

# 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*

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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.

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Petition No.	2025-126
Name of Petitioner	The Office of Councilmember Waters
Description of Petition	Petition request to hold "Senior Summer Sizzler" on July 08, 2025 from 11:00 AM to 4:00 PM the same day at the Eastern Market Sheds 3 and 4. Set-up will begin on July 08, 2025 at 7:00 AM and be completed by 11:00 AM the same day. Tear down will begin on July 08, 2025 at 4:00 PM and be completed by 6:00 PM the same day.
Type of Petition	<b>Special Events</b>
Submission Date	06/03/25
Concerned Departments	Buildings, Safety Engineering, and Environmental Department (BSEED), Department of Public Works (DPW), Detroit Department of Transportation (DDOT), Detroit Fire Department (DFD), General Services Department (GSD), Media Services Department, Municipal Parking Department, Police Department (DPD)
Petitioner Contact	Jason Clover The Office of Council Member Mary Waters 2 Woodward Ave Suite 1340 Detroit, MI 48226 P: (313) 654-2320 <a href="mailto:Jason.clover@detroitmi.gov">Jason.clover@detroitmi.gov</a>

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

(313) 224 - 3260 | Fax: (313) 224 - 1466

# City of Detroit Special Events Application Authorizations

## **AUTHORIZATION & AFFIDAVIT 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 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.

**Applicant Signature:** Jason Clover

**Date:** 5/8/2025

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:** The Office of City Councilme

**Event Date:** 07/08/2025

**Event Organizer:** Jason Clover

**Applicant Signature:** Jason Clover

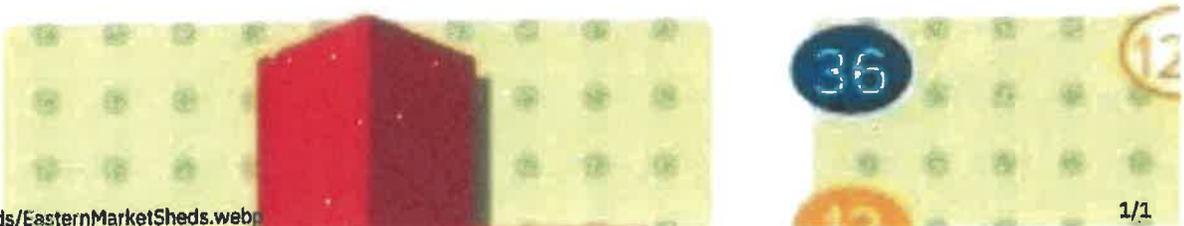
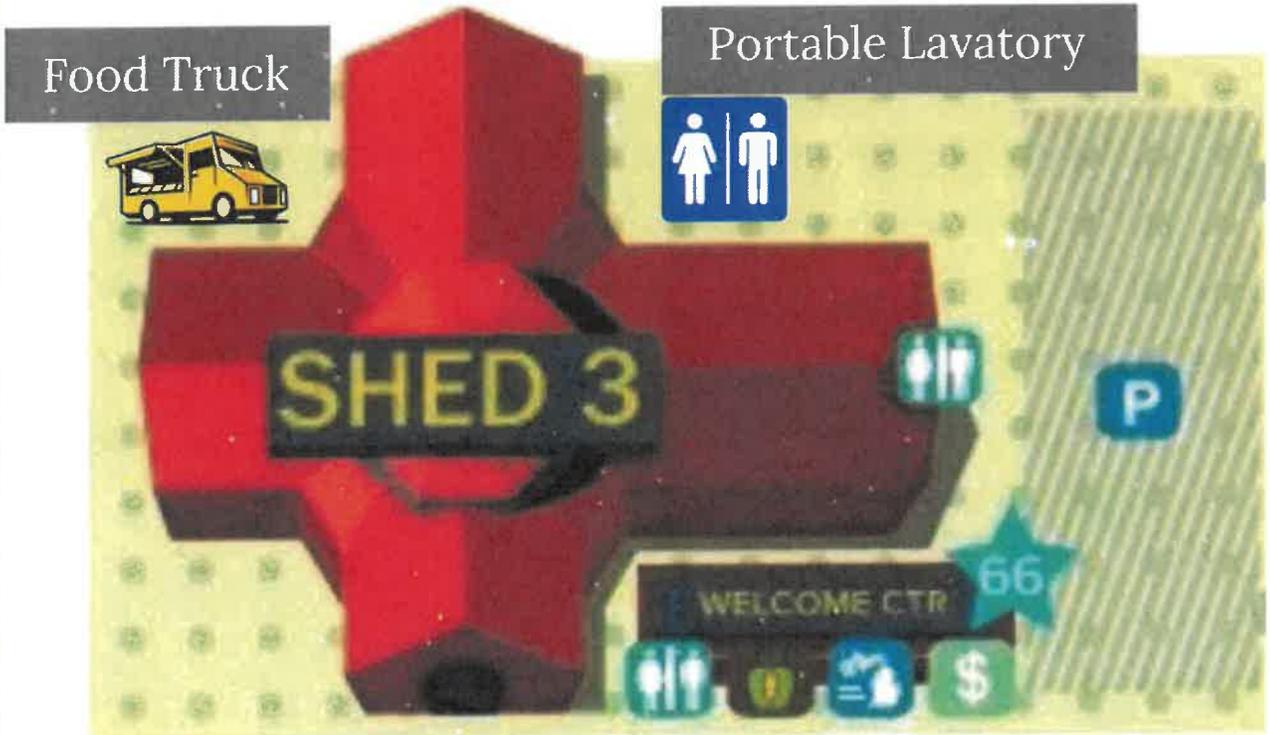
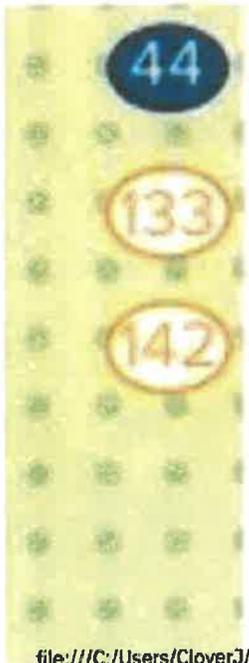
**Date:** 5/08/2025



