

# 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: 2022 MOVEMENT ELECTRONIC MUSIC FESTIVAL

Event Location: HART PLAZA

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: PAXAHAU, INC

Organization Mailing Address: 1551 ROSA PARKS BLVD, SUITE A , DETROIT, MI. 48216

Business Phone: 313-729-2428

Business Website: WWW.MOVEMENT.US

Applicant Name: SAM FOTIAS

Business Phone: 313-729-2428

Cell Phone: 586-596-9463

Email: SAM@PAXAHAU.COM

### Event On-Site Contact Person:

Name: SAM FOTIAS

Business Phone: 313-729-2428

Cell Phone: 586-596-9463

Email: SAM@PAXAHAU.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: 35,000 PER DAY

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

A YEARLY CELEBRATION OF THE CITY WHERE TECHNO WAS CREATED AND ITS GLOBAL IMPACT. 6 STAGES AND OVER 100 ACTS

BRINGING ELECTRONIC MUSIC ENTHUSIASTS FROM ALL OVER THE WORLD TO CELEBRATE OUR CITY

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

Begin Set-up Date : 5/19/22      Time: 7 AM      Complete Set-up Date: 5/27/22      Time: 10 PM

Event Start Date: 5/28/22      Time: 12 PM      Event End Date: 5/30/22      Time: 12:30 AM

Begin Tearing Down Date: 5/31/22      Complete Tear Down Date: 6/3/22

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

SATURDAY MAY 28TH, SUNDAY MAY 29TH AND MONDAY MAY 30TH FROM 12 PM TO 1230 AM EACH DAY

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: HART PLAZA

Facilities to be used (circle):      Street      Sidewalk      Park      City  
Facility

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:

A COLLECTION OF OVER 100 DJs AND ACTS FROM DETROIT AND ALL OVER THE WORLD: JEFF MILLS, RICHIE HAWTIN, KEVIN SAUNDERSON,  
DELANO SMITH, NORM TALLEY, FLYING LOTUS, MK, STACEY PULLEN AND MANY MORE

Will a sound system be used?       Yes       No

If yes, what type of sound system? ALL STAGES WILL HAVE L'ACOUSTIC K1 AND K2 LINE ARRAY SYSTEMS

**Section 5- SALES INFORMATION**

Will there be advanced ticket sales?       Yes       No

If yes, please describe:

Will there be on-site ticket sales?       Yes       No

If yes, list price(s):

Will there be vending or sales?       Yes       No

If yes, check all that apply:

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

Indicate type of items to be sold: T SHIRTS, VINYL RECORDS, POSTERS, MUSIC EQUIPMENT

Will there be food trucks?  Yes  No  
If yes, please list how many: APPROX 15

Will there be a charge for parking?  Yes  No  
If yes, please describe the amount:

How will you advise attendees of parking options? VIA OUR WEBSITE, FESTIVAL PHONE APP AND SOCIAL MEDIA CHANNELS

## Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: TBD

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift: 120 DURING SHOW DAYS

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)?

FOR OVER 16 YEARS OUR EVENT HAS ATTRACTED THOUSANDS OF TOURISTS FROM ALL OVER THE WORLD TO OUR CITY, EVEN THOUGH

WE ARE A TICKETED EVENT WE ALLOW RE-ENTRY SO THAT OUR FANS CAN ENJOY AS MUCH OF THE CITY AS POSSIBLE WHILE HERE

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

Indicate what steps you have or will take to notify them of your event: THROUGH ALL OF OUR MEDIA CHANNELS, BILL BOARDS, ADVERTISEMENTS

RADIO ADS AND COMMUNITY OUTREACH.

## 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:

WE DESIGN AND BUILD OUR OWN POWER GRID AT THE PLAZA UTILIZING THREE 800KW GENERATORS. WE EMPLOY A FUEL COMPANY

TO FILL THEM EACH DAY.

**Name of vendor providing generators:** Contact Person: AARON SUZORE

Address: MICHIGAN CAT

Phone: 734-756-7927

City/State/Zip

How Many?

Size/Height

Booth PLEASE SEE ATTACHED SITE MAP

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

**Section 9- COMPLETE ALL THAT APPLY**

**Emergency medical services?** HART MEDICAL

Contact Person: ADAM GOTTLIEB 248-789-3648

Address:

City/State/Zip:

**Name of company providing port-a-johns.** TBD

Contact Person:

Address:

Phone:

City/State/Zip:

**Name of private catering company?** TBD

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.**

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:** \_\_\_\_\_

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:

**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**

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**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.

