

9-13-16

NEW BUSINESS

(1)

~~(17)~~

~~(155)~~

CITY CLERK 2016 AUG 19 PM 2:10

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1204 Event Name: University of Detroit Homecoming 5K

Event Date: October 1, 2016

Street Closure: _____

Organization Name: University of Detroit Mercy

Street Address: 4001 W. McNichols Detroit

Receipt date of the COMPLETED Special Events Application:	June 30, 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)

5K run through the University District

**** 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 - 12th precinct will secure the route
	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"/>	

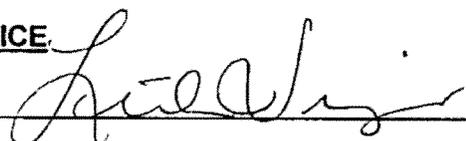
ENTERED SEP 12 2016

Move To New Business - R/c - (316)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will manage the route and soft 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: _____

8-2-14

City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 30, 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 POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER

1204 *University of Detroit Mercy, request to hold "Detroit Decade Dash" starting at 4001 W. McNichols Rd. on October 1, 2016 from 8:00 am to 4:00 pm with temporary street closure on McNichols Rd.*

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: University of Detroit Mercy, Homecoming 5K Run [working title: Detroit Decade Dash]
Event Location: University of Detroit Mercy, 4001 W McNichols Road, Detroit, MI 48221

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: University of Detroit Mercy
Organization Mailing Address: 4001 W. McNichols Road
Business Phone: 313.993.1783 Business Fax: n/a
Federal Tax ID # 38-1360586

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

Applicant Name: Deanna Blevins
Title/Role: Assistant Director, University Services & Fitness Center
Email Address: deanna.blevins@udmercy.edu
Mailing Address: Fitness Center, University of Detroit Mercy, 4001 W. McNichols Road, Detroit, MI 48221
Business Phone: 313.993.1783 Business Fax: n/a
Event On-Site Contact Person: same
Mailing Address: same
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: This is a new event and proposals are currently pending

Event Elements (check all that apply)

- Walkathon
- Run/Marathon
- Political Event
- Parade
- Convention/Conference
- Carnival/Circus
- Bike Race
- Festival (10-20 vendors)
- Sports/Recreation
- Fireworks
- Concert/Performance
- Religious Ceremony
- Filming
- Rally/Demonstration
- Other: Open House

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

Begin Set-up Date & Time: 9/30/2016 Complete Set-up Date & Time: 10/1/2016

Event Start Date & Time: 10/1/2016 8am Event End Date & Time: 10/1/2016 4pm

Begin Tearing Down Date: 10/1/2016 Complete Tear Down Date: 10/3/2016

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

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

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

When was the event last held in Detroit? _____

Where was the event last held in Detroit? _____

What were the hours last year? _____

Project Attendance This Year (Minimum -- Maximum)? 200-500

What is the basis for your projected attendance? none

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: _____
- 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: University of Detroit Mercy and the neighborhood north of Campus

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: Student Organization to DJ Event

Describe the entertainment for this year's event: Student Organization to DJ Event

List proposed entertainers and/or bands performing at the event: none

Will a sound system be used? Yes No

If yes, what type of sound system? TBD

Acoustic-audible, sound heard within natural range

Amplified-augmented, sound increased to broaden range

The amplified sound will be used: _____

Will the event consist of a musical concert? Yes No

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

- Live Recorded Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: Power will be supplied by the University

How many generators will be used? TBD

How will the generators be fueled? TBD

Name of vendor providing generators:

Contact Person: TBD

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): udmercy.edu runmichigan.com

Public Relations or Marketing Firm (Specify): Univ. of Detroit Mercy Marketing Department

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify): printed material to alumni, 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: University of Detroit Mercy

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

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: food trucks, local businesses and vendors

Will these be exclusive vendors or outside vendors? (please describe): by invitation and application

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: Commander Joel Gallihugh / Sgt. Edmund Black

Address: Public Safety Department, Univ. of Detroit Mercy Phone: 313.993.1234

City/State/Zip: Detroit, MI 48221

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: n/a

Describe the parking plan to accommodate anticipated attendance: on campus parking

How will you advise attendees of parking options? Personal Direction by Public Safety Department

Are you seeking a group parking rate? n/a - Free campus parking

Section 8- COMMUNITY IMPACT INFORMATION

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

Traffic will be stoped as needed for runners for a short period of time

Have local neighborhood groups/businesses approved your event? 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? _____

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: n/a

Address: _____ Phone: _____

City/State/Zip _____

Name of company providing emergency medical services?

Contact Person: University of Detroit Mercy, College of Health Professions

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: McNichols Raod

FROM UDM Entrance

TO _____

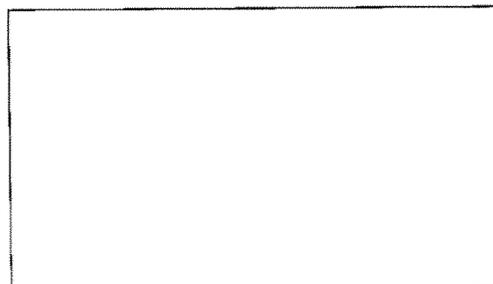
Closure Dates: 10/1/2016

Beg. Time: 9:02

End Time: 9:07

Reopen Date: 10/1

Time: 9:08



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:

