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: Our Lady of Hungary Parish Festival

Event Date: July 18, 2026

Street Closure: Chapin St from Calvert St to Bruce St

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

Sidewalk Closure: ☐ Yes ☒ No

Comments: Parish festival combining both Hungarian and Hispanic culteral elements.

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: 3/31/26 Organization Name: Our Lady of Hungary Church

Applicant (Contact) Name: Fr Ben Landrigan

Applicant (Contact) Phone: 260-422-1048 Contact Email: blandrigan@olhsb.org

Address: 731 W Calvert St City/State/ZIP: South Bend IN 46613

Secondary Contact Name: school office Viola Ramsay

Contact Phone: 574-289-3272 Contact Email: olhsec@olhsb.org

Address: 735 W Calvert St City/State/ZIP: South Bend IN 46613

Section B – Event Information

Event Name: Our Lady of Hungary Parish Festival Expected Attendance: 2000

Requested Street Closure: Chapin St between Calvert & Bruce Sts

From (Cross Street): Calvert

To (Cross Street): Bruce

Provide a brief description of the event: parish festival combing both Hungarian and Hispanic cultural elements

Date of Event Setup [mm/dd/yy]: 7/18/2026 Time: 10 am

Begin Date of Event [mm/dd/yy]: 7/18/2026 Time: 4:00 pm

End Date of Event [mm/dd/yy]: 7/18/2026 Time: 10 pm

Event Cleanup Completion [mm/dd/yy]: 7/18/2026 Time: 11 pm

Have all residents on the affected block have been notified and invited? ☒ Yes ☐ No n/a

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: 0

Number of households represented by signatures on attached sheet: 0

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: Mikoljewski + Assoc. Inc Contact Name: Gene

Contact Phone: 574-289-7226 Email: gmikolaj@sbcglobal.net

Address: 325 S. Summit Dr City/State/ZIP: South Bend IN 46619

(b) Independent Security Information

Name: _____ Contact Phone: _____

Qualifications: _____

_____

Name: _____ Contact Phone: _____

Qualifications: _____

_____

Name: _____ Contact Phone: _____

Qualifications: _____

_____

See Exhibit A
Approved temporary Beer + Wine Event Permit

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:

parishioners cooking in school kitchen and on grills.

See Exhibit B for St Joseph Co health dept temporary event application

Section E – Indemnity & Hold Harmless Agreement

City of South Bend Special Events Committee

Indemnity & Hold Harmless Agreement

Date: 5/29/2026 Event Date: 7/18/2026

Event Name: Our Lady of Hungary Catholic Church Parish Festival

Organization: Our Lady of Hungary Catholic Church

Applicant (Contact) Name: Fr Ben Landrigan

Applicant (Contact) Phone: 260-442-1048 Alt. Phone:

Email: blandrigan@olhsb.org

Address: 731 W Calvert St City/State/ZIP: South Bend IN 46613

Event Location (Please describe):

Length of Event (Dates/Times): July 18, 2026 10 am – 10 pm

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: 5/29/26

Authorized Organizer Signature

Fr Ben Landrigan, Pastor

Printed Name and Title

See Exhibit C - 2 pages for Certificate of Insurance and Endorsement

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).**

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: 5/29/24

Applicant Signature: Fr. Benjamin Landrigan

Printed Name: Father Ben Landrigan

SPECIAL EVENTS COMMITTEE APPROVAL

President	Member	Member
Member	Member	Date

LOCAL AUTHORIZATION FOR TEMPORARY BEER & WINE EVENT PERMIT APPLICATION

State Form 57883 (R1 / 7-25)

INSTRUCTIONS:
1. *Applicant must complete all requested information.*
2. *Please type or print clearly.*
3. *Obtain required community clearance signatures and then upload with the online Temporary Beer & Wine Event application when applying.*

NOTE: THIS FORM IS ONLY TO BE USED WITH ONLINE APPLICATION. Visit https://mylicense.in.gov/eGov/ML1.html to submit the online application.

