

*Formal Agenda  
May 22, 2018*

**PUBLIC HEALTH  
AND SAFETY  
STANDING  
COMMITTEE**

**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 149 Event Name: Taylor Swift Concert

Event Date: August 28, 2018

Street Closure: Adams Street

Organization Name: Ford Field

Street Address: 2000 Brush Street Suite 200 Detroit, MI 48226

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

Festival held outside of Ford Field before Taylor Swift concert on Brush Street from 12:00pm - 5:00pm, with merchandise vendors and music.

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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention; Contracted with S.A.F.E. Management to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Superior Ambulance Services to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>No Permits Required</b>

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Fencing Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	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"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Lushier

Date: May 15, 2018

Janice M. Winfrey  
City Clerk

City of Detroit  
OFFICE OF THE CITY CLERK

Vernon A. Hubon  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Wednesday, January 31, 2018*

*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    RECREATION DEPARTMENT  
BUSINESS LICENSE CENTER    TRANSPORTATION DEPARTMENT  
BUILDINGS SAFETY ENGINEERING    FIRE DEPARTMENT

**149**    *Ford Field/ Detroit Lions, request to hold "Taylor Swift Concert" at Ford Field on August 28, 2018 from 1:00 pm to 11:00 pm with temporary street closures.*



January 25, 2018

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 event 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 as early as the morning of Tuesday, August 28, 2018 and would be open no later than the morning of the Wednesday, August 29, 2018 for activities in the street in conjunction with our Taylor Swift concert at Ford Field on Tuesday, August 28, 2018.

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

Sincerely,

A handwritten signature in cursive script that reads "Kristen Dale".

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. 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: Taylor Swift Concert

Event Location: Ford Field

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Ford Field/Detroit Lions

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: same as above

Business Phone: 313.262.2187

Business Fax: 313.262.2249

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)

Walkathon

Carnival/Circus

Concert/Performance

Run/Marathon

Bike Race

Religious Ceremony

Political Event

Festival

Filming

Parade

Sports/Recreation

Rally/Demonstration

Convention/Conference

Fireworks

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

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

Begin Set-up Date & Time: 8.28.18, 8a Complete Set-up Date & Time: 8.28.18, 12p

Event Start Date & Time: 8.28.18, 1p Event End Date & Time: 8.28.18, 11p

Begin Tearing Down Date: 8.28.18, 11p Complete Tear Down Date: 8.29.18, 9a

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? 2011, 2013, 2015

When was the event last held in Detroit? 2015

Where was the event last held in Detroit? Ford Field, same location

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

Project Attendance This Year (Minimum - Maximum)? 6,000-8,000

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

**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: **Brush St outside of Ford Field**

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

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? \_\_\_\_\_

- 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? N/A

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): \_\_\_\_\_

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: hats, tshirts, posters, etc. \_\_\_\_\_

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:

hats, shirts, posters, CDs

Will these be exclusive vendors or outside vendors? (please describe):  
exclusive vendors contracted by the 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 DFD and DPD

Describe the parking plan to accommodate anticipated attendance: all parking lots around the stadium are 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 assist

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 \_\_\_\_\_

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 will collect and use our in house trash liners

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

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

**Name of company providing emergency medical services?**

**Contact Person:** Superior Ambulance Service

**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:** Matt Svacina

**Address:** 2000 Brush St **Phone:** 313.262.2182

**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** Montclair \_\_\_\_\_

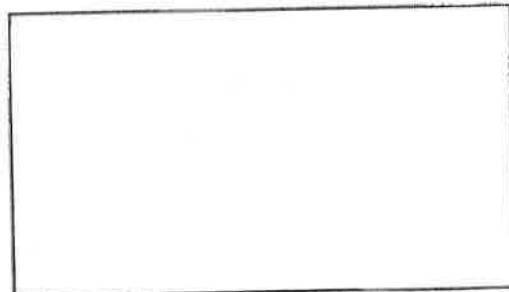
**Closure Dates:** 8.26.18 \_\_\_\_\_

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

**End Time:** 8.28.18 \_\_\_\_\_

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

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



**STREET NAME:** Adams St

**FROM** Brush  
**TO** John R

**Closure Dates:** 8.28.18  
**Beg. Time:** \_\_\_\_\_  
**End Time:** \_\_\_\_\_  
**Reopen Date:** 8.29.18  
**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.

*Kate Dale*

*1-25-18*

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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.

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**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 258 Event Name: Jazz on the Grass

Event Date : August 18, 2018

Street Closure: Stearns Street

Organization Name: St. Charles Lwanga Ushers Ministry

Street Address: 10400 Steopel Street Detroit, MI 48204

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

Fundraiser held at 10400 Steopel parking lot with temporary street closure on Stearns Street and Steopel Street; with estimated attendance of 150.

**\*\* 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"/>	DPD 10th Precinct will Provide Special Attention
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required for Street Closure
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	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"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Kusher

Date: May 15, 2018



# City of Detroit

## OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Vivian A. Hudson  
Deputy City Clerk

### DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, May 10, 2018

To: *The Department or Commission Listed Below*

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

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#### AMENDMENT

Herewith, the following referral is a copy of Petition **258**

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

**258**    *St. Charles Lwanga Ushers Ministry, request to hold "Jazz on the Grass" at 10400 Stoepel on August 18, 2018 from 6:00 pm to 10:00 pm with temporary street closures.*

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

**PETITIONER IS AMENDING PETITION DUE TO:**

**Addition to Application Section 5, "Sales Information". See attached.**

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

# City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Vivian A. Hudson  
Deputy City Clerk

## AMENDED

### DEPARTMENTAL REFERENCE COMMUNICATION

*Tuesday, April 03, 2018*

*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    POLICE DEPARTMENT  
FIRE DEPARTMENT    DPW - CITY ENGINEERING DIVISION  
TRANSPORTATION DEPARTMENT    BUILDINGS SAFETY ENGINEERING  
BUSINESS LICENSE CENTER

**258**

*St. Charles Lwanga Ushers Ministry, request to hold "Jazz on the Grass" at 10400 Stoepel on August 18, 2018 from 6:00 pm to 10:00 pm with temporary street closures.*

## 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. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

"JAZZ ON THE GRASS"

### Section 1- GENERAL EVENT INFORMATION

Event Name:

Event Location:

10400 STOEPER DETROIT

Is this going to be an annual event?  Yes?  No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name:

St. CHARLES LWANGA USHER MINISTRY

Organization Mailing Address:

10400 STOEPER DETROIT 48204

Business Phone:

<sup>313</sup> 933-6788

Business Website:

WWW.SAINTCHARLESLWANGA.ORG

Applicant Name:

JOHN A HERMAN

Business Phone:

<sup>313</sup> 697-3913

Cell Phone:

<sup>313</sup> 378-8328

Email:

JOHN.HERMAN@PEOPLEPC.COM

Event On-Site Contact Person:

Name:

JOHN HERMAN

Business Phone:

<sup>313</sup> 933-6788

Cell Phone:

<sup>313</sup> 378-8328

Email:

Event Elements (check all that apply)

Walkathon

Carnival/Circus

Concert/Performance

Run/Marathon

Bike Race

Religious Ceremony

Political Event

Festival

Filming

Parade

Sports/Recreation

Rally/Demonstration

Convention/Conference

Fireworks

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

Please provide a brief description of your event:

THIS WILL BE AN OUTDOOR JAZZ CONCERT, IN THE FENCED IN COURT YARD, WITH A BAND ON STAGE FOR 4 HOURS. (6:00-10:00 PM) WE WILL OFFER A FREE GLASS OF WINE, OR POP OR WATER AND SOME SNACKS. WE WILL HAVE OUR OWN SECURITY, INSIDE REST ROOMS. NO VENDORS

Name of vendor providing generators:

Contact Person:

N/A

Address:

Phone:

City/State/Zip

**Section 5- 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 there be vending or sales?  Yes  No  
If yes, check all that apply:

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

Indicate type of items to be sold:

Entry fee of \$15.00 that is 100% charitable  
donation to St. Charles Zwanza Church

**Section 6- PUBLIC SAFETY & PARKING INFORMATION**

Name of Private Security Company (if existing park contract security will be used):

Contact Person:

JOHN HERMAN

Address:

313  
Phone:

378-8328

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

3 OR 4 IN HOUSE

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

- Licensed
- Armed
- Bonded

How will you advise attendees of parking options?

VERBAL DIRECTIONS INTO PARKING LOT  
(FENCED IN & SECURED)

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

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

STREET NAME: STOEPER & STEARNS

FROM: 5:30 pm TO: 10:00 pm

CLOSURE DATES: 8-18-2018 BEG TIME: 5:30pm END TIME: 10:00pm

REOPEN DATE: 8-18-18 TIME: 10:00 pm

STREET NAME: SEE ATTACHED MAP

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

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: SEE OTHER SIDE

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: \_\_\_\_\_

-OVER-

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

WE ARE COVERED BY THE ARCHDIOCESE OF DETROIT  
INSURANCE POLICY.  
(CATHOLIC)

FORMERLY St. Cecilia Cath Church

### 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. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least 60 days prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

#### Section 1- GENERAL EVENT INFORMATION

Event Name: JAZZ ON THE GRASS

Event Location: 10400 STOEPFL

Is this going to be an annual event?  Yes  No ?

#### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: St. Charles Lwanga Ushers Ministry

Organization Mailing Address: 10400 STOEPFL DETROIT 48204

Business Phone: 313 933-6788 Business Website: SAINTCHARLESLWANGA.ORG

Applicant Name: JOHN A. HERMAN

Business Phone: 774 677-3713 Cell Phone: 378-8328 Email: JOHNHERMAN@PEOPLEPC.COM

**Event On-Site Contact Person:**

Name: SAME

Business Phone: Cell Phone: Email:

**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: \_\_\_\_\_

**Please provide a brief description of your event:**

A JAZZ BAND ON STAGE, FENCED IN, DURING THE HOURS OF 6:00-100 P.M (A FREE OFFERING OF A GLASS OF WINE + SNACK) ADULTS ONLY

**No. 0001**

**Prize \$15.00 per person**

**St. Charles Lwanga Ushers Ministry**

**Out Door Jazz on the Grass Concert**

*" The Mahogany Love Show"*  
**Celebration**

**St. Charles Parish Grounds**

**Saturday**

**August 18, 2018**

**6:00 to 10:00 PM**

Set ups provided

10400 Stoepel Street

Detroit, MI 48204

Enjoy an evening with Friends

Fun & Music, Food and Drinks

Serving of: Water/Pop/Wine/Horsed'oeuvres

**St. Charles Lwanga Ushers Ministry**

**Out Door Jazz on the Grass Concert**

*" The Mahogany Love Show"*  
**Celebration**

**Saturday**

**August 18, 2018**

**6:00 to 10:00 PM**

Set ups provided

**Prize \$15.00 per person**

**No. 0001**



2018

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

Begin Set-up Date: Aug 17 Time: 5:00 Complete Set-up Date: 9:00 PM Time:

Event Start Date: Aug 18 Time: 6:00 Event End Date: Aug 18 Time: 10:00 PM

Begin Tearing Down Date: Complete Tear Down Date: Aug 18-2018

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

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: 10400 STOEPEL PROPERTY

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

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as 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**

Describe the entertainment for this year's event:

JAZZ BAND

Will a sound system be used?  Yes  No

If yes, what type of sound system?

Describe specific power needs for entertainment and/or music:

NONE

How many generators will be used? NONE

How will the generators be fueled? N/A

Name of vendor providing generators:

Contact Person:

N/A

Address:

Phone:

City/State/Zip

### Section 5- 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 there be vending or sales?

Yes

No

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Indicate type of items to be sold:

### Section 6- 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

How will you advise attendees of parking options?

PARKING ATTEND IN OUR OWN LOT.

**Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION**

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

SOUND (MAYBE)

NO MORE TRAFFIC THAN CHURCH SERVICE

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 WILL GO UP TO THE 10 HOMES EFFECTING

**Section 8- EVENT SET-UP**

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)		
Canopy (open on all sides)		
Staging/Scaffolding	<u>1</u>	<u>10x16' 1' HEIGHT</u>
Bleachers		

**Section 9- COMPLETE ALL THAT APPLY**

**Emergency medical services?**

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

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

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

**Name of company providing port-a-johns.**

Contact Person: N/A

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

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

**Name of private catering company?**

Contact Person: N/A

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



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

STREET NAME: STEARNS (PARTIALLY)  
FROM: STEARNS TO: LIVERNOIS  
CLOSURE DATES: AUG. 18 BEG TIME: 5:00P END TIME: 11:00PM  
REOPEN DATE: AUG 18 TIME: 11:00 PM

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: \_\_\_\_\_

STOE PLG

10400

STAGE

WINE

BEER

POP

WATER

PARKING LOT

STAIRS

RESTROOMS

ACTIVITY CENTER

CLOSED

YARD ENTRANCE

TICKETS  
ID  
CHECKS

LIVERNOIS

JAZZ ON THE GRASS 2018

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

ST. CHARLES LWANQA CATH. Church

Churches REGULAR POLICY

ARCHDIOCESE of DETROIT

REST ROOMS ON SITE

FENCED IN EVENT

**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, understood and agreed 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 regulations 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.

John A. Blum March 15-2018  
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: JAZZ ON THE GRASSES Event Date: Aug 18-18  
Event Organizer: ST. CHARLES LUMINA USHERS  
Applicant Signature: John A. Blum Date: 03-15-18

# Michigan Sales and Use Tax Certificate of Exemption

TO BE RETAINED IN THE SELLER'S RECORDS - DO NOT SEND TO TREASURY.

This certificate is invalid unless all four sections are completed by the purchaser.

## SECTION 1 - CHECK ONE OF THE FOLLOWING

One time purchase

Blanket certificate (Note: A blanket certificate is valid for four years from the date of signature unless an earlier expiration date is listed below)  
Expiration date, if less than four years: \_\_\_\_\_

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made under this certificate from ST. CHARLES LUWANGA PARISH and certifies  
(Vendor's Name)

that this claim is based upon the purchaser's proposed use of the items or services, or the status of the purchaser.

## SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

All items purchased

Limited to the following items: \_\_\_\_\_

## SECTION 3: BASIS FOR EXEMPTION CLAIM

For Resale at Retail - Sales Tax Registration Number: \_\_\_\_\_

For Resale at Wholesale - No Number Required

For Lease - Use Tax Registration Number: \_\_\_\_\_

Agricultural Production - No Number Required (Describe) \_\_\_\_\_

Industrial Processing - No Number Required

Government Entity, Nonprofit School, Nonprofit Hospital, and Church (Circle type of organization.)

Nonprofit Internal Revenue Code Section 501(c)(3) and 501(c)(4) Exempt Organizations (Attach copy of IRS letter ruling).