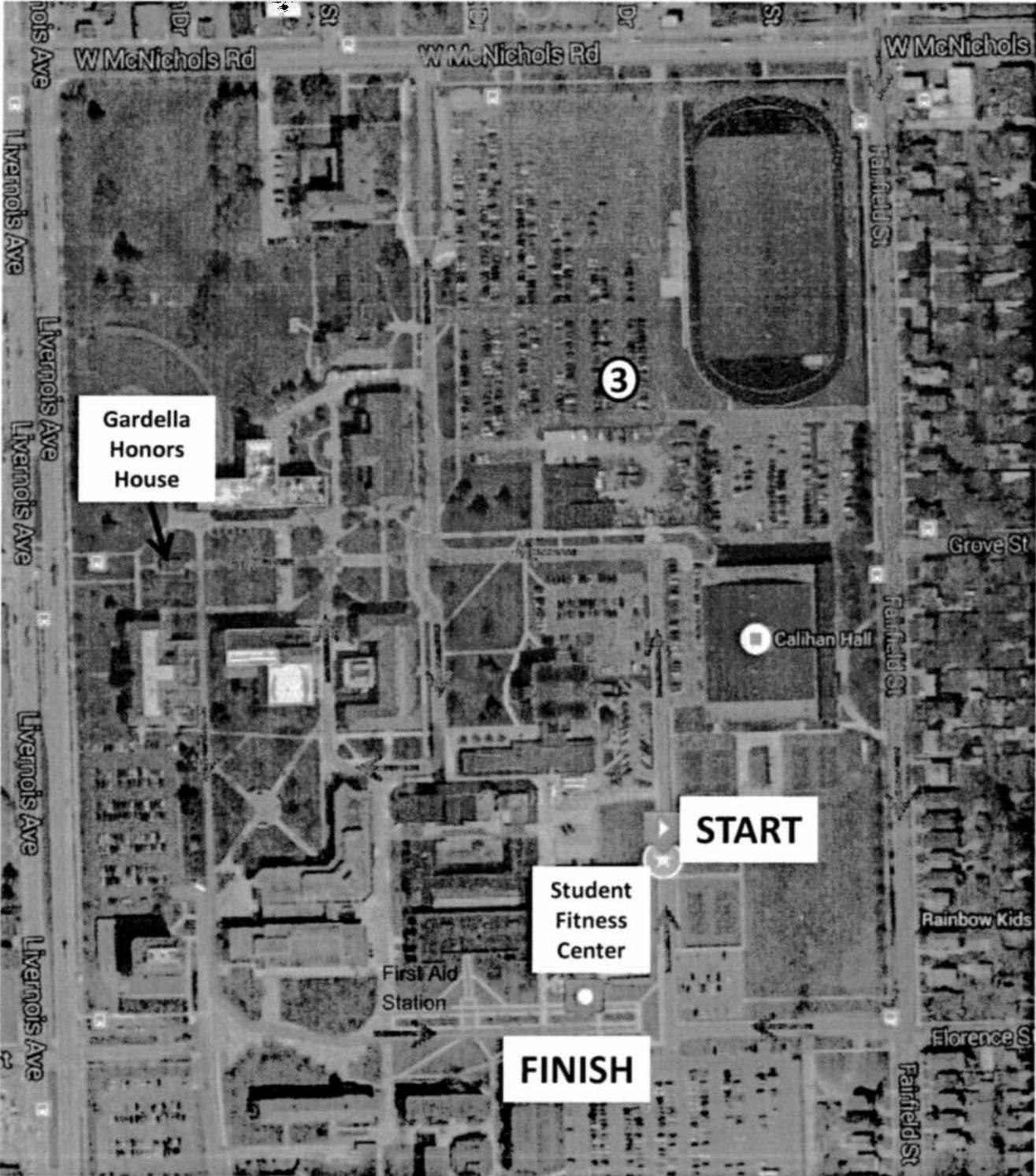
- Posting no parking signs
- Light pole
- Electrical Services
- Storage for Trailers/Trunks

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?

UofD Mercy 5K Course Proposal



Restroom facilities are available throughout campus in all public buildings. Temporary Restrooms (porta johns) are not needed at this time.

UofD Mercy 5K Course Proposal

5K Turn by Turn:

- Start campus road going north, on east side of Student Fitness Center, at north end of first set of tennis courts.
- Road turns left (west) at Callahan Hall.
- Turn right (north) at main entrance road.
- Turn right at McNichols Rd.
- Turn left at Oak Dr.
- Turn left at Santa Clara St.
- Turn right at Warrington Dr.
- Turn right at Pickford Ave.
- Turn right at Muirland St.
- Turn right at Santa Clara St.
- Turn left at Fairfield St.
- Turn right into campus gate just before Florence St.
- Turn right at Student Fitness Center, back across Start line.
- Road turns left at Callahan Hall.
- Turn left at main entrance road.
- Road turns right at south end of Chemistry Bldg.
- Turn right at southwest corner of Chemistry Bldg going north between Chemistry Bldg & Library.
- Turn left at sidewalk intersection south of Briggs Bldg.
- Turn left at Gardella Honors House.
- Turn left at south side of Student Center Ballroom.
- Continue east to Finish Line on the mall, in front of Student Fitness Center.

2

~~18~~

~~158~~

CITY CLERK 2016 AUG 19 PM12:09

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1234 Event Name: DTE Energy Oktoberfest

Event Date: October 6, 2016

Street Closure: _____

Organization Name: DTE Engery

Street Address: One Energy Plaza Detroit 48221

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: Company celebration
- 24-Hour Liquor License**

Petition Communications (include date/time)

Employee appreciation 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"/>	Event on private property - Liquor License required
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tent inspection required
	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"/>	

ENTERED SEP 12 2016

Move To New Business - R/C - (310)

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"/>	Permit required for tent and generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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: _____

8-12-16

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, August 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.

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

1234 *DTE Engery, request to host "Oktoberfest" at One Energy Plaza on October 6, 2016 from 5:00pm to 7:30pm.*

#1234

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: Oktoberfest
Event Location: DTE Energy One Energy Plaza Detroit, MI 48201

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: DTE Energy
Organization Mailing Address: One Energy Plaza Detroit, MI 48221
Business Phone: 313.235.9554 Business Fax:
Federal Tax ID # 38-3217752

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

Applicant Name: Sarah K. Robb
Title/Role: Campaign Chair
Email Address: Sarah.robbs@dteenergy.com
Mailing Address: One Energy Plaza, NCB 1545 Detroit, MI 48226
Business Phone: 313.235.9554 Business Fax:.

Event On-Site Contact Person:
Mailing Address: See 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: Shawn Patterson, VP Organizational Effectiveness

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: Recognition Event

Provide a brief description of your event:

This recognition event is for DTE employees who have contributed to United Way. There will be music, food, drinks, music and a large 40'x40' tent.

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

Begin Set-up Date & Time: 12pm Oct 6 Complete Set-up Date & Time: 4pm Oct 6
Event Start Date & Time: 5:00pm Event End Date & Time: 7:30pm
Begin Tearing Down Date: Oct 6 Complete Tear Down Date: Oct 7

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

Event tent will be put up day of event, tear down will take place day after.

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? 2015

When was the event last held in Detroit? October 2015

Where was the event last held in Detroit? DTE HQs Backyard

What were the hours last year? 5-7pm

Project Attendance This Year (Minimum - Maximum)? 200-400

What is the basis for your projected attendance? Employee Engagement metrics are projected to be higher in 2016

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:

Address: One Energy Plaza - Detroit, MI 48226 Phone: 313.235.2921

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): Private Event

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: Guests will be encouraged to give, not registered to attend

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

Will there be vending or sales? Yes
If yes, check all that apply:

- Food Merchandise
- Non-Alcoholic Beverages Alcoholic Beverages

Other (specify): _____

Indicate type of items to be sold: None will be sold.

Section 3- LOCATION/SITE INFORMATION

Location of Event: DTE #19 Backyard

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 Story Telling
 Comedians Other: Recorded music

Describe the entertainment for this year's event: This will be a social networking event attendees will be recognized for their contributions to United Way.

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: in a way that is respectful to the neighborhood

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: Generators

How many generators will be used? 1-2

How will the generators be fueled? Diesel

Name of vendor providing generators:

Contact Person: Armond Sheri Bojice Schara Sako-bojice@atttenergy.com

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

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: Mervin Johnson

Address: One Energy Plaza Phone: _____

City/State/Zip: Detroit, MI 48226

Number of Private Security Personnel Hired Per Shift: _____

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

Licensed Armed Bonded

Describe the emergency evacuation plan: _____

Describe the parking plan to accommodate anticipated attendance: MGM parking structure

How will you advise attendees of parking options? MGM is our designated parking structure

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)? No impact

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

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

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? _____

Size/Height _____

Booth _____

Tent (enclosed on 3 sides) 40' x 40' H.

