

Janice M. Winfrey
City Clerk

City of Detroit
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.	2023-250
Name of Petitioner	St. Aloysius Church
Description of Petition	Request to hold "St. Aloysius Neighborhood Block Party" at 1234 Washington Blvd on August 20, 2023 from 12:00 PM to 3:00 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	Tony Smith St. Aloysius Church 1234 Washington Blvd, Detroit, MI 48226 313-237-5810 (office) 917-287-4881 (cell) <u>Tony.smith@att.net</u>

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: St. Aloysius Neighborhood Block Party

Event Location: 1234 Washington Blvd, Detroit, MI 48226

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: St. Aloysius Church

Organization Mailing Address: 1234 Washington Blvd, Detroit, MI 48226

Business Phone: 313.237.5810

Business Website: www.staloyusdetroit.com

Applicant Name: Tony Smith on behalf of St. Aloysius Church

Business Phone: 313.237.5810 Cell Phone: 917.287.4881 Email: tony.smith@att.net

Event On-Site Contact Person:

Name: Tony Smith

Business Phone: 313.237.5810

Cell Phone: 917.287.4881

Email: tony.smith@att.net

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: Free Block Party

Projected Number of Attendees: 500

Please provide a brief description of your event:

We look to serve pre-cooked burgers, hotdogs, soft drinks and ice cream to the people in our

neighborhood from 12:00pm to 3:00pm. The event will be free of charge.

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

Begin Set-up Date : 8/20/23 Time: 8:00am Complete Set-up Date: 8/20/23 Time: 11:30am

Event Start Date: 8/20/23 Time: 12:00pm Event End Date: 8/20/23 Time: 3:00pm

Begin Tearing Down Date: 8/20/23 Complete Tear Down Date: 8/20/23

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

Section 3- LOCATION/SITE INFORMATION

Location of Event:

Facilities to be used (circle): Street Sidewalk Park City

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 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

Describe the entertainment for this year's event:

The entertainment will be prerecorded music.

Will a sound system be used? Yes No

If yes, what type of sound system? stereo with dedicated 20 amp circuit

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:

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?

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 be an outdoor event with minimal impact.

Have local neighborhood groups/businesses approved your event?

Yes No

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

I will visit local businesses and get signatures in support of our event.

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 only need will be a dedicated 20amp circuit.

Name of vendor providing generators: Contact Person:

Address: _____

Phone: _____

City/State/Zip _____

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	2 tents 20'x40' each	
Canopy (open on all sides)	3 canopies 10'x10' each	
Staging/Scaffolding		
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: _____

Address: _____

City/State/Zip: _____

Name of company providing port-a-johns.

Contact Person: Scotty's Potties/Crystal Jodway

Address: 27940 Wick Road

Phone: 734.421.1400

City/State/Zip: Romulus, MI 48174

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. **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: Washington Blvd(northbound)

FROM: State Street **TO:** Grand River Avenue

CLOSURE DATES: 8/20/23 **BEG TIME:** 7:30am **END TIME:** 6:00pm

REOPEN DATE: 8/20/23 **TIME:** 6:00pm

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**

Please see attached for items 1, 2, 4 and 5. Item 3 is TBD.

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.

Sony RQ

5/15/23

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: St. Aloysius Neighborhood Block Party **Event**

Date: August 20, 2023

Event Organizer:

Tony Smith

Applicant Signature: *Sony RQ*

Date: 5/15/23

St. Aloysius Church

Certificate of Insurance

St.Al's Neighborhood Block Party 8/20/23

**Tony Smith
5-15-2023**



K&K Insurance Group, Inc.
1712 Magnavox Way
Fort Wayne, IN 46804
Phone 1-800-328-2317
Fax 1-260-459-5502
Claims 1-800-237-2917

Fax/Mail Application

1. Print
2. Remit the completed and signed enrollment form and corresponding premium payment, and a copy of your current certification, if any, to the address above.
3. You will be notified if, for any reason, your submission to this insurance program is declined or determined to be ineligible for coverage and your premium payment will be returned or refunded.
4. If your submission is accepted, coverage documents will be issued and will be effective the day after your enrollment form and premium payment are received, or on a later date that you may specify.
5. Please allow 10 business days for processing. For faster coverage, please continue to pay on-line.

Note: Any requests to amend or change coverage or the information reported on the enrollment form must be submitted in writing.

