

23 (6)

169

### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1238 Event Name: Detroit Fun Fest

Event Date: September 28-October 1, 2016

Street Closure: \_\_\_\_\_

Organization Name: Crown of Glory Church

Street Address: 9351 Wyoming

Receipt date of the <b>COMPLETED</b> Special Events Application:	August 10, 2016
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

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

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

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

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inspections required day of event
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No ROW permits required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Move 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"/>	No street closures
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carnival permit is required for this event - rides are state regulated
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No impact on buses

**MAYOR'S OFFICE**

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

8-23-2016

# City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Vivian A. Hudson  
Deputy City Clerk

## DEPARTMENTAL REFERENCE COMMUNICATION

*Wednesday, August 10, 2016*

*To: The Department or Commission Listed Below*

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

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

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

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

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

# City of Detroit Special Events Application

CITY CLERK 29 JUL 2015 11:11:25

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

## Section 1- GENERAL EVENT INFORMATION

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

## Section 2- ORGANIZATION/APPLICANT INFORMATION

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

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

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

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

List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).  
List Event Sponsors: MACKENZIE K-8, IAC,

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

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

Begin Set-up Date & Time: \_\_\_\_\_ Complete Set-up Date & Time: \_\_\_\_\_

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

Begin Tearing Down Date: \_\_\_\_\_ Complete Tear Down Date: \_\_\_\_\_

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

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

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

When was the event last held in Detroit? \_\_\_\_\_

Where was the event last held in Detroit? \_\_\_\_\_

What were the hours last year? \_\_\_\_\_

Project Attendance This Year (Minimum - Maximum)? \_\_\_\_\_

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

**Please describe your anticipated/ target audience:**

Is this going to be an annual event?  Yes  No

If yes, do you have a preferred/proposed for next year? ~~SEPTEMBER~~ LAST WEEK SEPTEMBER

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

- People  Balloons
- Floats  Animals
- Vehicles  Other: \_\_\_\_\_
- Bands

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

Name of business supplying animal(s): \_\_\_\_\_

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

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

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

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: OUTSIDE PARK

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

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

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

**Section 4- ENTERTAINMENT**

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

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

Describe the entertainment for this year's event: TO PROVIDE CONCESSION SALES, GAMES, RIDES,

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

Will a sound system be used?  Yes  No

If yes, what type of sound system? \_\_\_\_\_

- Acoustic-audible, sound heard within natural range
  - Amplified-augmented, sound increased to broaden range
- The amplified sound will be used: \_\_\_\_\_

Will the event consist of a musical concert?  Yes  No

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

- Live
- Recorded
- Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: N/A

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

How will the generators be fueled? \_\_\_\_\_

Name of vendor providing generators: \_\_\_\_\_

Contact Person: ERIN FITZGERALD, MAPLE LEAF ENTERTAINMENT

Address: WWW.MAPLELEAFAMUSEMENT.COM Phone: 980 625 3475

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

**Section 5- COMMUNICATION/ADVERTISING STRATEGY**

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

Radio (Specify stations): 102.7, 1340

Television (Specific stations):

Newspapers (specify papers): MI CRONICLE

Web site (identify web address):

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify): \_\_\_\_\_

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

**Section 6- SALES INFORMATION**

Will there be advanced ticket sales?  Yes  No

If yes, please describe: \_\_\_\_\_

Will there be on-site ticket sales?  Yes  No

If yes, list price(s): \_\_\_\_\_

Will food be sold?  Yes  No

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

Will merchandise be sold?  Yes  No

If yes, describe: \_\_\_\_\_

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

If yes, describe: THIS EVENT IS A FUND RAISER FOR CHURCH

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

CROWN OF GLORY INTERNATIONAL MINISTRIES

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food  Merchandise

Non-Alcoholic Beverages  Alcoholic Beverages

Other (specify): BARBQUE

Indicate type of items to be sold:

CONCESSION GAMES

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

EXCLUSIVE

## Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

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

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

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

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

Number of Private Security Personnel Hired Per Shift: \_\_\_\_\_

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

Licensed

Armed

Bonded

Describe the emergency evacuation plan: \_\_\_\_\_

Describe the parking plan to accommodate anticipated attendance: CHURCH CAPACITY 40 CARS

How will you advise attendees of parking options? \_\_\_\_\_

Are you seeking a group parking rate? \_\_\_\_\_

## Section 8- COMMUNITY IMPACT INFORMATION

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

Have local neighborhood groups/businesses approved your event?

Yes

No

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

DISCUSSED EVENT WITH SCHOOL OFFICIALS, MACKENZIE K-8, NOTIFIED SURROUNDING BUSINESS

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

TRACEY CARPENTER, PRINCIPAL MACKENZIE K-8

## Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

### Structure

How Many? \_\_\_\_\_

Size/Height \_\_\_\_\_

Booth \_\_\_\_\_

Tent (enclosed on 3 sides) \_\_\_\_\_

Canopy (open on all sides) \_\_\_\_\_

Staging/Scaffolding \_\_\_\_\_

Bleachers \_\_\_\_\_

**Company:**

Grill

Gas       Charcoal       Electrical       Propane

Fireworks (Pyrotechnics)

Aerial       Stage

Provide Sketch:

Portable Restrooms:

Standard       ADA Accessible

Vehicles

Type/Weight: \_\_\_\_\_

Other: \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**Section 10 COMPLETE ALL THAT APPLY**

Name of Sanitation Company collecting refuse and garbage?

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

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

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

Name of company providing emergency medical services?

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

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

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

Name of company providing porta-johns.

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

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

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

Name of private catering company?

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

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

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

**SPECIAL USE REQUESTS**

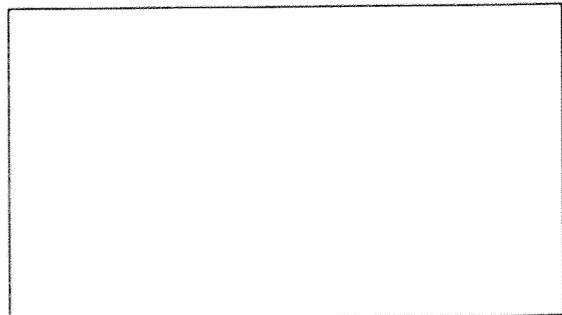
List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

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

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

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

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_



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

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

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

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

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

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

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

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

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**Requested City Equipment**

Provided In: \_\_\_\_\_ (year)

Current Request: \_\_\_\_\_ (year)

Street Closures:

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

**Barricades are not available from the City of Detroit.**

**ADDITIONAL INFORMATION**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION & 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.

*Angela Stalworth*

6/8/16

Signature of Applicant

Date

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

**HOLD HARMLESS AND INDEMNIFICATION**

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

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

**(Please Print)**

Event Name: Detroit Fun Fest Event Date: 6/20/16

Event Organizer: Crown of Glory International Ministries

Applicant Signature: Angela Stalworth Date: 6/8/16

7

~~24~~

~~10~~

### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1250 Event Name: Walkable Warren

Event Date: September 22-24, 2016

Street Closure: \_\_\_\_\_

Organization Name: Wayne State University

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

Receipt date of the <b>COMPLETED</b> Special Events Application:	August 16, 2016
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

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

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

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

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

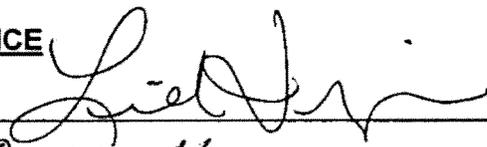
Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No impact for DPD
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No private service required
	DPW	<input type="checkbox"/>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

-RED SEP 12 2016 Move To New Business R/C-L(3,0)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No closures, temporary bike lanes
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nothing required as presented
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permit required for pop-up market
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**MAYOR'S OFFICE**

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

8-28-16

# City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Vivian A. Hudson  
Deputy City Clerk

## DEPARTMENTAL REFERENCE COMMUNICATION

*Tuesday, August 16, 2016*

*To: The Department or Commission Listed Below*

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

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

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

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

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

Aug. 12. 2016 2:17PM  
Attn: Andre Gilbert

Wayne State University

No. 2950 P. 1  
Fax # 313. 224. 2015

1250

### City of Detroit Special Events Application

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

#### Section 1- GENERAL EVENT INFORMATION

Event Name: Walkable Warren

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

#### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Wayne State University

Organization Mailing Address: 656 W. Kirby St. Detroit, MI 48202

Business Phone: 313-577-9778 Business Fax: \_\_\_\_\_

Federal Tax ID # 38-6028429 (W9 attached)

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

Applicant Name: Jeri Stroupe

Title/Role: Senior Project Administrator

Email Address: jeri.stroupe@wayne.edu

Mailing Address: 656 W. Kirby, Faculty Administration Building, Office 4069, Detroit, MI 40202

Business Phone: 313-577-9778 Business Fax: \_\_\_\_\_

Event On-Site Contact Person:

Mailing Address: (same as above)

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

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

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

Event Elements (check all that apply)

- Walkathon
- Run/Marathon
- Political Event
- Parade
- Convention/Conference
- Carnival/Circus
- Bike Race
- Festival
- Sports/Recreation
- Fireworks
- Concert/Performance
- Religious Ceremony
- Filming
- Rally/Demonstration
- Other: Temporary road-diet and traffic safety features with pop-up market

**Provide a brief description of your event:**

Walkable Warren is an initiative led by Wayne State University in partnership with the City of Detroit as part of Detroit Design Festival to pilot flexible streetscape designs along Warren Ave for a more walkable, bikeable, transit- and retail-friendly corridor.

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

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

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

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

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

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

Event Times (If more than one day, give times for each day): Thursday 9/22 all day road-diet; Friday 9/23 all day road-diet; Saturday 9/24 all day road-diet and 9AM-9PM green space market and seating.

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

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

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

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

What were the hours last year? n/a

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

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

**Please describe your anticipated/ target audience:**

Is this going to be an annual event?  Yes  No

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

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

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

People  Balloons

Floats  Animals

Vehicles  Other: \_\_\_\_\_

Bands

**If animals included, specify type, number and how used.** \_\_\_\_\_

Name of business supplying animal(s): \_\_\_\_\_

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

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

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

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

### Section 3- LOCATION/SITE INFORMATION

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

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

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

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

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

### Section 4- ENTERTAINMENT

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

- Singers
- Musicians
- Comedians
- Magician
- Story Telling
- Other: \_\_\_\_\_

Describe the entertainment for this year's event: n/a

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

Will a sound system be used?  Yes  No

If yes, what type of sound system? \_\_\_\_\_

Acoustic-audible, sound heard within natural range

Amplified-augmented, sound increased to broaden range

The amplified sound will be used: \_\_\_\_\_

Will the event consist of a musical concert?  Yes  No

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

- Live
- Recorded
- Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: \_\_\_\_\_

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

How will the generators be fueled? \_\_\_\_\_

Name of vendor providing generators: \_\_\_\_\_

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

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

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

**Section 5- COMMUNICATION/ADVERTISING STRATEGY**

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

Radio (Specify stations):

Television (Specific stations):

Newspapers (specify papers): We will create a press release and circulate it to local media contacts.

Web site (identify web address): economicdevelopment.wayne.edu; events.wayne.edu

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

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

Street Banners

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

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

**Section 6- SALES INFORMATION**

Will there be advanced ticket sales?  Yes  No  
If yes, please describe: \_\_\_\_\_ This event is free and open to the public.

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

Will food be sold?  Yes  No  
If yes, please pick up Special Events Vendor Packet in Suite 105: All food sales will take place on WSU property by private vendors.