Nonprofit Organizations with an Exempt letter from the State of Michigan (Attach a copy of State's letter)

Other (explain): \_\_\_\_\_

## SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

ST. CHARLES LUWANGA Purchaser 10400 STOEPEL Street Address

(313) 933-6788 Area Code / Telephone No. DETROIT, MI City MI State 48204 Zip Code

Theodore K. Tanker Signature and Title 3/07/16 Date Signed

Theodore K. Tanker Name (Print or Type) 53-0196617 Social Security No. or FEIN



PARKING LOT

ACTIVITY CENTER  
REST ROOMS

VENDORS

STAIRS

VENDORS

YARD ENTRANCE

BEER & WINE

POP & WATER

ICE CREAM

TICKETS  
L.I.D. CHECKS

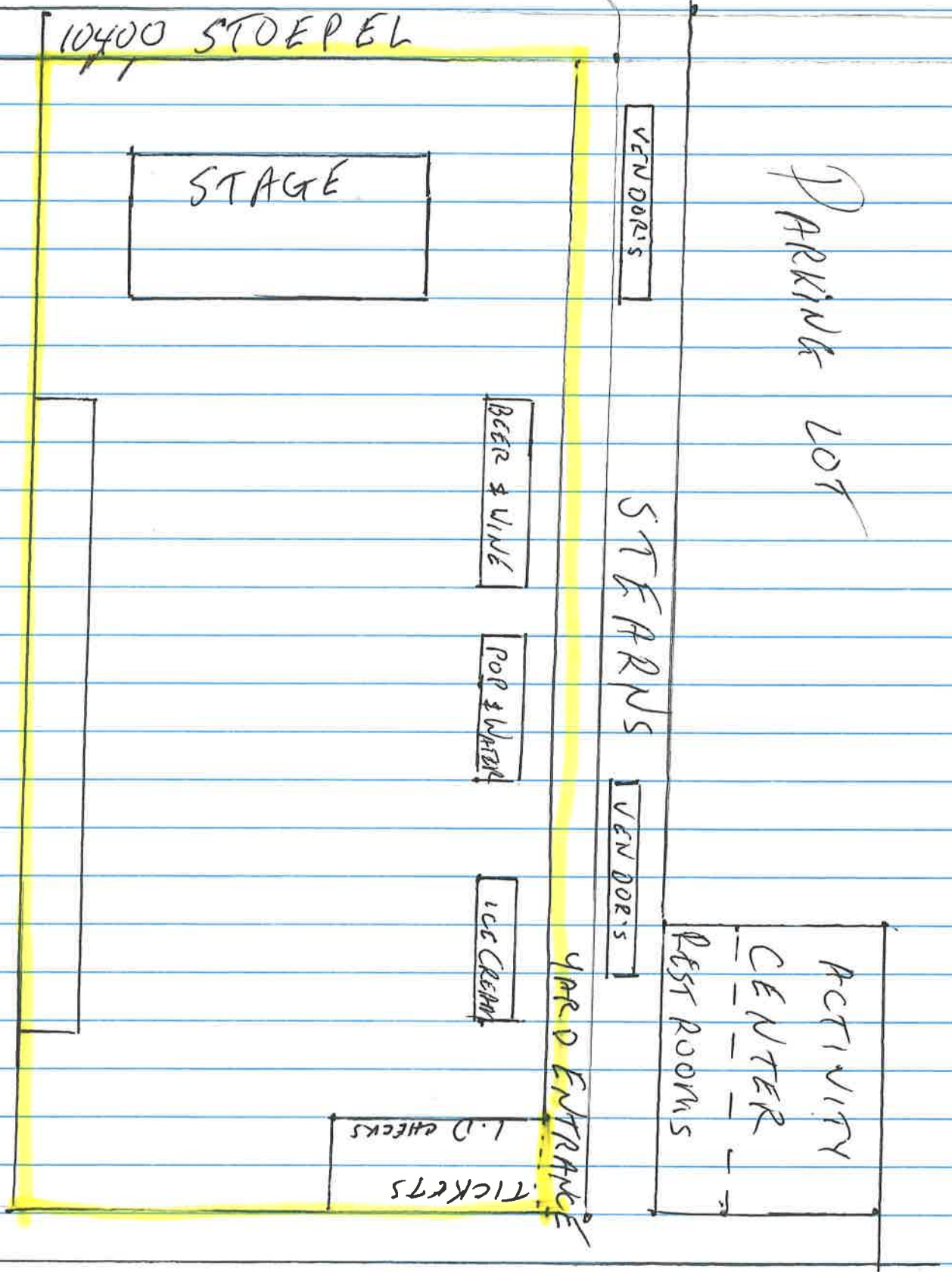
STAGE

10400 STOEP EL

LIVRNOIS

JAZZ ON THE GRASS 2016

FENCE



**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 325 Event Name: Laker Tailgate

Event Date : July 31, 2018

Street Closure: John R. Street

Organization Name: Grand Valley State University

Street Address: 163 Madison Street Detroit, MI 48226

Receipt date of the <b>COMPLETED</b> Special Events Application:	
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: Tailgate
- 24-Hour Liquor License**

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

Tailgate at the Grand Valley State University Detroit Center from 4:30pm - 6:30pm, with a temporary street closure on John R. from Adams to Madison; with estimated attendance of 600.

**\*\* 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"/>	Contracted with Guardian Alarms to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; No EMS Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>No Permits Required</b>

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tent
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Lusher

Date: May 15, 2018

# City of Detroit

## OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Vivian A. Hudson  
Deputy City Clerk

### DEPARTMENTAL REFERENCE COMMUNICATION

*Thursday, May 03, 2018*

*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    POLICE DEPARTMENT  
BUSINESS LICENSE CENTER    BUILDINGS SAFETY ENGINEERING  
DPW - CITY ENGINEERING DIVISION    FIRE DEPARTMENT  
TRANSPORTATION DEPARTMENT    MUNICIPAL PARKING DEPARTMENT

**325**    *Grand Valley State University, request to hold "Laker Tailgate" at 163 Madison St. on July 31, 2018 from 4:30pm to 6:30pm. Set-up at 9 am on 7/31/18 and Tear down at 6:30pm on 7/31/18 a with temporary street closure on John R from Adams - Madison at multiple times.*

## 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. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: Laker Tailgate

Event Location: 163 Madison Street Detroit, MI 48226 and John R. Street

Is this going to be an annual event?  Yes  No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Grand Valley State University

Organization Mailing Address: 201 Front Ave. SW, Suite 310 Grand Rapids, MI 49504

Business Phone: 616-331-2240

Business Website: www.gvsu.edu

Applicant Name: Erin Abel

Business Phone: 616-402-2000

Cell Phone: 616-402-2000

Email: abeleri@gvsu.edu

**Event On-Site Contact Person:**

Name: Erin Abel or Courtney Geurink

Business Phone: 616-402-2000

Cell Phone: 616-402-2000

Email: abeleri@gvsu.edu or geurinkc@gvsu.edu

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

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

**Please provide a brief description of your event:**

**Grand Valley State University would like to provide a Laker Tailgate at our GVSU Detroit Center for up to 600 people. This will take place before GVSU Night at Comerica. This event is a time for GVSU friends, family, students, and faculty/staff to get together to eat, drink, play games, and network before the GVSU Tigers game.**

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

Begin Set-up Date : July 31st      Time: 9am      Complete Set-up Date: July 31st      Time: 4:00pm

Event Start Date: July 31st      Time: 4:30pm      Event End Date: July 31st      Time: 6:30pm

Begin Tearing Down Date: July 31st      Complete Tear Down Date: August 1<sup>st</sup> by 12pm

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

July 31<sup>st</sup> 4:30-6:30pm

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: John R. Street between GVSU Detroit Center and Detroit Athletic Club

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

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as 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**

Describe the entertainment for this year's event: No entertainment planned

Will a sound system be used?       Yes       No

If yes, what type of sound system?

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- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No

If yes, please describe: Attendees will purchase ticket before event through GVSU.

Will there be on-site ticket sales?  Yes  No

If yes, list price(s): \$15.00, must have ticket to attend the event.

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Indicate type of items to be sold: Only items for purchase on site are tickets for beverages being provided by Hard Rock Café.

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Guardian Alarms

Contact Person: Barry Ablett

Address: 871 W. River Center Dr. NE

Phone: 616-785-8775

City/State/Zip: Comstock Park, MI 49321

Number of Private Security Personnel Hired Per Shift: 4

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

All attendees have been told no parking has NOT been reserved for them and they must find parking on their own.





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

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

**STREET NAME:** John R. Street

**FROM:** Adams **TO:** Madison

**CLOSURE DATES:** July 31 **BEG TIME:** 9am **END TIME:** \_\_\_\_\_

**REOPEN DATE:** August 1 **TIME:** 12pm

**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:** \_\_\_\_\_

**PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:**

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

We understand that this street usually closes for each Tigers game during a small portion of time. If we need to open the street back up on July 31<sup>st</sup> before the Tigers game ends, we are willing to make that work. Ideally, we would like to re-open the street on August 1<sup>st</sup> at 12pm so all vendors may clean up.

Attached are three diagrams of the event to show you all aspects of the layout. We have also attached our certificate of insurance and community communication.

If we are missing anything or you have any questions, please contact Erin Abel or Courtney Geurink. Contact information is listed on page 1.

**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, understood and agreed 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 regulations 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.

Gun Abel  
Signature of Applicant

4-19-18  
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.

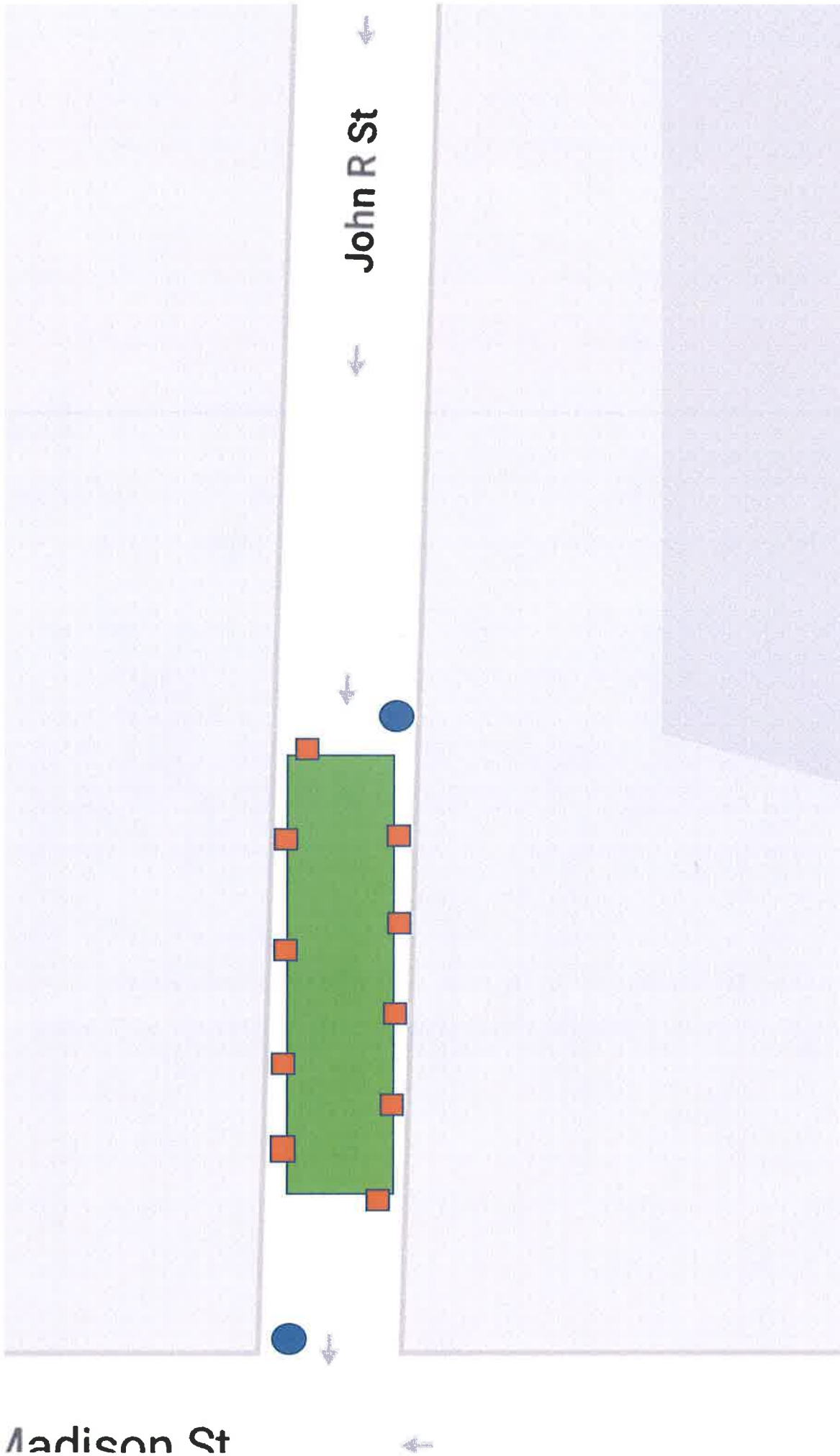
(Please Print)

Event Name: Laker Tailgate Event Date: July 31, 2018

Event Organizer: Grand Valley State University

Applicant Signature: Gun Abel Date: 4-19-18





**Diagram # 2**  
**GVSU Laker Tailgate – July**

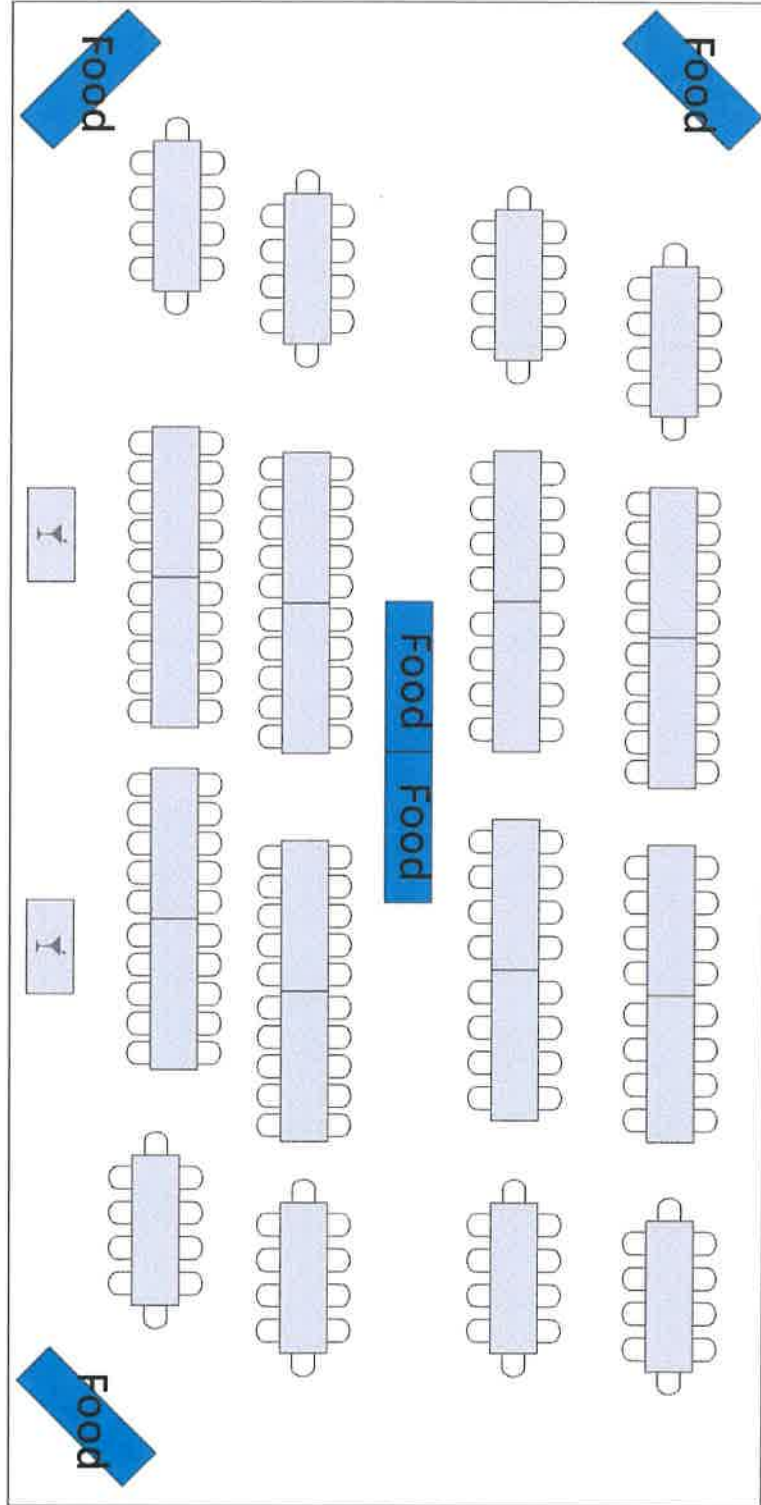
**Green** – Tent

**Orange** – Waste receptacle

**Blue** – Security Check Point

**Madison St**

**John R St**



Exit

Entrance

5 Feet

**Equipment List**

[29 Total Tables, 228 Total Chairs]



