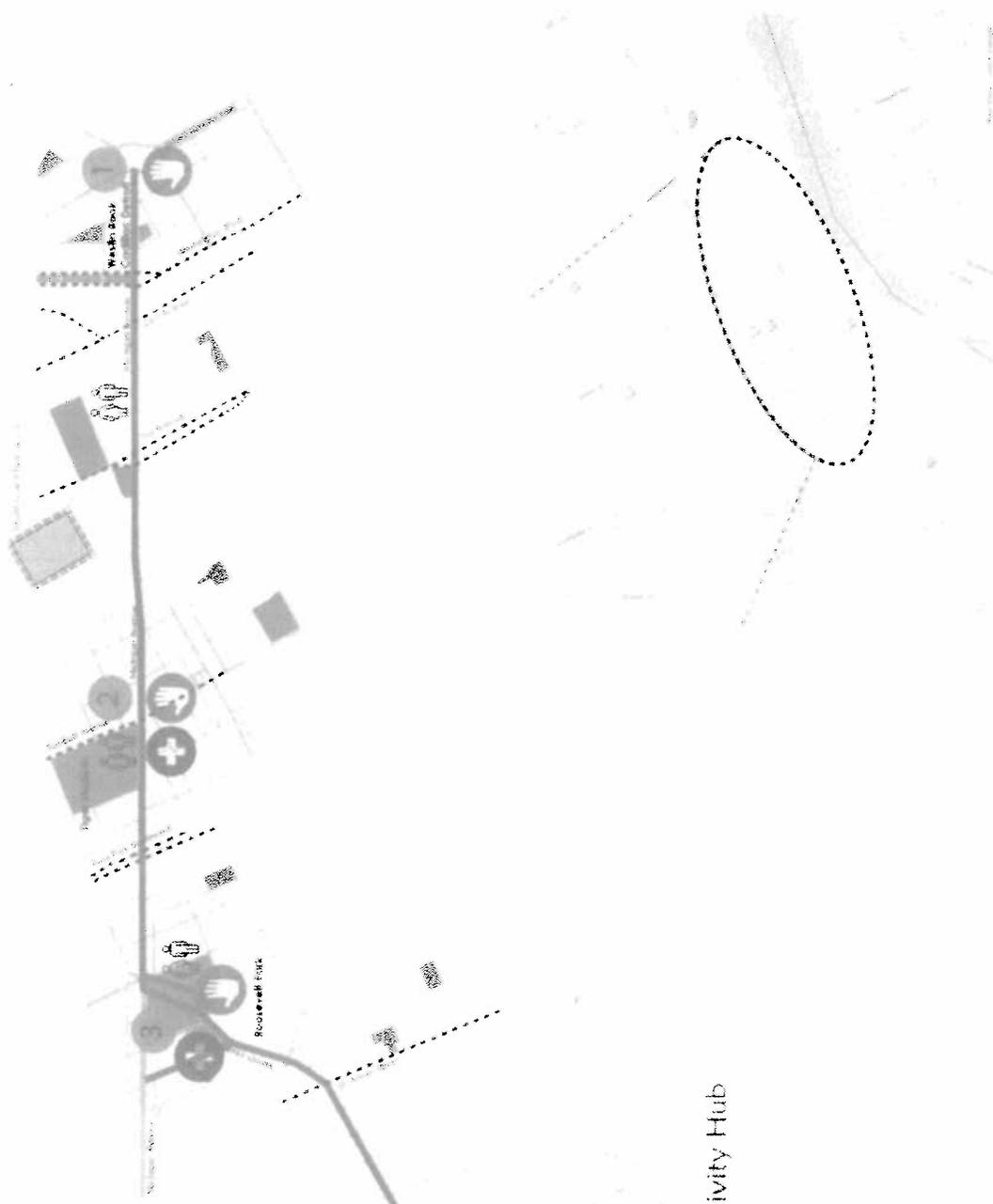
Event Date: September 25, 2016 & October 2, 2016

Event Organizer: Lisa Nuskowski

Applicant Signature:  Date: June 17, 2016



OPEN STREETS DETROIT ROUTE 2016



KEY MAP

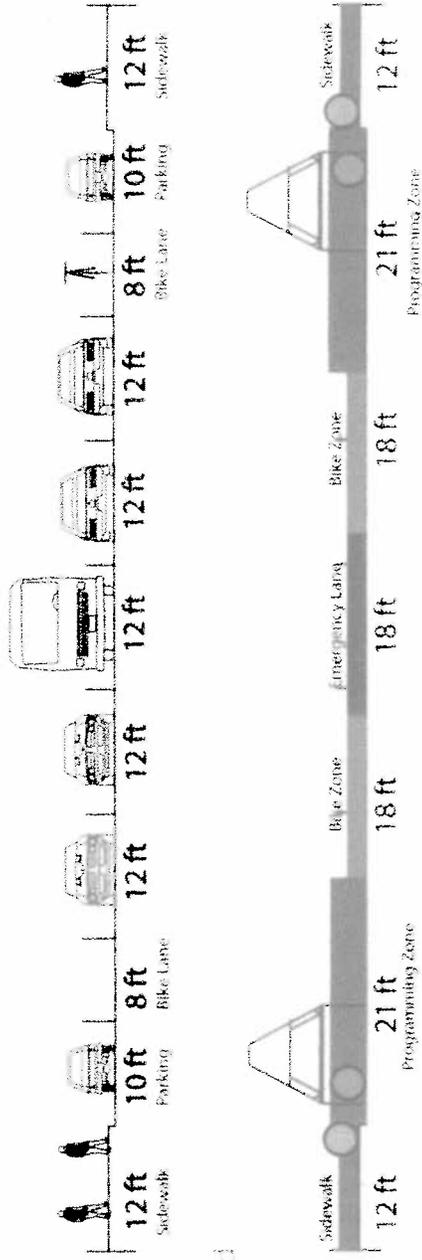
- Activity Hub
- Volunteer Desk
- Portable Restrooms
- First Aid
- Roads with flowing traffic
- Parking Lots
- Open Streets Route

