

Referrals
9-13-16

**PUBLIC HEALTH
AND SAFETY
STANDING
COMMITTEE**

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1230 Event Name: Lear Innovation Center Grand Opening

Event Date: October 21, 2016

Street Closure: _____

Organization Name: Lear Corporation

Street Address: 21557 Telegraph Road

Receipt date of the COMPLETED Special Events Application:	August 3, 2016
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

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

Petition Communications (include date/time)

Neighborhood Event to celebrate Lear's grand Opening of the Innovation Center studio in Capitol Park

**** 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 DPD impact
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No private medical services required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW and Valet permits required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Private catered event

City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, August 03, 2016

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

1230 *Lear Corporation, request to host "Lear Innovation Center Grand Opening" at 119 State St. on October 21, 2016 from 7:00 am to 7:00 pm with temporary street closure on Shelby St. between Grand River Avenue and State Street.*

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: ~~FBD~~ Lea Innovation Center Grand Opening
Event Location: 119 STATE ST - LEAR INNOVATION CENTER STUDIO.D & CAPITOL PARK

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: LEAR CORPORATION
Organization Mailing Address: 21557 TELEGRAPH ROAD, SOUTHFIELD, MI, 48033
Business Phone: (248) 447-1500 Business Fax:
Federal Tax ID # 13-3386776

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

Applicant Name: TERRI TAHNOOSE
Title/Role: VICE PRESIDENT, GLOBAL PRODUCT MARKETING & COMMUNICATIONS
Email Address: TTAHNOOSE@LEAR.COM
Mailing Address: 21557 TELEGRAPH ROAD, SOUTHFIELD, MI, 48033
Business Phone: (248) 447-5310, (248) 877-2488 Business Fax::

Event On-Site Contact Person: TERRI TAHNOOSE & DOUG DAUGHERTY
Mailing Address: 21557 TELEGRAPH ROAD, SOUTHFIELD, MI, 48033
Business Phone: (248) 877-2488 / (248) 755-2754 Business Fax:

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

List Event Sponsors: *EVENT WILL BE SPONSORED BY LEAR CORPORATION FOR INVITED GUESTS

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: BLOCK/PARK PARTY

Provide a brief description of your event:

NEIGHBORHOOD EVENT TO CELEBRATE LEAR'S GRAND OPENING OF
THE INNOVATION CENTER STUDIO.D IN CAPITOL PARK.
ATTENDEES OF THE EVENT WILL BE BY INVITE ONLY.

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

Begin Set-up Date & Time: 10/16/16 Complete Set-up Date & Time: 10/20/16

Event Start Date & Time: 10/21/16 7am Event End Date & Time: 10/21/16 7pm

Begin Tearing Down Date: 10/21/16 Complete Tear Down Date: 10/22/16

Event Times (If more than one day, give times for each day): BLOCK PARTY WILL BE 10/21/16 FROM 12-5PM

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)? EST. 100-250, MAX 600 - PENDING INVITE LIST

What is the basis for your projected attendance? EST. BASED ON INVITED NEIGHBORHOOD/COMMUNITY MEMBERS AND LEAR EMPLOYEES

Please describe your anticipated/ target audience:

Is this going to be an annual event? Yes No

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

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

[] People [] Balloons

[] Floats [] Animals

[] Vehicles [] Other: _____

[] Bands

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

Name of business supplying animal(s): _____

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

Section 3- LOCATION/SITE INFORMATION

Location of Event: 119 STATE ST. CAPITOL 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
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

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

- Singers
- Magician
- Musicians
- Story Telling
- Comedians
- Other: LIVE ART/INTERACTIVE - TBD

Describe the entertainment for this year's event: LIVE LOCAL DJ, MUSICIANS TO PLAY SETS,
LIVE ART INTERACTIONS

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

Will a sound system be used? Yes No

If yes, what type of sound system? TBD

Acoustic-audible, sound heard within natural range

Amplified-augmented, sound increased to broaden range

The amplified sound will be used:

Will the event consist of a musical concert? Yes No

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

- Live
- Recorded
- Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music:

TBD

How many generators will be used? EST. 3-4 OVERALL

How will the generators be fueled? GENERATORS WILL BE ELECTRICAL

Name of vendor providing generators:

Contact Person: BOS STRUCTURES & EVENTS - ROGER BOS

Address: 47815 WEST ROAD, SUITE D112

Phone: (248) 670-5405

City/State/Zip: WIXOM, MI 48393

Section 5- COMMUNICATION/ADVERTISING STRATEGY

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

Radio (Specify stations):

Television (Specific stations):

Newspapers (specify papers):

Web site (identify web address):

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers /INVITE SAVE THE DATES

Street Banners

Other (specify): PRINTED INVITATIONS AND EMAILS

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

Section 6- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe:

Will there be on-site ticket sales? Yes No

If yes, list price(s):

Will food be sold? Yes No

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

Will merchandise be sold? Yes No

If yes, describe:

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

If yes, describe:

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

Will there be vending or sales? Yes No

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Other (specify):

Indicate type of items to be sold:

Will these be exclusive vendors or outside vendors? (please describe): NO

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: DOUG DAUGHERTY & REGGIE REDDING

Address: 119 STATE STREET Phone: 248-447-5379

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: GUESTS WILL HAVE ACCESS TO LEAR 119 STATE ST IF PERMANENT COVER IS NEEDED. TENT WILL HAVE REQUIRED EMERGENCY EXITS AND SIGNAGE POSTED.

Describe the parking plan to accommodate anticipated attendance: SHUTTLE FOR LEAR EMPLOYEES, PUBLIC PARKING LOCATION LIST TO BE PROVIDED TO INVITED GUESTS.

How will you advise attendees of parking options? EVENT INVITATION AND WEBSITE AND ON-SITE SIGNAGE

Are you seeking a group parking rate? NO

Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? SOUND CARRYOVER, STREET PARKING, LOT PARKING, PEDESTRIAN TRAFFIC, PARK USE.

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

Indicate what steps you have or will take to notify them of your event: NOTIFICATION LETTERS WILL BE SENT TO AFFECTED PROPERTY OWNERS AND CAPITOL PARK BUSINESSES IN THE COMING WEEKS, INITIAL CONVERSATIONS HAVE ALREADY TAKEN PLACE AROUND CCS WINE AUCTION EVENT.

