



**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: St Margaret's House Winter Walk

Event Date: February 15 2026

Street Closure: None - Brief crossings at intersections along 1.25 mile  
loop thru downtown South Bend

Closure Times: Event 1:00 pm to 3:00 pm

Sidewalk Closure:  Yes  No

Comments: Walk begins in the parking lot at St Margaret's House, loop thru  
downtown and will end at South Bend City Church.

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

*Elizabeth A. Maradik*

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Abigail E. Magas, Member

*Hillary R. Horvath*

Attest: Hillary R. Horvath, Clerk

Date: January 27, 2026



## 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: 1/7/2026 Organization Name: St Margaret's House

Applicant (Contact) Name: Lauren Smyth

Applicant (Contact) Phone: 574-234-7795 Contact Email: lauren@stmargarethouse.org

Address: 117 N Lafayette Blvd City/State/ZIP: South Bend, IN 46601

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: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

**Section B – Event Information**

Event Name: Winter Walk Event Type: (Festival, Race, Parade, Other): Walk

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]: 2/15/2026 Time: 1:00 PM

Date of Event [mm/dd/yy]: 2/15/2026 Begin Time: 1:00 PM

End Date of Event [mm/dd/yy]: 2/15/2026 End Time: 2:00 PM

Event Cleanup Completion [mm/dd/yy]: 2/15/2026 Time: 2:00 PM

Rain/Alternative Date: If yes, please provide the date: N/A

Total anticipated attendance: 700

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:

Sponsorship levels range from \$1000 to \$10000, and we are soliciting those sponsors now. We anticipate securing \$40-\$50k in total sponsorships.

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:

Winter Walk has been held annually in DTSB for 27 years with Attendance ranging from 126 people to 1100.

***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 4<sup>th</sup> 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:

We anticipate the walk being led by the Adam's High School Marching Band.

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](mailto:mhurt1@indot.in.gov), 219-851-1426

County Bridges: Andy Hayes, [ahayes@co.st-joseph.in.us](mailto: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](mailto: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](http://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](http://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.

We are requesting that law enforcement assist in blocking traffic at relevant intersections to allow walkers to cross streets safely. SMH staff will communicate via walkie-talkie and cell phones during the event and a large speaker is available to SMH to address the crowd if needed.

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

SMH staff andn volunteers are assigned clean up duty immediately following the walk to collect any discarded or lost items.

- **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/>

The walk will be canceled in the event of extreme weather as issued by the National Weather Service.

- **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.

Winter Walk ends at South Bend City Church, where any lost/found items can be picked up by the appropriate owner.

## 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.

Each year SMH has chosen a 1 mile route through DTSB, and has begun highlighting specific community partners as we pass by their buildings, etc. The proposed route is attached and is very similar to last year's route, with a few minor changes. We are happy to discuss any suggestions that might be necessary to ensure the safety of participants, etc.

**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.**

Attached is a letter notifying business along the route of the details of the event.  
These will be distributed to all businesses along the walking route.

**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: 1/7/2026 Event Date: 2/15/2026

Event Name: Winter Walk

Organization: St. Margaret's Hosue

Applicant (Contact) Name: Lauren Smyth

Applicant (Contact) Phone: 547-234-7795 Alt. Phone: 260-615-7116

Email: lauren@stmargarethouse.org

Address: 117 N Lafayette Blvd City/State/ZIP: South Bend, IN 46601

Event Location (Please describe):

The 1.25 mile walk will begin from the parking lot at St. Margaret's House, loop through downtown and will end at South Bend City Church.

**Length of Event (Dates/Times):** 2/16/2026, 1 PM-3 PM (walk will wrap up by 2PM)

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:** St. Margaret's House 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:** 1/7/2026

**Authorized Organizer Signature:** Lauren Smyth

**Printed Name and Title:** Lauren Smyth, Senior Director of Strategy and Development

**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.

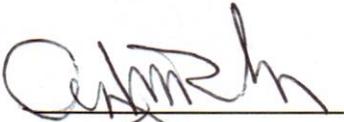
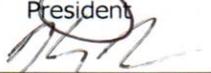
I have read the Application and the Permit and Agreement for this Special Event and I affirm the truth of the information provided by me to the best of my knowledge. I understand and agree to the above rules and regulations, and any applicable state and federal laws. I also understand that this application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

