

**City of Detroit**  
OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Andre P. Gilbert II  
Deputy City Clerk

October 28, 2022

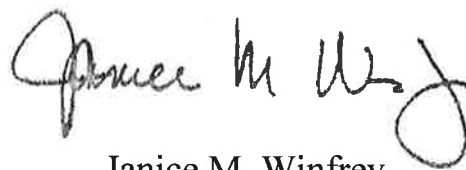
Honorable City Council

RE: **Petition No.: 2022-335 – Avalon Healing Center**, a nonprofit organization, requests a resolution from your Honorable Body in support of a charitable gaming license.

The petitioner wishes to be recognized as a nonprofit organization operating in the community for purposes of obtaining a gaming license from the Bureau of State Lottery. Be advised that the organization meets the criteria for such recognition as established by the city Council on May 15, 2012.

Therefore, approval of this petition is recommended, and an appropriate resolution is attached.

Respectfully submitted,



Janice M. Winfrey

JMW:kw

## RESOLUTION

By Council Member: \_\_\_\_\_

Whereas, Avalon Healing Center (2727 2<sup>nd</sup> Ave., Ste. 300, Detroit, MI 48201) requests for recognition as a nonprofit organization operating in the community for the purpose of obtaining a charitable gaming license from the State of Michigan, and

Whereas, the organization meets the criteria for such recognition as established by the City Council on May 15, 2012.

Therefore Be it Resolved, the Detroit City Council recognizes Avalon Healing Center (2727 2<sup>nd</sup> Ave., Ste. 300, Detroit, MI 48201) as a nonprofit organization operating in the community for the purpose of obtaining a charitable gaming license from the Bureau of State Lottery.

Janice M. Winfrey  
City Clerk

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**DEPARTMENT PETITION REFERENCE COMMUNICATION**

*To: The Department or Commission Listed Below*

*From: Janice M Winfrey, Detroit City Clerk*

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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.

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Petition No.	2022-335
Name of Petitioner	Avalon Healing Center
Description of Petition	Request from Your Honorable Body a resolution in support of a Charitable Gaming License.
Type of Petition	Charitable Gaming License
Submission Date	10/27/2022
Concerned Departments	City Clerk Office
Petitioner Contact	Kimberly Hurst Avalon Healing Center 2727 2 <sup>nd</sup> Ave, Ste 300 Detroit, MI 48201 313-964-9701(Office) 248-302-0833 (Cell) <a href="mailto:khurst@avalonhealing.org">khurst@avalonhealing.org</a>



To whom it may concern:

My name is Kimberly Hurst and I am the Founder and Executive Director for Avalon Healing Center (formerly known as Wayne County SAFE – Sexual Assault Forensic Examiners). Avalon is a non-profit, 501(c)3 since 2006, comprehensive organization that provides compassionate and trauma-informed care to survivors of sexual assault. Avalon provides a safe, quiet, confidential environment with specially trained Sexual Assault Forensic Examiners in order to provide medical examinations and forensic evidence collection for rape victims. We are staffed 24 hours a day, 7 days a week. Our services are free of charge. Services are available to ALL ages and gender identities. Medical-forensic exams are provided up to 120 hours post assault. Counseling and advocacy services are available to anyone who identifies as a survivor of sexual assault, sexual abuse, or incest ~ no matter when it occurred. Our services are available to anyone, despite where they live or where they were assaulted.

DTE is hosting a charity event where they selected Avalon Healing Center as their charity, on November 10<sup>th</sup>, 2022 from 5 pm to 9 pm. They will be having a live raffle during the event, and it has required our organization to obtain a gaming license for this. The event is taking place at the DTE Headquarters at the address 1 Energy Plaza, Detroit Mi, 48826.

We greatly appreciate being recognized as a local nonprofit in Detroit.

