

# 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: "Come Home" DPSCD Alumni Hall of Fame Taste of Livernois Block Party

Event Location: Livernois Avenue (Between Cambridge Street and W. Outer Drive)

Is this going to be an annual event? ☒ Yes ☐ No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit Public Schools Community District / Detroit Public Schools Foundation

Organization Mailing Address: 3011 West Grand Boulevard: 11th Floor Detroit, MI 48202

Business Phone: 313.873.6890 Business Website: www.detroitk12.org

Applicant Name: Tyrone E. Winfrey, Sr.

Business Phone: 313.873.6890 Cell Phone: 313.421.6028 Email: Tyrone.Winfrey@detroitk12.org

Event On-Site Contact Person:

Name: Tyrone E. Winfrey, Sr.

Business Phone: 313.873.6890 Cell Phone: 313.421.6028 Email: Tyrone.Winfrey@detroitk12.org

### Event Elements (check all that apply)

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input checked="" type="checkbox"/> Concert/Performance
<input type="checkbox"/> Run/Marathon	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony
<input type="checkbox"/> Political Event	<input checked="" type="checkbox"/> Festival	<input checked="" type="checkbox"/> Filming
<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Fireworks	<input checked="" type="checkbox"/> Other: _____

Projected Number of Attendees: ~2000 Participants

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

The Taste of Livernois Block Party, an event spanning one-block of Livernois between Cambridge and W. Outer Drive is intended to allow community to gather in support of local small businesses (restaurants & retail), receive information on DPSCD Enrollment Opportunities and programs, and encourage alumni to enjoy live music and entertainment.

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

Begin Set-up Date : 5/21/22 Time: 10 AM Complete Set-up Date: 5/21/22 Time: 11:30 AM

Event Start Date: 5/21/22 Time: 2:00 PM Event End Date: 5/21/22 Time: 6:00 PM

Begin Tearing Down Date: 5/21/22 Complete Tear Down Date: 5/21/22

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

The Taste of Livernois is a four hour event spanning one commercial block.

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Livernois Avenue (Between Cambridge and West Outer Drive)

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 First Aid                 |
| -Location of merchandising booths | -Location of fire lane                 |
| -Location of food booths          | -Proposed route for walk/run           |
| -Location of garbage receptacles  | -Location of tents and canopies        |
| -Location of beverage booths      | -Sketch of street closure              |
| -Location of sound stages         | -Location of bleachers                 |
| -Location of hand washing sinks   | -Location of press area                |
| -Location of portable restrooms   | -Sketch of proposed light pole banners |

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

Entertainment consists of youth High School bands, adult singers, dj's and local entertainment.

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? DJ's will provide sound system and A/V support.

**Section 5- SALES INFORMATION**

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe: This is a free event for participants, no advanced registration is required.

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s): n/a

Will there be vending or sales? ☐ Yes ☒ No

If yes, check all that apply: Note: Retail and restaurants will be open as usual for shopping opportunities. Participants are encouraged to shop with local businesses.

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

Indicate type of items to be sold:

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Will there be food trucks?

☒ Yes

No

If yes, please list how many: DPSCD will host a licensed food truck to give away food items on behalf of the District.

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Will there be a charge for parking?

☐ Yes

☒ No

If yes, please describe the amount:

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How will you advise attendees of parking options?

Attendees will be notified of updates via event website and signage.

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## Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Office of the Wayne County Sheriff Reserve Officers

Contact Person: Sheriff Raphael Washington

Address: 4747 Woodward Avenue

Phone: 313.224.2222

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City/State/Zip: Detroit, Michigan 48201

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Number of Private Security Personnel Hired Per Shift: 4

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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)?

As initially proposed, the Taste of Livernois would span one block of Livernois between Cambridge and W. Outer Drive. This is a commercial block with a large concentration of small businesses. If this option is explored, the street would allow for open foot traffic with options to remove temporary barricades to allow buses and emergency vehicles as needed. The less optimal option, would utilize sidewalks for setup and activations.

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Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

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

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We have been meeting regularly with local businesses and community partners who are excited about and in support of this inaugural event. We plan to continue our engagement as we lead closer to the event.

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## 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:

Based on recommendations of City, we anticipate the need for power generators to support A/V needs.

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

Address: TBD

Phone:

City/State/Zip

	How Many?	Size/Height
Booth	>10 Tables strategically placed throughout target area	
Tents (enclosed on 3 sides)	~ 1 Large 20x30 Canopy Tent	
Canopy (open on all sides)	N/A	
Staging/Scaffolding	N/A	
Bleachers	N/A	

## Section 9- COMPLETE ALL THAT APPLY

### Emergency medical services?

Contact Person: Chief James Harris

Address: 250 W. Larned Street

City/State/Zip: Detroit, MI 48226

**Name of company providing port-a-johns.** Scotties Potties

Contact Person: Scotty Edwards

Address: 27940 Wick Road Phone: 888.610.0783

City/State/Zip: Romulus, MI 48174

**Name of private catering company?** Detroit Public School Community District Office of School Nutrition (Food Truck)

Contact Person: Carl Williams

Address: 3011 W. Grand Boulevard Phone: 313.873.6532

City/State/Zip: Detroit, MI 48202

## 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:** Livernois Avenue (\*Initial Proposal)  
**FROM:** Cambridge **TO:** West Outer Drive

**CLOSURE DATES:** 5/21/2022 **BEG TIME:** 2:00PM **END TIME:** 6:00PM  
**REOPEN DATE:** 5/21/2022 **TIME:** 6:00 PM

**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 & 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, 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.

*Tyrone E. Winfrey*

3/01/2022

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: DPSCD / DPSF Alumni Bike Stroll Event  
Date: May 21, 2022

Event Organizer:  
Tyrone E. Winfrey, Sr

Applicant Signature: *Tyrone E. Winfrey*  
Date: 03/01/2022