City of Detroit

Janice M. Winfrey City Clerk

OFFICE OF THE CITY CLERK

Andre P. Gilbert II Deputy City Clerk

DEPARTMENT PETITION REFERENCE COMMUNICATION

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.

Petition No. 2023-127

Name of Petitioner Detroit Ace

Description of Petition Petition to hold "Unveiling of MLK Statue" at Hart Plaza, on June

23, 2023 from 11:00 AM to 2:00 PM.

Type of Petition Special Event

Submission Date 4/5/2023

Concerned Departments Media Services, Buildings & Safety Engineering, Police

Department, Fire Department, Municipal Parking Department, Transportation Department, Health Department; General Services

Department,

Petitioner Contact Rochelle Riley

Detroit Ace

2 Woodward Ave Detroit, MI 48226

313-480-5205 (office)

rochelle.riley@detroitmi.gov

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 EVE	ENT INFORMATION				
Event Name: Unvallage of MLK Strattyo						
Event Location: HART PLAZE						
Is this going to be an annual event?	□ Yes ► No					
A		PLICANT INFORMATION				
Organization Name: Detr	oit ACE					
Organization Mailing Address:	WOODWARD A	ve Detrod 48226				
Business Phone: 313 436	95265 Business Website	Eache detroitarts and culture				
Applicant Name: Roch	elle Riley by b	enalt of Cityantroit				
Business Phone: 313 480 52		Email: rochelle, rity @ detrait MI go				
Event On-Site Contact Person:						
Name: Rischelle Rul	4					
Business Phone: 313 430 524	S Cell Phone:	Email:				
Event Elements (check all that apply	γ)					
[] Walkathon	[] Carnival/Circus	[] Concert/Performance				
[] Run/Marathon	[] Bike Race	[] Religious Ceremony				
[] Political Event	[] Festival	[] Filming				
[] Parade	[] Sports/Recreation	[] Rally/Demonstration				
[] Convention/Conference	[] Fireworks	[] Other:				
Projected Number of Attendees: 200 Please provide a brief description of your event:						
The city will while it 4 shorthis of MUK on me Amnergay						
		down A Oream gream wi				
Detro 4, too morbis before doil, to ist D.C.						

Begin Tearing Down Date:	Event Start Date:	6/23	Time: AM	Event End Dat		23/1014	Time: 2 pm	1
Section 3- LOCATION/SITE INFORMATION Location of Event: Facilities to be used (circle): Street Facilities to be used (circle): Street Facility Facility Flease attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the undicipated layout of your event including the following: Public entrance and exit Location of merchandising booths Location of perchandising booths Location of garbage receptacles Location of sound stages Location of beverage booths Location of bounds stages Location of Portable restrooms Section 4- ENTERPAINMENT Describe the entertainment for this year's event: NOCC Section 5- SALES INFORMATION fill there be advanced ticket sales? Yes No Ill there be on-site ticket sales? Yes No Ill there be on-site ticket sales? Yes No Ill there be vending or sales? Yes No Ill there be vending or sales? Yes No Ill there be vending or sales? Yes No		1						
Section 3- LOCATION/SITE INFORMATION Cocation of Event: Facilities to be used (circle): Street Sidewall Pacilities to be used (circle): Street Sidewall Location of Pirit Aid Location of First Aid Location of First Aid Location of Fort walk/nun Location of of merchandising booths Location of garbage receptacles Location of Joseph Control of Street Cocation of Street Location of Street Location of Possed route for walk/nun Location of Street Location of Street Location of Possed route for walk/nun Location of Possed route for walk/nun Location of Posses area -Sketch of Street Colsure Location of Posses area -Sketch of proposed light pole banners Section 4- ENTERTAINMENT Describe the entertainment for this year's event: NOTE Section 5- SALES INFORMATION Solution of Street Section 5- SALES INFORMATION Solution of Posses area Solution of Posses area Section 5- SALES INFORMATION Solution of Posses area Solution of Posses are					——————————————————————————————————————	*(40		
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Location of Event: Facilities to be used (circle): Street Sidewalk Pok 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 merchandising booths Location of for merchandising booths Location of garbage receptacles Proposed route for walk/run Location of beverage booths Location of beverage booths Sketch of street closure Location of portable restrooms Sketch of proposed light pole banners Section 4- ENTERTAINMENT Describe the entertainment for this year's event: NOCC Yes No No								
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Location of hand washing sinks Location of portable restrooms Section 4- ENTERTAINMENT Describe the entertainment for this year's event: None Yes No yes, what type of sound system? Mali Servis Shutter Commander Section 5- SALES INFORMATION	Location of beverage	e booths			-Sketch of stree	t closure		
Section 4- ENTERTAINMENT Describe the entertainment for this year's event: NOTE ill a sound system be used? Yes	Location of hand wa	shing sinks			-Location of pr	ess area		
Section 5- SALES INFORMATION fill there be advanced ticket sales? yes, list price(s): Yes	Location of portable	restrooms			-Sketch of prop	osed light pole ba	nners	
Fill a sound system be used? Yes No yes, what type of sound system? Section 5- SALES INFORMATION fill there be advanced ticket sales? yes, please describe: If there be on-site ticket sales? Yes No Yes No Yes No Yes No				on 4- ENTE	RTAINME	NT		
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ill there be advanced ticket sales?							VILLEYGA	Pressor
yes, please describe: ill there be on-site ticket sales?					FORMAT	ION		
ill there be vending or sales?			Yes No					
	yes, please describe:		₩	0				
		cket sales?	→ Yes Da N	X: 				
	ill there be on-site tid yes, list price(s): ill there be vending oves, check all that ap	or sales?	□ Yes 🗶	No	s []-	lcoholic Be verag	res	ÿ

