MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☑ APPROVED □ DENIED □ N/A □ CANCELED

Petition #: 1018  Event Name: Murals in the Market
Event Date: September 14, 2019
Street Closure: Division Street
Organization Name: PAXAHAU, Inc.
Street Address: 1551 Rosa Parks Suite A Detroit, MI 48216

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/Marathon
☐ Bike Race  ☐ Religious Ceremony  ☐ Political Ceremony  ☑ Festival
☐ Filming  ☐ Parade  ☐ Sports/Recreation  ☐ Rally/Demonstration
☐ Fireworks  ☐ Convention/Conference  ☐ Other: __________________________

☑ 24-Hour Liquor License

Petition Communications (include date/time)
The 5 Annual Murals in the Market will take place on Division Street between Orleans & St. Aubin and the adjacent parking lot from 1:00pm - 1:00am.

**ALL permits and license requirements must be fulfilled for an approval status**

<table>
<thead>
<tr>
<th>Date</th>
<th>Department</th>
<th>N/A</th>
<th>APPROVED</th>
<th>DENIED</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DPD</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>7th Precinct Assisted Event; Contracted with Private Security Company</td>
</tr>
<tr>
<td></td>
<td>DFD/EMS</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services</td>
</tr>
<tr>
<td></td>
<td>DPW</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>ROW Permit Required for Street Closures</td>
</tr>
<tr>
<td></td>
<td>Health Dept.</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>Temporary Food License Required</td>
</tr>
</tbody>
</table>

CITY CLERK 2019 PUBL 28 PAM 352
<table>
<thead>
<tr>
<th>Date</th>
<th>Department</th>
<th>N/A</th>
<th>APPROVED</th>
<th>DENIED</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TED</td>
<td></td>
<td>✔️</td>
<td></td>
<td>Type III Barricades Required</td>
</tr>
<tr>
<td></td>
<td>Recreation</td>
<td>✔️</td>
<td></td>
<td></td>
<td>No Jurisdiction</td>
</tr>
<tr>
<td></td>
<td>Bldg &amp; Safety</td>
<td></td>
<td>✔️</td>
<td></td>
<td>Permits Required for Tents, Stages &amp; Generators</td>
</tr>
<tr>
<td></td>
<td>Bus. License</td>
<td></td>
<td>✔️</td>
<td></td>
<td>Vendors License &amp; Liquor License Required</td>
</tr>
<tr>
<td></td>
<td>Mayor's Office</td>
<td></td>
<td>✔️</td>
<td></td>
<td>All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.</td>
</tr>
<tr>
<td></td>
<td>Municipal Parking</td>
<td></td>
<td>✔️</td>
<td></td>
<td>No Parking Signs Required</td>
</tr>
<tr>
<td></td>
<td>DDOT</td>
<td></td>
<td>✔️</td>
<td></td>
<td>No Impact on Buses</td>
</tr>
</tbody>
</table>

**MAYOR'S OFFICE**

Signature: B. [Signature]

Date: 8-28-19
DEPARTMENTAL REFERENCE COMMUNICATION

Monday, August 5, 2019

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.

MAYOR'S OFFICE   PLANNING AND DEVELOPMENT DEPARTMENT
DPW - CITY ENGINEERING DIVISION   POLICE DEPARTMENT
FIRE DEPARTMENT   BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT   MUNICIPAL PARKING DEPARTMENT

1018 Paxahau, Inc./1xRun, request to hold "2019 Murals in the Market Block Party" at Eastern Market on September 14, 2019 from 1:00 PM to 1:00 AM on 9-15-19 with temporary closure of Division St. from Orleans to St. Aubin.
# 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:** 2019 Murals In The Market Block Party  
**Event Location:** Eastern Market - Division St. Between Orleans and St. Aubin

[ ] Yes  [ ] No  

## Section 2- ORGANIZATION/APPLICANT INFORMATION

**Organization Name:** Paxahau, Inc/IxRun  
**Organization Mailing Address:** 1551 Rosa Parks Blvd. Suite A. Detroit, MI. 48216  
**Business Phone:** 5865969463  
**Business Website:** www.paxahau.com  
**Applicant Name:** Sam Fotias  
**Business Phone:** 5865969463  
**Cell Phone:** 586-596-9463  
**Email:** sam@paxahau.com  
**Event On-Site Contact Person:** Sam Fotias  
**Business Phone:** 5865969463  
**Cell Phone:** 5865969463  
**Email:** sam@paxahau.com