OPEN STREETS DETROIT ROAD CROSS-SECTIONS

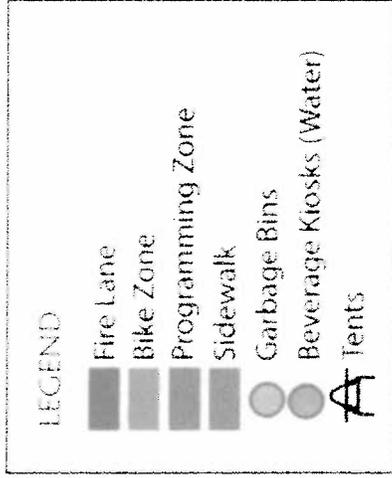
Michigan Avenue - Typical Cross Section



Existing



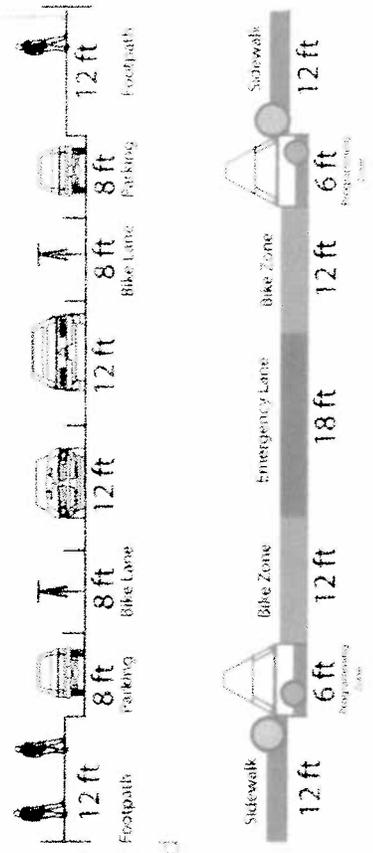
Proposed



Vernor Highway - Typical Cross Section

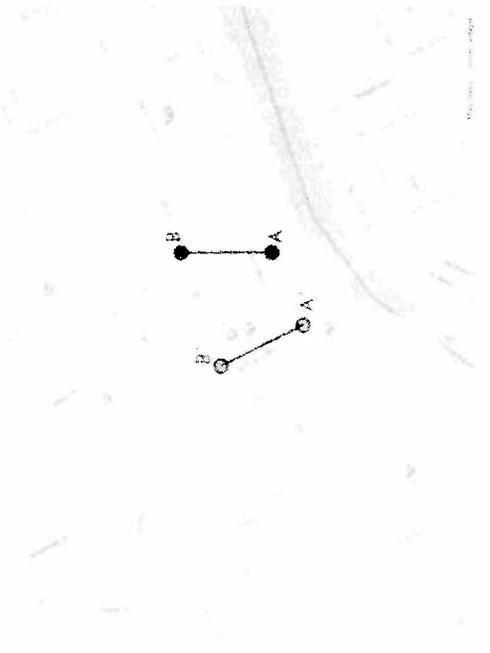


Existing



Proposed

Key Map





DetroitGreenways.org – P.O. Box 32013, Detroit, Michigan 48232
info@detroitgreenways.org, (313) 649-7249

June 16, 2016

Lisa Nuskowski
Downtown Detroit Partnership
600 Renaissance Center #1740
Detroit, MI 48243

Dear Ms.Nuskowski,

This letter of support affirms our organization's strong support for Open Streets events in Detroit for 2016. Open Streets encourage residents and businesses recognize biking and walking as more viable and valuable transportation options within the city. In turn, this helps build more support for our Coalition vision: a strong, healthy, vibrant City of Detroit and region where a seamless network of greenways, green spaces, blue ways and complete streets is an integral part of people's active lifestyle including day-to-day transportation and recreation.

We're certain that Detroit Open Streets events will build upon and expand the current enthusiasm and create greater awareness of the city's blossoming greenway network and bicycle culture. They are also an excellent opportunity to discuss repurposing under-utilized space on our roads to support other improved transportation options such as biking, walking, and transit.

We look forward to continued participation in the planning of these Open Streets events and being a part of the on-site event programming.

