

City of Detroit Special Events Application

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

Section 1- GENERAL EVENT INFORMATION

Event Name: _____

Event Location: _____

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: _____

Organization Mailing Address: _____

Business Phone: _____

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: _____

Title/Role: _____

Email Address: _____

Mailing Address: _____

Business Phone: _____

Business Fax:: _____

Event On-Site Contact Person:

Mailing Address: _____

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: _____

Provide a brief description of your event:

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

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

Event Start Date & Time: _____ Event End Date & Time: _____

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

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

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

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

When was the event last held in Detroit? _____

Where was the event last held in Detroit? _____

What were the hours last year? _____

Project Attendance This Year (Minimum – Maximum)? _____

What is the basis for your projected attendance? _____

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: _____

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

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

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

Section 4- ENTERTAINMENT

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

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Singers | <input type="checkbox"/> Magician |
| <input type="checkbox"/> Musicians | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Comedians | <input type="checkbox"/> 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)

- | | | |
|-------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Live | <input type="checkbox"/> Recorded | <input type="checkbox"/> Karaoke/Lip-synch |
|-------------------------------|-----------------------------------|--|

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

How many generators will be used? _____

How will the generators be fueled? _____

Name of vendor providing generators: _____

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

Section 5- COMMUNICATION/ADVERTISING STRATEGY

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

Radio (Specify stations):

Television (Specific stations):

Newspapers (specify papers):

Web site (identify web address):

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify): _____

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

Section 6- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe: _____

Will there be on-site ticket sales? Yes No

If yes, list price(s): _____

Will food be sold? Yes No

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

Will merchandise be sold? Yes No

If yes, describe: _____

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

If yes, describe: _____

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

Will there be vending or sales? Yes No

If yes, check all that apply:

Food Merchandise

Non-Alcoholic Beverages Alcoholic Beverages

Other (specify):

Indicate type of items to be sold: _____

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

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: _____

How will you advise attendees of parking options? _____

Are you seeking a group parking rate? _____

Section 8- COMMUNITY IMPACT INFORMATION

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

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

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

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.

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

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

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip _____

Name of company providing emergency medical services?

Contact Person: _____

Address: _____

City/State/Zip: _____

Name of company providing porta-johns.

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

Name of private catering company?

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

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

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

STREET NAME: _____

FROM _____

TO _____

Closure Dates: _____

Beg. Time: _____

End Time: _____

Reopen Date: _____

Time: _____



STREET NAME: _____

FROM _____
TO _____

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

STREET NAME: _____

FROM _____
TO _____

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

STREET NAME: _____

FROM _____
TO _____

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

Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

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

Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

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

AUTHORIZATION & AFFADAVIT OF APPLICANT

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

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.