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

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many? 4

Size/Height SIZES & LOCATION ON ATTACHED SHEET.

Booth N/A

Tent (enclosed on 3 sides) FULL SIDES WITH DOORS

Canopy (open on all sides) EXIT DOORS

Staging/Scaffolding _____

Bleachers _____

Company:

Grill

Gas Charcoal Electrical Propane

Fireworks (Pyrotechnics)

Aerial Stage

Provide Sketch:

PLEASE SEE OVERALL PARK LAYOUT INCLUDED.

Portable Restrooms:

Standard ADA Accessible

Vehicles

Type/Weight: TBD

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.

YES, TBD

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

*BOS STRUCTURES AND EVENTS WILL MANAGE TENTING AND HEATERS (PROPANE)

BOS STRUCTURES AND EVENTS

47815 WEST ROAD

SUITE D112

WIXOM, MI 48393

CONTACT: ROGER BOS 248-670-5405

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: N/A - PROPOSAL OF VENDOR PENDING

Address:

Phone:

City/State/Zip

Name of company providing emergency medical services?

Contact Person: DMC (MANAGED BY MIKE BRUGGERMAN & QUICKEN SECURITY TEAM) /ARC - AMERICAN RED CROSS

Address:

City/State/Zip:

Name of company providing porta-johns. PARKWAY PORTABLE TOILETS

Contact Person: DAVE

Address: 41525 TYLER ROAD

Phone: 734-564-9134

City/State/Zip: YPSILANTI, MI 48198

Name of private catering company? PROPOSALS PENDING

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: SHELBY STREET

FROM GRAND RIVER AVENUE

TO STATE STREET

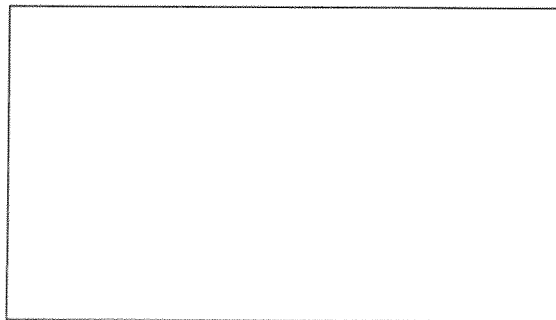
Closure Dates: 10/21/16

Beg. Time: 7AM

End Time: 7PM

Reopen Date: 10/21/16

Time: 7PM



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? _____

THE LEAR GRAND OPENING BLOCK PARTY IN CAPITOL PARK WILL FOLLOW THE CCS WINE AUCTION IN CAPITOL PARK. TENTS, VENDORS AND EQUIPMENT WILL BE USED. LEAR IS WORKING AND PARTNERING WITH CCS, DDP, BEDROCK AND ADDITIONAL INDIVIDUALS WHO ARE FAMILIAR WITH THE NEEDS OF THE EVENT IN ORDER TO COMPLY WITH THE CITY OF DETROIT REQUIREMENTS.

AUTHORIZATION & AFFADAVIT OF APPLICANT

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


Signature of Applicant

7/15/16
Date

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

**LEAR BLOCK PARTY
PROPOSED SET-UP**

INCLUDES:

- MAIN EVENT TENT
- FOOD PREP TENT
- 2 X RESTROOM TRAILERS
- MUSIC/DJ STAGE

CAPITOL PARK TENT - MAIN TENT

- 82 X 164

SHELBY TENT

- 40 X 75

FOOD PREP TENT

- 48 X 60

RESTROOM TRAILERS (2)