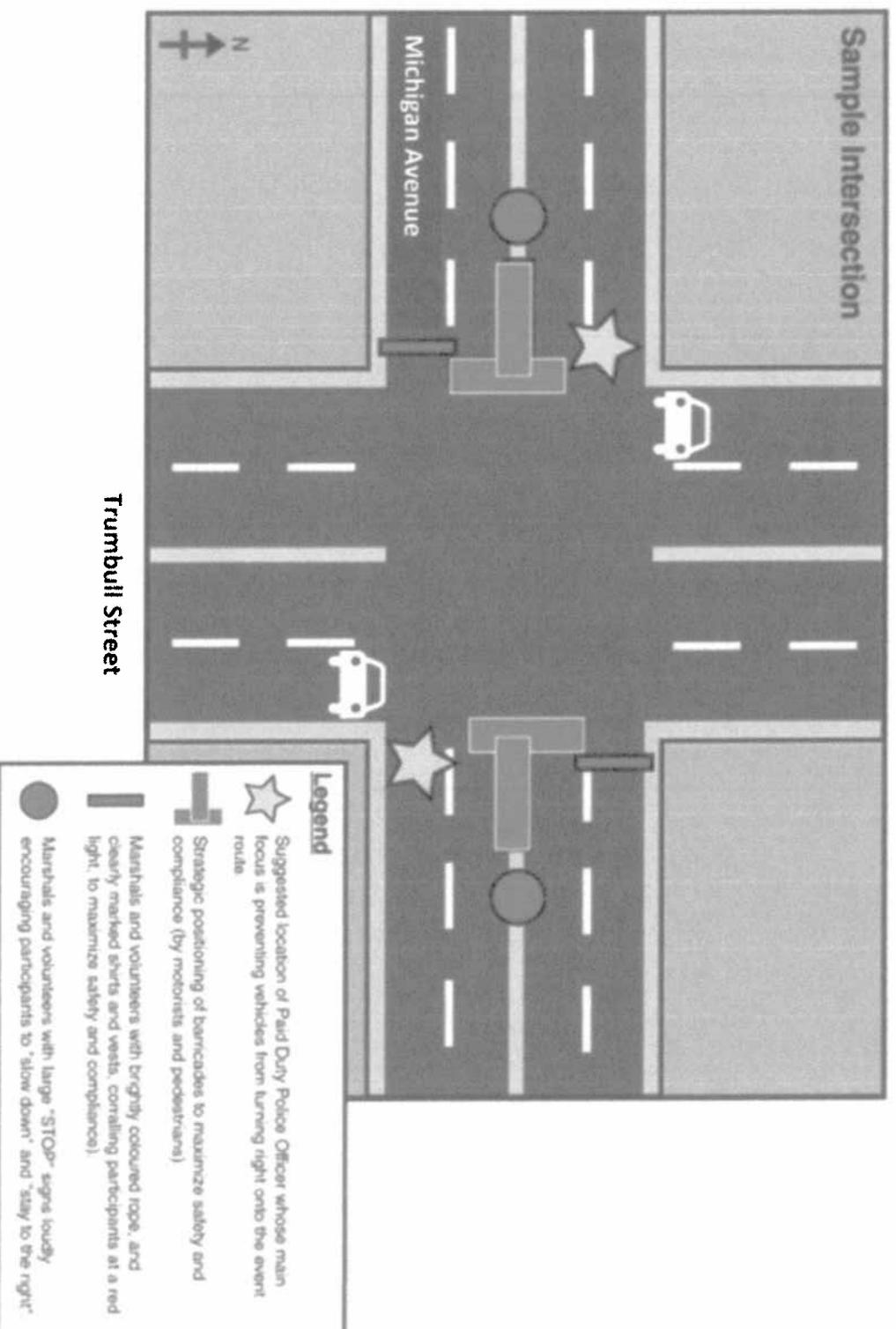
Sincerely,

Todd Scott
Executive Director

Our **Vision** is a strong, healthy, vibrant City of Detroit and surrounding region where a seamless network of greenways, green spaces, blue ways and complete streets is an integral part of people's active lifestyle including day-to-day transportation and recreation.

Open Streets: Major Signalized Intersection "Soft Close" Strategy

Proposed Use of Traffic Management Resources



¹ Based on Best Practices gleaned from effective implementation during Open Streets events around the world. Open Streets TO employed this strategy during the 2014 and 2015 Program dates and found the strategy worked well.

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1238 Event Name: Detroit Fun Fest

Event Date : September 28-October 1, 2016

Street Closure: _____

Organization Name: Crown of Glory Church

Street Address: 9351 Wyoming

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)

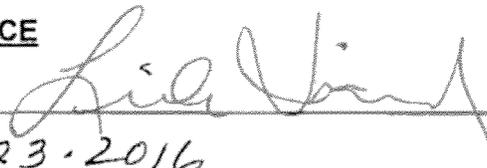
The event is a fundraiser for the Church - Admission is free; ticket sales for food and rides

**** 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"/>	Inspections required day of event
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No ROW permits 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"/>	No street closures
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carnival permit is required for this event - rides are state regulated
	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: 8-23-2016

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, August 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 BUSINESS LICENSE CENTER

1238 *Crown of Glory Church, request to hold "Detroit Fun Fest" at 9251 Wyoming on September 28-October 1, 2016 from 12:00pm to 11:00pm each day.*

City of Detroit Special Events Application

CITY CLERK 29 JUL 2015 10:11:17

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

Section 1- GENERAL EVENT INFORMATION

Event Name: DETROIT FUN FEST
Event Location: 9251 WYOMING DETROIT MI 48204

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: CROWN OF GLORY CHURCH
Organization Mailing Address: 9270 WYOMING
Business Phone: 313 212 2947 Business Fax:
Federal Tax ID # 38 2485579 WORD WAY COGIC

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

Applicant Name: PASTOR ANGELA STALLWORTH
Title/Role: PASTOR OVERSEER
Email Address: angela.l.stallworth@gmail.com
Mailing Address: 9270 WYOMING AVE.
Business Phone: 313 212 2947 Business Fax:

Event On-Site Contact Person:
Mailing Address: 9270 WYOMING
Business Phone: 313 212 2947 Business Fax:

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

List Event Sponsors: MACKENZIE K-8, IAC,

Event Elements (check all that apply)

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

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

Begin Set-up Date & Time: _____ Complete Set-up Date & Time: _____

Event Start Date & Time: 12pm Event End Date & Time: 9pm 11pm

Begin Tearing Down Date: _____ Complete Tear Down Date: _____

Event Times (If more than one day, give times for each day): WEDNESDAY - SUNDAY
SEPT 28 - OCT 1, 2016

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

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

When was the event last held in Detroit? _____

Where was the event last held in Detroit? _____

What were the hours last year? _____

Project Attendance This Year (Minimum - Maximum)? _____

What is the basis for your projected attendance? THE INNER-DENOMINATIONAL ASSEMBLY OF CHURCHES
IS A GROUP OF TEN COMMUNITY CONGREGATIONS

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? ~~ANNIVERSARY~~ LAST WEEK SEPTEMBER

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: OUTSIDE PARK

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

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

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

Section 4- ENTERTAINMENT

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

- Singers
- Musicians
- Comedians
- Magician
- Story Telling
- Other: MAPLE LEAF Amusement

Describe the entertainment for this year's event: TO PROVIDE CONCESSION SALES, Games, Rides,

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: N/A

How many generators will be used? _____

How will the generators be fueled? _____

Name of vendor providing generators:

Contact Person: ERIN FITZGERALD, Maple Leaf Entertainment

Address: www.mapleleafamusement.com Phone: 980 615 3475

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): 102.7, 1340

Television (Specific stations):

Newspapers (specify papers): MI CRONICLE

Web site (identify web address):

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify): _____

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

Section 6- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe: _____

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: THIS EVENT IS A FUND RAISER FOR CHURCH

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

CROWN OF GLORY INTERNATIONAL MINISTRIES

Will there be vending or sales? Yes No

If yes, check all that apply:

Food Merchandise

Non-Alcoholic Beverages Alcoholic Beverages

Other (specify): BARBQUE

Indicate type of items to be sold: CONCESSION GAMES

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

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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: CHURCH CAPACITY 40 CARS

How will you advise attendees of parking options? _____

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)?

