Event Name: Ealk for PI: Detroit 2019
Event Date: September 21, 2019
Street Closure: None
Organization Name: Immune Deficiency Foundation
Street Address: 110 West Road Suite 300 Towson, MD 21204

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)
Walkathon to raise awareness for Primary Immunodeficiency Disease located on the Detroit Medical Center - Brush Mall along the sidewalk from 8:30am - 11:45am.

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

<table>
<thead>
<tr>
<th>Department</th>
<th>N/A</th>
<th>APPROVED</th>
<th>DENIED</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPD</td>
<td></td>
<td>✓</td>
<td></td>
<td>Contracted with DMC Security to Provide Private Security Services</td>
</tr>
<tr>
<td>DFD/EMS</td>
<td></td>
<td>✓</td>
<td></td>
<td>Contracted with DMC to Provide Private Physicians</td>
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<tr>
<td>DPW</td>
<td></td>
<td>✓</td>
<td></td>
<td>No Permits Required; Event Utilizing Sidewalks</td>
</tr>
<tr>
<td>Health Dept.</td>
<td></td>
<td>✓</td>
<td></td>
<td>No Permits Required</td>
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</table>

CITY CLERK 343384 28 PAGE 150
<table>
<thead>
<tr>
<th>Date</th>
<th>Department</th>
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<th>Additional Comments</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>TED</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>No 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>No Permits Required</td>
</tr>
<tr>
<td></td>
<td>Bus. License</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>No Permits 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 Jurisdiction</td>
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<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: [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.

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

1022 Immune Deficiency Foundation, request to hold "Walk for PI: Detroit 2019" beginning at 3990 John R Street on September 21, 2019 from 8:30 AM to 11:45 AM with set up and tear down to be complete on the event date, 9-21-19.
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: Walk for PI: Detroit 2019

Event Location: Detroit Medical Center - Brush Mall 3990 John R Street Detroit, MI 48201

Is this going to be an annual event? □ Yes □ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Immune Deficiency Foundation

Organization Mailing Address: 110 West Road, Suite 300 Towson, MD 21204.

Business Phone: 800-296-4433 Business Website: www.primaryimmune.org / www.walkforpi.org

Applicant Name: Mary Ann Nation-Greenwall

Business Phone: 443-564-4906 Cell Phone: 443-824-4717 Email: mnationgreenwall@primaryimmune.org

Event On-Site Contact Person:

Name: Mary Ann Nation-Greenwall/ Mary Ruehe

Business Phone: 443-564-4906 Cell Phone: 443-824-4717 Email: mnationgreenwall@primaryimmune.org

Event Elements (check all that apply)

<table>
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<tr>
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<td>Festival</td>
<td>Filming</td>
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<td>Sports/Recreation</td>
<td>Rally/Demonstration</td>
</tr>
<tr>
<td>Convention/Conference</td>
<td>Fireworks</td>
<td>Other:</td>
</tr>
</tbody>
</table>

Projected Number of Attendees: 150 - 200

Please provide a brief description of your event:

DF Walk for Primary Immunodeficiency (PI), an initiative of the Immune Deficiency Foundation, unites all members of the PI community to help create better lives for those living with these rare, chronic diseases. The dollars raised by IDF Walk for PI ensure that IDF can continue to provide educational resources and programs at no cost to individuals and families, power critical patient-focused research that will ultimately lead to cures of all types of PI, lead the way in the fight to improve diagnosis and access to treatment, and bring together the entire PI community to remind them that they are not alone.
What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 09/21/2019  Time: 06:00  Complete Set-up Date: 09/21/2019  Time: 08:00 AM

Event Start Date: 09/21/2019  Time: 08:30  Event End Date: 09/21/2019  Time: 11:45 AM

Begin Tearing Down Date: 09/21/2019  Complete Tearing Down Date: 09/21/2019

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

Section 3—LOCATION/SITE INFORMATION

Location of Event: Detroit Medical Center - Brush Mall

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:

Welcome Ceremony, DJ, Face Painter, Food and Sponsors for the event.

Will a sound system be used?  Yes  No

If yes, what type of sound system?  Speakers

Describe specific power needs for entertainment and/or music:

None

How many generators will be used?  None

How will the generators be fueled?  NA
Name of vendor providing generators:

Contact Person: NA - Electric power on site.

Address: 

City/State/Zip: 

Section 5 - SALES INFORMATION

Will there be advance 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:

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

Indicate type of items to be sold:
The event is free to the public

Section 6 - PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Detroit Medical Center Hospital Security

Contact Person: Mary Ruehle

Address: Children's Hospital of Michigan 

Phone: 313.806.6571

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?
Participant will have free parking in the South Deck Gates Lot on the Hospital grounds.
Section 7 - COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
NA

Have local neighborhood groups/businesses approved your event?

☐ Yes  ☐ No

Indicate what steps you have or will take to notify them of your event:
The event is on hospital grounds

Section 8 - EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

How Many? Size/Height

Booth 8-10
Tents (enclosed on 3 sides) 0
Canopy (open on all sides) 12 10 (10x10) 1 (20x30)
Staging/Scaffolding
Bleachers

Section 9 - COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Mary Ruehle 313.806.6571
Address: Detroit Medical Center - Brush Mall 3990 John R Street
City/State/Zip: Detroit, MI 48201

Name of company providing port-a-johns.

Contact Person: Scotty's Potties/ Bobs Sanitation
Address: Phone: (734) 421-1400
City/State/Zip:

Name of private catering company? Costco
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: ____________________________
FROM: ____________________________ TO: ____________________________

CLOSURE DATES: ____________________________ BEG TIME: ____________________________ END TIME: ____________________________
REOPEN DATE: ____________________________ TIME: ____________________________

STREET NAME: ____________________________
FROM: ____________________________ TO: ____________________________

CLOSURE DATES: ____________________________ BEG TIME: ____________________________ END TIME: ____________________________
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STREET NAME: ____________________________
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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

07/08/2019

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: Walk for Pi: Detroit 2019  Event
Date: September 21, 2019

Event Organizer:
Immune Deficiency Foundation

Applicant Signature:  Date: 07/08/2019
Petition of Immune Deficiency Foundation, request to hold "Walk for PI: Detroit 2019" beginning at 3990 John R Street on September 21, 2019 from 8:30 AM to 11:45 AM with set up and tear down to be complete on the event date, 9-21-19.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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