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

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

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

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

Food  Merchandise

Non-Alcoholic Beverages  Alcoholic Beverages

Other (specify):

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

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

**Section 7- PUBLIC SAFETY & PARKING INFORMATION**

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

Contact Person: Chief Anthony Holt, Wayne State University Police

Address: 6050 Cass Avenue Phone: 313-577-2222

City/State/Zip: Detroit, MI 48202

Number of Private Security Personnel Hired Per Shift: \_\_\_\_\_

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

Licensed  Armed  Bonded

Describe the emergency evacuation plan: \_\_\_\_\_

Describe the parking plan to accommodate anticipated attendance: WSU has abundant parking. Street parking will not be affected.

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

Are you seeking a group parking rate? No.

**Section 8- COMMUNITY IMPACT INFORMATION**

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? This project is intended first and foremost to increase safety for all road users including pedestrians, bicyclists, transit users and motorists. Traffic-calming measures will make traffic more steady and predictable.

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

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

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

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

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

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

**Section 9- EVENT SET-UP**

Complete the appropriate categories that apply to the event.

Structure \_\_\_\_\_  
How Many? \_\_\_\_\_  
Size/Height \_\_\_\_\_  
Booth \_\_\_\_\_  
Tent (enclosed on 3 sides) \_\_\_\_\_

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

Canopy (open on all sides) \_\_\_\_\_

Staging/Scaffolding \_\_\_\_\_

Bleachers \_\_\_\_\_

Company:

Grill

Gas       Charcoal       Electrical       Propane

Fireworks (Pyrotechnics)

Aerial       Stage

Provide Sketch:

Portable Restrooms:

Standard       ADA Accessible

Vehicles

Type/Weight: \_\_\_\_\_

Other: \_\_\_\_\_

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

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase. n/a  
\_\_\_\_\_  
\_\_\_\_\_

Will additional utility services be used (power, water, etc.)? Please describe. n/a  
\_\_\_\_\_

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

**Section 10- COMPLETE ALL THAT APPLY**

Name of Sanitation Company collecting refuse and garbage?

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

Address: 5743 Woodward

Phone: 313-577-1831

City/State/Zip Detroit, MI 48202

Name of company providing emergency medical services?

Contact Person: n/a

Address:

City/State/Zip:

Name of company providing porta-johns. n/a

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? n/a

Contact Person:

Address:

Phone:

City/State/Zip:

**SPECIAL USE REQUESTS**

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

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

STREET NAME: Warren Avenue

FROM Woodward Avenue

TO Second Avenue

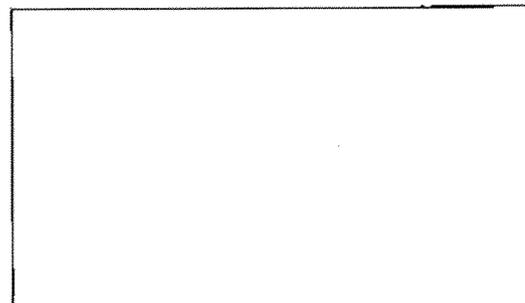
Closure Dates: \_\_\_\_\_

Beg. Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Reopen Date: \_\_\_\_\_

Time: \_\_\_\_\_

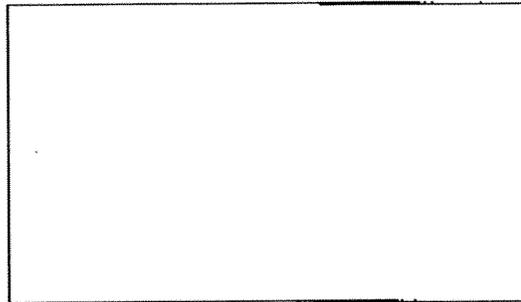


Note: A complete site plan will be available on August 23 and we are happy to send it directly to the City's Special Events Department. In the meantime, a map and sample intersection intervention is attached.

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

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

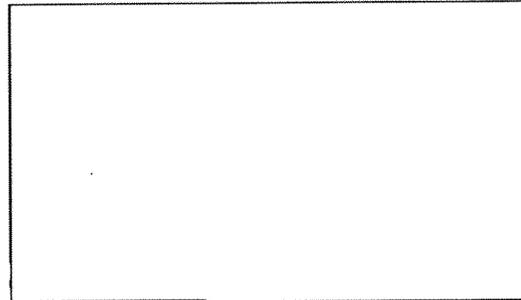
Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_



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

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

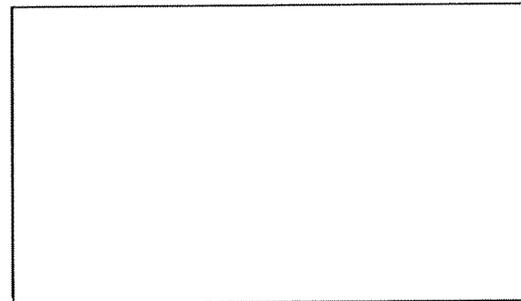
Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_



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

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

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_



**Requested City Equipment**

Provided In: \_\_\_\_\_ (year)

Current Request: \_\_\_\_\_ (year)

Street Closures:

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

**Barricades are not available from the City of Detroit.**

**ADDITIONAL INFORMATION**

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

\_\_\_\_\_

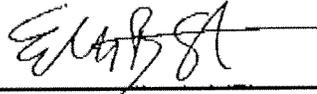
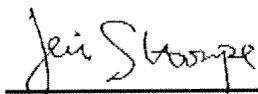
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION & 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.



August 12, 2016

Signature of Applicant

Date

Jeri Stroupe & Ned Staebler, WSU Economic Development

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



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

Name and Role	Email	Office Phone	Ext.	Cell
<b>TECHTOWN STAFF   440 Burroughs Street, Detroit, MI 48202   Main Phone: 313.879.5250   Fax: 313.879.4619</b>				
Regina Ann Campbell <i>Managing Director, Place-based Entrepreneurship</i>	regina@techtowndetroit.org	313-577-0376	70376	313-319-9339
Sarah Balmer <i>Bookkeeper</i>	gs5724@wayne.edu	313-309-4147	94147	248-240-3732
Jonathan Colo <i>Junction440 Coordinator</i>	jonathan@techtowndetroit.org			586-216-3018
Kim Colon <i>Controller</i>	kimberly@techtowndetroit.org	313-483-1351	31351	
Betsy Creedon <i>Director, Entrepreneurial Services</i>	betsy@techtowndetroit.org	313-577-0146	70146	313-404-0031
Michelle DiMercurio <i>Events &amp; Marketing Manager</i>	michelle@techtowndetroit.org	313-879-5249	95249	313-549-6644
Graig Donnelly <i>AVP Economic Development, Wayne State University &amp; Chief Strategy Officer, TechTown</i>	gdonnelly@wayne.edu	313-485-4100		
Sarah Donnelly <i>SWOT City Portfolio Manager</i>	sarah@techtowndetroit.org	313-577-0351	70351	313-598-1361
Amy Drayback <i>SWOT Project Manager</i>	amy@techtowndetroit.org			734-377-5491
Bridget Barnes Espinosa <i>SWOT Project Manager</i>	bridget@techtowndetroit.org			248-919-8440
Bonnie Fahome <i>SWOT City Portfolio Manager</i>	bonnie@techtowndetroit.org	313-483-7099	37099	248-930-6090
Warren Galloway <i>SWOT Project Manager</i>	warren@techtowndetroit.org			313-310-2314
Nick Giacchina <i>Fund Development Officer</i>	nick@techtowndetroit.org	313-483-0999	30999	810-919-3596
Francis Glorie <i>Entrepreneur in Residence</i>	francis@techtowndetroit.org			734-846-0407
Anne Marks <i>Managing Director of Development</i>	anne@techtowndetroit.org	313-577-0665	70665	313-418-4052
James Merriweather <i>Security</i>	james@techtowndetroit.org	313-879-5250		313-702-6313
Davit Nadirashvili <i>Maintenance Technician</i>	davit@techtowndetroit.org	313-879-5250	95250	248-805-5018
Kristin Palm <i>Managing Director of Communications, TechTown Detroit &amp; Director of Communications, Office of Economic Development</i>	kpalm@wayne.edu	313-483-1326	31326	
Andrea Pitcher <i>Receptionist</i>	receptionist@techtowndetroit.org	313-879-5250		
Paul Riser, Jr. <i>Managing Director, Technology-based Entrepreneurship</i>	paul@techtowndetroit.org	313-879-6331	1007	313-399-7565
Gerry Roston <i>Executive In Residence</i>	gerry@techtowndetroit.org			734-516-6715
Ned Staebler <i>President &amp; CEO</i>	nedstaebler@wayne.edu	313-483-1321	31321	734-395-8403
Wendy Wilson <i>Community Coordinator</i>	wendy@techtowndetroit.org	313-483-1331	31331	313-614-8350



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

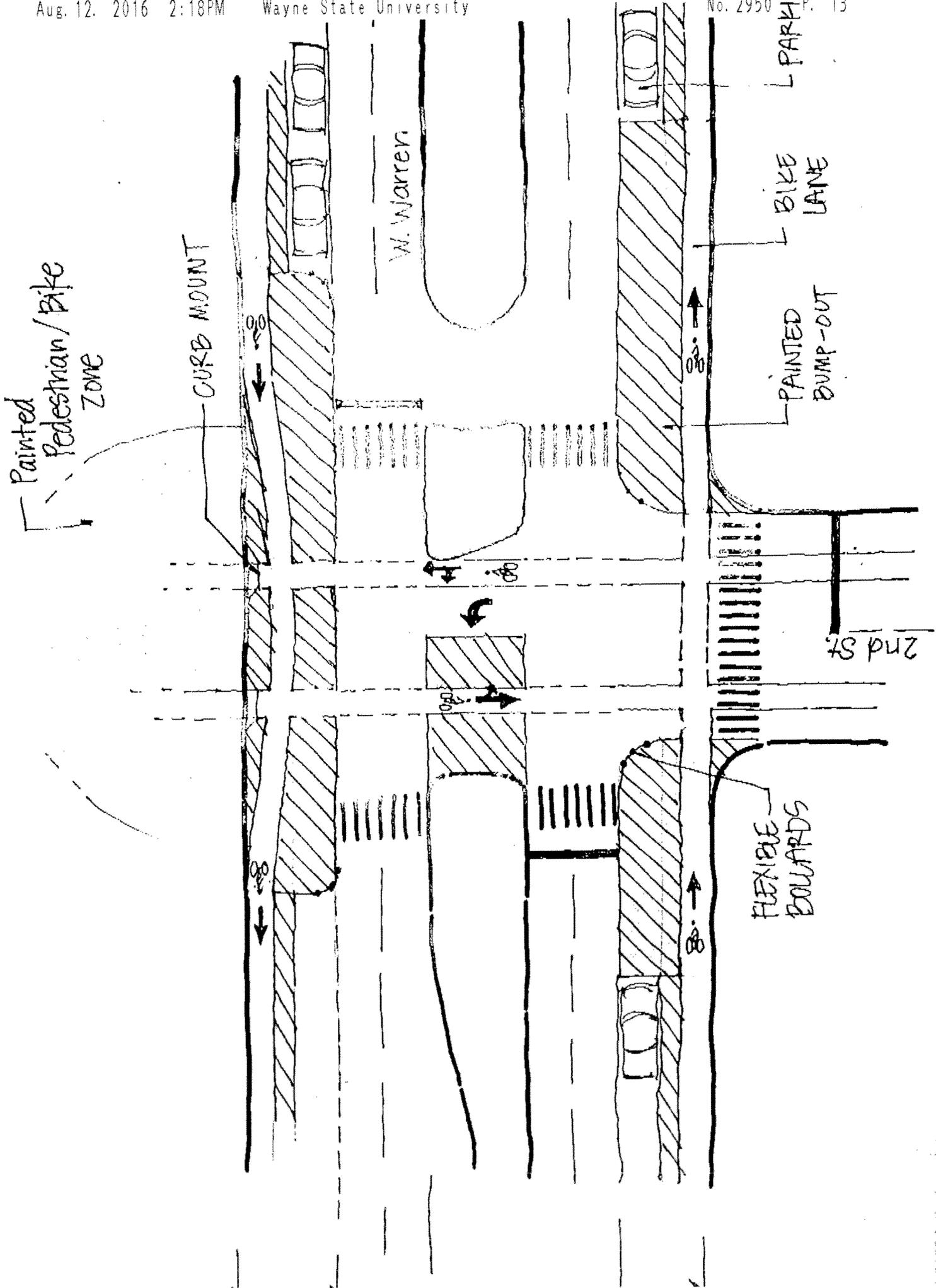
TECHTOWN CONFERENCE ROOMS				
THE HOIST		313-577-0439		
THE SHOWROOM		313-577-0810		
BAY 1		313-577-0487		
BAY 2		313-577-0459		
WORKBENCH		313-577-0474		
TOOL BOX		313-577-0481		
DYNO ROOM		313-577-0485		
WIND TUNNEL		313-577-0488		
COLLISION SHOP		313-577-0539		
PROVING GROUNDS		313-577-0813		
PHONE BOOTH 1		313-577-0614		
PHONE BOOTH 2		313-577-0616		
PHONE BOOTH 3		313-577-0632		
MAIN OFFICE		313-577-0012		



MARKET

STREETScape  
intervention

FULL SITE PLAN WILL BE COMPLETE AUGUST 23



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

### Request for Taxpayer Identification Number and Certification

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

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

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

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Other (see instructions) ▶ **Non-Profit / Public University**

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

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

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

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type  
See Specific instructions on page 2.