- TBD

STREET CLOSURE

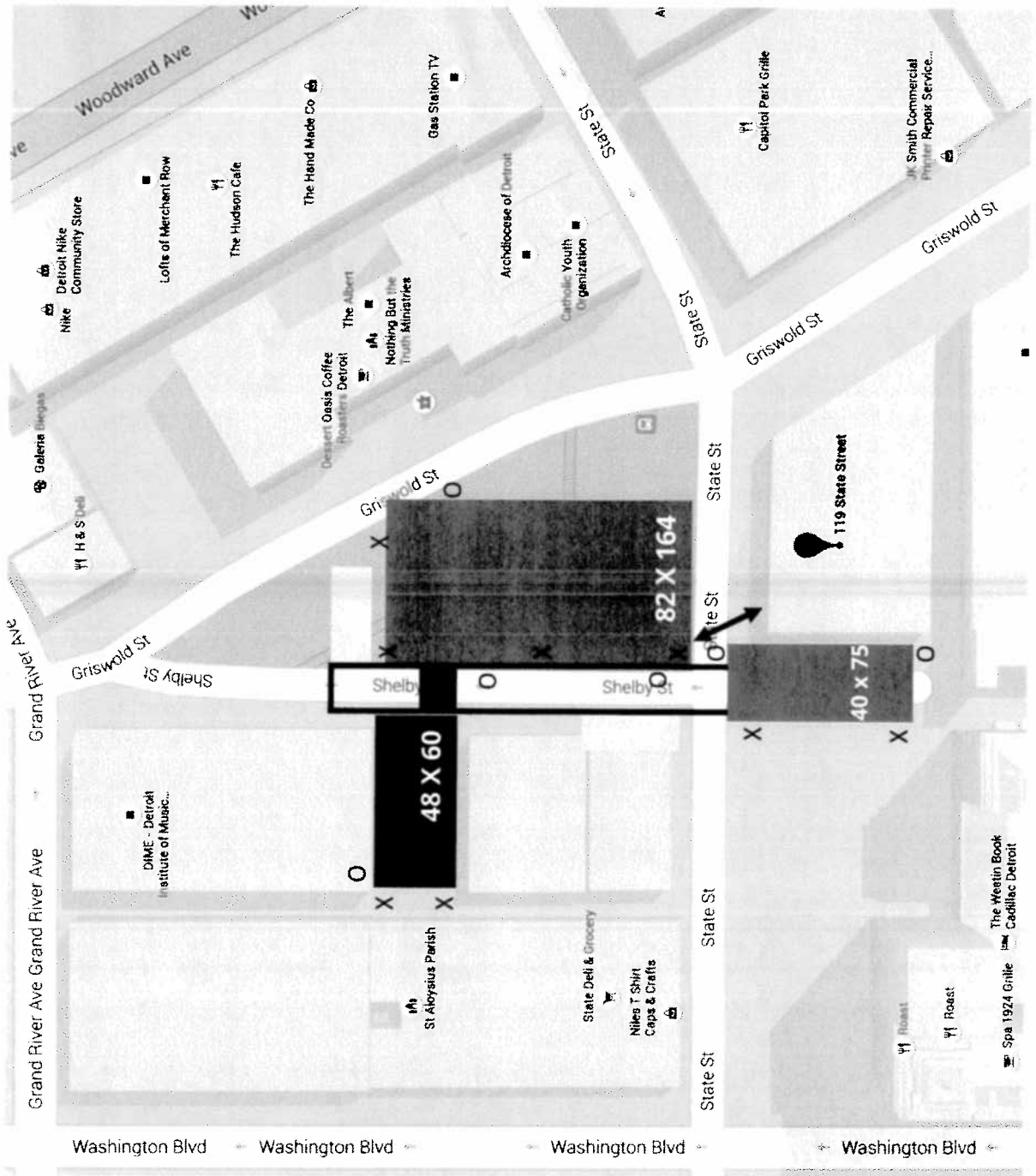
- SHELBY

*BETWEEN STATE & GRAND RIVER AVE

- STATE ST. CROSSWALK

*PARK TO 119

X - EXITS | O - HEATER



"Neighborhood Letter - Impact List"

Ms. Arlene J. Frank
Executive Director
Isaac Agree Downtown Synagogue
1457 Griswold
Detroit, MI 48226

Mr. Scott Collins
Bedrock Detroit
1092 Woodward Ave.
Detroit, MI 48226

Mr. Paul Hagopian
405 N. Vermont
Royal Oak, MI 48067

Mr. Richard Karp
Karp and Associates
40 I S. Washington Square
Lansing, MI 48933

Mr. Todd Sachse
Sachse Construction & Development
200 East Brown Street, Suite 200
Birmingham, MI 48009

Mr. Michael McInerney
Archdiocese of Detroit

Mr. Bob Mazur
Western Waterproofing

Mr. Don Bailey
Triton Investment Company

Mr. Richard Hosey
Bank of America / Merrill Lynch

Ms. Mary Jane Constant
Syncora

Mr. John Ferchill
The Ferchill Group



Lear Corporation
World Headquarters
21557 Telegraph Road
Southfield, MI 48033
USA

Phone: (248) 447-5330

Matthew J. Simoncini
President and Chief Executive Officer

July 1, 2016

Ms. Arlene J. Frank
Executive Director
Isaac Agree Downtown Synagogue
1457 Griswold
Detroit, MI 48226

Dear Ms. Frank,

I am writing to share some news as the neighborhood continues to develop.

As you know, Lear Corporation is excited to be renovating our building at 119 State Street. We plan to transform the site into a world-class Innovation Center. We will be offering collaborative work-study programs for students from the Wayne State University School of Engineering and the College for Creative Studies to work with our Engineers and Product Development people on advanced designs and new concepts for our Automotive Seating and Electrical products.

As part of the celebration of our move to Capitol Park, my wife Mona and I are chairing the College for Creative Studies' (CCS) 35th Detroit International Wine Auction. This event is the major fundraiser for CCS. This year, the Wine Auction will be held in Capitol Park on Saturday, October 15, 2016. We hope you will attend the event that draws 500-600 people, and raised \$3 million last year.

To support the grand opening of our new Innovation Center and the Wine Auction Event, we will be putting up a series of tents in and around the Park. These temporary structures will also be used for various events to promote Capitol Park, provide additional details on our plans for Detroit as well as host the Wine Auction. A complete outline for the Wine Auction Event is listed below, and more details can be found on the attached document.

October 15: 6:00-8:00 p.m. Vintner's Private Reception (Sponsors and Benefactors only) and Silent Auction Reception (Griswold St.)

October 15: 8:15-10:30 p.m. Gala dinner and Live Auction (In a tent in the park)

October 15: 10:30 p.m. Live Auction and Gala Dinner begins (Shelby St. and park)

October 16: Midnight - Event concludes

We are working closely with the City and Downtown Detroit Partnership to coordinate other activities and uses in/around the park. We recognize the opportunity to use the infrastructure we will be installing and media attention to support the continued overall transformation of this unique neighborhood. Through the DDP, we will begin exploring ways all of us in the neighborhood can participate as well as stay up-to-date on the event planning. But most of all we hope you and your partners will support the main event and CCS as we raise a glass to all our efforts around the park.



Please feel free to contact, Mel Stephens (Lear Corporation mstephens@lear.com), Scott Collins (Bedrock scottcollins@bedrockdetroit.com), Eric Larson (Downtown Detroit Partnership elanson@downtowndetroit.org), or Nina Holden (College for Creative Studies nholden@collegeforcreativestudies.edu) with any input or questions you might have.

We are excited to be able to highlight Capitol Park area, and the transformation of this area of the city and we thank you in advance for your support.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Stephens'.

MJS:ml
Attachment

cc: Nina Holden
Mel Stephens
Eric Larson

Key City Invitees

- Mayor Duggan
- Tom Lewand - Detroit Lions
- Tom Lewand Jr. - Detroit Lions
- Paul W Smith- WRJ Radio
- Sandy Pierce – CEO FirstMerit Michigan
- Rick Rogers – CCS President
- Roy Wilson – Wayne State University President
- Matt Cullen – President of Rock Ventures
- Jacques Panis- Shinola President

**35th Detroit International Wine Auction
Community Impact Notification List**

Arlene J. Frank
Executive Director
Isaac Agree Downtown Synagogue
1457 Griswold
Detroit, MI 48226
(313) 962-4047
ajfrank@downtownsynagogue.org

Richard Karp
Karp and Associates
401 S. Washington Square
Lansing, MI 48933
517-708-3003
rkarp@karpandassociates.com

Paul Hagopian
405 N. Vermont
Royal Oak, MI 48067
248-632-4962
hagopianpaul@aol.com

Todd Sachse
Sachse Construction & Development
200 East Brown Street, Suite 200
Birmingham, MI 48009
tsachse@sachseconstruction.com
248-647-4200