Application Date :05/12/2023

Final Summary

Short Term Special Event
 Single Day Private Event (invitation only)

Insured Information

Are you an insurance agent or broker? **No**

Named insured (as it should appear on the policy): **St. Aloysius Church**

Doing business as (DBA):

Contact first name: **Tony**

Contact last name: **Smith**

Mailing address: **850 S Oxford Road**

City: **Grosse Pointe Woods** State: **Michigan** Zip: **48236**

Phone: **917-287-4881** Fax: **646-308-1621** Cell: **917-287-4881**

E-mail: tony.smith@att.net

Website:

This is a renewal of coverage

Commercial General Liability

Eligibility

Selected operation: **Picnic (no water activities)**

Coverage effective date(s): **08/20/2023**

In what state is the person/organization purchasing this coverage located? **Michigan**

Where does the event take place? **Michigan**

Where does the event take place: Michigan
 What is the estimated attendance of this event? 300
 Is the event held at more than one location? No
 Alcoholic beverages are: Not available at the event
 Does the insured event have any concessionaires, exhibitors or vendors? No
 Does the event have any of the following activities? No
 Rides, mechanical amusement devices, inflatable recreational devices, dunk tanks, bungee operations/equipment, Petting zoos or animals owned, rented or hired by the insured, Fireworks/pyrotechnics

Are any of the following events/activities offered? No

Activist Rally/March/Protest; Aircraft Show/Event**; Animal obedience training; Any event held on airport premises**; Any event honoring national and/or local celebrities or professional athletes**; Any event involving in or on water activities**; Any event involving organized athletic events/competitions; Any event involving rap, hip-hop, heavy metal, or electronic music**; Any event lasting more than 10 consecutive days**; Any event providing overnight accommodations; Any event taking place at multiple locations**; Any event taking place outside of the United States; Any event with more than 3,000 in total attendance (# event days x attendance per day)**; Balloon Festival**; Battle re-enactment**; Bonfires; Cannabis related events; Car/Motorcycle/RV/Boat shows**; Christmas Tree Sale/Lot; Circus; Color/Foam Party; Dance Competition**; Events involving any motorized vehicle(s) in, or while in practice for, or while being prepared for, or while qualifying for, or while testing for any racing, speed, demolition, distance, or stunting activity; Film/Photo Shoot; Food eating contest; Fraternity/Sorority event**; Geocaching event; Gun/Knife show; Haunted Attraction/Event; Health Fair/Exposition; Hunting, fishing and hiking events; Maze (corn, hay or fence); Parade (and any event involving a parade)**; Political event**; Pumpkin chuckin event; Rave; Rodeo**; Seance; Shooting events/activities (skeet/trap/clay/guns); Tailgate event; Tractor pull**; Union meeting; Walk/Run Event**

Event Information

Name of event: St Aloysius
 Date of event: 08/20/2023

Event location

Venue name: St Aloysius Church
 Address: 1234 Washington Blvd
 City: Detroit State: Michigan Zip: 48226
 Is this event held annually? No

Coverage & Limits

Each Occurrence: \$ 1,000,000
 General Aggregate (other than Products-completed Operations): \$ 5,000,000
 Products-completed Operations Aggregate: \$ 1,000,000
 Personal and Advertising Injury: \$ 1,000,000
 Damage to Premises Rented to You: \$ 1,000,000
 Medical Expense : \$ 5,000

Total Commercial General Liability Premium: \$191.00

Notable Exclusions:

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or

temporarily erected, or dunk tank. Amusement device does not include any video arcade or computer games or structures that are not designed to bounce on, slide on, ride on or tunnel through); Animals (injury or death to any animal, or injury, death or property damage caused by an animal owned, rented or hired by you); Asbestos; Commercial general liability standard exclusions (CG0001 04/13 edition); Communicable Disease; Cyber incident, data compromise and violation of statutes related to personal data; E-commerce Consulting; Employment-related practices; Events held at multiple locations (except for weddings); Events held outside the United States; Events with over 3,000 in total attendance; Fireworks; Fungi or bacteria; Lead; Nuclear energy liability; Operations of concessionaires, exhibitors and/or vendors at your event; Performers; Petting zoos; Room and board liability; Saddle animals; Sexually transmitted diseases; Silica or silica-related dust; Snowmobile; Total pollution with a building heating, cooling and dehumidifying equipment exception and hostile fire exception; Unmanned aircraft; Those operations listed as ineligible: Activist rally/march/protest; Aircraft show/event; Animal obedience training; Any event held on airport premises; Any event honoring national and/or local celebrities or professional athletes; Any event involving in or on water activities; Any event involving organized athletic events/competitions; Any event involving rap, hip-hop, heavy metal, or electronic music; Any event lasting more than 10 consecutive days; Any event providing overnight accommodations; Balloon Festivals; Battle re-enactments; Bonfires; Cannabis related events; Car/Motorcycle/RV/Boat shows; Christmas Tree Sale/Lot; Circuses; Color/foam party; Dance competitions; Events involving any motorized vehicle(s) in, or while in practice for, or while being prepared for, or while qualifying for, or while testing for any racing, speed, demolition, distance, or stunting activity; Film/photo shoots; Food eating contests; Fraternity/sorority events; Geocaching events; Gun/knife shows; Haunted attractions/events; Health fairs/exposition; Mazes (corn, hay or fence); Parade (and any event involving a parade); Political events; Pumpkin chuckin events; Raves; Rodeos; Seances; Tailgating events; Tractor pulls; Union meetings; Walks/running events.

Terms & Conditions:

1. Premiums are 100% fully earned when coverage begins and non-refundable.
2. Any exposure changes that deviate from the original enrollment form must be reported in writing.
3. Acceptance of this quote confirms your desire to obtain liability insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. K&K reserves the right to decline any request for coverage.
4. Coverage is contingent upon receipt of premium payment. No coverage will be deemed in effect until premium is received by the company or their representative.
5. Host liquor liability is included but only if the insured is not in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages.
6. Commercial General Liability Broadening Endorsement:
 - Expected or intended bodily injury or property damage resulting from the use of reasonable force to protect persons or property.
 - Non-owned Watercraft - extended to 58 feet.
 - Supplementary Payments - \$2,500 bail bonds, \$500 a day loss of earnings.
 - Waiver of Right of Recovery.
 - Bodily Injury definition expanded to include mental anguish, mental injury, shock, fright, humiliation, emotional distress or death resulting from bodily injury, sickness or disease.
 - Damage to Premises Rented to You - the term fire is replaced with fire, lightning, explosion, smoke and leaks from sprinklers.
 - Additional Coverage:
 - Emergency Real Estate Consultant Fee - \$25,000
 - Identity Theft Exposure - \$25,000
 - Key Individual Replacement Cost - \$50,000
 - Lease Cancellation Moving Expense - \$2,500
 - Temporary Meeting Space - \$25,000
 - Terrorism Travel Reimbursement - \$25,000
 - Workplace Violence Counseling - \$25,000

Additional Certificate Request

Do you need to request any additional Certificate(s) of Insurance to present to a third party? Yes

Entity name: City of Detroit

Mailing address: 200 Coleman A. Young Municipal Center, 2 Woodward Avenue

City: Detroit State: Michigan Zip: 48226

Relationship: Co-promoter of event

Warranty & Disclosure

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for my premium calculation, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. K&K reserves the right to decline/void any ineligible coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided. The information I provided on this enrollment form becomes a part of the insurance contract.

Compensation and Other Disclosure Information

K&K Insurance Group, Inc. ("K&K") is an insurance producer licensed in your state. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, K&K may charge a fee for administrative services. Your signature on your application, quote form, check, credit card and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by K&K. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part of any alternative quotes presented to the purchaser by the producer, by emailing a written request to warranty@kandkinsurance.com.

In addition, premiums paid by clients to K&K for remittance to insurers, client refunds and claim payments paid to K&K by insurance companies for remittance to clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. Subject to such laws and the applicable insurance company's consent, where required, K&K will retain the interest or investment income earned while such funds are on deposit in such accounts.

In placing, renewing, consulting on or servicing your insurance coverages K&K and its affiliates may participate in contingent commission arrangements with insurance companies that provide for additional contingent compensation, if, for example, certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by K&K with the insurance company or the

overall performance of the policies placed with that insurance company, not on an individual policy basis. As a result, K&K may be considered to have an incentive to place your insurance coverages with a particular insurance company. Where K&K participates in contingent commission arrangements with insurance companies, K&K may be entitled to additional commission in the range of 0 to 5% depending upon whether and when specified thresholds are achieved.