#### Part I Taxpayer Identification Number (TIN)

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

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

OR

Employer identification number

3	8	-	6	0	2	8	4	2	9
---	---	---	---	---	---	---	---	---	---

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

#### Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ▶ *Kenneth Doherty*

Date ▶ June 20, 2016

#### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
Future developments: Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/w9](http://www.irs.gov/w9).

#### Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

By signing the filled-out form, you:

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

Janice M. Winfrey  
City Clerk

City of Detroit  
OFFICE OF THE CITY CLERK

8

~~68~~

~~218~~

Vivian A. Hudson  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

Wednesday, August 31, 2016

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

---

**AMENDMENT**

Herewith, the following referral is a copy of Petition **1101**

---

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

**1101** *Ford Field, request to hold the "Lions Pregame Tailgate" on 8-18-16-, 9-1-16, 9-18-16, 10-9-16, 10-16-16, 10-23-16, 11-20-16, 11-24-16, 12-11-16, 1-1-17, and potential January playoff dates with temporary street closures on Brush St. and Adams.*

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

**PETITIONER IS AMENDING PETITION DUE TO:**

**Adding a zip line to the event.. See attached.**

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

Move to New Business - JA (30)



August 31, 2016

Ms. Janice Winfrey  
200 Coleman A. Young Municipal Center  
Detroit, MI 48226

Dear Ms. Winfrey:

This letter is to request an amendment to petition #1101 for the Lions Pregame Tailgates. In addition to the street closure that's already been approved, the Lions are requesting to place a Zip Line activity on Adams St between John R and Brush, which is included in the original footprint of the petition.

The zip line will start east of John R on Adams and run for about 200'. The starting tower is anchored by a truck and trailer, which has a footprint of 40'x8'x31' tall. The full length of the zip line will be barricaded with bike rack and staffed to ensure guests do not walk under the ride. There are pictures and a layout included in this packet.

The tailgate will start about three hours prior to the start of each game and end at kickoff of each game. For a 1p Sunday game the event will run 10a-1p. In addition to the zip line, the party will include various football related activities, live band performances and food and beverage sales. The dates of the tailgates include the following: September 18<sup>th</sup>, October 9<sup>th</sup>, 16<sup>th</sup>, and 23<sup>rd</sup>, November 20<sup>th</sup> and 24<sup>th</sup>, December 11<sup>th</sup>, and January 1<sup>st</sup>.

Please feel free to contact me with any questions regarding the request.

Sincerely,

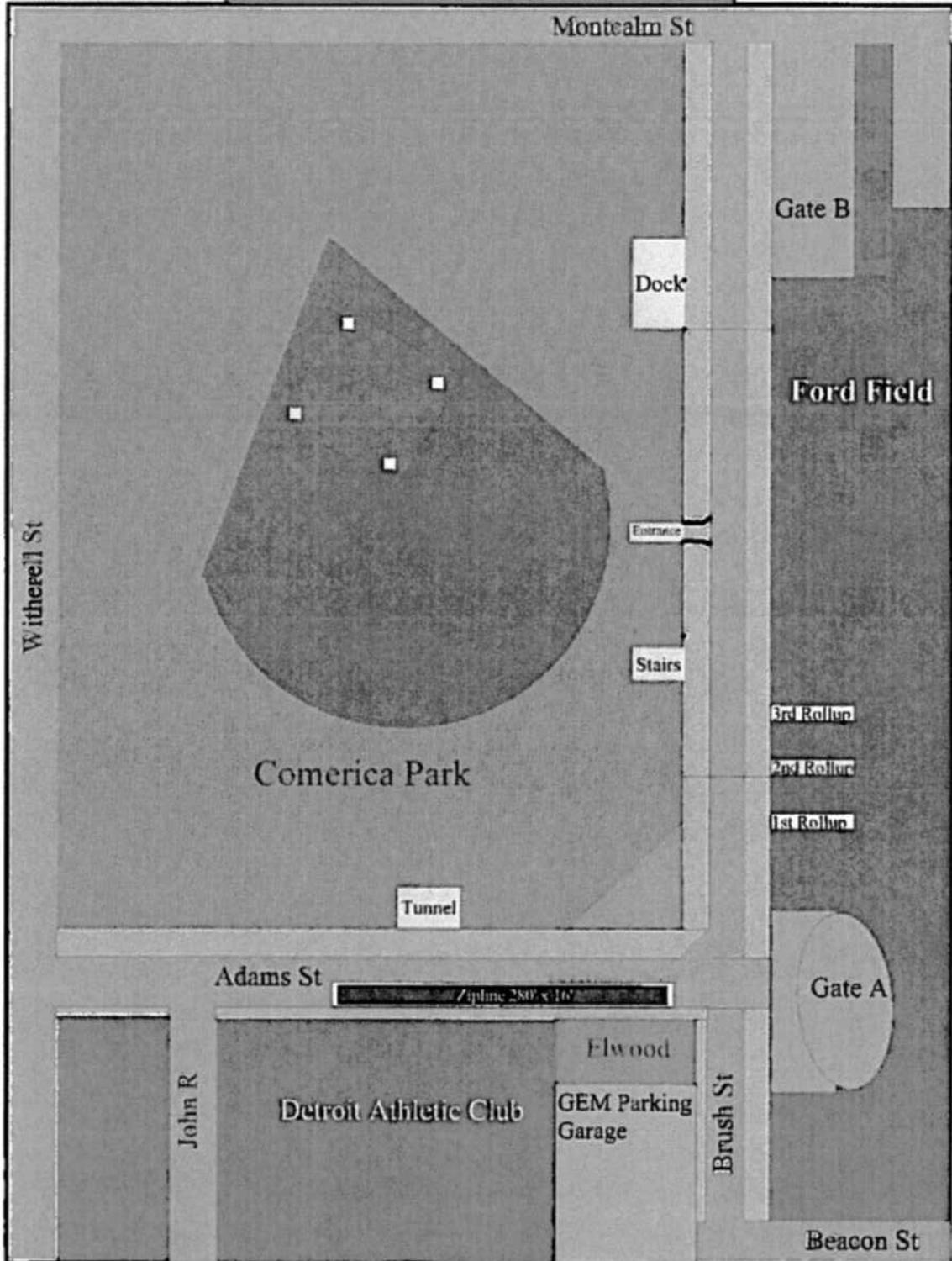
Kristen Dale  
Director of Operations

Attachment

**AMENDED**

CITY CLERK 2015 AUG 31 PM 4:50

# LIONS PREGAME TAILGATE



SuperGamesOff  
on



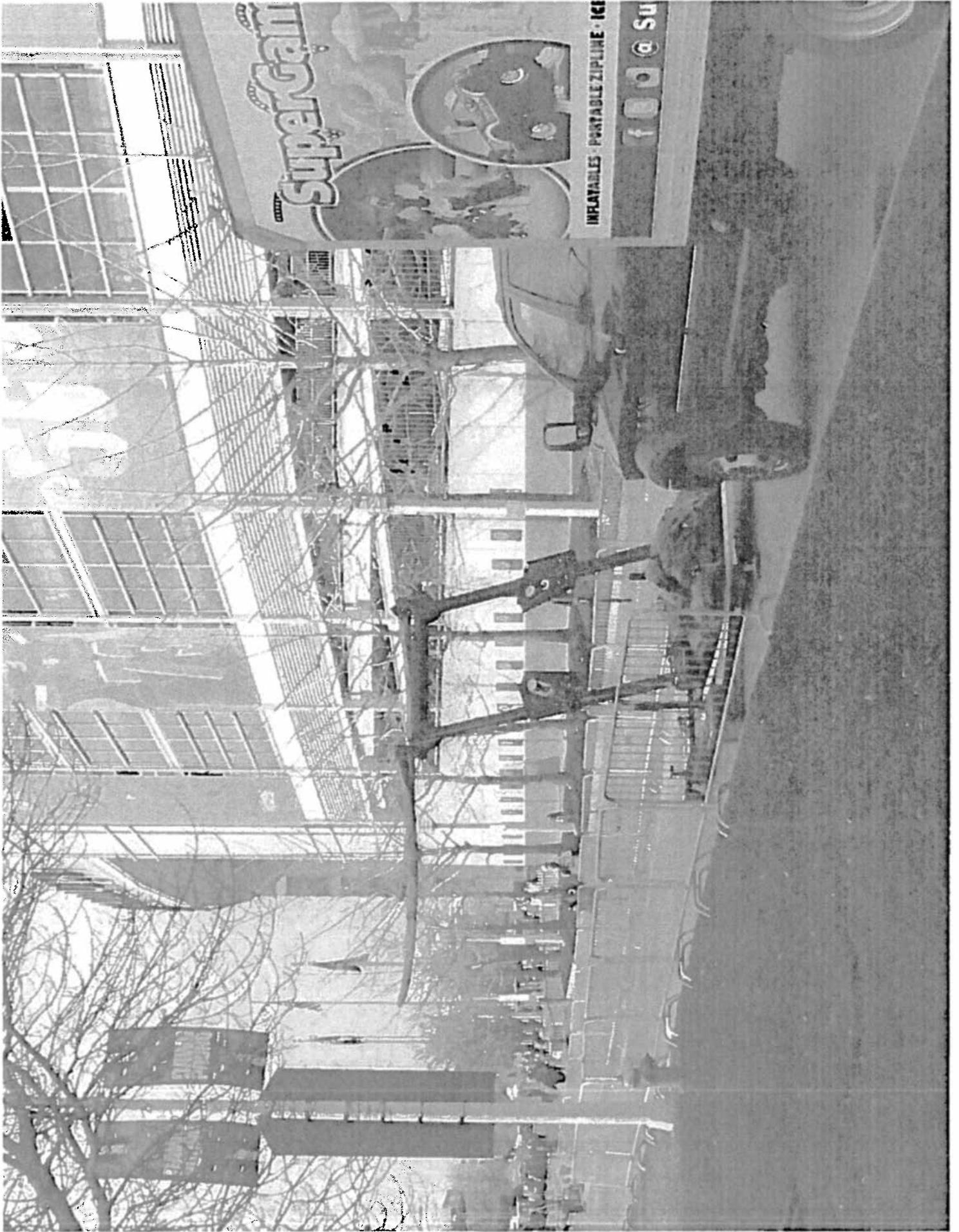
ends up to 25 mph  
Zip up to  
feet

Weight Limit  
Min - 45 lbs.  
Max - 250 lbs.