Scott Collins
Bedrock Detroit
1092 Woodward Ave.
Detroit, MI 48226
scottcollins@bedrockdetroit.com
313-373-8742 W
586-703-1045 M

Richard Hosey richard.hosey@baml.com
Bank of America / Merrill Lynch

Don Bailey dbailey@tritonproperties.com
Triton Investment Company

**35th Detroit International Wine Auction
Community Impact Notification List**

Mary Jane Constant; maryjane.constant@scafg.com
Syncora

Bob Mazur rmazur@westernwp.com
Western Waterproofing

John Ferchill jferchill@ferchillgroup.com
The Ferchill Group

Mike McInerney McInerney.Michael@aod.org
Archdiocese of Detroit

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1265 Event Name: The Drone Racing League-Level 5 Championship

Event Date: October 8-9, 2016

Street Closure: _____

Organization Name: The Drone Racing League

Street Address: 40 West 27th St. New York, NY 10001

Receipt date of the COMPLETED Special Events Application:	September 1, 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: Ariel Racing
- 24-Hour Liquor License

Petition Communications (include date/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"/>	Private event Tricon Security will secure the event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Based upon the scope of the event and the number of attendees private medical coverage is not 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"/>	Pending submission of catering information

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"/>	3 generators, Bleacher set require temporary use permits
	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: _____

[Handwritten Signature]

Date: _____

9-8-16

City of Detroit

Janice M. Winfrey
City Clerk

OFFICE OF THE CITY CLERK

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, September 01, 2016

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

1265 *The Drone Racing League, request to hold "The Drone Racing League - Level 5 Championship" at the Cadillac Stamping Plant on October 8-9, 2016 from 7:00am-8:00pm.*

1265

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: The Drone Racing League - Level 5 Championship

Event Location: Cadillac Stamping Plant - 9501 Conner St. 48213

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: The Drone Racing League

Organization Mailing Address: 40 w.27th st New York, NY 10001

Business Phone: 517 281 9119

Business Fax:

Federal Tax ID # 473754253

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

Applicant Name: James Slider

Title/Role: Operations Manager

Email Address: james@drl.io

Mailing Address: 40 w.27th st New York, NY 10001

Business Phone: 517 281 9119

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:

Event Elements (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input checked="" 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: 10/5 7am Complete Set-up Date & Time: 10/7 8pm

Event Start Date & Time: 10/8 7am Event End Date & Time: 10/9 8pm

Begin Tearing Down Date: 10/10 8am Complete Tear Down Date: 10/10 6pm

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

Day 1 race filming 10/8 7am-8pm, Day 2 race filming 10/9 7am-8pm

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)? Approx 75 crew, 75 audience members each film day

What is the basis for your projected attendance? Crewing average for prior projects and number of invited audience members. Setup days approx 40 crew members.

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? Still TBD - May repeat

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: Cadillac Stamping Plant

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

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

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

Section 4- ENTERTAINMENT

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

- Singers Magician
 Musicians Story Telling
 Comedians Other: TV screens doing racing playback and informational videos

Describe the entertainment for this year's event:

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

Will a sound system be used? Yes No

If yes, what type of sound system?

8-10 speakers, small mixing board

Acoustic-audible, sound heard within natural range

Amplified-augmented, sound increased to broaden range

The amplified sound will be used: Sound system for safety announcements and racing commentary, promotional

Will the event consist of a musical concert? Yes No

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

Live Recorded Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music:

Power for lighting, sound, filming and scenic elements as necessary

How many generators will be used? 3

How will the generators be fueled?

Refuel truck provided by vendor

Name of vendor providing generators:

Contact Person: Hertz - Brian Burket

Address: 29125 Smith Rd

Phone: 586-405-2140

City/State/Zip: Romulus, MI 48178

Section 5- COMMUNICATION/ADVERTISING STRATEGY

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

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

Contact Info:

- Raffle (List Item(s)):
- Billboards
- Flyers
- Street Banners
- Other (specify): Audience members will be invited by DRL staff on an individual basis

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:

Potential food truck sales.

Will merchandise be sold? Yes No

If yes, describe:

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

If yes, describe:

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

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

- Food
- Merchandise
- Non-Alcoholic Beverages
- Alcoholic Beverages

Other (specify):

Indicate type of items to be sold:

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

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: Tricon Security - Andrew Bernardi

Address: 1056 Dix Hwy. Phone: 877-641-2600

City/State/Zip: Lincoln Park, Michigan 48146

Number of Private Security Personnel Hired Per Shift: Average of 5

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

Licensed

Armed

Bonded

Describe the emergency evacuation plan: All crew and audience members will exist through the building's east entrance door or staircase in the case of an emergency evacuation. If the east egress is blocked, they will move through the build _____

Describe the parking plan to accommodate anticipated attendance: Guests will park in the southeast parking lot and proceed on foot to the east building entrance.

How will you advise attendees of parking options? Through an instructional email and on site security staff

Are you seeking a group parking rate? No

Section 8- COMMUNITY IMPACT INFORMATION

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

No

Have local neighborhood groups/businesses approved your event?

Yes No

Indicate what steps you have or will take to notify them of your event: No notifications conducted yet - all of filming will take place on private property well away from areas that might be impacted.

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? 8 gates for drones to fly through

Size/Height Various from 10'x10 to 30'x40' total footprint. Gates hold lighting and ar _____

Booth _____

Tent (enclosed on 3 sides) 5

Canopy (open on all sides) _____

Staging/Scaffolding 1 (16'x8'x8" tall) as part of a set piece

Bleachers

1 x 50 person bleacher

Company:

Grill

Gas

Charcoal

Electrical

Propane

Fireworks (Pyrotechnics)

Aerial

Stage

Provide Sketch:

Portable Restrooms:

Standard

ADA Accessible

Vehicles

Type/Weight:

1 6 bathroom trailer unit, 3 individual ground level bathroom units

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.

All wiring will be based on distribution from the generators at the east side of the event setup. No building infrastructure will be modified or drawn from.

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

Power provided by generators. Water provided for bathrooms trailers will be brought in by that vendor.