2 5' X 2.5' Bar



6 8' X 30" Rectangle, seats 8

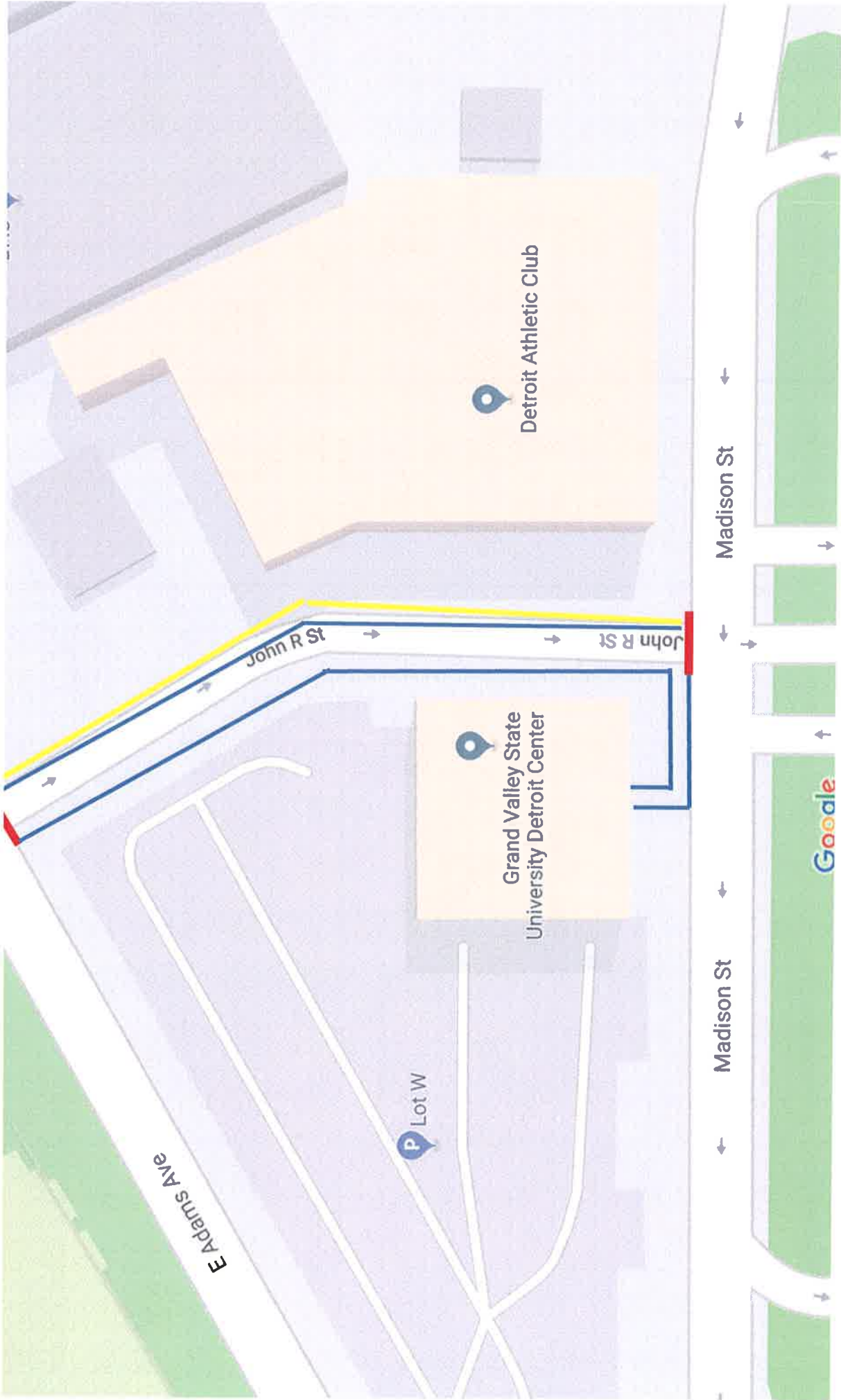


18 8' X 30" Rectangle, seats 10



5 8' X 30" Rectangle

**Notes**



**Diagram # 1, GVSU Laker Tailgate – July 31<sup>st</sup>**

**Blue line** – fencing securing our event area

**Red line** – barricades closing the street

**Yellow line** – sidewalk open to the public

\*Restrooms are located inside our building, Grand Valley State University







Facility Services Since 1945

**Aaro Companies**

24643 Hoover Road, Warren, Michigan 48089

Day: 586.759.3700 Fax: 586.759.8506

[www.aarocompanies.com](http://www.aarocompanies.com)

**Aaro  
Window  
Cleaning**

**Commercial  
Building  
Maintenance**

**Commercial  
Janitorial  
Supply**

April 5, 2018

Grand Valley State University  
Detroit Center Building  
163 Madison  
Detroit, MI 48226

Attn: Erin Abel  
Email: [abeleri@qvsu.edu](mailto:abeleri@qvsu.edu)

Aaro Companies offers for your consideration and approval the following quotation:

**Special event July 31st**

**Supply 2-person crew from 4 pm to 7 pm**

- **1 person inside, vestibule, main lobby and all baths, check all rooms**
- **1 person outside, monitor all trash cans**
- **Supply 10 brute 32-gal trash containers**
- **Place cans along John R, 5 - On each side of street**

**For the sum of ... \$589.00**

We will furnish all tools, equipment and labor insured under Workmen's Compensation, Public Liability and Property Damage Insurance. All work to be performed in an orderly manner. If you have any questions please feel free to contact me at 586.756.3100.

Sincerely,

A handwritten signature in cursive script that reads "Thomas Fabbri".

Thomas Fabbri  
President/CEO  
TF/smd

**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 274 Event Name: Kindred Music & Culture Festival

Event Date : July 21, 2018

Street Closure: None

Organization Name: Kindred Media & Entertainment

Street Address: P.O. Box 211232 Detroit, MI

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

Music & Culture Festival showcasing African - American Youth and Detroit's Upcoming Talent at Roosevelt Park from 12:00pm - 10:00pm.

**\*\* 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"/>	DPD Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with American Red Cross to Provide EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Fencing Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Stages & Generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

**MAYOR'S OFFICE**

Signature: **Bethanie Fisher**

Digitally signed by Bethanie Fisher  
 DN: cn=Bethanie Fisher, o=City of Detroit, ou=Special Events, email=fisherb@detroitmi.gov, c=US  
 Date: 2018.05.15 16:18:48 -04'00'

Date: **May 15, 2018**

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

Janice M. Winfrey  
City Clerk

Vivian A. Hudson  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Wednesday, May 16, 2018*

*To: The Department or Commission Listed Below*

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

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**AMENDMENT**

Herewith, the following referral is a copy of Petition **274**

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

**274**    *Kindred Media & Entertainment, request to hold "Kindred Music & Culture Festival" at Paradise Valley on July 21, 2018 from 12:00 pm to 10:00 pm with temporary street closures.*

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

**PETITIONER IS AMENDING PETITION DUE TO:**  
**Amended Application. See attached.**

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

# AMENDED

## DEPARTMENTAL REFERENCE COMMUNICATION

*Tuesday, April 03, 2018*

*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    POLICE DEPARTMENT  
FIRE DEPARTMENT    BUILDINGS SAFETY ENGINEERING  
BUSINESS LICENSE CENTER    DPW - CITY ENGINEERING DIVISION  
RECREATION DEPARTMENT    TRANSPORTATION DEPARTMENT

**274**    *Kindred Media & Entertainment, request to hold "Kindred Music & Culture Festival" at Paradise Valley on July 21, 2018 from 12:00 pm to 10:00 pm with temporary street closures.*

## 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. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: Kindred Music & Culture Festival

Event Location: Roosevelt Park, 2405 Fernor Hwy, Detroit, MI 48216

Is this going to be an annual event?  Yes  No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Kindred Media & Entertainment

Organization Mailing Address: P.O. Box 211232

Business Phone: (313) 404-1161

Business Website: kindred-media.com

Applicant Name: Leah Hill

Business Phone: (313) 404-1161 Cell Phone: (313) 575-0066 Email: lhill@kindred-media.com

#### Event On-Site Contact Person:

Name: Leah Hill

Business Phone: (313) 404-1161

Cell Phone: (313) 575-0066

Email: lhill@kindred-media.com

#### 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: _____        |

#### Please provide a brief description of your event:

Kindred is a music and culture festival that aims to give a platform to black youth culture, it will highlight Detroit's most promising upcoming talent. Kindred music & Culture Festival will bring together like minded individuals to share business, critical thoughts, art, civic work, and much more. This festival is about a true and authentic celebration of black culture. During the day there will a full lineup of musical acts, vendors, and food that represent blackness in several different ways.

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

Begin Set-up Date: 7/18/2018 Time: 6:00pm Complete Set-up Date: 7/21/2018 Time: 10:00am

Event Start Date: 7/21/2018 Time: 12:00pm Event End Date: 7/21/2018 Time: 10:00pm

Begin Tearing Down Date: 7/21/2018 Complete Tear Down Date: 7/21/2018

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

### Section 3- LOCATION/SITE INFORMATION

Location of Event: Roosevelt Park, 2405 Vernor Hwy, Detroit, MI 48216

Facilities to be used (circle):  
Facility

Street

Sidewalk

Park

City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as 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

Describe the entertainment for this year's event: Festival entertainment will include

Will a sound system be used?  Yes  No

If yes, what type of sound system?

Describe specific power needs for entertainment and/or music:

E.g. P.A. System

How many generators will be used? Two

How will the generators be fueled? Gasoline

Name of vendor providing generators:

Contact Person: Rob Brown

Address:

Phone: (313) 613-3030

City/State/Zip: Southfield, MI



### Section 5- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No

If yes, please describe: Tickets will be sold online leading up to the event. Tickets will be \$40 - ticket sale goal of 3,000

Will there be on-site ticket sales?  Yes  No

If yes, list price(s): If ticket sale capacity has not been hit leading up to the event tickets will be sold on-site

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food  Merchandise  Non-Alcoholic Beverages  Alcoholic Beverages

Indicate type of items to be sold: Kindred merchandise will be sold including shirts, hats and bags. Various established food truck vendors will sell food. There will be pop, juices, and water sold. Mixed drinks, beer, and wine will be sold.

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: Charles Muhammad

Address: 2000 Town Center Suite 1900 Phone: (248) 351-1754

City/State/Zip: Southfield, MI 48075

Number of Private Security Personnel Hired Per Shift: 10

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

Licensed  Armed  Bonded

How will you advise attendees of parking options? Utilize Downtown Detroit parking or park in new center and take transit downtown

**Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION**

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

There will be sound carryover and a shift of pedestrian traffic out of the park as well as motor vehicle shift of traffic due to closure of 16th street.

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

**Section 8- EVENT SET-UP**

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)		
Canopy (open on all sides)	24	20 - 10'x10', 1 - 60'x30', 1 - 20'x20', 1 - 20'x10', 1 - 18'x20'
Staging/Scaffolding	1	18'x24'
Bleachers		

**Section 9- COMPLETE ALL THAT APPLY**

**Emergency medical services?**

Contact Person: Emily Fueka

Address: 4624 Packard St City, State: Ann Arbor, Michigan

Zip: 48108

**Name of company providing port-a-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. **Barricades are not available from the City of Detroit.**

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

**STREET NAME:** 16th Street

**FROM:** Michigan Ave **TO:** Vernon Ave

**CLOSURE DATES:** 7-18-2018 **BEG TIME:** 6pm **END TIME:** \_\_\_\_\_

**REOPEN DATE:** 7-22-2018 **TIME:** 10am

**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:** \_\_\_\_\_

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

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**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, understood and agreed 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 regulations 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.

John Hill 5/3/2019  
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: Kindred Music + Culture Festival Event Date: 7/21/2019

Event Organizer: Leah Hill, Kindred Media + Entertainment

Applicant Signature: John Hill Date: 5/3/2019



Goods

Michigan Ave.

# Emergency Medical



First Aid Services Team  
4624 Packard St., Ann Arbor, Michigan 48108  
248-2-EVT-MED

## Agreement for the Provision of First Aid Services

This is an agreement ("Agreement") for the provision of first aid services between Kindred Media (PO Box 211232, Detroit, MI 48221) ("**Event Sponsor**") and the American Red Cross ("**Red Cross**"):

### 1. **Event:**

- a. **Name and Purpose/Nature of Event:** Kindred Music and Culture Festival
- b. **Location of Event:** Paradise Valley, 1472 Randolph St., Detroit, MI 48226
- c. **Expected Number of Participants:** ~ 5,000
- d. **First Aid Situations Anticipated by Event Sponsor:** Dehydration, Alcohol Poisoning, Effects of Drug Usage
- e. **Event Date(s):** 7/21/2018
- f. **Times of On-Site First Aid Services:**
  - i. 7/21/2018 from 10:00am to 10:00pm

### 2. **First Aid Services:** Red Cross will provide the following first aid services for the Event including but not limited to at least 4 first aid personnel:

- 1 first aid station (basic) located on Randolph St. near the Centre St. intersection
- 1 roaming first aid team (basic)

Within the guidelines of local and state regulations, the level of care provided at a Red Cross first aid station will be consistent with the first aid procedures taught in Red Cross courses and will not exceed the procedures in the current and most advanced national Red Cross first aid training course, Emergency Medical Response. While operating under these guidelines, first aid station team members are limited by their respective levels of certification; however, first aid station team members regardless of their individual health professional licensure or certification will not operate above the scope of a Red Cross Emergency Medical Responder.

### 3. **Responsibilities of Event Sponsor:** The Event Sponsor will provide a designated 20' X 20' area for the first aid station. Red Cross personnel will be granted full access to the Event grounds and registrant information as and when needed to provide first aid services. Red Cross will also be provided with at least one parking space on or reasonably near the festival grounds.

# Goss LLC

# Insurance

Quote for: Kindred Media & Entertainment

Type of Quote: Package

## Agent

**AR ID:** MH1458  
**Name:** Art Judson  
**Agency:** Goss LLC  
**Email:** aejudson@gossllc.com  
**Phone:** 3133472418  
**Fax:**

## Insured

**Name:** Kindred Media & Entertainment  
**Address:** PO Box 211232  
Detroit, MI, 48221  
**Phone:**

## Writing Company

**Carrier:** United States Liability Insurance  
**AM Best:** A++ X (as of 06/12/2015)  
**NAIC#:** 25895  
**Filing State:** MI

**Effective Dates:** Dates To Be Determined

**Submission #:** MI11800735

## Description of Coverage:

GL & LIQ Liability for 7/21/18 event in Detroit, MI. Premium quote is for \$1M/\$2M.

## Subject To:

All Additional Insured's and Waiver of Subrogation Charges are fully earned

Fully Completed Supplemental

The listing of forms and endorsements are for informational purposes only and does not intend to represent the entire list of forms and/or endorsements that may be attached to any policy issued as a result of this quotation.

## Premium Calculation

Premium	\$2,381.00
<b>Total</b>	<b>\$2,381.00</b>

## Percentages

Minimum Earned Premium	100.00%
Minimum & Deposit	100.00%

Auditable

**See Attached Quote for Complete Terms & Conditions**



# Port-a-John and Sanitation

DELIVERY TICKET [ Stop:0 ]

BOBS SANITATION SERVICE, INC

SCOTTY'S POTTIES  
 P.O. BOX 530845  
 LIVONIA, MI 48153



Ph: (734) 421-1400

Fax: (734) 946-7382

Service Address
KINDERED MEDIA AND ENTERTAINMENT HARMONIE PARK ACROSS STREET FROM 1502 RANDOLPH ST DETROIT, MI 48226

Billing Address
KINDERED MEDIA AND ENTERTAINMENT PO BOX 211232 DETROIT, MI 48221



Phone: (313) 575-0066

Contact: LEAH

Phone: (313) 926-3738

Contact: CHELSI



Order #: 56515 - 01

Site #	Cust #	Sched Date	Day	Time	Clerk	Req Date	Route	P.O.#	Terms	Sales Source/Cred	Mrkt/Tier
20529	KINDEREDME	Jul 18, 18	Wed		DW	Mar 19, 18			NET10	/	S07/

DELIVERY TICKET - Ord# 56515

Driver= \_\_\_ Route= \_\_\_ Stop=0 Truck= \_\_\_ Trailer= \_\_\_

SN# =

Page 1 / 1

Rate	Rate Description	Quantity	Rate	Cost	Tax
DELV	THIRTY SPECIAL EVENT UNITS WITH HAND SANITIZER	30.0	85.00	2,550.00	0.00
DELV	THREE PHYSICALLY CHALLENGED SPECIAL EVENT UNITS	3.0	175.00	525.00	0.00
<b>Grand Total:</b>			<b>3,075.00</b>	<b>3,075.00</b>	<b>0.00</b>

Existing Units:

Serial# \_\_\_\_\_

Message

**SEE BACK OF TICKET FOR TERMS AND CONDITIONS ; PLEASE  
 SIGN AND RETURN YELLOW COPY TO US! THANK YOU!**

Map:

Lat = 42.3366422 Long = -83.0459965

Directions:

WEST OFF RANDOLPH ST.  
 SOUTH OF MADISON

Driver Notes:

CALL CONTACT FOR PLACEMENT

Bill Note::

COLLECT CHECK ON DELIVERY

Customer Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Driver: \_\_\_\_\_ Date: \_\_\_\_\_

# stage structure design



## GENERAL STRUCTURAL NOTES

### CODES AND REFERENCE

1. 2009 INTERNATIONAL BUILDING CODE
2. ASCE 7-05 MINIMUM DESIGN LOADS FOR BUILDINGS AND OTHER STRUCTURES
3. ASCE 37-02 DESIGN LOADS ON STRUCTURES UNDER CONSTRUCTION
4. ANSI E1.21-2006 ENTERTAINMENT TECHNOLOGY, "TEMPORARY GROUND-SUPPORTED OVERHEAD STRUCTURES USED TO COVER THE STAGE AREAS AND SUPPORT EQUIPMENT IN THE PRODUCTION OF OUTDOOR ENTERTAINMENT EVENTS"
5. ANSI E1.2-2006 ENTERTAINMENT TECHNOLOGY, "DESIGN, MANUFACTURE AND USE OF ALUMINUM TRUSSES AND TOWERS"
6. ALUMINUM DESIGN MANUAL, 2005 EDITION
7. AISC STEEL MANUAL, 13<sup>TH</sup> EDITION

### DESIGN LOADS

1. DEAD LOAD: SELFWEIGHT OF STRUCTURE
2. RIGGING LOADS: SEE ATTACHED
3. WIND LOAD:
  - A. DESIGN WIND SPEED: 30 MPH (BARE STRUCTURE – NO SIDEWALL SCRIM)
  - B. DESIGN WIND SPEED: 20 MPH (WITH SIDEWALL SCRIM – SEE HIGH WIND ACTION PLAN)
  - C. EXPOSURE: B
  - D. IMPORTANCE FACTOR: 1.0
4. SEISMIC LOADS DO NOT CONTROL THE DESIGN OF THIS STRUCTURE.

