



**APPLICATION FOR USE OF
PUBLIC RIGHT-OF-WAY FOR EVENT**

The following special event has been approved by the Special Events Committee.

Submitted by: Denise Miller

Event name: N Coquillard Block Party

Event Date: September 2 2024

Street Closure: N Coquillard Dr between Rockne & Cherry Tree

Closure Times: 2:00 pm to 8:00 pm

Sidewalk Closure: Yes No

Comments: Block party for neighbors on triangle Coquillard/Cherry Tree/Rockne.

CITY OF SOUTH BEND, INDIANA
BOARD OF PUBLIC WORKS

Elizabeth A. Maradik, President

Joseph R. Molnar, Vice President

Gary A. Gilot, Member

Briana Micou, Member

Murray L. Miller, Member

Attest: Theresa M. Heffner, Clerk

Date: August 27, 2024



City of South Bend Special Event Application

Neighborhood Event

\$25 application fee if filed 30 days or greater (up to 180 days) in advance of event.

Review the Instructions on the Special Events page before completing the application. Neighborhood Special Event applications must be submitted more than 30 days in advance of the event date or the application will not be accepted.

Section A - Applicant Information

Date of Application: August 1, 2024 Organization Name: _____

Applicant (Contact) Name: James M. Lewis

Applicant (Contact) Phone: (574) 276-0726 Contact Email: jlewis@thklaw.com

Address: 633 N Coquillard Dr. City/State/ZIP: South Bend, IN 46617

Secondary Contact Name: Greta Roemer Lewis

Contact Phone: (574) 274-3520 Contact Email: jaygreta@sbcglobal.net

Address: 633 N Coquillard Dr City/State/ZIP: South Bend, IN 46617

Section B - Event Information

Event Name : Block Party Expected Attendance: 40-50

Requested Street Closure: N. Coquillard Dr.

From (Cross Street): Rockne

To (Cross Street): Cherry Tree

Provide a brief description of the event:

Block party (no alcohol) for neighbors on triangle Coquillard/Cherry Tree/Rockne. We have done this on and off for almost 20 years.

Date of Event Setup [mm/dd/yy]: 9/2/2024 Time: 2pm

Begin Date of Event [mm/dd/yy]: 9/2/2024 Time: 4pm

End Date of Event [mm/dd/yy]: 9/2/2024 Time: 6pm

Event Cleanup Completion [mm/dd/yy]: 9/2/2024 Time: 8pm

Have all residents on the affected block have been notified and invited? Yes No

Please attach a copy of the door hanger or letter used to notify residents in addition to signature attachment.

Number of households fronting the proposed street closure: approx 15

Number of households represented by signatures on attached sheet: 10

Will this event have music (live or other)? Yes No

Section C – Alcohol

Will alcohol be served or sold? Yes No

If Yes:

- The applicant must apply for and receive a temporary liquor license from the Alcohol & Tobacco Commission.
 - Application cannot be processed without a copy of this license.
- A refundable \$400.00 deposit paid by card or check (made to City of South Bend) must be submitted with application.
 - Application cannot be processed without deposit.
 - Deposit will be returned upon inspection of event area by the Board of Public Works.
- The applicant must submit a map or drawing of:
 - Fencing around serving area
 - Trash receptacles
- Events that will have alcohol sales must provide security. If your event will be hiring a security company, please provide its contact information in sub-section (a) below. Otherwise, please list the names, phone numbers, and qualifications (e.g. Off-duty police officer, professional security guard, or event applicant) of three (3) security guards in the fields provided in sub-section (b).

(a) Security Company Information

Company Name: _____ Contact Name: _____
Contact Phone: _____ Email: _____
Address: _____ City/State/ZIP: _____

(b) Independent Security Information

Name: _____ Contact Phone: _____
Qualifications: _____

Name: _____ Contact Phone: _____
Qualifications: _____

Name: _____ Contact Phone: _____
Qualifications: _____

Section D - Food

Will your event have food sales (food vendors, caterers, food trucks, etc.)? Yes No

- If yes, the event coordinator must apply for and receive a St Joseph County Health Department Temporary Event Permit.
- Vendor(s) must also apply for and receive a St. Joseph County Health permit. Health Permits must be filed with the county 30 days prior to the proposed event. Each vendor must obtain necessary permits to serve on-site and display these permits at the event.
- All applications and guidelines can be found on the St. Joseph County Health Department Food Service website at sjchd.org/food-service.