STEP 1. GENERAL INFORMATION

Name of applicant applying for permit *(organization, club, corporation, individual - such as XYZ 123 Inc)*
Our Lady of Hungary Parish

Address of applicant *(number and street, city, state, and ZIP code)*
731 W Calvert South Bend, IN 46613

E-mail address
dennydomonkos@gmail.com

Printed name of person making application
Denise M Domonkos

Emergency contact telephone number
574-300-8197

Printed name of contact person of event
Indira Villigran

Emergency contact telephone number
574-386-2449

STEP 2. EVENT INFORMATION

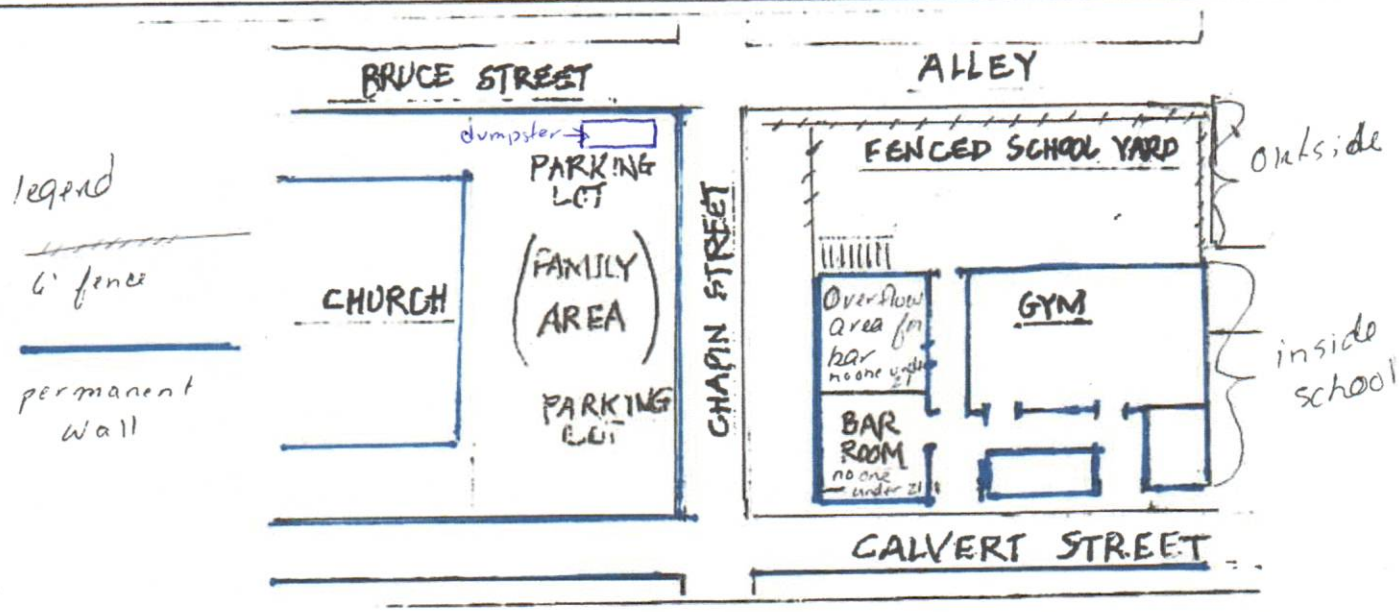
Beginning day *(Monday, Tuesday, etc)*	Beginning date *(month, day, year)*	Ending day *(Monday, Tuesday, etc)*	Ending date *(month, day, year)*
Saturday	July 18, 2026	Saturday	July 18, 2026

Time of event — Start time: 4:00 ☐ AM ☑ PM — End time: 9:00 ☐ AM ☑ PM

Type or description of event
Annual Our Lady of Hungary Parish Festival

Exact address of event *(number and street, city, state, and ZIP code – if occurring in a suite, suite MUST be included)*
735 West Calvert South Bend IN 46613

STEP 3. FLOORPLAN (DRAW OR ATTACH SEPARATELY)



STEP 4. APPLICANT VERIFICATION

The below signed applicant affirms under the penalties of perjury that the information contained in this form is true and accurate.