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:

Then on 115 rooms directly inside building

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: _____

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: Sheri Soto-Bejar

Address: One Energy Plaza Phone: 313.235.2921

City/State/Zip: Detroit, MI 48226

SPECIAL USE REQUESTS

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

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

STREET NAME: _____

FROM _____

TO _____

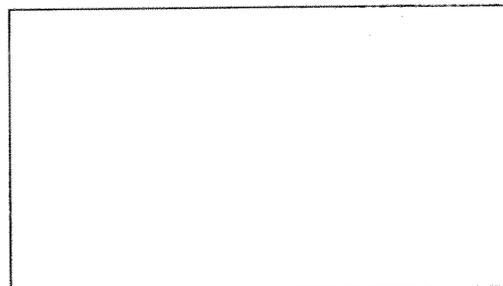
Closure Dates: _____

Beg. Time: _____

End Time: _____

Reopen Date: _____

Time: _____



STREET NAME: _____

FROM _____
TO _____

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

STREET NAME: _____

FROM _____
TO _____

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

STREET NAME: _____

FROM _____
TO _____

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

Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

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

Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

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

AUTHORIZATION & AFFADAVIT OF APPLICANT

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



Signature of Applicant



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.

APPLICATION FOR PERMIT/SPECIAL EVENT

**DETROIT FIRE DEPARTMENT
FIRE MARSHAL DIVISION**
250 W. Larned Street, Detroit, Michigan 48226
Phone: 313-596-2931 Fax: 313-596-2978

For Office Use Only	
Fee Paid: _____	
IRC Approval: _____	
B&SE C/O: _____	
C/A: _____	
App. #: _____	Permit #: _____

PLEASE TYPE OR PRINT LEGIBLY:

- Applicant Name: Sarah K. Robb. Position: _____
- Business/Company Name: DTE Energy
- Business Address: One Energy Plaza Detroit, MI 48226
- Office Phone: 313-235-9554 Alternate Phone: 311-219-7076 Fax: _____
- Site (Permit Location) Address: One Energy Plaza Detroit, MI 48226
- Site Operational Building (square feet): _____
- Names and addresses (no P.O. Box) of all principals and/or persons responsible for the special event. Shawn Patterson, Sarah Robb.
- Provide detail sheets for special effects (fireworks, pyrotechnics, live burns, etc.):
Oktoberfest theme, large tent, music games.
- On a separate sheet, describe, with specificity, the special event/activity at Site and submit a Site Plan.
- On a separate sheet, provide the details of any safety precautions taken or Fire/Police equipment needed.
- Attach plans/drawings detailing where and how hazardous materials will be stored on the premises.
- Attach a current copy of the certificate of insurance/bond for the business operations of the entity requesting this permit.

AFFIDAVIT OF APPLICANT

State of Michigan)
County of _____) ss

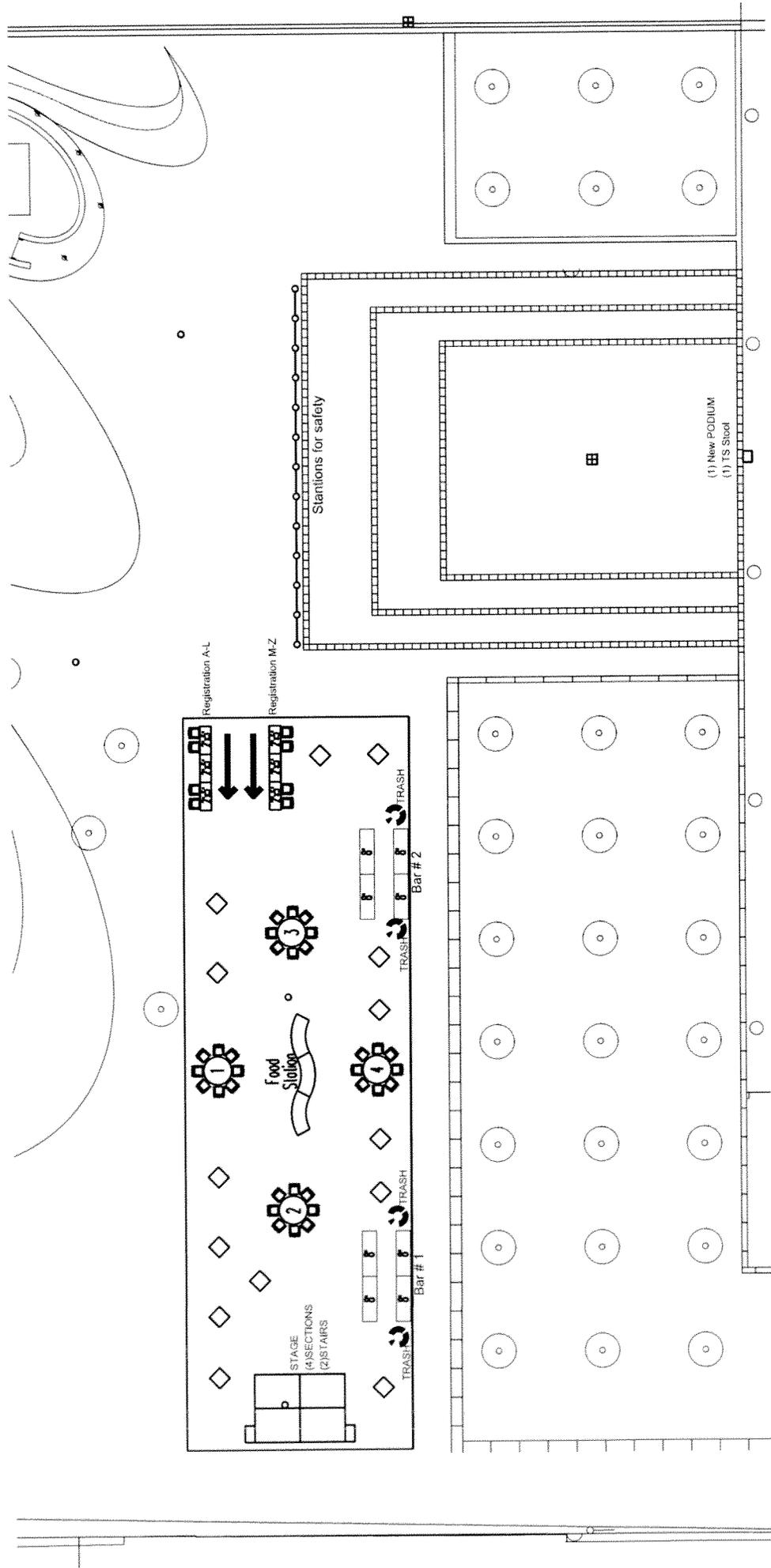
_____ first being duly sworn deposes and says that all of the information provided to the City of Detroit on this application is true, complete and correct, and that any misstatement, falsification, omission, or misrepresentation shall be grounds for refusal of the permit or revocation.

Signature: _____ Date: _____

Executed and sworn to before me this _____ day of _____, _____.

