



**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: Friends and Family

Event Date: October 19 2024

Street Closure: Arnold between Indiana/Prairie

Closure Times: 12:00 pm to 7:00 pm

Sidewalk Closure: Yes No

Comments: Gathering for family, friends, and neighbors.

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: October 8, 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.

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: 9-19-2024 Organization Name: Doris Washington
Applicant (Contact) Name: Doris Washington
Applicant (Contact) Phone: 574-544-9715 Contact Email: DORIS.WASH.SMITH@ATT.NET
Address: 1731 PRAIRIE AVE City/State/ZIP: SOUTH BEND, IN, 46613
Secondary Contact Name: GINA GARY
Contact Phone: 574-395-8333 Contact Email: _____
Address: 1910 CATAPA ST. City/State/ZIP: SOUTH BEND, IN, 46613

Section B - Event Information

Event Name: Friends a Family Expected Attendance: _____
Requested Street Closure: ARNOLD
From (Cross Street): INDIANA AVE.
To (Cross Street): PRAIRIE AVE.

Provide a brief description of the event:

Family Friends a Neighbors, eating dancing
kids playing having a good end of summer.

Date of Event Setup [mm/dd/yy]: 10-19-2024 Time: 12:00 PM
Begin Date of Event [mm/dd/yy]: 10-19-24 Time: 1:00 PM
End Date of Event [mm/dd/yy]: 10-19-24 Time: 6:00 PM
Event Cleanup Completion [mm/dd/yy]: 10-19-24 Time: 7:00 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: 4

Number of households represented by signatures on attached sheet: 6

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: N/A Contact Name: _____

Contact Phone: _____ Email: _____

Address: _____ City/State/ZIP: _____

(b) Independent Security Information

Name: N/A 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:

potluck a me

Section E - Indemnity & Hold Harmless Agreement

City of South Bend Special Events Committee

Indemnity & Hold Harmless Agreement

Date: 9-19-24 Event Date: 10-19-24
Event Name: FRIENDS & FAMILYS
Organization: Doris Washington
Applicant (Contact) Name: Doris Washington
Applicant (Contact) Phone: 574-544-9715 Alt. Phone: 574-395-8333
Email: DOB'S.WASH.SMITH@ATT.NET
Address: 1731 Prairie Ave. City/State/ZIP: South Bend, IN 46613
Event Location (Please describe):
Arnold, short street with four homes on it.
Length of Event (Dates/Times): 6 Hours

