

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: Back To School Health Fair/Ava Jo's Festival

Event Location: Ferry Park between 15th St and Stanton

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

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: 15th St Block Club Assoc/Ava Jo's Festival

Organization Mailing Address: 6033 15th St Detroit, MI 48208

Business Phone: 313-598-0176

Business Website: _____

Applicant Name: Sherry Russell

Business Phone: _____ Cell Phone: 313-598-0176 Email: s7russell@sbcglobal.net

Event On-Site Contact Person:

Name: Yusef Shakur

Business Phone: _____ Cell Phone: 313-459-6008 Email: yusefshakur@yahoo.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: _____ |

Projected Number of Attendees: 200

Please provide a brief description of your event:

This is a health fair to benefit the community. We will have blood pressure monitor, diabetic check, bounce houses, petting zoo, DJ, a band, several games, several vendors, health care mobile units, back pack giveaway and food and beverages. Charcoal grill used to cook food.

This is a free event for the community.

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

Begin Set-up Date: 8-5-23 Time: 10am Complete Set-up Date: 8-5-23 Time: 8pm

Event Start Date: 8-5-23 Time: 12 noon Event End Date: 8-5-23 Time: 8pm

Begin Tearing Down Date: 8-5-23 Complete Tear Down Date: 8-5-23

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

n/a

Section 3- LOCATION/SITE INFORMATION

Location of Event: Ferry Park between 15th St and Stanton

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 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

Describe the entertainment for this year's event:

Local band and DJ.

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? microphone and speakers

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: N/A

Will there be food trucks? ☐ Yes ☒ No
If yes, please list how many:

Will there be a charge for parking? ☐ Yes ☒ No
If yes, please describe the amount:

How will you advise attendees of parking options? Free Parking is available around surrounding streets

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: N/A Neighborhood personnel with security shirts will monitor event

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)?

Minimum impact due to street closures.

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

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

Flyers, Radio station and notification to the surrounding neighborhood.

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:

The DJ's will run power from community house located at 2243 and 2431 Ferry Park

2 generators to supply bounce houses.

Name of vendor providing generators: Contact Person: personally owned generators

Address:

Phone:

City/State/Zip:

	How Many?	Size/Height	
Booth	5	10 x10	not attached
Tents (enclosed on 3 sides)	6	10 x10	not attached
Canopy (open on all sides)	5	10 x10	not attached
Staging/Scaffolding	1		unknown at this time
Bleachers			

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Health mobile units on site with nurses.

Address:

City/State/Zip:

Name of company providing port-a-johns. Church and community houses available for restrooms.

Contact Person:

Address:

Phone:

City/State/Zip:

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.**

Will there be street closures? ☐ Yes ☐ No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: Ferry Park

FROM: 15th St TO: Stanton St

CLOSURE DATES: 8-5-23 BEG TIME: 10am END TIME: 8pm

REOPEN DATE: 8-5-23 TIME: 9pm

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

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.

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) Sherry Russell

Event Name: Back Health Fair/Ava Jo's Festival Event

Date: 8-5-23

Event Organizer:

Sherry Russell

Applicant Signature:

Date:

Sherry Russell
8-10-23

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: _____

Date: _____

City Council Member: _____

Resolved, The Mayor's Office is hereby authorized and directed to issue permits to 15th St Block Club Association/Ava Jo's Festival to the Back to School Health Festival/Ava Jo's Festival on August 05, 2023 from 12PM to 8PM at Ferry Park between 15th St and Stanton

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.