



**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: Trick-or-Treat (Eddy Street Commons)

Event Date: October 22 2024 (Rain Date: October 23 2024)

Street Closure: Eddy Street bet Napoleon St/Angela Blvd

Closure Times: 1:00 pm to 8:00 pm

Sidewalk Closure: Yes No

Comments: Event includes pumpkins, crafts, games & prizes, balloon twisting, and music for kids 12 and under.

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

City and Regional Event

\$50 application fee if filed 60 days or greater (up to 360 days) in advance of event

\$100 expedited application fee if filed 30-59 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. City and Regional 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: 9-12-24 Organization Name: EDDY St. Commons / Kite Realty
Applicant (Contact) Name: CARISSA McNEIL
Applicant (Contact) Phone: 317-713-7713 Contact Email: CmcNeil@kite.realty.com
Address: 30 S. Mendham St Ste 1100 City/State/ZIP: Indianapolis, IN 46204

List any professional event organizer, event service provider or commercial fundraiser that is authorized to work on your behalf to plan, produce and/or manage your event.

Organization Name: DRB Group Contact Name: DAVID BRUPY
Contact Phone: 724 810-4707 Contact Email: drbgroupllc@drbgroupllc.com
Address: 102 Kingsfield Dr City/State/ZIP: MARS, PA 16046

Section B - Event Information

Event Name: TRICK OR TREAT Event Type: (Festival, Race, Parade, Other): Community event

Event Classification: Non-Profit* For-Profit

City (Civic) Sponsored Other (If Other, please describe): _____

*The Special Events Committee may request proof of non-profit status.

Provide a brief description and timeline of event (Note: A detailed map plan is required in Section H of this application. The description should be a summary overview.)

Date of Event Setup [mm/dd/yy]: 10/22/24 Time: 2pm
Begin Date of Event [mm/dd/yy]: 10/22/24 Time: 5:30pm
End Date of Event [mm/dd/yy]: 10/22/24 Time: 7:30pm
Event Cleanup Completion [mm/dd/yy]: 10/22/24 Time: 8pm
Total anticipated attendance: 850

The proposed event will require the closing of: Streets Sidewalks

Is the event ticketed or include fees? Yes No If yes, list fees and fee groups below:

Does the event have any partnered sponsorships? Yes No

If yes, list the number of sponsors at each level of partnered sponsorship:

Is this a returning special event or part of a series of special events? Yes No

If yes, provide the date, location, and attendance of past special events and/or future planned events in the series:

We have done the trick or treat
for the past 10 years (minus 2020)

If your event is a parade, race, or other processional-type event, please complete Section C. Otherwise, continue to Section D.

Section C - Parades, Races, and other Processional Events

What is the estimated number of parade/race spectators on the proposed route? _____

Describe any sound equipment that will be used in the parade/race:

Does the event have participant categories? For example, a run that has different race divisions or a parade with separate walking/marching groups.

Yes No

If yes, list categories and anticipated participants per category.

If your event is a parade, what is the approximate number and type(s) of animals, vehicles, and floats participating in the parade? (Note: If using animals in a parade, event organizers are responsible for cleaning up animal waste left on the parade route.) Describe parade participants below:

Section D - Equipment, Set-up, and Logistics

Are you hiring a company to provide entertainment, games or inflatables? Yes No

- o If yes, you must submit proof of insurance for all stage and entertainment companies three (3) weeks before the event.

Describe any hired entertainment:

Will you be staking any tents, inflatables, portable restrooms or any other anchorings? Yes No

- o If yes, you must provide proof of locates (locate number) two (2) weeks prior to your event. Locates can be found by calling 811.

Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics? Yes No

- o Depending on the potential fire risk, applicants may need to receive approval of the South Bend Fire Department (process facilitated by event coordinator).
- o Describe the event's proposed fire-related entertainment:

Will there be any musical entertainment features at the event? Yes No

- If yes, describe the type of music, schedule of sound check/performances, and the names of any artists performing:

There will be a DJ

For stage inspections, contact the Department of Homeland Security at 317-232-2222.

If your route crosses over a state road or a bridge please contact the following for permission:

State, INDOT:

Michael Hurt

219-235-7528, Mhurt1@indot.in.gov

County bridges:

Andy Hayes

574-235-9626, ahayes@co.st-joseph.in.us

Section E - Food

Are you having food at your event (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 at the St. Joseph County Health Department Food Service website: sjchd.org/food-service.

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

If a Food Truck, please list company name:

Describe how food will be cooked and served:

Section F - Alcohol

Will alcohol be served or sold? Yes No

If no, please continue to Section G - Contingency and Strategic Planning

If yes:

- The applicant must apply for and receive a temporary liquor license from the Alcohol & Tobacco Commission. Indiana ATC forms are located at in.gov/atc/2409.htm. (Temporary Permits are near the bottom of the form list.) Forms must be filed with the district ATC office five (5) days prior to the requested event date.
 - 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.
- Events with 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)

Company Name: _____ Contact Name: _____

Contact Phone: _____ Email: _____

Address: _____ City/State/ZIP: _____

(b)

Name: _____ Contact Phone: _____

Qualifications: _____

Name: _____ Contact Phone: _____

Qualifications: _____

Name: _____ Contact Phone: _____

Qualifications: _____

Section G - Contingency and Strategic Planning

For each of the following, please provide detailed descriptions. If you run out of space, attach a response to this application submission.