**Event Elements (check all that apply):**  
- [ ] Walkathon  
- [ ] Run/Marathon  
- [x] Festival  
- [ ] Parade  
- [ ] Convention/Conference  
- [ ] Carnival/Circus  
- [x] Bike Race  
- [ ] Sports/Recreation  
- [ ] Fireworks  
- [ ] Concert/Performance  
- [ ] Religious Ceremony  
- [ ] Filming  
- [ ] Rally/Demonstration  
- [ ] Other: __________________________________________

**Projected Number of Attendees:** 2000

Please provide a brief description of your event:  
The 5th annual Murals in the Market public art festival held in Eastern Market each September will host an all ages block party with dry goods, food and beverage vendors, games for kids & adults and a stage with entertainment. This event will help support Murals in the Market and will offset the costs of the annual block party event.
What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date 09/13/2019  Time: 6:00 am  Complete Set-up Date: 9/14/2019  Time: 10:00 am

Event Start Date: 9/14/2019  Time: 1:00 pm  Event End Date: 09/15/2019  Time: 1:00 am

Begin Tearing Down Date: 9/15/2019  Complete Tearing Down Date: 9/15/2019

Event Times (If more than one day, give times for each day):
event will run from 1pm until 1 am

Section 3- LOCATION/SITE INFORMATION

Location of Event: Division St between Orleans and Division

Facilities to be used (Check)
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

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year’s event:

DJ PREMIER, J ROCC AND A WIDE SELECTION OF LOCAL AND REGIONAL DJ’S AND BANDS

Will a sound system be used?  ☐ Yes  ☐ No

If yes, what type of sound system? Line array

Describe specific power needs for entertainment and/or music:

two 30kw generators

How many generators will be used? two

How will the generators be fueled?
they will come to the site full of fuel
Name of vendor providing generators: Mike Phelps - GenDrop

Address: 15440 Windmere St. Phone: 313-595-8702

City/State/Zip: Southgate, MI 48195

**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 prices:

Will there be vending or sales? Yes ☐ No ☐
If yes, check all that apply:
- Food ☑
- Merchandise ☑
- Non-Alcoholic Beverages ☑
- Alcoholic Beverages ☑

Indicate type of items to be sold:
Art, Tshirts, Hats, Street Trucks, Alcoholic and Non Alcoholic Beverages

**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:

Are the private security personnel (check all that apply):
- Licensed ☑
- Armed |
- Bonded |

How will you advise attendees of parking options?
Via multiple social media outlets and web sites for the event
Section 7 - COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
Impact will be nominal as the set up in the street and street closures will not impact local market traffic.
There is little to no residential around the site so sound impact will be nominal.

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

Indicate what steps you have or will take to notify them of your event:
There have been and will continue to be meetings with business owners around the event site to inform
them and work along with them to mitigate large impact to their daily business.

Section 8 - EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

<table>
<thead>
<tr>
<th>How Many?</th>
<th>Size/Height</th>
</tr>
</thead>
<tbody>
<tr>
<td>Booth</td>
<td>10</td>
</tr>
<tr>
<td>Tents (enclosed on 3 sides)</td>
<td>0</td>
</tr>
<tr>
<td>Canopy (open on all sides)</td>
<td>2</td>
</tr>
<tr>
<td>Staging/Scaffolding</td>
<td>1</td>
</tr>
<tr>
<td>Bleachers</td>
<td>0</td>
</tr>
</tbody>
</table>

Section 9 - COMPLETE ALL THAT APPLY

Emergency medical services?
Contact Person: Adam Gottlieb - Hart Medical - 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? NA
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 proposed area for closure.

STREET NAME: Division
FROM: Orleans TO: St Aubin
CLOSURE DATES: 9/13/2019 BEG TIME: 8 pm END TIME:
REOPEN DATE: 9/15/2019 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
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.

Signature of Applicant: ______________________  Date: 07/30/2019

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: 2019 Murals In The Market Block Party and Family Reunion  Event
Date: 7/29/2019

Event Organizer: Paxahau and 1xRun

Applicant Signature: ______________________  Date: 07/30/2019
REferred to the following Department(s)

Orleans St. Aquarian
Temporary closure of Division St. from
1:00 PM to 1:00 AM on 9-15-19 with
Market on September 14, 2019 from
Market block party at Brown
Request to hold "2019 Murals in the
Petition of Paxman Inc./LXRM

2019-08-05