



**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: Bacon Around the Bend 5K

Event Date: June 20, 2026

Street Closure: Rolling from Niles/Cedar; Pokagon; Lawrence; Napoleon;  
St Louis; Peashway; Lawrence; Pokagon; Leeper to Corby's

Closure Times: 6:00 am to 11:00 am

Sidewalk Closure:  Yes  No

Comments: Annual event - proceeds go to The Family Justice Center.

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

*Elizabeth A. Maradik*

Elizabeth A. Maradik, President

*Murray L. Miller*

Murray L. Miller, Member

*Abigail E. Magas, P.E.*

Abigail E. Magas, Member

*Joseph R. Molnar*

Joseph R. Molnar, Vice President

*Breana N. Micou*

Breana N. Micou, Member

*Hillary R. Horvath*

Attest: Hillary R. Horvath, Clerk

Date: April 14, 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: March 26 2024 Organization Name: Family Justice Center  
Applicant (Contact) Name: Jessica Castello (Executive Director)  
Applicant (Contact) Phone: 574 734 6900 Contact Email: jrichmond@fjcsjc.org  
Address: 533 N Niles Ave City/State/ZIP: South Bend IN 46617

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: Bacon Around The Bend SK Event Type: (Festival, Race, Parade, Other): race (SK)

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]: 6/20/2026 Time: 6am

Date of Event [mm/dd/yy]: 6/20/2026 Begin Time: 8am

End Date of Event [mm/dd/yy]: 6/20/2026 End Time: 11am

Event Cleanup Completion [mm/dd/yy]: 6/20/2026 Time: 1pm

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

Total anticipated attendance: 400

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:
  - Individuals - \$40
  - Kids - \$10
  - Under 21 - \$25

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: Annual event this is year 9

**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? 50

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

NONE

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:

N/A

**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:

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: Corby's Irish Pub

IF A FOOD TRUCK, please list company name:

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

Pizza + Bacon cooked + served @ Corby's

**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.

Security will be hired based on final # of participants

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

Volunteers will remove all trash + signage from route

- **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/>

This event will be cancelled if there is extreme/inclement weather!

Race organizers can text + email all participants

- **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.

## 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.

Map attached same since 2021

**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: 3/26/2020 Event Date: 6/20/2020  
Event Name: Bacon Around the Bend SK  
Organization: Family Justice Center  
Applicant (Contact) Name: Jessica Castello  
Applicant (Contact) Phone: 514 234 6900 Alt. Phone: 574 339 5215 cell  
Email: jrichmond@fjcsjc.org  
Address: 533 N Niles Ave City/State/ZIP: South Bend IN 46617

Event Location (Please describe):

start @ fjc  
End at Corby's

Length of Event (Dates/Times): 3hrs

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.

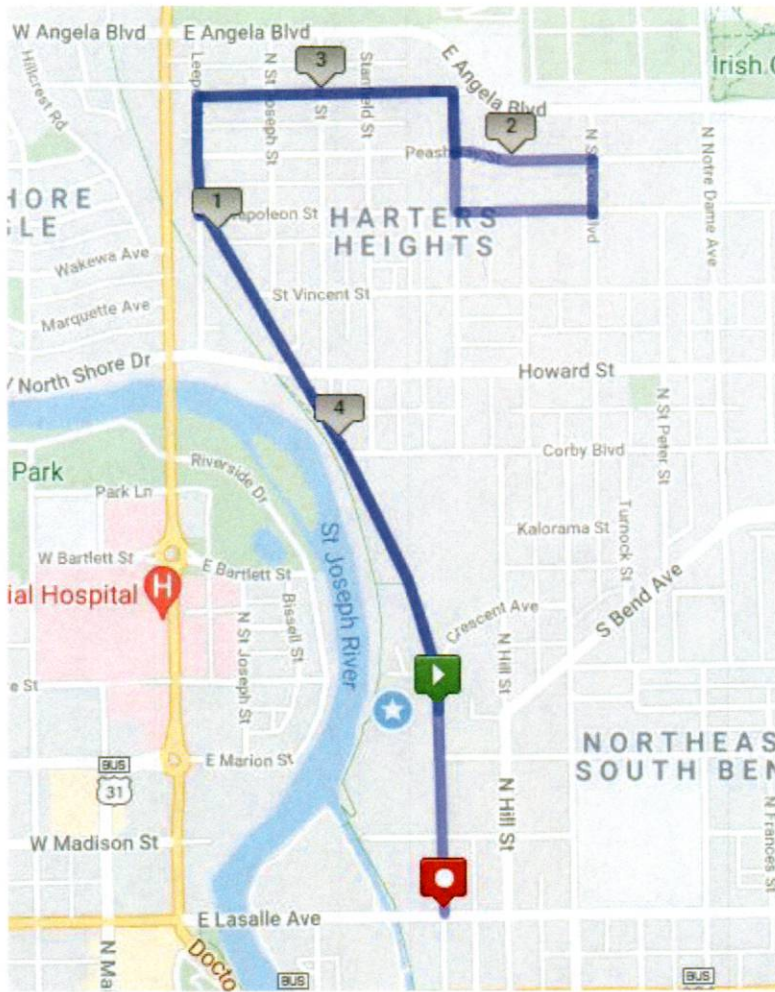
**Organization Name:** Family Justice Center agrees to indemnify, defend and hold harmless the City of South Bend, Indiana, its agents, officers, and employees (collectively ("City"), from any liability, loss, costs, damages or expenses, including attorney fees, which the City, may suffer or incur as 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: 3/26/2020

Authorized Organizer Signature: 

Printed Name and Title: Jessica Castello, Executive Director





North on Niles from Cedar  
Right on Pokagon  
Right on Lawrence  
Right on Napoleon  
Left on St Louis  
Left on Peashway  
Right on Lawrence  
Left on Pokagon  
Left on Niles (its Leeper Ave here and turns into Niles) to Corby's



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/18/2026

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> Gibson Insurance Agency Inc 202 South Michigan Street, Suite 1400 South Bend IN 46601-2020	<b>CONTACT NAME:</b> Kim Parsons <b>PHONE (A/C, No, Ext):</b> 269-743-6670 <b>E-MAIL ADDRESS:</b> kparsons@thegibsonedge.com	<b>FAX (A/C, No):</b> 574-236-6399	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Mount Vernon Fire Insurance Company		<b>NAIC #</b> 26522
<b>INSURED</b> Family Justice Center of St. Joseph County, Inc. 533 North Niles Avenue South Bend IN 46617-1919	FAMIJUS-01	<b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	

**COVERAGES**

CERTIFICATE NUMBER: 1041824568

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 type="checkbox"/> LOC OTHER:			SE2035057	6/20/2026	6/22/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 1,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> <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						PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Liquor Liability			SE2035057	6/20/2026	6/22/2026	Each Cause Aggregate	1,000,000 2,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

\*\*\*For Proof of Coverage Only\*\*\*

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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