Sincerely,

**Kimberly Hurst**

**BS, MA, MS, PA-C, DFAAPA (She, Her, Hers)**

Founder and Executive Director  
[khurst@avalonhealing.org](mailto:khurst@avalonhealing.org)

**Avalon Healing Center**  
2727 2nd. Ave, Ste 300  
Detroit, MI 48201

**Office:** [313-964-9701](tel:313-964-9701)  
**Cell:** [248-302-0833](tel:248-302-0833)  
**Fax:** [313-964-9706](tel:313-964-9706)  
**Crisis Line:** [313-474-SAFE](tel:313-474-SAFE)

[www.avalonhealing.org](http://www.avalonhealing.org)

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

## DEPARTMENT OF THE TREASURY

Date: DEC 16 2004

WAYNE COUNTY SAFE PROGRAM  
C/O KIMBERLY HURST  
624 S GAINSBOROUGH AVE  
ROYAL OAK, MI 48067

Employer Identification Number:  
20-0631006

DLN:  
17053128024004

Contact Person:  
TRACI D TATEYAMA ID# 95129

Contact Telephone Number:  
(877) 829-5500

Accounting Period Ending:  
December 31

Public Charity Status:  
170(b)(1)(A)(vi)

Form 990 Required:  
Yes

Effective Date of Exemption:  
January 13, 2004

Contribution Deductibility:  
Yes

Advance Ruling Ending Date:  
December 31, 2008

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

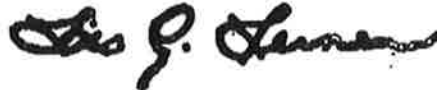
Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

-2-

WAYNE COUNTY SAFE PROGRAM

Sincerely,



Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)  
Form 872-C

Letter 1045 (DO/CG)

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Charitable Gaming Division  
 c/o Accounting  
 Box 30023, Lansing, MI 48909  
**OVERNIGHT DELIVERY:**  
 101 E. Hillsdale, Lansing, MI 48933  
 (517) 335-5780  
 www.michigan.gov/cg

# RAFFLE LICENSE APPLICATION

For Bureau Use Only

ALLOW 6 WEEKS FOR PROCESSING.  
 PLEASE PRINT OR TYPE IN BLUE OR BLACK INK.

QUALIFICATION INFORMATION	1. Organization Name <b>Avalon Healing Center</b>				2. Organization ID Number or Last License Number Issued	
	3. Organization Street Address <b>2727 Second Ave, Ste 300</b>		City <b>Detroit</b>	State <b>MI</b>	Zip Code <b>48201</b>	
	Organization Mailing Address <b>2727 Second Ave Ste 300</b>		City <b>Detroit</b>	State <b>MI</b>	Zip Code <b>48201</b>	County <b>82 Wayne</b>
	4. Has your organization ever received a license such as bingo, millionaire party, raffle, charity game ticket, or numeral game? <input checked="" type="checkbox"/> Yes - Complete application and submit with the appropriate fee. <input type="checkbox"/> No - Please follow the instructions on the qualification guideline. If a guideline was not included or you do not understand it, contact our office at (517) 335-5780 to inquire as to what documentation must be submitted to qualify for licensing.					
5. Is your organization a candidate committee, political committee, political party committee, ballot question committee, independent committee or any other committee as defined by, and organized pursuant to, the Michigan Campaign Finance Act 388 of the Public Acts of 1976, as amended, being sections 169.201 to 169.282 of the Michigan Compiled Laws? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			6. Has your organization received contributions or made expenditures of \$500 or more in the last calendar year for the purpose of influencing or attempting to influence the action of voters for or against the nomination or election of a candidate, or the qualification, passage, or defeat of a ballot question? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SIGNATURE(S)	7. Provide name, title, home address, and telephone numbers for the PRINCIPAL OFFICER, e.g., president, grand knight, worthy matron, etc., and the vice president or equivalent and one other officer of the organization. SIGNATURE OF PRINCIPAL OFFICER REQUIRED - OR - signatures of the vice president or equivalent and one other officer. NOTE: Executive director signature not acceptable.		
	Name and Title	Street, City, State, ZIP Code	Telephone Numbers
	Principal Officer <b>Scott Stewart</b>	<b>62 Wenonah Drive</b>	Day <b>(248) 224-2201</b>
	Title <b>Board Chairperson</b>	<b>Pontiac, MI 48341</b>	Evening <b>(248) 224-2201</b>
	Signature of Principal Officer 		Date <b>10/27/22</b>
	- OR -		
	Name and Title	Street, City, State, ZIP Code	Telephone Numbers
	Vice President or Equivalent		Day
	Title		Evening
	Signature of Vice President or Equivalent		Date
Name and Title	Street, City, State, ZIP Code	Telephone Numbers	
Other Officer		Day	
Title		Evening	
Signature of Other Officer		Date	
By signing above, I CERTIFY that I am at least 18 years of age, the organization applying is a NONPROFIT organization, I have examined this application and there is no misrepresentation or falsification in the information stated or attached, and the facts underlying our original qualification status remain unchanged. I FURTHER CERTIFY that I am aware that false or misleading statements will be cause for rejection of this application or revocation of the right to obtain any future licenses and I AM AWARE OF AND AGREE TO the conditions of Act 382 of the Public Acts of 1972, as amended, and the rules and directives of the Michigan Bureau of State Lottery.			