Printed name of applicant	Signature	Date signed *(month, day, year)*
Denise M Domonkos	Denise M Domonkos	5/21/2026

STEP 5. COMMUNITY CLEARANCE

Printed name of Sheriff of county, or Chief of Police, or Town Marshall of jurisdiction where the event will be held	Signature	Date signed *(month, day, year)*
A/C Dan Skibins	Dan Skibins	5-26-26
Printed name of the mayor *(if the event is held in Fort Wayne)*	Signature	Date signed *(month, day, year)*

FOR OFFICE USE ONLY

Approved	Denied	Permit Number	Reviewed By	Date Reviewed
☒	☐	TM0120034		6-3-2026

Exhibit A

APPROVED TEMPORARY BEER & WINE EVENT PERMIT

PERMIT #: TM0114004 **APPROVED BY:** J Mullins **DATE:** 5-30-2025

LOCAL AUTHORIZATION FOR TEMPORARY BEER & WINE PERMIT APPLICATION

INSTRUCTIONS:
1. *Applicant must complete all requested information.*
2. *Please type or print clearly.*
3. *Obtain the required community clearance signatures and upload with the online temporary event application.*

NOTE: THIS FORM IS ONLY TO BE USED WITH ONLINE APPLICATION. Visit https://myilicense.in.gov/eGov/ML1.html to submit the online application.

STEP 1. GENERAL INFORMATION

Name of applicant applying for permit *(organization, club, corporation, individual - such as XYZ 123 Inc)*

Our Lady of Hungary Parish

Address of applicant *(number and street, city, state, and ZIP code)*

735 W Calvery South Bend, IN 46613

E-mail address

dennydomonkos@gmail.com

Printed name of person making application

Denise M Domonkos

Fax number ( )

Emergency contact telephone number ( ) 574 287-1700

Printed name of contact person of event

Denise M Domonkos

Emergency contact telephone number ( ) 574 300-8197

STEP 2. EVENT INFORMATION

Beginning day *(Monday, Tuesday, etc)*	Beginning date *(month, day, year)*	Ending day *(Monday, Tuesday, etc)*	Ending date *(month, day, year)*
Saturday	7-19-2025	Saturday	07-19-2025

Time of event
Start time 2:00 ☐ AM ☑ PM
End time 9:00 ☐ AM ☑ PM

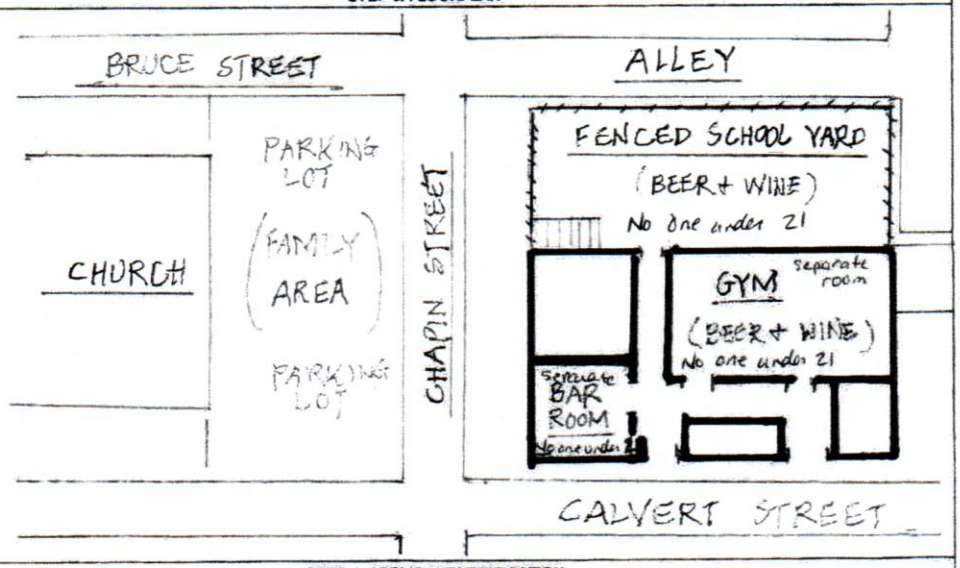
Type or description of event

Parish Festival

Exact address of event *(number and street, city, state, and ZIP code)*

735 W Calvert

STEP 3. FLOORPLAN



STEP 4. APPLICANT VERIFICATION

The below signed applicant affirms under the penalties of perjury that the information contained in this form is true and accurate.

