

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.	2023-253
Name of Petitioner	Team Epiphany
Description of Petition	Request to hold "Launch in the City" at 1265 Washington Blvd Detroit, MI 48226 on August 2, 2023 from 5:00PM to 9:00 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	Jenny Wang Team Epiphany 2 Wall St, 9th Floor, New York, NY 10005 646-436-2860 jennyw@teamepiphany.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 EVENT INFORMATION

Event Name: Launch in the City

Event Location: 1265 Washington Blvd, Detroit, MI 48226

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Team Epiphany

Organization Mailing Address: 2 Wall St, 9th Floor, New York, NY 10005

Business Phone: N/A

Business Website: www.teamepiphany.com

Applicant Name: Jenny Wang

Business Phone:

Cell Phone: 646-436-2860

Email: jennyw@teamepiphany.com

Event On-Site Contact Person:

Name: Nicole Moutis

Business Phone:

Cell Phone: 732-236-8327

Email: nicolem@teamepiphany.com

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: _____

Projected Number of Attendees: 1000

Please provide a brief description of your event:

Community event to celebrate the reopening of the Book Tower building. The event is free and open to the public with food trucks, local artisan booths, a stage for performances, art installations and restroom trailers

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

Begin Set-up Date : August 1, 2023 Time: 10am Complete Set-up Date: August 2, 2023 Time: 3pm

Event Start Date: August 2, 2023 Time: 5pm Event End Date: August 2, 2023 Time: 9pm

Begin Tearing Down Date: August 2, 2023 at 9pm Complete Tear Down Date: August 3, 2023 at 12pm

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

August 2, 2023 from 5pm-9pm

Section 3- LOCATION/SITE INFORMATION

Location of Event: Washington Blvd between Grand River Ave and State Street

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:

Musical performances will be taking place on the stage

Will a sound system be used? [X] Yes [] No

If yes, what type of sound system? Amplified sound that will have speakers throughout the footprint, DJ equipment, wireless mics, live music instruments (exact equipment TBD), a stage with a truss system which will hold lighting and speakers

Section 5- SALES INFORMATION

Will there be advanced ticket sales? [] Yes [X] No

If yes, please describe:

Will there be on-site ticket sales? [] Yes [X] No

If yes, list price(s):

Will there be vending or sales? [X] Yes [] No

If yes, check all that apply:

- [X] Food [] Merchandise [X] Non-Alcoholic Beverages [] Alcoholic Beverages

Indicate type of items to be sold: Art, food and non-alcoholic beverages

Will there be food trucks? Yes No

If yes, please list how many: 5 food trucks

Will there be a charge for parking? Yes No

If yes, please describe the amount:

How will you advise attendees of parking options? N/A

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Rock Security

Contact Person: Chuck Wilson

Address: 1074 Woodward Ave

Phone: 313-373-0701

City/State/Zip: Detroit, MI 48226

Number of Private Security Personnel Hired Per Shift:

Rock Security will be hiring secondary support for all event efforts. Staffing needs and totals are still being determined.

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)?

~~This event is intended to bring the community together in celebration for Rock Tower's reopening and should be reopening and should not negatively impact pedestrian or visitor traffic. We welcome all residents and business owners of Washington Blvd to participate in this free event. Music and activities will adhere to local ordinances and conclude at 9pm. We will inform all nearby stakeholders of intended road closure in advance of the event to alleviate impact to the neighborhood. Due to the close partnership between Rock Security and public/private Law Enforcement (including Detroit Police/Michigan State Police) this event will only positively impact the surrounding community. Additionally, Rock Security's 24/7 Command Center is in close proximity to the event and will remain vigilant in monitoring, responding, and assisting from a safety/security standpoint for the duration of the event.~~

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

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

We are working to alert surrounding stakeholders and community organizations (residents, downtown businesses, etc.) of our event plans.

We are establishing a communication plan via flyers, emails, social channels, Eventbrite and more.