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 _____

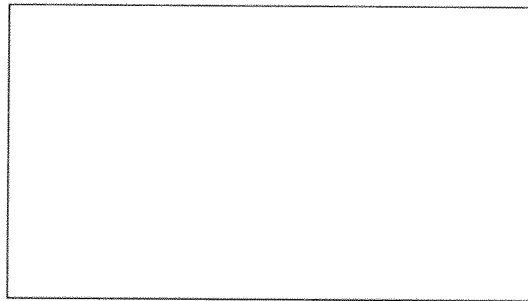
Closure Dates: _____

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.

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.

Map Key:

Camera 1-HH F3

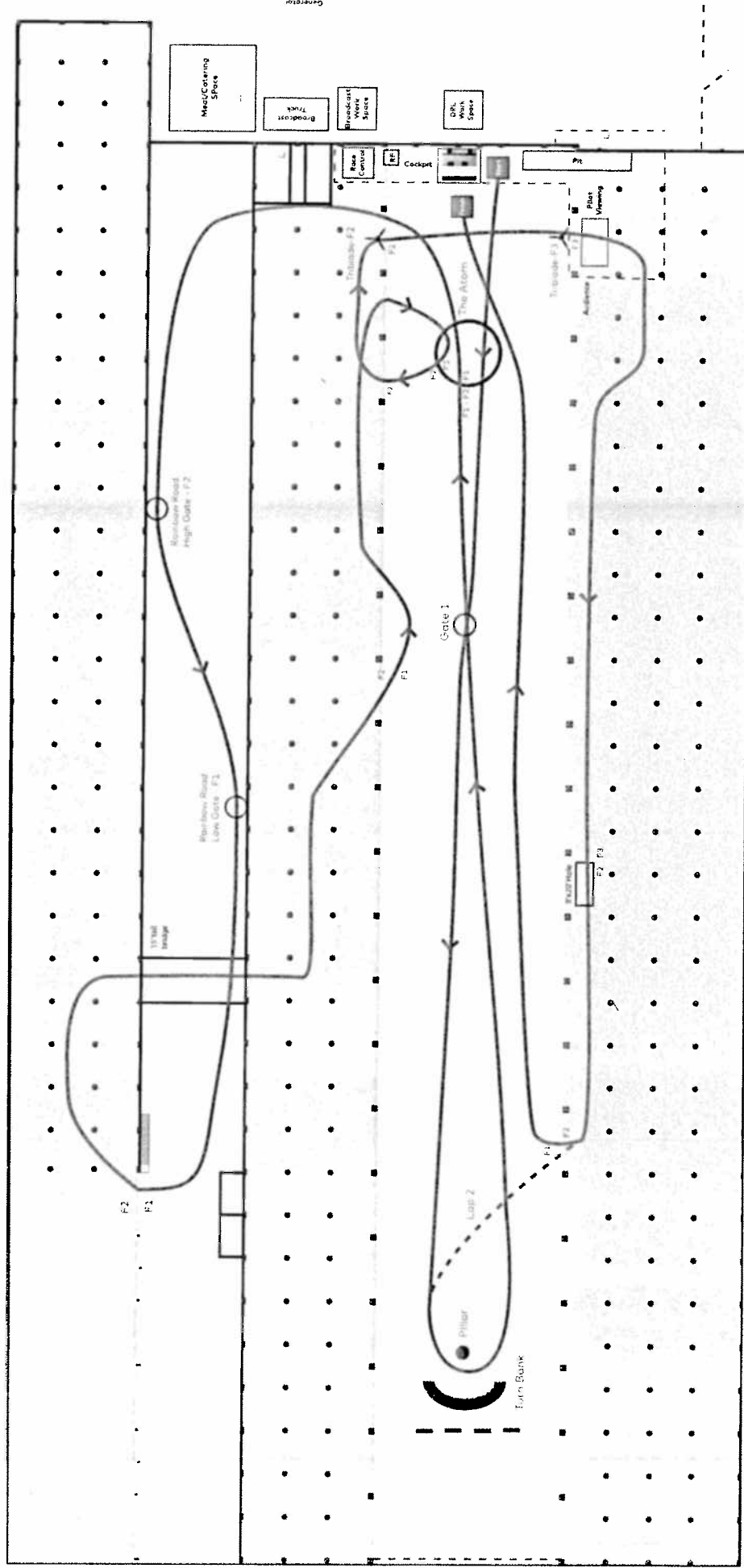
Gate: ○ North Pass

(Camera Number, Camera Type, Floor of Location)