Please select food types: Food Vendor Caterer Food Truck Other: _____

If a Food Truck, please list company name(s):

Please describe how food will be cooked and served:

Section E - Indemnity & Hold Harmless Agreement

City of South Bend Special Events Committee

Indemnity & Hold Harmless Agreement

Date: August 1, 2024 Event Date: Sept. 2, 2024

Event Name: Block Party

Organization: _____

Applicant (Contact) Name: James M. Lewis

Applicant (Contact) Phone: (574) 276-0726 Alt. Phone: (574) 274-3520

Email: jaygreta@gmail.com

Address: 633 N. Coquillard Dr. City/State/ZIP: South Bend, IN 46617

Event Location (Please describe):

Labor Day Block Party on N. Coquillard between Rockne and Cherry Tree

Length of Event (Dates/Times): 9/2/2024 from 4-6pm

APPLICANT agrees to indemnify, defend and hold harmless the Civil City of South Bend, Indiana, from any liability, loss, costs, damages or expenses, including attorney fees, which the Civil City of South Bend, may suffer or incur as a result of any claims or actions which may be made against the City, its agents, employees, or subdivisions by any person, including a participant in the activity, arising out of the approval of this request by the Civil City of South Bend, Indiana, through the Board of Public Works, to close a portion of the public right-of-way for the event described above, or for any harm or damage alleged to have occurred because of the holding of the special event. The undersigned certifies that he/she is authorized to bind the APPLICANT to these terms.

Signed on this Date: 7/26/2024

Authorized Organizer Signature

James M. Lewis

Printed Name and Title

Section F – Permit & Agreement

1. Pursuant to Local Ordinance No. 10628-18, there is a \$25.00 non-refundable fee for applications filed 30 days or greater in advance of the event date. Applications filed less than 30 days in advance of the event date will not be accepted.
2. All residents within the affected area must be notified of this event. The APPLICANT must obtain signatures from at least 10 residents that reside along the closed right-of-way and make an attempt to notify all other affected residents. **APPLICANTS must include a copy of a brochure or letter of invitation distributed to all affected neighbors describing the event purpose, date, and time.**
3. The APPLICANT is responsible, prior to the event, for determining if there are any affected residents that need assistance accessing their residence. **The APPLICANT is responsible for providing said resident(s) access or transportation to their property.**
4. The cones will be delivered to the APPLICANT's address. The APPLICANT assumes full responsibility for clean-up and assures the City that all cones will be maintained and returned undamaged. The APPLICANT will be liable for the replacement cost of \$50.00 per cone as a result of any missing or damaged cones.
5. Block parties must end by 8:00 p.m.
6. A street will be blocked off from intersection to intersection only. No half-blocks or alleys can be blocked off.
7. The Special Events Committee reserves the right to deny any block party application based on traffic and speed limit records. No street may be closed with a speed limit over 30 MPH or considered to be a major arterial.
8. The Special Events Committee reserves the right to deny any block party application based on information gathered from the South Bend Police Department or other sources.
9. The APPLICANT agrees to allow residents that live on the above-referenced block access in and out of the restricted area as needed.
10. The APPLICANT agrees to abide by all terms and conditions of the South Bend Municipal Code and Board of Public Works' policy adopted in Resolution No. 10628-18 on December, 11, 2018.
11. Notification of approval/denial of this request will be issued by return of this form, upon signed authorization by the Board of Public Works.
12. **The City of South Bend Noise Ordinance is in effect at all hours. Between the hours of 11:00 p.m. and 7:00 a.m. certain noises are particularly prohibited. These include operating stereos, speakers, musical instruments, and other sound reproduction devices if audible fifty (50) feet away, as well as shouting, yelling, hooting, whistling, or singing in the streets in a manner to disturb the peace (Municipal Code 13-57).**


I have read the Application and the Permit and Agreement for this Special Event and I affirm the truth of the information provided by me to the best of my knowledge. I understand and agree to the above rules and regulations, and any applicable state and federal laws. I also understand that this application may be denied based on any false or incomplete information.

Date: July 26, 2024

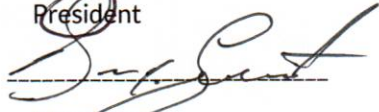
Applicant Signature: 

