



**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: DTSB February First Fridays-Fire & Ice

Event Date: February 6 2026

Street Closure: Jefferson Blvd between Michigan St and Leighton Garage

Closure Times: 1:00 PM - 10:30 PM

Sidewalk Closure:  Yes  No

Comments: A fire & ice themed event featuring fire dancers, ice carvings, and fireworks.

*Abigail E. Magas, P.E.* 1/29/26

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

*Elizabeth A. Maradik*

Elizabeth A. Maradik, President

*Joseph R. Molnar*

Joseph R. Molnar, Vice President

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*Breana N. Micou*

Breana N. Micou, Member

*Abigail E. Magas, P.E.*

Abigail E. Magas, Member

*Hillary R. Horvath*

Attest: Hillary R. Horvath, Clerk

Date: February 10, 2026



Friday, January 16, 2026

# City of South Bend Special Event Application

## City and Regional Event

### Approval Status

Not Started

### Fee Schedule

\$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 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.

To complete this process, you will need the following documents:

- Event Map
- Evidence of Public Notification (flyer, signature list, etc.)
- Copy of Insurance Certification

If you do not have these items at the present moment, we will be following up to get those in order to complete the process.

You will also need to have prepared answers to the following:

- Emergency Plan
- Inclement Weather Plan
- Cleanup Plan
- Lost and Found Plan

**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

<b>Date of Application</b>	Friday, January 16, 2026
<b>Organization Name</b>	Downtown South Bend, Inc.
<b>Applicant (Contact) Name</b>	Kylie Carter
<b>Applicant (Contact) Phone Number</b>	(574) 527-7165

**Address**

217 S. Michigan St.  
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.

**Service Provider Organization Name** Downtown South Bend, Inc.

**Section B - Event Information**

**Event Name** February First Fridays - Fire & Ice

**Event Type** Festival

**Event Classification** Non-Profit\*

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

The February First Fridays has a Fire & Ice theme with fire dancers, ice carvings, fireworks, and more! We are planning to repeat the small block party we did last year on Jefferson between Michigan and the Leighton Garage entrance, with a diagonal closure leading in to the garage. The event starts at 5 and we will have vendors starting to set up at 2, so we would like the closure from 1 pm to 10:30 pm.

*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.*

*If this is a special circumstance, you must reach out to the Clerk of the Special Events Committee, Denise Miller at [dmiller@southbendin.gov](mailto:dmiller@southbendin.gov) to ensure that this application is reviewed in time.*

**Time of Event Setup** 02:00 PM

**Date of Event** Friday, February 6, 2026

**Event Begin Time** 05:00 PM

**End Date of Event** Friday, February 6, 2026

**Event End Time** 09:00 PM

**Event Cleanup Completion** Friday, February 6, 2026

**Event Cleanup Completion Time** 10:30 PM

**Is there a rain date for this event?** No

**Total Anticipated Attendance** 2500

**The proposed event will require the closing of:** Streets Sidewalks

**Is this event ticketed, or does it include fees?** No

**Does the event have any partnered sponsorships?**  Yes

**List the number of sponsors at each level of partnered sponsorship:**

We have several First Fridays sponsors, including Renewal by Anderson, U93, Bican Family Restaurants, Acolyte Applications, and Kruggel Lawton,

**Is this a returning event or part of a series of special events?**  Yes

**Provide the date, location, and attendance of past special events and/or future planned events in the series:**

First Fridays occurs the first Friday of each month year-round, and has been taking place since 2009.

**Is your event a parade, race, or other processional-type event?**  No

## **Section C - Parades, Races, and other Processional Events**

## **Section D - Equipment, Set-up, and Logistics**

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

If YES,

You must submit proof of insurance for all stage and entertainment companies three (3) weeks before the event.

**Will you be staking any tents, inflatables, portable restrooms, or any other anchorings?**  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

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 CommercialGrade Fireworks show.
- All entertainment events should have a permit from the [IDHS Amusement and Entertainment Permit](#).

**Describe the event's proposed fire-related entertainment:**

We will be working with RKM for a fireworks display on Leighton Garage roof.

**Will there be any musical entertainment features at the event?**

Yes

**Describe the type of music, schedule of sound check / performances, and the names of any artists performing:**

We will be playing music on a speaker for the fire dancers.

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

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](#)

**Please select food sales types**

Food Vendor

Food Truck

**If there are food trucks, please list company names:**

Froggies Concessions and possibly a coffee truck.

**Describe how food will be cooked and served as well as any preventative safety measures:**

They will adhere to health department rules.

**Will alcohol be served or sold?**

Yes

If NO, we will continue to Section G - Contingency and Strategic Planning.

## Section F - Alcohol

- The applicant must apply for and receive a temporary liquor license from the Alcohol & Tobacco Commission. Explore [Indiana ATC forms](#). (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 vent area by the Board of Public Works.
  - 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)

## **Subsection A - Security Company Contact Information**

### **Security Company Name**

Ambassadors and downtown SBPD safety patrols

## **Subsection B - Security Guard Contact Information**

## **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.

### **Emergency Safety Plan**

We will have DTSB ambassadors and SBPD downtown safety patrols to help with public safety.

Proposed Cleanup Plan – This plan should include, but is not limited to:

- Measures in place to collect and remove trash, litter and recyclables.