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: 9-19-2024

Doris Washington

Authorized Organizer Signature

DORIS WASHINGTON

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: 9-19-2024

Applicant Signature: Doris Washington

Printed Name: DORIS WASHINGTON

SPECIAL EVENTS COMMITTEE APPROVAL

[Signature]
President

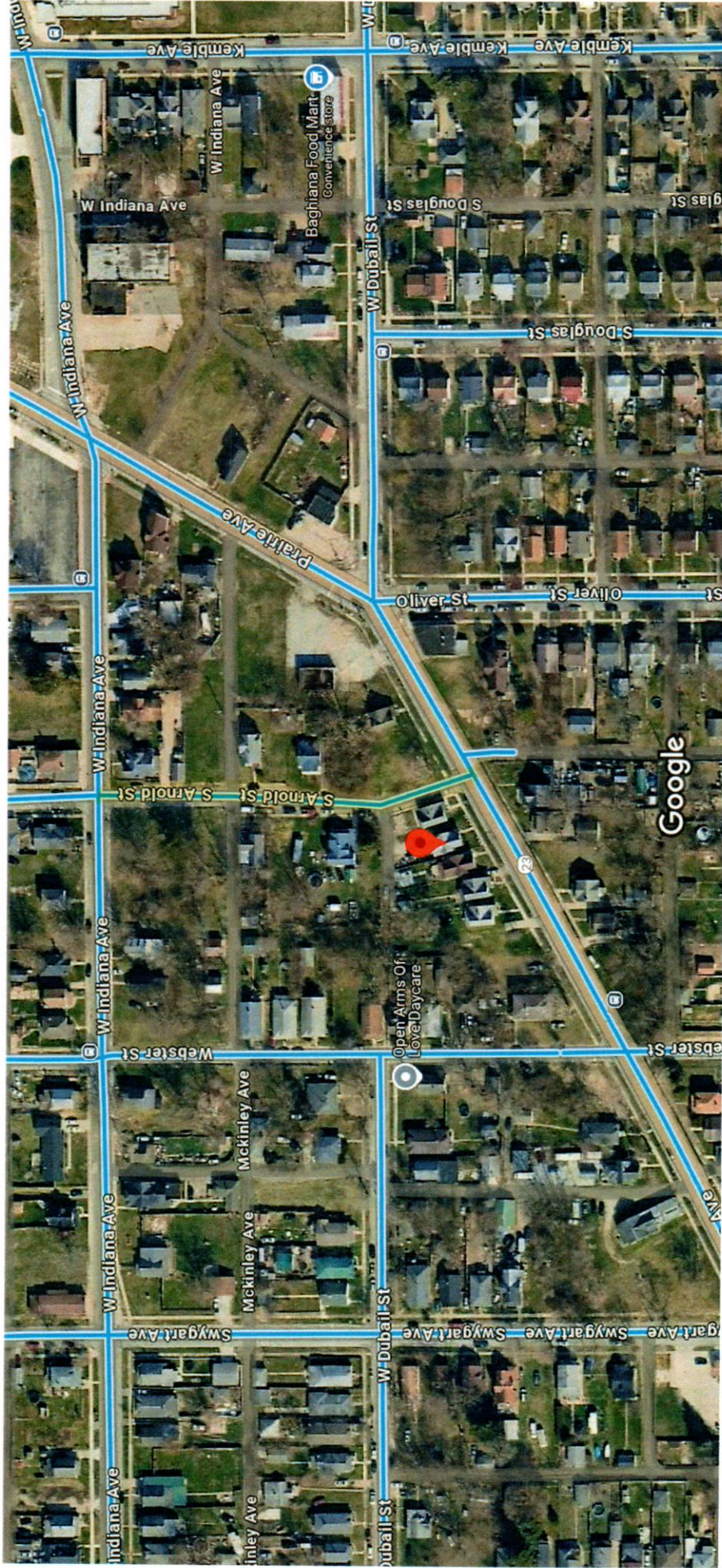
Member

[Signature]
Member

[Signature]
Member

Member

9-25-24
Date



Imagery ©2024 Airbus, Maxar Technologies, Map data ©2024 100 ft

Neighbor Signature Sheet - Neighborhood Special Event

We have been informed, agree to, and request that the Special Events Committee of the City of South Bend authorize a block party in the area described as:

Arnold St from Indiana Ave to Prairie Ave
 Street Name Cross Street Cross Street

Date of Event: October 19, 2024

1.	Signature		6.	Signature	
	Name	Francisco Castillo		Name	Danyal Harkinder
	Address	1717 Prairie Ave		Address	1729 Prairie Ave
	Phone No.	574-710-9704		Phone No.	574-903-1644
	Date	9/21/24		Date	9-22-2024
2.	Signature		7.	Signature	
	Name	Tracy Lazo		Name	Daniel Gibson
	Address	1725 S. Arnold St		Address	1735 Prairie Ave
	Phone No.	574-540-3271		Phone No.	574-381-8488
	Date	9-21-24		Date	9-22-2024
3.	Signature		8.	Signature	
	Name	Aranza Torres		Name	
	Address	1614 S Arnold St		Address	
	Phone No.	574-300-3746		Phone No.	
	Date	9-21-24		Date	
4.	Signature		9.	Signature	
	Name	Michael Turk		Name	
	Address	1615 South Main		Address	
	Phone No.	574-303-2444		Phone No.	
	Date	9-21-24		Date	
5.	Signature		10.	Signature	
	Name	Kortnee Lowe		Name	
	Address	1733 Prairie Ave		Address	
	Phone No.	574-315-7362		Phone No.	
	Date	9/21/2024		Date	

Friends & Family
Doris Washington
1731 Prairie Ave
South Bend IN 46613

6749401

CITY OF SB SPECIAL EVE
731 S LAFAYETTE BLVD
SOUTH BEND, IN 46601

09/23/2024 09:40:47
MID: XXXXXXXXXXXX401 TID: XXXXX371

CREDIT CARD

MC SALE

Card # XXXXXXXXXXXX7871
Chip Card: Mastercard
AID: A0000000041010
SEQ #: 1
Batch #: 20
INVOICE 1
Approval Code: 02311Z
Entry Method: Chip Read
Mode: Issuer

SALE AMOUNT \$25.00

I agree to pay above total amount
according to card issuer agreement.
(Merchant agreement if Credit Voucher)

X _____
DORIS G WASHINGTON

MERCHANT COPY