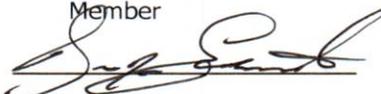
Date: 1/7/2026

Applicant Signature: Lauren Smyth

Printed Name: Lauren Smyth

**SPECIAL EVENTS COMMITTEE APPROVAL**

  
\_\_\_\_\_  
President  
  
\_\_\_\_\_  
Member

  
\_\_\_\_\_  
Member  
  
\_\_\_\_\_  
Member

  
\_\_\_\_\_  
Member  
1/14/26  
\_\_\_\_\_  
Date

**WINTER WALK 2026  
ROUTE MAP  
SUNDAY, 2/15/2026**

-1:00 PM Walk begins from St. Margaret's House Parking Lot, ending at South Bend City Church for a post-walk open house.

Blue arrows indicate direction of movement, as well as the side of the street/sidewalks participants will utilize.

**START:**  
177 N LAFAYETTE BLVD  
@ ST. MARGARET'S HOUSE

**END:**  
226 N LAFAYETTE BLVD  
@ SOUTH BEND CITY CHURCH





# St. Margaret's House

Dear Downtown Neighbor,

We will celebrate our 27th annual Winter Walk on **Sunday, February 15**. The Winter Walk raises funds for our work and awareness of the people St. Margaret's House serves: women and children who rely on their feet for transportation, no matter the weather.

Attached are:

- **A map of the walk route.** The Winter Walk departs at **1:00pm** from St. Margaret's House and ends at South Bend City Church—located in the old South Bend Tribune Building with an open house. We may be walking past your business! We apologize for any congestion the crowd causes, and we promise that we will not take long.
- **A poster.** We encourage all our downtown neighbors to display this poster in support of the women and children we serve, especially on Sunday 2/15, during the Winter Walk.

We invite you to support the Winter Walk by displaying the poster, cheering for walkers as they pass by your business, or joining us! Complete details are on our website: [stmargarethouse.org](http://stmargarethouse.org).

Please contact us with any questions at [info@stmargarethouse.org](mailto:info@stmargarethouse.org) or **574.234.7795**.

We appreciate all that you do to support the women and children of our community.

Thank you!

Lauren Smyth

Senior Director of Strategy and Development

St. Margaret's House

*A safe & caring day center for women and children in downtown South Bend.*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/7/2026

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).

<b>PRODUCER</b> HEALY GROUP INC 17535 GENERATIONS DR  SOUTH BEND IN 46635-1589	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 574-271-6000 FAX (A/C, No): E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> ST MARGARETS HOUSE INC 117 N LAFAYETTE BLVD  SOUTH BEND IN 46601-1507	<b>INSURER A:</b> SELECTIVE INS CO OF AMERICA NAIC # 12572	
	<b>INSURER B:</b> SELECTIVE INS CO OF THE SOUTHEAST 39926	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER:

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 INSD	SUBR 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 checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		S 2238806	8/1/2025	8/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		S 2238806	8/1/2025	8/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ ZERO			S 2238806	8/1/2025	8/1/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 9038052	8/1/2025	8/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

This Certificate of Liability Insurance was created by Selective on behalf of the agent.

CITY OF SOUTH BEND, SPECIAL EVENTS COMMITTEE is included as additional insured with respect to Automobile, General Liability as required by written contract or agreement.

**CERTIFICATE HOLDER****CANCELLATION**

CITY OF SOUTH BEND, SPECIAL EVENTS COMMITTEE 227 W JEFFERSON BLVD  South Bend IN 46601	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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**ST. MARGARET'S HOUSE**  
117 NORTH LAFAYETTE BOULEVARD  
SOUTH BEND, INDIANA 46601-1507  
574-234-7795

1st Source Bank  
P.O. Box 1602  
South Bend, IN 46634  
71-1212/712

000152

152

**PAY:** One hundred and 00/100\*\*\*\*\*

01/07/2026

\$100.00

TO THE  
ORDER  
OF

St. Joe County/City of South Bend  
125 S. Lafayette Boulevard  
South Bend, Indiana 46601



⑈000152⑈ ⑆071212128⑆ 1032 700⑈5⑈

**St. Margaret's House** SOUTH BEND, INDIANA 46601-1507

000152

stjoecounty0000 St. Joe County/City of South Bend

\$100.00

01/07/2026

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Winter Walk \$100.00