# 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.

2023-252

Name of Petitioner

Space Lab Development, Inc dba SpaceLab Detroit

Description of Petition

Request to hold "Detroit Urban Innovators United by Design Fashion Show (a Detroit Month of Design official event)" Outdoors on Shelby Street between Fort and Congress Street on September 9, 2023

from 1:00PM to 5:30 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** 

Karen Burton

Space Lab Development, Inc dba SpaceLab Detroit

607 Shelby St., Suite 700 Detroit, MI 48226

313-379-7000

karenb@spacelabdetroit.com

# **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 EVEN	T INFORMATION				
	Detroit I be a face to the state of the stat					
	nelby Street between Fort and (					
Is this going to be an annual event?	Yes D No Yes, if this 202	23 event is successful. This is our first one.				
	2- ORGANIZATION/APPI					
Organization Name: Space Lab D	evelopment, Inc. dba SpaceLal	Detroit				
Organization Mailing Address: 607	Shelby St., Suite 700, Detroit	MI 48226				
Business Phone: 313-379-7000	Business Website:	www.spacelabdetroit.com				
Applicant Name: Karen A.D. Burte	on, CEO, Co-owner					
Business Phone: 313-379-7000	Cell Phone: 248-210-3750	Email: karenb@spacelabdetroit.com				
Event On-Site Contact Person:  Mari Byrd and Karen E	Event On-Site Contact Person:  Mari Byrd and Karen Burton					
Business Phone: 313-379-7000	Cell Phone: 248-210-3750	Mari: marib@spacelabdetroit.com  Email: Karen: karenb@spacelabdetroit.com				
Event Elements (check all that apply)		S-Paronasactioniosiii				
[ ] Walkathon	[ ] Carnival/Circus	[ ] Concert/Performance				
[ ] Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony				
[ ] Political Event	[ ] Festival	[ ] Filming				
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration				
[ ] Convention/Conference	[ ] Fireworks	Other:Fashion show with entertainment				
Projected Number of Attendees: 200 Please provide a brief description of your event:						
The "Detroit Urban Innovators United By Design" is an official event of Detroit Month of Design and will feature						

The "Detroit Urban Innovators United By Design" is an official event of Detroit Month of Design and will feature local designers and clothing brands who are committed to sustainability, diversity, and inclusivity. These values will be at the forefront of the event, as they are the key components of bringing together communities and industries. The show will also highlight the work of local artists and architects, who will contribute by creating installations and backdrops that tie in with the theme.

What are the projected set-up, event and tear down dates and	times (must be completed)?
Begin Set-up Date: 09/09/2023 Time: 6:00 AM Complete Se	-up Date: 09/09/2023 Time: 11:00 AM
Event Start Date: 09/09/2023 Time: 1:00 PM Event End D	ate: 09/09/2023 Time: 5:30 PM
Begin Tearing Down Date: 09/09/2023, 6:30 PM Complete Te	ur Down Date: 09/09/2023, 8:30 PM
Event Times (If more than one day, give times for each day):	
Section 3- LOCATION/S	STER INFORMATION
Location of Event: Shelby Street between Fort Street and	
Facilities to be used (circle): Street Sidewak	Park City
Please attach a copy of Port-a-John, Sanitation, and Emergency Medical anticipated layout of your event including the following:	Agreements as well as a site plan which illustrates the
-Public entrance and exit -Location of merchandising booths N/A -Location of food booths N/A -Location of garbage receptacles -Location of beverage booths N/A -Location of sound stages -Location of hand washing sinks -Location of portable restrooms	-Location of First Aid N/A per City of Detroit Fire DeptLocation of fire lane N/A per City of Detroit Fire DeptProposed route for walk/run N/A -Location of tents and canopies -Sketch of street closure -Location of bleachers -Location of press area -Sketch of proposed light pole banners N/A
Section 4- ENT	ERTAINMENT
Describe the entertainment for this year's event:  This is a fashion show with a runway. There will be MC's installation.	, a DJ, and one or two singers. There will also be a live
Will a sound system be used? Yes I No  If yes, what type of sound system? Amplified, augmented - Line	Array Sound System
Section 5- SALES 1	NFORMATION
Will there be advanced ticket sales? X Yes Do No Eventbrite	l be sold through SpaceLab's website and on com. Design Core Detroit will also promote.
Will there be on-site ticket sales?	
Will there be vending or sales?  If yes, check all that apply:  [ ] Food [ ] Merchandise [ ] Non-Alcoholic Beverage	ies I l'Alcoholic Reverness
- 1 Transmission [ ] Tron-Mountile Bevera	es [ ] Alcoholic Beverages

