MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 1094  Event Name: 2020 Movement Music Festival

Event Date: May 23 - 26, 2020

Street Closure: None

Organization Name: PAXAHAU, Inc.

Street Address: 1551 Rosa Parks Boulevard 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 Movement Techno Festival will take place in Hart Plaza from 2:00pm - 12:30pm each day.

** 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>DPD Assisted Event; Private Security Company Confirmed Pending Approval</td>
</tr>
<tr>
<td></td>
<td>DFD/EMS</td>
<td></td>
<td>✔</td>
<td></td>
<td>Pending Inspections; Private EMS Services Confirmed Pending Approval</td>
</tr>
<tr>
<td></td>
<td>DPW</td>
<td></td>
<td>✔</td>
<td></td>
<td>No Permits Required</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 SEP 20 P4L158
<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>Fencing Required</td>
</tr>
<tr>
<td></td>
<td>Recreation</td>
<td></td>
<td>[✓]</td>
<td></td>
<td>Application Received &amp; Approved as Presented</td>
</tr>
<tr>
<td></td>
<td>Bldg &amp; Safety</td>
<td></td>
<td>[✓]</td>
<td></td>
<td>Permits Required for Tents, Stages, Generators &amp; Electrical</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 Purchase of Parking Meters 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: [Signature]

Date: 9-19-19
DEPARTMENTAL REFERENCE COMMUNICATION

Monday, September 23, 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.

1094 PAXAHAU, Inc., request to hold "2020 Movement Music Festival" at Hart Plaza on May 23-26, 2020 from 2:00 PM to 12:30 AM each day. Set up to begin on 5-26-20 and tear down to be complete on 5-30-20.
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: 2020 Movement 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: 313-729-2427  Business Website: www.paxahau.com

Applicant Name: Sam Fotias

Business Phone: 3137292427  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  [ ] 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: 30,000 per day

Please provide a brief description of your event:

A yearly celebration of the global impact of techno music, created in Detroit.
What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 05/14/2020 Time: 7 am Complete Set-up Date: 05/22/2020 Time: 10 pm

Event Start Date: 05/23/2020 Time: 2 pm Event End Date: 05/26/2020 Time: 12:30 am

Begin Tearing Down Date: 05/26/2020 Complete Tear Down Date: 05/30/2020

Event Times (If more than one day, give times for each day):
2 pm until 12:30 am each day - Saturday, Sunday, Monday

Section 3- LOCATION/SITE INFORMATION

Location of Event: Hart Plaza

Facilities to be Used (Check)
Street
Facility
Sidewalk
Park ✓
City

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:

over 100 artists on 5 stages from around the world that represent the past, present and future of techno.

Will a sound system be used? □ Yes □ No

If yes, what type of sound system? L, Acoustic K1

Describe specific power needs for entertainment and/or music:

we will build our own proprietary electrical grid

How many generators will be used? 4

How will the generators be fueled? via a refueling company
Name of vendor providing generators: TBD - usually its michigan CAT but we may be putting it out to bd in 2020

Address: Phone:

City/State/Zip:

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:

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

Indicate type of items to be sold:
drinks, food, shirts, albums, makeup, sundries, etc

Section 6 - PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: TBD - also going to bid in 2020

Contact Person:

Address: Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift: 120

Are the private security personnel (check all that apply):

[ ] Licensed     [ ] Armed     [ ] Bonded

How will you advise attendees of parking options?
via all of our social media and marketing outlets
Section 7- Communication & Community Impact Information

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
There will be heavier than normal foot and automotive traffic in the core business district, but nothing more than when there are multiple sports games and theater shows going on at once.

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

Indicate what steps you have or will take to notify them of your event:
via stakeholder communication emails

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>TBD</td>
</tr>
<tr>
<td>Tents (enclosed on 3 sides)</td>
<td>TBD</td>
</tr>
<tr>
<td>Canopy (open on all sides)</td>
<td>TBD</td>
</tr>
<tr>
<td>Staging/Scaffolding</td>
<td>5 STAGE various sizes from 40x40 to 16x30</td>
</tr>
<tr>
<td>Bleachers</td>
<td>no</td>
</tr>
</tbody>
</table>

Section 9- Complete All That Apply

Emergency medical services?
Contact Person: Hart Medical - Adam Gottlieb
Address: ____________________________
City/State/Zip: ______________________

Name of company providing port-a-johns: Jays Septic
Contact Person: ______________________
Address: ____________________________
Phone: _____________________________
City/State/Zip: ______________________

Name of private catering company: Andiamo Italia
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: _____________________________
REOPEN DATE: _____________________________ TIME: _____________________________

STREET NAME: _____________________________
FROM: _____________________________ TO: _____________________________
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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

06/12/2019

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: Movement Music Festival
Date: 06/12/2019

Event Organizer: Paxahau, Inc

Applicant Signature:  Date: 06/12/2019
Petition of PAXAHAU, Inc., request to hold "2020 Movement Music Festival" at Hart Plaza on May 23-26, 2020 from 2:00 PM to 12:30 AM each day. Set up to begin on 5-26-20 and tear down to be complete on 5-30-20.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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