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

Indicate what steps you have or will take to notify them of your event: DISCUSSED EVENT WITH SCHOOL OFFICIALS, MACKENZIE K-8, NOTIFIED SURROUNDING BUSINESS

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

TRACEY CARPENTER, PRINCIPAL MACKENZIE K-8

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many? _____

Size/Height _____

Booth _____

Tent (enclosed on 3 sides) _____

Canopy (open on all sides) _____

Staging/Scaffolding _____

Bleachers _____

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.

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

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

Section 10: COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip _____

Name of company providing emergency medical services?

Contact Person: _____

Address: _____

City/State/Zip: _____

Name of company providing porta-johns.

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

Name of private catering company?

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

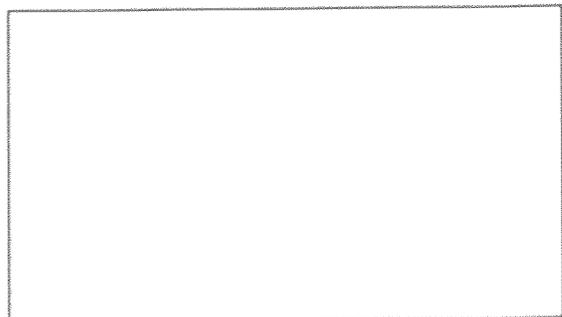
List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

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

STREET NAME: _____

FROM _____
TO _____

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



STREET NAME: _____

FROM _____
TO _____

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

STREET NAME: _____

FROM _____
TO _____

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

STREET NAME: _____

FROM _____
TO _____

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

Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

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

Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

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

AUTHORIZATION & 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.

Angela Stallworth

6/8/16

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: Detroit Fun Fest Event Date: 9/2016

Event Organizer: Crown of Glory International Ministries

Applicant Signature: *Angela Stallworth* Date: 6/8/16

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1250 Event Name: Walkable Warren

Event Date : September 22-24, 2016

Street Closure: _____

Organization Name: Wayne State University

Street Address: 656 W. Kirby St., Detroit Mi 48202

Receipt date of the COMPLETED Special Events Application:	August 16, 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)

Walkable Warren is creating a streetscape designed for walking, biking, pop-up market and seating.

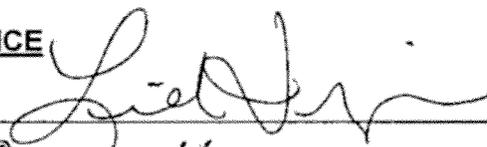
**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No impact for DPD
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No private service required
	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"/>	Wayne State Health Inspector will handle

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No closures, temporary bike lanes
	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"/>	Permit required for pop-up market
	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"/>	

MAYOR'S OFFICE

Signature: _____



Date: _____

8-28-16

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

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
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT
BUILDINGS SAFETY ENGINEERING BUSINESS LICENSE CENTER

1250 *Wayne State University, request to hold "Walkable Warren" on Warren Ave. btw. Woodward and Second Ave. on September 22-24, 2016 from 9:00am to 9:00pm with temporary street closures on Warren Ave. from Woodward to Second Ave. Set up begins 9/21 with tear down on 9/25.*

Aug. 12. 2016 2:17PM

Wayne State University

No. 2950 P. 1

ATTN: Andre Gilbert

Fax # 313. 224. 2045

1250

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: Walkable Warren
Event Location: Warren Avenue between Woodward & Second Ave, including the green space lot(s) on the SW corner of Woodward & Warren Ave.

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Wayne State University
Organization Mailing Address: 656 W. Kirby St. Detroit, MI 48202
Business Phone: 313-577-9778 Business Fax:
Federal Tax ID # 38-6028429 (W9 attached)

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

Applicant Name: Jeri Stroupe
Title/Role: Senior Project Administrator
Email Address: jeri.stroupe@wayne.edu
Mailing Address: 656 W. Kirby, Faculty Administration Building, Office 4069, Detroit, MI 40202
Business Phone: 313-577-9778 Business Fax::

Event On-Site Contact Person:
Mailing Address: (same as above)
Business Phone: Business Fax:

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

List Event Sponsors: Ned Staebler, VP Economic Development at WSU and President & CEO of TechTown Detroit

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: Temporary road-diet and traffic safety features with pop-up market

Provide a brief description of your event:

Walkable Warren is an initiative led by Wayne State University in partnership with the City of Detroit as part of Detroit Design

Festival to pilot flexible streetscape designs along Warren Ave for a more walkable, bikeable, transit- and retail-friendly corridor.

Creative yet practical improvements such as painted bike lanes, pedestrian bump-outs, etc., will help re-imagine a safer, vibrant corridor.

We will also have a pop-up market at the Woodward/Warren green space with food & seating.

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

Begin Set-up Date & Time: 9/21, 6PM Complete Set-up Date & Time: 9/22, 12AM

Event Start Date & Time: 9/22, 9AM Event End Date & Time: 9/24, 9PM

Begin Tearing Down Date: 9/24, 9PM Complete Tear Down Date: 9/25, 12AM

Event Times (If more than one day, give times for each day): Thursday 9/22 all day road-diet; Friday 9/23 all day road-diet;

Saturday 9/24 all day road-diet and 9AM-9PM green space market and seating.

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

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

When was the event last held in Detroit? n/a

Where was the event last held in Detroit? n/a (Though this is similar to Better Block on Livernois Ave.)

What were the hours last year? n/a

Project Attendance This Year (Minimum - Maximum)? 10,000 - 40,000 (road-diet) and 100 - 500 (market)

What is the basis for your projected attendance? These numbers are based on the regular traffic volumes along Warren Ave. They also reflect the typical number of attendees at Detroit Design Festival Independent Happenings.