Print Name: _____, Notary Public, _____ County

My Commission expires: _____



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MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1228 Event Name: St. Joseph Oktoberfest

Event Date : September 24-25, 2016

Street Closure: _____

Organization Name: Mother of Divine Mercy Parish

Street Address: 4440 Russell St, Detroit 48207

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)

Family fundraising festival in the church parking lot, social hall and church building

**** 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"/>	7th precinct will assist the event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tent inspections required
	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"/>	

FILED SEP 12 2016 *Move To New Business - P/C-L(310)*

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"/>	Tent permits required
	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: _____

8-12-16

City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, August 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.

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

1228 *Mother of Divine Mercy Parish, request to hold "St. Joseph Oktoberfest" at 1828 Jay St. on September 24-25, 2016 from 12:00pm to 8:00pm.*

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: St. Joseph Oktoberfest
Event Location: St. Joseph Church, Mother of Divine Mercy Parish
1828 Jay St, Detroit 48207

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Mother of Divine Mercy Parish
Organization Mailing Address: 4440 Russell St., Detroit, MI 48207
Business Phone: 313-831-6659 Business Fax: 313-831-8522
Federal Tax ID # 46-3624378

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

Applicant Name: Rev. Gregory Tokarski
Title/Role: Pastor, Mother of Divine Mercy Parish
Email Address: _____

Mailing Address: 4440 Russell St., Detroit, MI 48207
Business Phone: 313-831-6659 Business Fax: _____

Event On-Site Contact Person: Teresa Chisholm - oktoberfest Chairman
Mailing Address: 29800 Drake Rd, Farmington Hills, MI 48331
Business Phone: 248.376.7228 cell Business Fax: _____

StJosephOktoberfestDetroit@gmail.com
List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).
Additional on-site: Alexander Sebastian 734.626.4157, John Blanchard 248.990.8609
List Event Sponsors: _____

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:

St. Joseph Oktoberfest is a relatively small, family-friendly fundraising festival in The Church parking lot, social hall and church building. It includes bands, German dancers, food and drink, church tours, and kids games.

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

Begin Set-up Date & Time: 9-23-16 9am Complete Set-up Date & Time: 9-24-16 noon
Event Start Date & Time: 9-24-16 noon Event End Date & Time: 9-25-16 8pm
Begin Tearing Down Date: 9-25-16 8pm Complete Tear Down Date: 9-26-16 5pm
Event Times (If more than one day, give times for each day): Sat, 9-24-16 noon-9pm
Sun, 9-25-16, noon-8pm (10:30 AM Mass)

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? since 2006 - began very small

When was the event last held in Detroit? Sept 26-27, 2015

Where was the event last held in Detroit? St. Joseph Church (same location)

What were the hours last year? Sept 26, 5-9pm; Sept 27 1:30-8pm

Project Attendance This Year (Minimum - Maximum)? 1,000 - 1,500

What is the basis for your projected attendance? Last year we estimate the attendance was 1,000 and we hope to increase based on expanded hours and advertising

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? Sept 23-24, 2017

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

Floats Animals

Vehicles Other: _____

Bands

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

Name of business supplying animal(s): _____

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

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): Are Maria Radio AM 990

Television (Specific stations):

Newspapers (specify papers): community calendars for newspapers online

Web site (identify web address): Mother of Divine Mercy.org and social media

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)): Raffle NO. R381608 ; Grand Prize \$1,000

Billboards

Flyers

Street Banners

Other (specify): Banner attached to our church's sign along Gratiot

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: t-shirts and religious articles

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:

Mother of Divine Mercy Parish

Will there be vending or sales? Yes No

If yes, check all that apply:

Food will obtain temporary Food Establishment License

Non-Alcoholic Beverages

Other (specify):

Merchandise t-shirts and religious articles

Alcoholic Beverages we will obtain liquor license

(Mother of Divine Mercy Parish Sales Tax license - Account Number 46-3024378)

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: Joe Mackoud - J-Mack Agency, LLC

Address: PO BOX 645 Phone: 313-574-5000

City/State/Zip: St Clair Shores, MI 48080 877-995-6225

Number of Private Security Personnel Hired Per Shift: 2

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

Licensed Armed Bonded

Describe the emergency evacuation plan: _____

Describe the parking plan to accommodate anticipated attendance: our side lot, street parking, plus parking with permission at three lots (2000 Grahot, 2211 Orleans, 2120 Orleans) with insurance to cover those lots

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)? somewhat more traffic than usual, visual sights of the festival

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 surrounding property owners know about Oktoberfest and have given us permission to use their lots for parking.

Indicate contact names and phone numbers (for verification) or attach approved letter(s):
2000 Grahot - Susan Tait 313-826-9955
2211 Orleans (Detroit Housing Commission) - Joy Flood 313.877.8891
2120 Orleans - Tara 248.577-2632

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) Tents - 40x60, 10x10⁽⁴⁾, 10x20 (6), 28x30
rented from STR Event Rental in Troy, MI

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 - Parkway Services in Ypsilanti, MI

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.
no _____

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: Republic Services
Address: 14620 Dequindre St. Phone: 313-883-7614
City/State/Zip: Detroit, MI 48212

Name of company providing emergency medical services?

Contact Person: _____
Address: _____
City/State/Zip: _____

Name of company providing porta-johns. Parkway Services

Contact Person: Kathy Mular
Address: 2876 Tyler Rd. Phone: 734-482-7633
City/State/Zip: Ypsilanti, MI 48198

Name of private catering company?

Contact Person: _____
Address: _____ Phone: _____
City/State/Zip: _____

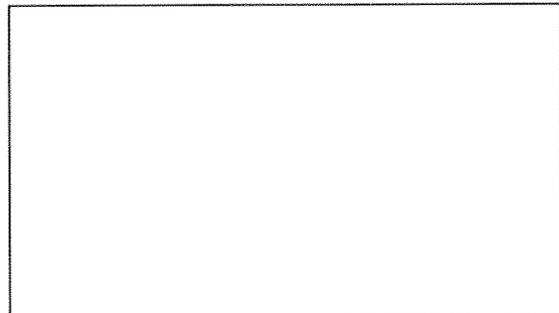
SPECIAL USE REQUESTS

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.

no street closures

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 - *none*

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?

The St. Joseph Oktoberfest is a relatively small fundraising festival for the historic churches of Mother of Divine Mercy Parish. It takes place in our parking lot, social hall, and church only.

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.

Fr. C. Rahel

7-17-2010

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.