sgzip

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

4-846-8946



# City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Vivian A. Hudson  
Deputy City Clerk

## DEPARTMENTAL REFERENCE COMMUNICATION

*Thursday, April 21, 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  
BUSINESS LICENSE CENTER    BUILDINGS SAFETY ENGINEERING  
MUNICIPAL PARKING DEPARTMENT

**1101**    *Ford Field, request to hold the "Lions Pregame Tailgate" on 8-18-16-, 9-1-16, 9-18-16, 10-9-16, 10-16-16, 10-23-16, 11-20-16, 11-24-16, 12-11-16, 1-1-17, and potential January playoff dates with temporary street closures on Brush St. and Adams.*



April 15, 2016

Ms. Janice Winfrey  
200 Coleman A. Young Municipal Center  
Detroit, MI 48226

Dear Ms. Winfrey:

This letter is to request the closing of streets in front of Ford Field, (same streets that were closed for the same events in 2015). The streets are Brush between Montcalm and Beacon and Adams Street between Brush and John R. We would need these two streets closed on the following Detroit Lions home games: Thursday, August 18<sup>th</sup>, Thursday, September 1<sup>st</sup>, Sunday, September 18<sup>th</sup>, Sunday, October 9<sup>th</sup>, Sunday, October 16<sup>th</sup>, Sunday, October 23<sup>rd</sup>, Sunday, November 20<sup>th</sup>, Thursday, November 24<sup>th</sup>, Sunday, December 11<sup>th</sup> and Sunday, January 1<sup>st</sup>. There may also be the potential for playoff dates in January, but those will not be known until December.

The party will start about three hours prior to the start of each game and end at kickoff of each game. For a 1p Sunday game the event will run 10a-1p. The party will include various football related activities, live band performances and food and beverage sales.

Please feel free to contact me with any questions regarding the request.

Sincerely,

Kristen Dale  
Director of Operations

Attachment

2001

### 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 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: Lions Pregame Tailgate  
Event Location: Brush St and Adams St outside of Ford Field

#### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Ford Field  
Organization Mailing Address: 2000 Brush St, Suite 200 Detroit, MI 48226  
Business Phone: 313.262.2000 Business Fax:  
Federal Tax ID #

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

Applicant Name: Kristen Dale  
Title/Role: Director of Operations  
Email Address: Kristen.Dale@lions.nfl.net  
Mailing Address: 2000 Brush St, Suite 200 Detroit, MI 48226  
Business Phone: 313.262.2187 Business Fax:: 313.262.2649

Event On-Site Contact Person:  
Mailing Address: Ryan Marut, address same as above  
Business Phone: 313.262.2166 Business Fax: 313.262.2649

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

List Event Sponsors:

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

- Restricted Times for Parade in the Central Business District are: Monday - Friday 7:00 AM - 10:00 AM; Noon - 2:00 PM; 4:00 PM - 6:00 PM. And Special Events or Sporting Events.  
- Applicants must reimburse the City of Detroit for costs associated with their Special Event, including but not limited to Detroit Police Department, Detroit Fire Department, Detroit Public Works, Health & Wellness Department, Building & Safety and Business License.

What are the projected set-up, event and tear down dates and times (must be completed)? Setup will begin 4 hours prior to start each day. Tear down will be completed within 2 hours after the end of the game.

Begin Set-up Date & Time: \_\_\_\_\_ Complete Set-up Date & Time: \_\_\_\_\_

Event Start Date & Time: \_\_\_\_\_ Event End Date & Time: \_\_\_\_\_

Begin Tearing Down Date: \_\_\_\_\_ Complete Tear Down Date: \_\_\_\_\_

Event Times (If more than one day, give times for each day): (8.18, 4p-7:30p), (9.1, 4p-7:30p), (9.18 10a-1p), (10.9, 10a-1p), (10.16, 10a-1p), (10.23, 10a-1p), (11.20, 10a-1p), (11.24, 10a-1p), (12.11, 10a-1p), (1.1, 10a-1p), Potential Jan. Playoff Dates TBD

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? 2004, 2005, 2008-2015

When was the event last held in Detroit? 12/27/15

Where was the event last held in Detroit? same location - Brush and Adams outside of Ford Field

What were the hours last year? 10:30a-1p

Project Attendance This Year (Minimum - Maximum)? 5,000

What is the basis for your projected attendance? based on previous events

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? depends on Lions schedule

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

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> People   | <input type="checkbox"/> Balloons     |
| <input type="checkbox"/> Floats   | <input type="checkbox"/> Animals      |
| <input type="checkbox"/> Vehicles | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bands    |                                       |

If animals included, specify type, number and how used. n/a

Name of business supplying animal(s): \_\_\_\_\_

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

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

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

### Section 3- LOCATION/SITE INFORMATION

Location of Event: Brush St btwn Beacon and Montcalm; Adams St btwn John R and Brush

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
- Musicians
- Comedians
- Speakers
- Magician
- Story Telling
- Other: DJ

Describe the entertainment for this year's event: various local bands

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

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: during event times listed above

Will the event consist of a musical concert?  Yes  No

If yes, what type of music? (check all that apply)  
 Live  Recorded  Karaoke/Lip-synch

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

How many generators will be used? TBD

How will the generators be fueled? \_\_\_\_\_

Name of vendor providing generators: \_\_\_\_\_

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

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

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

**Section 5- COMMUNICATION/ADVERTISING STRATEGY**

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

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

Contact Info:

- Raffle (List Item(s):
- Billboards
- Posters
- Flyers
- Street Banners
- Other (specify): \_\_\_\_\_

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

**Section 6- SALES INFORMATION**

Will there be advanced ticket sales?  Yes  No

If yes, please describe: \_\_\_\_\_

Will there be on-site ticket sales?  Yes  No

If yes, list price(s): \_\_\_\_\_

Will food be sold?  Yes  No

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

Will merchandise be sold?  Yes  No

If yes, describe: t-shirts, hats, jerseys, other Lions merch \_\_\_\_\_

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

If yes, describe: \_\_\_\_\_

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

Will there be vending or sales?  Yes  No

If yes, check all that apply:

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

Indicate type of items to be sold: hot dogs, soda, water, beer, Lions merch

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

**Section 7- PUBLIC SAFETY & PARKING INFORMATION**

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

Contact Person: S.A.F.E. Management - Jon Seibt

Address: 2000 Brush St Phone: 313.262.2273

City/State/Zip: Detroit, MI 48226

Number of Private Security Personnel Hired Per Shift: TBD

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

- Licensed  Armed  Bonded

Describe the emergency evacuation plan: Ford Field has evac plan on file with DPD and DFD

Describe the parking plan to accommodate anticipated attendance: all parking lots around stadium will be open. Directional signage and traffic directors will be on site

How will you advise attendees of parking options? website, traffic directors,

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)?

Event is open to the public. Peds are welcome to walk through. Security will be on site to ensure safety of guests.

Have local neighborhood groups/businesses approved your event?

Yes  No

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

**contact via phone and email**

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?

\_\_\_\_\_  
N/A

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.

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: In House Staff to collect and use our in house equipment (trash liners)

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

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

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

Name of company providing emergency medical services?

Contact Person: Superior

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

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

Name of company providing porta-johns. TBD

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

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

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

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

Name of private catering company? Levy Restaurants

Contact Person: Tony Thomas

Address: 2000 Brush St

Phone: 313.262.2367

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: Brush St

FROM Beacon

TO

Montcalm

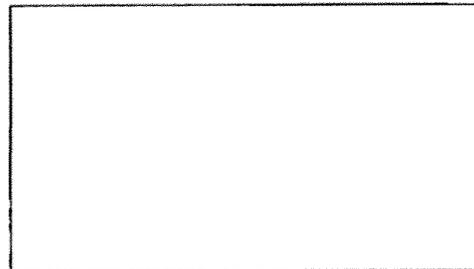
Closure Dates: each event day

Beg. Time: 4 hours prior to start time

End Time: \_\_\_\_\_

Reopen Date: 2 hours after the end of Lions game

Time: \_\_\_\_\_



**STREET NAME:** Adams St  
**FROM** Brush  
**TO** John R  
**Closure Dates:** each event day  
**Beg. Time:** 4 hours prior to start time  
**End Time:** \_\_\_\_\_  
**Reopen Date:** \_\_\_\_\_  
**Time:** 2 hours after end of Lions game

**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  
 Electrical Services

Light pole  
 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.

*Kristin Dale*

*4-15-16*

Signature of Applicant

Date

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

## PERMIT

Honorable City Council:

To your Committee of the Whole was referred Petition of Ford Field (#1101), to hold the "Lions Pregame Tailgate." After consultation with the Mayor's Office and careful consideration of the request, your Committee recommends that same be granted in accordance with the following resolution.

Respectfully submitted,

AYERS

Vice - Chairperson

By Council Member Janee Ayers:

Resolved, That subject to approval of the Buildings Safety Engineering & Environmental, Business License Center, DPW-City Engineering Division, Fire, Municipal Parking and Police Departments, permission be and is hereby granted to Ford Field (#1101), to hold the "Lions Pregame Tailgate" on 8-18-16, 9-1-16, 9-18-16, 10-9-16, 10-16-16, 10-23-16, 11-20-16, 11-24-16, 12-11-16, 1-1-17, and potential January playoff dates with temporary street closures on Brush St. and Adams.

Resolved, That the Buildings Safety Engineering & Environmental Department is hereby authorized and directed to waive the zoning restrictions on said property during the period of the festival, and further

Provided, That the sale of food and soft drinks is held under the direction and inspection of the Health Department, and further

Provided, That permission for the sale of alcoholic beverages is granted contingent upon petitioner obtaining approval of the Michigan Liquor Control Commission and complying with applicable City ordinances in connection with this activity, and further

Provided, That the required permits be secured should any tents or temporary installations such as Liquefied Petroleum Gas Systems be used, and further

Provided, That the site be returned to its original condition at the termination of its use, and further

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

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

#62

ADOPTED AS FOLLOWS  
COUNCIL MEMBERS

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

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Provided, That the site be returned to its original condition at the termination of its use, and further

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

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

#102

ADOPTED AS FOLLOWS  
COUNCIL MEMBERS

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

(14)  
62  
29

### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1101 Event Name: Lions Pre-game Tailgate

Event Date: Home Game Dates

Street Closure: \_\_\_\_\_

Organization Name: Ford Field

Street Address: 2000 Brush St., Sute 200 Detroit, MI 48226

Receipt date of the <b>COMPLETED</b> Special Events Application:	April 21, 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)

Request to close the streets in front of Ford Field: Brush between Montcalm and Beacon and Adams between Brush and John R. for all Detroit Lions Home games. The per-game party will begin 3 hours prior to the game and will end at game time.