### CONSTRUCTION AND SAFETY

1. ENGINEER SHALL NOT BE RESPONSIBLE FOR MEANS, METHODS, OR SEQUENCE OF CONSTRUCTION UNLESS SPECIFICALLY STATED ON THE DRAWINGS.
2. ENGINEER HAS DESIGNED THE STRUCTURES FOR THEIR FINAL AS-BUILT CONDITION. ENGINEER IS NOT RESPONSIBLE FOR TEMPORARY STABILITY OF STRUCTURES DURING ERECTION UNLESS SPECIFICALLY STATED ON THE DRAWINGS.
3. STRUCTURE HAS BEEN DESIGNED AS A TEMPORARY STRUCTURE THAT SHALL BE IN PLACE FOR LESS THAN 6 WEEKS.

### FOUNDATIONS

1. THE STRUCTURE IS ASSUMED TO BE FOUNDED ON LEVEL GROUND (CONCRETE, ASPHALT, GRASS, ETC) WITH A MINIMUM NET ALLOWABLE BEARING CAPACITY OF 1500 PSF.

### BALLAST

1. BALLAST SHALL BE INSTALLED PER THE ENGINEERING DRAWINGS. DEVIATIONS IN WEIGHT OR PLACEMENT SHALL BE APPROVED IN WRITING BY THE ENGINEER OF RECORD.
2. BALLAST SHALL NOT BE INSTALLED ON SLOPING GROUND, GRAVEL OR ICE UNLESS PRECAUTIONS ARE TAKEN TO PREVENT SLIDING OF THE BALLAST.



## OPERATIONS MANAGEMENT PLAN

### IMPLEMENTATION OF PLAN

1. PRIOR TO EACH INSTALLATION, THE CLIENT SHALL DESIGNATE A RESPONSIBLE PERSON IN CHARGE OF IMPLEMENTING ALL PHASES OF THE OPERATIONS MANAGEMENT PLAN.
2. A MEETING SHALL BE HELD AT THE VENUE WITH THE PROMOTER, OWNER OR STAGE MANAGER TO DISCUSS THE HIGH WIND ACTION PLAN AND OTHER OPERATIONAL ITEMS.
3. THE METHOD OF INITIATING EVENT CANCELLATION MUST BE OUTLINED EXPLICITLY PRIOR TO THE EVENT ALLOWING FOR IMMEDIATE ACTION IF NECESSARY.
4. A COPY OF THIS PLAN SHOULD BE PROVIDED TO LOCAL POLICE OR FIRE DEPARTMENTS IN ORDER TO HELP USHER PATRONS IN THE EVENT OF AN EVACUATION.

### DAILY OPERATIONS PLAN

1. CHECK WEATHER EACH MORNING AND PERIODICALLY THROUGHOUT THE DAY.
2. CHECK TOWER BASES DAILY TO ENSURE ALL REMAIN LEVEL AND PLUMB
3. CHECK GUY WIRES AND BALLAST ASSEMBLIES DAILY TO VERIFY LINES ARE TENSIONED AND BALLAST HAS NOT MOVED.
4. PROVIDE A DAILY LOG OF THE ABOVE CHECKS FOR EACH INSTALLATION.

### HIGH WIND ACTION PLAN

1. THE HIGH WIND ACTION PLAN SHALL BE IN EFFECT FOR THE ENTIRETY OF THE EVENT. AN EVENT SHALL BE DEFINED AS STARTING AT THE INITIAL COMMENCEMENT OF THE STRUCTURE INSTALLATION AND ENDING ONCE THE STRUCTURE IS COMPLETELY DISMANTLED.
2. A COMPETENT RESPONSIBLE PERSON FROM THE VENUE OR RIGGING COMPANY SHALL BE PRESENT FOR THE DURATION OF THE EVENT TO IMPLEMENT THE HIGH WIND ACTION PLAN (SEE ABOVE).
3. A REGULAR LIAISON WITH LOCAL AIRPORTS AND/OR WEATHER INFORMATION CENTERS SHALL BE MAINTAINED TO ASCERTAIN IF ANY SIGNIFICANT WEATHER EVENTS ARE EXPECTED IN THE IMMEDIATE VICINITY OF THE STRUCTURE
4. AN ANEMOMETER SHALL BE PLACED ON THE STRUCTURE TO MONITOR WIND SPEEDS. THE ANEMOMETER SHALL BE PLACED AT THE TOP OF A TOWER OR AN ADJACENT STRUCTURE AT A HEIGHT EQUIVALENT TO THE HEIGHT OF THE TOWER. THE ANEMOMETER SHALL BE LOCATED WITHIN 50 YARDS OF THE STRUCTURE.
5. NOTED WINDS SPEEDS ARE 3 SECOND GUSTS IN ACCORDANCE WITH ASCE 7.
6. **WHEN WIND SPEEDS ARE EXPECTED TO EXCEED 15 MPH:** A TEAM OF QUALIFIED PERSONNEL SHALL BE PUT ON ALERT. ALL NECESSARY PERSONNEL SHALL BE IN PLACE AND PUT ON STANDBY.
7. **WHEN WIND SPEEDS ARE EXPECTED TO EXCEED 20 MPH:**
  - a. ALL SCRIM SHALL BE REMOVED FROM THE SYSTEM.
  - b. ALL VIDEO WALLS AND LARGE SPEAKER CLUSTERS SHALL BE LOWERED TO THE GROUND AND SECURED. LOWERING OF SCRIM OR EQUIPMENT SHALL BE DONE FROM THE GROUND BY MEANS OF REMOTELY ACTIVATED EQUIPMENT SUCH AS MOTORS OR MECHANICAL RELEASES.
  - c. ALL SHOW OPERATIONS SHALL CEASE AND THE IMMEDIATE AREA SHALL BE EVACUATED. LOWER ROOF IF TIME PERMITS AND WIND SPEEDS ARE BELOW 15 MPH
8. **AT WINDS SPEEDS IN EXCESS OF 30 MPH,** ALL PERSONNEL SHOULD MAINTAIN SAFE DISTANCE FROM THE ROOF SYSTEM AS COLLAPSE OF THE ROOF SYSTEM MAY OCCUR.
9. THE HIGH WIND ACTION PLAN SHALL BE POSTED AT A CONSPICUOUS AREA ON SITE. IT MUST BE AVAILABLE AT ALL TIMES TO VENUE OPERATORS AND CREW.



DESIGNER:	JAMES THOMAS ENGINEERING, INC. 2027
DRAWING NO.:	TBD
PART NO.:	TBD
PROJECT:	CUSTOM ULTRALITE GONDOLA
DRAWING TITLE:	2.15 x 2.15' CUSTOM PEAK GENERAL ARRANGEMENT
CUSTOMER:	WEST RIVER
PRODUCT:	NSP
SCALE:	AS SHOWN
DATE:	JANUARY 2011
DESIGNED BY:	JAM
CHECKED BY:	JAM
APPROVED BY:	
EXPIRE DATE:	1/1/14

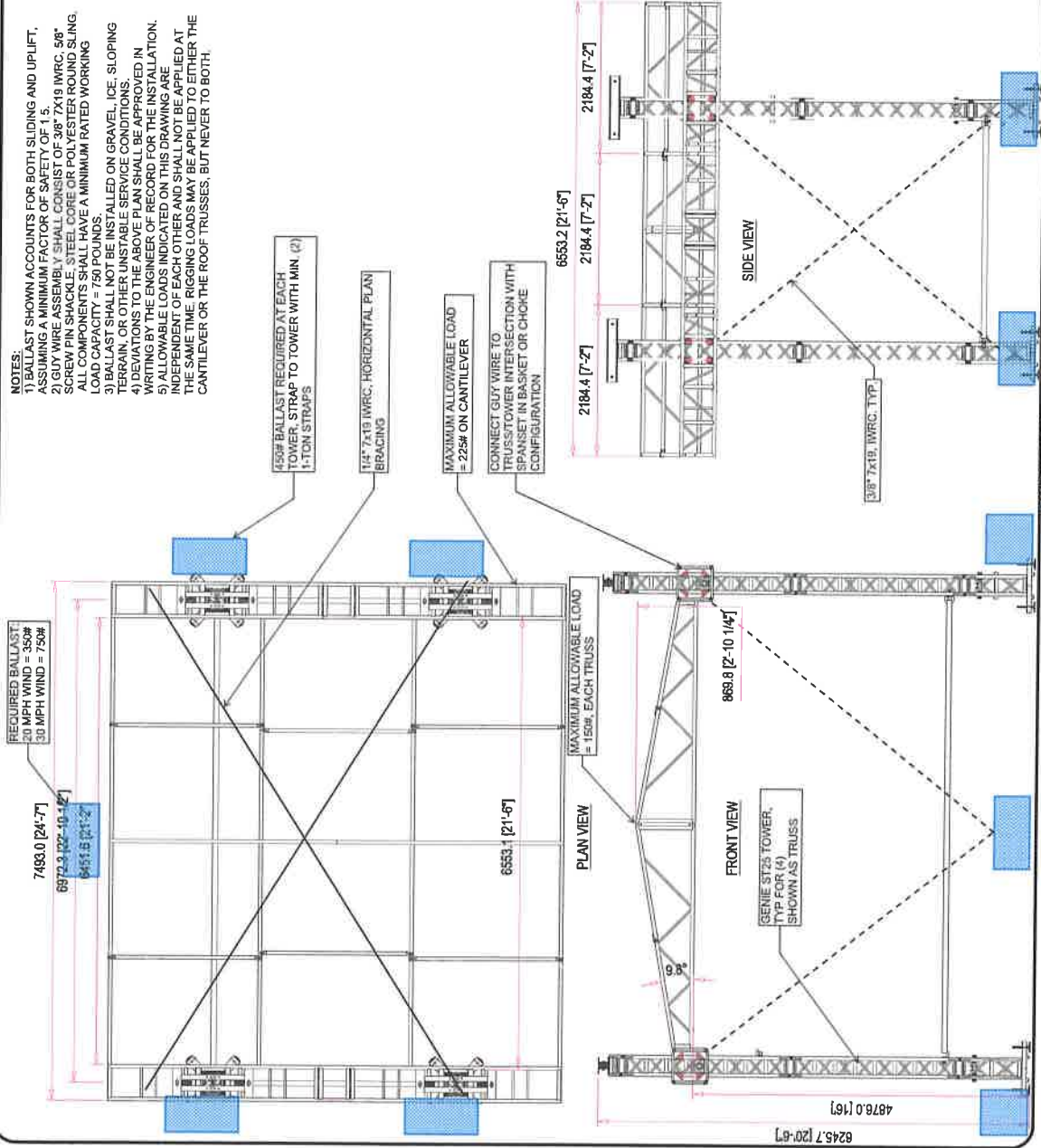
**DO NOT SCALE**  
ALL DIMS ARE IN FEET UNLESS STATED OTHERWISE

**NTS**  
NOT TO SCALE

**PROUDLY MADE in the USA**  
WEST RIVER U.S. CORP.

**JAMES THOMAS ENGINEERING, INC.**  
1500 CAMDEN DR.  
ROCKVILLE, MD 20850  
WWW.JTEENGINEERING.COM

- NOTES:**
- 1) BALLAST SHOWN ACCOUNTS FOR BOTH SLIDING AND UPLIFT, ASSUMING A MINIMUM FACTOR OF SAFETY OF 1.5.
  - 2) GUY WIRE ASSEMBLY SHALL CONSIST OF 3/8" 7X19 IWRC 5/8" SCREW PIN SHACKLE, STEEL CORE OR POLYESTER ROUND SLING. ALL COMPONENTS SHALL HAVE A MINIMUM RATED WORKING LOAD CAPACITY = 750 POUNDS.
  - 3) BALLAST SHALL NOT BE INSTALLED ON GRAVEL, ICE, SLOPING TERRAIN, OR OTHER UNSTABLE SERVICE CONDITIONS.
  - 4) DEVIATIONS TO THE ABOVE PLAN SHALL BE APPROVED IN WRITING BY THE ENGINEER OF RECORD FOR THE INSTALLATION.
  - 5) ALL DIMENSIONS SHOWN ON THIS DRAWING ARE TO FACE UNLESS OTHERWISE NOTED. DIMENSIONS SHALL BE APPLIED AT THE SAME TIME. RIGGING LOADS MAY BE APPLIED EITHER THE CANTILEVER OR THE ROOF TRUSSES, BUT NEVER TO BOTH.



# parts list

OVERVIEW OF STANDARD MODELS

MODEL	MQ10	MQB/15	MQ4m	MQ10/20	MQ15	MQ5m	MQ15/20	MQ20	MQ20/30	MQ30	MQ20 Hex*	MQ20Hex**	MQ40 Hex***
dimensions	imperial 10' x 10' metric 3.048 x 3.048 m	8'9" x 15' 2.667 x 4.572 m	13'15" x 15'11" 4.048 x 4.625 m	11' x 20' 3.348 x 6.096 m	15' x 15' 4.572 x 4.572 m	16'48" x 16'48" 5.051 x 5.051 m	15' x 20' 4.572 x 6.096 m	20' x 20' 6.096 x 6.096 m	20' x 30' 6.096 x 9.144 m	30' x 30' 9.144 x 9.144 m	17'3" x 20' 5.278 x 6.096 m	28'5" x 32'964" 8.66 x 10 m	34'7" x 40' 10.568 x 12.192 m
total area	imperial 100 sq ft metric 9.29 m <sup>2</sup>	131.25 sq ft 12.17 m <sup>2</sup>	172.22 sq ft 16 m <sup>2</sup>	700 sq ft 64.58 m <sup>2</sup>	225 sq ft 20.903 m <sup>2</sup>	269.08 sq ft 25 m <sup>2</sup>	300 sq ft 27.871 m <sup>2</sup>	400 sq ft 37.161 m <sup>2</sup>	600 sq ft 55.742 m <sup>2</sup>	900 sq ft 83.613 m <sup>2</sup>	259.8 sq ft 24.126 m <sup>2</sup>	699.137 sq ft 64.952 m <sup>2</sup>	1039.23 sq ft 96.547 m <sup>2</sup>
peak height	on 8' legs, imperial on 2.43 m legs, metric 12'8.5" 3.873 m	18' 4.267 m	18'11" 4.297 m	16'9.75" 5.124 m	14'1.5" 4.305 m	16'9.75" 5.124 m	16'7.75" 5.073 m	16'9.75" 5.124 m	18'4.75" 5.607 m	19'5" 5.918 m	18'4.75" 4.749 m	15'7" 4.749 m	22'2.111" 6.756 m
shipping weight	c/w packaging, imperial c/w packaging, metric 130 lbs 58.9 kg	170 lbs 77.1 kg	95 lbs 43 kg	179 lbs 81.1 kg	189 lbs 85.7 kg	272 lbs 123.7 kg	215 lbs 97.5 kg	241 lbs 109.3 kg	485 lbs 219.9 kg	585 lbs 265.3 kg	242 lbs 109.7 kg	370 lbs 167.8 kg	478 lbs 216.8 kg
cast aluminum foot plate	4	4	4	4	4	4	4	4	10	12	6	6	6
90 degree cast aluminum corner c/w fittings for sliding wall	4	4	4	4	4	4	4	4	4	4			
120 degree cast aluminum corner													6
Tubes needed for 8' (2.438 m) legs													
5' (1.524 m) [standard length]		2	2		4	4	2	2					
8' (2.438 m)	4	6	2	4	4	4	4	4	10	12	6	6	6
9'3" (2.819 m)	4	8	2	6	4	8	4	8	10	12	6	6	6
12'4.5" (3.772 m)			4	4								6	6
15'7.87" (4.772 m)													
19'3" (5.867 m)								4	4				
Tubes needed for 9'3" (2.819 m) legs													
connecting eave sleeves				2			2	4					
T-sleeve									6	8			
cross cables	2	2	2	2	2	2	2	2	2	2	3	3	3
guy ropes		4	4	4	4	4	4	4	10	12	6	6 double	6 double
center pole assembly c/w flag staff and adjuster	1	1	1	1	1	1	1	1	1	1	1	1	1
pennants, set of 4 assorted colours	1	1	1	1	1	1	1	1	1	1	1	1	1
brace assembly									4	4			
lynch pin	1	1	1	1	1	1	1	1	1	1	1	1	1
22" (55.88 cm) stakes	4	8	8	8	8	8	8	8	20	24	12	18	18
top c/w 4 rope ratcatchers and wrap bag	1	1	1	1	1	1	1	1	1	1	1	1	1
color code I.D.: each item unique to a size has a identifying colour key	black	white	white	white	yellow	slate	white	blue	green	red	blue	claret	white