St. Joseph Oktoberfest
 Mother of Divine Mercy
 Parish
 Sept 24-25, 2010

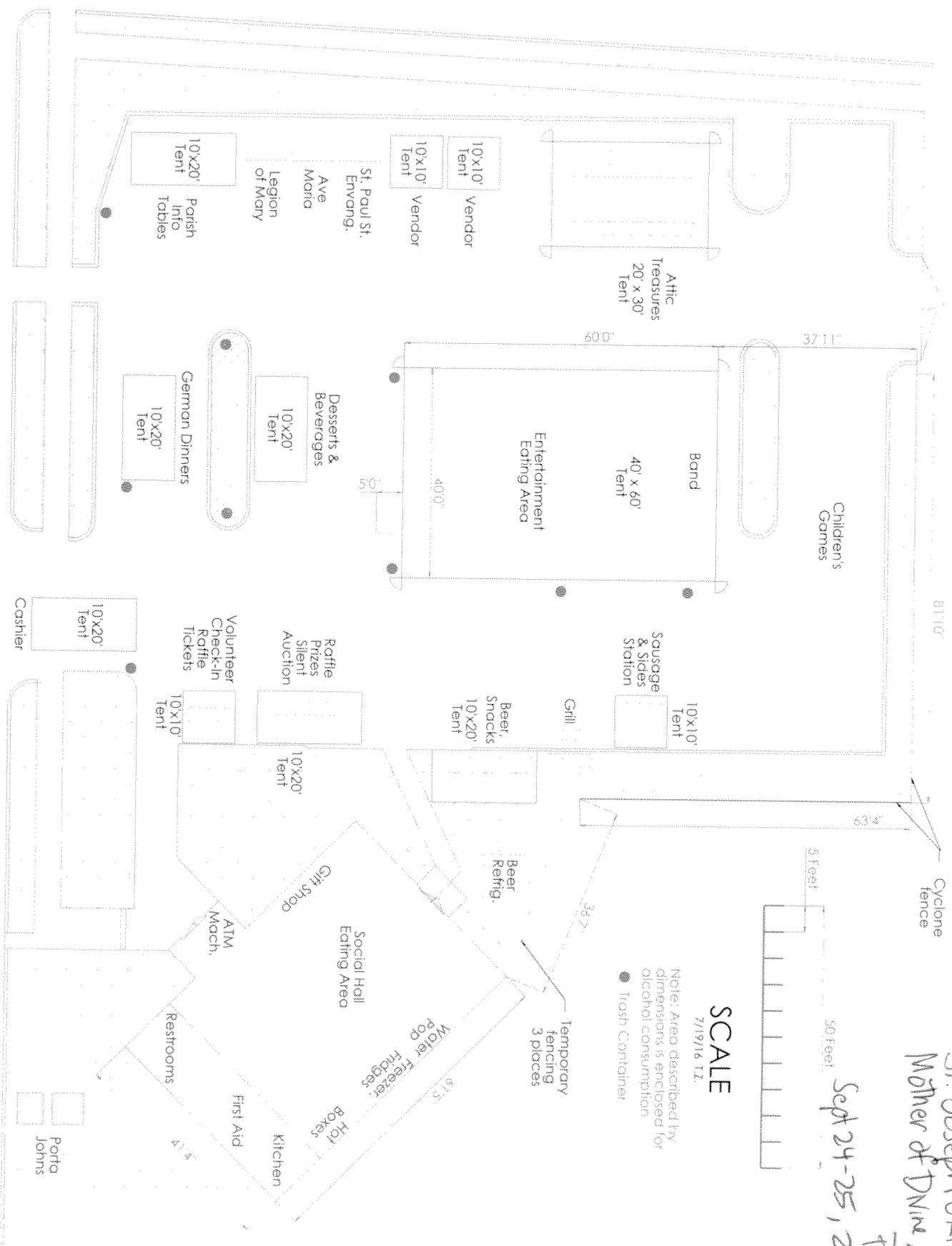
50 Feet



SCALE

7/19/16 TL

Note: Area described by dimensions is enclosed for alcohol consumption
 ● Trash Container



4

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~~file~~

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 Shed 4

TO Russell

Closure Dates: 9-22-16

Beg. Time: 5:00am

End Time: 12:00am

Reopen Date: 9-22-16

Time: 12:00am

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: 9-23-16
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 N/A
 Electrical Services Storage for Trailers/Trunks

Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

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

CHASE BANK

MARKET OFFICES

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L.K.L. PACKING

& SEAFOOD

WINE SHOP

GAZEBO & PLAZA

P6

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ERNST HOTEL SUPPLY

WELLNESS

Private
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West

DUGAGJINI MEATS

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ALFRED STREET

SHED ONE

SHED 4

PARKING DECK

EASTERN MARKET PRODUCE

PLACE JAZZ

SAVVY CHIC

ITA & GRILL

R PRODUCE

DIVISION STREET

OMNICOOP DETROIT

PRODUCE

SHED 3

WELCOME CENTER

Market

KAPS WHOLESALE FOOD

TY PRODUCE

ADELAIDE STREET

DETROIT WHOLESALE PRODUCE

EE COMPANY

IO COMPANY

SHED 2

FARMER'S RESTAURANT

EA STORAGE & DISTRICT CO.

GABRIEL IMPORT CO.

