**Mayor's Office Coordinators Report**

**Overall Status (please circle):**  
☑️ Approved  □ Denied  □ N/A  □ Canceled

**Petition #:** 654  
**Event Name:** Metro Detroit Light the Night

**Event Date:** October 5, 2019

**Street Closure:** None

**Organization Name:** The Leukemia & Lymphoma Society

**Street Address:** 1471 E. 12 Mile Road Madison Heights, MI 48071

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**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:**

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**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

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**Petition Communications** (include date/time)

The Leukemia & Lymphoma Society will host their annual fundraiser walk at Hart Plaza from 6:00pm - 9:00pm.

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**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 Pending</td>
</tr>
<tr>
<td></td>
<td>DFD/EMS</td>
<td>☐</td>
<td>☑️</td>
<td>☐</td>
<td>Pending Inspections</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>

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CITY CLERK 2019 SEP 20 41.157
<table>
<thead>
<tr>
<th>Date</th>
<th>Department</th>
<th>N/A</th>
<th>APPROVED</th>
<th>DENIED</th>
<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>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 &amp; Staging</td>
</tr>
<tr>
<td></td>
<td>Bus. License</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>Vendors 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 Jurisdiction</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: **7-15-19**
DETROIT LIGHT THE NIGHT
SATURDAY, OCTOBER 5TH
6PM-9PM
1,500 ATTENDEES

Special Events Management Group Meeting
Wednesday, July 10th @ 11:00am

Required Documentation:
1. Special Event Application
2. Event Layout & Walk Route
3. Tent Layout
4. Certificate of Insurance (to be renewed for 2019)
5. Emergency Medical Agreement- not included due to size of event
6. Sanitation Agreement- not included
7. Port-A-John agreement
8. Community Communication- not included

For questions or concerns, please contact Jamie Risner at 248.581.3898 or email Jamie.risner@lls.org.
1. Registration Tent- 20x40
   - 13 tables
   - 8 chairs

2. Lantern Tent: 10x10
   - 4 tables

3. T-Shirt Tent: 10x10
   - 4 tables

4. Genentech Tent-10x10
   - 2 tables
   - 4 chairs

5. Remembrance Pavilion
   - 1 round table

6. Mission Tent: 20x40
   - 10 tables
   - 20 chairs

7. Tailgate Area
   - 40 tables
   - 320 chairs

8. Kids Zone— 10x10
   - 2 tables
   - 4 chairs
   - Inflatables

9. Generator

10. Stage
- Head west on Detroit Riverwalk for 0.5 miles back to start.
- Turn around at on the Riverwalk after 0.5 miles (Beaubien St).
- Take a left and head east on Detroit Riverwalk for 0.5 miles.
- Head southwest on Detroit Riverwalk ramp towards Clic Center Drive.

2019 DETROIT LIGHT THE NIGHT LAYOUT & WALK ROUTE
# John's Sanitation Inc.

59075 Oasis Center Dr.
South Lyon, MI 48178
Phone 248-437-0841  Fax 248-437-0130
E-mail: johnsanit@yahoo.com

**DATE:** 7/02/2019  
**INVOICE:**  
**P.O. Number:**

**Bill to:**  
LEUKEMIA & LYMPHOMA

**For:**  
DELIVER: 10/5/2019  
Hart Plaza

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>QUANTITY</th>
<th>RATE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PORTABLE TOILET WITH HAND SANITIZER</td>
<td>10</td>
<td>90.00</td>
<td>900.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>QUANTITY</th>
<th>RATE</th>
<th>AMOUNT</th>
</tr>
</thead>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Total**  
900.00

**Deposit**

**Paid**

**BALANCE**  
$900.00

Make all checks payable to John's Sanitation Inc.  
Visa, Master Card & Discover are accepted  
Balance must be paid in full before event. A 5% service fee will be added to invoices that are not paid in full 10 days after event.
DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, January 16, 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    DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT   FIRE DEPARTMENT
BUSINESS LICENSE CENTER   BUILDINGS SAFETY ENGINEERING
RECREATION DEPARTMENT