Russell



on



# Service Agreement

**Hart EMS Medical Services PLLC (HMEMS)**  
**5201 Rosa Parks Blvd**

**Detroit MI 48208**

Phone 313-366-4278

Fax 313-216-1771

Email: adam@hartems.com

**Job #:** 10620

**Quote #:** 1

**Event:** Senior Event

**Start:** Tuesday, July 8, 2025

**End:** Tuesday, July 8, 2025

**Customer**

Office of Councilwoman Mary Waters

2 Woodward Ave.

Detroit MI 48226

ATTN: Jason Clover

**Description**

V1

This is to confirm that Hart EMS Medical Services PLLC (HMEMS) will provide on-site medical services for the above indicated Event and Venue. The following itemized services and items will be provided.

## Eastern Market 2934 Russell St. Detroit MI 48207

Service	Position	Date	Start	End	Dur.	Rate	Qty	Total
Life Support Ambulance	Shed 3 & 4	7/8/25	11:00 AM	4:00 PM	5.00	\$190.00	1	\$950.00
On-site Medical Provider	Shed 3 & 4	7/8/25	11:00 AM	4:00 PM	5.00	\$50.00	1	\$250.00
<b>Total Services</b>								<b>\$1,200.00</b>

Services	\$1,200.00
Items	\$0.00
<b>Total</b>	<b>\$1,200.00</b>
Discount	\$0.00
<b>Sub Total</b>	<b>\$1,200.00</b>
Tax 0.00%	\$0.00
<b>Grand Total</b>	<b>\$1,200.00</b>
Deposit	\$0.00

**Deposit Terms:**

**Payment Terms:** Payment due in full upon completion of event

# Service Agreement

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Phone 313-366-4278

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Office of Councilwoman Mary Waters