☐ Yes	<b>X</b> N	
☐ Yes	□ N	surface lots and garages in the area. We also anticipate securing
king options	Parki	valet parking service at current market rates.  ng information will be available on our website and ticket sale website
		FETY & PARKING INFORMATION
H&P Prot	ective S	Services, Inc.
nter, #260	)	Phone: (248) 443-7000
1		
lired Per Shi	<u>0:</u> 4 m	inimum
k all that app	ly):	
	M.	Armed M Bonded
MUNIC	ATION	& COMMUNITY IMPACT INFORMATION
ınding comn	unity (i.e	pedestrian traffic, sound carryover, safety)?
and Congr tem may	ess Str oe hear	eets will be closed to vehicular traffic and pedestrian thru-traffic for d a few blocks away.
esses approv	ed your e	event?
ke to notify t	hem of y	our event:
es an em	ail infor	ming them of our plans and then meet them in person to discuss.
	1	
		8- EVENT SET-UP
t apply to the	event St	ructure
tainment and	Vor musi	c. If generators will be used, described how many and how they will be fueled: . I Generator. Fueld by diesel.
nopei vva	r Diese	Concrator. I deld by dieser.
	king options? 6- PUBL H&P Protector, #2600 Lired Per Shirt k all that app MUNIC anding commenter may be the may be the motify the sees an email sees an emai	king options? Parking 6- PUBLIC SA H&P Protective Senter, #2600  Hired Per Shift: 4 mm  k all that apply):  MUNICATION  and Congress Streem may be hear  theses approved your extern may be hear  these an email information of your external conditions are apply to the event Street

AVL Creative/ The Display Group Name of vendor providing generators: Contact Person: Chris Butterfield Address: 6235 Concord Ave. 313-394-1333 Phone: Detroit, MI 48211 City/State/Zip How Many? 1 12'-3.25" L x 5'-5.25" W x 6'-3.5" H Size/Height None See attachment Booth Tents (enclosed on 3 sides) One tent Canopy (open on all sides) None Staging/Scaffolding Stage and Runway for fashion show (currently being designed), and scaffold structure at attendee entry Bleachers None; Attendees will sit in chairs Section 9- COMPLETE ALL THAT APPLY Emergency medical services? None needed per City of Detroit Fire Department (fewer than 500 attendees Contact Person: Address: City/State/Zip: Jay's Septic Tank Service Name of company providing port-a-johns. Contact Person: Candice Hager Address: 2787 Greenwood Road Phone: (810) 664-8080 City/State/Zip: Lapeer, MI 48446 N/A Name of private catering company? Contact Person:

Phone:

Address:

City/State/Zip:

### SPECIAL USE REQUESTS

Will there be street closures?	mitted with application for approval. Barricad  Yes Do  No  Sure information below and attach a map or	
STREET NAME:	0	_ Street
	TO: Congress S	
00/00/2023	TIME: 10:00 PM	11:00pm
STREET NAME:		_
	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
	TO:	
CLOSURE DATES:	BEG TIME;	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
	то:	•
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
TREET NAME:		
	TO:	
LOSURE DATES:	BEG TIME:	END TIME:
EOPEN DATE:	TIME;	

PLE	ASE ADD IMPORTANT INFORMATION BI	ELOW AND ATTACH A COPY OF THE FOLLOWING:
1)	CERTIFICATE OF INSURANCE	
2)	EMERGENCY MEDICAL AGREEMENT	N/A per City of Detroit Fire Dept.
3)	SANITATION AGREEMENT	
4)	PORT-A-JOHN AGREEMENT	
5) 1	COMMUNITY COMMUNICATION In progress	

# **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.

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)