Our liability to you, in total, for the duration of our business relationship for any and all damages, costs, and expenses (including but not limited to attorneys' fees), whether based on contract, tort (including negligence), or otherwise, in connection with or related to our services (including a failure to provide a service) that we provide in total shall be limited to the lesser of \$2,500,000 or the singular annual limit of the policy of insurance procured by us on your behalf from which your damages arise.

This liability limitation applies to you, our client, and extends to our client's parent(s), affiliates, subsidiaries, and their respective directors, officers, employees and agents (each a "Client Group Member" of the "Client Group") wherever located that seek to assert claims against K&K, and its parent(s), affiliates, subsidiaries and their respective directors, officers, employees and agents (each an "K&K Group Member" of the "K&K Group"). Nothing in this liability limitation section implies that any K&K Group Member owes or accepts any duty or responsibility to any Client Group Member.

If you or any of your Group Members asserts any claims or makes any demands against us or any K&K Group Member for a total amount in excess of this liability limitation, then you agree to indemnify K&K for any and all liabilities, costs, damages and expenses, including attorneys' fees, incurred by K&K or any K&K Group Member that exceeds this liability limitation.

Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. These investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through your investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon website at http://www.aon.com/market_relationships for a current listing of insurance and reinsurance carriers in which Aon Corporate and its affiliates hold any ownership interest.

Electronic Signature Disclosure and Consent

The Electronic Signatures in Global and National Commerce Act (15 U.S.C. § 7001, et seq.) provides that a signature, contract or other record may not be denied legal effect, validity or enforceability solely because it is in electronic form or because an electronic signature was used in a transaction.

K&K Insurance Group (K&K), whether on its own behalf, and/or on behalf of an insurer and/or third parties, may utilize the internet, email, cloud services, digital storage, digital media or similar electronic means to transmit Policy Documents to its clients. This Agreement informs you of your rights when we are delivering and you are receiving such documents from us electronically.

By agreeing to proceed with this on-line transaction, you acknowledge and consent to the following:

1. I hereby voluntarily consent to proceeding with this transaction, and all subsequent actions related to this transaction, electronically.
2. I understand that further documents relating to this insurance purchased through K&K, including but not limited to correspondence, communications, confirmations, requests for premium payments and policy documents, may, to the extent permitted by law, be transmitted by electronic means to me, including by e-mail sent to the e-mail address I have provided as part of this transaction and/or my on-line registration. I consent to such documents being provided to me electronically.

3. Notwithstanding paragraph 2, any notice of cancellation shall be sent to me by mailing to the address I have provided as part of my registration and/or application for insurance, or to such other address for which I have provided notice pursuant to the terms of the policy.
4. Any change or revision to the e-mail address or other electronic contact information which I have provided as part of this transaction and/or on-line registration process shall be requested by me by logging onto this website, or by mailing a written notice to: K&K Insurance; 1712 Magnavox Way; Fort Wayne, IN 46804.
5. I understand that I may obtain a paper copy of any electronic record provided pursuant to this transaction or any subsequent transaction involving my coverage, either by printing a copy for my records or by mailing a written request by to the address provided in paragraph 4 hereof.
6. In order to access the electronic records provided, the following hardware and software are required: (a) a personal computer or other device through which Internet access is available, (b) an Internet connection, (c) an e-mail account with an Internet service provider, and (d) Adobe Acrobat Reader.
7. I understand that I have the right and option to withdraw my consent to the receipt of further electronic documents at any time, by mailing a written request to the address provided in paragraph 4 hereof.
8. Information relating to this transaction shall be maintained private and confidential and subject to the terms of our privacy statement, a copy of which is provided here [Privacy Policy](#).

I have agreed to all of the above terms

Name of the person completing this form: First name: **Tony** Last name: **Smith**

Relationship to insured: **Other - Parishioner**

Premium Summary

Total Commercial General Liability:	\$191.00
Total Premium:	\$191.00
RPG Administration Fee	\$15.00

Total Amount Due \$206.00

*** Premium subject to change if not completing purchase same day as quoting ***

This summary is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions and exclusions, as they may change from one coverage period to the next. Please remember that you will receive evidence of coverage immediately if purchased online. You may request a copy of the full policy by submitting a written request.

