# 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.

2023-249

Name of Petitioner

Washington Entertainment

Description of Petition

Request to hold "Ribs , RnB Music Festival Weekend" at Hart

Plaza on August 11, 2023 from 11:30 AM to 11:30 PM

Type of Petition

**Special Event** 

**Submission Date** 

7/6/2023

Concerned Departments

Media Services, Buildings & Safety Engineering, Police Department, Fire Department, Municipal Parking Department, Transportation Department, Health Department; General Services

Department,

**Petitioner Contact** 

Johnnie Washington

PO Box 2335 248-797-0609

Washington Entertainment

JWASH906@SBCGLOBAL.NET

# 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	Pr 1
Event Name:	IBS, RNB MUSIC	L FESVIVAL WEEKEND-
Event Location:	HAKT PINZK	
Is this going to be an annual even	t? EVes D No	
Sec	tion 2- ORGANIZATION/API	PLICANT INFORMATION
Organization Name:	MASNINGTON ENTE	Elxin illend
Organization Mailing Address:	PO BOX 2335	
Business Phone: 248-79	7-066 9 Business Website	: RIBS RAB HUSIC TESTIVAL CON
Applicant Name: Johnn	ne WashingToil	
Business Phone: 248-747	1609 Cell Phone: 248-79700	609 Email: JWASh 906 & SBC GloBALAN
Event On-Site Contact Person:	1 7	ar.
Name: Sohnnie	WAShingTon .	
Business Phone: 800 754-	7503 Cell Phone: 248-797-0	Gogemail: MASh GOG & SBC GOBALNE
Event Elements (check all that ap	oly)	J.
[ ] Walkathon	[ ] Camival/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	Seac Plus PER DI	m_
A Family EVER	I: WITH FOODS	From BBA TO GILLED LAND CHOC
WOULD CHASS ENT	Extransión, LOCAL	AND NATIONAL VENDORS. Selling
CODS. FREM SU	UNDRESSES, SU	AND MATIONAL VENDORS. Selling A FLASSES, Clow Toy &
500.000 C	/	1

What are the projected set-up, event and tear			1/12 3 4 202
Begin Set-up Date: 8-9-23 Time: 9:3			
Event Start Date: 8-11-23 Time: 11:3	Event End Date: 8	-13-23	Time: //.'3 PM
Begin Tearing Down Date: 8 13- MIDNIGIN	Complete Tear Down	Date: 8-14-	23
Event Times (If more than one day, give times for each	ch day): 130 PM A1/	3 Days	
Location of Event:	LOCATION/SITE	INFORMATION	
Facilities to be used (circle): Street Facility	Sidewalk	Park	City
Please attach a copy of Port-a-John, Sanitation, and I anticipated layout of your event including the follow		nents as well as a site pla	in which illustrates the
-Public entrance and exit -Location of merchandising booths -Location of food booths -Location of garbage receptacles -Location of beverage booths	-Loc -Pro -Loc	eation of First Aid cation of fire lane posed route for walk/rur cation of tents and canop etch of street closure	
-Location of sound stages -Location of hand washing sinks -Location of portable restrooms	-Lo -Lo	cation of bleachers cation of press area etch of proposed light po	ole banners
S	ection 4- ENTER1	AINMENT	
Describe the entertainment for this year's event:		olikova	
GRAMM AWARD WINING		white and the same	1411) 5TAYE- 5TAYE -
/ill a sound system be used? Yes	No		0
yes, what type of sound system?	TERE Soun	D'5 ON	BOTH STAGES-
Sect	ion 5- SALES INI	FORMATION	
yes, please describe:	No RESEVED	SENTING O	nly-FESTIVAL FREE 11:30
15,00 AFTER		0	O .
ill there be on-site ticket sales? Yes  yes, list price(s):  15,00 Affirm	□ No FREE FI	3DAY 11:30-4.	Upm FRE SAT, Sun U