**\*\* 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"/>	Event applicant has contracted with Superior Ambulance to provide Medical Coverage at facility. EMS approves the application as written and presented.
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW permit required for each game
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ENTERED MAY 13 2016 *Approve*

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barricades and detour sign to be posted
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No permitting required as presented
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No objections
	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: \_\_\_\_\_

# City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Vivian A. Hudson  
Deputy City Clerk

## DEPARTMENTAL REFERENCE COMMUNICATION

*Thursday, April 21, 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  
BUSINESS LICENSE CENTER    BUILDINGS SAFETY ENGINEERING  
MUNICIPAL PARKING DEPARTMENT

**1101**    *Ford Field, request to hold the "Lions Pregame Tailgate" on 8-18-16-, 9-1-16, 9-18-16, 10-9-16, 10-16-16, 10-23-16, 11-20-16, 11-24-16, 12-11-16, 1-1-17, and potential January playoff dates with temporary street closures on Brush St. and Adams.*



April 15, 2016

Ms. Janice Winfrey  
200 Coleman A. Young Municipal Center  
Detroit, MI 48226

Dear Ms. Winfrey:

This letter is to request the closing of streets in front of Ford Field, (same streets that were closed for the same events in 2015). The streets are Brush between Montcalm and Beacon and Adams Street between Brush and John R. We would need these two streets closed on the following Detroit Lions home games: Thursday, August 18<sup>th</sup>, Thursday, September 1<sup>st</sup>, Sunday, September 18<sup>th</sup>, Sunday, October 9<sup>th</sup>, Sunday, October 16<sup>th</sup>, Sunday, October 23<sup>rd</sup>, Sunday, November 20<sup>th</sup>, Thursday, November 24<sup>th</sup>, Sunday, December 11<sup>th</sup> and Sunday, January 1<sup>st</sup>. There may also be the potential for playoff dates in January, but those will not be known until December.

The party will start about three hours prior to the start of each game and end at kickoff of each game. For a 1p Sunday game the event will run 10a-1p. The party will include various football related activities, live band performances and food and beverage sales.

Please feel free to contact me with any questions regarding the request.

Sincerely,

Kristen Dale  
Director of Operations

Attachment

### 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 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: Lions Pregame Tailgate  
Event Location: Brush St and Adams St outside of Ford Field

#### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Ford Field  
Organization Mailing Address: 2000 Brush St, Suite 200 Detroit, MI 48226  
Business Phone: 313.262.2000 Business Fax:  
Federal Tax ID #

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

Applicant Name: Kristen Dale  
Title/Role: Director of Operations  
Email Address: Kristen.Dale@lions.nfl.net  
Mailing Address: 2000 Brush St, Suite 200 Detroit, MI 48226  
Business Phone: 313.262.2187 Business Fax:: 313.262.2649

Event On-Site Contact Person:  
Mailing Address: Ryan Marut, address same as above  
Business Phone: 313.262.2166 Business Fax: 313.262.2649

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

List Event Sponsors:

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

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

**- Restricted Times for Parade in the Central Business District are: Monday – Friday 7:00 AM – 10:00 AM; Noon – 2:00 PM; 4:00 PM – 6:00 PM. And Special Events or Sporting Events.**

**- Applicants must reimburse the City of Detroit for costs associated with their Special Event, including but not limited to Detroit Police Department, Detroit Fire Department, Detroit Public Works, Health & Wellness Department, Building & Safety and Business License.**

**What are the projected set-up, event and tear down dates and times (must be completed)?** Setup will begin 4 hours prior to start each day. Tear down will be completed within 2 hours after the end of the game.

Begin Set-up Date & Time: \_\_\_\_\_ Complete Set-up Date & Time: \_\_\_\_\_

Event Start Date & Time: \_\_\_\_\_ Event End Date & Time: \_\_\_\_\_

Begin Tearing Down Date: \_\_\_\_\_ Complete Tear Down Date: \_\_\_\_\_

Event Times (If more than one day, give times for each day): (8.18, 4p-7:30p), (9.1, 4p-7:30p), (9.18 10a-1p), (10.9, 10a-1p), (10.16, 10a-1p), (10.23, 10a-1p), (11.20, 10a-1p), (11.24, 10a-1p), (12.11, 10a-1p), (1.1, 10a-1p), Potential Jan. Playoff Dates TBD

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? 2004, 2005, 2008-2015

When was the event last held in Detroit? 12/27/15

Where was the event last held in Detroit? same location - Brush and Adams outside of Ford Field

What were the hours last year? 10:30a-1p

Project Attendance This Year (Minimum - Maximum)? 5,000

What is the basis for your projected attendance? based on previous events

**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? depends on Lions schedule

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

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> People   | <input type="checkbox"/> Balloons     |
| <input type="checkbox"/> Floats   | <input type="checkbox"/> Animals      |
| <input type="checkbox"/> Vehicles | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bands    |                                       |

If animals included, specify type, number and how used. n/a

Name of business supplying animal(s): \_\_\_\_\_

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

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

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

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Brush St btwn Beacon and Montcalm; Adams St btwn John R and Brush

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  
 Musicians  
 Comedians  
 Speakers
- Magician  
 Story Telling  
 Other: DJ

Describe the entertainment for this year's event: various local bands

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

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: during event times listed above

Will the event consist of a musical concert?  Yes  No

If yes, what type of music? (check all that apply)  
 Live  Recorded  Karaoke/Lip-synch

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

How many generators will be used? TBD

How will the generators be fueled? \_\_\_\_\_

Name of vendor providing generators: \_\_\_\_\_

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

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

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

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

## Section 5- COMMUNICATION/ADVERTISING STRATEGY

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

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

Contact Info:

- Raffle (List Item(s)):  
 Billboards  
 Posters  
 Flyers  
 Street Banners  
 Other (specify): \_\_\_\_\_

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

**Section 6- SALES INFORMATION**

Will there be advanced ticket sales?  Yes  No

If yes, please describe:

Will there be on-site ticket sales?  Yes  No

If yes, list price(s):

Will food be sold?  Yes  No

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

Will merchandise be sold?  Yes  No

If yes, describe: t-shirts, hats, jerseys, other Lions merch

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

If yes, describe:

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

Will there be vending or sales?  Yes  No

If yes, check all that apply:

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

Indicate type of items to be sold: hot dogs, soda, water, beer, Lions merch

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

**Section 7- PUBLIC SAFETY & PARKING INFORMATION**

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

Contact Person: S.A.F.E. Management - Jon Seibt

Address: 2000 Brush St

Phone: 313.262.2273

City/State/Zip: Detroit, MI 48226

Number of Private Security Personnel Hired Per Shift: TBD

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

- Licensed
- Armed
- Bonded

Describe the emergency evacuation plan: Ford Field has evac plan on file with DPD and DFD

Describe the parking plan to accommodate anticipated attendance: all parking lots around stadium will be open. Directional signage and traffic directors will be on site

How will you advise attendees of parking options? website, traffic directors,

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)?

Event is open to the public. Peds are welcome to walk through. Security will be on site to ensure safety of guests.

Have local neighborhood groups/businesses approved your event?

Yes  No

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

contact via phone and email

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	N/A
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.

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: In House Staff to collect and use our in house equipment (trash liners)

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

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

Name of company providing emergency medical services?

Contact Person: Superior

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

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

Name of company providing porta-johns. TBD

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

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

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

Name of private catering company? Levy Restaurants

Contact Person: Tony Thomas

Address: 2000 Brush St Phone: 313.262.2367

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: Brush St

FROM Beacon  
TO Montcalm

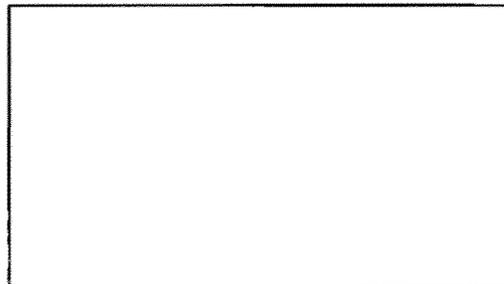
Closure Dates: each event day

Beg. Time: 4 hours prior to start time

End Time: \_\_\_\_\_

Reopen Date: 2 hours after the end of Lions game

Time: \_\_\_\_\_



**STREET NAME:** Adams St

**FROM** Brush

**TO** John R

**Closure Dates:** each event day

**Beg. Time:** 4 hours prior to start time

**End Time:** \_\_\_\_\_

**Reopen Date:** \_\_\_\_\_

**Time:** 2 hours after end of Lions game

**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

Electrical Services

Light pole

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.

*Kristen Dale*

*4.15.16*

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Signature of Applicant

Date

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

9 ~~10~~ ~~11~~

CITY CLERK 2016 AUG 19 PM 12:10

### MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1136 Event Name: Step Out: Walk to Stop Diabetes

Event Date: September 17, 2016

Street Closure: \_\_\_\_\_

Organization Name: American Diabetes Association

Street Address: 300 Galleria, Southfield MI 48034

Receipt date of the <b>COMPLETED</b> Special Events Application:	May 11, 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)

Fundraising walk to stop diabetes

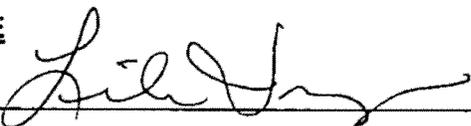
**\*\* ALL permits and license requirements must be fulfilled for an approval status \*\***

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Police assisted event - walk will take place on the sidewalks
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No private medical service 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 08 2015 *Send to New Business*

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will assist the walk - 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"/>	No 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: 8-3-16

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

Janice M. Winfrey  
City Clerk

Vivian A. Hudson  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Wednesday, May 11, 2016*

*To: The Department or Commission Listed Below*

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

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

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

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

**1136**    *American Diabetes Association, request to hold "Step Out: Walk to Stop Diabetes" at Comerica Park and surrounding area on September 17, 2016 from 8:30am to 1:00pm with temporary street closures.*



**American Diabetes Association**

300 Galleria Officentre, Suite 111  
Southfield, MI 48034

**Phone:** (248) 433-3830

**Fax:** (248) 352-0261

Or toll free at 1-888-DIABETES

My Extension is: 6699

FAX

To: Andre Gilbert  
Fax: (313) 224-2075  
Phone: 313 224 2019  
Re: Special Event Permit

From: Kara Gazarek  
Pages: 8 F/B  
Date: 5/10/16  
CC: \_\_\_\_\_

kgazarek@diabetes.org

Urgent

Please Reply

For Review

**Comments:**

Special Permit Application to hold  
Stop Out: Walk to Stop Diabetes.  
Saturday, September 17  
Comerica Park ? 1.5 mile walk @ Detroit  
6am-Setup 8:30am-Reg Opens  
10am-Walk Begins  
12pm-Event Concludes  
1pm-Tear Down Complete

The mission of the American Diabetes Association is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

For more information on diabetes, or the programs and services of the American Diabetes Association please call: 1-888-DIABETES (342-2383) or visit us at [www.diabetes.org](http://www.diabetes.org).

### 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: Step Out: Walk to Stop Diabetes  
Event Location: Comerica Park & surrounding area

#### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: American Diabetes Association  
Organization Mailing Address: 300 Galleria Officentre Ste III  
Southfield, MI 48034  
Business Phone: (248) 433-3830 Business Fax: (248) 352-0261  
Federal Tax ID # 13-1623888

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

Applicant Name: Kara Gazarek  
Title/Rolc: Manager, Development  
Email Address: kgazarek@diabetes.org  
Mailing Address: 300 Galleria Officentre Ste. III Southfield, MI 48034  
Business Phone: (248) 433-3830 x 6699 Business Fax: (248) 352-0201

Event On-Site Contact Person:  
Mailing Address: Kara Gazarek  
Business Phone: (248) 433-3830 x 6699 Business Fax: (248) 352-0201

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

List Event Sponsors: Kroger, Meijer, WYCD

#### 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: \_\_\_\_\_

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

Begin Set-up Date & Time: 9/17/16 6:00am Complete Set-up Date & Time: 9/17/16 8:30am

Event Start Date & Time: 9/17/16 8:30am Event End Date & Time: 9/17/16 1:00pm

Begin Tearing Down Date: 9/17/16 Complete Tear Down Date: 9/17/16

Event Times (If more than one day, give times for each day): one day event - 9/17/16 6:00am-1:00pm

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)? 2,000 - 2,500

What is the basis for your projected attendance? Step Out: Walk has been held for several years at the Detroit Zoo. Last year's attendance was 2,200.

