

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: 7-2 Day 5k Walk/Run

Event Location: Puritan St. & Stansbury

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Umoja Debate Team

Organization Mailing Address: 16609 Sorrento Detroit, MI 48235

Business Phone: 313-699-8894

Business Fax: _____

Federal Tax ID # 86-3179175

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

Applicant Name: Cidney Calloway

Title/Role: Marathon Coordinator

Email Address: Cidneybug13@yahoo.com

Mailing Address: 20194 Wakefield St. Detroit, MI 48221

Business Phone: 313-673-5550

Business Fax:: _____

Event On-Site Contact Person:

Mailing Address: 20194 Wakefield St. Detroit, MI 48221

Business Phone: 313-673-5550

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:

Attached is the route for the proposed 5k happening on July 1st, 2023 in the Puritan and Stansbury area. We are anticipating the participation of 100 people of all ages to walk or run this route between 9a and 1p on that Saturday.

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

Begin Set-up Date & Time: 7/1/23, 8a Complete Set-up Date & Time: 7/1/23, 8a - 1:30p

Event Start Date & Time: 7/1/23, 8:30a Event End Date & Time: 7/1/23, 1p

Begin Tearing Down Date: 7/1/23, 1p Complete Tear Down Date: 7/1/23, 2p

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

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)? 0-100

What is the basis for your projected attendance? Based on interest in walking/running in the area and marketing

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? Prefer minimum of 50 to 200 participants 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: Umoja Village, 15876 Stansbury

Facilities to be used (circle):

☒ Street

☐ Sidewalk

☐ Park

☐ City Facility

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

-Public entrance and exit
-Location of merchandising booths
-Location of food booths
-Location of garbage receptacles
-Location of beverage booths
-Location of sound stages
-Location of hand washing sinks
-Location of portable restrooms

-Location of First Aid
-Location of fire lane
-Proposed route for walk/run
-Location of tents and canopies
-Sketch of street closure
-Location of bleachers
-Location of press area
-Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

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

☐ Singers

☐ Magician

☐ Musicians

☐ Story Telling

☐ Comedians

☐ Other: _____

Describe the entertainment for this year's event:

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: _____

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: Event takes place solely outdoors

Describe the parking plan to accommodate anticipated attendance: Street Parking and private lot on Puritan & Stansbury

How will you advise attendees of parking options? Volunteers will be available to assist

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)?

The marathon takes place in the morning to avoid Saturday afternoon traffic and is the only event on that day.

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

Indicate what steps you have or will take to notify them of your event: Conversations in-person and reminders the week prior to.

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

Dexter Barbershop (), Car Shop (Ben - 313.850.7497)

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: Puritan St.

FROM Hartwell

TO Hubbell

Closure Dates: 7/1/2023

Beg. Time: 8a

End Time: 2p

Reopen Date: 7/1/2023

Time: 2p



STREET NAME: Hubbell

FROM Puritan
TO Pilgrim

Closure Dates: 7/1/2023
Beg. Time: 8a
End Time: 2p
Reopen Date: 7/1/2023
Time: 2p

STREET NAME: Pilgrim

FROM HUbbell
TO Hartwell

Closure Dates: 7/1/2023
Beg. Time: 8a
End Time: 2p
Reopen Date: 7/1/2023
Time: 2p

STREET NAME: Hartwell

FROM Pilgrim
TO Puritan

Closure Dates: 7/1/2023
Beg. Time: 8a
End Time: 2p
Reopen Date: 7/1/2023
Time: 2p

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.

Date of this notice: 04-12-2021

Employer Identification Number:
86-3179175

Form: SS-4

Number of this notice: CP 575 A

UMOJA DEBATE TEAM
% HOWARD
PO BOX 19487
DETROIT, MI 48219

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 86-3179175. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	07/31/2021
Form 940	01/31/2022

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is UMOJ. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999999