Detroit Urban Innovators United By Design Fashion Show

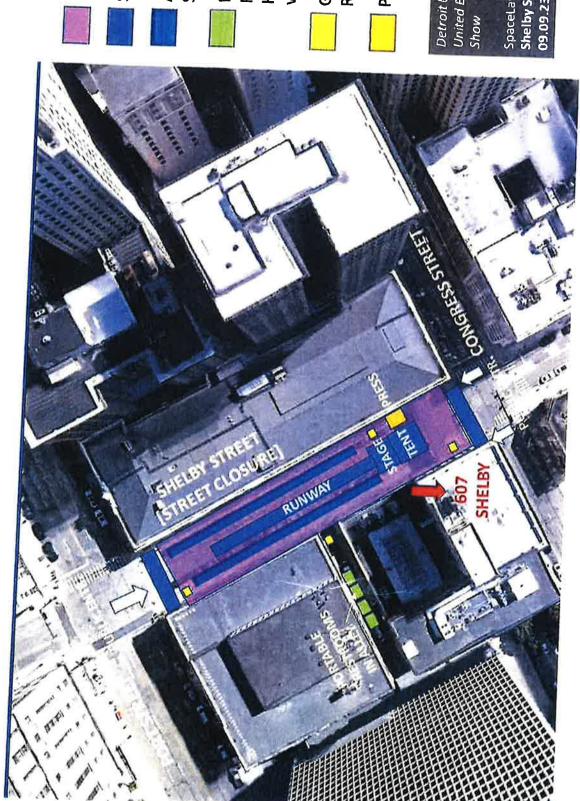
Event Name:

Date: 09/09/2023

Event Organizer: Space Lab Development, Inc. dba SpaceLab Detroit (Karen A.D. Burton)

Applicant Signature:

Plant Date: 06/13/2023



Street Closure

Structures

Audience
Seating (Chairs)
Portable
Restrooms &

Handwashing Sinks

∫ Garbage Receptacles

Press

Detroit Urban Innovators United By Design Fashion Show

SpaceLab Detroit
Shelby Street Closure
09.09.23

Jays Septic Tank Service (Portables) 2787 Greenwood Road Lapeer, MI 48446 (810) 664-8080 contact@jaysseptic.com



Billing Address

Service Address

SpaceLab Detroit 607 Shelby St Suite 700 Detroit, MI 48226

N/A

_	Estimate	E	stimate Date	P.O.	Clerk		E.	otimata Evola	
_	l124486		Jun 14, 2023	(***)	СН		Estimate Expiration Jul 14, 2023		
#		Qly	Description			Тах	Rate	Amount	
1	14 Ft. Satellite Sulte	1	Item Rental - 14 Ft. 8	Satellite Suite 9/8/2	3 - 9/11/23	\$0.00	\$1,400.00	\$1,400.00	Amount w/ Tax
2	Water Delivery	1	Water Delivery for tra	iller		\$0.00	\$350,00		\$1,400.00
3	Delivery / Pick up	1	Delivery / Pick up for	trailer		\$0.00		\$350.00	\$350.00
4	ADA Handicap Unit	1	Item Rental - ADA Ha				\$66.00	\$66.00	\$66.0 <b>0</b>
5	Hand Sanitizer	1	Hand Sanklzer - Hand			\$0.00	\$260.00	\$260.00	\$260.00
ŝ	Regular Portable Unit		Item Rental - Regular			\$0.00	\$10.00	\$10.00	\$10.00
7	2 Station Sink Unit		Item Rental - 2 Station			\$0.00	\$150.00	\$300.00	\$300.00
3	Additional set up fee over 1					\$0.00	\$160.00	\$160.00	\$160.00
		•	Additional set up fee o trailer	over 1 hr \$95 per h	alf hr for	\$0.00	\$0.00	\$0.00	\$0.00
								Subtotal	\$2,546.00
								Tax	\$0.00
								Total	\$2,546.00

#### Message:

Customer agrees to the following terms and conditions. THIS IS A BINDING AGREEMENT. 1. Customer agrees to exercise reasonable care in the use of the units and will be held responsible for any damages to the units over normal wear and tear, loss due to their, fire, or negligence. By accepting delivery of this unit(s), you are fully responsible for any or ell destruction of units and/or liability to person using said facilities. 2. Customer agrees not to sell, rent, or give up possession of the unit(s). Units must be placed in an area where a heavy truck may reach the unit(s) within 15' 4. Customer agrees not to sell, rent, or give up Use of unit(s) past 28-day billing date will be charged an additional month. Bills are not prorated. 6. Monthly unit(s) must be called into our office for a pickup or fridge or freezers with Freon. 9. Customer agrees no to over fill dumpsters (about 1ât<sup>TM</sup> below top) All extra will be left on site. This waiver of Liability gives parmission to enter onto his/her property for the purpose of doing the agreed upon work and will hold Jayá¢<sup>TM</sup>s harmless for any and all damages that checks