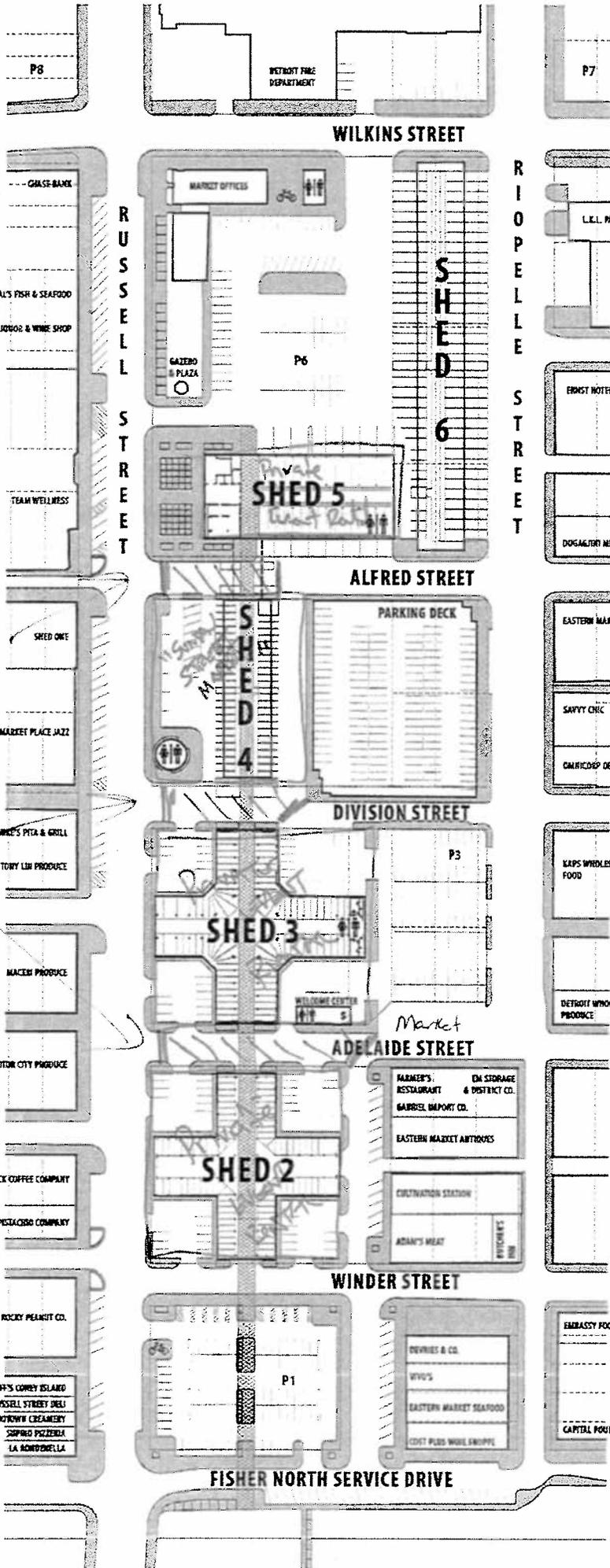
EASTERN MARKET ANTIQUES

CULTIVATION STATION

ADAM'S MEAT

BUTCHER'S DEN

WINDER STREET



REGULAR
MARKET
DAY
STREET
CLOSURES

P8
GAKSE BAKERY
AL'S FISH & SEAFOOD
JOE'S LOGOOD & WINE SHOP
TEAM WELLNESS
SHED ONE
BEK'S MARKET PLACE JAZZ
JANE'S PITA & GRILL
TORY LIN PRODUCE
MARKET PRODUCE
MOTOR CITY PRODUCE
GERMALCK COFFEE COMPANY
GERMALCK PASTA/CSO COMPANY
ROCKY PELANUT CO.
ZEH'S CORNY ISLAND
RUSSELL STREET DELI
MONTYON CREAMERY
SOPRANO PIZZERIA
LA ROMANIELLA

DETROIT FIRE DEPARTMENT
MARKET OFFICES
GAZZERO PLAZA
P6
Private SHED 5
SHED 4
PARKING DECK
DIVISION STREET
SHED 3
WILSON CENTER
Market
ADELAIDE STREET
FARMER'S RESTAURANT & DISTRICT CO.
GARIBOLDI IMPORT CO.
EASTERN MARKET ANTIQUES
CULTIVATION STATION
ADAM'S MEAT
P3
P1
FISHER NORTH SERVICE DRIVE

P7
L.L.L. PACKING
EAST HOTEL SUPPLY
DOGALFRI MEATS
EASTERN MARKET PRODUCE
SAVVY CHEF
GALRICOP DETROIT
KAPS WHOLESALE FOOD
DETROIT WHOLESALE PRODUCE
EMBASSY FOODS
CAPITAL POULTRY

5

~~22~~

~~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"/>	

RECEIVED SEP 12 2016

More to New Business - R/c-l (310)

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: _____

Paul Vizio

Date: _____

8-25-2016

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

2016-06-17 10:07:41 AM

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', with a long horizontal flourish 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

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

Will merchandise be sold? Yes No

No

If yes, describe:

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

If yes, describe:

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

Will there be vending or sales? Yes No

No

If yes, check all that apply:

[] Food [] Merchandise

Merchandise

[] Non-Alcoholic Beverages [] Alcoholic Beverages

[] Other (specify):

Indicate type of items to be sold: Free water may be provided.

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

Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Camouflage Security

Contact Person:

Khory Johnson

Address:

615 Griswold, Ste. 925

Phone: 313-338-8005

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

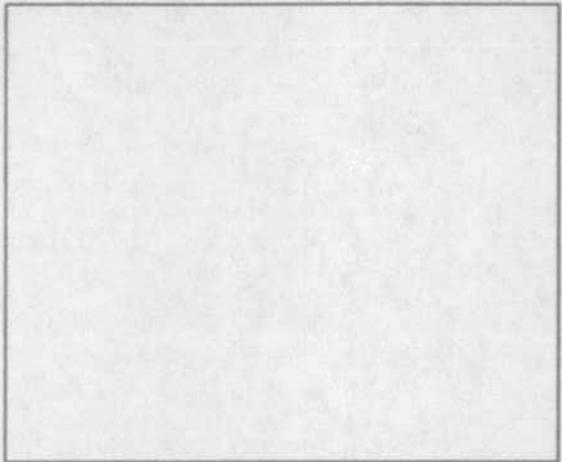
End Time: 5PM

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

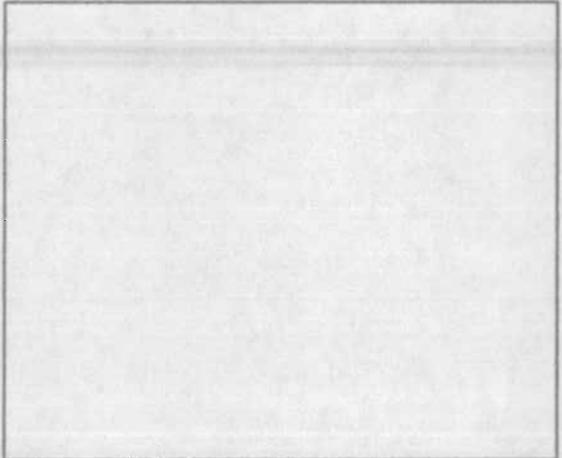
Time: 7PM

See attached map for all streets

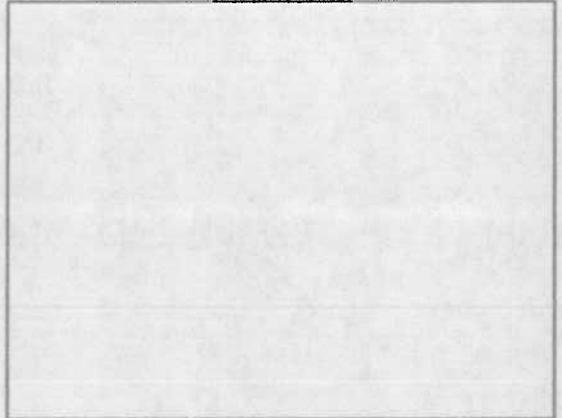
STREET NAME: Vernor Hwy
FROM Michigan Avenue
TO Livernois Avenue
Closure Dates: 09/25/2016, 10/02/2016
Beg. Time: 10 AM
End Time: 5 PM
Reopen Date: 09/25/2016, 10/02/2016
Time: 7 PM



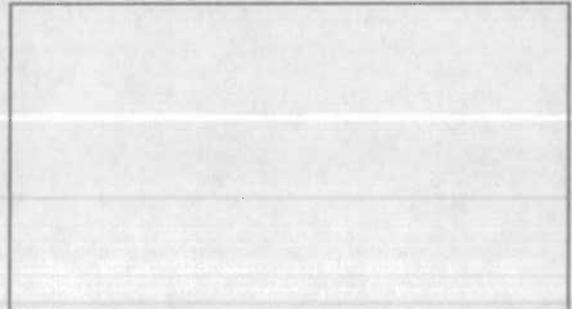
STREET NAME: Woodward Avenue
FROM State Street
TO Fort Street
Closure Dates: 9/25/2016, 10/2/2016
Beg. Time: 10 AM
End Time: 5 PM
Reopen Date: 9/25/2016, 10/2/2016
Time: 7 PM



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 & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I

understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Signature of Applicant

Date

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

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.

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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.