2 Woodward Ave.

Detroit MI 48226

ATTN: Jason Clover

## Description

V1

It is understood that all on-site medical facilities and ambulances have a limited capacity and should other emergency resources be called in by mutual agreement of both HMEMS and Office of Councilwoman Mary Waters that HMEMS will be held harmless for any overtaxing of its resources and will not be held responsible for other costs incurred. It is further understood that the request for services is as outlined above and designed by Office of Councilwoman Mary Waters. HMEMS assumes no responsibility for the planning and accuracy of it. Should the request for transport result in overtaxing of resources contracted for, HMEMS will at its' discretion, call for transport via city or private provider. HMEMS assumes no responsibility for availability or response capabilities of outside ambulance services. It is understood by the parties that HMEMS is held accountable for medical treatments by the governing county agencies and must adhere to all policies and procedures pertaining to medical provision. HMEMS its staff, and agents shall be held harmless for any incidents arising from this event. Furthermore, any treatment provided by other contracted, volunteer agencies or employees will not be the responsibility of HMEMS and will be held harmless for any liability resulting in treatment by other agencies, either contracted or volunteered. Premature termination of the event shall not result in discount or refund of any kind from Event Medical Services.

Office of Councilwoman Mary Waters understands that per City of Detroit procedures, and Detroit East Medical Control Authority and State protocols, Hart EMS is required to transport patients with life-threatening conditions to an Emergency Medical Facility. Hart EMS will attempt to replace the mobile ambulance unit with a second unit if available, but Hart EMS will not be held responsible if another unit is not available.

Office of Councilwoman Mary Waters will provide the following:

- Location for ambulance parking with appropriate egress
- Parking area and/or parking passes for HMEMS staff vehicles (If no parking area or passes are provided, a \$25 reimbursement will be required for each HMEMS staff vehicle)
- Temperature controlled location with adequate lighting for first aid
- Any necessary credentials
- Contact person name and information
- Ice & water for patient use

# Service Agreement

**Hart EMS Medical Services PLLC (HMEMS)**  
**5201 Rosa Parks Blvd**

**Detroit MI 48208**  
Phone 313-366-4278  
Fax 313-216-1771  
Email: adam@hartems.com

**Job #:** 10620  
**Quote #:** 1

**Event:** Senior Event  
**Start:** Tuesday, July 8, 2025  
**End:** Tuesday, July 8, 2025

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## Customer

Office of Councilwoman Mary  
Waters  
2 Woodward Ave.  
Detroit MI 48226  
ATTN: Jason Clover

## Description

V1

By signing below, Client agrees to all terms of this contract. Client also agrees to not release this document or the information enclosed to any entities outside their organization. Once signed, HMEMS will provide Client with a Proof of Service agreement that they may present to any external entities.

This contract is not valid unless signed by both parties.

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Authorized Signature

Hart EMS Medical Services  
PLLC (HMEMS)

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Date

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Authorized Signature

Office of Councilwoman Mary  
Waters

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Date



## City of Detroit Detroit City Council

FROM THE DESK OF  
Mary Waters, Member At-Large  
2 Woodward Avenue, Suite 1340 Detroit, MI 48226

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### **Emergency Response & Medical Procedures Plan for Senior Summer Sizzler Eastern Market Event**

#### **Objective**

Ensure the safety and well-being of 3,000 senior citizens attending the event at Eastern Market by establishing clear emergency response and medical procedures.

#### **Emergency Contacts**

- **Police:** 7<sup>th</sup> Precinct (313) 596-5700
- **Fire Department:** Medic #8 / Engine# 1 – 111 Montcalm
- **Nearest Hospital:** DMC Detroit Receiving Hospital (313) 745-3000
- **Event Security:** Executive Protection Unit
- **Event Organizer:** Santana Hill & Jason Clover

#### **Response Team**

- **Event Coordinator:** Santana Hill (313) 492-6351 / Jason Clover (313) 654-2320
- **Medical Coordinator:** HART EMS
- **Security Chief:** Sargeant KNOX (313) 475-8354
- **Volunteer Coordinator:** Jason Clover (313) 654-2320

#### **Communication Plan**

- **Primary Communication:** Mobile Phones
- **Secondary Communication:** 2-Way Radios
- **Public Announcements:** PA system for announcements to attendees

## **Evacuation Routes**

- **Primary Exits:** Main entrance and exit points of Eastern Market

## **Medical Procedures**

### **1. Medical Emergency Protocol**

- Assess the situation and determine the severity
- HART EMS will transport patient to nearest hospital while additional staff will stay on-site in case of additional emergencies
- Administer first aid until professional help arrives
- Document the incident for future reference