# ONE TIME CHARGE CONTRACT (THIS IS NOT AN INVOICE)

DATE:	5-24-2023	REGION:	Michigan
FACILITY	LOCATION:	<b>D</b> 11.1 ===	
	Space Lab Detroit	BILL TO:	
ADDRESS	S: 607 Shelby St Suite 700	CLIENT:	Space Lab Detroit
Detroit MI	148226	ADDRESS:	607 Shelby St Suite 700
	2482420036	Detroit MI 4	48226
7 + 14 1/2 - 14 1/2 -	ALL: Marib@spacelabdetroit.com	AMOUNT: \$	550.00 + sales tax
	G agrees to provide the service indicated under KING the full amount due, plus any applicable CLEANING SE nt of \$550.00 is the rate of our day Porters the	RVICE SPECIFIC	ATIONS
n you woul	ld like to have our company provide Trash Ca	ns as well as the 1	Trash bags our total would be \$750.00
JANI-KING W PRIOR TO CI floors may be	Are additional service specification.  Are additional service specification.  Are additional service specification.  Are additional service specification.		Yes [ No  No  No  No  No  No  No  No  No  N
	nature to begin service:		Date: 5 - 207 - 2023
Client:		Jani-King:	1
	Authorized Signature	balli-Killy.	Authority 191
HATE OF	_	۸۵	Authorized Signature
	Print Name	Att	neer Abbas - Regional Director  Print Name
ranchisee:		Missanhaas	FIMIL NAME
Start Date: Or		Number:	
ranchisee ag policies, ranchisee;	n or Before:		
	n or Before: rees to provide the service under the terms of t		ding to all JANI-KING standards, procedures and
	n or Before: rees to provide the service under the terms of t  Authorized Signature		ding to all JANI-KING standards, procedures and
I	rees to provide the service under the terms of t  Authorized Signature	his contract, accord	Print Name
	rees to provide the service under the terms of t	his contract, accord	Print Name
lient:	rees to provide the service under the terms of t  Authorized Signature	his contract, accord	Print Name



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 2/16/2023

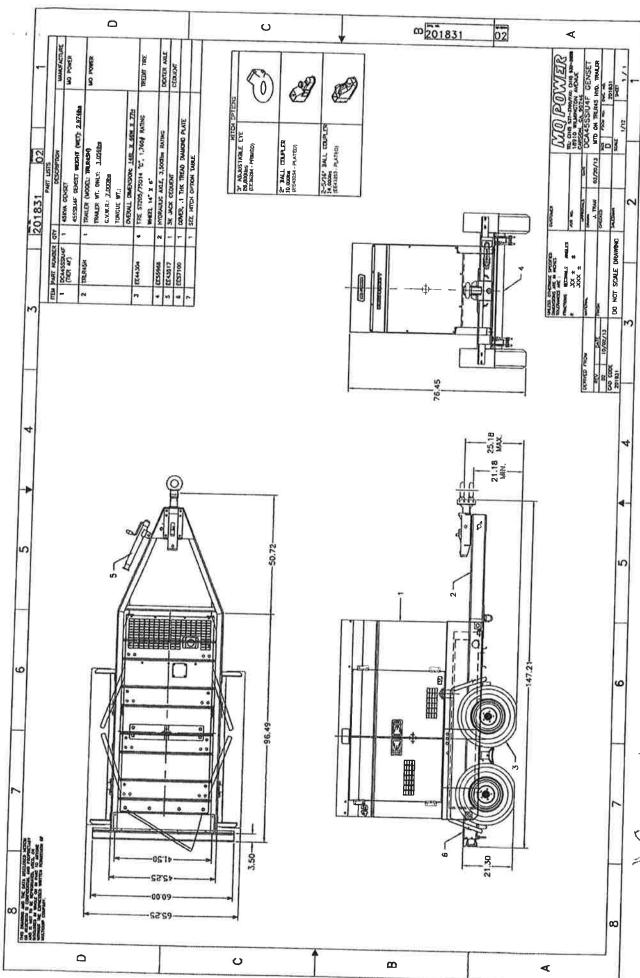
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT TDA Insurance & Financial 246 Liberty Street Walled Lake, MI 48390 PHONE (248) 347-3630 FAX (A/C, No): (248) 869-2234 ADDRESS: info@tdanow.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Fremont 13994 INSURED INSURER B : Spacelab Development, Inc. 607 Shelby St INSURER C : Ste 700 INSURER D : Detroit, Mi 48226 INSURER E : INSURER F: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR ADDL SUBR TYPE OF INSURANCE POLICY NUMBER POLICY EFF POLICY EXP X COMMERCIAL GENERAL LIABILITY A 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR X B003057406 1/23/2023 1/23/2024 100,000 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER 2,000,000 GENERAL AGGREGATE X POLICY PRO: LOC 2,000,000 PRODUCTS - COMP/OP AGG A AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) 1,000,000 ANY AUTO B003057406 1/23/2023 1/23/2024 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY X NON-SWNED UMBRELLA LIAB OCCUR **EACH OCCURRENCE** EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE OTH-ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) WCP002880901 4/9/2022 4/9/2023 500.000 E.L. EACH ACCIDENT If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - EA EMPLOYER 500,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space in required)
The City of Detroit is listed as Additionally insured." And "Policy shall not be conceled or reduced without at least thirty (30) days prior written notice to the CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE The City of Detroit c/o Office of Contracting and Procurement THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 2 Woodward Avenue, Suite1008 Detroit, MI 48226 AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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Low Ford