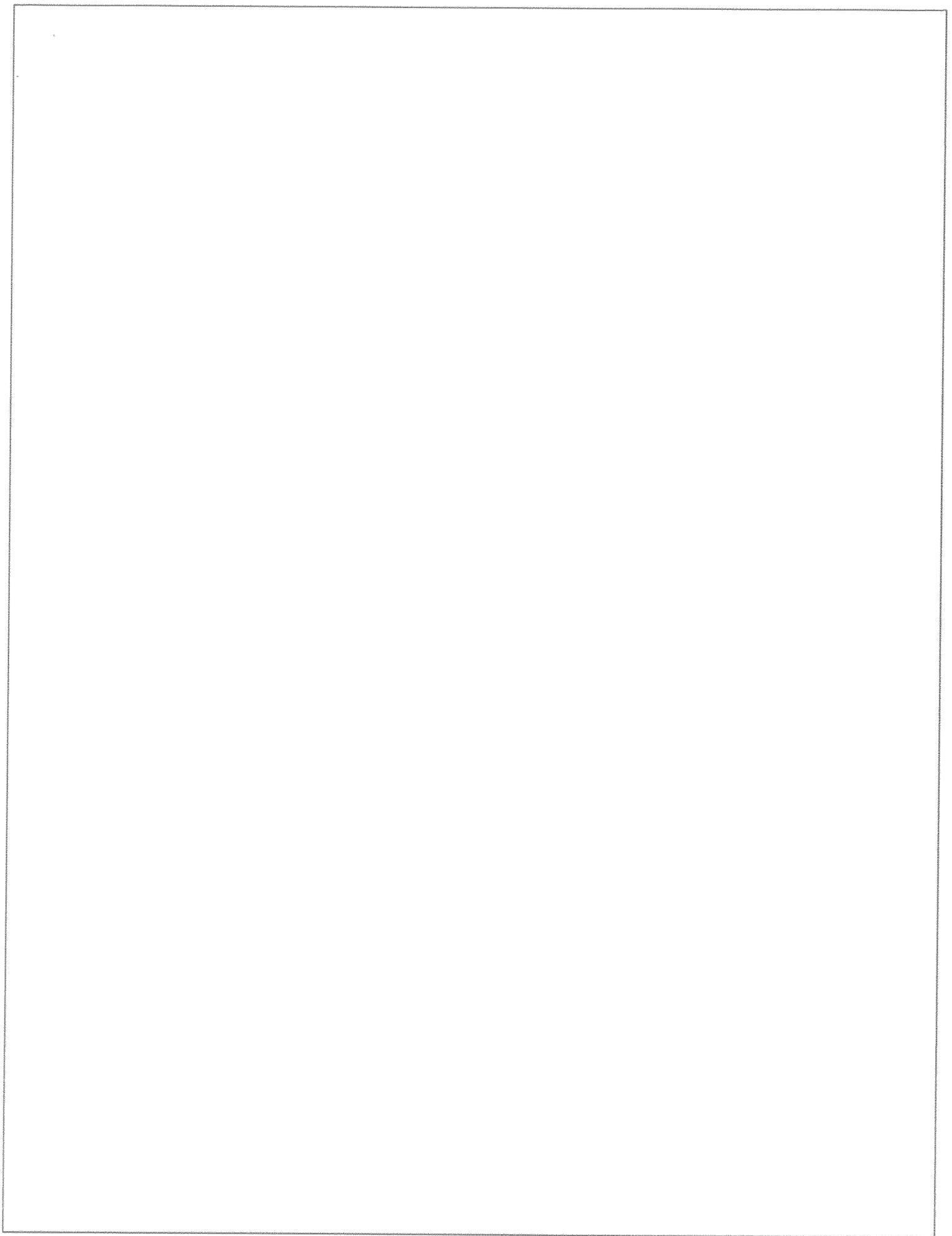
(Please Print)

Event Name: Open Streets Detroit

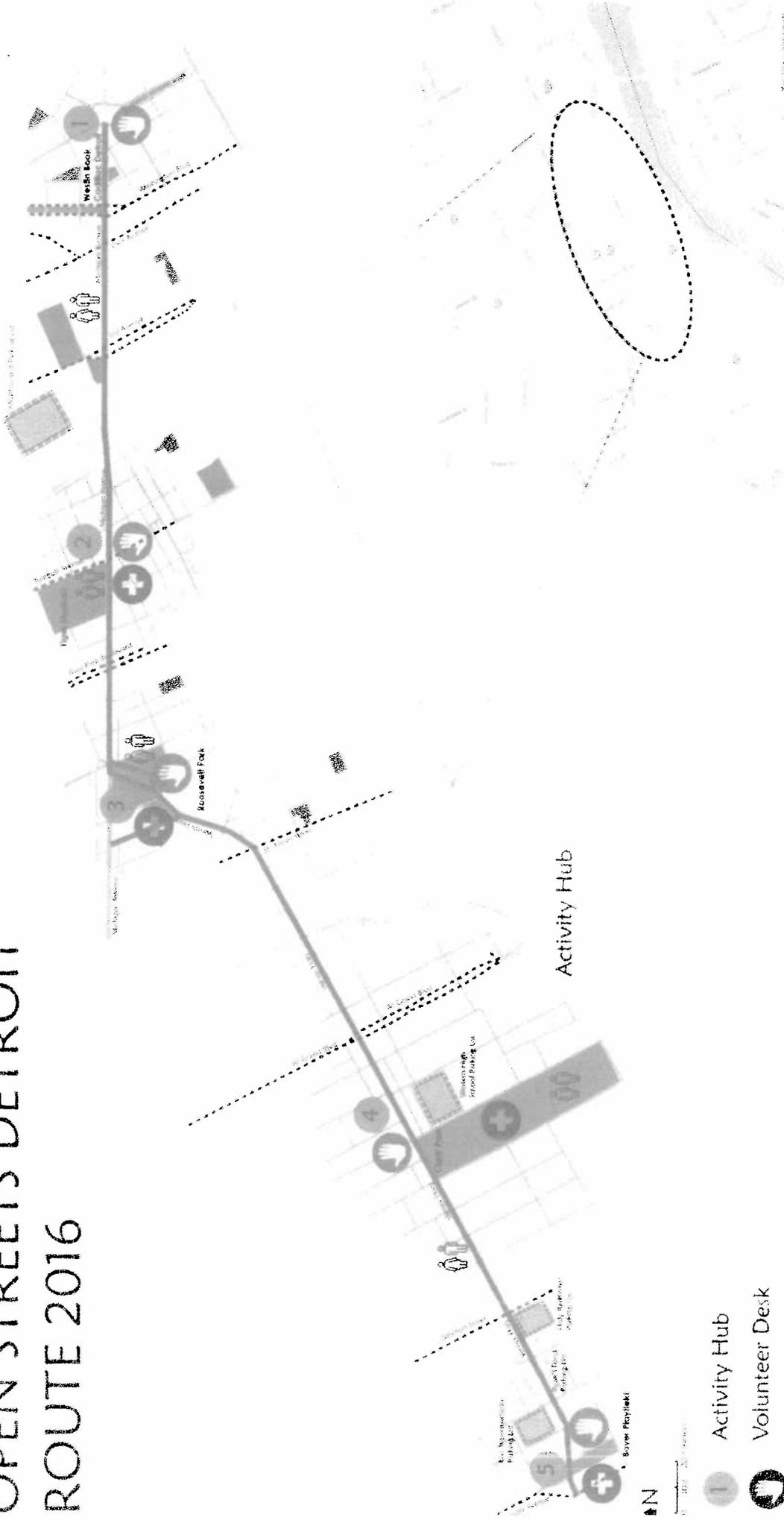
Event Date: September 25, 2016 & October 2, 2016