## **Additional Considerations**

- **Accessibility:** Ensure all emergency procedures account for the mobility needs of senior citizens
- **Hydration and Rest Areas:** Designate areas for hydration and rest to prevent health issues due to exertion or heat
- **Clear Signage:** Provide clear and visible signage for exits, first aid stations, and assembly points
- **Communication to Attendees:** Provide information to attendees about emergency procedures and points of contact upon arrival

CITY OF DETROIT, OFFICE OF EXTERNAL AFFAIRS

# SPECIAL EVENTS PETITION

**Petition No:** \_\_\_\_\_

**Event Name:** Senior Summer Sizzler \_\_\_\_\_

**Event Status:** In Review- Clerk's Office (Step 2 of 6) \_\_\_\_\_

**Petitioner Name / Organization:** The Office of Councilmember Mary Waters \_\_\_\_\_

**Event Location:** Eastern Market Sheds 3 and 4.

**Event Date(s) and Time(s):** 07/08/25 11:00 AM to 07/08/25 4:00 PM

**Type of Event:** Other \_\_\_\_\_

<b>Applicant Contact:</b>
Jason Clover
jason.clover@detroitmi.gov
+1 (313) 654-2320

<b>Submission Date:</b>	05/08/25 3
<b>Date of Clerk's Office Referral:</b>	
<b>Date of City Departments Sign Off:</b>	
<b>Date Referred to Council:</b>	6/3/25

### Department Approvals

DPD	DFD	EMS	GSD	DDOT	MPD	DPW	DHD
DPD Reviewed-Ready for Council	DFD Reviewed-Ready for Council	EMS Reviewed-Ready for Council	GSD Approval Not Required	DDOT Approval Not Required	MPD Approval Not Required	DPW Reviewed-Ready for Council	DHD Reviewed-Ready for Council

**BSEED**  
BSEED Reviewed-Ready for Council

**Mayor's Office Special Events Signature:** Chakima Fife

**Date:** June 3, 2025 \_\_\_\_\_

## General Event Information

Has this event been hosted before? \_\_\_\_\_

Has the applicant (individual or organization) ever applied for a Special Event with the City of Detroit before? \_\_\_\_\_

Is this an annual event? Yes \_\_\_\_\_

Event Website: n/a \_\_\_\_\_

Which spaces will be used? Private Facility \_\_\_\_\_

Will this event include the use or sale of marijuana? No \_\_\_\_\_

## Event Description

Brief Event Purpose & Description:

The Senior Summer Sizzler is a community event targeted for senior engagement and entertainment. This is an annual event hosted by Councilmember Waters.

Estimated Peak Attendance: 3000 \_\_\_\_\_

Estimated Total Attendance: 5000 \_\_\_\_\_

Is this a public event? Yes \_\_\_\_\_

Will there be ticket sales or admission charged? No \_\_\_\_\_

Does this event use Hart Plaza? \_\_\_\_\_

Will there be merchandise sold? No \_\_\_\_\_

Will you be taking donations? No \_\_\_\_\_

Is this a charity event? No \_\_\_\_\_

Does this event involve campers, tents and/or RVs? \_\_\_\_\_

Will this event involve a petting zoo or tattoo art (not including temporary tattoos)? \_\_\_\_\_

## Contact Information

Organization / Petitioner Name: The Office of Councilmember Mary Waters

Mailing Address: 2 Woodward Avenue Suite 1340

Detroit MI 48226

Primary Contact:	Secondary Contact:
Jason Clover	
jason.clover@detroitmi.gov	

Organization Type: Government

Organization Website: \_\_\_\_\_

## Event Setup & Breakdown

Begin Setup: 07/08/25 7:00 AM

Complete Setup: 07/08/25 11:00 AM

Setup Location(s): Eastern Market Sheds 3 and 4.