Course Route: →

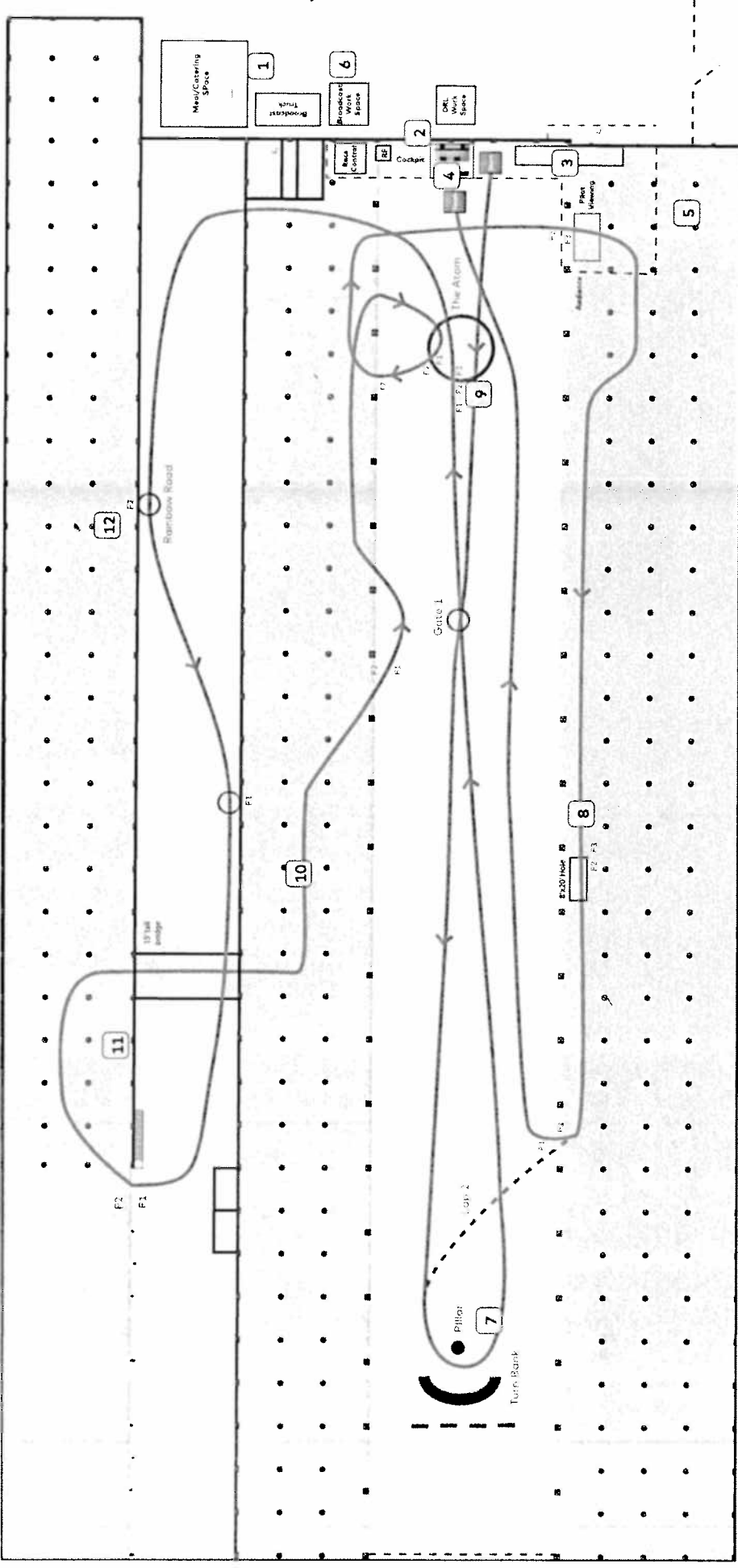
Camera Types

- HH = Handheld
- HC = Hard Camera
- Jl = Jib
- GP = GoPro
- CC = CableCam

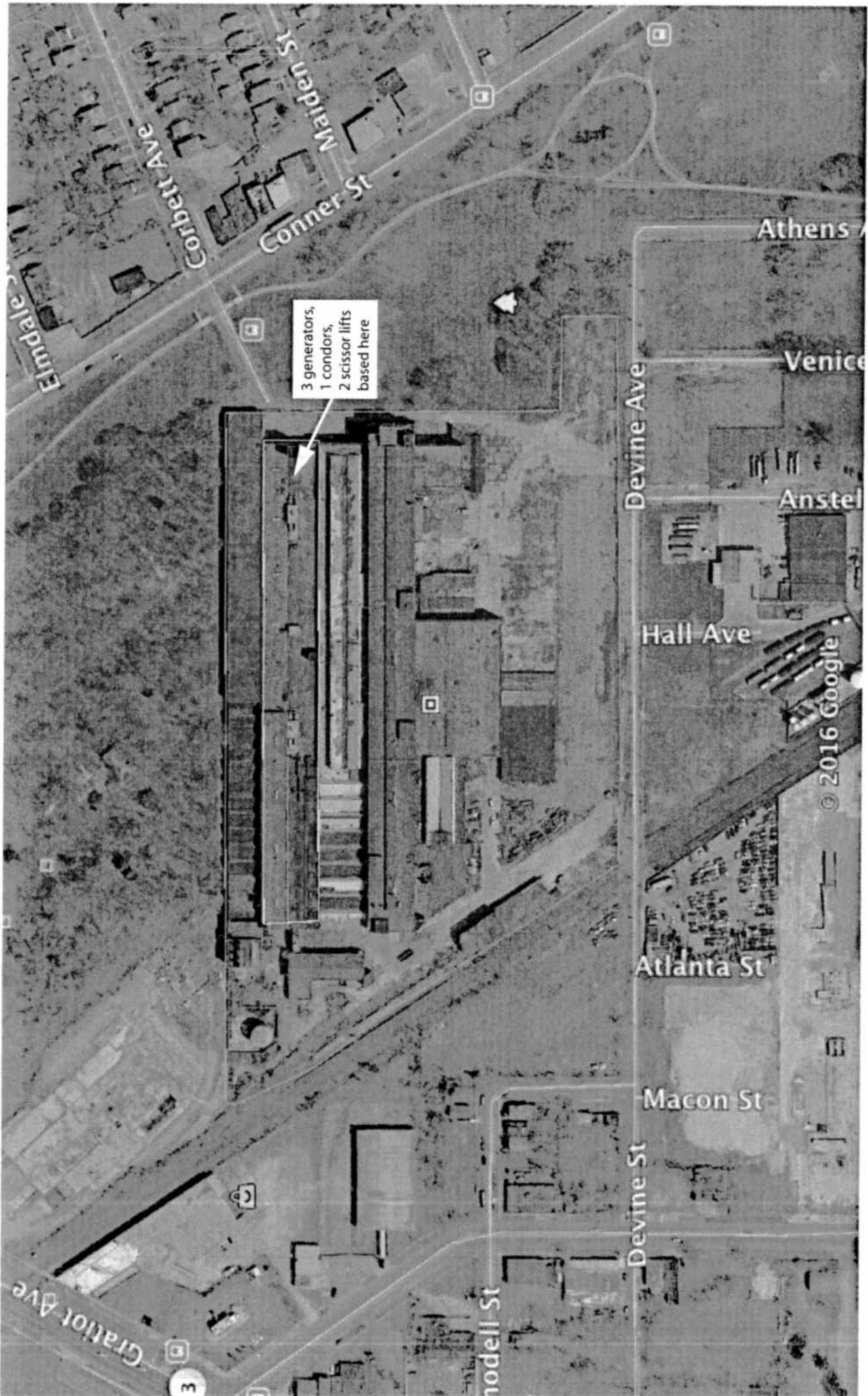


Detroit Championship Course V2 - 8/8/2016

Detroit Championship Course Prelim Power Map



- 1) Broadcast Truck - 200amp, 208v, 3 phase
- 2) CableCam - 50 amp, 208v, 3 phase - Lvl 2
- 3) Audience, Pilot Viewing, Finish line - 3 x 20amp, 110v each space - Lvl 2
- 4) Cockpit, Pit, Race Control - 3 x 20amp, 110v each space -Lvl 2
- 5) Interview Rooms and Lighting - 5 x 20amp, 110v Lvl 2, 5 x 20amp, 110v Lvl 3
- 6) Ambient light, Broadcast, DRL, Legacy work areas - 3 x 20amp, 110v - Outside
- 7) Gate Lighting- 3 x 20amp, 110v
- 8) Gate Lighting - 3 x 20amp, 110v - Lvl 2
- 9) Atom Gate, misc lighting - 3 x 20amp, 110v
- 10) Course, Ambient lighting - 6 x 20amp, 110v - Lvl 2
- 11) Misc lighting - 4 x 20amp, 110v - Lvl 2
- 12) Misc lighting - 4 x 20amp, 110v