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:

Total number of amps still TBD. Yes, 1 generator fueled by diesel.

Name of vendor providing generators: Contact Person: Aggreko, specific POC is TBD

Address: TBD

Phone: TBD

City/State/Zip TBD

	How Many?	Size/Height
Booth	N/A	
Tents (enclosed on 3 sides)	N/A	
Canopy (open on all sides)	6	10' x 10'; max side height 7', peak height 11'
Staging/Scaffolding	1	Stage: 28' W x 12' D x 2' H platform Stage backdrop: 28' W x 12' H x 2' D
Bleachers	N/A	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: N/A - to be coordinated with Rock Security

Address: N/A

City/State/Zip: N/A

Name of company providing port-a-johns.

Contact Person: N/A - to be coordinated; more information to come

Address: N/A

Phone: N/A

City/State/Zip: N/A

Name of private catering company? N/A - not using private catering, just food trucks

Contact Person: N/A

Address: N/A

Phone: N/A

City/State/Zip:

N/A

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

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

CLOSURE DATES: August 1-3 **BEG TIME:** 10am **END TIME:** 12pm

REOPEN DATE: August 3 **TIME:** 12pm

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 & 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.

Jenny Wang

June 2, 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: Launch in the City **Event**

Date: August 2, 2023

Event Organizer:

Bedrock Detroit

Applicant Signature: *Jenny Wang*

Date: June 2, 2023



Launch in the City Permit FP R2

Detroit, MI | August 2, 2023

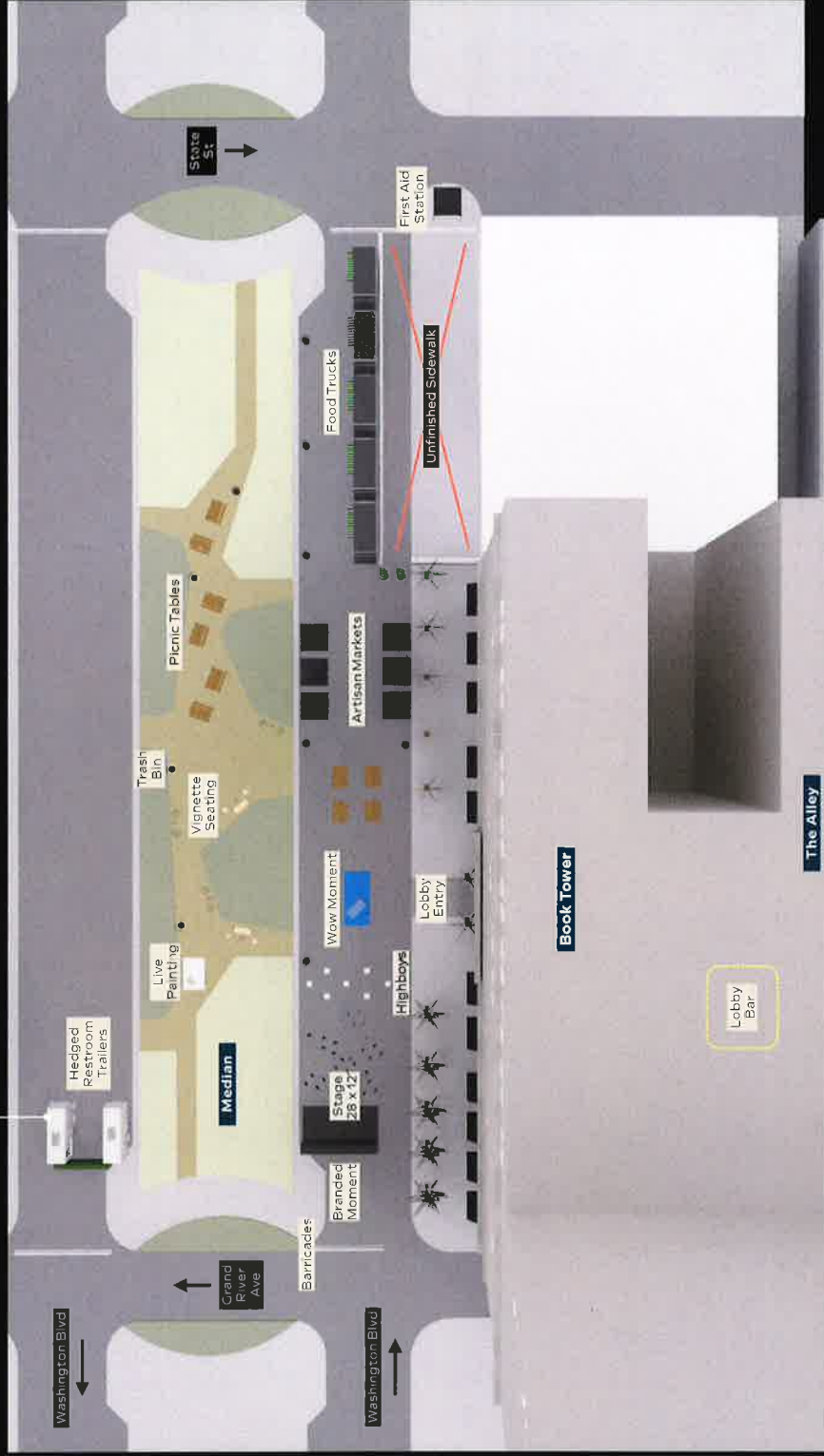
Book Tower

Book Tower

Annotated Floorplan

FP is to approx. scale.