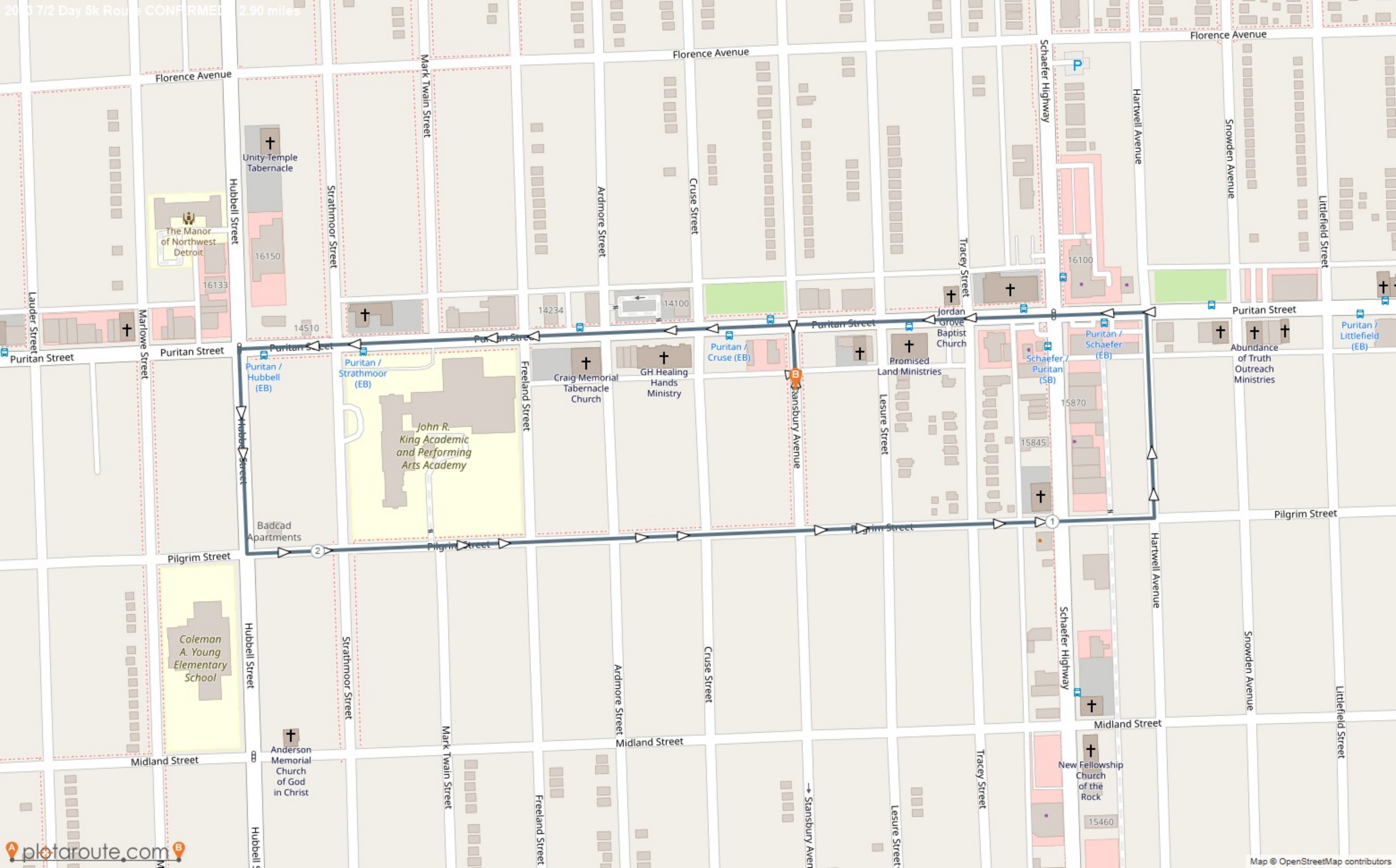
Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 04-12-2021
EMPLOYER IDENTIFICATION NUMBER: 86-3179175
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

A barcode consisting of vertical bars of varying heights, used for document tracking or identification.

UMOJA DEBATE TEAM
% HOWARD
PO BOX 19487
DETROIT, MI 48219



MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: _____ Event Name: _____

Event Date : _____

Street Closure: _____

Organization Name: _____

Street Address: _____

Receipt date of the COMPLETED 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)


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

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD				
	DFD/ EMS				
	DPW				
	Health Dept.				

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 Umoja Debate Team to 7-2 Day 5k Walk/Run on July 1, 2023 from 8:30pm to 1pm

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.