- Emergency Safety Plan - This plan should include, but is not limited to:
 - The number of Indiana Law Enforcement Academy certified officers, fire, and emergency medical personnel, and the need to use any of the City's public safety or emergency response services.
 - If hiring a security service, provide contact information and the number of hired event personnel.
 - Proposed internal communications systems and public address systems.

There will be 4 onsite security officers + 2-4
Police officers on site.

I will get you our current security information via email.

- Proposed Cleanup Plan - This plan should include, but is not limited to:
 - Measures in place to collect and remove trash, litter and recyclables.

EDDY Street Commons has on-site porters
that will handle clean up.

- Inclement Weather Plan – This plan should include, but is not limited to:
 - Safety measures that will be taken in the event of a tornado warning, tornado watch, thunderstorm, and extreme temperatures.

The event has a weather/rain date of 10/23.

- Proposed Lost and Found Plan – This plan should include, but is not limited to:
 - A description of the use of signage, announcements on public address systems or pre-event handouts.

The office at EDDY Street Commons HAS a lost & found.

Section H – Site Plan / Route Map

For parades, races and other processional events:

Are you selecting one of South Bend Police Department's (SBPD) pre-approved race routes? Yes No

You must select from SBPD's pre-approved race routes (see links on application site) or provide sufficient evidence of event participation if the applicant is proposing a different route through South Bend.

If your event will not be using a pre-approved race route, the proposed event map should include a route plan clearly identifying the timing and locations of proposed street closures, and the direction of parade movement.

If your event will not be using a pre-approved race route, please explain:

Site Plan / Route Map - For All Events:

Provide an attached map with the geographic locations of all event items listed below.

- Outline of entire event venue including the names of all affected streets and areas.
- Clear markings for street closures and a schedule for each.
- Location of fencing, barriers, and/or barricades. Indicate any removable fencing and exit locations for emergency purposes.
- Location of all stages, platforms, bleachers, grandstands, tents, booths, cooking areas, vehicles, trailers, and other temporary structures. **Applicants should also clearly mark locations of food and alcohol serving or sales, if applicable.**
- The location(s) and number of all portable toilets and wash stations.
- The location(s) and number of all trash and recycling containers, including dumpsters.
- The location of generators or any source of electricity.
- Traffic plan and map, including proposed loading/drop off areas, barricades, secured areas, vehicle and bicycle parking areas, and considerations for TRANSPO bus route changes.

We will utilize our own closing gates on Angela + Napoleon

Section I - Mitigation of Impact

If you are using and/or closing public sidewalks or streets, you are required to notify area business owners and residents. You must:

- Present your event concept to the surrounding stakeholders (residents, businesses, and neighborhood groups) that represent the venue area.

Attach a copy of the brochure or door hanger distributed to all affected residents/businesses/neighborhood groups describing the event purpose, date and time.

Section J - Insurance

A Certificate of Insurance (copy) confirming the existence of a liability policy (General Liability and Automobile Liability) of not less than \$700,000 per occurrence and \$1,000,000 aggregate, which specifically names the City of South Bend, IN as an additionally insured for the event must be submitted. Copy of Certificate of Insurance must be submitted two (2) weeks prior to the date of the event.

Section K - Indemnity & Hold Harmless Agreement

City of South Bend Special Events Committee

Indemnity & Hold Harmless Agreement

Date: 9/12/24 Event Date: 10/22/24
Event Name: EDDY Street Commons TRICK or TREAT
Organization: EDDY Street Commons / Kite Realty
Applicant (Contact) Name: CARISSA McNEIL
Applicant (Contact) Phone: 317-713-7713 Alt. Phone: _____
Email: cmcneil@kiterealty.com
Address: 30 S. Meridian St Ste 1100 City/State/ZIP: Indianapolis, IN 46204

Event Location (Please describe):

EDDY Street Commons (Phase 1)
1234 N. EDDY Street (between Angla & Napolean)
Length of Event (Dates/Times): 10/22 5:30p- 7:30p