3 generators,
1 condors,
2 scissor lifts
based here

© 2016 Google

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1254 Event Name: 4Star 4Mile Race

Event Date: November 6, 2016

Street Closure: _____

Organization Name: 4 Star 4 Mile

Street Address: 21918 Shady Lane Ave. St Clair Shores, Mi 48080

Receipt date of the COMPLETED Special Events Application:	August 23, 2016
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

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

Petition Communications (include date/time)

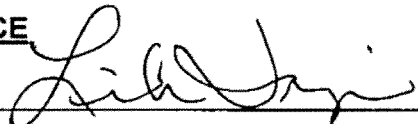
Fundraising race for the Veteran Day Parade

**** 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"/>	DMC EXPRESS will be providing medical coverage for this event.
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No ROW permit required DPD will secure the route
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD assisted route
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nothing required as presented
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will work with DPD to re-route buses

MAYOR'S OFFICE

Signature: 

Date: 9-8-16

City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, August 23, 2016

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

1254 *4 Star 4 Mile, request to hold "4 Star 4 Mile" at Bates, Atwater and E. Jefferson on November 6, 2016 from 11:00am to 3:00pm with temporary street closures.*

1254

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: 4 Star 4 Mile Race
 Event Location: Detroit, MI

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: 4 Star 4 Mile
 Organization Mailing Address: 21918 Shady Lane Ave St Clair Shores MI 48080
 Business Phone: 586 943 3697 Business Fax:
 Federal Tax ID # 81-3500066

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

Applicant Name: Douglas Howell
 Title/Role: Race Director
 Email Address: douglas.bhowell@gmail.com
 Mailing Address: 21918 Shady Lane Ave St Clair Shores MI 48080
 Business Phone: 586 943 3697 Business Fax::

Event On-Site Contact Person:
 Mailing Address: 21918 Shady Lane Ave St. Clair Shores MI 48080
 Business Phone: 586 943 3697 Business Fax:

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

List Event Sponsors:

Event Elements (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input checked="" 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: 11/6 7am Complete Set-up Date & Time: 11/6 10 am

Event Start Date & Time: 11/6 11am Event End Date & Time: 11/6 3pm

Begin Tearing Down Date: 11/6 4pm Complete Tear Down Date: 11/6 6pm

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

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

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

When was the event last held in Detroit?

Where was the event last held in Detroit?

What were the hours last year?

Project Attendance This Year (Minimum - Maximum)? 1000-2000

What is the basis for your projected attendance? # of participants in similar races

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? N/A

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:

I have directed races in downtown Detroit before, but this the first year of the 4star 4mile race, designed to raise funds to support the veterans day parade.

- Day Howell

Section 3- LOCATION/SITE INFORMATION

Location of Event: Hart Plaza, Jefferson Ave

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

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

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

Section 4- ENTERTAINMENT

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

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

Describe the entertainment for this year's event: Separate event on Hart plaza

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

Will a sound system be used? Yes No

If yes, what type of sound system? Mobile Audio

[] Acoustic-audible, sound heard within natural range

[] Amplified-augmented, sound increased to broaden range

The amplified sound will be used: To start race and announce finishers

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):

Web site (identify web address):

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify):

Facebook

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: MDVC, Wins for Warriors

If the event is a fundraiser, identify charity or recipient of funds: MDVC, Wins for Warriors

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

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Other (specify):

Indicate type of items to be sold: _____

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

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: _____

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: Out door exit

Describe the parking plan to accommodate anticipated attendance: Area available Lots

How will you advise attendees of parking options? Race registration site and Email.

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)?

Downtown Sunday afternoon - few businesses open

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

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

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 Start line/Finish line Structures

How Many? _____
Size/Height 12-15 ft.

Booth _____

Tent (enclosed on 3 sides) one - On Site registration

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.

Yes, Start line and finish line Timing Mats only

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

No

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

No

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip _____

Name of company providing emergency medical services?

Contact Person: _____

DUC Care Express
555 E. Lafayette
Detroit, MI

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: Bates, Atwater, E. Jefferson

FROM _____
TO _____

Closure Dates: 11-6-16

Beg. Time: 11 AM

End Time: 1:30 PM

Reopen Date: 11-6-16

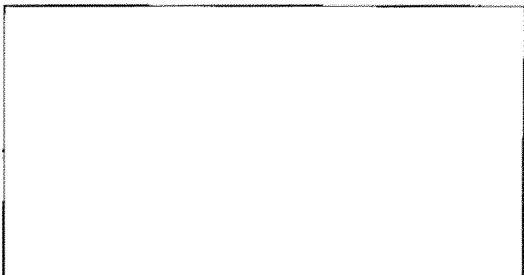
Time: 2:00 PM

Please See attached
Race Course Map

STREET NAME: St. Antoine

FROM _____
TO _____

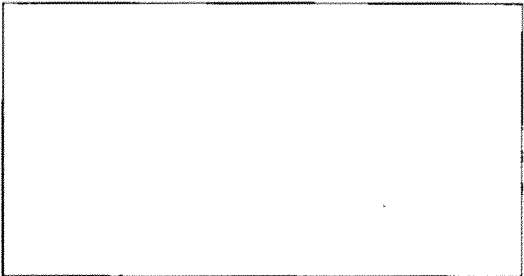
Closure Dates: 11-6-16
Beg. Time: 11 AM
End Time: 1:30 pm
Reopen Date: 11-6-16
Time: 2 pm