*sam fotias*

02/08/2022

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:** 2022 MOVEMENT ELECTRONIC MUSIC FESTIVAL **Event**

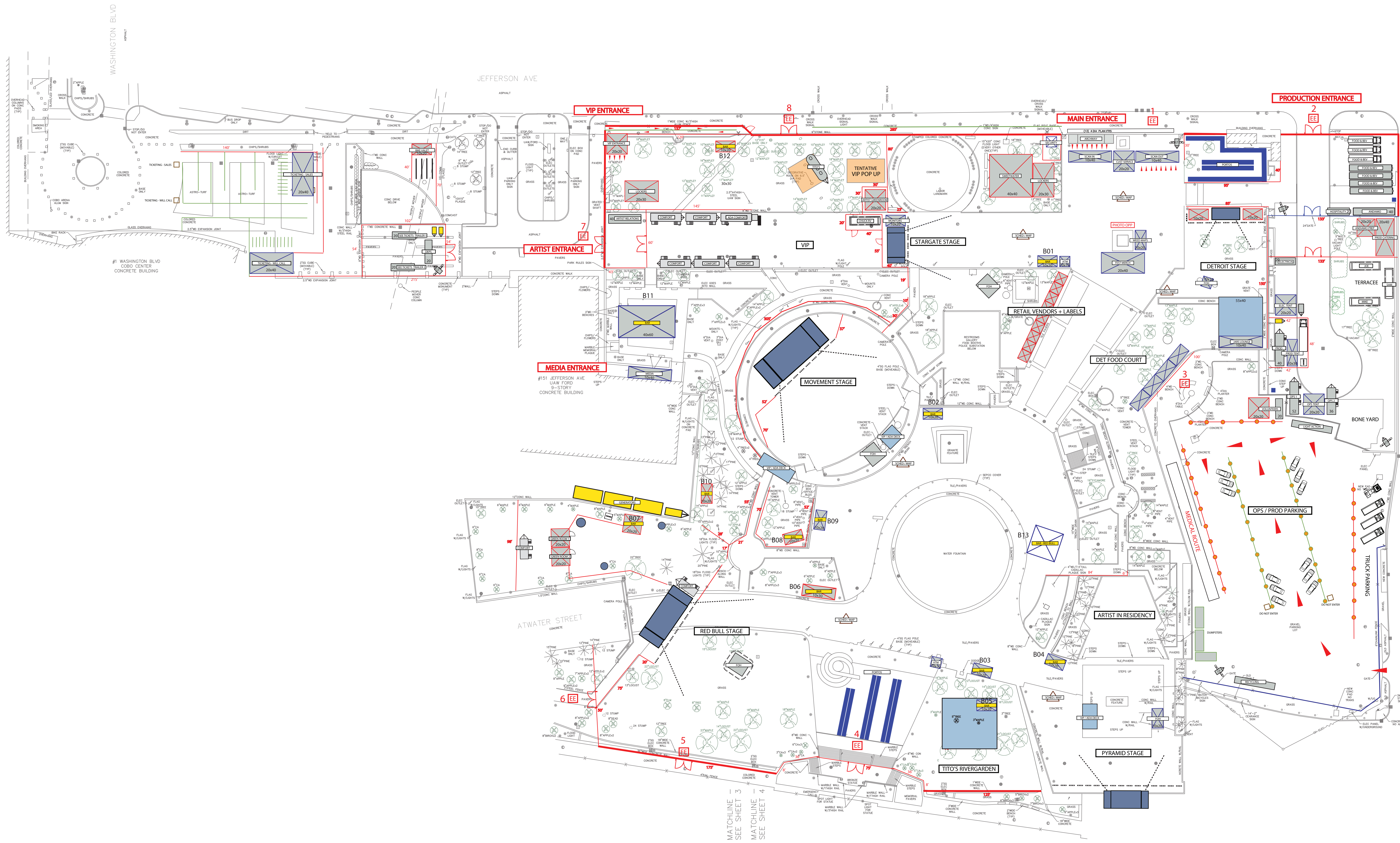
**Date:** MAY 28TH, 29TH AND 30TH, 2022

**Event Organizer:** PAXAHAU, INC

**Applicant Signature:** *sam fotias*

**Date:** 02/08/2022





**MEDIA ENTRANCE**  
 #151 JEFFERSON AVE  
 UAW FORD  
 CONCRETE BUILDING

MATCHLINE 3  
 SEE SHEET 3  
 MATCHLINE 4  
 SEE SHEET 4