Signature of applicant: Denise M. Domonkos

Date signed *(month, day, year)*: 5-12-2025

STEP 5. COMMUNITY CLEARANCE

1. Signature of Sheriff of county, or Chief of Police, or Town Marshall of jurisdiction where the event will be held: AC Dan Gahl — Date signed *(month, day, year)*: 5-26-25
2. Signature of the mayor *(if the event is held in Fort Wayne)* — Date signed *(month, day, year)*:

legend ------ 6' fence
——— permanent wall

AUTHORIZED FOR BEER & WINE ONLY, NO LIQUOR CONSUMPTION

YOU MUST POST THIS PERMIT AT THE EVENT WHERE IT CAN BE EASILY SEEN

JK emailed 6/9/26 Exhibit B

Revised 04/28/2026

ST. JOSEPH COUNTY DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

St. Joseph County Department of Health
Temporary Event Plan and Review

IMPORTANT: The Temporary Plan and Review Application **MUST** be submitted to the Health Department **30 Days Prior to the Event.**
The application must be completed in its entirety.

Event Name: Our Lady of Hungary Parish Festival

Date of Event: July 18, 2026 Operational Hours of Event: noon - 9:00 pm

Location of the Event: Our Lady of Hungary, 735 W Calvert St and 829 W Calvert parking lot

Event Coordinator's Name: Denise M Demonkos

Business Address: 731 W Calvert St. Phone Number: 574-287-1700

E-mail: dennydemonkos@gmail.com ① olhsec@olhsb.org Fax number: 574-289-6704

Set up Date: July 18, 2026 Set up Time: 10 am

Water Supply: Public Y Private (well water) _____ (copy of last water test) Y N

Method used for Wastewater for disposal: n/a

All liquid waste must be disposed of into approved containers (e.g., graywater bins) or to an approved sanitary sewer

Total Number of Temporary Food Vendors: church members only - no outside vendors

Approximate number of attendees and staff expected at the event daily: 500

Event Coordinator Responsibility:

- Ensure all vendors have **applied for and obtained the necessary permit(s) seven (7) days before the Event.**
- Contact the temporary vendors and inform them of the inspection time.
- Inform the vendors they need to be at their location until the Health Department has conducted an inspection. **Vendors who are not at their location or not in full compliance with 410 IAC 7-26 will not be allowed to operate.**
- If a vendor has not applied and paid for a permit, the Event Coordinator **SHALL** not allow that vendor to operate.
- Any vendor without adequate hand washing facilities will be closed until adequate hand washing facilities can be provided.
- Submit a site map listing location(s) of the food vendors.

The Temporary Event Plan and Review Application may be faxed to the Department of Health at 574-235-9497, mailed to St. Joseph County Department of Health, Attention Food Unit, 227 W. Jefferson Blvd., 9th Floor County City Building, South Bend, IN 46601, or emailed to foodshd@sjcindiana.gov. Online application submittal is also available at www.sjcindiana.gov/health in "Forms & Permits". If there are any questions, contact our office at 574-235-9750, option 5.

Temporary Vendor Information

Revised 04/28/2026

	Vendor Business Name	***Contact Person***	***Cell Phone***	***Telephone***	***Number of Units***
1	n/a				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Office Use Only

Date application received: _____ Staff Initials: _____

Exhibit C page 1 of 2

Certificate of Coverage

Date: 6/1/2026

Certificate Holder
The Diocese of Fort Wayne-South Bend, Inc.
Chancery Office
P O Box 390
Fort Wayne, IN 46801

This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.

Company Affording Coverage
THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA
10843 OLD MILL RD
OMAHA, NE 68154

Covered Location
OUR LADY OF HUNGARY CHURCH
829 W CALVERT ST

SOUTH BEND, IN 46613-0000

Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate 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 coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

	Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
	Property				Real & Personal Property	
	D. General Liability	8679	10/1/2025	10/1/2026	Each Occurrence	1,000,000
	[x] Occurrence				General Aggregate	2,000,000
	[ ] Claims Made				Products-Comp/OP Agg	
					Personal & Adv Injury	
					Fire Damage (Any one fire)	
					Med Exp (Any one person)	
	Excess Liability				Each Occurrence	
					Annual Aggregrate	
	Other				Each Occurrence	
					Claims Made	
					Aggregate	
					Annual Aggregrate	
					Limit/Coverage	

Description of Operations/Locations/Vehicles/Special Items **(the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)**
Our Lady of Hungary Church's Parish Festival on July 18, 2026.