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? yes

If a parade is planned. Indicate elements (check all that apply): no parade

People  Balloons

Floats  Animals

Vehicles  Other: \_\_\_\_\_

Bands

If animals included, specify type, number and how used. no animals

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Comerica Park & surrounding area

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

*- Opening & Closing Ceremony / Event Activity will take place in Comerica Park.*

**Section 4- ENTERTAINMENT**

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

- Singers or DJ
- Musicians
- Comedians
- Magician
- Story Telling
- Other: \_\_\_\_\_

Describe the entertainment for this year's event: Main Stage with either live music or DJ at Comerica Park.

List proposed entertainers and/or bands performing at the event: WYCD provides their own band or we will hire a DJ.

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: \_\_\_\_\_

Comerica will provide

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

Comerica will provide

How will the generators be fueled? \_\_\_\_\_

Comerica will provide

Name of vendor providing generators: \_\_\_\_\_

Contact Person: Jill Baran - Comerica Park Mgr Events & Guest Svs.

Address: 2100 Woodward Ave/Detroit Phone: (313)471-2403

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): WYCD

Television (Specific stations): Fox 2

Newspapers (specify papers): local Metro Detroit Ads

Web site (identify web address): diabetes.org/stepoutdetroit

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers ADA posters

Street Banners ADA banners DOE

Other (specify):

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

**Section 6- SALES INFORMATION**

Will there be advanced ticket sales?  Yes  No

No tickets-  
Advance registration online

Will there be on-site ticket sales?  Yes  No

Registration at gates on-site

Will food be sold?  Yes  No

Food will be donated by Kroger

Will merchandise be sold?  Yes  No

Merchandise will be given out for fundraising

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

If yes, describe: All proceeds will go to the American Diabetes Association

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

American Diabetes Association

Will there be vending or sales?  Yes  No

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Other (specify):

Indicate type of items to be sold:

None

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

Exclusive- Sponsors Only

**Section 7- PUBLIC SAFETY & PARKING INFORMATION**

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

Contact Person: Jill Baran- Mgr Special Events @ Comerica

Address: 2100 Woodward Phone: (313) 471-2403

City/State/Zip: Detroit, MI 48201

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: Will Follow Comerica's evac plan

Describe the parking plan to accommodate anticipated attendance: Comerica's parking

How will you advise attendees of parking options? Email, mail, phone

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)?

pedestrian traffic / parking

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

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

Contact prior to event to notify & gain approval

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

Will talk to Jill to get a list of surrounding businesses

**Section 9- EVENT SET-UP**

Complete the appropriate categories that apply to the event.

Structure \_\_\_\_\_

How Many? 75 volunteers

Size/Height \_\_\_\_\_

Booth \_\_\_\_\_ →

Tent (enclosed on 3 sides) \_\_\_\_\_ →

Canopy (open on all sides) \_\_\_\_\_ →

Staging/Scaffolding \_\_\_\_\_ →

Reg Area (outside Comerica Main gate)

10x50 tent, 8 tables

10x30 tent - 4 tables

10x10 tent, 2 tables

T-shirt Area (concourse of Comerica)

10x20 tent - 5 tables

Main stage (concourse of Comerica)

stage & 30 chairs

Team Tents (inside concourse of Comerica)

2 10x20 tents - 8 tables

5 10x10 tents - 10 tables

Bleachers no

Company: TBD

Grill no  
 Gas       Charcoal       Electrical       Propane

Fireworks (Pyrotechnics) no  
 Aerial       Stage

Provide Sketch: no

Portable Restrooms: no  
 Standard       ADA Accessible

Vehicles 1 1 vehicle used to pick up walkers if necessary

Type/Weight: no

Other: no

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: Jill Baran - Comerica Mgr Events & Guest Svcs

Address: 2100 Woodward Ave Phone: (313)471-2403

City/State/Zip: Detroit, MI 48201

Name of company providing emergency medical services?

Contact Person: We will have medical volunteers on site. However,

Address: each participant will sign a waiver to participate

City/State/Zip: & a waiver to receive medical attention from

Name of company providing porta-johns. medical volunteers.

Contact Person: NO

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

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

Name of private catering company? NO

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

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

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

**SPECIAL USE REQUESTS**

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

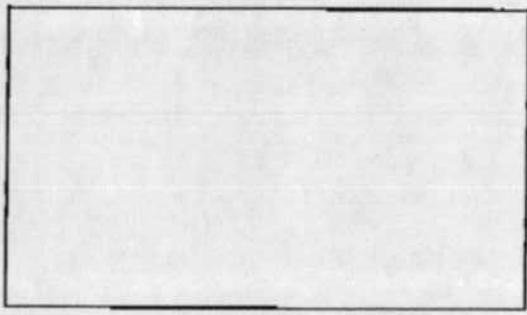
No closures needed

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

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

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

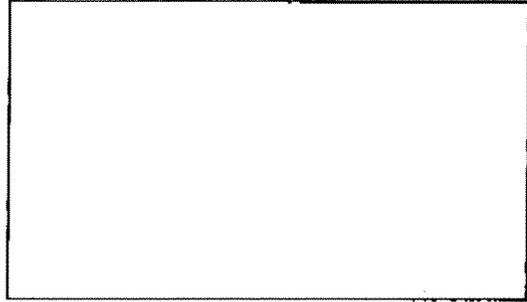
Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_



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

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

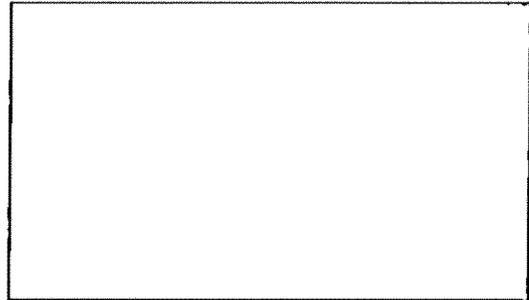
Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_



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

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

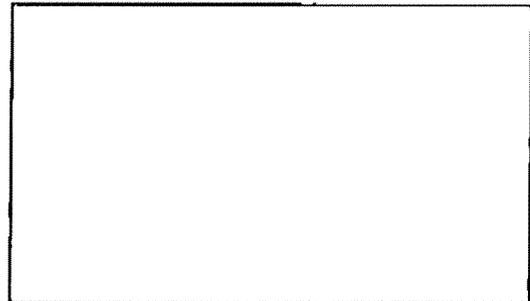
Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_



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

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

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_



Requested City Equipment no

Provided In: \_\_\_\_\_ (year)

Current Request: \_\_\_\_\_ (year)

Street Closures:

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

Barricades are not available from the City of Detroit.

**ADDITIONAL INFORMATION**

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

Please see attached for street map.

**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.

Kara Gazarek 5/10/16  
Signature of Applicant Date

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

**HOLD HARMLESS AND INDEMNIFICATION**

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

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

**(Please Print)**

Event Name: Step Out: Walk to Stop Diabetes Event Date: 9/17/16  
Event Organizer: Kara Gazarek  
Applicant Signature: Kara Gazarek Date: 5/10/16

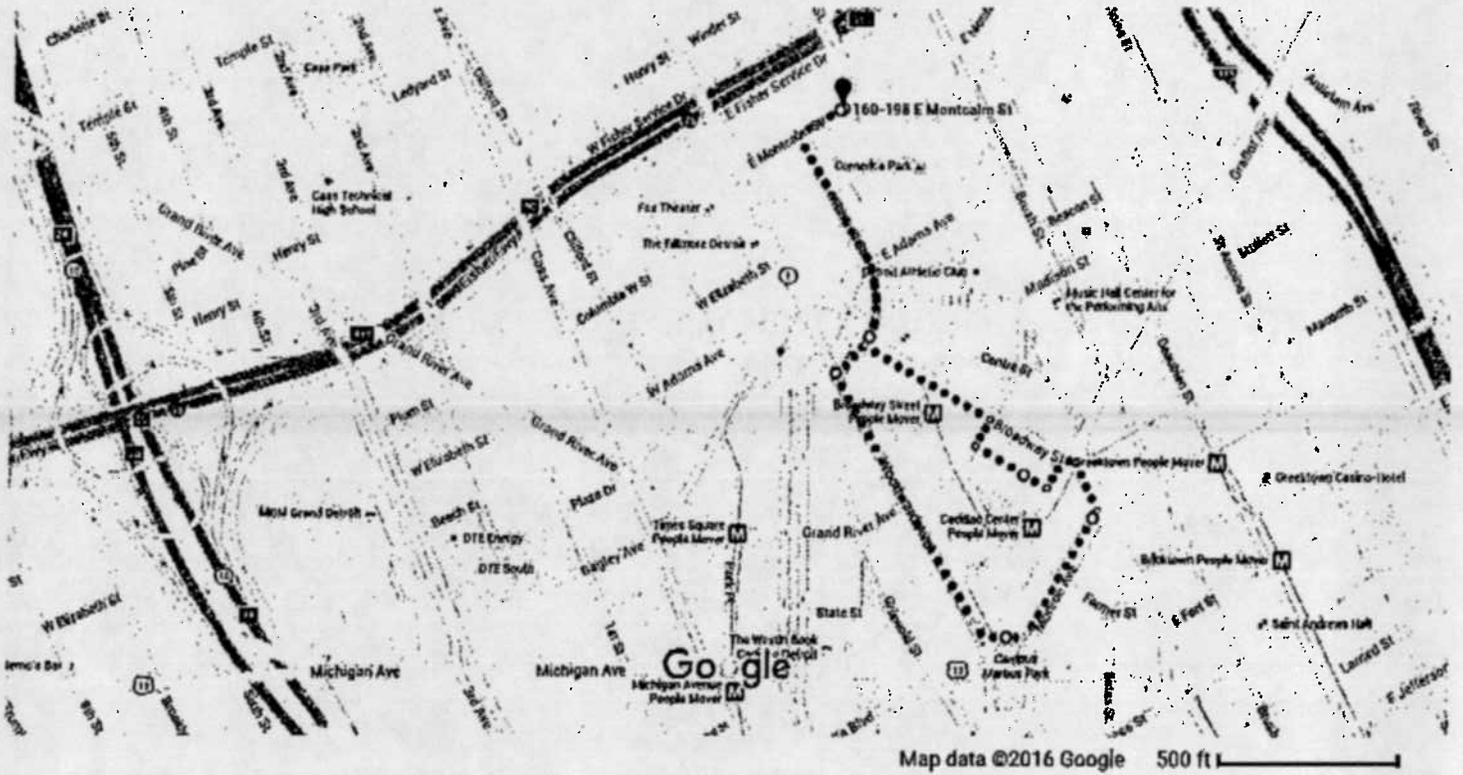
\_\_\_\_\_

Google Maps

160-198 E Montcalm St, Detroit, MI 48226 to  
160-198 E Montcalm St, Detroit, MI 48226

