



**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: Eddy St Commons Trick-or-Treat

Event Date: October 28 2025

Street Closure: Eddy Street between Angela Blvd and Napoleon St

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

Sidewalk Closure: ☐ Yes ☒ No

Comments: Tick-or-Treating for kids 12 and under in costume. Activities include pumpkins for kids, crafts, games and prizes, music.

**CITY OF SOUTH BEND, INDIANA
BOARD OF PUBLIC WORKS**

Elizabeth A. Maradik, President

Gary A. Gilot, Member

Murray L. Miller, Member

Joseph R. Molnar, Vice President

Breana Micou, Member

Attest: Hillary R. Horvath, Clerk

Date: October 14, 2025



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: 9-10-25 Organization Name: Eddy Street Commons / Kite

Applicant (Contact) Name: Carissa McNeil

Applicant (Contact) Phone: 317-713-7713 Contact Email: cmcneil@kiterealty.com

Address: 30 S Meridian St 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: Dave Brudy

Contact Phone: 724-816-4767 Contact Email: dbrudy@drbgroupllc.com

Address: _____ City/State/ZIP: _____

Section B – Event Information

Event Name: Trick or Treat Event Type: (Festival, Race, Parade, Other): Community

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]: 10/28/25 Time: 2pm

Date of Event [mm/dd/yy]: 10/28/25 Begin Time: 5:30pm

End Date of Event [mm/dd/yy]: _____ End Time: 7:30pm

Event Cleanup Completion [mm/dd/yy]: 10/28/25 Time: 8pm

Rain/Alternative Date: If yes, please provide the date: 10/29/25

Total anticipated attendance: 1500

The proposed event will require the closing of: ☒ Streets Sidewalks ☐

Is the event ticketed or includes 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:

Held annually for 11 years

IF YOUR EVENT IS A PARADE, RACE, OR OTHER PROCESSIONAL-TYPE EVENT, 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, please provide a supplement writing describing 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

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

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 or other pyrotechnics? ☐ Yes ☒ No

IF YES:

- Depending on the potential fire risk, applicants may need to receive approval of the South Bend Fire Department (process facilitated by event coordinator).
- Only consumer grade fireworks can be used during certain time frames (July 4th and New Year's).
 - A permit must be applied for with the Indiana Department of Homeland Security for Commercial Grade Fireworks show.
- All entertainment events should have a permit from the [IDHS Amusement and Entertainment Permit](#).
- 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:

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, mhurt1@indot.in.gov, 219-851-1426

County Bridges: Andy Hayes, ahayes@co.st-joseph.in.us, 574-235-9626

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 have a City of South Bend business license for Food Vending Vehicle. (Contact Michelle Adams at Madams@southbend.in.gov)
- 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 as well as any preventative safety measures:

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).

Company Name: _____ Contact Name: _____

Contact Phone: _____ Email: _____

Address: _____ City/State/Zip: _____

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 public safety personnel.
 - If hiring a private security service, provide contact information, proof of insurance and the number of hired event personnel.
 - Proposed internal communications systems and public address systems.

PD and Private Security will be on-site
Invited Fire Dept

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

ESC has porters on staff

- **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.
 - Rain date.
 - Weather information and forecasts can be found at <https://www.weather.gov/>

Rain date and cancellation in inclement weather

- **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.

ESC office has a lost and found

Section H – Site Plan / Route Map

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. **Applicants should ensure all roadway (right of way) closure times are specific and separate from the event setup and event start/end times (i.e., roadway closures times may not be perfectly identical or linked to the duration of the event).**
 - All bridge closures require County Engineering approval. (*County Bridges: Andy Hayes, ahayes@co.st-joseph.in.us, 574-235-9626*)
 - All state road Closures require INDOT approval. (*State, INDOT: Michael Hurt, mhurt1@indot.in.gov, 219-851-1426*)
- 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.

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 in writing 15 days prior to the event.

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 \$1,000,000 per occurrence and \$2,000,000 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: 9/10/25 Event Date: 10/28/25
Event Name: ESC Trick or Treat
Organization: Eddy Street Commons / Kite
Applicant (Contact) Name: Carissa McNeil
Applicant (Contact) Phone: 317-713-7713 Alt. Phone: _____
Email: cmcneil@kiterealty.com
Address: 30 S Meridian City/State/ZIP: Indianapolis, In 46204
Event Location (Please describe): Eddy Street between Angela and Napoleon

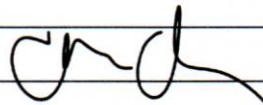
Length of Event (Dates/Times): 10/28 5:30pm -7:30pm