Detailed parts lists, options and accessories available on request

**Frame:** 2.5" (6.35 cm) anodized structural aluminum alloy  
**Ropes:** double braided polyester cord  
**Warranty:** Lifetime guarantee on all castings  
 One year on materials and workmanship to the original owner

**EXCEPTIONS:**  
 \* = hexagon dimensions = first figure the width from flat side to flat side, second figure = point to point. \*\* = Standard units on 9'3" (2.82 m) legs  
 \*\*\* = Can be used as a single piece eave for MQ20

Engineering report available to qualified engineers

**Fabric:** Double white vinyl treated polyester certified by the California State Fire Marshall exceeding requirements for NFPA 701, UL 214, ULC S 109 and M1  
 Treated to resist mildew, ultra-violet degradation  
 Flame retardant

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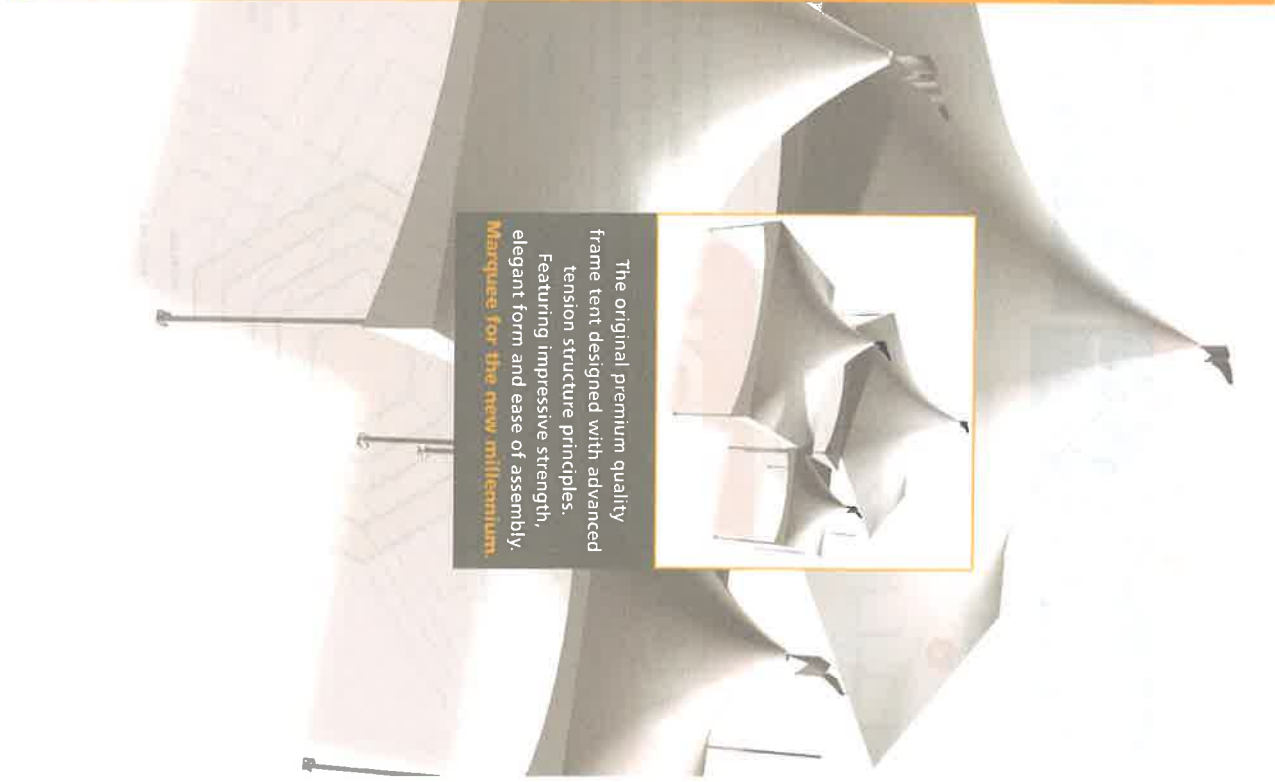


**Tentnology Co.**  
 15427-66th Avenue, Surrey  
 British Columbia, Canada V3S 2A1

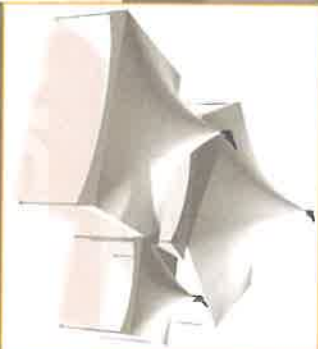
Tel: 604 597-8368  
 Fax: 604 597-8749  
 Order Line - Canada & USA: 1 800 663-8858  
 - International: +800 627-78337  
 Website: www.tentnology.com  
 Email: tent@tentnology.com



# marquee specs



The original premium quality frame tent designed with advanced tension structure principles. Featuring impressive strength, elegant form and ease of assembly. **Marquees for the new millennium.**





site map



**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 320 Event Name: Word in Action Community Carnival

Event Date: June 7, 2018

Street Closure: None

Organization Name: Elliots Amusements, LLC

Street Address: P.O. Box 236 Mason, MI 48854

Receipt date of the <b>COMPLETED</b> Special Events Application:	
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: Carnival
- 24-Hour Liquor License**

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

Community Carnival held at Word in Action Christian Center - 19760 Meyers Road with rides and food from 4:00pm - 10:00pm (Weekdays) 12:00pm - 10:00pm (Saturday) and 1:00pm - 10:00pm (Sunday)

**\*\* 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"/>	DPD Precinct will provide Special Attention; Contracted with Avalon Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with First Response to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food Permit Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barricades & Fencing Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Rides & Generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Lusher

Date: May 16, 2018



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

Janice M. Winfrey  
City Clerk

Vivian A. Hudson  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Thursday, April 26, 2018*

*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.

---

MAYOR'S OFFICE    DPW - CITY ENGINEERING DIVISION  
PLANNING AND DEVELOPMENT DEPARTMENT    POLICE DEPARTMENT  
FIRE DEPARTMENT    BUSINESS LICENSE CENTER

**320**    *Elliotts Amusements, LLC, request to hold "Word in Action Community Carnival" from June 7, 2018 to June 10, 2018, beginning and ending at various times each day, at 19760 Meyers Rd.*

### 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. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least 60 days prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

**Section 1- GENERAL EVENT INFORMATION**

Event Name: Word In Action Community Carnival  
Event Location: 19760 Meyers Rd  
Is this going to be an annual event? X  Yes  No

**Section 2- ORGANIZATION/APPLICANT INFORMATION**

Organization Name: Elliotts Amusements, LLC  
Organization Mailing Address: PO Box 236, Mason, MI 48854  
Business Phone: 517-244-0929 Business Website: www.gotothecarnival.com  
Applicant Name: Deb Elliott  
Business Phone: 517-244-0929 Cell Phone: 517-403-8455 Email: debellott01@gmail.com

Event On-Site Contact Person:  
Name: Tracy Elliott  
Business Phone: \_\_\_\_\_ Cell Phone: 517-819-7000 Email: debellott01@gmail.com

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

Please provide a brief description of your event:  
Community carnival with carnival rides, food and non-alcohol beverages

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

Begin Set-up Date :6/4/18 Time:8:00am Complete Set-up Date:6/7/18 Time: 3:00pm

Event Start Date: 6/7/18 Time: 4:00pm Event End Date: 6/10/18 Time:10:00pm

Begin Tearing Down Date: 6/10/18 Complete Tear Down Date 6/11/18

Event Times (If more than one day, give times for each day):  
Weekdays, 4-10pm, Saturday 12:00pm-11:00pm, Sunday, 1:00pm-9:00pm

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: 19760 Meyers Rd

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

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as 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**

Describe the entertainment for this year's event: Carnival Rides

Will a sound system be used?  Yes  No

If yes, what type of sound system? Public Address System

Describe specific power needs for entertainment and/or music:

How many generators will be used? 2

How will the generators be fueled? Diesel

**Name of vendor providing generators:**

Contact Person: Elliott Amusements

Address: PO Box 236, Phone: 517-819-7000

City/State/Zip Mason MI 48854

**Section 5- 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 there be vending or sales?  Yes  No

If yes, check all that apply:

Food  Merchandise  Non-Alcoholic Beverages  Alcoholic Beverages

Indicate type of items to be sold:  
\_\_\_\_\_  
\_\_\_\_\_

**Section 6- PUBLIC SAFETY & PARKING INFORMATION**

Name of Private Security Company: Avalon Security

Contact Person: Redd Tisha

Address: \_\_\_\_\_ Phone: 313-220-5379

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

Number of Private Security Personnel Hired Per Shift: 6

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

Licensed  Armed  Bonded

How will you advise attendees of parking options? Website, Flyers

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

**Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION**

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Agreement with property owner \_\_\_\_\_

**Section 8- EVENT SET-UP**

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	_____	_____
Canopy (open on all sides)	_____	_____
Staging/Scaffolding	_____	_____
Bleachers	_____	_____

**Section 9- COMPLETE ALL THAT APPLY**

**Emergency medical services? First Response**

Contact Person: John 248-542-5770 \_\_\_\_\_

Address: 21840 Wyoming \_\_\_\_\_

City/State/Zip: Oak Park, MI 48237 \_\_\_\_\_

**Name of company providing port-a-johns. Brendel's Septic** \_\_\_\_\_

Contact Person: Jay Brendel \_\_\_\_\_

Address: 9481 Highland Rd \_\_\_\_\_ Phone: 248-698-5600 \_\_\_\_\_

City/State/Zip: White Inkc, MI 48386 \_\_\_\_\_

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

**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: \_\_\_\_\_

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

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

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:**

- 1) **CERTIFICATE OF INSURANCE**
- 2) **EMERGENCY MEDICAL AGREEMENT**
- 3) **SANITATION AGREEMENT**
- 4) **PORT-A-JOHN AGREEMENT**
- 5) **COMMUNITY COMMUNICATION**

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BISHOP CLARENCE LANGSTON

PASTOR ROBYN LANGSTON

*Where the Word of GOD is Truly in Action*

## LETTER OF USE AGREEMENT

March 9, 2018

To Whom It May Concern:

**Elliott's Amusements, LLC (EIAm) and Love Ministries of Detroit (LMD)** has been granted permission to utilize **Word In Action Christian Center International (WIACC)** property located at 19760 Meyers Road in Detroit, Michigan with the sole intent of furnishing a full carnival midway consisting of mechanical rides, food and game concessions.

The usage of property begins on **Monday, June 4, 2018** through **Sunday, June 10, 2018** and will consist of an approximate area of 300' X 350' with Elliott's Amusements, LLC (EIAm) providing adequate foot/support protection in order to avoid damaging the parking lot surface, the inspection and licensing of all rides, foods and games by the State of Michigan and the appropriate County Departments as well as General, Employee and Automotive Liability Insurance.

This Letter of Usage is inclusive of Contract and Letter of Agreement with EIAm and LMD respectively.

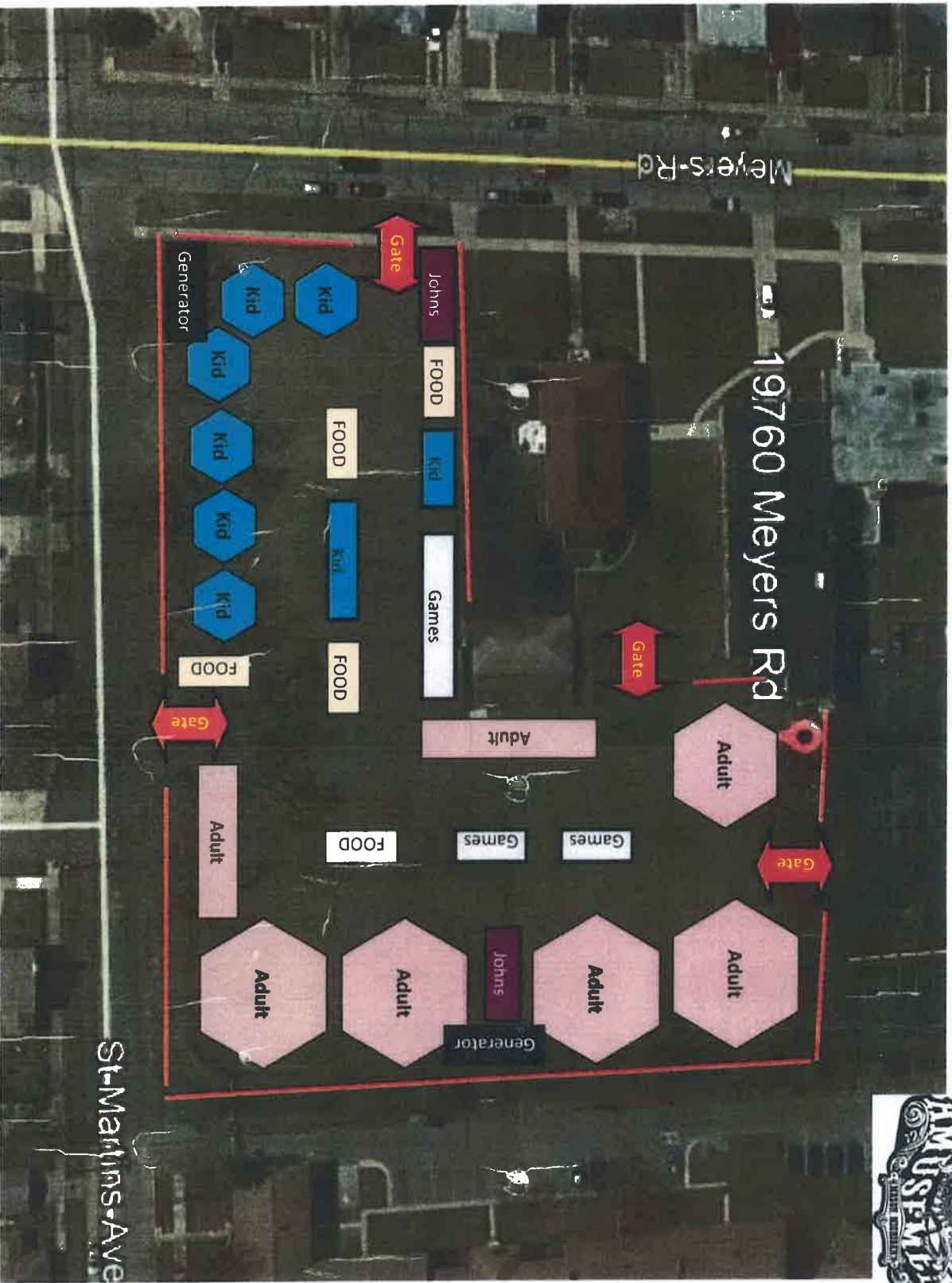
Thank you,

Ronnie Young  
Executive Offices

19760 MEYERS RD. DETROIT, MI 48235  
PH: 313-864-5300  
[www.wiacc.com](http://www.wiacc.com)

19760 Meyers Rd Church

Love Ministries of Detroit and Word in Action Church Event June 7 - 10, 2018



St-Marlins-Ave

ACORD

Client#: 1731 ELLIOAMU
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/25/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: Haas & Wilkerson Insurance, 4300 Shawnee Mission Parkway, Fairway, KS 66205, 913 432-4400. CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS. INSURER(S) AFFORDING COVERAGE: ACE American Insurance Company (22667), Travelers Indemnity Co. of Conn (25682).

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR VVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include General Liability (G20415149), Automobile Liability (H07171031), and Workers Compensation (6EUB0073N87818).

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule. If more space is required)
Workers Comp applies per the laws of the state of MI. Members Excluded: Tracy W. Elliott, Debbie E. Elliott
Additional Insured as respects general liability: City of Detroit.

