



**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: Studebaker Car Cruise-In

Event Date: September 20, 2026

Street Closure: S St Louis Blvd from Jefferson Blvd to Washington St

Closure Times: 12:00 pm to 5:00 pm

Sidewalk Closure:  Yes  No

Comments: Barnaby's partnering with the Studebaker Drivers Club to showcase beautiful cars and preserve the history of South Bend.

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

Elizabeth A. Maradik, President

Murray L. Miller, Member

Abigail E. Magas, Member

Joseph R. Molnar, Vice President

Breana N. Micou, Member

Attest: Hillary R. Horvath, Clerk

Date: May 26, 2026



Thursday, May 7, 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

We accept payments in person or by mail in the form of a check or money order, and we can also process card payments. 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>	Thursday, May 7, 2026
<b>Organization Name</b>	Studebaker Drivers Club
<b>Applicant (Contact) Name</b>	John Stratigos
<b>Applicant (Contact) Phone Number</b>	(574) 220-2483

**Applicant Email** barnabyspizza@hotmail.com

**Address** 713 E. Jefferson Blvd., 713 E JEFFERSON BLVD  
SOUTH BEND, Indiana, 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.

**Service Provider Organization Name** Studebaker Drivers Club

**Service Provider Contact Person Name** Kirk Phillipson

**Service Provider Phone Number** (574) 876-7240

**Service Provider Email** kdp325@sbcglobal.net

**Service Provider Address** 2326 Autumn Trail  
Mishawaka, IN, 46544

## Section B - Event Information

**Event Name** Studebaker Car Cruise-In

**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.)**

Event Date: Sunday September 20, 2026  
12:00 noon - 5:00 pm

Request that S. St. Louis Blvd. is closed from Jefferson Blvd. to Washington St.

this will be the 6th year that Barnaby's is partnering with the Studebaker Drivers Club to showcase beautiful cars and preserve the history of South Bend,

***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.***

**Date of Event Setup** Sunday, September 20, 2026

**Time of Event Setup** 12:01 PM

**Date of Event** Sunday, September 20, 2026

**Event Begin Time** 01:00 PM

**End Date of Event** Sunday, September 20, 2026

**Event End Time** 05:00 PM

**Event Cleanup Completion** Sunday, September 20, 2026

**Event Cleanup Completion Time** 05:00 PM

**Is there a rain date for this event?**

**Total Anticipated Attendance** 150

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

**Is this event ticketed, or does it include fees?**

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

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

Barnaby's of South Bend

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

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

This event will be held on the third Sunday in September unless there is a conflict with Fusion Fest.

**Is your event a parade, race, or other processional-type event?**

## **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?**

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?**

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?**  No

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](#).

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

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:** Merle Janiszewski, [MJaniszewski@sjcindiana.gov](mailto:MJaniszewski@sjcindiana.gov), 574-235-9626

## Section E - Food

**Are you having food at your event (food vendors, caterers, food trucks, etc.)?**  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@southbendin.gov](mailto:Madams@southbendin.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](#)

**Will alcohol be served or sold?**  No

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**

## **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**

In the past the Studebaker Drivers Club has provided a loud speaker to assist in directing traffic and the club has also volunteered to help with any security issues. We have not had any concerns in the past 6 years.

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**

The Drivers Club has effectively cleaned up any debris that was in the street and historically they are gone cleaned up and departed by 5:00 pm.

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**

In the event of inclement weather this event will be cancelled by 10:00 AM. We will not take any chances if there is heavy rain in the forecast. One year this event was cancelled due to 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.

### **Proposed Lost and Found Plan**

There will be a Drivers Club personnel with public address system to assist with any lost items. Posters regarding the event will be available.

Barnaby's staff will also help if any items are lost.

