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: Linden Avenue 4th of July

Event Date: July 4, 2026

Street Closure: Linden Ave from Fremont St to N Meade St

Closure Times: 6:00 AM to 10:00 PM

Sidewalk Closure: ☐ Yes ☒ No

Comments: Family gathering for 4th of July.

Abigail E. Magas, P.E.

Review and Approved 07/01/26
Abigail E Magas, PE
City Engineer

CITY OF SOUTH BEND, INDIANA
BOARD OF PUBLIC WORKS

Elizabeth A. Maradik, President

Joseph R. Molnar, Vice President

Murray L. Miller, Member

Breana N. Micou, Member

Abigail E. Magas, Member

Attest: Hillary R. Horvath, Clerk

Date: July 14, 2026

City of South Bend Special Event Application

Neighborhood Event

$25 application fee if filed 30 days or greater (up to 180 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. Neighborhood 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: 6/15/26 Organization Name: _____

Applicant (Contact) Name: Geri Anderson

Applicant (Contact) Phone: 574-300-3251 Contact Email: andersongeri6816@gmail.com

Address: 2505 Linden Ave City/State/ZIP: South Bend, IN 46628

Secondary Contact Name: Talise Briley

Contact Phone: 574-621-0249 Contact Email: _____

Address: 2505 Linden Ave City/State/ZIP: South Bend, IN 46628

Section B – Event Information

Event Name: 4th of July Expected Attendance: 100

Requested Street Closure: Meade to Fremont

From (Cross Street): Fremont @ Linden to

To (Cross Street): Linden @ Meade

Provide a brief description of the event:

Date of Event Setup [mm/dd/yy]: 7/4/26 Time: 6:00 AM

Begin Date of Event [mm/dd/yy]: 7/4/26 Time: 2:00 pm

End Date of Event [mm/dd/yy]: 7/4/26 Time: 10:00 pm

Event Cleanup Completion [mm/dd/yy]: 7/4/26 Time: 10:30 pm

Have all residents on the affected block have been notified and invited? ☑ Yes ☐ No

Please attach a copy of the door hanger or letter used to notify residents in addition to signature attachment.

Number of households fronting the proposed street closure: 9

Number of households represented by signatures on attached sheet: _____

Will this event have music (live or other)? ☒ Yes ☐ No

Section C – Alcohol

Will alcohol be served or sold? ☐ Yes ☒ No

If Yes:

- The applicant must apply for and receive a temporary liquor license from the Alcohol & Tobacco Commission.
  - 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.
- The applicant must submit a map or drawing of:
  - Fencing around serving area
  - Trash receptacles
- 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).

(a) Security Company Information

Company Name: N/A Contact Name: _____

Contact Phone: _____ Email: _____

Address: _____ City/State/ZIP: _____

(b) Independent Security Information

Name: N/A Contact Phone: _____

Qualifications: _____

_____

Name: _____ Contact Phone: _____

Qualifications: _____

_____

Name: _____ Contact Phone: _____

Qualifications: _____

_____

Section D – Food

Will your event have food sales (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 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 on the St. Joseph County Health Department Food Service website at sjchd.org/food-service.

Please select food types: ☐ Food Vendor ☐ Caterer ☐ Food Truck ☐ Other: _____

If a Food Truck, please list company name(s):

Please describe how food will be cooked and served:

Section E – Indemnity & Hold Harmless Agreement

City of South Bend Special Events Committee

Indemnity & Hold Harmless Agreement

Date: 6/15/26 Event Date: 7/4/26

Event Name: 4th of July

Organization: _____

Applicant (Contact) Name: Geri Anderson

Applicant (Contact) Phone: 574-300-3251 Alt. Phone: _____

Email: andersongeri6816@gmail.com

Address: 2505 Linden Ave City/State/ZIP: South Bend, IN 46628

Event Location (Please describe):
2505 Linden family gathering.