Printed Name: James M. Lewis

SPECIAL EVENTS COMMITTEE APPROVAL



President



Member



Member



Member



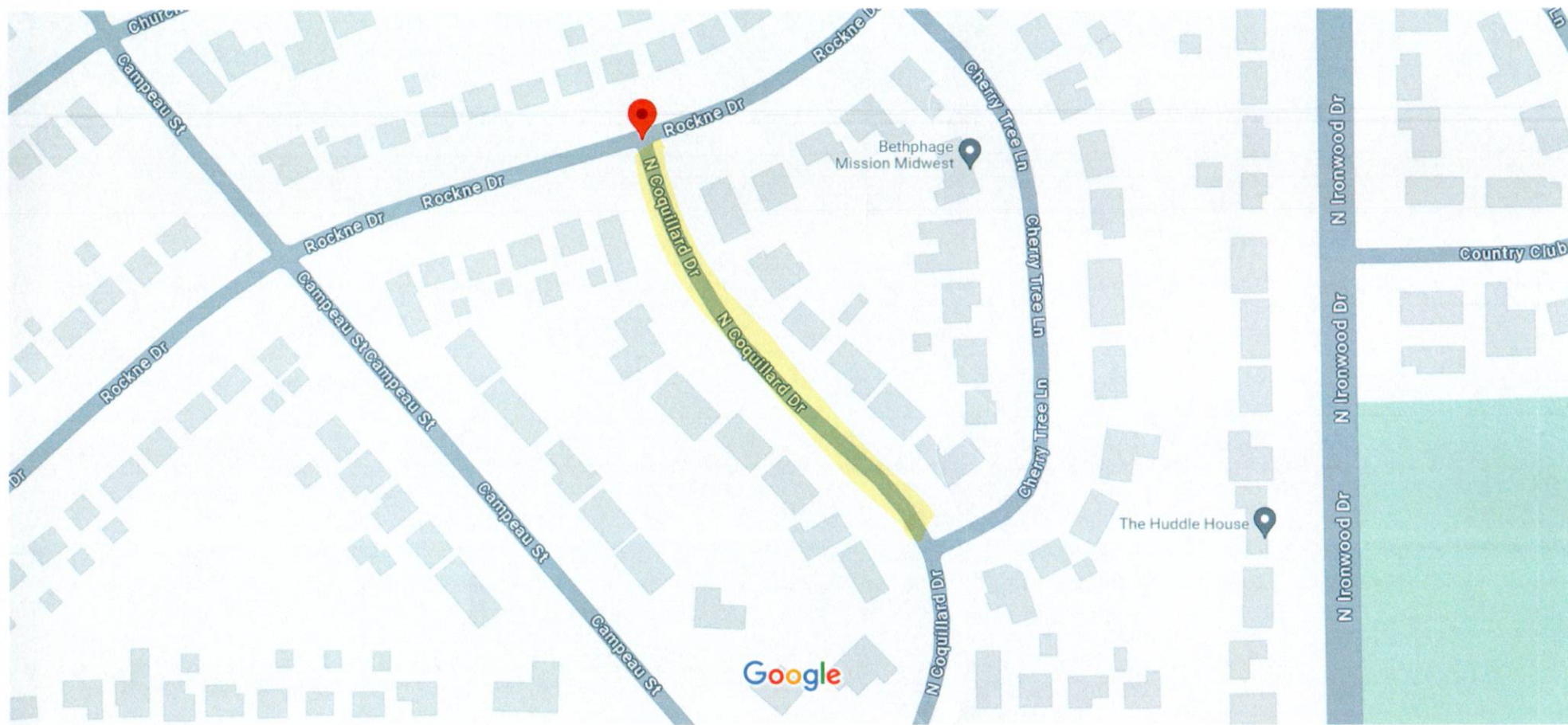
Member

8/14/24

Date



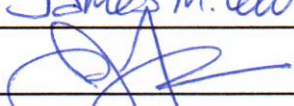
Rockne Dr & N Coquillard Dr



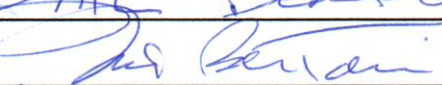
Map data ©2024 Google 100 ft

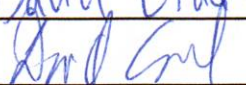
RESIDENT SIGNATURES

We support the request to block traffic on Coquillard Drive from Rockne (to the North) to Cherry Tree Lane (to the South) on Monday September 2, 2024, from 3pm to 7pm to allow our neighborhood to host a Block Party from 4-6pm.

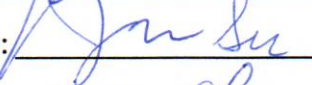
Name: James M. Lewis
Signature: 
Address: 633 N. Coquillard Dr.

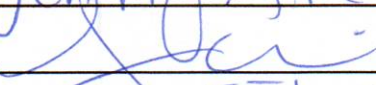
Name: John H. Morgan
Signature: John H. Morgan
Address: 726 Cherry Tree Lane

Name: DAVID BERSON
Signature: 
Address: 626 N. Coquillard


Name: David Erdel
Signature: 
Address: 737 Cherry Tree Ln

Name: MICHAEL KELLY
Signature: M P Kelly + ROBERT HULL
Address: 605 N. COQUILLARD

Name: Jessie Jerome Soto
Signature: 
Address: 703 Cherry Lane

Name: Jenny Aires
Signature: 
Address: 551 N. Coquillard Dr.

Name: Barbara Allen
Signature: Barbara E Allen
Address: 623 Cherry Tree Ln

Name: Laura Silver
Signature: 
Address: 624 Cherry Tree Ln
SB, IN 46614

Name: _____
Signature: _____
Address: _____

Name: Barbara Carlson
Signature: BARBARA CARLSON
Address: 702 Cherry Tree Ln.

Name: _____
Signature: _____
Address: _____

GRETA ROEMER LEWIS 03-91
JAMES M. LEWIS
633 N COQUILLARD
SOUTH BEND, IN 466172226

6580
6-103/410
801

July 31, 2024
Date

Pay to the Order of
City of South Bend
Twenty-Five Dollars

\$ 25.⁰⁰
Dollars



Key Private Bank
KeyBank National Association
1-877-634-2968 Key.com



Key Privilege

For
Buck Park

⑆04 1001039⑆ 909024280⑆ 6580

Member Since