Please describe your anticipated/ target audience:

Is this going to be an annual event? Yes No

This event is intended to target students and staff of WSU, as well as other employees, residents and visitors to the Midtown neighborhood.

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

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

People Balloons

Floats Animals

Vehicles Other: _____

Bands

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

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

Section 3- LOCATION/SITE INFORMATION

Location of Event: Warren Avenue between Woodward & Second Avenue (no street closure or removal of parking; only lane re-purposing)

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:

Note: A complete site plan will be available on August 23 and we are happy to send it directly to the City's Special Events Department. In the meantime, a map and sample intersection intervention is attached.

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

Section 4- ENTERTAINMENT

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

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

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: _____

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): We will create a press release and circulate it to local media contacts.
- Web site (identify web address): economicdevelopment.wayne.edu; events.wayne.edu
- Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers To be distributed throughout campus, Midtown and greater Downtown.

Street Banners

Other (specify): Direct contact via email or phone to stakeholders and WSU contacts.

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: _____ This event is free and open to the public.

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: All food sales will take place on WSU property by private vendors.

Will merchandise be sold? Yes No
If yes, describe: _____ Local retail and design entrepreneurs will be eligible to sell goods.

Will a percentage of the proceeds be distributed to a charitable organization? Yes No
If yes, describe: _____

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

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

- Food Merchandise
- Non-Alcoholic Beverages Alcoholic Beverages

Other (specify):

Indicate type of items to be sold: _____ Apparel, accessories, Detroit-made crafts, prepared food by licensed vendors, etc.

Will these be exclusive vendors or outside vendors? (please describe): Businesses local to Detroit. Priority will go to TechTown clients, students and design entrepreneurs.

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: Chief Anthony Holt, Wayne State University Police

Address: 6050 Cass Avenue

Phone: 313-577-2222

City/State/Zip: Detroit, MI 48202

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: WSU has abundant parking. Street parking will not be affected.

How will you advise attendees of parking options? Information will be included on the event website.

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 project is intended first and foremost to increase safety for all road users including pedestrians, bicyclists, transit users and motorists. Traffic-calming measures will make traffic more steady and predictable.

Have local neighborhood groups/businesses approved your event?

Yes No

Indicate what steps you have or will take to notify them of your event: We are publicly announcing the event on Monday, August 15.

This event is part of the Detroit Design Festival which will help promote it to a broader audience. We are working closely on this project with a local neighborhood development organization and inviting local businesses to participate.

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

Angie Gaabo, 313-516-8948 (Woodbridge Neighborhood Development Corporation); Prasad Nannapaneni, 313-628-5603

(City of Detroit): Sue Mosey, 313-420-6000 (Midtown Detroit Inc.); and Jeffrey Nolish, 313-2424-6603 (City of Detroit Planning Department).

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

There will be several 10 x 10 ft. tents in the Woodward & Warren green space, but all will be located on WSU property.

How Many? _____

Size/Height _____

Booth _____

Tent (enclosed on 3 sides) _____

Canopy (open on all sides) _____

Staging/Scaffolding _____

Bleachers _____

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.

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?

Contact Person: Diane Sevigny, Director of WSU Grounds & Custodial Services

Address: 5743 Woodward

Phone: 313-577-1831

City/State/Zip Detroit, MI 48202

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: Warren Avenue

FROM Woodward Avenue

TO Second Avenue

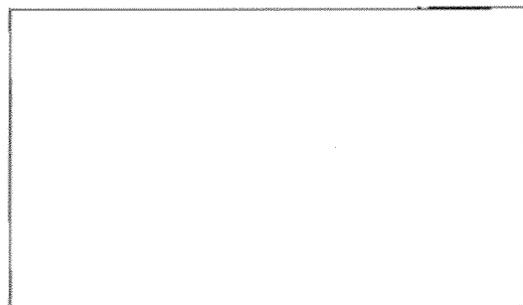
Closure Dates: _____

Beg. Time: _____

End Time: _____

Reopen Date: _____

Time: _____

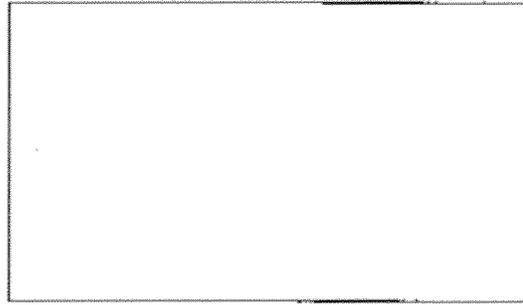


Note: A complete site plan will be available on August 23 and we are happy to send it directly to the City's Special Events Department. In the meantime, a map and sample intersection intervention is attached.

STREET NAME: _____

FROM _____
TO _____

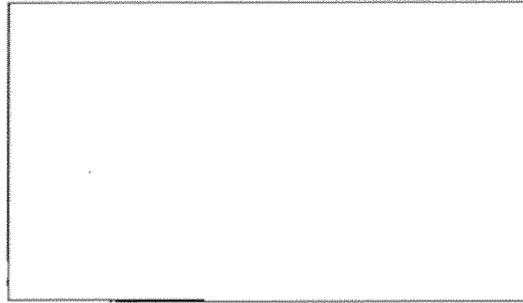
Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____



STREET NAME: _____

FROM _____
TO _____

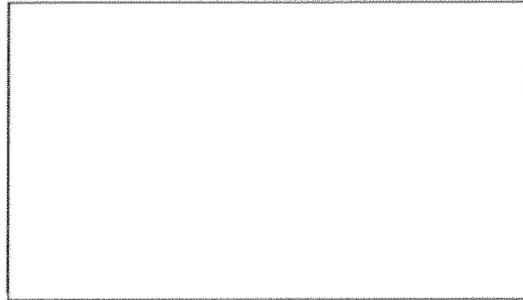
Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____



STREET NAME: _____

FROM _____
TO _____

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



Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

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

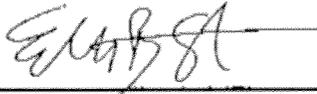
Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

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

AUTHORIZATION & AFFADAVIT OF APPLICANT

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



August 12, 2016

Signature of Applicant

Date

Jeri Stroupe & Ned Staebler, WSU Economic Development

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.