### **Proposed Cleanup Plan**

We will have trash boxes and our ambassadors will help with cleanup.

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/>

### **Inclement Weather Plan**

We plan to monitor the forecast during the week of the event and if weather looks threatening we will cancel the outdoor portion of the event. if unforeseen inclement weather pops up the day of the event we will close early and encourage visitors to either leave the event or head inside a nearby business.

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.

### Proposed Lost and Found Plan

The ambassadors handle lost and found in the downtown area.

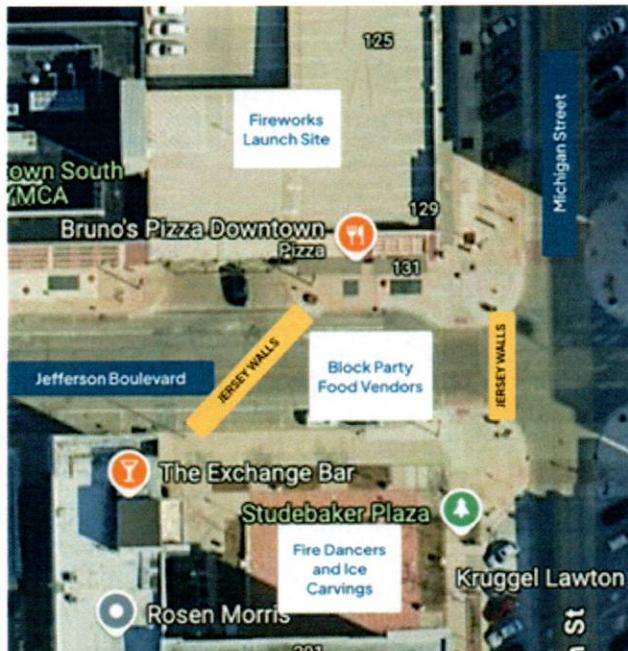
## Section H - Site Plan / Route Map

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 eventstart/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.

### Map File Upload



## Section I - Public Notification

### 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.

A list of names of neighbors notified is also an acceptable submission. 50% of the affected neighbors within the closure must be notified and be amenable to the closure.

## 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

**Copy of Certificate of Insurance (if you have it)**



The City of South Bend\_Downtown So... .pdf

## Section K - Indemnity & Hold Harmless Agreement

DS Q - is there a reason for repeating contact information here?

Downtown South Bend, Inc. 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:**

Friday, January 16, 2026

**Signature**



**Printed Name**

Kylie Carter

## Section L - Permit and 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

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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.

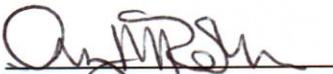
I have read the Application and the Permit and Agreement for this Special Event and I affirm the truth of the information provided by me to the best of my knowledge. I understand and agree to the above rules and regulations, and any applicable state and federal laws. I also understand that this application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

Date: \_\_\_\_\_

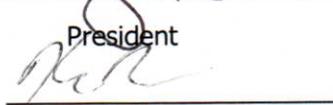
Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**SPECIAL EVENTS COMMITTEE APPROVAL**



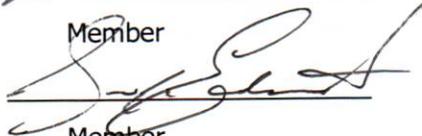
President



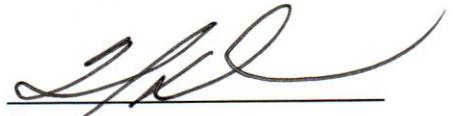
Member



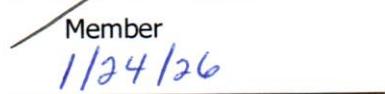
Member



Member



Member



Date

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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

**Signed on**

Friday, January 16, 2026

**Signature**



**Printed Name**

Kylie Carter

125

Fireworks  
Launch Site

outh

runo's Pizza Downtown  
Pizza



129

131

son Boulevard

JERSEY WALLS

Block Party  
Food Vendors

JERSEY WALLS



The Exchange Bar

Studebaker Plaza



Fire Dancers  
and Ice  
Carvings

Kruggel La



Rosen Morris

001



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/7/2025

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> Gibson Insurance Agency Inc 202 South Michigan St., Suite 1400 South Bend IN 46601	<b>CONTACT NAME:</b> Kim Parsons	
	<b>PHONE (A/C, No., Ext):</b> 269-743-6670	<b>FAX (A/C, No):</b> 574-236-6399
<b>E-MAIL ADDRESS:</b> kparsons@thegibsonedge.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> CINCINNATI INSURANCE CO.		10677
<b>INSURER B:</b> Cincinnati Indemnity Company		23280
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED** DOWNSOU-02  
 Downtown South Bend, Inc.  
 217 S Michigan St  
 South Bend IN 46601

**COVERAGES****CERTIFICATE NUMBER:** 1976053287**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	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		EPP 0031054	8/2/2025	8/2/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input 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			EPP 0031054	8/2/2025	8/2/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			EPP 0031054	8/2/2025	8/2/2026	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
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	EWC0257774	8/2/2025	8/2/2026	<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)**  
 The City of South Bend is additional insured with respect to General Liability coverage regarding events hosted by Downtown South Bend, Inc as required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

The City of South Bend  
 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

*Gibson Insurance Agency*

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