Length of Event (Dates/Times): 2:00 - 10:00pm

APPLICANT agrees to indemnify, defend and hold harmless the Civil City of South Bend, Indiana, from any liability, loss, costs, damages or expenses, including attorney fees, which the Civil City of South Bend, 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 Civil City of South Bend, Indiana, 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: 6/15/26

Geri Anderson

Authorized Organizer Signature

Geri Anderson

Printed Name and Title

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: 6/15/26

Applicant Signature: Geri Anderson

Printed Name: GERI ANDERSON

SPECIAL EVENTS COMMITTEE APPROVAL

President

Member

Member

Member

Member

6/24/26

Date

Section F – Permit & Agreement

1. Pursuant to Local Ordinance No. 10628-18, there is a $25.00 non-refundable fee for applications filed 30 days or greater in advance of the event date. Applications filed less than 30 days in advance of the event date will not be accepted.

2. All residents within the affected area must be notified of this event. The APPLICANT must obtain signatures from at least 10 residents that reside along the closed right-of-way and make an attempt to notify all other affected residents. **APPLICANTS must include a copy of a brochure or letter of invitation distributed to all affected neighbors describing the event purpose, date, and time**.

3. The APPLICANT is responsible, prior to the event, for determining if there are any affected residents that need assistance accessing their residence. **The APPLICANT is responsible for providing said resident(s) access or transportation to their property.**

4. The cones will be delivered to the APPLICANT's address. The APPLICANT assumes full responsibility for clean-up and assures the City that all cones will be maintained and returned undamaged. The APPLICANT will be liable for the replacement cost of $50.00 per cone as a result of any missing or damaged cones.

5. Block parties must end by 8:00 p.m.

6. A street will be blocked off from intersection to intersection only. No half-blocks or alleys can be blocked off.

7. The Special Events Committee reserves the right to deny any block party application based on traffic and speed limit records. No street may be closed with a speed limit over 30 MPH or considered to be a major arterial.

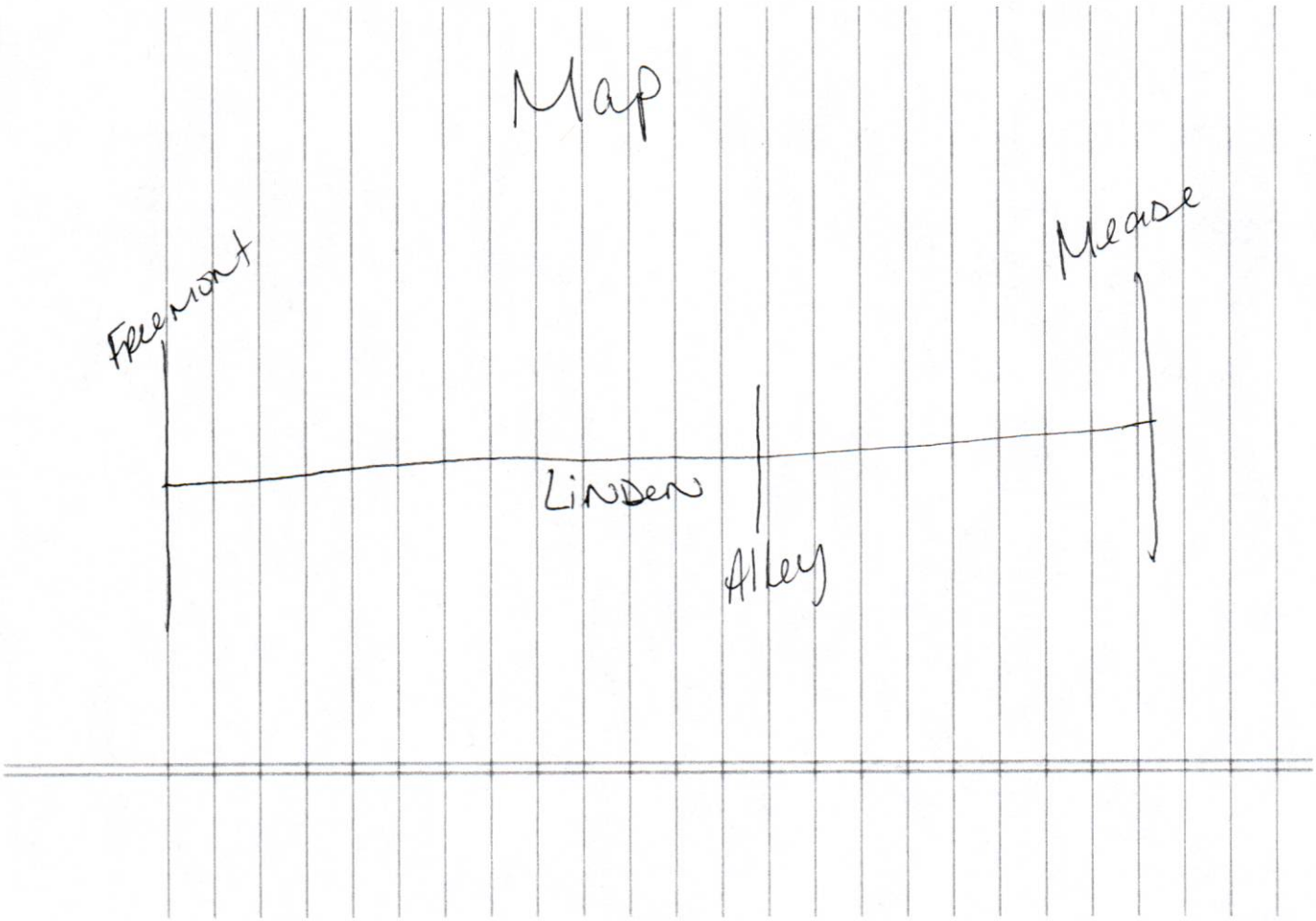
8. The Special Events Committee reserves the right to deny any block party application based on information gathered from the South Bend Police Department or other sources.