Cenerator measurements"



of greater than 500 people or requiring specialized permits and/or plans below 500 attendees may require medical coverage.

A written medical plan is required to be submitted at least 30 prior to the first day of a special with an estimated attendance of greater than 2,500 persons or events in which an Emergency Action Plan is required by the Fire Marshalls Division. Please contact the EMS Division at 313-596-5180 for additional information and the plan requirements.

## MEDICAL COVERAGE REQUIREMENT

EVENT TYPE	CROWD SIZE (anticipated)	CPR/AED/9- 1-1 ACCESS	FIRST AID	BLS or ALS AMBULANCE	Mobile Teams
	>500 TO 2499	х			
CONCERT / MUSIC	2,500-15,500	х		х	
FESTIVAL	15,500-50,000	х	X	х	Х
	>50,000	х	Х	х	Х
	>500 TO 2499	х			
ATHLETIC /	2,500-15,500	х	х	х	X
SPORTING EVENT	15,500-50,000	х	Х	х	X
	>50,000	х	х	х	X
	>500 TO 2499	Х			
PARADE* / BLOCK PARTY / STREET	2,500-15,500	х			X
FAIR / OUTSIDE VENUE	15,500-50,000	х	х	X	X
	>50,000	х	х	х	Х
CONFERENCE / CONVENTION	>>500 TO 2499500	х			
	2,500-15,500	х			
	15,500-50,000	x	х	х	X
	>50,000	х	х	X	X

# **MAYOR'S OFFICE COORDINATORS REPORT**

OVERA	ALL STATUS (p	lease	circle): 🖊 <u>Al</u>	PPROVED	DENIE	D N/A CANCEL	ED	
Petition #	Petition #: 2023-252 Event Name: Detroit Urban Innovators United by Design Fashion Show							
	te : 9/9/2023							
Street Clo	osure: Shelby St	reet be	tween Fort and	——   Congress				
	tion Name: Spac							
	dress: 607 Shell			oit, MI 4822	 26			
	ate of the COMP					7/00/0000		
Date of C	ity Clerk's Depar	mental	Reference Com	munication:	î	7/06/2023		
Due date	for City Departm	ente ren	Neierence Com	munication:		7/06/2023		
						7/06/2023		
Due date	for the Coordinat	ors Rep	ort to City Clerk			7/06/2023		
Walkar Bike R Filming Firewo 24-Hou	Event Elements (check all that apply):  Walkathon							
inclusivity.	feature local designers and clothing brands who are committed to sustainability, diversity, and inclusivity. These values will be at the forefront of the event, as they are the key components of bringing together communities and industries.  ** ALL permits and license requirements must be fulfilled for an approval status **							
Date	Department	N/A	APPROVED	DENIED	A A	ditional Comments	$\neg$	
	DPD		V		Au	ditional Comments		
	DFD/ EMS		V					
	DPW		~				3	
	Health Dept.	~						

		<u> </u>				
Date	Department	N/A	APPROVED	DENIED	Additional Comments	
	TED	<b>V</b>				
	Recreation	~				
	Bldg & Safety	<b>✓</b>				
	Bus. License	<b>✓</b>				
	Mayor's Office		<b>V</b>			
	Municipal Parking	<b>V</b>				
	DDOT	<b>V</b>				
MAYOR'S	MAYOR'S OFFICE					
	Elisa Ma	alile			Digitally signed by Elisa Malile Date: 2023.04.28 13:12:46 -04'00'	
Date: 7/7/2	Date:					

City	Council	Member:	

**Resolved,** The Mayor's Office is hereby authorized and directed to issue permits to Space Lab Development to host Detroit Urban Innovators United by Design Fashion Show on September 09, 2023 from 1p to 530p at Shelby Street between Fort and Congress.

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.