CERTIFICATE HOLDER: City of Detroit, 65 Cadillac Square, Suite 1600, Detroit, MI 48226. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]

Department Of Licensing and Regulatory Affairs  
Corporations, Securities & Commercial Licensing Bureau  
P.O. Box 30018  
Lansing, Michigan 48909

## CARNIVAL/AMUSEMENT PERMIT

**Permanent ID Number:** 2001000328

Elliott's Amusements LLC  
PO Box 236  
Mason MI 48854

<u>Ride Name</u>	<u>Permanent ID Number</u>
Tilt A Whirl 1217	2005011074
Merry Go Round 1H9FP142XXG326017	2005012614
Slide 1F9FS401XVT162005	2005012615
Saucer T051833	2005012620
Croc Rock 1F95DW2T32M063762	2005012832
Zipper 10614289	2005012882
Web Slinger FLT2003TT	2005013067
Paratrooper 334RD	2005013144
Sea Ray FLT6532FF	2005013172
Rock N Roll 7210413	2005013216
Berry Go Round BG0R62T93	2005013247
Go Round 14006	2005013347
Ferris Wheel 61-85	2005013473
Crazy Dance ZA9SR2ACD00A98427	2005013525
Crystal Lil's Owens Funhouse	2005013765
Twister 006-75	2005013787
Tempest 105902B	2005013928
Ali Baba SA9ST5031TE030016	2005013929

VALID: 03/01/2018 to 02/28/2019



**AVALON SECURITY LLC**

*BONDED AND INSURED IN THE STATE OF MICHIGAN  
ACCORDANCE WITH P.A. 330 OF 1968*

Contract for **Avalon Security LLC** to provide security for Elliott's Amusements, a carnival midway company from June 7th -10th 2018 Meyer Rd Church Festival Located at Word in Action Christian Center 19760 Meyer Rd Detroit, Michigan 48221

Elliott's Amusement, LLC

By \_\_\_\_\_

Date \_\_\_\_\_

Avalon Security LLC

By  \_\_\_\_\_

Date 3-2-18 \_\_\_\_\_





## First Response: Proposal

### First Response

21840 Wyoming

Oak Park, MI 48237

Telephone: (248) 542-5770 Fax: (248) 542-5772

www.firstresponse.ems1@gmail.com

Proposal Number : [ 2018322]

Date: 3/22/2018

Mrs. Deb Elliott

Elliott Amusements

P.O. Box 236

Mason, Michigan 48854

United States

Description		Hrs.	Rate	Line Total
Thursday, April 26, 2018	4:00 - 10:00pm	6	\$45.00	\$270.00
Friday, April 27, 2018	4:00 - 11:00pm	7	\$45.00	\$315.00
Saturday, April 28, 2018	12:00 - 11:00pm	11	\$45.00	\$495.00
Sunday, April 29, 2018	1:00 - 10:00pm	9	\$45.00	\$405.00

Total Hour: 33

SUBTOTAL

SALES TAX

TOTAL \$1,215.00

Deposit for 50% of projected hours= \$607.50

First Response will provide these on-site standby medical services:

One medical provider (no ambulance on site) It is understood there is no guarantee of ambulance response and that the Detroit Emergency Service 911 system will be utilized in case of emergency transport. Total hours is approximately 33 hours for \$1,215.00

Elliott Amusement will provide the following:

- 1.) Must provide a secure location and necessary credentials
- 2.) Parking passes for First Response staff and vehicles
- 3.) Bathroom Facilities
- 4.) Ice and water for patient use
- 5.) Contact person name

It is understood that all on-site medical facilities and ambulances have a limited capacity and should other emergency resources be called in by mutual agreement of both First Response EMS and Elliott's Amusements that First Response will be held harmless for any overtaxing of its resources and will not be held responsible for other cost incurred. It is further understood that the request for services is as outlined above and designed by Elliott's Amusements. First response assumes no responsibility for the planning and accuracy of it. Should the request for transport result in more assistance needed for First Response. Will at its discretion, call for the transport via city or private provider. First Response assumes no responsibility for availability or response capabilities of outside ambulance services. It is understood by the parties that First Response is held accountable for medical treatments by the governing county agencies and must adhere to all policies and procedures pertaining to medical provision. First Response, its staff shall and agents shall be held harmless for any incidents arising from this event. Treatment provided by contracted, volunteer agencies or employees will not be the responsibility of First Response and shall be held harmless for any liability from treatment by agencies contracted or volunteered. Premature termination of this contract shall not result in discount or refund of any kind from First Response EMS.

Signature below indicates acceptance of the aforementioned terms.

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

**MAYOR'S OFFICE COORDINATORS REPORT**

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

Petition #: 200 Event Name: 12th Street Clairmount Taste Fest

Event Date: July 21 - 22, 2018

Street Closure: None

Organization Name: Brothers Always Together

Street Address: 7437 W. Outer Drive Detroit, MI

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

Annual event held in Commemoration of the 1967 Uprising at Gordon Park from 11:00am - 9:00pm daily.

**\*\* 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"/>	DPD 10th Precinct Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	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"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Lusher

Date: May 15, 2018



# City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Vivian A. Hudson  
Deputy City Clerk

## DEPARTMENTAL REFERENCE COMMUNICATION

*Friday, March 02, 2018*

*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.

---

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

**200**    *Brothers Always Together, request to hold "12 St. Clairmount Taste Fest in Commemoration of the 1967 Uprising" at Gordon Park on July 21-22, 2018 from 11:00 am to 9:00 pm .*

## 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 could be denied. Please type or print clearly and attach additional sheets or maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: 12 St. Clairmount Taste Fest in Commemoration of the 1967 Uprising  
Event Location: GORDON PARK

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: BROTHERS ALWAYS TOGETHER

Organization Mailing Address: 7437 W. OUTER DRIVE

Business Phone: 313-736-8879

Business Fax:

Federal Tax ID # 80-0952564

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

Applicant Name: LAMONT CAUSEY

Title/Role: President

Email Address: LAMONTCAUSEY1@Gmail.com

Mailing Address: 7437 W. OUTER DRIVE

Business Phone: 313-736-8879

Business Fax:

#### Event On-Site Contact Person:

Mailing Address: 7437 W. OUTER DRIVE

Business Phone: 313-736-8879

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 checked="" type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon          | <input type="checkbox"/> Bike Race         | <input type="checkbox"/> Religious Ceremony             |
| <input type="checkbox"/> Political Event       | <input type="checkbox"/> Festival          | <input type="checkbox"/> Filming                        |
| <input type="checkbox"/> Parade                | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration            |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks         | <input 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.

- Detroit Police Department Cost must be reimbursed for all events.

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

Begin Set-up Date & Time: <sup>8 AM</sup> 7-21-18 Complete Set-up Date & Time: 7-21-18  
Event Start Date & Time: <sup>11 AM</sup> 7-21-18 Event End Date & Time: <sup>8 PM</sup> 7-22-18  
Begin Tearing Down Date: 7-23-18 Complete Tear Down Date: 7-23-18  
Event Times (If more than one day, give times for each day): 11 AM - 9 PM 7-21-23

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

If no, what years has the event been held in Detroit? 2015 - 2017  
When was the event last held in Detroit? 7-21-23 2017  
Where was the event last held in Detroit? GORDON PARK  
What were the hours last year? 11: AM - 9: PM  
Project Attendance This Year (Minimum - Maximum)? 5,000  
What is the basis for your projected attendance? CONCERT PERFORMANCE

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):  
[ ] 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: GORDON 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  
 Musicians  
 Comedians  
 Speakers  
 Magician  
 Story Telling  
 Other: \_\_\_\_\_

Describe the entertainment for this year's event: RSB GROUPS

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

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? none

How will the generators be fueled? none

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  
 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:

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: NO

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:

ART Food

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

in house

### 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:

SHUTTLE

How will you advise attendees of parking options?

SHUTTLE

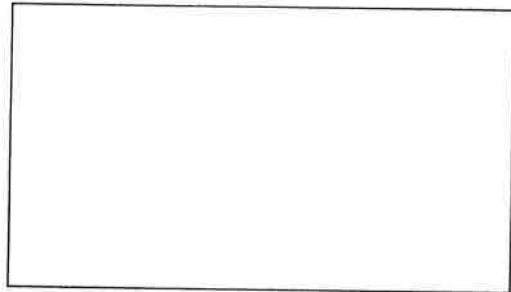
Are you seeking a group parking rate?

NO

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

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

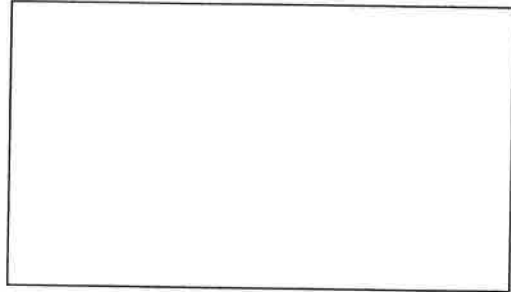
Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_



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

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

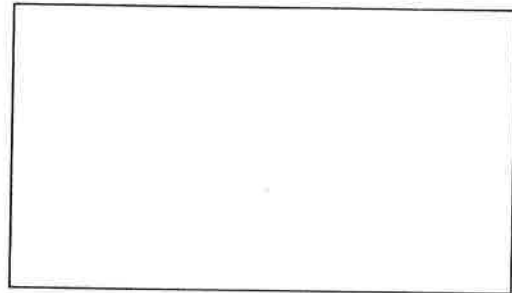
Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_



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

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

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



Requested City Equipment *15 tables*

Provided In: *100 CHAIRS* (year) *2018* *7-21-23*

Current Request: *100 CHAIRS* (year) *2018* *7-21-23*

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.

*Ronno Causey*

Signature of Applicant

12-20-17

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.

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

no

**Section 10- COMPLETE ALL THAT APPLY**

**Name of Sanitation Company collecting refuse and garbage?**

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

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

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

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

**Name of company providing emergency medical services?**

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

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

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

**Name of company providing porta-johns.**

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

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

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

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

**Name of private catering company?**

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

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 \_\_\_\_\_

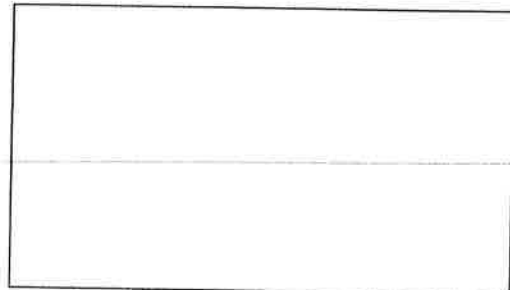
Closure Dates: \_\_\_\_\_

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

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

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

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





**Section 8- COMMUNITY IMPACT INFORMATION**

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

DDO

Have local neighborhood groups/businesses approved your event?

Yes  No

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

meeting community meeting

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

**Section 9- EVENT SET-UP**

Complete the appropriate categories that apply to the event.

**Structure**

How Many?

Size/Height

Booth

Tent (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

NONE

**Company:**

Grill

Gas

Charcoal

Electrical

Propane

Fireworks (Pyrotechnics)

Aerial

Stage

Provide Sketch:

Portable Restrooms:

Standard

ADA Accessible

Vehicles

Type/Weight:

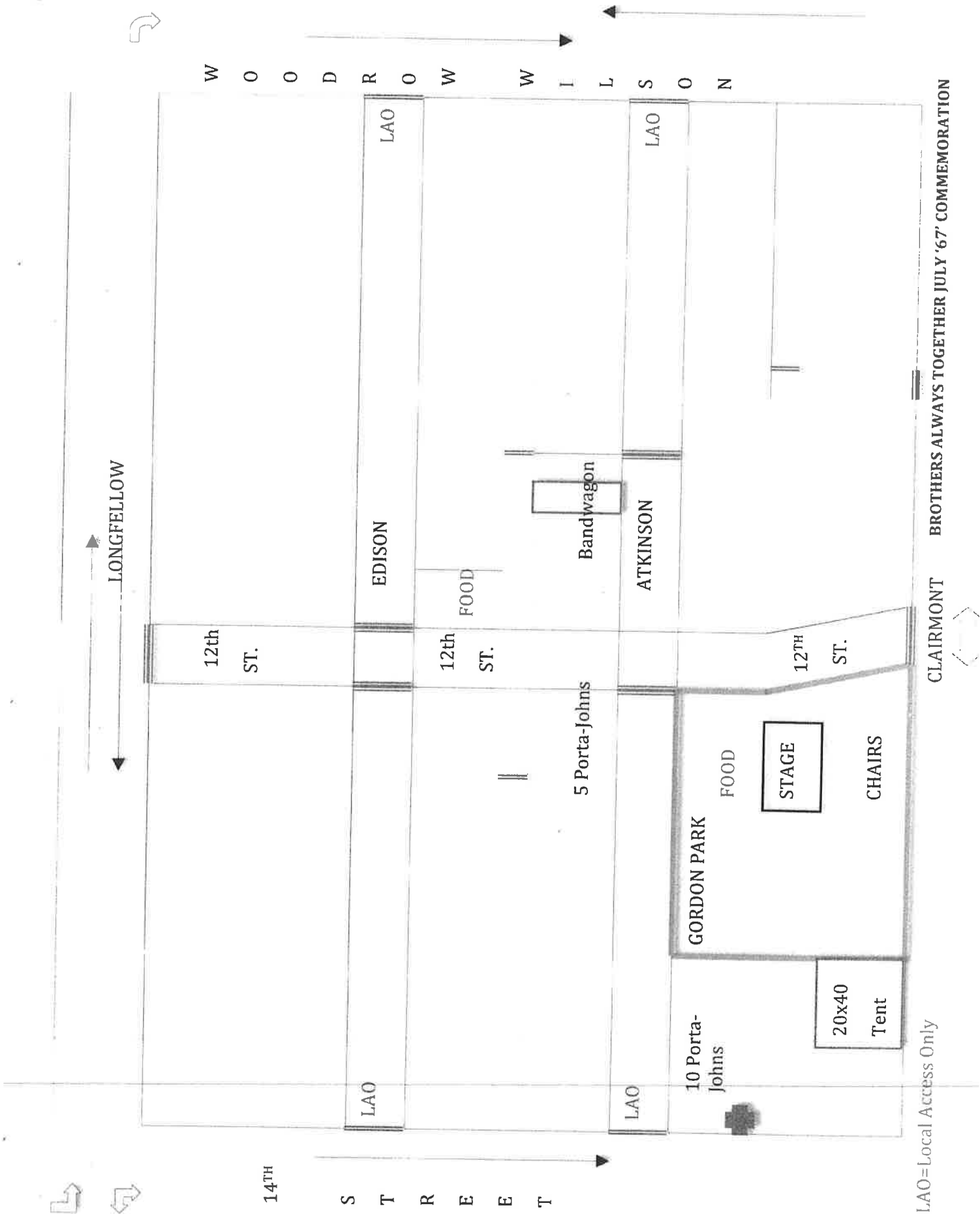
Other:

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.



W O O D R O W W I L S O N

LONGFELLOW

12th ST.

EDISON

LAO

FOOD

12th ST.

5 Porta-Johns

Bandwagon

ATKINSON

LAO

12th ST.

GORDON PARK

FOOD

STAGE

CHAIRS

10 Porta-Johns

20x40 Tent

LAO

LAO

14TH STREET

S T R E E T

LAO=Local Access Only

CLAIRMONT BROTHERS ALWAYS TOGETHER JULY '67' COMMEMORATION

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## COMMUNITY IMPACT SIGNATURE FORM

Page(s) 1 of 1

All information must be legible and the business/resident name(s) must be included. The signature form is required for business (es) and resident(s) within full or single lane closures, business (es)/residential properties within 300 ft on all sides from the closure perimeter, if parking equipment in front of business (es)/residential properties and if events are within a residential community/block.

On, 7-21 (Date) from 11 AM (Time) to 9 PM (Time); 12th STREET Clairmont taste Fest (Event Name); Commemoration of uprising is scheduled to take place at

Gordon Park (Address). We will have streets closed for 21-23 day (s). (Qty)

By signing, I verify that I have read the notification letter. I do not have any objections to the Special Events activity referenced above.

Business/Resident Name	Address	Print Name	Signature	Date Signed
Lee Smith	1691 Atkinson	Lee Smith	<i>Lee Smith</i>	1-11-18
Jed Vickerson	2001 Atkinson	Jed Vickerson	<i>Jed Vickerson</i>	1-11-18
Carlos Jackson	1635 Atkinson	Carlos Jackson	<i>Carlos Jackson</i>	1-22-18
DeVallon Taylor	2641 Atkinson	DeVallon Taylor	<i>DeVallon</i>	1-23-18
Bilal Ramzah	2011 Atkinson	Bilal	Bilal Ramzah	1/24/18
Edison	1992 Atkinson	Edwin Johnson	Edwin Johnson	1/27/18
M. Reese	1712 Clairmont	M. Reese	<i>Margaret Reese</i> <small>As long as I have access to my property and parking</small>	1/26/18
Chris Patterson	1686 Clairmont	CHRIS PATTERSON	<i>Chris Patterson</i>	1/29/18
Victor Hughes	Clairmont 688	VICTOR HUGHES	<i>Victor Hughes</i>	1-29-18

The list above will be checked randomly for credibility. Any false information will be addressed and the Special Event Permit may be revoked. If a residential property, the owner or tenant must sign. If a business, the owner or manager must sign. Signatures of minors are not acceptable.