Acceptance of this quote confirms your desire to obtain liability insurance through the Sports, Leisure and Entertainment Risk Purchasing Group (where applicable). An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG administration fee may be charged.

Fair Credit Report Act Notice

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Fraud Warning

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

Applicable in MN: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Applicable in all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Making Your Payment: Please check payment option

Check: Please make check payable to

Enclosed is Check # _____ for \$ _____

Credit card: If you are making your payment by credit/debit card, please complete the following:

I AUTHORIZE K&K Insurance Group, Inc., (managing underwriter) to charge my payment in the amount of \$_____

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card number: _____

Reference number (last 3 digits on back of card): _____

Expiration date: _____

Print name (as on card): _____

Cardholder signature: _____

Copyright 2009 K&K Insurance Group Inc.,
K&K Insurance Group, Inc. is a licensed insurance producer in all states (FL license #L007299, TX
license #13924);
operating in CA, NY and MI as K&K Insurance Agency (CA License #0334819)

St. Aloysius Church

Emergency Medical Agreement

St.Al's Neighborhood Block Party 8/20/23

**Tony Smith
5-15-2023**



Ms. Bethanie Fisher
Special Events Manager
Detroit Media Department
200 Coleman A. Young Municipal Center
2 Woodward Avenue
Detroit, MI 48226

May 15, 2023

Ms. Fisher:

Health screenings are a vital service that we provide here at St. Aloysius. We will have a registered nurse onsite for the duration of our event checking blood pressure, mental health etc.

In the case of a medical emergency, the right lane (on the northbound side of Washington Blvd between State St. and Grand River Ave.) will remain clear to ensure access for emergency vehicles.

If you have any further questions, please contact me at 917-287-4881.

Sincerely,

Tony Smith
Block Party Chair
917-287-4881

St. Aloysius Church

Port-A-John Agreement

St. Al's Neighborhood Block Party 8/20/23

Tony Smith
5-15-2023

BOBS SANITATION SERVICE, INC

SCOTTY'S POTTIES
27940 WICK RD.
ROMULUS, MI 48174



Ph: (734) 421-1400 Fax: (734) 946-7382

Email: emallus@scotterspotties.net

Invoice

Billing Address
ST. ALOYSIUS CHURCH 1234 WASHINGTON BLVD. DETROIT, MI 48226

Service Address
ST. ALOYSIUS CHURCH 1234 WASHINGTON BLVD DETROIT, MI 48226

Phone: (313) 237-5810

Fax: 0

Due Date	Cust #	Site #	Date	Clerk	Terms	P.O.#	Invoice #	Page
8/30/2023	STALYSIUSC	4250	8/20/2023	CJ	NET10		A-266226	Page 1 / 1

DESCRIPTION	RATE	QTY	AMOUNT
8/20/2023 FOUR SPECIAL EVENT UNITS WITH HAND SANITIZER-Work Order No=112798	90.00	4	360.00
8/20/2023 ONE PHYSICALLY CHALLENGED UNIT WITH HAND SANITIZER-Work Order No=112798	150.00	1	150.00
8/20/2023 ONE HAND WASH STATION-Work Order No=112798	135.00	1	135.00
			645.00
	Paid Amt		0.00
	Adjustment Amt		0.00
	Balance		645.00

THANK YOU FOR DOING BUSINESS WITH US!



Statement as of 5/9/2023	Future: 645.00	Current: 0.00	30 Day: 0.00	60 Day: 0.00	90 Day: 0.00	Total Due: 645.00
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Please detach here and return the bottom portion with your payment.

Div:A Cust #: STALYSIUSC Site #:4250 Invoice #: 266226

From ST. ALOYSIUS CHURCH
1234 WASHINGTON BLVD.
DETROIT, MI 48226

Do we have your correct email? TONY.SMITH@ATT.NET
If not, please write your correct email here:

<input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX		<input type="checkbox"/> Check Enclosed
If paying by Credit Card, please fill out below		Invoice Balance 645.00
Card Number		Previous Balance 0.00
Exp. Date	CVC Code	Total Due 645.00
Choose One: <input type="checkbox"/> 1 Time Charge <input type="checkbox"/> Charge Monthly		Signature
		Amount Paid

If credit card address different from billing address above, please write in below.

