

CITY OF DETROIT

RECREATION DEPARTMENT  
HART PLAZA EVENT SUMMARY

The event site is the Philip A. Hart Plaza a 10-acre upper level expanse and 4 acre lower level is located on Jefferson Avenue at the foot of Woodward, bounded on the south by the Detroit River, in Downtown Detroit.

OPERATIONAL STREET LEVEL BOUNDRIES ARE:

- West: Fifteen Feet East of the Eastern edge of The Ford UAW Training Center drive.
- East: Western curblane of Bates Street.
- South: Northern edge of the Detroit River.
- North: Southern curblane of Jefferson Avenue.

**Base Rental and Area Rental Rates**

**LIMITED USE (no sales, limited to areas below)**

Amphitheater	\$ 108.00 per hour
Pyramid Theater	\$ 108.00 per hour
Pylon Square	\$ 216.00 per hour
Pylon Square, Mariners & Main Promenade	\$ 1,108.00 per four (4) hours
Security Deposit	\$ 800.00
Move in or move out per hour	\$ 32.00

**FULL USE Vending Permitted**

Hart Plaza per day Base Rental Fee (Theme)	\$ 3,300.00
Hart Plaza per day Base Rental Fee (Ethnic)	\$ 1,650.00
Security Deposit One Day Events	\$ 3,000.00
Security Deposit - production group first time at this venue for a two or more day Event	\$10,000.00
Move in or move out per hour	\$ 32.00
Space Use Charges for areas:	
10'X10' Non Food Space	\$ 25.00 per day
10'X20' Food or Beverage Space	\$ 250.00 per day

**Date submitted:** \_\_\_\_\_

1. Applicant: \_\_\_\_\_

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

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

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Status: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Non-profit \_\_\_\_\_

Community Organization \_\_\_\_\_ Other \_\_\_\_\_ (please describe) \_\_\_\_\_

Non-Profit Groups, what non-profit organization will receive the proceeds:

Date of designation of Non-Profit Status (attach a copy of your Federal Tax Exempt Certificate):

Federal I.D. # \_\_\_\_\_

If Applicant is a corporation:

State in which applicant is incorporated: \_\_\_\_\_

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

2. List three (3) venues where you have presented events:

Date	Venue / City	Name of Event	Venue Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Type of Event (note access to the Plaza must be free to the public):

Rally \_\_\_\_\_ Concert \_\_\_\_\_ Press Conference \_\_\_\_\_ Run \_\_\_\_\_ Walk \_\_\_\_\_

Festival Type Multi Purpose Event \_\_\_\_\_

Event will offer food, beverage and or items for sale to the public, either directly or through vendors who are contracted by the event: Yes \_\_\_\_\_ No \_\_\_\_\_

If food, beverage or items are to be offered, will the product be free or sold to the public:

Free \_\_\_\_\_ Sold \_\_\_\_\_

Where will the food be served from:

Kitchens on Hart Plaza      Approved Food Service Trailers      Tents      Other

Where will the food be prepared?

What facilities on Hart Plaza will be required to hold the event:

Pylon Square      Phase I (Pylon Sq. Mariners Promenade & Main Promenade)

Phase II (Fountain Level)      Lower Level      Main Stage Only

Pyramid Stage Only      Other

If other please specify \_\_\_\_\_

Event production entertainment includes (if any) Live music \_\_\_\_\_ Variety show \_\_\_\_\_ Dance \_\_\_\_\_

Recorded music \_\_\_\_\_ Theater act \_\_\_\_\_ Lecture \_\_\_\_\_ Rides \_\_\_\_\_ Games \_\_\_\_\_ Other \_\_\_\_\_

Describe \_\_\_\_\_  
\_\_\_\_\_

**Name of Event:** \_\_\_\_\_

Name of Event contact person during Event: \_\_\_\_\_

Event contact person number during the event: \_\_\_\_\_

Preferred dates and times:

First Choice: \_\_\_\_\_

Date and Time of Move In \_\_\_\_\_

**Date and Times of Event** \_\_\_\_\_

Date and Time of Move Out \_\_\_\_\_

Daily Event Staff Hours of Operation: \_\_\_\_\_

Public Hours of Operation \_\_\_\_\_

(EVENT MUST CLOSE BY OR BEFORE 12:00 MIDNIGHT)

Second Choice: \_\_\_\_\_  
 Date and Time of Move In \_\_\_\_\_  
**Date and Times of Event** \_\_\_\_\_  
 Date and Time of Move Out \_\_\_\_\_  
 Daily Event Staff Hours of Operation: \_\_\_\_\_  
 Public Hours of Operation \_\_\_\_\_  
 (EVENT MUST CLOSE BY OR BEFORE 12:00 MIDNIGHT)

Third Choice: \_\_\_\_\_  
 Date and Time of Move In \_\_\_\_\_  
**Date and Times of Event** \_\_\_\_\_  
 Date and Time of Move Out \_\_\_\_\_  
 Daily Event Staff Hours of Operation: \_\_\_\_\_  
 Public Hours of Operation \_\_\_\_\_  
 (EVENT MUST CLOSE BY OR BEFORE 12:00 MIDNIGHT)

**Projected Attendance** \_\_\_\_\_ (10,000 or more requires EMT service)

4. Event Coordinator: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Fax # \_\_\_\_\_

Primary Contact:  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Fax # \_\_\_\_\_

Secondary Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Fax # \_\_\_\_\_

**5. Supplier & Related Items (needed by event)**

Insurance Provider (Insurance may be required. Insurance is based on the projected attendance and areas of use):  
 \_\_\_\_\_

Security Service Provider: \_\_\_\_\_ EMT Provider: \_\_\_\_\_

Stage Provider: \_\_\_\_\_ Stage Sound Provider: \_\_\_\_\_

Stage Lighting Provider: \_\_\_\_\_

Rental Equipment Provider (Tables, Chairs, Canopies, Portable Toilets, etc.):  
 \_\_\_\_\_

7. **Are City/State Related Licenses or Permits needed based on what the event is bringing in and what the event needs:**

Department of Health and Wellness Promotion: \_\_\_\_\_

Consumer Affairs: \_\_\_\_\_

Fire Department \_\_\_\_\_

Building and Safety Engineering \_\_\_\_\_

Liquor: \_\_\_\_\_

Parking: \_\_\_\_\_

8. **Review Procedures**

Requests for small events must be submitted a minimum of (sixty) 60 days in advance of the event date and (ninety) 90 days in advance for large events. If your request is approved, a meeting will be arranged with you or your event coordinator and the facility representatives.

This meeting will clarify:

- Program
- Food service, beverage sale items
- Finance
- Licensing
- Insurance
- Operations
- Clean up

The facility reserves the right to honor only those requests, which have demonstrated a willingness to work with the facility management and the City of Detroit.

We the undersigned have participated in the completion of the application and request the Facility Management review of our plans.

\_\_\_\_\_  
Executive Director or CEO

\_\_\_\_\_  
Project Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

When completed, this form should be forwarded to:

Mr. Howard Nash  
One Hart Plaza  
Recreation Department  
Detroit, MI 48226-4344

For additional information, call 1-313-877-8074