Walk 1.5 miles, 30 min

2016 Step Out: Walk to Stop Diabetes Proposed Map

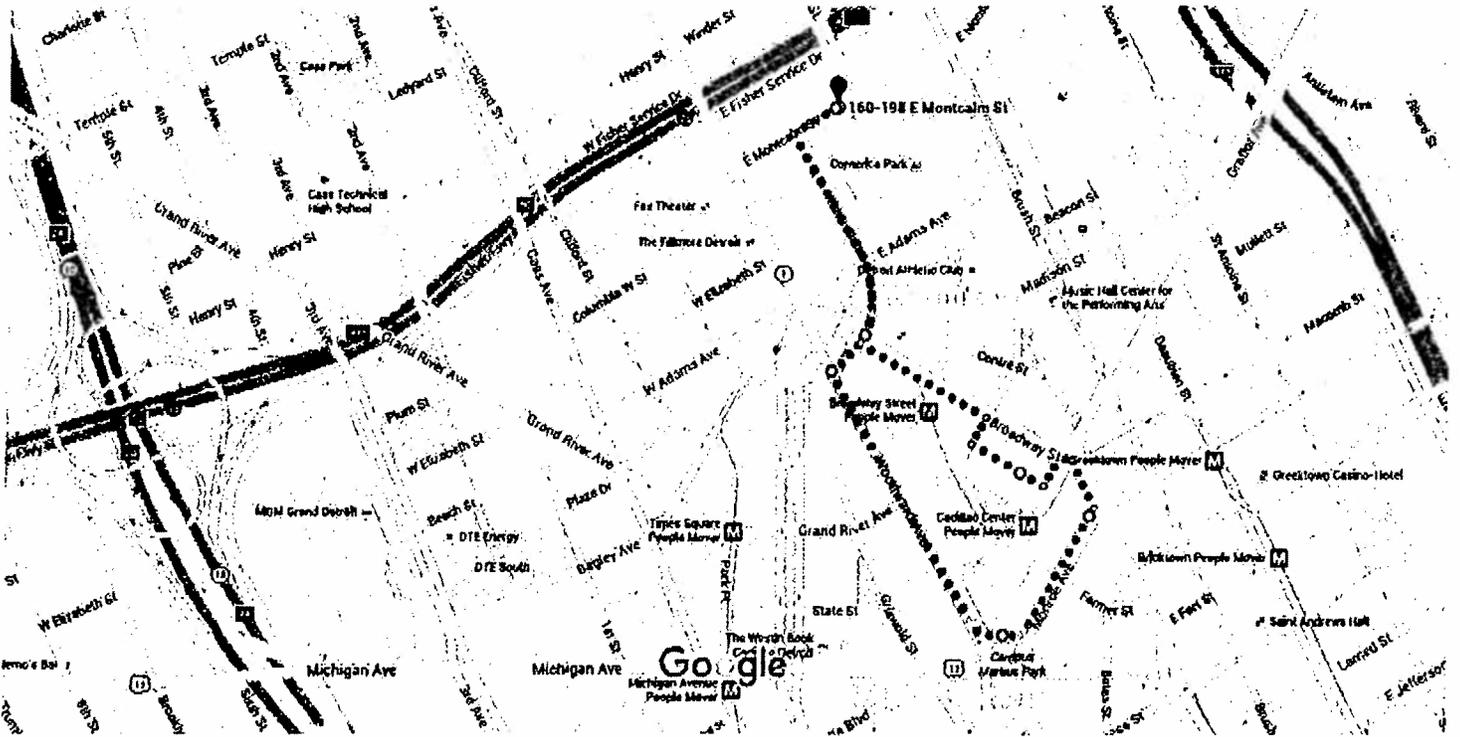


Google Maps

160-198 E Montcalm St, Detroit, MI 48226 to  
160-198 E Montcalm St, Detroit, MI 48226

Walk 1.5 miles, 30 min

2016 Step Out: Walk to Stop Diabetes Proposed Map



Map data ©2016 Google 500 ft

### 160-198 E Montcalm St

Use caution - may involve errors or sections not suited for walking

Detroit, MI 48226

- ↑ 1. Head southwest on E Montcalm St toward Witherell St 266 ft
- ↶ 2. Turn left onto Witherell St 0.2 mi
- ↷ 3. Slight right to stay on Witherell St 404 ft
- ↶ 4. Turn left onto Woodward Ave  
▲ Parts of this road may be closed at certain times or days 0.3 mi
- ↷ 5. Slight left to stay on Woodward Ave  
▲ Parts of this road may be closed at certain times or days 312 ft
- ↶ 6. Turn left onto Monroe Ave 0.1 mi
- ↶ 7. Turn left onto Randolph Street 282 ft
- ↶ 8. Turn left onto Broadway St 69 ft
- ↶ 9. Turn left onto Gratiot Ave 174 ft
- ↷ 10. Turn right onto The Belt 453 ft
- ↷ 11. Turn right onto E Grand River Ave 161 ft
- ↶ 12. Turn left onto Broadway St 0.1 mi
- ↷ 13. Turn right onto Witherell St 0.2 mi
- ↷ 14. Turn right onto E Montcalm St 279 ft

### 160-198 E Montcalm St

Detroit, MI 48226

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

~~No food/bev~~

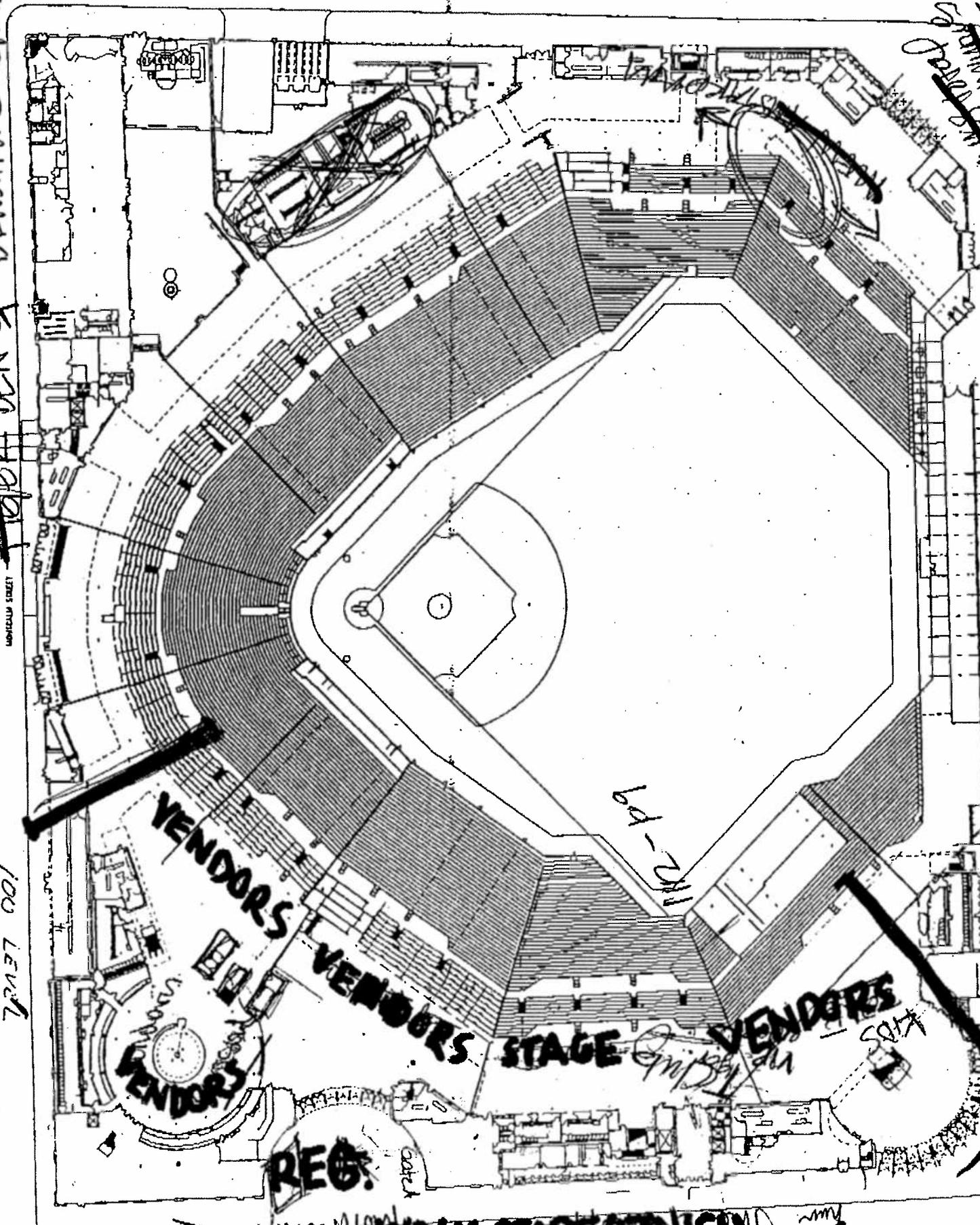
~~Outside catering~~

Vendors open

~~Sponsor's~~  
in-kind ~~donat~~

~~100 LEVEL~~  
~~100 LEVEL~~  
100 LEVEL

~~100 LEVEL~~  
~~100 LEVEL~~  
100 LEVEL



~~WALK START/END~~

OLYMPIA DEVELOPMENT OF MICHIGAN

# TIGERS GAMES AT COMERICA PARK 2016 SEASON PARKING MAP

OLYMPIA DEVELOPMENT OF MICHIGAN

\*\*\*Avallibility of Lots & Rates are Subject to Change based on avallibility & other events in the area\*\*\*

### MAP KEY

- \$25 MONDAY-SUNDAY
- \$15-\$20 MONDAY-SUNDAY
- \$15 MONDAY-SUNDAY
- \$10-\$15 MONDAY-SUNDAY
- ♿ HANDICAP PARKING ONLY
- PARKING UNAVAILABLE

### PARKING NOTICE:

ALL LOTS ARE CASH ONLY DAY OF GAME & PRESALE / SEASON PARKING PASSES ARE AVAILABLE ONLINE AT TIGERS.COM

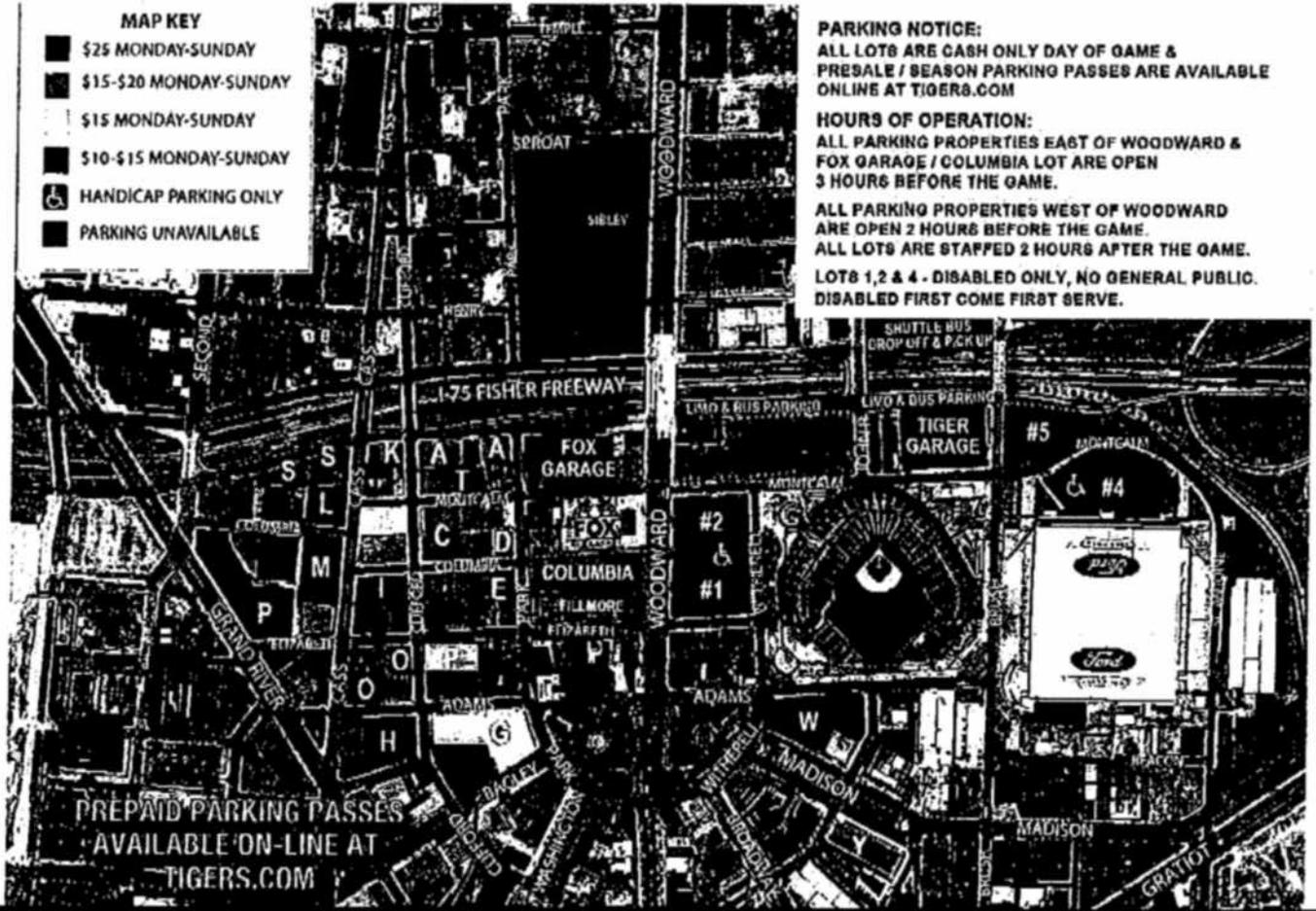
### HOURS OF OPERATION:

ALL PARKING PROPERTIES EAST OF WOODWARD & FOX GARAGE / COLUMBIA LOT ARE OPEN 3 HOURS BEFORE THE GAME.