Insurance Amount: This event is insured for no less than \$1,000,000 per occurrence and \$2,000,000 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 City of South Bend, Indiana, its agents, officers, and employees (collectively ("City")), from any liability, loss, costs, damages or expenses, including attorney fees, which the City, 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 City, 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: 9/10/25

Authorized Organizer Signature: _____




Printed Name and Title: Carissa McNeil, Sr Director Marketing Kite Realty Group

Section L – Permit & Agreement

1. Pursuant to Local Ordinance No. 10628-18, there is a \$50.00 non-refundable fee for Tier II and III event applications filed 60 or greater days in advance of the event, or a \$100 non-refundable expedited fee for applications filed between 30 and 59 days in advance of the event.
2. The APPLICANT must comply with all terms and conditions of this Permit and Agreement.
3. The APPLICANT must obtain signatures from and/or make an attempt to notify all residents that reside in the area impacted by the event. **A copy of a brochure or door hanger distributed to all affected residents/businesses describing the event purpose, date, time and contact information must be included with the attachments to this application.**
4. The APPLICANT shall reimburse the City for the actual cost of the event, if the City incurs unexpected, undisclosed expenses related to the event.
5. Notification of approval/denial of this request will be issued by return of this form, upon signed authorization by the Special Events Committee.
6. The APPLICANT shall provide to the Board a Certificate of Insurance showing a liability policy in full force and effect with limits of \$1,000,000.00 per occurrence and \$2,000,000.00 aggregate and the City of South Bend, Special Events Committee, and Board of Public Works listed as an additional named insured for this event.
7. The APPLICANT assumes full responsibility for providing ample disposal containers for refuse/recycling and assures the area will be cleaned up upon the conclusion of the event.
8. The APPLICANT will follow the City of South Bend Noise Ordinance, which 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 radio receiving sets, 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.
9. The APPLICANT assures the City that the area will be closed during the times indicated on the application only. Event end times are pursuant to the recommendations of the South Bend Police Department and such times will be strictly enforced.


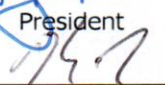
I have read the Application and the Permit and Agreement for this Special Event and I affirm the truth of the information provided by me to the best of my knowledge. I understand and agree to the above rules and regulations, and any applicable state and federal laws. I also understand that this application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

Date: 9/10/25

Applicant Signature: 

Printed Name: Carissa McNeil, Sr Director Marketing Kite Realty Group

SPECIAL EVENTS COMMITTEE APPROVAL


President

Member


Member

Member


Member
9/24/25
Date



FREE

EDDY STREET
COMMONS



A KITE CENTER

TRICK OR TREAT

2025

TUESDAY,
OCTOBER 28
5:30pm-7:30pm



TRICK OR TREATING

FOR KIDS 12 AND UNDER IN COSTUME

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



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

EDDY STREET
COMMONS



A KITE CENTER

1234 North Eddy St.
South Bend, IN 46617



Rain Date:
Wednesday,
October 29



EDDYCOMMONS.COM

For more information, email drbgroupllc@drbgroupllc.com.

KITE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/26/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Alliant Insurance Services, Inc.
333 S Hope St Ste 3700
Los Angeles CA 90071

CONTACT
NAME: Genevieve Lopez
PHONE
(A/C, No, Ext): 562.545.1624 FAX
(A/C, No):
E-MAIL
ADDRESS: genevieve.lopez@alliant.com

License#: 0C36861

KITEREA-01

INSURED
Kite Realty Group Trust
30 S. Meridian Street, Suite 1100
Indianapolis IN 46204

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Endurance Assurance Corporatio	11551
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1197448159

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	GGR10012604107	12/1/2024	12/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Eddy Street Commons - 1234 N. Eddy Street, South Bend, IN 46617

City of South Bend, IN is included as Additional Insured where required by written contract.

CERTIFICATE HOLDER

City of South Bend
Department of Public Works, Engineering Division
227 W Jefferson Blvd., Suite 1316
South Bend IN 46601

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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

09/24/2025

09:19:30

CREDIT CARD

MC SALE

Card #	XXXXXXXXXXXX2644
SEQ #:	1
Batch #:	52
INVOICE	1
Approval Code:	061079
Entry Method:	Manual
Mode:	Online
Tax Amount:	\$0.00
Cust Code:	
Card Code:	M

SALE AMOUNT	\$100.00
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CUSTOMER COPY

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

09/24/2025 09:19:30
MID: XXXXXXXXXXXX401 TID: XXXXX371

CREDIT CARD

MC SALE

Card #	XXXXXXXXXXXX2844
SEQ #:	1
Batch #:	52
INVOICE	1
Approval Code:	061079
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