# 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

2 Woodward Ave. Coleman A. Young Municipal Center Rm. 200, Detroit, MI 48226

## **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	r Park	(Woodward	@	Merrill Plaissance	- adjacent t	o M1	Signage)	
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Is this going to be an annual event? Pys Ves Do

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: CruisIN' The D' 501(c)3

Organization Mailing Address: 269 Walker, #753

Business Phone: 313-510-8276

Business Website: www.cruisinthed.com

**Classic Car Showcase** 

Other:

Applicant Name: Nikki Howard-Combs///

Business Phone: 313-608-8357 Cell Phone: 313-510-8276 Email: nikkihc@12nvevents.com

**Event On-Site Contact Person:** 

<sub>Name:</sub> Nikki Howard-Combs

Business Phone: 313-5108276 Cell Phone: 313-608-8357 Email:nikkihc@12nvevents.com

[ ] Fireworks

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

Projected Number of Attendees:

#### Please provide a brief description of your event:

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	<sup>Time:</sup> 7:00am	Complete Set-up Date: 0	8/19/23	<sup>Time:</sup> 8:30am
Event Start Date:08/19/23	<sup>Time:</sup> 8:30am	Event End Date:08/19/	/23	<sup>Time:</sup> 5:00pm
Begin Tearing Down Date:08/19	/22	Complete Tear Down Da	<sup>te:</sup> 08/19/23	
Event Times (If more than one day, A	, give times for each d	ay):		
	Section 3- LC	CATION/SITE IN	FORMATION	N
Location of Event: Palmer Par	k (Woodward @	Merrill Plaissance)	around M1 S	ign
Facilities to be use <b>(Check)</b> S Facility	treet 🖌	Sidewalk	Park 🖌	City
Please attach a copy of Port-a-John anticipated layout of your event inc		rgency Medical Agreement	s as well as a site pla	an which illustrates the
Public entrance and exit			n of First Aid	
Location of merchandising booths Location of food booths	•		n of fire lane d route for walk/run	
Location of garbage receptacles		-Locatio	n of tents and canop of street closure	
Location of beverage booths Location of sound stages		-Location	n of bleachers	
Location of hand washing sinks Location of portable restrooms			n of press area of proposed light pol	e banners
·	rompted to up	load these attach	ments upon	submitting this form
	Sect	ion 4- ENTERTAII	NMENT	
Describe the entertainment for this	syear's event:			
D) onsite				
Vill a sound system be used?	Yes 🗆 No	-		
f yes, what type of sound system?]	DJ's Mixer, Speal	ker, Amplifier		
Describe specific power needs for e	entertainment and/or n	nusie:		
Battery or Low Powered	Generator			
Iow many generators will be used?	? 1			

### Name of vendor providing generators:

Contact Person: DJ will provide his own (	or Big Top Party Rentals) - TBD	
Address:	Phone:	
City/State/Zip		
	ection 5- SALES INFORMATION	

Will there be advanced ticket sales? If yes, please describe:	🗆 Yes 🥘 No
Will there be on-site ticket sales? If yes, list price(s):	Yes No
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

## 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)	24	
[ ] Licensed	[ ] Armed	[ ] Bonded

How will you advise attendees of parking options?

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## 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
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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' × 10'
Staging/Scaffolding		

Bleachers

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?** 

Address:		
Address.		
City/State/Zip:		
Name of company providing port-a-johns. Scotty's Potties		?
Contact Person: Christina		
Address: 27940 Wick Rd.	Phone734-946-7338	
City/State/Zip:Romulus, MI 48174		
Name of private catering company?		
Contact Person:		7
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	sed area for closure.	
STREET NAME:		
FROM:	TO:	
CLOSIDE DATES.	BEG TIME:	END TIME
		END TIME.
REOPEN DATE:		
STREET NAME:		
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:		
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
	BEG TIME:	END TIME:
REOPEN DATE:	11ME:	
STREET NAME:		
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

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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

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 Name: CruisIN' The D" Date: August 19, 2023			Event
	<b>)rganizer:</b> oward-Combs		
Applica	nt Signature:	Nikki Howard-Combs	
Date: _	April 9, 2023		

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

C	OVERALL STAT	JS	(please circle): <u>AP</u>	PR	OVED DENIE	<u>)</u>	<u>N/A</u>	<u>CANCELED</u>	
Pe	etition #:		Event Name:						
E١	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/Ma	rathon	
	Bike Race		Religious Ceremony		Political Ceremony		Festival		
	Filming		Parade		Sports/Recreation		Rally/De	emonstration	
	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 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.