Fred Venders
Indicate type of items to be sold: BBQ, FISH, SHUIMP, DRY VENDORS BEILDEY SUN GLASSY
Will there be food trucks?  If yes, please list how many:
Will there be a charge for parking?
How will you advise attendees of parking options? 1128-5118
Section 6- PUBLIC SAFETY & PARKING INFORMATION
Name of Private Security Company: TBA
Contact Person:
Address: Phone:
_City/State/Zip:
Number of Private Security Personnel Hired Per Shift: 22
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)?  HOW WILL FESTIVAL LOCATION FANT PARA ON THE RIVER CONTI
Have local neighborhood groups/businesses approved your event?  Yes No  Indicate what steps you have or will take to notify them of your event: FESTIVA THES PLACE AT HAN PHELL.
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:
MAIN STAGE. TIES IN AT POWER OWN LET AT HAKE PIALA
MAIN STAGE TIES IN AT POWER OWN LET AT HAKT PIAZATE  SMALL GENRATBUS - FOR TENT LIGHTS. (7)

Name of vendor providing generators: Contact Person:	
Address: 18AM RENTAL	Phone: 586 - 55 Z-4060
City/State/Zip 22707 SELHONEN HZ	en RD WARREN, mi 4808
How Many?	ize/Height
Booth	
Tents (enclosed on 3 sides) 22	16 X 16 20 X 20
	x 8
Staging/Scaffolding 24	X 8
Bleachers NEVIE	
Section 9- COMPLETE ALL	THAT APPLY
Emergency medical services?  Contact Person: ADHIM - HAIL MEDIC	ND, SVE. E-112
Address: 2799 W (5/2411) 191	2
Sity/State/Zip: DET Roll Mi. 4820	2.
- X/E =	
ame of company providing port-a-johns.  STEVE: PARK WAY SER	2 VICE
ontact Person: STEVE: PARK WAY SEK	
Idress: 2876 Tyke RD 1616C	Phone:
VD/1/11/1 M/1 48178	
ty/State/Zip: [PS/LIMIT]	
T.B.A	
me of private catering company?	
ntact Person:	Phone:
lress:	• • • • • • • • • • • • • • • • • • • •
//State/Zip:	
	-

# SPECIAL USE REQUESTS

Neighborhood Signatures must be sub-	□ ves □ No	lay, date, and time of requested closing and reopen ricades are not available from the City of Detro
Will there be street closures? If yes, please complete the street clo	sure information below and attach a ma	p or sketch of the proposes "
STREET NAME:	TO	
FROM:	10:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:		
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
TREET NAME:		
FROM:	TO:	
LOSURE DATES:	BEG TIME:	END TIME
EOPEN DATE:	TIME:	
TREET NAME:		
FROM:	TO:	
LOSURE DATES:	BEG TIME:	-
EOPEN DATE:	DEC TIME:	END 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 & 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.

Home I's Ling Se	3-12-2023	
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: KIBS RNB MUSIC FESTIVAL  Date: 8 August 11, 12, 13, 2029	Event
Event Organizer: Johnsty Washing Ton	
Applicant Signature: Johnne Jablus Date: 3-12-45	_

## **MAYOR'S OFFICE COORDINATORS REPORT**

Γ										
OVERAL	L STATU	S (pl	lease 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 <b>CC</b> y Clerk's Department or City Department or the Coord	epart artme	mental F ents repo	Reference Corts:	ommu	nication:				
	nents (chec			•						
□ Walkath	•		arnival/C	•		Concert	/Performance		Run/Ma	arathon
□ Bike Ra	ace	□ R	Religious	Ceremony		Political	Ceremony		Festiva	I
□ Filming		□ P	arade			Sports/F	Recreation		Rally/D	emonstration
□ Firewor	ks	□ C	onventio	n/Conferen	ce 🗆	Other: _				
□ 24-Hou	r Liquor Li	cens	se							
			<u>Pet</u>	ition Comn	nunica	itions (inc	lude date/time)			
	** <u>ALL</u>	perm	nits and I	icense requ	iiremer	nts must b	e fulfilled for an	appr	oval stat	us **
Date	Departm	ent	N/A	APPROV	ED	DENIED	Ad	ditio	nal Com	ments
	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				

Signature: _		
Date:		

City Council Member:	
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**Resolved,** The Mayor's Office is hereby authorized and directed to issue permits Washington Entertainment to host the Ribs RnB Music Festival from August 11, 2023 to August 13, 2023 from 11:30 AM to 11:30 PM at Hart Plaza

**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.