654 The Luekemia & Lymphoma Society, request to hold "Metro Detroit Light The Night" at Hart Plaza on 10/5/19 at 6:00 pm - 9:00 pm, Set-up on 10/5/19 @ 8:00 am and complete tear down at end of event.
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: Metro Detroit Light The Night

Event Location: Hart Plaza

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

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: The Leukemia & Lymphoma Society

Organization Mailing Address: 1471 E 12 Mile Rd, Madison Heights, MI 48071

Business Phone: 248-581-3898 Business Website: www.lls.org/michigan

Applicant Name: Jamie Risner

Business Phone: 248-581-3898 Cell Phone: 810-936-1638 Email: jamie.risner@lls.org

Event On-Site Contact Person:

Name: Jamie Risner

Business Phone: 248-581-3898 Cell Phone: 810-936-1638 Email: jamie.risner@lls.org

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: 1500

Please provide a brief description of your event:

Light The Night is the Leukemia & Lymphoma Society's annual fundraising to raise awareness and
What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 10/05/2019  Time: 08:00am  Complete Set-up Date: 10/05/2019  Time: 04:00pm

Event Start Date: 10/05/2019  Time: 06:00pm  Event End Date: 10/05/2019  Time: 09:00PM

Begin Tearing Down Date: 10/05/2019  Complete Tear Down Date: 10/05/2019

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

Section 3 - LOCATION/SITE INFORMATION

Location of Event: Hart Plaza

Facilities to be use (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:

We will have family friendly activities such as face painting, character appearances, strolling performers

Will a sound system be used?  ☐ Yes  ☐ No

If yes, what type of sound system?  JBL VRX 932 Speakers mounted on stage

Describe specific power needs for entertainment and/or music:

Power will be needed for A/V on stage, bounce houses and inflatables words of hope decor.

How many generators will be used?  1

How will the generators be fueled?  Diesel
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:
Food will be sold by food trucks and potential merchandise to be sold by our organization.

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:
3

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

[ ] Licensed [ ] Armed [ ] Bonded

How will you advise attendees of parking options?
Attendees will be notified via email, Facebook and telephone on where to park along with a document on event day details.
Section 7 - COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? There will be sound carryover from the speaker systems and an increase in pedestrian traffic during the event. We will have security and volunteers to assist with pedestrian crossing.

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

Indicate what steps you have or will take to notify them of your event: We will identify all neighborhood and business groups at least 6 months before the event and see their advice on ways to minimize the impact.

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>0</td>
</tr>
<tr>
<td>Tents (enclosed on 3 sides)</td>
<td>0</td>
</tr>
<tr>
<td>Canopy (open on all sides)</td>
<td>20x40; 20x30; 40x60</td>
</tr>
<tr>
<td>Staging/Scaffolding</td>
<td>1</td>
</tr>
<tr>
<td>Bleachers</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>31' H, 34' L, 24' W</td>
</tr>
</tbody>
</table>

Section 9 - COMPLETE ALL THAT APPLY

Emergency medical services?
Contact Person: N/A
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.

Attach a map or sketch of the proposed area for closure.

STREET NAME: N/A

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

We do not have agreements in place yet. I will attach the certificate of insurance from 2018 that will be renewed before the 2018 event.
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

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: Metro Detroit Light The Night
Event Date: 10/05/2019

Event Organizer:
The Leukemia & Lymphoma Society

Applicant Signature: Jamie Risner
Date: 01/08/2019
Petition of The Leukemia & Lymphoma Society, request to hold "Metro Detroit Light The Night" at Hart Plaza on 10/5/19 at 6:00 pm - 9:00 pm, Set-up on 10/5/19 @ 8:00 am and complete tear down at end of event.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE  DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT  FIRE DEPARTMENT
BUSINESS LICENSE CENTER  BUILDINGS SAFETY ENGINEERING
RECREATION DEPARTMENT