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:	E Woodside Block Party		
Event Date:	September 15 2024 (RD September 22 2024)		
Street Closure:	E Woodside bet York Rd/	N Prong of E Woodside	
Closure Times:	9:00 am to 8:00 pm		
Sidewalk Closure:	Yes	■ No	
Comments:	Food, games, and activitie	s for all ages.	
	JTH BEND, INDIANA UBLIC WORKS		
telling		2 M	
Elizabeth A. M	Iaradik, President	Joseph R. Molnar, Vice President	
Dry ax	Tild	France Albert	
Gary A. Gilot,	Member	Briana Micou, Member	
Ming L	milla	Let Affin	
Murray L. Mil	ler, Member	Attest: Theresa M. Heffner, Clerk	
		Date: September 10, 2024	

SOUTH WAS A

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.

Please Bring Completed Application and Payment to:
Public Works Service Center, 731 S. Lafayette Blvd., South Bend, IN

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: 8 14 24 Organization Name: N/A
Applicant (Contact) Name: MATT JENKIN)
Applicant (Contact) Name: 173-576-3138 Contact Email: MBJENKINS & YAHOO. COM Address: 1311 6. WOODSIDE ST. City/State/ZIP: 46614 South Band IN
Applicant (Contact) Phone: 177 378 379 Contact Email: 1211 6 11/2 312 55
Address: (SII K. W ODDSIDE 3 (. City/State/ZIP: 1001) SOUTH BAND IN
Secondary Contact Name: GINERR JENKINS
Contact Phone: 317-860-2397 Contact Email: 67JENKIN 728@GMAIL. CON
Address: 1711 E. WOODIDE ST City/State/ZIP: SOMO BEND IN 46614
Section B - Event Information
Event Name: E. WOODSIDE Brock Part Xxpected Attendance: -75
Requested Street Closure: E. WoodSIDE
To (Cross Street): YERY RD To (Cross Street): NORTH PROJE OF E. WOJDSIDE (SEE MAP)
Provide a brief description of the event: NEI 614 BOCHOOD BLOCK PARTY
21-1(5-1-2004)
DOTE 9/22 She Times
GLISTZY 9 AM 9 AM
Date of Event Setup [mm/dd/yy]: 9 15 24 Time: 9 4 M
Begin Date of Event [mm/dd/yy]: 9/15/24 Time: 11 4m
9 11- 124 1 Dm
Event Cleanup Completion [mm/dd/yy]: Time: 8 Pm
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: 3-4 4u Suned Swell Number of households represented by signatures on attached sheet: 8 9u Suleowwork Nonses
Number of households represented by signatures on attached sheet: 8 QU Sulconno None None (
Will this event have music (live or other)? \(\sum \) Yes \(\sum \) 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.
 - o 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.
 - o Deposit will be returned upon inspection of event area by the Board of Public Works.
- The applicant must submit a map or drawing of:
 - o 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: NA	Contact Name:	
Contact Phone:	Email:	
Address:	City/State/ZIP:	
(b) Independent Security Information	Contact Phone:	
	Contact Phone.	
Name:	Contact Phone:	
Qualifications:		
Name:	Contact Phone:	
Qualifications:		

Section D - Food

Will your event have food sales (food vendors, caterers, food trucks, etc.)?				
 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 sichd.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: 8 1 2 24 Event Date: 9 15 24
Event Name: E. WOODSIDE BLOCK PARTY
Organization: N &
Applicant (Contact) Name: MATT JENKINS
Applicant (Contact) Phone: 773 - 576 - 3138 Alt. Phone:
Email: MBJENKINS@ YAHOO. COM
Address: 1311 E. WOODSIDE ST. City/State/ZIP: SOUTH BEND IN 4661
Event Location (Please describe):
Length of Event (Dates/Times): 9 15 24 11 am - 3 Pm
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: 8 14 24
Authorized Organizer Signature
MATT JENKINS, WOODSIDE RESIDENT
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.
- 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: 8 14 24 Applicant Signature:	A		
	V		
Printed Name: MATT 3	BENKINS		
	SPECIAL EVENTS COMMITTEE APPR	ROVAL	
Challen .	Mu	Jaffer 1	
President	Member /	Member 8/28/24	
Member	Member	Date	