TechTown | 440 Burroughs Street, Detroit, MI 48202 • Main Phone: 313-879-5250 • Fax: 313-879-4619
 Wayne State University Office of Economic Development
 656 W. Kirby Faculty Administration Building, Suite 4071, Detroit, MI 48202 • 313-577-8789

Name and Role	Email	Office Phone	Ext.	Cell
TECHTOWN STAFF 440 Burroughs Street, Detroit, MI 48202 Main Phone: 313.879.5250 Fax: 313.879.4619				
Regina Ann Campbell <i>Managing Director, Place-based Entrepreneurship</i>	regina@techtowndetroit.org	313-577-0376	70376	313-319-9339
Sarah Balmer <i>Bookkeeper</i>	gs5724@wayne.edu	313-309-4147	94147	248-240-3732
Jonathan Coto <i>Junction440 Coordinator</i>	jonathan@techtowndetroit.org			586-216-3018
Kim Colon <i>Controller</i>	kimberly@techtowndetroit.org	313-483-1351	31351	
Betsy Creadon <i>Director, Entrepreneurial Services</i>	betsy@techtowndetroit.org	313-577-0146	70146	313-404-0031
Michelle DiMercurio <i>Events & Marketing Manager</i>	michelle@techtowndetroit.org	313-879-5249	95249	313-549-6644
Graig Donnelly <i>AVP Economic Development, Wayne State University & Chief Strategy Officer, TechTown</i>	gdonnelly@wayne.edu	313-485-4100		
Sarah Donnelly <i>SWOT City Portfolio Manager</i>	sarah@techtowndetroit.org	313-577-0351	70351	313-598-1361
Amy Draybuck <i>SWOT Project Manager</i>	amy@techtowndetroit.org			734-377-5491
Bridget Barnes Espinosa <i>SWOT Project Manager</i>	bridget@techtowndetroit.org			248-919-8440
Bonnie Fahoome <i>SWOT City Portfolio Manager</i>	bonnie@techtowndetroit.org	313-483-7099	37099	248-930-6090
Warren Galloway <i>SWOT Project Manager</i>	warren@techtowndetroit.org			313-310-2314
Nick Giacchina <i>Fund Development Officer</i>	nick@techtowndetroit.org	313-483-0999	30999	810-919-3596
Francis Glorie <i>Entrepreneur in Residence</i>	francois@techtowndetroit.org			734-846-0407
Anne Marks <i>Managing Director of Development</i>	anne@techtowndetroit.org	313-577-0665	70665	313-418-4052
James Merriweather <i>Security</i>	james@techtowndetroit.org	313-879-5250		313-702-6313
Davit Nadirashvili <i>Maintenance Technician</i>	davit@techtowndetroit.org	313-879-5250	95250	248-605-5018
Kristin Palm <i>Managing Director of Communications, TechTown Detroit & Director of Communications, Office of Economic Development</i>	kpalm@wayne.edu	313-483-1326	31326	
Andrea Pitcher <i>Receptionist</i>	receptionist@techtowndetroit.org	313-879-5250		
Paul Riser, Jr. <i>Managing Director, Technology-based Entrepreneurship</i>	paul@techtowndetroit.org	313-879-6331	1007	313-399-7565
Gerry Roston <i>Executive in Residence</i>	gerry@techtowndetroit.org			734-516-6715
Ned Staebler <i>President & CEO</i>	nedstaebler@wayne.edu	313-483-1321	31321	734-395-8403
Wendy Wilson <i>Community Coordinator</i>	wendy@techtowndetroit.org	313-483-1331	31331	313-614-8350



TechTown | 440 Burroughs Street, Detroit, MI 48202 • Main Phone: 313-879-5250 • Fax: 313-879-4619
 Wayne State University Office of Economic Development
 656 W. Kirby Faculty Administration Building, Suite 4071, Detroit, MI 48202 • 313-577-9789

TECHTOWN CONFERENCE ROOMS				
THE HOIST		313-577-0439		
THE SHOWROOM		313-577-0610		
BAY 1		313-577-0487		
BAY 2		313-577-0459		
WORKBENCH		313-577-0474		
TOOL BOX		313-577-0481		
DYNO ROOM		313-577-0485		
WIND TUNNEL		313-577-0488		
COLLISION SHOP		313-577-0539		
PROVING GROUNDS		313-577-0613		
PHONE BOOTH 1		313-577-0614		
PHONE BOOTH 2		313-577-0616		
PHONE BOOTH 3		313-577-0632		
MAIN OFFICE		313-577-0012		



