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 EV	ENTINFORMATION
Event Name: Hot Chocolate Run	1	
Event Location: William G. Mill	iken State Park and Harbor	
Is this going to be an annual event?	☑ Yes ☐ No	
Section	n 2- ORGANIZATION/AI	PPLICANT INFORMATION
Organization Name: Ventures End	durance	
Organization Mailing Address: 95	l Corporate Grove Dr., Buffalo Grov	e, IL 60089
Business Phone: 219.393.9511	Business Webs	ite: hotchocolate15k.com
Applicant Name: Travis Bladecki		
Business Phone: 219.393.9511	Cell Phone: 219.393.9511	Email: tbladecki@venturesendurance.com
Event On-Site Contact Person:		
Name: Travis Bladecki		
Business Phone: 219.393.9511	Cell Phone: 219.393.9511	Email: tbladecki@venturesendurance.com
Event Elements (check all that apply	7)	
[] Walkathon	[] Carnival/Circus	[] Concert/Performance
[x] Run/Marathon	[] Bike Race	[] Religious Ceremony
[] Political Event	[] Festival	[] Filming
[] Parade	[] Sports/Recreation	[] Rally/Demonstration
[] Convention/Conference	[] Fireworks	[] Other:
Projected Number of Attendees:	3,000	
Please provide a brief description	n of your event:	
The Hot Chocolate Run is a nation	nal running series that benefits St	Jude Children's Research Hospital. This event celebrates running
in non-traditional months of the y	ear and culminates in a celebration	n of chocolate.

Begin Set-up Date : 4 / 13 / 2023	Time: 0700	Complete Set-up Date: 04 / 15 / 2023	Time: 0600
Event Start Date: 04 / 15 / 2023	Time: 0600	Event End Date: 04 / 15 / 2023	Time: 1200
Begin Tearing Down Date: 04 / 1.	5 / 2023	Complete Tear Down Date: 04 / 15 / 20	23
vent Times (If more than one day, g 0600 - 1200 on 4 / 15 / 2022	give times for each	day):	
ocation of Event: William G. N	Section 3- Lo Milliken State Park	OCATION/SITE INFORMATIO and Harbor	N
Facilities to be used (circle): Stre	eet	Sidewalk	City
Please attach a copy of Port-a-John, anticipated layout of your event included		ergency Medical Agreements as well as a site pl ::	an which illustrates the
Public entrance and exit		-Location of First Aid	
Location of merchandising booths Location of food booths		-Location of fire lane-Proposed route for walk/rule	n
Location of garbage receptacles		-Location of tents and canop	
Location of beverage booths Location of sound stages		-Sketch of street closure -Location of bleachers	
Location of hand washing sinks		-Location of press area	
Location of portable restrooms		-Sketch of proposed light po	le banners
	Sec	tion 4- ENTERTAINMENT	
Describe the entertainment for this y			
		a DJ w/ music and announcements in the park for t	the post-race party. all three areas will utilize
amplified sound.			
umpiniou sound.			
	⊠ Yes □ N	[o	
Vill a sound system be used?			
S14	amall angalage on	stands for aandansad/lacalized sound rather the	on large area esterage
f 1 4 2	small speakers on	stands for condensed/localized sound, rather that	an large area coverage
S14	-	stands for condensed/localized sound, rather that the stands for SALES INFORMATION	an large area coverage
f yes, what type of sound system?	Section	n 5- SALES INFORMATION	an large area coverage
f yes, what type of sound system? Will there be advanced ticket sales?	Section		an large area coverage
f 1 4 2	Section Yes	n 5- SALES INFORMATION	an large area coverage
f yes, what type of sound system? Will there be advanced ticket sales? f yes, please describe: Will there be on-site ticket sales?	Section Yes Yes	n 5- SALES INFORMATION No	an large area coverage