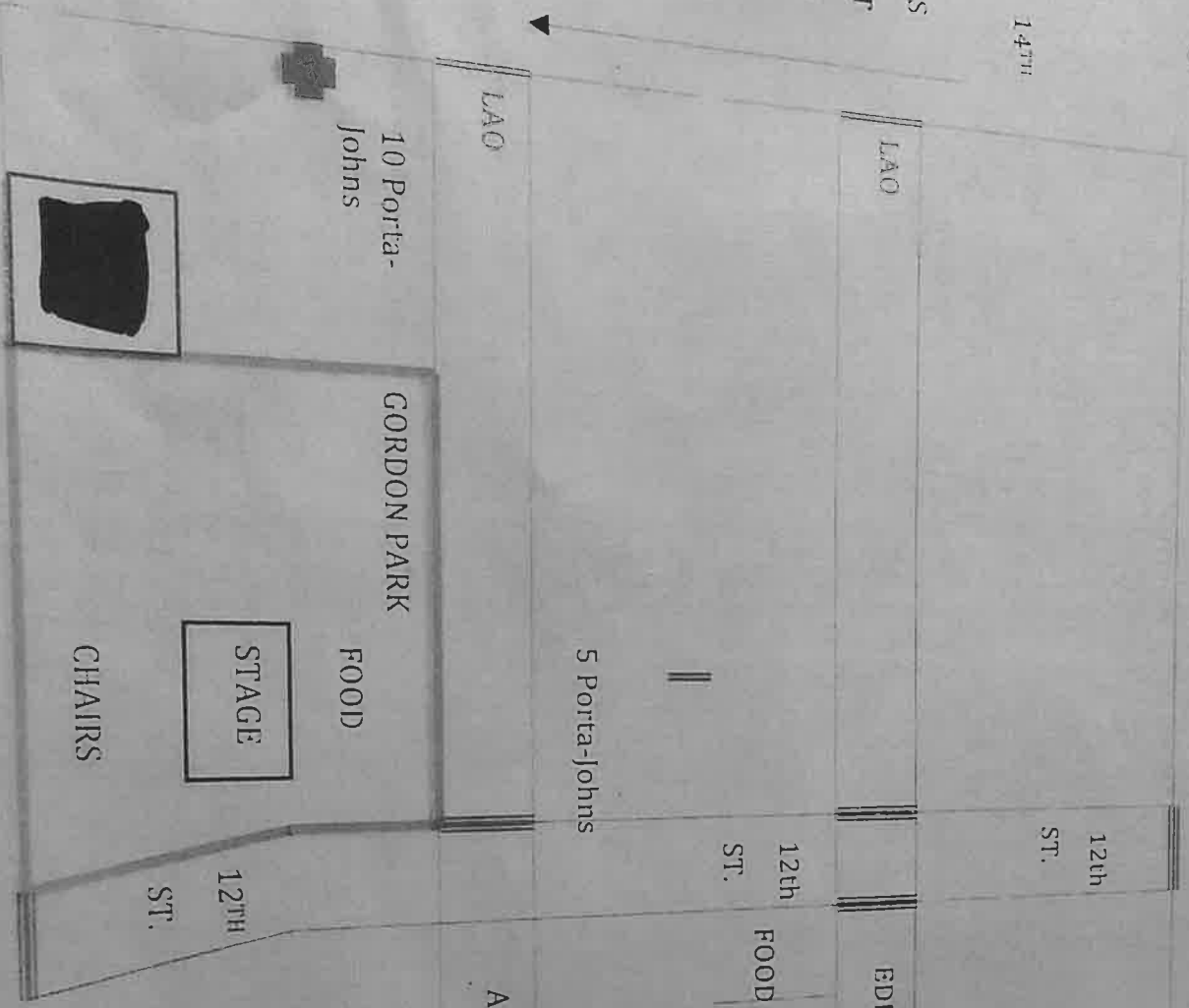
By signing, I verify that the information above is true and confirmed.

Authorized Signature-Applicant: *Lanette Causey* Date: 1-11-18



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14TH



LONGFELLOW

ATKINSON



LAO=Local Access Only

CLAIRMONT

BROTHERS ALWAYS TOGETHER JULY '67' COMMEM

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OFFICE OF CONTRACTING AND  
PROCUREMENT

May 17, 2018

HONORABLE CITY COUNCIL:

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

3024702      100% City Funding – To Provide Strategic Planning Services to Analyze and Asses Traffic Operations in Downtown Detroit. – Contractor: Sam Schwartz Consulting, LLC. Location: 303 W. Erie St., Suite 600, Chicago, IL 60654. – Contract Period: One Time Purchase. Total Contract Amount: \$35,000.00.  
~~Department of Public~~ *Public Works*

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER     BENSON    

**RESOLVED**, that Contract No. 3024702 referred to in the foregoing communication dated May 17, 2018, be hereby and is approved.

**OFFICE OF CONTRACTING AND  
PROCUREMENT**

May 17, 2018

HONORABLE CITY COUNCIL:

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

6001477      100% City Funding – To Provide Renovations to Various Rooms at the Department of Transportation Gilbert Facility. Contractor: The Diamond Firm  
Location: 19115 W. 8 Mile Rd., Detroit, MI 48219. – Contract Period: June 1, 2018 through May 31, 2019. Total Contract Amount: \$84,321.00. **Department of Transportation**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER     BENSON**

**RESOLVED**, that Contract No. 6001477 referred to in the foregoing communication dated May 17, 2018, be hereby and is approved.



**OFFICE OF CONTRACTING AND  
PROCUREMENT**

May 17, 2018

HONORABLE CITY COUNCIL:

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

3024590      100% City Funding – To Provide Various Electronic Equipment. – Contractor:  
CDW Government. Location: 230 N. Milwaukee Ave., Vernon Hills, IL 60061. –  
Contract Period: June 1, 2018 through July 1, 2018. Total Contract Amount:  
\$66,958.83. **Fire**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER BENSON**

**RESOLVED**, that Contract No. 3024590 referred to in the foregoing communication dated May 17, 2018, be hereby and is approved.

OFFICE OF CONTRACTING AND  
PROCUREMENT

May 17, 2018

HONORABLE CITY COUNCIL:

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

6001364      100% City Funding – To Provide Customized Bullard USRX Helmets.  
Contractor: Dinges Fire Company. Location: 243 East Main St., Amboy, IL  
61310. – Contract Period: Upon City Council Approval through March 31, 2020.  
Total Contract Amount: \$64,000.00. **Fire**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER     BENSON    

**RESOLVED**, that Contract No. 6001364 referred to in the foregoing communication dated May 17, 2018, be hereby and is approved.

**OFFICE OF CONTRACTING AND  
PROCUREMENT**

May 17, 2018

HONORABLE CITY COUNCIL:

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

3024602      100% City Funding – To Provide Additional Demolition Services – Removal of Uncovered Concrete Sub Floor at 14332 E. Warren– Contractor: Smalley Construction, Inc. – Location: 131 S. Main St., Scottville, MI 49454. – Contract Period: June 4, 2018 through June 3, 2019 – Total Contract Amount: \$14,300.00.  
**Housing and Revitalization**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER     BENSON**

**RESOLVED**, that Contract No. 3024602 referred to in the foregoing communication dated May 17, 2018, be hereby and is approved.

**OFFICE OF CONTRACTING AND  
PROCUREMENT**

May 17, 2018

HONORABLE CITY COUNCIL:

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

3024385      100% City Funding – To Provide Annual Maintenance and Case Support for Emergency Medical Dispatch System for the Detroit Police Department. – Contractor: Priority Dispatch – Location: 110 South Regent St., Ste. 500, Salt Lake City, UT 84111. – Contract Period: Upon City Council Approval through June 30, 2018. – Total Contract Amount: \$51,397.00. **Police**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER     BENSON**

**RESOLVED**, that Contract No. 3024385 referred to in the foregoing communication dated May 17, 2018, be hereby and is approved.

**OFFICE OF CONTRACTING AND  
PROCUREMENT**

May 17, 2018

HONORABLE CITY COUNCIL:

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

3024533      100% City Funding – To Provide Video Synopsis Technology Software Sourcing.  
– Contractor: Security Solutions Services LLC. – Location: 22811 Greater Mack  
Ave., Suite 203 St. Clair Shores, MI 48080. – Contract Period: June 4, 2018  
through June 4, 2018. – Total Contract Amount: \$334,758.00. **Police**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER BENSON**

**RESOLVED**, that Contract No. 3024533 referred to in the foregoing communication dated May 17, 2018, be hereby and is approved.

**OFFICE OF CONTRACTING AND  
PROCUREMENT**

May 17, 2018

HONORABLE CITY COUNCIL:

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

6001197      100% City Funding – To Provide Support for Problem Solving Analysis, Continuous Assessment of the Project Greenlight Program. – Contractor: Michigan State University. – Location: 1407 S. Harrison Suite 319, East Lansing, MI 48224. – Contract Period: Upon City Council Approval through September 30, 2019. – Total Contract Amount: \$140,096.00. **Police**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER BENSON**

**RESOLVED**, that Contract No. 6001197 referred to in the foregoing communication dated May 17, 2018, be hereby and is approved.

**OFFICE OF CONTRACTING AND  
PROCUREMENT**

May 17, 2018

HONORABLE CITY COUNCIL:

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

6001425      100% City Funding – To Provide Public Service Announcements and Video Production for the Detroit Board of Police Commissioners. – Contractor: Real Integrated. – Location: 888 W. Big Beaver Rd., Troy, MI 48084. – Contract Period: Upon City Council Approval through May 14, 2019. – Total Contract Amount: \$45,000.00. **Police**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER**     **BENSON**    

**RESOLVED**, that Contract No. 6001425 referred to in the foregoing communication dated May 17, 2018, be hereby and is approved.

**OFFICE OF CONTRACTING AND  
PROCUREMENT**

May 17, 2018

HONORABLE CITY COUNCIL:

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

6001451      100% City Funding – To Provide Management by the DBA for Various Capital Projects and Security Upgrades for 3 Years. – Contractor: Detroit Building Authority. – Location: 1301 Third, Detroit, MI 48226. – Contract Period: May 30, 2018 through May 29, 2021. – Total Contract Amount: \$1,600,000.00.  
**Police**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER     BENSON**

**RESOLVED**, that Contract No. 6001451 referred to in the foregoing communication dated May 17, 2018, be hereby and is approved.



**OFFICE OF CONTRACTING AND  
PROCUREMENT**

May 17, 2018

HONORABLE CITY COUNCIL:

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

6001445      100% City Funding – To Provide Installation of Small Cell Telecommunications Equipment to Certain City of Detroit Street Light Poles. – Contractor: New Cingular Wireless. – Location: PO BOX 5082, Saginaw, MI 48601. – Contract Period: May 30, 2018 through May 29, 2019. – Total Contract Amount: REVENUE. **Pubic Lighting**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER     BENSON**

**RESOLVED**, that Contract No. 6001445 referred to in the foregoing communication dated May 17, 2018, be hereby and is approved.

40

OFFICE OF CONTRACTING AND  
PROCUREMENT

May 17, 2018

HONORABLE CITY COUNCIL:

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

3024393      100% City Funding – To Provide Emergency Residential Demolition for 15509 Grayfield, 18991 Heyden, and 11333 Whittier (Commercial). – Contractor: Able Demolition. – Location: 5675 Auburn Rd., Shelby Township, MI 48317. – Contract Period: One Time Purchase. – Total Contract Amount: \$109,426.00.  
**Housing and Revitalization**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER BENSON**

**RESOLVED**, that Contract No. 3024393 referred to in the foregoing communication dated May 17, 2018, be hereby and is approved.

41

**OFFICE OF CONTRACTING AND  
PROCUREMENT**

May 17, 2018

HONORABLE CITY COUNCIL:

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

3024440      100% City Funding – To Provide Emergency Residential Demolition for 15780 Cruse, 14284 Indiana, and 14440 Rutherford. – Contractor: Gayanga Co. – Location: 1420 Washington Blvd. #301, Detroit, MI 48226 – Contract Period: One Time Purchase.– Total Contract Amount: \$38,130.00. **Housing and Revitalization**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER     BENSON**

**RESOLVED**, that Contract No. 3024440 referred to in the foregoing communication dated May 17, 2018, be hereby and is approved.

**OFFICE OF CONTRACTING AND  
PROCUREMENT**

May 17, 2018

HONORABLE CITY COUNCIL:

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

3024449      100% City Funding – To Provide Emergency Residential Demolition for 4663 Mt. Elliott. – Contractor: Adamo Demolition Co. Location: 320 E. Seven Mile Rd., Detroit, MI 48203. – Contract Period: One Time Purchase. – Total Contract Amount: \$46,650.00. **Housing and Revitalization**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER     BENSON**

**RESOLVED**, that Contract No. 3024449 referred to in the foregoing communication dated May 17, 2018, be hereby and is approved.

**OFFICE OF CONTRACTING AND  
PROCUREMENT**

May 17, 2018

HONORABLE CITY COUNCIL:

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

3024555      100% City Funding – To Provide Emergency Residential Demolition for 12345 Kilbourne – Contractor Able Demolition – Location: 5675 Auburn Rd., Shelby Township, MI 48317. – Contract Period: One Time Purchase.– Total Contract Amount: \$10,908.00. **Housing and Revitalization**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER     BENSON**

**RESOLVED**, that Contract No. 3024555 referred to in the foregoing communication dated May 17, 2018, be hereby and is approved.

OFFICE OF CONTRACTING AND  
PROCUREMENT

May 17, 2018

HONORABLE CITY COUNCIL:

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

3024564      100% City Funding – To Provide Emergency Residential Demolition for 14303 Bentler, 18493 Dwyer, and 17502 Hull. – Contractor: Gayanga Co. – Location: 1420 Washington Blvd. #301, Detroit, MI 48226. – Contract Period: One Time Purchase. Total Contract Amount: \$38,180.00. **Housing and Revitalization**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER**     **BENSON**    

**RESOLVED**, that Contract No. 3024564 referred to in the foregoing communication dated May 17, 2018, be hereby and is approved.

45

May 2, 2018

TO: HONORABLE CITY COUNCIL

Re: Contracts and Purchase Orders Scheduled to be considered at the Formal Session for March 20, 2018.

Please be advised that the Contract listed was submitted on March 19, 2018 for the City Council Agenda for March 20, 2018 has been amended as follows:

1. The contractor's **contract amount** was submitted incorrectly by the Office of Contracting and Procurement. Please see the correction(s) below:

**Submitted as: Special Letter**

**PUBLIC WORKS**

**6001318** 100% City Funding – To Provide a Reimbursement and Confidentiality Agreement between the Eastern Market and the Department of Public Works to provide an Environmental Consultant to Conduct Environmental Due Diligence for the Purchase of Approximately 78 Acres of Abandoned Railway in Connection with the Inner Circle Greenway Project. – Contractor: Eastern Market Corporation, Location: 2934 Russell Street, Detroit, MI 48207 – Contract Period: **March 26, 2018 through March 26, 2020 –Total Contract Amount: \$245,000.00**

**Should read as: Special Letter**

**PUBLIC WORKS**

**6001318** 100% City Funding – To Provide a Reimbursement and Confidentiality Agreement between the Eastern Market and the Department of Public Works to provide an Environmental Consultant to Conduct Environmental Due Diligence for the Purchase of Approximately 78 Acres of Abandoned Railway in Connection with the Inner Circle Greenway Project. – Contractor: Eastern Market Corporation, Location: 2934 Russell Street, Detroit, MI 48207 – Contract Period: **May 8, 2018 through May 8, 2020 –Total Contract Amount: \$145,000.00.**

Respectfully Submitted,

Boysie Jackson  
Chief Procurement Officer  
BJ/CD

BY COUNCIL MEMBER: \_\_\_\_\_

RESOLVED, that **contract #6001318** referred to in the foregoing communication dated May 2, 2018 be hereby and is approved.