9. The APPLICANT agrees to allow residents that live on the above-referenced block access in and out of the restricted area as needed.

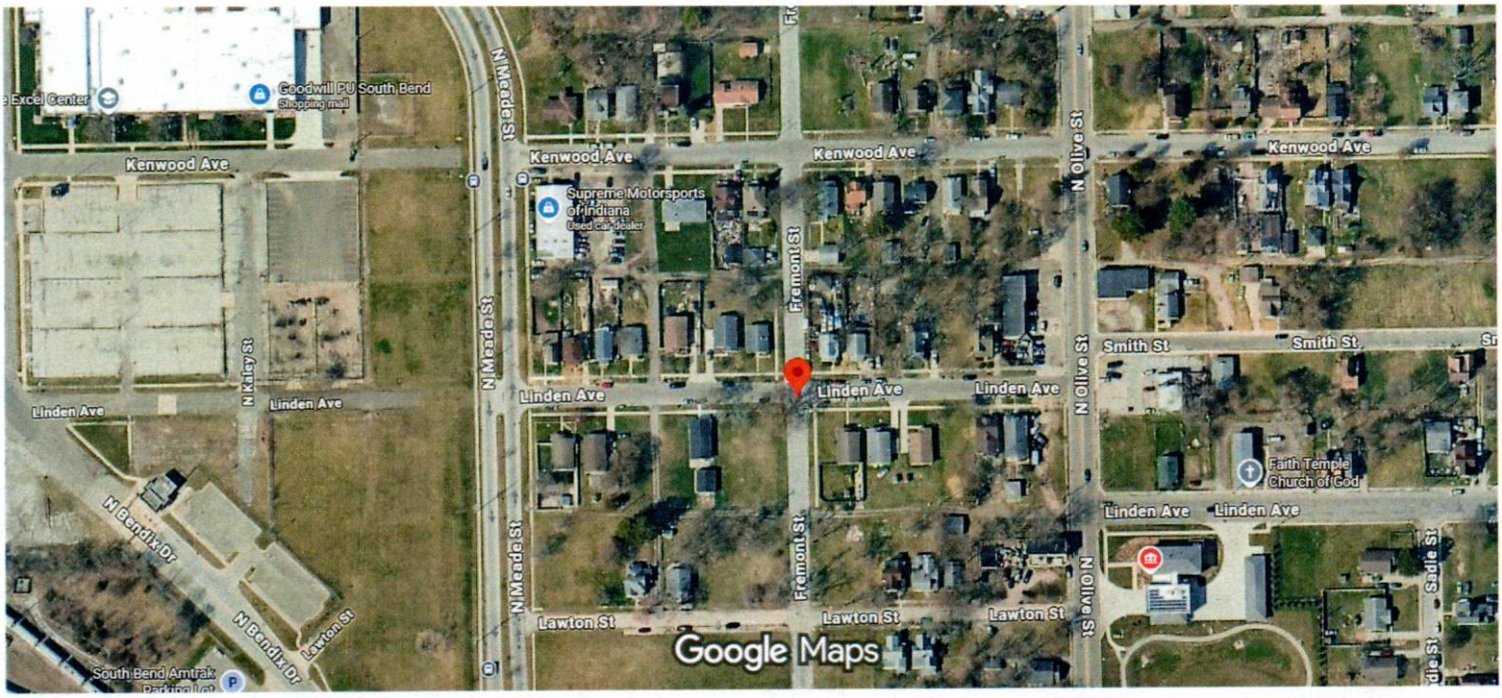
10. The APPLICANT agrees to abide by all terms and conditions of the South Bend Municipal Code and Board of Public Works' policy adopted in Resolution No. 10628-18 on December, 11, 2018.