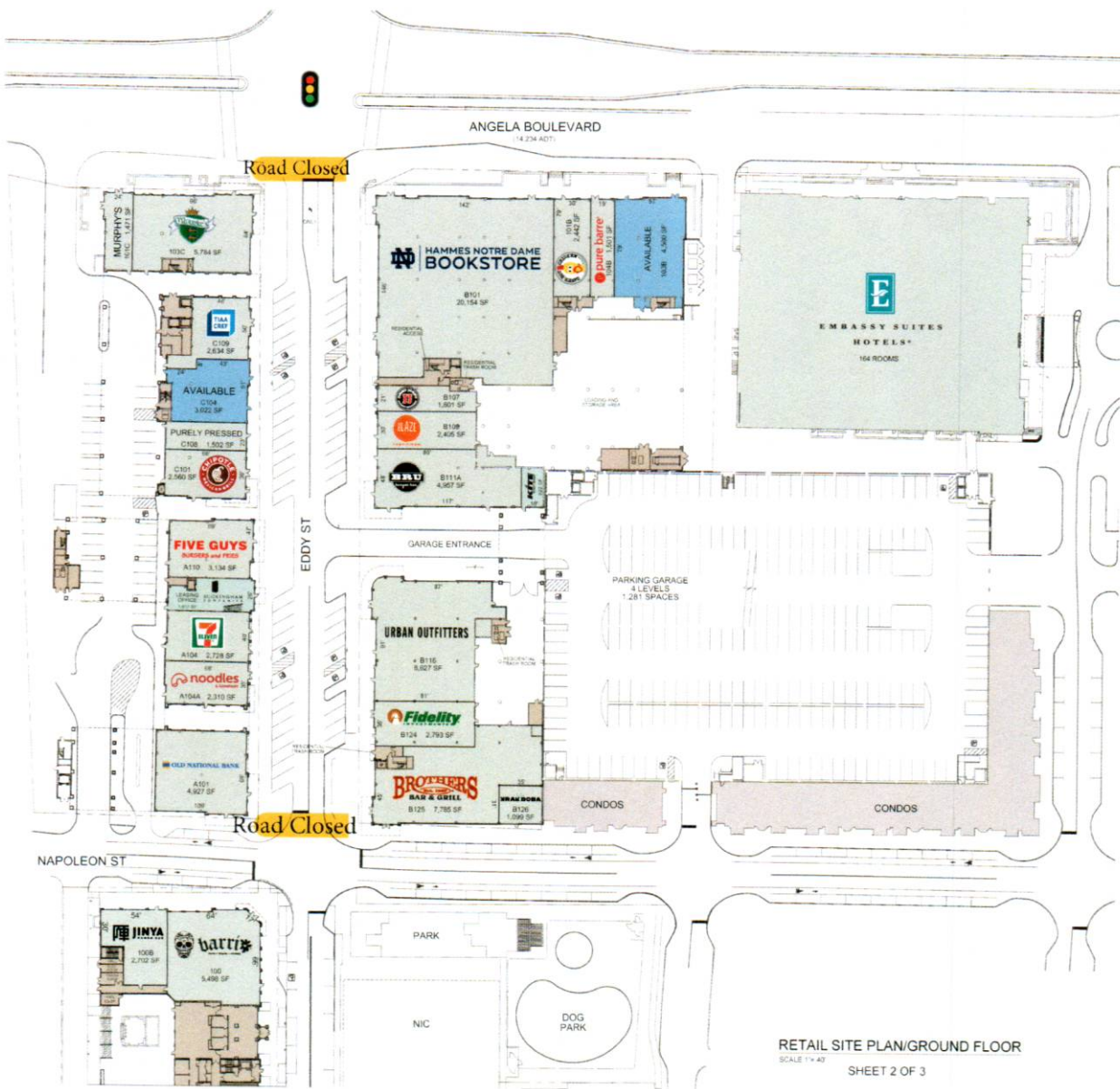
Insurance Amount: This event is insured for no less than \$700,000 per occurrence and \$1,000,000 in aggregate, and the certificate of insurance includes a rider naming City of South Bend, Special Events Committee, and Board of Public Works as additionally insured for the event.

Organization Name: EDDY Street Commons 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, Indiana, 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: 9/12/24

CARISSA McNEIL
Authorized Organizer Signature

CARISSA McNEIL Sr. Director marketing
Printed Name and Title



RETAIL SITE PLAN/GROUND FLOOR
SCALE 1" = 40'
SHEET 2 OF 3

FREE

EDDY STREET
COMMONS



TRICK OR TREAT



**TUESDAY,
OCTOBER 22, 2024
5:30pm-7:30pm**

**TRICK OR TREATING
FOR KIDS 12 AND UNDER IN COSTUME**

- Pumpkins for Kids • Crafts • Games & Prizes
- Balloon Twisting • Music

EDDY STREET
COMMONS



One pumpkin per child.
While supplies last.
Weather permitting.
Event subject to change
without notice.

1234 North Eddy St.
South Bend, IN 46617

**Rain Date:
Wednesday,
October 23**



EDDYCOMMONS.COM

For more information, email drbgroupllc@drbgroupllc.com.

KITE

6749401
CITY OF SB SPECIAL EVE
731 S LAFAYETTE BLVD
SOUTH BEND, IN 46601

09/25/2024 08:44:55
MID: XXXXXXXXXXXX401 TID: XXXXX371

CREDIT CARD

MC SALE

Card # XXXXXXXXXXXX2844
SEQ #: 1
Batch #: 21
INVOICE 1
Approval Code: 040334
Entry Method: Manual
Mode: Online
Tax Amount: \$0.00
Cust Code:
Card Code: M

SALE AMOUNT \$100.00

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

X _____

MERCHANT COPY