Indicate type of items to be sold:
Will there be food trucks?
Will there be a charge for parking?
How will you advise attendees of parking options?
Section 6- PUBLIC SAFETY & PARKING INFORMATION
Name of Private Security Company:
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
Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION
How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
The event will not block traffic but will fill HARL
Have local neighborhood groups/businesses approved your event?
Indicate what steps you have or will take to notify them of your event:
Standard - email, phone calls, press release
Section 8- EVENT SET-UP
Complete the appropriate categories that apply to the event Structure
Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:
Media surva Setup / no generator

Address:		Phone:	
City/State/Zip			
	How Many?	Size/Height	
Booth			
Tents (enclosed on 3 sides)			
Canopy (open on all sides)			
Staging/Scaffolding			
Bleachers			
	Section 9- COMPLI	ETE ALL THAT APPLY	
nergency medical services?	•		
ontact Person: E.M.	5 if needed	α	
idress:			
ty/State/Zip:			
ame of company providing por	t-a-johns.		
entact Person:			
dress:		Phone:	
ry/State/Zip:	l.		
			Sec
me of private catering compa			
	ny:		
ntact Person:			
dress:		Phone:	

SPECIAL USE REQUESTS

List any streets or possible streets you a Neighborhood Signatures must be subr	are requesting to be closed. Include the da	y, date, and time of requested closing and reopening. icades are not available from the City of Detroit.
Will there be street closures?	□ Yes □ No	o or sketch of the proposed area for closure.
STREET NAME:		
X		
	BEG TIME:	
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	ТО:	
CLOSURE DATES:		
REOPEN DATE:		
STREET NAME:		
FROM:		
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:		
STREET NAME:	260	
	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	

PLEA	ASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:							
1)	CERTIFICATE OF INSURANCE							
2)	EMERGENCY MEDICAL AGREEMENT							
3)	SANITATION AGREEMENT							
4)	4) PORT-A-JOHN AGREEMENT							
5)	COMMUNITY COMMUNICATION							
:								
-								

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.

Joshill Ray

4/3/23

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: Shatuc Unveiling Ardication Date: 6/23/23	_Event
Event Organizer: City 1 Date of	
Applicant Signature: Jally Cer Date: 4/3/23	_

MAYOR'S OFFICE COORDINATORS REPORT

Γ										
OVERAL	L STATUS	s (pl	ease ci	rcle):	<u>APPI</u>	ROVED	DENIED		N/A	CANCELED
Petition #:			Eve	nt Name:						
Event Date	e:					_				
Street Clos	sure:									
Organizatio	on Name:									
Street Add	ress:									
Date of Cit Due date for	te of the CO y Clerk's De or City Depa or the Coord	partr rtme	mental F ents repo	Reference Corts:	Commu	nication:				
	nents (check			<u>-</u>						
□ Walkath			arnival/C	•		Concert	/Performance		Run/Ma	arathon
□ Bike Ra	ice [R	eligious	Ceremony		Political	Ceremony		Festiva	I
□ Filming	Е	□ Pa	arade			Sports/F	Recreation		Rally/D	emonstration
□ Firewor	ks c	- C	onventic	n/Conferer	nce 🗆	Other: _				
□ 24-Hou	r Liquor Lic	ens	е							
Petition Communications (include date/time)										
** <u>ALL</u> _permits and license requirements must be fulfilled for an approval status **										
Date	Departme	ent	N/A	APPROV	'ED	DENIED	Ade	ditio	nal Com	ments
	DPD									
	DFD/ EMS									
	DPW									

Health Dept.

Doto	Donostroont	NI/A	APPROVED	DENIED	Additional Comments
Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED				
	Recreation				
	Bldg & Safety				
	Bus. License				
	Mayor's Office				
	Municipal Parking				

MAYOR'S OFFICE	
Signature: Elisa Malile	Digitally signed by Elisa Malile Date: 2023.04.28 13:12:46 -04'00'
Date:	

City	Council	Member:	

Resolved, The Mayor's Office is hereby authorized and directed to issue permits to Detroit Ace to host Unveiling of MLK Statue on June 23, 2023 from 11:00 AM to 2:00 PM

PROVIDED, that there will be DPD Assisted Event; and be it further

PROVIDED, that there will be DFD Pending Inspections; Contracted with Private EMS to Provide Services; and be it further

PROVIDED, that there will be BSEED Permits Required for Tents, Generators and be it further

PROVIDED, that there will be DPW Type III Barricades & Road Closure Signage Required; and be it further

PROVIDED, that there will be Municipal Parking No Parking Signs Required; and be it further

PROVIDED, that there will be a Business License Required obtained following City Council approval; and be it further

PROVIDED, that all necessary permits must be obtained prior to the event. If permits are not obtained, departments can enforce closure of event.