Event Start: 07/08/25 11:00 AM

Event End: 07/08/25 4:00 PM

Begin Tear Down: 07/08/25 4:00 PM

Complete Tear Down: 07/08/25 6:00 PM

Number of Trash Containers: 8 Number of Recycling Containers: 0

Cleaning Service Vendor: \_\_\_\_\_

Other Waste Elements: \_\_\_\_\_

## Street Closures & Parking

How many streets will be closed: 1

Will you be closing any part of Woodward Avenue? No

Street Closures (if there are 1-4 closed streets):

1. Division between Russell and Riopelle 07/08/25

10:00 AM 4:00 PM

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

Will you charge attendees for parking? No

Valet parking or blocking metered parking spaces? Neither

Describe the parking plan to accommodate anticipated attendance:

The majority of the seniors attending will be bused in, through non-city busses.

## Food & Beverage

Will food be served? Yes

Will food be prepared on site? Yes

Number of food trucks: 4 Number of non-truck food vendors: 10

## Food & Beverage (cont.)

Will any type of alcohol be served (including beer)? No

Will there be sales, service and/or consumption of alcohol in public at the event? \_\_\_\_\_

What type(s) of alcohol will be served? \_\_\_\_\_

Day(s) and time(s) alcohol will be served: \_\_\_\_\_

Will ice be used in any served beverages? Yes

## Stages, Tents, & Structures

Is a stage being built? Yes

How many stages will be used? 1

Do any of the stages have a canopy? No

Number of tents 10' x 10' and smaller: 0

Number of tents larger than 10' x 10': 1

Tent Contractor: \_\_\_\_\_

What other structures will your event include? \_\_\_\_\_

Will your event use any grills? Yes

What kind of grills? charcoal

## Utilities & Portable Restrooms

Event Utilities that will be used: Generators

How will generators be fueled? possible gasoline

Generator contractor: \_\_\_\_\_

Will additional wiring be installed? Yes

Does the event require access to a hydrant? No

Will there be amplified sound? Yes

Will a sound system be used? Yes

Will you be providing Port-a-johns? Yes

## Security & Emergency Plans

Will the event have a security contractor? Yes

Security Contractor: City of Detroit NPOs

Number of private personnel per shift: \_\_\_\_\_

Which of these apply to the private security personnel? \_\_\_\_\_

Will you contract emergency medical services? Yes

Name of emergency medical services contractor: Hart Medical

Does this event include fireworks? No

Day(s) and time(s) of fireworks: \_\_\_\_\_

Fireworks vendor: \_\_\_\_\_

## Attachments

<input checked="" type="checkbox"/>	Applicant Signature Page (required)
<input checked="" type="checkbox"/>	Event Clean Up Plan (required)
<input type="checkbox"/>	Security Plan (500 or less attendees)
<input checked="" type="checkbox"/>	Emergency Response Plan & Medical Procedures (500+ attendees)
<input checked="" type="checkbox"/>	Communication and Community Impact Plan (500+ attendees)
<input type="checkbox"/>	Maintaining of Traffic Plan (1000+ attendees or if closing a street)
<input checked="" type="checkbox"/>	Build and Breakdown Schedule (if you are erecting any structures)
<input checked="" type="checkbox"/>	Site Map Plan (if event involves any temporary elements including tents)
<input checked="" type="checkbox"/>	Emergency Medical Contractor Agreement (if applicable)
<input type="checkbox"/>	Barricades Provider Agreement (if applicable)
<input type="checkbox"/>	Security Contractor Agreement (if applicable)
<input type="checkbox"/>	Port-a-john Contractor Agreement (if applicable)
<input type="checkbox"/>	Sanitation Contractor Agreement (if applicable)

City Council Member: \_\_\_\_\_

**Resolved**, The Mayor’s Office is hereby authorized and directed to issue permits to The Office of Concilmember Mary Waters to host “Senior Summer Sizzler” (#2025-126) on July 8, 2025 from 11:00 AM – 4:00 PM at Eastern Market Sheds 3 and 4.

**PROVIDED**, that there will be DPD Assisted Event ; and be it further

**PROVIDED**, that there will be DFD Pending Inspections with Private Medical to Provide Services; and be it further

**PROVIDED**, that there will be BSEED Permits and Inspections for tents, stages, and generators; and be it further

**PROVIDED**, that there will be Health Permits and Inspections; and be it further

**PROVIDED**, that there will be DPW Road Closure Signage; upon approval of Honorable Council 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.