Holder of Certificate

Additional Protected Person(s)

City of South Bend, Special Events Committee, & Board of Public Works
Public Works Service Center
731 S. Lafayette Blvd.
South Bend, IN

0067005690

Cancellation

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 **days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.**

Authorized Representative Paul A. Peterson

Exhibit C pg 2 of 2

ENDORSEMENT

(TO BE ATTACHED TO CERTIFICATE)

Effective Date of Endorsement 7/18/2026 Charge Credit

Cancellation Date of Endorsement 7/19/2026

Certificate Holder The Diocese of Fort Wayne-South Bend, Inc. Chancery Office P O Box 390 Fort Wayne, IN 46801

Location OUR LADY OF HUNGARY CHURCH 829 W CALVERT ST SOUTH BEND, IN 46613-0000

Certificate No. 8679 of The Catholic Mutual Relief Society of America is amended as follows:

SECTION II - ADDITIONAL PROTECTED PERSON(S)

It is understood and agreed that Section II - Liability (only with respect to Coverage D - General Liability), is amended to include as an ***Additional Protected Person(s)*** the organization(s) shown in the schedule below.

Schedule - ADDITIONAL PROTECTED PERSON(S)

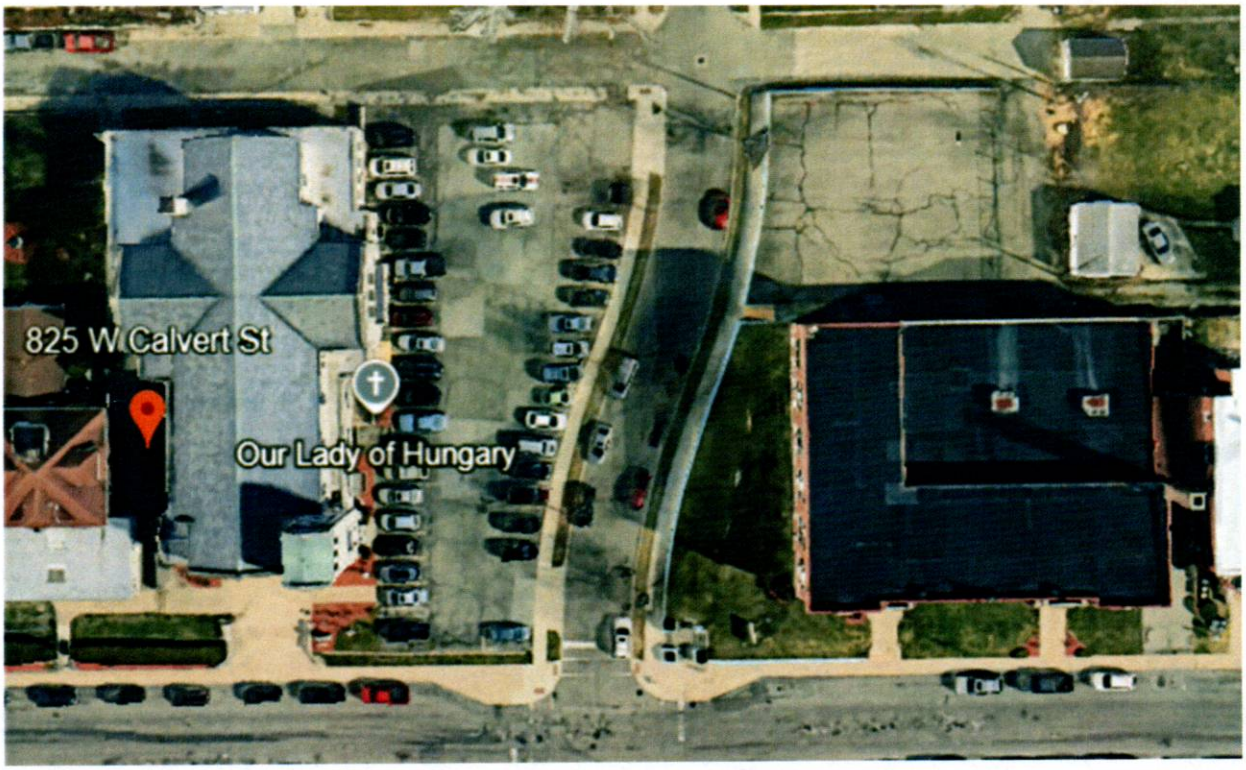
City of South Bend, Special Events Committee, & Board of Public Works
Public Works Service Center
731 S. Lafayette Blvd.
South Bend, IN