Indicate type of items to be sold: for					
Will there be food trucks? If yes, please list how many:	☐ Yes	⊠ No			
Will there be a charge for parking? If yes, please describe the amount:	☐ Yes	⊠ No	parking will b fees	e in local garages/lot a	t designated amounts, we will not keep any par
How will you advise attendees of pa	rking options	? pre-eve	ent emails, websi	te, packet pickup infor	rmation tent
Section	n 6- PUBI	IC SAF	ETY & PAI	RKING INFOR	MATION
ame of Private Security Company:	TBD (Cover	3 Security i	in 2022, 2019)		
Contact Person: TBD					
Address: TBD				Phone:	TBD
City/State/Zip: TBD					
Number of Private Security Personnel	l Hired Per Sh	<u>nift:</u> TBD			
re the private security personnel (ch	neck all that ap	oply):			
[x] Licensed		[] A	Armed	[] Bonded	l .
Section 7- CO	MMUNIC	CATION	& COMM	UNITY IMPAC	T INFORMATION
How will your event impact the sur	rounding com	nmunity (i.e.	. pedestrian traff	ic, sound carryover, sa	fety)?
road closures / delays and crowd	congregation				
Have local neighborhood groups/bu	ısinesses appr	oved your e	event?	☐ Yes	☑ No
Indicate what steps you have or wil	l take to notif	y them of yo	our event:		
we will create a mailer with deta	iled informati	on and mail	l to all properties	along the run route se	everal weeks in advance of the event
	med informati	Section	1 8- EVENT	SET-UP	
Complete the appropriate categories				SET-UP	
	s that apply to entertainment	the event Stand/or must	tructure	will be used, described	I how many and how they will be fueled: ate melters. TBD on total quantity, ranging

Address: 951 Corporate Grove Dr.	Phone: 219.393.9511
City/State/Zip Buffalo Grove, IL 6008	89
How M	Many? Size/Height
Booth	
Tents (enclosed on 3 sides) 5+	30'x30', 45'x30', 20'x30', (2) 10'x30'
Canopy (open on all sides)	
Staging/Scaffolding 3	(2) 4'x8'x18" stages & (1) 12'x12'x18" stage
Bleachers	
Section	on 9- COMPLETE ALL THAT APPLY
mergency medical services?	
ontact Person: TBD	
ddress: TBD	
ity/State/Zip: TBD	
rty/state/Zip. 188	
ame of company providing port-a-johns.	TBD (Scotty's Portos in 2022)
ontact Person: TBD	
ddress: TBD	Phone: TBD
ity/State/Zip: TBD	
ame of private catering company? N/A	A - all food services handled internally
ontact Person:	
	Phone:
ddress:	i none.

SPECIAL USE REQUESTS

			and time of requested closing and reopening. re not available from the City of Detroit.
Will there be street clo			ch of the proposed area for closure.
STREET NAME: _			
CLOSURE DATES: _	4 / 15 / 2023	BEG TIME:0300	_ END TIME: 1400
REOPEN DATE:	4 / 15 / 2023	TIME: no later than 1400	
STREET NAME: _	Jos Campau		
		TO: River Place	
CLOSURE DATES:	4 / 15/ 2023	BEG TIME:0600	END TIME: 1100
REOPEN DATE:	4 / 15 / 2023		_
STREET NAME: _		Woodbridge	
FROM: Riopelle	(Orleans for Woodbrid	TO: St. Aubin	
CLOSURE DATES: _	4 / 15 / 2023	BEG TIME:0630	_ END TIME: 1000
REOPEN DATE:	4 / 15 / 2023	TIME: no later than 1000	
STREET NAME: _	Wight		
FROM: Riverwall	k	TO:Meldrum	
CLOSURE DATES: _	4 / 15 / 2023	BEG TIME:0700	_ END TIME: 1030
REOPEN DATE:	4 / 15 / 2023	TIME: no later than 1030	
	E. Jefferson (Westbound La		
		TO: Grand Blvd.	·
		BEG TIME:0700	_ END TIME: 1030
REOPEN DATE:	4 / 15 / 2023	TIME: no later than 1030	

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
- 1.) Insurance renews in October can provide valid copy after the renewal
- 2.) TBD on company / contact
- 3.) Forthcoming
- 4.) TBD on company / contact
- 5.) Forthcoming

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.

Travis Bladechi	07 / 19 / 2022	
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.

(Please Print) Event Name: Hot Chocolate Run Date: 04 / 15 / 2023 Event Organizer: Ventures Endurance - Travis Bladecki Applicant Signature: Travis Bladecki Date: 07 / 19 / 2022