To BOBS SANITATION SERVICE, INC
SCOTTY'S POTTIES
27940 WICK RD.
ROMULUS, MI 48174

All invoices more than 30 days old are charged a late fee of 1.5% per month or 18% per year.

St. Aloysius Church

Community Communication

St. Al's Neighborhood Block Party 8/20/23


**Tony Smith
5-15-2023**

Community Impact Signature Form

The signature form is required for businesses and residents within full or single lane closures, businesses/residential properties within 300ft. on all sides from the closure perimeter, if parking equipment in front of businesses/residential properties and if events are within a residential community/block.

On August 20, 2023, from 8am to 6pm, St. Aloysius' 23rd Annual Block Party is scheduled to take place at 1234 Washington Blvd. The northbound side of Washington Blvd. between Grand River Avenue and State Street will be closed for 1 Day.

By signing, I verify that I have read the notification letter and do not have any objections to the Special Events Activity referenced above.

Business/Resident Name	Address	Print Name	Signature	Date Signed
Industrial Stevens	1410 Washington Blvd Detroit, MI 48226			
Julian C. Madison Building	1420 Washington Blvd Detroit, MI 48226	MICHAEL STEWART		5/1/23
The Westin Book Cadillac	1114 Washington Blvd Detroit, MI 48226			
Detroit City Apartments	1431 Washington Blvd Detroit, MI 48226			
Eve's Market	1411 Washington Blvd Detroit, MI 48226			
Griswold Pharmacy	1411 Washington Blvd Detroit, MI 48226			

The list will be checked randomly for credibility. Any false information will be addressed and the Special Event Permit may be revoked. If a residential property, the owner or tenant must sign. If a business, the owner or manager must sign. Signatures of minors are not acceptable

By signing, I verify that the information above is true and confirmed.

Authorized Signature-Applicant: 

Date: 5/15/23

Community Impact Signature Form

The signature form is required for businesses and residents within full or single lane closures, businesses/residential properties within 300ft. on all sides from the closure perimeter, if parking equipment in front of businesses/residential properties and if events are within a residential community/block.

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Business/Resident Name	Address	Print Name	Signature	Date Signed
Industrial Stevens	1410 Washington Blvd Detroit, MI 48226			
Jullan C. Madison Building	1420 Washington Blvd Detroit, MI 48226			
The Westin Book Cadillac	1114 Washington Blvd Detroit, MI 48226	Debra Schultz, General Manager		
Detroit City Apartments	1431 Washington Blvd Detroit, MI 48226			
Eve's Market	1411 Washington Blvd Detroit, MI 48226			
Griswold Pharmacy	1411 Washington Blvd Detroit, MI 48226			

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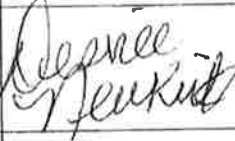
Authorized Signature-Applicant:  Date: 8-20-23

Community Impact Signature Form

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Industrial Stevens	1410 Washington Blvd Detroit, MI 48226	Desiree Newark		5-5-23
Julian C. Madison Building	1420 Washington Blvd Detroit, MI 48226			
The Westin Book Cadillac	1114 Washington Blvd Detroit, MI 48226			
Detroit City Apartments	1431 Washington Blvd Detroit, MI 48226			
Eve's Market	1411 Washington Blvd Detroit, MI 48226			
Griswold Pharmacy	1411 Washington Blvd Detroit, MI 48226			

The list will be checked randomly for credibility. Any false information will be addressed and the Special Event Permit may be revoked. If a residential property, the owner or tenant must sign. If a business, the owner or manager must sign. Signatures of minors are not acceptable

By signing, I verify that the information above is true and confirmed.

Authorized Signature-Applicant:  Date: 5-5-23

Washington Blvd. (south bound)



State St.

Grand River Ave.

Washington Blvd. (north bound)

4 Porta Johns +
1 ADA unit

Barnacles

Barnacles

refrigerated
truck

grill

Handwash
station

20' x 40'
Food tent

20' x 40'
Entertainment
tent

★
St. Aloysius
1234 Washington
Blvd.

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 St. Aloysius Church to host the St. Aloysius Neighborhood Block Party on August 20, 2023 from 12 PM to 3 PM at 2888 W Grand Blvd, Detroit MI 48202 (Wellness Plan Parking Lot)

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.