SUN SEPT 15, 2024 RAIN DATE SEPT 22, 2024

		Neighbor Signature Sheet -				
We	have been inforr k party in the are	med, agree to, and request that the Spec ea described as:	ial Event	ts Committee of	the City of South Bend authorize a	
		the street of the street of		to	TWYCKENHAM	
	Street Name		Street		Cross Street	
Date	of Event:			***************************************		
1.			6.	Te:		
	Signature	" CAN	0.	Signature	Strope germ	
	Name	MATT JENKINS		Name	Shraja Lerman	
	Address	1311 E WOUDSIDE		Address	1302 East Woodside	
THE PARTY OF THE P	Phone No.	773-576-3138		Phone No.	374-234-7856	GOOGGOOD & COMMAN
	Date	8/14/24		Date	8-14-24	
2.	Signature	an Cooper	7.	Signature	Helan & michael	Hocks
	Name	Ann Cooper	SECONDA DE COMPANION DE COMPANI	Name	- Was	
	Address	1319 E. Woodside		Address	Mrs York Koad	The control of the co
	Phone No.	574 2865528	advisories reservations and the second	Phone No.	576 292 6815	- no contratement of the c
	Date	8-14-24		Date		- Type of the state of the stat
3.	Signature	Samuel Bran	8.	Signature	C-C/X	
	Name	Samuel Bray		Name .	Jan Cassell	
	Address	1320 E. Woodside St		Address	1329 É. Waside 9	51
	Phone No.	(310) 948-4300		Phone No.	574-532-1813	
	Date	8/14/2024		Date	8 14 2024	
4.	Signature	Vali XXX	9.	Signature		To delicate the second
	Name	Pat Russell		Name		
	Address	1228 E. Woodie	1	Address		Property of
	Phone No.	574-876-865	3	Phone No.		
	Date	8/14/2024		Date		
5.	Signature	SaraWainhaus	10.	Signature		
	Name	fora Turas		Name		
	Address	BOIE. Woodside		Address		
	Phone No.	574-514-5432		Phone No.		
	Date	8-14-2024		Date		
					WARRANT CONTRACTOR AND ADDRESS OF THE PARTY	

A Woodside St. E. Woodstore Brock Papery SERT 15, 2024 York Rd York Rd E Woodside St Google Re mennestenal Promont do mannosocants de memorotota Woodside St











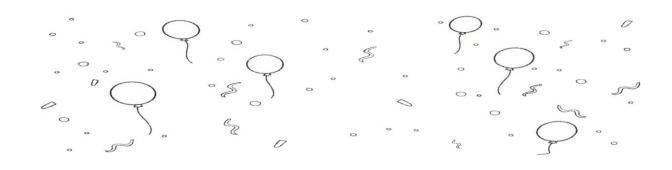
E. Woodside Block Party

Date: Sunday, September 15, 2024

Time: 11 AM - 6 PM

Join us for a day of fun!

- Games and activities for all ages
- Please bring a dish to share
- See you there neighbors!



30-7426/3140	25.0	Mays O Safe Datas mines	\$
9/15/24		Process, do normado.	709E
	ENT-FIVE FNO/100	GS BANK FWY PWY PSB-0544 -2-3724	W6008108 B. cole Valay N. 40743 B. 2096
MATTHEW B JENKINS GINGER Z JENKINS 1311 E WOODSIDE ST SOUTH BEND, IN 46614-1455	Pay to the CITY o Order of WEN 19-5	USAA FEDERAL SAVINGS BANK 10750 M-DERMOTT PNY SAN ANTONIO, TEXAS 78286-0544 (210) 456-8000 1-800-832-3724	FOT WGOS 106 STANST ROUTING NAMERIE