MARKET

STREETScape
intervention

Full site plan will be complete August 23

Painted
Pedestrian/Bike
ZONE

CURB MOUNT

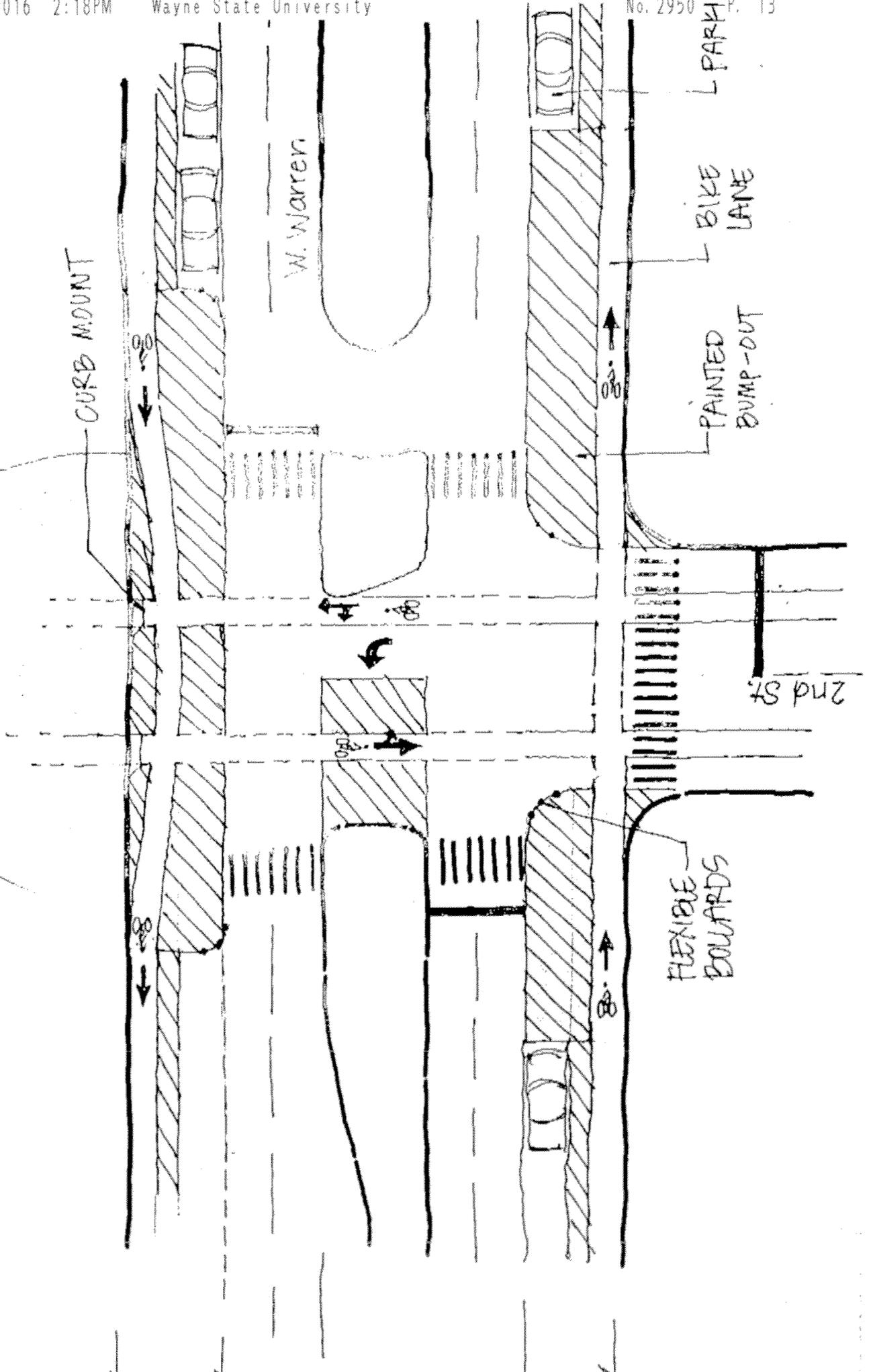
W. Warren

BIKE
LANE

PAINTED
BUMP-OUT

2nd St

FLEXIBLE
BOWARDS



Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Wayne State University

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ **Non-Profit / Public University**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
 (Applies to accounts established outside the U.S.)

5 Address (number, street, and apt. or suite no.)
5700 Cass Avenue, Purchasing Department, suite 4200 AAB

6 City, state, and ZIP code
Detroit, MI 48202

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-					

OR

Employer identification number									
3	8	-	6	0	2	8	4	2	9

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *Hennell Doherty* Date ▶ June 20, 2016

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

Purpose of Form

An individual or entity (Form W-9 requested) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1099 (home mortgage interest), 1099-E (student loan interest), 1099-T (dividend)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

OFFICE OF CONTRACTING
AND PROCUREMENT

September 1, 2016

HONORABLE CITY COUNCIL:

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

2805136 100% City Funding – To Provide Municipal Parking Complete Management and Operation of Vehicle Tow, Storing, Inventorying, Auctioning and Disposal of Abandoned Vehicles – Contractor: Pierce, Monroe & Associates, LLC, Location: 535 Griswold St., Suite 2200, Detroit, MI 48226 – Contract Period: Upon City Council Approval through December 31, 2016 – Contract Increase: \$1,200,000.00 – Total Contract Amount: \$19,338,305. **MUNICIPAL PARKING** *(This Amendment #5 is for Increase of Funds and Extension of Time. The original contract amount is \$18,138,305 and the original contract period is June 30, 2016 through September 30, 2016.)*

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Finance Department/Purchasing Division

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 2805136 referred to in the foregoing communication dated September 1, 2016, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**

September 1, 2016

HONORABLE CITY COUNCIL:

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

6000127 100% City Funding – To Provide Boot and Towing Services – Contractor: B & G Towing, Location: 8100 Lynch Road, Detroit, MI 48234 – Contract Period: Upon City Council Approval through July 31, 2019 – Total Contract Amount: \$112,500.00. **MUNICIPAL PARKING**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Finance Department/Purchasing Division

BY COUNCIL MEMBER _____ **BENSON**

RESOLVED, that Contract No. 6000127 referred to in the foregoing communication dated September 1, 2016, be hereby and is approved.



CITY OF DETROIT
OFFICE OF THE CFO
OFFICE OF CONTRACTING AND
PROCUREMENT

1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313 • 224 • 4600
FAX 313 • 628 • 1160

(175)

August 25, 2016

TO: HONORABLE CITY COUNCIL

Re: Contracts and Purchase Orders Scheduled to be considered at the RECESS Session of August 23, 2016

Please be advised that the Contract was submitted on August 18, 2016 for the City Council RECESS Agenda for August 23, 2016 has been amended as follows:

1. The contractor's **contract period** was submitted incorrectly to Purchasing by the Department. Please see the correction(s) below:

Submitted as: Page 1

BUILDING SAFETY ENGINEERING AND ENVIRONMENT

6000256 100% Federal Funding – To Provide Environmental Site Assessments for Parcel #3 at Riverside Park – Contractor: ASTI Environmental, Location: 28 West Adams St., Suite 1001, Detroit, MI, 48226 – Contract Period: Upon City Council Approval through September 30, 2018 – Total Contract Amount: \$338,800.00

Should read as: Page 1

BUILDING SAFETY ENGINEERING AND ENVIRONMENT

6000256 100% Federal Funding – To Provide Environmental Site Assessments for Parcel #3 at Riverside Park – Contractor: ASTI Environmental, Location: 28 West Adams St., Suite 1001, Detroit, MI, 48226 – Contract Period: Upon City Council Approval through **August 22, 2018** – Total Contract Amount: \$338,800.00

Respectfully Submitted,

Boysie Jackson
Chief Procurement Officer
BJ/zh

August 25, 2016

BY COUNCIL MEMBER: _____

RESOLVED, that contract 6000256 referred to in the foregoing communication dated August 15, 2016, be hereby and is approved.



