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.

2023-264

Name of Petitioner

CruisIN' The D' 501(c)3

Description of Petition

Request to Hold "CruisIN' The D'" at Palmer Park (Woodward @

Merrill Plaissance - adjacent to M1 Signage) on August 19, 2023

8:30AM to 5:00PM

Type of Petition

Special Events

Submission Date

7/14/2023

Concerned Departments

Media Services, Buildings & Safety Engineering, Police

Department, Fire Department, Municipal Parking Department, Transportation Department, Health Department; General Services

Department

Petitioner Contact

Nikki Howard-Combs

CruisIN' The D' 501(c)3

313-510-8276

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: CruisIN' The D' | | | | | | |
| Event Location: Palmer Park (Wood | ward @ Merrill Plaissance | adjacent to M1 Signage) | | | | |
| Is this going to be an annual event? Yes No | | | | | | |
| | ORGANIZATION/APPL | ICANT INFORMATION | | | | |
| Organization Name: CruisIN' The D' | 501(c)3 | | | | | |
| Organization Mailing Address: 269 Wal | ker, #753 | | | | | |
| Business Phone: 313-510-8276 | Business Website: V | www.cruisinthed.com | | | | |
| Applicant Name: Nikki Howard-Combs/// | | | | | | |
| Business Phone: 313-608-8357 | Cell Phone: 313-510-8276 | Email:nikkihc@12nvevents.com | | | | |
| Event On-Site Contact Person: | | | | | | |
| Name: Nikki Howard-Combs | | | | | | |
| Business Phone: 313-5108276 | Cell Phone: 313-608-8357 | Email:nikkihc@12nvevents.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 | Classic Car Showcase Other: | | | | |
| Projected Number of Attendees: 30- | | | | | | |
| Please provide a brief description of | | and biddiebbine Debusib's subservative and | | | | |
| CruisIN' the D' is Detroit's premier classic car cruise & showcase highlighting Detroit's automotive and entertainment heritage. | | | | | | |

| Begin Set-up Date 08/19/23 | Time: 7:00am | Complete Set-up Date: | 08/19/23 | Time: 8:30am |
|--|-------------------------|------------------------|---|--------------------------|
| Event Start Date: 08/19/23 | ^{Time:} 8:30am | Event End Date: 08/19 | 9/23 | Time: 5:00pm |
| Begin Tearing Down Date:08/19/ | /22 | Complete Tear Down I | ^{Date:} 08/19/23 | |
| Event Times (If more than one day, IA | give times for each d | ay): | | |
| | | | | |
| | Section 3- LO | CATION/SITE II | NFORMATION | v. |
| Location of Event: Palmer Park | k (Woodward @ | Merrill Plaissance | e) around M1 S | ign |
| Facilities to be use (Check) Str Facility | reet 🗸 | Sidewalk | Park 🗸 | City |
| Please attach a copy of Port-a-John, anticipated layout of your event inc | | gency Medical Agreemer | nts as well as a site pla | in which illustrates the |
| Public entrance and exit | | -Locati | on of First Aid | |
| -Location of merchandising booths | | | on of fire lane | |
| Location of food booths Location of garbage receptacles | | | sed route for walk/run on of tents and canop | |
| Location of beverage booths | | -Sketch | of street closure | |
| Location of sound stages Location of hand washing sinks | | | on of bleachers on of press area | |
| Location of portable restrooms | | | of proposed light pol | e banners |
| You will be pr | rompted to up | load these attac | hments upon | submitting this form |
| | Sect | ion 4- ENTERTA | INMENT | |
| Describe the entertainment for this | year's event: | | | |
| OJ onsite | | | | |
| Vill a sound system be used? | Yes 🗆 No | = | | |
| f yes, what type of sound system? | Di's Mixer, Speal | ker, Amplifier | | |
| Describe specific power needs for e | ntertainment and/or n | nusie: | | |
| | | | | |
| Battery or Low Powered (| Generator | | | |
| Battery or Low Powered (| | | | |
| | | | | |

| Name of vendor providing generators: |
|---|
| Contact Person: DJ will provide his own (or Big Top Party Rentals) - TBD |
| Disarre |
| Address: Phone: |
| City/State/Zip |
| |
| Section 5- SALES INFORMATION |
| Will there be advanced ticket sales? |
| Will there be on-site ticket sales? |
| Will there be vending or sales? If yes, check all that apply: Yes No |
| Food [] Merchandise [] Non-Alcoholic Beverages [] Alcoholic Beverages |
| Indicate type of items to be sold: |
| Independent Food Trucks or Grillers will sell hamburgers, hotdogs & sodas |
| |
| C C. DEDITIC CAPPER O DADIENC INFORMATION |
| 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 |
| |

How will you advise attendees of parking options?

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Classic Cars will line up in Palmer Parker along Woodward Ave. surrounding M1 Signage.

Mary Mahoney Professional Nurses Association will be located in Merrill Plaissance parking lot. COVID-19

Vaccine & Health Screening traffic will enter through the west lot driveway and exit through the east lot driveway

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 have contacted the People of Palmer Park, Palmer Park Board Members, and the 12th Precinct DPD

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

3-5

10' x 10'

Staging/Scaffolding

Bleachers

Section 9- COMPLETE ALL THAT APPLY

| Emergency medical services? | |
|---|---|
| Contact Person: Mary Mahoney Professional Nurses Association - Ayanna Walters | |
| Address: | |
| City/State/Zip: | |
| Name of company providing port-a-johns. Scotty's Potties | |
| Contact Person: Christina | |
| Address: 27940 Wick Rd. Phone 734 – 946 – 733 | 8 |
| 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.

| Attach a map or sketch of the propo | | |
|-------------------------------------|-----------|---------------|
| 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: | TTME: | |
| 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

I have not been able to upload the documents. I will send the documents via email to special events@detroitmi.gov

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.

| Nikki Howard-Combs | APRIL09,2023 | | |
|------------------------|--------------|--|--|
| Signature of Applicant | Date | | |
| 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.

| Event N Date: <u>Au</u> | Event | | | |
|--|---------------|--------------------|--|--|
| Event Organizer: Nikki Howard-Combs | | | | |
| Applica Date: | nt Signature: | Nikki Howard-Combs | | |

MAYOR'S OFFICE COORDINATORS REPORT

| Г | | | | | | | | | | |
|---|--|----------------|-----------------------|------------------|-------------|------------|--------------------|-------|-----------|--------------|
| 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 CC 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 | | | | | | | |
| Petition Communications (include 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 C | Council | Member: | |
|--------|---------|---------|--|
| | | | |

Resolved, The Mayor's Office is hereby authorized and directed to issue permits to CruisIn the D 501 (c)3 to host CruisIn the D on August 19, 2023 from 830AM to 5PM at Palmer Park.

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.