



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: Stand by Me Walk

Event Date: June 13, 2026

Street Closure: no closures-only brief crossings

Closure Times: N/A

Sidewalk Closure: Yes No

Comments: Annual walk in support of Alzheimers and Dementia services in the community.

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: June 9, 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: 3-10-26 Organization Name: Alzheimer's and Dementia Services

Applicant (Contact) Name: Angel Baginske

Applicant (Contact) Phone: 574-232-4121 Contact Email: angel@alzni.org

Address: 111 Sunnybrook Ct. City/State/ZIP: South Bend, IN. 46637

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: REAL Services Contact Name: KJ Mapes

Contact Phone: 574-284-7150 Contact Email: kj.mapes@realservices.org

Address: 1151 S. Michigan St. City/State/ZIP: South Bend, IN. 46601

Section B – Event Information

Event Name: STAND BY ME 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.)

Set up at Howard park at 8am walk from 10am - 11:30am clean up and out of Howard park by Noon

Date of Event Setup [mm/dd/yy]: June 13, 2026 Time: 0800

Date of Event [mm/dd/yy]: June 13, 2026 Begin Time: 0900

End Date of Event [mm/dd/yy]: June 13, 2026 End Time: 1200

Event Cleanup Completion [mm/dd/yy]: June 13, 2026 Time: 1200

Rain/Alternative Date: If yes, please provide the date: None

Total anticipated attendance: 300

The proposed event will require the closing of: Streets Sidewalks None

Is the event ticketed or includes fees? Yes No

IF YES:

- List fees and fee groups below:

\$25 registration fee

Does the event have any partnered sponsorships? Yes No

IF YES:

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

Multiple, Premier, Gold, Silver, Memory friend

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:

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? None

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

Only at Howard Park. Using our own equipment

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

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:

NA

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:

Using our own 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.

No

Does your event include the use of fireworks or other pyrotechnics? Yes No

IF YES:

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

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

IF YES:

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

Jake Borowski - individual playing music at Howard Park - No stage, No equipment

For stage inspections, contact the Department of Homeland Security at 317-232-2222.

IF YOUR ROUTE CROSSES OVER A STATE ROAD OR A BRIDGE, please contact the following for permission:

State, INDOT: Michael Hurt, mhurt1@indot.in.gov, 219-851-1426

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

Section 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.

City police officers will direct traffic at road crossings during the walk

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

All trash removed by ALZNI staff

- **Inclement Weather Plan** – This plan should include, but is not limited to:
 - Safety measures that will be taken in the event of a tornado warning, tornado watch, thunderstorm, and extreme temperatures.
 - Rain date.
 - Weather information and forecasts can be found at <https://www.weather.gov/>

Rain or shine event

- **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.

Alzni handles lost and found at the registration desk

te Plan / Route Map

s of all event items listed below.

mes of all affected streets and areas.

ule for each. **Applicants should ensure all roadway
and separate from the event setup and event
times may not be perfectly identical or linked to the**

gineering approval. (*County Bridges: Andy Hayes,
9626*)

F approval. (*State, INDOT: Michael Hurt,*

s. Indicate any removable fencing and exit locations for

ndstands, tents, booths, cooking areas, vehicles, trailers,
ould also clearly mark locations of food and alcohol

ts and wash stations.

ycling containers, including dumpsters.

lectricity.

ng/drop off areas, barricades, secured areas, vehicle and

TRANSP0 bus route changes.

Section I – Mitigation of Impact

IF YOU ARE USING AND/OR CLOSING PUBLIC SIDEWALKS OR STREETS:

- You are required to notify area business owners and residents in writing 15 days prior to the event.

Attach a copy of the brochure or door hanger distributed to all affected residents/businesses/neighborhood groups describing the event purpose, date and time.

Section J – Insurance

A Certificate of Insurance (copy) confirming the existence of a liability policy (General Liability and Automobile Liability) of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate, which specifically names the City of South Bend, IN as an additionally insured for the event must be submitted. Copy of Certificate of Insurance must be submitted two (2) weeks prior to the date of the event.

Section K – Indemnity & Hold Harmless Agreement

**City of South Bend Special Events Committee
Indemnity & Hold Harmless Agreement**

Date: Marsh 10, 2026 Event Date: June 13, 2026
Event Name: STAND BY ME WALK
Organization: Alzheimer's and Dementia Services of Northern Indiana
Applicant (Contact) Name: Angel Baginske
Applicant (Contact) Phone: 574-232-4121 Alt. Phone: _____
Email: angel@alzni.org
Address: 111 sunnybrook Ct. City/State/ZIP: South Bend, IN. 46637

Event Location (Please describe):
Howard Park and walk route included here

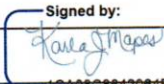
3 Hours

Length of Event (Dates/Times): _____

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: REAL Services/Alzheimer's and Dementia Svcs 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: 3-10-26

Authorized Organizer Signature: _____

Signed by: KJ Mapes
ICA08C8842004EB...

Printed Name and Title: KJ Mapes, President/CEO

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.

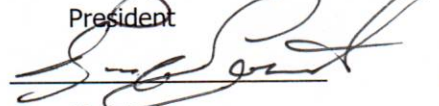
Date: 3-10-26


Applicant Signature: 
Signed by: KJ Mapes
1CA08C8842064EB...


Printed Name: KJ Mapes

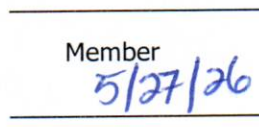
SPECIAL EVENTS COMMITTEE APPROVAL


President


Member


Member


Member


Member

5/27/26
Date

Google Maps

Stand by Me ~~2025~~ 2024





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/25/2025

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).

PRODUCER Gibson Insurance Agency Inc 202 South Michigan St., Suite 1400 South Bend IN 46601	CONTACT NAME: Felicia Adamson PHONE (A/C, No, Ext): 574-245-9949 E-MAIL ADDRESS: fadamson@thegibsonedge.com	FAX (A/C, No): 574-236-6399	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Real Services, Inc. 1151 S Michigan St PO Box 1835 South Bend IN 46634	REALSER-01	INSURER A : Philadelphia Insurance Co.	12304
		INSURER B : Accident Fund General Insurance Company	18058
		INSURER C : Philadelphia Indemnity Insurance Company	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 79317441

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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			PHPK2571481-002	7/1/2024	7/1/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							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 checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2571481-002	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB870323-002	7/1/2024	7/1/2025	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	AF WCP 100041244	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							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)

Re: Stand By Me walk at Howard Park on June 14th

CERTIFICATE HOLDER**CANCELLATION**

City of South Bend Department of VPA
 301 S St. Louis Blvd
 South Bend IN 46617

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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(574)233-0311
CITY OF SB (SPEC EVENT
215 DR MARTIN LUTHER KI
SOUTH BEND, IN 46601

05/19/2026 13:29:48
MID: XXXXXXXXXXXX064 TID: XXXXX199

CREDIT CARD

VISA SALE

Card # XXXXXXXXXXXX5384
Chip Card: VISA CREDIT
AID: A000000031010
SEQ #: 1
Batch #: 7
INVOICE 1
Approval Code: 019434
Entry Method: Contactless
Mode: Issuer
Tax Amount: \$0.00

SALE AMOUNT \$100.00

I agree to pay above total amount
according to card issuer agreement.
(Merchant agreement if Credit Voucher)

X _____

VISA CARDHOLDER

MERCHANT COPY