Event Organizer: Lisa Nuskowski

Applicant Signature:  Date: June 17, 2016



OPEN STREETS DETROIT ROUTE 2016

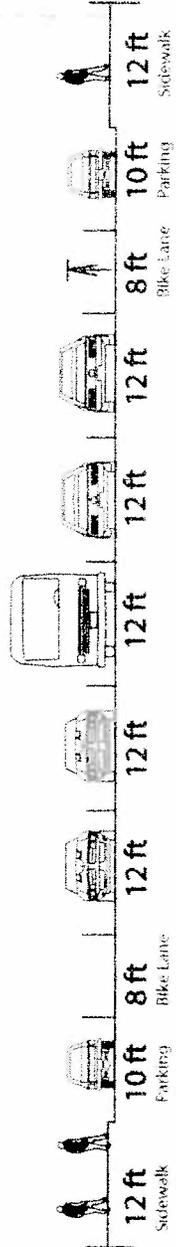


- 1 Activity Hub
- Volunteer Desk
- Portable Restrooms
- First Aid
- Roads with flowing traffic
- Parking Lots
- Open Streets Route

KEY MAP

OPEN STREETS DETROIT ROAD CROSS-SECTIONS

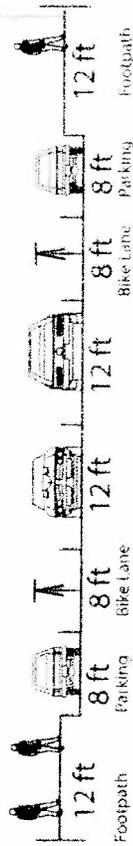
Michigan Avenue - Typical Cross Section



Proposed



Vernor Highway - Typical Cross Section

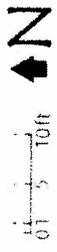


Proposed

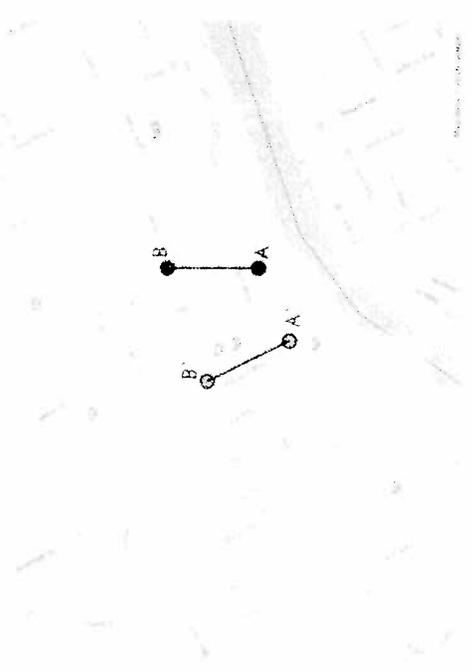


LEGEND

- Fire Lane
- Bike Zone
- Programming Zone
- Sidewalk
- Garbage Bins
- Beverage Kiosks (Water)
- Tents



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.

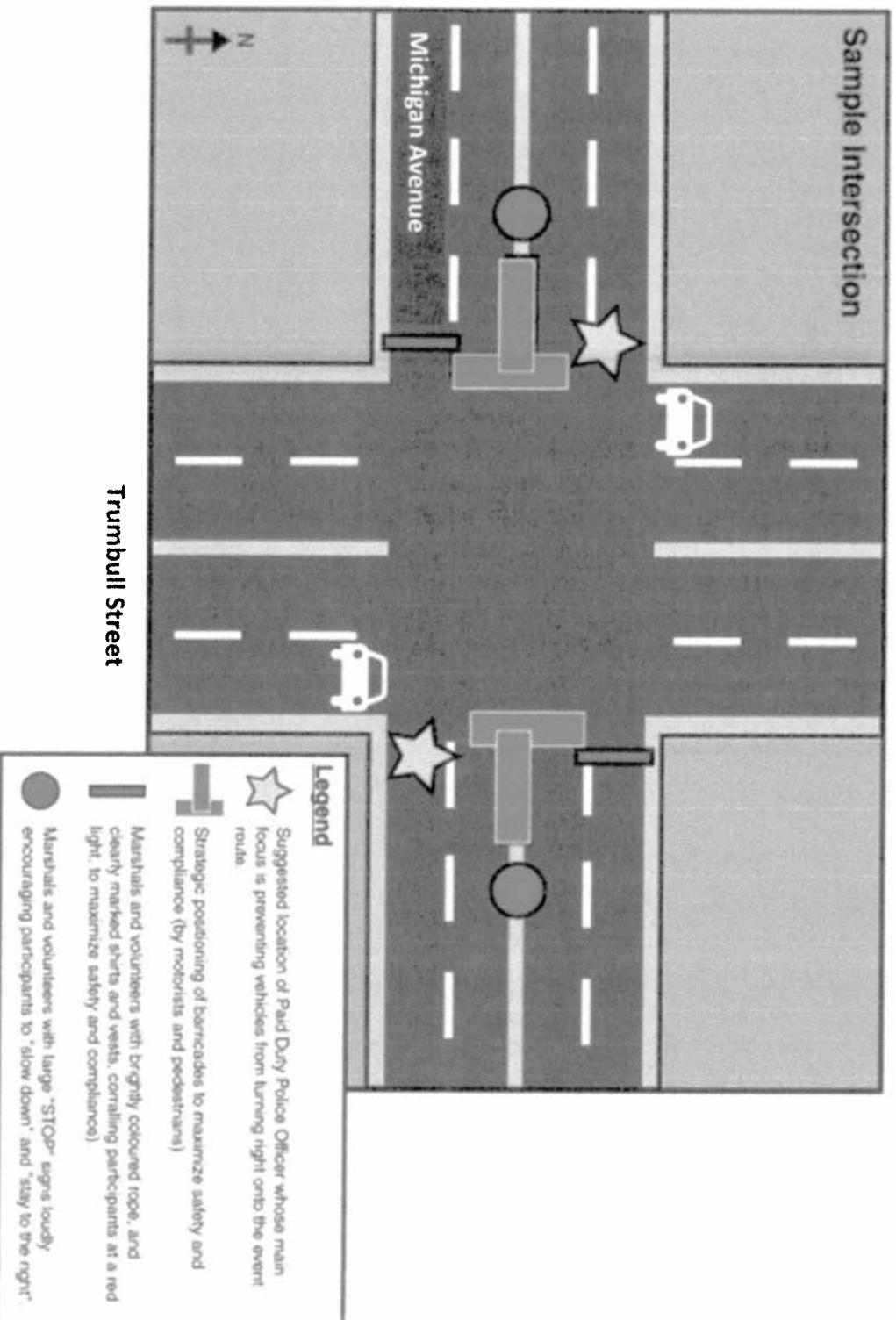
Sincerely,

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.