

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MileHighOrdinance@DenverGov.org by NOON on Wednesday.

**All fields must be completed.*
Incomplete request forms will be returned to sender which may cause a delay in processing.*

Date of Request: May 16, 2011

Please mark one: Bill Request or Resolution Request

1. Has your agency submitted this request in the last 12 months?

Yes No

If yes, please explain:

2. **Title:** (Include a concise, one sentence description - include name of company or contractor and contract control number - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)

Concession License with WSC 1515 Arapahoe Investors V, LLC

3. **Requesting Agency:** Parks and Recreation

4. **Contact Person:** (with actual knowledge of proposed ordinance)

- **Name:** Fred Weiss
- **Phone:** 720-913-0735
- **Email:** fred.weiss@denvergov.org

5. **Contact Person:** (with actual knowledge of proposed ordinance who will present the item at Mayor-Council and who will be available for first and second reading, if necessary)

- **Name:** Chantal Unfug
- **Phone:** 720-913-0750
- **Email:** chantal.unfug@denvergov.org

6. **General description of proposed ordinance including contract scope of work if applicable:**

Approve a Concession License for open-air seating for patrons of the commercial business in the "Park Central" building immediately adjoining Skyline Park.

Please include the following:

- a. **Duration:** through December 31, 2015
- b. **Location:** Skyline Park
- c. **Affected Council District:** 8
- d. **Benefits:** General Fund revenue of \$13,900 per year escalating by \$500 per year for the duration of the agreement
- e. **Costs:**

7. **Is there any controversy surrounding this ordinance?** (groups or individuals who may have concerns about it?) **Please explain.**

none

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date: _____

Ordinance Request Number: _____

Date: _____