**PLEASE COMPLETE THE BACK PAGE OF THIS APPLICATION  
 PLEASE MAKE A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS**



COMPLETION: Required for licensure.  
 PENALTY: No license will be issued.

RAFFLE INFORMATION	8. Contact Person <b>Kimberly Hurst</b>			9. Raffle Location (building name, if any) <b>Town Square</b>		
	Mailing Address Where License Should Be Sent <b>2727 2nd Avenue, Suite 300</b>			Street Address <b>1 Energy Plaza</b>		
	City <b>Detroit</b>	State <b>MI</b>	ZIP Code <b>48201</b>	City <b>Detroit</b>	ZIP Code <b>48226</b>	County <b>82 Wayne</b>
	Telephone Number (Day) <b>(313) 964-9701</b>		Telephone Number (Evening)			
	10. List name, home address, and telephone numbers of the person(s) in charge of raffle. Must be member for 6 months. If more than one chairperson, attach additional list.					
	Raffle Chairperson		Street, City, State, ZIP Code		Telephone Numbers	
	Name <b>Carline Woods &amp; Irene Lynn</b>		<b>1 Energy Plaza</b>		Day <b>(313) 235-9825</b>	
			<b>Detroit, MI 48226</b>		Evening <b>(313) 445-8371</b>	
	11. If the total value of all prizes awarded in one day is \$500 or LESS, complete this section.					
	Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m.-2 a.m.):			License Fee:		
Date _____ Time a.m. _____ to _____ p.m.			All drawing dates included on this application must be at the same location. \$15 for 1, 2, or 3 drawing dates plus \$5 for each additional drawing date. (Example: 1 drawing date = \$15 fee, 6 drawing dates = \$30 fee.)			
Date _____ Time a.m. _____ to _____ a.m.			Enter the total number of small drawing dates. <u>0</u>			
Date _____ Time a.m. _____ to _____ a.m.			<b>\$15</b>			
<input type="checkbox"/> Check here if there are additional drawing dates and attach list.						
-OR- If the total value of all prizes awarded in one day is MORE than \$500, complete this section.						
Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m.-2 a.m.):			License Fee:			
Date <u>11/10/22</u> Time p.m. <u>5:00</u> to <u>7:30</u> p.m.			All drawing dates included on this application must be at the same location.			
Date _____ Time a.m. _____ to _____ a.m.			<b>\$50</b> x <u>1</u> = <b>\$50</b>			
			Number of Dates			
<input type="checkbox"/> Check here if there are additional drawing dates and attach list.						

TICKET INFORMATION	12. Will you be conducting an in-house raffle ONLY where there is no presale of the raffle tickets before the occasion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, there is no need to complete the raffle ticket below.					
	13. Complete the boxes below in ink; ensure the ticket is printed with all of the required items. See Raffle Rule 506.					
	<ul style="list-style-type: none"> <li>Indicate any additional information that will appear on the actual tickets.</li> </ul>					
	<b>RAFFLE</b>			<b>001</b> Ticket #	<b>001</b> Ticket #	
	Name of Licensee					
	Drawing Date(s)	Prizes			Drawing Time(s) p.m.	
	First Prize *			Purchaser's Name		
	Second Prize (if applicable)			Purchaser's Address		
	Third Prize (if applicable)			Purchaser's Phone #		
	Minimum 50/50 Prize (if applicable)			Ticket Price		
Raffle Location			(to be added when issued) License Number			
* For large prizes, you may want to include a disclaimer that states "If xxx (indicate number) tickets are not sold, the drawing will revert to a 50/50 raffle with the minimum prize of \$xxx (indicate dollar amount) awarded."						

**Make checks payable to: STATE OF MICHIGAN**  
 Submit completed application, supporting documents, and license fee to:  
 Charitable Gaming Division, c/o Accounting, Box 30023, Lansing, MI 48909  
**OVERNIGHT DELIVERY: 101 E. Hillsdale, Lansing, MI 48933**



**PRIZES AWARDED UNDER \$500**

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**PRIZES AWARDED OVER \$500**

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