## **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 - 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

## Section K - Indemnity & Hold Harmless Agreement

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

**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.**

Confirm

Studebaker Drivers Club 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:**

Thursday, May 7, 2026

**Signature**



**Printed Name**

John Stratigos

## 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 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

**Signed on**

Thursday, May 7, 2026

**Signature**



**Printed Name**

John Stratigos

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: \_\_\_\_\_

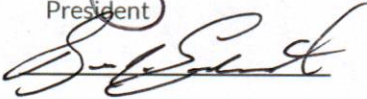
Applicant Signature: \_\_\_\_\_

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

SPECIAL EVENTS COMMITTEE APPROVAL



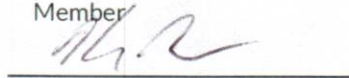
\_\_\_\_\_  
President



\_\_\_\_\_  
Member



\_\_\_\_\_  
Member

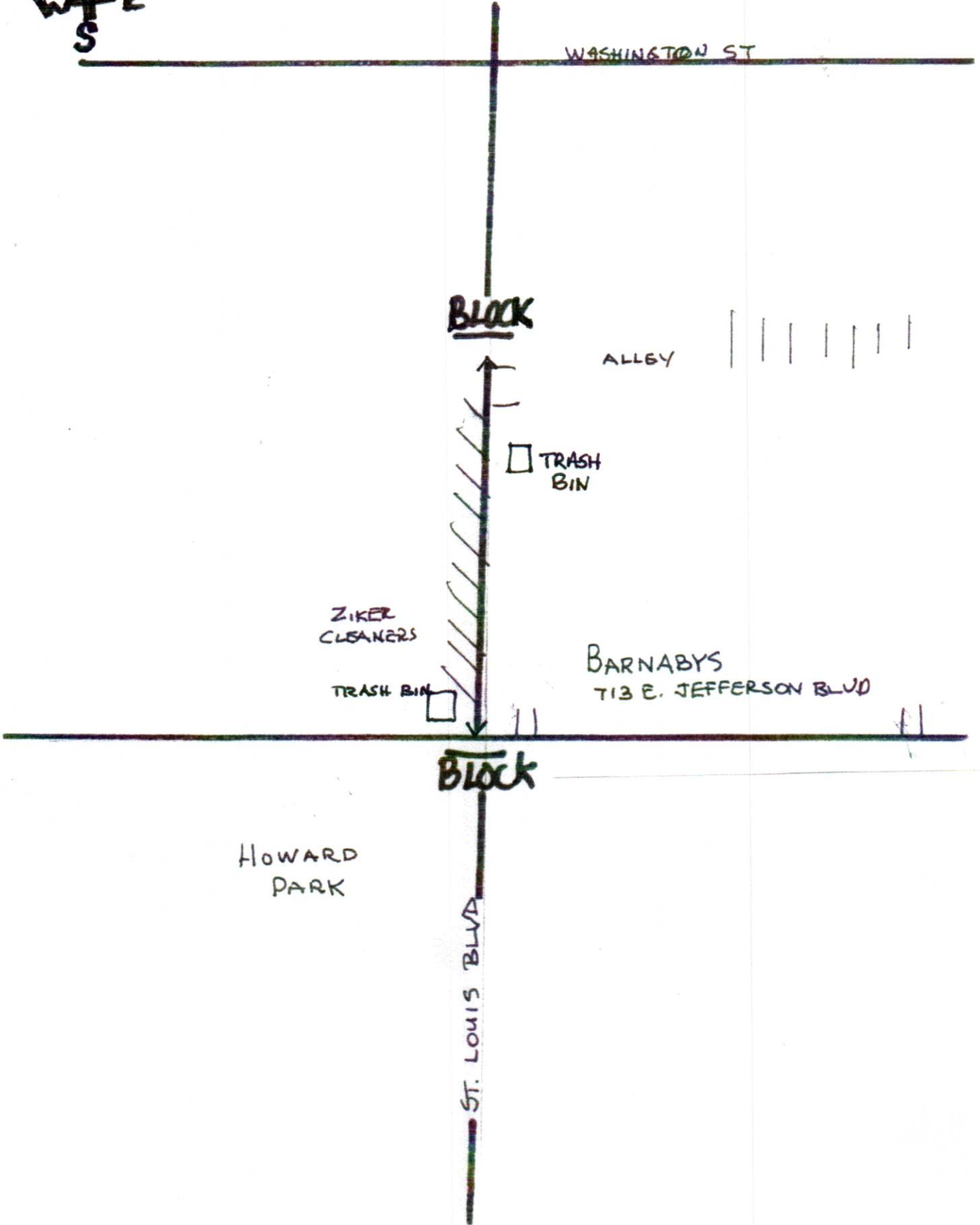


\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

5/13/26

\_\_\_\_\_  
Date





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/11/2026

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> Dan Berry Insurance Agency Inc. 54101 Ironwood Road South Bend, IN 46637	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (574) 255-6222 E-MAIL ADDRESS: business@dbimail.com	FAX (A/C, No): (574) 254-2630
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  Tudor Inns Inc. dba Barnaby's 713 E Jefferson Blvd South Bend, IN 46617-2902	<b>INSURER A:</b> United States Liability Insurance Company	<b>NAIC #</b> 25895
	<b>INSURER B:</b> Society Insurance Company	<b>NAIC #</b> 15261
	<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"/> <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:			CP1908054	1/1/2026	1/1/2027	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO 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) \$
							\$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CU10079263	1/1/2026	1/1/2027	EACH OCCURRENCE \$ 1,000,000
							AGGREGATE \$
							<b>Umbrella Liabil</b> \$ 1,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WC10079262	1/1/2026	1/1/2027	PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
B	<b>Liquor Liability</b>			LL10079261	1/1/2026	1/1/2027	Occ/Agg 1,000,000

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

### CERTIFICATE HOLDER

### CANCELLATION

City of South Bend/St. Joseph County  
215 Dr. Martin Luther King 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



**BARNABY'S**  
**713 E JEFFERSON BLVD.**  
SOUTH BEND, IN 46617

1864

71-9182/2712  
11

DATE May 13, 2026



PAY  
TO THE  
ORDER OF

City of South Bend

\$ 50.00

Fifty and none/100

DOLLARS



**everwise**  
CREDIT UNION  
everwisecu.com

FOR Special Events

John M. Stratigis

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504875121⑈