11. Notification of approval/denial of this request will be issued by return of this form, upon signed authorization by the Board of Public Works.

12. **The City of South Bend Noise Ordinance 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 stereos, speakers, 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 (Municipal Code 13-57).**


Map
Fremont
Linden
Alley
Mease

Google Maps Linden Ave & Fremont St



Imagery ©2026 Airbus, Maxar Technologies, Map data ©2026 Google 100 ft

Hello neighbors!!!

We will be having a family friendly block party on July 4, 2026, and would like you to join us.

Best regards,

Anderson's

2505 Linden Ave

Neighbor Signature Sheet – Neighborhood Special Event

We have been informed, agree to, and request that the Special Events Committee of the City of South Bend authorize a block party in the area described as:

Linden (Street Name) from Freemont (Cross Street) to Meade (Cross Street)

Date of Event: July 4, 2026

1.	Signature	Angel manjarrez	6.	Signature	
	Name	Angel manjarrez		Name	Jamila Perry
	Address	linden ave 2509		Address	2503 Linden Ave
	Phone No.	574-300-0944		Phone No.	541-204-3816
	Date	06-15-26		Date	6-15-26
2.	Signature		7.	Signature	
	Name	Mikkeysha Tobar		Name	Victor Lopez
	Address	2519 Linden Ave		Address	2510 Linden Ave
	Phone No.	574-347-2055		Phone No.	(574) 386-1818
	Date	06/15/2026		Date	6-15-26
3.	Signature	Rita Dotson	8.	Signature	
	Name	Rita Dotson		Name	Wendy Quinteros
	Address	2525 Linden		Address	9531 Linden Av.
	Phone No.	574-220-9379		Phone No.	574 514 8373
	Date	6-15-26		Date	6-15-26
4.	Signature		9.	Signature	
	Name	Charles Benion		Name	Renee Garcia
	Address	2525 Linden Av		Address	2527 Linden Ave
	Phone No.	574-300-9379		Phone No.	(574) 387-8707
	Date			Date	6/15/26
5.	Signature		10.	Signature	
	Name	Remona Anderson		Name	
	Address	2530 Linden Ave.		Address	
	Phone No.	(574) 292-9019		Phone No.	
	Date	June 15, 2026		Date	

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

06/16/2026 10:44:20
MID: XXXXXXXXXXXX064 TID: XXXXX199

CREDIT CARD

MC SALE

Card #	XXXXXXXXXXX2408
Chip Card:	MASTERCARD DEBIT
AID:	A0000000041010
SEQ #:	1
Batch #:	13
INVOICE	1
Approval Code:	2S2NA7
Entry Method:	Contactless
Mode:	Issuer

SALE AMOUNT $25.00

Signature Not Required

MERCHANT COPY