May 9, 2018

HONORABLE CITY COUNCIL

**RE: ADDRESS: 15414 E. Warren**  
**NAME: Kevin Mackey**  
**Date ordered removed: July 20, 2015**

In response to the request for a deferral of the demolition order on the property noted above, we submit the following information:

A special inspection on **May 7, 2018** revealed the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1<sup>st</sup> deferral request for this property.**

**Therefore, it is recommended that the demolition order be deferred for a period of six months subject to the following conditions:**

- 1. A permit for rehabilitation work shall be obtained within 30 days.**
- 2. The building shall be maintained securely barricaded until rehabilitation is complete. Rehabilitation is to be complete within six months, at which time the owner will obtain one of the following from this department:**
  - Certificate of Acceptance related to building permits**
  - Certificate of Approval as a result of a Housing Inspection**
  - Certificate of Inspection, required for all residential rental properties.**
- 3. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).**
- 4. The yards shall be maintained clear of weeds, junk and debris at all times.**

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been maintained and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not maintained, we may proceed with demolition without further hearings. And, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

A request for deferral exceeding four must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

  
David Bell  
Director

DB:bkd

CITY CLERK 17 MAY 2018 AM9:35

cc: KNR LLC, 165 E. Broadway, 3<sup>rd</sup> FL, New York, NY 10002  
ATTN: Ron Castellano



May 10, 2018

HONORABLE CITY COUNCIL

**RE: ADDRESS: 7323 W. Chicago  
NAME: I & S Building LLC  
Date ordered removed: March 26, 2018**

In response to the request for a deferral of the demolition order on the property noted above, we submit the following information:

A special inspection on **May 2, 2018** revealed the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1<sup>st</sup> deferral request for this property.**

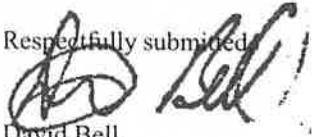
**Therefore, it is recommended that the demolition order be deferred for a period of six months subject to the following conditions:**

1. **A permit for rehabilitation work shall be obtained within 30 days.**
2. **The building shall be maintained securely barricaded until rehabilitation is complete. Rehabilitation is to be complete within six months, at which time the owner will obtain one of the following from this department:**
  - **Certificate of Acceptance related to building permits**
  - **Certificate of Approval as a result of a Housing Inspection**
  - **Certificate of Inspection, required for all residential rental properties.**
3. **The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).**
4. **The yards shall be maintained clear of weeds, junk and debris at all times.**

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been maintained and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not maintained, we may proceed with demolition without further hearings. And, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

A request for deferral exceeding four must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,  
  
David Bell  
Director

DB:bkd

CITY CLERK 17 MAY 2018 AM 9:35

cc: I & S Building LLC, 36774 Lamarra Drive, Sterling Heights, MI 48310  
ATTN: Ihab Cholagh



May 10, 2018

HONORABLE CITY COUNCIL

**RE: ADDRESS: 6537 Plainview  
NAME: Mohamed Beydoun  
Date ordered removed: June 30, 2014**

In response to the request for a deferral of the demolition order on the property noted above, we submit the following information:

A special inspection on **May 9, 2018** revealed the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1<sup>st</sup> deferral request for this property.**

**Therefore, it is recommended that the demolition order be deferred for a period of six months subject to the following conditions:**

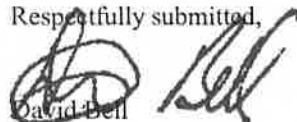
1. **A permit for rehabilitation work shall be obtained within 30 days.**
2. **The building shall be maintained securely barricaded until rehabilitation is complete. Rehabilitation is to be complete within six months, at which time the owner will obtain one of the following from this department:**
  - **Certificate of Acceptance related to building permits**
  - **Certificate of Approval as a result of a Housing Inspection**
  - **Certificate of Inspection, required for all residential rental properties.**
3. **The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).**
4. **The yards shall be maintained clear of weeds, junk and debris at all times.**

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been maintained and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not maintained, we may proceed with demolition without further hearings. And, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

A request for deferral exceeding four must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

  
David Bell  
Director

DB:bkd



May 14, 2018

HONORABLE CITY COUNCIL

**RE: ADDRESS: 11336 Nottingham**  
**NAME: 11336 Nottingham, LLC**  
**Date ordered removed: November 7, 2017**

In response to the request for a deferral of the demolition order on the property noted above, we submit the following information:

A special inspection on **May 10, 2018** revealed the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1<sup>st</sup> deferral request for this property.**

**Therefore, it is recommended that the demolition order be deferred for a period of six months subject to the following conditions:**

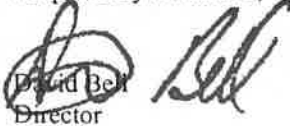
- 1. A permit for rehabilitation work shall be obtained within 30 days.**
- 2. The building shall be maintained securely barricaded until rehabilitation is complete. Rehabilitation is to be complete within six months, at which time the owner will obtain one of the following from this department:**
  - **Certificate of Acceptance related to building permits**
  - **Certificate of Approval as a result of a Housing Inspection**
  - **Certificate of Inspection, required for all residential rental properties.**
- 3. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).**
- 4. The yards shall be maintained clear of weeds, junk and debris at all times.**

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been maintained and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not maintained, we may proceed with demolition without further hearings. And, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

A request for deferral exceeding four must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

  
David Bell  
Director

DB:bkd

CITY CLERK 17 MAY 2018 AM9:35

cc: 11336 Nottingham LLC, 11336 Nottingham, Detroit, MI 48224  
Derron Norman, 20282 Kingsville, Detroit, MI 48225



May 14, 2018

HONORABLE CITY COUNCIL

**RE: ADDRESS: 2641 Glynn CT**  
**NAME: MICHIPROP 19, LLC**  
**Date ordered removed: April 16, 2018**

In response to the request for a deferral of the demolition order on the property noted above, we submit the following information:

A special inspection on **May 11, 2018** revealed the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1<sup>st</sup> deferral request for this property.**

**Therefore, it is recommended that the demolition order be deferred for a period of six months subject to the following conditions:**

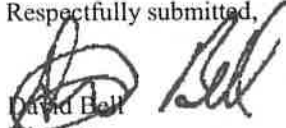
- 1. A permit for rehabilitation work shall be obtained within 30 days.**
- 2. The building shall be maintained securely barricaded until rehabilitation is complete. Rehabilitation is to be complete within six months, at which time the owner will obtain one of the following from this department:**
  - **Certificate of Acceptance related to building permits**
  - **Certificate of Approval as a result of a Housing Inspection**
  - **Certificate of Inspection, required for all residential rental properties.**
- 3. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).**
- 4. The yards shall be maintained clear of weeds, junk and debris at all times.**

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been maintained and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not maintained, we may proceed with demolition without further hearings. And, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

A request for deferral exceeding four must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

  
David Bell  
Director

DB:bkd

CITY CLERK 17 MAY 2018 AM9:35

cc: MICHIPROP 19 LLC, 2661 Lawrence, Detroit, MI 48206



May 14, 2018

HONORABLE CITY COUNCIL

**RE: ADDRESS: 2974 Calvert**  
**NAME: William Jayson Smith**  
**Date ordered removed: July 17, 2017**

In response to the request for a deferral of the demolition order on the property noted above, we submit the following information:

A special inspection on **May 11, 2018** revealed the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1<sup>st</sup> deferral request for this property.**

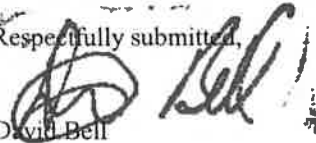
**Therefore, it is recommended that the demolition order be deferred for a period of six months subject to the following conditions:**

- 1. A permit for rehabilitation work shall be obtained within 30 days.**
- 2. The building shall be maintained securely barricaded until rehabilitation is complete. Rehabilitation is to be complete within six months, at which time the owner will obtain one of the following from this department:**
  - **Certificate of Acceptance related to building permits**
  - **Certificate of Approval as a result of a Housing Inspection**
  - **Certificate of Inspection, required for all residential rental properties.**
- 3. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).**
- 4. The yards shall be maintained clear of weeds, junk and debris at all times.**

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been maintained and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not maintained, we may proceed with demolition without further hearings. And, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

A request for deferral exceeding four must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,  
  
David Bell  
Director

DB:bkd

CITY CLERK 17 MAY 2018 AM 9:36

cc: William Jason Smith, 870 Martin Luther King DR, Atlanta, GA 30314



CITY OF DETROIT  
BUILDINGS, SAFETY ENGINEERING AND ENVIRONMENTAL DEPARTMENT

52  
COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVE., FOURTH FLOOR  
DETROIT, MICHIGAN 48226  
(313) 224-0484 • TTY:711  
WWW.DETROITMI.GOV

May 15, 2018

HONORABLE CITY COUNCIL

RE: 20731 Fenkell

In response to the request for a deferral of the demolition order on the property noted above, we submit the following information:

A special inspection conducted on **May 11, 2018** revealed that the property did not meet the requirements of the application to defer. The property continues to be open to trespass and not maintained.

Therefore, we respectfully recommend that the request for a deferral be denied. We will proceed to have building demolished as originally ordered with the cost of demolition assessed against the property.

Respectfully submitted,

David Bell  
Director

DB:bkd

cc: 16832 Hamilton LLC, 16832 Hamilton, Highland Park, MI 48203  
16832 Hamilton LLC, 10647 Cadieux, Detroit, MI 48224  
ATTN: Anthony Smith



CITY OF DETROIT  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
OFFICE OF DEVELOPMENT AND GRANTS

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

April 19, 2018

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 appropriation for 04-18 Auto Theft Prevention Authority (ATPA)**

The Michigan State Police Department has awarded an increase in appropriation to the City of Detroit Fire Department FY 2018 with the 04-18 Auto Theft Prevention Authority (ATPA) Grant in the amount of \$113,000.00. There is no match requirement. The State share is 100 percent or \$113,000.00 of the approved amount, bringing the project total to \$323,855.00. This funding will increase appropriation 20432, previously approved in the amount of 210,855.00 by council on November 21, 2017, to a total of \$323,855.00.

The 04-18 Auto Theft Prevention Authority (ATPA) Grant is a reimbursement grant. The objective of the grant is to investigate suspicious vehicle fires. This award increase will enable the department to purchase 10 mounted pole cameras and a Cellebrite Mobile Forensic Device.

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

Sincerely,

Ryan Friedrichs  
Director, Office of Development and Grants

CC:  
Katerli Bounds, Deputy Director, Grants  
Sajjiah Parker, Assistant Director, Grants



**RESOLUTION**

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

**WHEREAS**, the Detroit Fire Department is requesting authorization to accept an increase in appropriation for the 04-18 Auto Theft Prevention Authority (ATPA) Grant from the Michigan State Police Department in the amount of \$113,000.00 in order to purchase 10 mounted pole cameras and a Cellebrite Mobile Forensic Device. The objective of this grant is to investigate suspicious vehicle fires. This funding will increase appropriation 20432, previously approved in the amount of \$210,855.00 by council on November 21, 2017, to a total of \$323,855.00.

**THEREFORE, BE IT RESOLVED** 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 appropriation number 20432 in the amount of \$113,000.00 for the 04-18 Auto Theft Prevention Authority (ATPA) Grant.

(313)-596-2950-Office  
 (313)-596-5173  
 mcultyp@detroitmi.gov



*Mike Duggan, Mayor*

Good morning,

The ATPA Board of Directors has approved your equipment request at 100%. Please see (below) your equipment request that has been approved. If for some reason the amount has increased, you will need approval from the ATPA staff. Please send an email to [MSPATPA@michigan.gov](mailto:MSPATPA@michigan.gov) including a revised quote for approval.

Team/Equipment	Amount
<b>Detroit Fire Arson:</b>	
CCTV Mounted Pole Cameras (10 @ \$10,000 each)	\$100,000
Cellebrite Mobile Forensic Device	\$13,000
<b>Total Request:</b>	<b>\$113,000</b>

Regarding the reimbursement process, please submit all invoices, receipts, and proof of payment (i.e., copies of cancelled checks, bank statements, etc.), along with the ATPA Reimbursement Form GRANTS-041 filled out and signed (see link below for form). Please note this can be sent in at any time, you do not need to wait until the next quarter for submittal. Once submitted if all documentation is approved, your payment will be processed and reimbursement at 100%.

ATPA Link (Reimbursement Form GRANTS-041):

[http://www.michigan.gov/msp/0,4643,7-123-72297\\_34040\\_57983---,00.html](http://www.michigan.gov/msp/0,4643,7-123-72297_34040_57983---,00.html)

In addition, if you are interested in using any state contracts to buy any of your equipment, please refer to the MiDeal link below for further information.

[http://www.michigan.gov/dtmb/0,5552,7-358-82550\\_85753---,00.html](http://www.michigan.gov/dtmb/0,5552,7-358-82550_85753---,00.html)

If you have any questions, please feel free to contact me.

Thank you,  
Sandy

Sandy Long  
Financial Specialist  
Auto Theft Prevention Authority Section  
Grants and Community Services Division  
Michigan State Police  
7150 Harris Drive  
Dimondale, MI 48821

**MAILING ADDRESS**

P.O. Box 30634  
Lansing, MI 48909  
Telephone: 517-284-3209

"A PROUD tradition of SERVICE through EXCELLENCE, INTEGRITY, and COURTESY"



STATE OF MICHIGAN  
 DEPARTMENT OF STATE POLICE  
 AUTOMOBILE THEFT PREVENTION AUTHORITY  
 LANSING

RICK SNYDER  
 GOVERNOR

COL KRISTE KIBBEY ETUE  
 DIRECTOR

September 1, 2017

Chief Patrick McNulty  
 Detroit Fire Department  
 1301 Third St  
 Detroit, Michigan 48226

RE: Combating Vehicle Arson Fraud  
 04-18

Dear Chief McNulty:

I am pleased to inform you that your application to the Michigan State Police, Grants and Community Services Division, Auto Theft Prevention Authority (ATPA), has been selected to receive grant funding. With a focus on innovative programs that address auto theft and fraud, your efforts are valued and appreciated. The award for your team/project, pending the finalization of the Grant Agreement (contract), is \$210,855. The ATPA portion of your award is \$105,427.50, and the match requirement is \$105,427.50. Further details regarding allowable expenditures is contained in the enclosed grant contract.

It is crucial that you read through the entire contract to be sure you and your financial officer are aware of and able to abide by the grant requirements. Contract requirements will be enforced. Non-compliance of contract requirements may result in grant suspension and financial penalties. The deadline for returning your signed contract is September 30, 2017.

If you have any questions or concerns regarding your award, please contact Sp/F/Lt. Scott Woodard, ATPA Executive Director, at woodards@michigan.gov or 517-284-3193. We look forward to working with you.

Sincerely,

Sp/F/Lt. Scott Woodard, Executive Director  
 Automobile Theft Prevention Authority

Enclosure

City of Detroit

CITY COUNCIL

COUNCIL PRESIDENT BRENDA JONES

PHS

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**MEMORANDUM**

**TO:** Lawrence Garcia, Corporation Counsel  
City of Detroit

**FROM:** Council President Brenda Jones

BQ

**DATE:** May 15, 2018

**RE:** Mold Legislation

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Exposure to damp and moldy environments can lead to various upper respiratory health complications including increase risk in the development of asthma. Oftentimes, residents complain of toxic mold within rental units, however the City of Detroit does not have legislation to address the elimination of mold within rental units. Please draft legislation requiring elimination of mold within rental units.

**CC:** Honorable Colleagues  
Louise Jones, Senior Clerk



**MEMORANDUM**

**TO:** Gary Brown, Director, DWSD  
Ron Brundidge, Director, DPW  
**FROM:** Scott Benson, City Council District 3  
**CC:** Hon. Janice Winfrey, City Clerk  
Stephanie Washington, Mayor's Office  
**VIA:** President Brenda Jones, Detroit City Council  
**DATE:** 10 May 2018  
**RE:** 20078 FENELON SINK HOLE

SRB

My office has received several complaints regarding the reoccurring sink hole in the City ROW in front of the home at 20078 Fenelon Street. This sink hole has been repaired several times, but due to the soil conditions, or workmanship, the hole returns within a year of being repaired. The residents are requesting a permanent fix to this problem.

Provide the repair plan by 1 Jun 2018. Thank you in advance for your assistance on this matter.

SRB

PHS



**MEMORANDUM**

**TO:** James Craig, Chief, DPD

**FROM:** Hon. Scott Benson, City Council District 3

SRB

**CC:** Hon. Mary Sheffield, City Council Pro Tempore, Chair, Neighborhood & Community Service Standing Committee  
Hon. Janice Winfrey, City Clerk  
David Whitaker, Director, LPD  
Todd Bettison, Deputy Chief, DPD  
Stephanie Washington, City Council Liaison

**VIA:** Hon. Brenda Jones, City Council President

**DATE:** 14 May 2018

**RE:** CB PATROL PROGRAM

Please provide an update on the status of the CB Patrol Program. The FY 2019 budget increased the CB Patrol allocation and I want to hear about any changes and staffing needs the program has moving forward.

Provide a report by 1 June 2018. If you have any questions do not hesitate to contact my office at, 313-224-1198

SRB

# City of Detroit

## CITY COUNCIL

RAQUEL CASTAÑEDA-LÓPEZ  
COUNCIL MEMBER  
DISTRICT 6

### MEMORANDUM

CITY CLERK 2018 MAY 15 PM 3:13

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**TO:** Ron Brundidge, Director, Department of Public Works  
**THRU:** Council Member Scott Benson, Chair, Public Health and Safety Committee  
**FROM:** Council Member Raquel Castañeda-López  
**DATE:** May 15<sup>th</sup>, 2018  
**RE:** Right of Way on Vancouver St.

On Vancouver Street, between Epworth Ave and Military St, two sets of concrete blocks impede the road (picture attached). Please advise whether this is an authorized street closure, and if so, what traffic studies were done analyzing the ability of emergency response vehicles to access Vancouver Street.

Thank you. If you have any questions, please contact my office at 313-224-2450.





# City of Detroit

CITY COUNCIL

Cc: Honorable Detroit City Council  
Stephanie Washington, Mayor's Liaison  
Janice Winfrey, City Clerk