ALL PARKING PROPERTIES WEST OF WOODWARD ARE OPEN 2 HOURS BEFORE THE GAME.

ALL LOTS ARE STAFFED 2 HOURS AFTER THE GAME.

LOTS 1, 2 & 4 - DISABLED ONLY, NO GENERAL PUBLIC. DISABLED FIRST COME FIRST SERVE.



PREPAID PARKING PASSES  
AVAILABLE ON-LINE AT  
TIGERS.COM



**OFFICE OF CONTRACTING  
AND PROCUREMENT**

September 1, 2016

HONORABLE CITY COUNCIL:

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

6000287      **REVENUE** – 100% City Funding – To Provide Leasing of Chene Park Amphitheatre, located at 2600 East Atwater, Detroit, Michigan – Contractor: Soul Circus, Inc., Location: 230 Peachtree Street NW, Suite 2000, Atlanta, Georgia 30303 – Contract Period: September 6, 2016 through September 28, 2016 – Total Contract Amount: \$25,000.00. **RECREATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Finance Department/Purchasing Division

**BY COUNCIL MEMBER** \_\_\_\_\_ **SHEFFIELD**

**RESOLVED**, that Contract No. 6000287 referred to in the foregoing communication dated September 1, 2016, be hereby and is approved.

ENTERED SEP 08 2015 - *Send to New Business*



**OFFICE OF CONTRACTING  
AND PROCUREMENT**

September 1, 2016

HONORABLE CITY COUNCIL:

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

TRO-01934 100% Federal Funding – To Provide a Physical Fitness Instructor – Contractor: Troy Miller, Location: 8818 West Outer Drive, Detroit, MI 48219 – Contract Period: September 1, 2016 through June 30, 2017– \$20.00 per hour – Total Contract Amount: \$2,400.00. **RECREATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Finance Department/Purchasing Division

**BY COUNCIL MEMBER** \_\_\_\_\_ **SHEFFIELD**

**RESOLVED**, that Contract No. TRO-01934 referred to in the foregoing communication dated September 1, 2016, be hereby and is approved.

ENTERED SEP 08 2015

*Send to New Business*

**FINANCE DEPARTMENT  
PURCHASING DIVISION**

July 14, 2016

HONORABLE CITY COUNCIL:

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

6000164      100% City Funding – To Provide Daily Operation, Programming and Maintenance Services for the Northwest Community Program – Contractor: Northwest Community Programs Inc., Location: 18100 Meyers, Main Level, Detroit, MI 48235 – Contract Period: Upon City Council Approval through June 30, 2017 – Total Contract Amount: \$200,000.00. **RECREATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Finance Department/Purchasing Division

**BY COUNCIL MEMBER                     SHEFFIELD**

**RESOLVED**, that Contract No. 6000164 referred to in the foregoing communication dated July 14, 2016, be hereby and is approved.

ENTERED SEP 08 2015

*Send to new Business*



CITY OF DETROIT  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
GRANTS MANAGEMENT

13

116

JUL 07 2016 #1958

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 1026  
DETROIT, MICHIGAN 48226  
PHONE: 313 • 628-2158  
FAX: 313 • 224 • 0542  
WWW.DETROITMI.GOV

PROGRAM 1 485 500 1 485 500 1 485 500

July 7, 2016

The Honorable Detroit City Council  
**ATTN: City Clerk Office**  
200 Coleman A. Young Municipal Center  
Detroit MI 48226

**RE: Request to accept an increase in appropriations for Historic Preservation Fund Certified Local Government Grant**

The Belle Isle Conservancy has awarded an increase to the City of Detroit Historic Designation Advisory Board for FY 2015 Historic Preservation Fund Certified Local Government Grant in the amount of \$9,500 bringing their cash match share from \$8,500 to \$18,000. The Historic Designation Advisory Board will allocate an in-kind match of \$7,500. The State share from the Michigan State Housing Development Authority/State Historic Preservation Office is \$24,000 of the approved amount bringing the project total to \$49,500.

The funding allotted to the department will be utilized to hire a contractor to provide plans and specifications detailing the reopening of the Belle Isle building, a construction cost estimate, and color renderings of the proposed pass-through between the Belle Isle Aquarium and the Anna Scripps Whitcomb Conservatory. This is a reimbursement grant.

If approval is granted to accept the increase and appropriate accordingly, the cost center for the matching funds will be 520501 and appropriation number is 14055.

I respectfully ask your approval to accept the increase in appropriations funding in accordance with the attached resolution.

Sincerely,

Nichelle Hughley  
Deputy CFO, Office of Grants Management

Enclosure

APPROVED	
<i>[Signature]</i> 7/12/16	
<i>[Signature]</i>	BUDGET DIRECTOR
	JUL 12 2016
	FINANCE DIRECTOR

CC: Kenny Shannon – NCED, Program Analysis Officer, OGM

ENTERED SEP 08 2015

*Send to New Business*

RESOLUTION

Council Member \_\_\_\_\_

**WHEREAS**, the Historic Designation Advisory Board is requesting authorization to accept an increase in appropriations for **Historic Preservation Fund Certified Local Government Grant** from Belle Isle Conservancy in the amount of \$9,500 to hire a contractor to provide plans and specifications detailing the reopening of the building, a construction cost estimate, and color renderings of the proposed pass-through between the Belle Isle Aquarium and the Anna Scripps Whitcomb Conservatory,

**THEREFORE, BE IT RESOLVED** that the Director for the Office of Grants Management is hereby authorized to sign the grant agreement on behalf of the City of Detroit, and that the Director or Head of the Department is authorized to execute the modified grant agreement on behalf of the City of Detroit, and

**BE IT FURTHER RESOLVED**, that the Budget Director is authorized to increase the budget accordingly for appropriations number 14055 in the amount of \$9,500 from the Belle Isle Conservancy for the purpose to hire a contractor to provide plans and specifications detailing the reopening of the building, a construction cost estimate, and color renderings of the proposed pass-through between the Belle Isle Aquarium and the Anna Scripps Whitcomb Conservatory.

**CITY OF DETROIT  
TRANSMITTAL SHEET  
COUNCIL LETTER**

**LOG NUMBER:** 1958  
**DEPARTMENT:** City Council (HDAB)  
**DATE:** 7/7/16  
**AMOUNT:** \$9,500  
**PURPOSE:** Accept & appropriate increase from Belle Isle Conservatory

**RECOMMENDATION**

APPROVE

DENY

**DATE COMPLETED** 7/8/16

**ANALYST** Kanya Mason

**DATE RELEASED** \_\_\_\_\_

COMPLETE BELOW WHEN DOCUMENT DELAYED. USE DC1 FOR FIRST DELAY AND DC2 FOR SECOND DELAY.

(DC1) _____	0 NO DELAY	4 REQ DPT IMPOSED HOLD	(DC2) _____
DC 1 START DATE _____	1 MORE INFO	5 MGMT DELAY	DC2 START DATE _____
DC 1 END DATE _____	2 LACK FUNDS	6 OTHER	DC2 END DATE _____
	3 HUM RES COORD		

**2118 City Council Grant Fund  
Appn 14055 2015-16 Belle Isle Aquarium & Anna Scripps Whitcomb Conservatory**

**Who:** Historic Designation Advisory Board (sub-division of Legislative Policy Division)

**What:** requesting increase to existing Appn 14055 by way of the Belle Isle Conservatory (BIC).

**Why:** City Council approved a contract with Merz & Associates, the contractor hired to provide plans and specs detailing work and costs in the Belle Isle Aquarium and Anna Scripps Whitcomb Conservatory. However, the total expenses came in at \$9,500 over the original grant budget of \$24k. The BIC is awarding the variance increase so the City can proceed with the project.

**When:** Immediately upon Council's approval.

	Council approved 7/21/15	Proposed increase	Proposed Total
HDAB in-kind (staff) match	\$7,500	-	\$7,500
B.I. Conservatory cash match	8,500	\$9,500	18,000
Award from *MSHDA State Historic Preservation Office	24,000	-	24,000
<b>Total Value</b>	<b>\$40,000</b>	<b>\$9,500</b>	<b>\$49,500</b>

Cassandra Myers - Re: Belle Isle Aquarium and Conservatory Pass-Through Project

**From:** Michele Hodges <hodgesm@belleisleconservancy.org>  
**To:** Kemba Braynon <braynonk@detroitmi.gov>  
**Date:** 6/27/2016 12:12 PM  
**Subject:** Re: Belle Isle Aquarium and Conservatory Pass-Through Project  
**Cc:** Summer Ritner <ritners@belleisleconservancy.org>, Katy Wyerman <WyermanK...

---

Hello, Kemba.

I'd like to take this opportunity to confirm the Conservancy's intent to pay the \$18,000 match associated with this project. Payment of it can be made whenever you deem necessary.

Thanks again for moving this project forward. We are excited to be part of it.

On Thu, Jun 23, 2016 at 9:48 AM, Kemba Braynon <braynonk@detroitmi.gov> wrote:  
Thanks, Michele! We're all looking forward to working with the Belle Isle Conservancy on this important project!

Kemba

Kemba Braynon, Historic Planner  
Historic Designation Advisory Board  
Detroit City Council Legislative Policy Division  
218 Coleman A. Young Municipal Center  
Detroit, MI 48226  
(734) 757-7518 cell  
[BraynonK@detroitmi.gov](mailto:BraynonK@detroitmi.gov)

>>> Michele Hodges <hodgesm@belleisleconservancy.org> 06/22/16 5:25 PM >>>  
Thanks for reminding me of the circumstances, Kemba. We will most certainly make good on our commitment

Sent from my iPhone  
Michele Hodges

On Jun 22, 2016, at 4:12 PM, Kemba Braynon <braynonk@detroitmi.gov> wrote:

Hi Michele,

Thanks for reviewing it with your team. One of the concerns with selecting Merz & Associates, whose fee came in higher than budgeted, was determining how to cover the additional amount for his fee. The grant we received from SHPO is only \$24,000 and so even a match amount of \$14,000 would only leave us with \$38,000 which doesn't fully cover Merz's fee. We did exchange a few email messages about this last fall (see email attached) when I checked in to confirm that the BIC was okay with paying an additional match amount for Merz & Associate's fee

Would it help if you provided a match of \$14,000 at the start of the project, and then paid the additional \$4,000 once the project was completed in the fall?

Thanks,