STREET NAME: Chene, Franklin, McDougall

FROM _____
TO _____

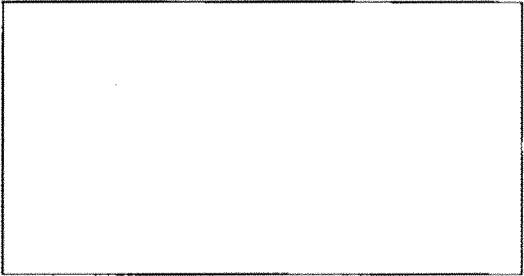
Closure Dates: 11-6-16
Beg. Time: 11:30 am
End Time: 1:30 pm
Reopen Date: 11-6-16
Time: 2 pm



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

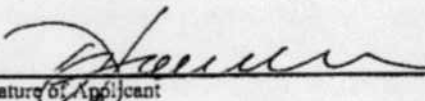
Barricades are not available from the City of Detroit.

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.

 8.16.16
Signature of Applicant Date

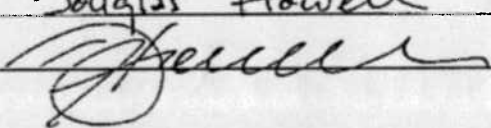
NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

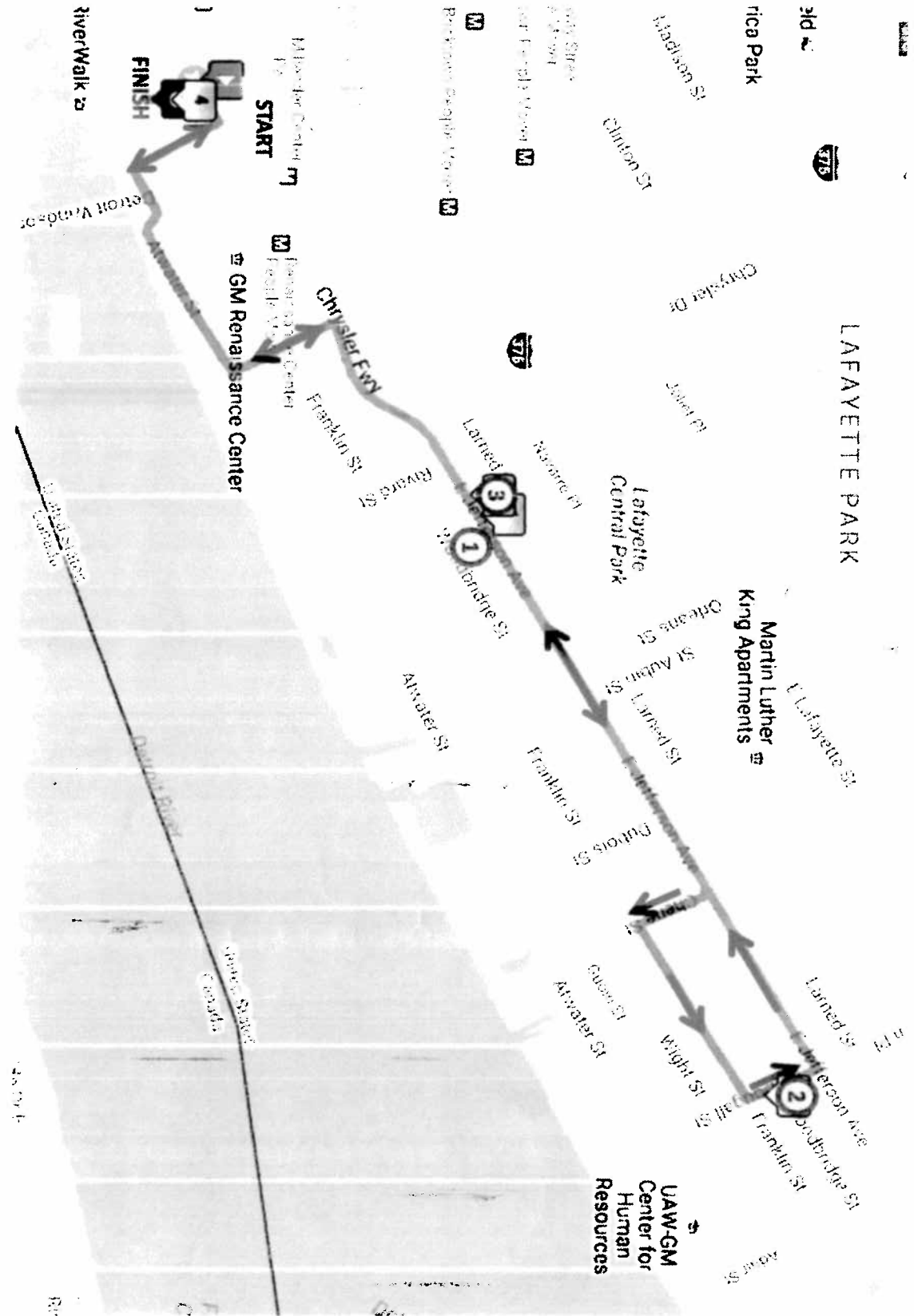
The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and 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: 4 Star 4 Mile Race Event Date: 11.6.16
Event Organizer: Douglas Howell
Applicant Signature:  Date: 8.16.16

VETERANS PARADE 4 MILE COURSE PROPOSAL - E



VETERANS PARADE 4 MILE COURSE PROPOSAL - E

TURN BY TURN DIRECTIONS

- Start on Jefferson at Woodward (south curb) facing east
- Turn right onto Bates St.
- Turn left onto Atwater St.
- Turn left onto St. Antoine St
- Turn right onto Jefferson Ave.
- Turn right onto Chene St
- Turn left onto Franklin St
- Turn left onto McDougall St
- Turn left onto Jefferson Ave
- At Rivard St, keep to south curb, continuing on Eastbound Jefferson lanes.
- Turn left onto St. Antoine St.
- Turn right onto Atwater St.
- Turn right onto Bates St.
- Turn left onto Jefferson Ave.
- Turn left at Woodward Ave (northbound), into Hart Plaza.
- Keep left of pillar.
- Finish in Hart Plaza.