CITY OF DETROIT
OFFICE OF THE CFO
OFFICE OF CONTRACTING AND
PROCUREMENT

1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313 • 224 • 4600
FAX 313 • 628 • 1160

(176)

August 29, 2016

TO: HONORABLE CITY COUNCIL

Re: Contracts and Purchase Orders Scheduled to be considered at the RECESS Session of August 23, 2016

Please be advised that the Contract was submitted on August 19, 2016 for the City Council RECESS Agenda for August 23, 2016 has been amended as follows:

1. The contractor's **contract period** was submitted incorrectly to Purchasing by the Department. Please see the correction(s) below:

Submitted as: Page 1

POLICE

6000253 100% City Funding – Lease Contract between the Detroit Building Authority and the Police Department for Build Out of the Real Time Crime Center on the Fourth Floor of the Detroit Public Safety Headquarters – Contractor: Detroit Building Authority, Location: 1301 Third Street, Suite 328, Detroit, MI 48226 – Contract Period: Upon FRC Council Approval Thereafter 3 years – Total Contract Amount: \$3,562,931.00

Should read as: Page 1

POLICE

6000253 100% City Funding – Lease Contract between the Detroit Building Authority and the Police Department for Build Out of the Real Time Crime Center on the Fourth Floor of the Detroit Public Safety Headquarters – Contractor: Detroit Building Authority, Location: 1301 Third Street, Suite 328, Detroit, MI 48226 – Contract Period: Upon FRC Council Approval through **October 30, 2016** – Total Contract Amount: \$3,562,931.00

Respectfully Submitted

Boysie Jackson
Chief Procurement Officer
BJ/zh

August 29, 2016

BY COUNCIL MEMBER: _____

RESOLVED, that contract 6000253 referred to in the foregoing communication dated August 29, 2016, be hereby and is approved.



CITY OF DETROIT
LAW DEPARTMENT

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 500
DETROIT, MICHIGAN 48226-3535
(313) 224-4550 • TTY: 711
(313) 224-5505
WWW.DETROITMI.GOV

August 30, 2016

Detroit City Council
1340 Coleman A. Young Municipal Center
Detroit, Michigan 48226

Re: Proposed ordinance to amend backfill requirements set forth in Ordinance 290-H, as amended, being Section 12-11-19.10 of the 1964 City Code.

Honorable City Council:

On June 15, 2016, the Law Department submitted for your consideration a proposed ordinance to amend Section 12-11-19.10 of the 1964 Detroit City Code, being part of Ordinance 290-H, as amended, concerning demolition activities and backfilling of excavations in response to two requests: one, emanating from your Honorable Body regarding Emergency Manager Orders No. 15 and No. 33 which addressed demolition activities¹; the second, emanating from the Detroit Building Authority (“DBA”) via the Mayor’s Office and the Buildings, Safety Engineering and Environmental Department (“BSEED”). We respectfully request that the proposed ordinance be removed from consideration at this time.

Melvin B. Hollowell
Corporation Counsel

By 
Timothy A. Beckett
Supervising Assistant Corporation Counsel
Municipal Section

cc: Melvin Butch Hollowell, Corporation Counsel
Aliyah Sabree, Mayor’s Office, Liaison to City Council
David Bell, Director, Buildings, Safety Engineering and Environmental Department

¹ Please refer to memorandum from the Law Department dated May 2, 2016 and June 15, 2016 for additional information regarding Emergency Manager Orders No. 15 and No. 33.



CITY OF DETROIT
LAW DEPARTMENT

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 500
DETROIT, MICHIGAN 48226-3535
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WWW.DETROITMI.GOV

August 30, 2016

Detroit City Council
1340 Coleman A. Young Municipal Center
Detroit, Michigan 48226

Re: Proposed ordinance to amend backfill requirements set forth in Ordinance 290-H, as amended, being Section 12-11-19.10 of the 1964 City Code.

Honorable City Council:

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Melvin B. Hollowell
Corporation Counsel

By 
Timothy A. Beckett
Supervising Assistant Corporation Counsel
Municipal Section

cc: Melvin Butch Hollowell, Corporation Counsel
Aliyah Sabree, Mayor’s Office, Liaison to City Council
David Bell, Director, Buildings, Safety Engineering and Environmental Department

¹ Please refer to memorandum from the Law Department dated May 2, 2016 and June 15, 2016 for additional information regarding Emergency Manager Orders No. 15 and No. 33.

(178)

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 500
DETROIT, MICHIGAN 48226-3535
(313) 224-4550 • TTY: 711
(313) 224-5505
WWW.DETROITMI.GOV



CITY OF DETROIT
LAW DEPARTMENT

Date: August 29, 2016

To: Honorable City Council

From: Law Department

Re: Law Department Report Regarding Enforcement of the Medical Marijuana Caregiver Center Ordinance

The Law Department has submitted a privileged and confidential memorandum regarding the above-referenced matter. Please submit this item for referral so that Council may consider any action that is necessary.

(179)

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 500
DETROIT, MICHIGAN 48226-3535
(313) 224-4550 • TTY: 711
(313) 224-5505
WWW.DETROITMI.GOV



CITY OF DETROIT
LAW DEPARTMENT

Date: August 29, 2016

To: Honorable City Council

From: Law Department

Re: Law Department Report Regarding BSEED Conditional Approval of MMCC Land Use Applications

The Law Department has submitted a privileged and confidential memorandum regarding the above –referenced matter. Please submit this item for referral so that Council may consider any action that is necessary.