Restrooms are 200ft from
closest food truck



SLH

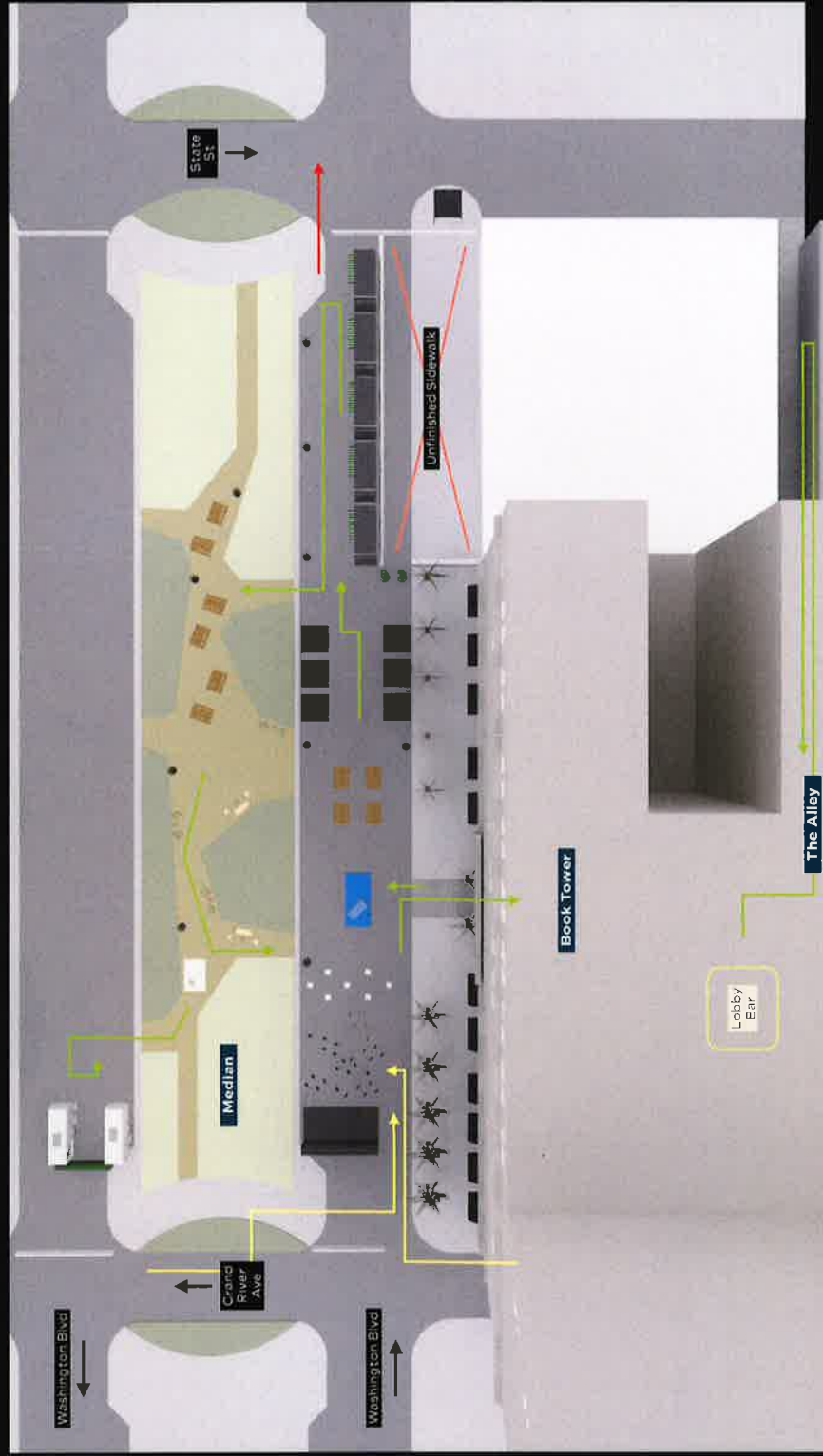
Flow

FP is to approx. scale.

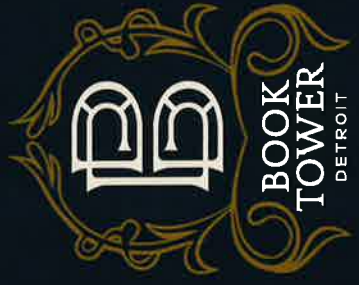
Entry

Directional

Exits



2/15/14



Thank You

LAING BERKELEY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/02/23

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 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).

PRODUCER Fidens Insurance Brokerage 48 Wall Street, 11th Floor, New York, NY 10005 2 Harding Rd Ste 21 Red Bank NJ 07701	CONTACT NAME: Daniel Kelleher PHONE (A/C, No, Ext): 732-500-5180 E-MAIL ADDRESS: dkelleher@fidens.com		FAX (A/C, No): (855) 341-7417
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Team Epiphany, LLC 2 WALL ST FL 9 NEW YORK, NY - 10005	INSURER A : The Hartford		29424
	INSURER B : Chubb Custom Insurance Company		38989
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES**CERTIFICATE NUMBER:****REVISION 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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	10SBAAL1H25	04/02/2023	04/02/2024	EACH OCCURRENCE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	X		10SBAAL1H25	04/02/2023	04/02/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	X		10SBAAL1H25	04/02/2023	04/02/2024	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 4,000,000
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N <input type="checkbox"/> N / A				WC STATU-TORY LIMITS \$ OTHER \$ E.L EACH ACCIDENT \$ E.L DISEASE - EA EMPLOYEE \$ E.L DISEASE - POLICY LIMIT \$
B	Media, E&O, and Cyber			D96017637	04/02/2023	04/02/2024	Media, E&O, Cyber/Privacy \$5,000,000
A	Rented Equipment			10SBAAL1H25	04/02/2023	04/02/2024	Replacement Cost Limit \$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder is an additional insured by written contract

CERTIFICATE HOLDER**CANCELLATION**

City of Detroit; Media Services Dept Special Events
2 Woodward Ave, Ste 333
Detroit MI 48226

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Daniel Kelleher