Remarks:
Our Lady of Hungary Church's Parish Festival on July 18, 2026.

However, the following limitations apply to coverage:

1. The maximum limits of coverage provided by Catholic Mutual Relief Society of America to the ***Additional Protected Person(s)*** named in this endorsement shall not exceed the coverage dollar amount specifically required by contract or agreement and agreed to by the ***Protected Person(s)***. In the absence of specific coverage limits within a referenced contract or agreement, the limits of liability afforded to the ***Additional Protected Person(s)*** must be listed on a separate Certificate of Coverage form attached to this endorsement. All limits of liability extended by this endorsement are inclusive of both Section II Coverage D and Section VII coverages (if applicable).
2. Unless specifically agreed to by contract or agreement, the coverage extended to the ***Additional Protected Person(s)*** by this endorsement is excess and non-contributory over any other available coverage or insurance.
3. This endorsement does not apply to any ***Occurrence*** outside the specific date(s) of a facility use agreement or terms of a lease.
4. This endorsement does not extend coverage to the ***Additional Protected Person(s)*** for ***Occurrences*** which cannot be attributed to primary acts or omissions of the ***Protected Person(s)***.
5. Provided that a premises is utilized by the ***Protected Person(s)*** in a manner consistent with its intended purpose and in accordance with the applicable contract, agreement, or lease, this endorsement does not extend coverage to the ***Additional Protected Person(s)*** for premises defects or other ***Occurrences*** which could not be discovered by the ***Protected Person(s)*** with reasonable diligence.
6. The limited coverage afforded to the ***Additional Protected Person(s)*** by this endorsement only applies to the extent permissible by law and shall not apply to non-delegable duties unless specifically agreed to by contract or agreement.

This extension of coverage shall not enlarge the scope of coverage provided to the ***Certificate Holder*** under this Certificate nor increase the limit of liability thereunder. Unless otherwise agreed by contract or agreement, coverage extended under this endorsement to the ***Additional Protected Person(s)*** will not precede the effective date of this endorsement or extend beyond the cancellation date.


825 W Calvert St
Our Lady of Hungary

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

6/24/26

Date

APPROVED TEMPORARY BEER & WINE EVENT PERMIT

PERMIT #: TM0114004 **APPROVED BY:** J Mullins **DATE:** 5-30-2025

LOCAL AUTHORIZATION FOR TEMPORARY BEER & WINE PERMIT APPLICATION

INSTRUCTIONS:
1. *Applicant must complete all requested information.*
2. *Please type or print clearly.*
3. *Obtain the required community clearance signatures and upload with the online temporary event application.*

NOTE: THIS FORM IS ONLY TO BE USED WITH ONLINE APPLICATION. Visit https://mylicense.in.gov/eGov/ML1.html to submit the online application.

STEP 1. GENERAL INFORMATION

Name of applicant applying for permit *(organization, club, corporation, individual - such as XYZ 123 Inc)*
Our Lady of Hungary Parish

Address of applicant *(number and street, city, state, and ZIP code)*
735 W Calvery South Bend, IN 46613

E-mail address
dennydomonkos@gmail.com

Printed name of person making application
Denise M Domonkos

Fax number ( )

Emergency contact telephone number (574) 287-1700

Printed name of contact person of event
Denise M Domonkos

Emergency contact telephone number (574) 300-8197

STEP 2. EVENT INFORMATION

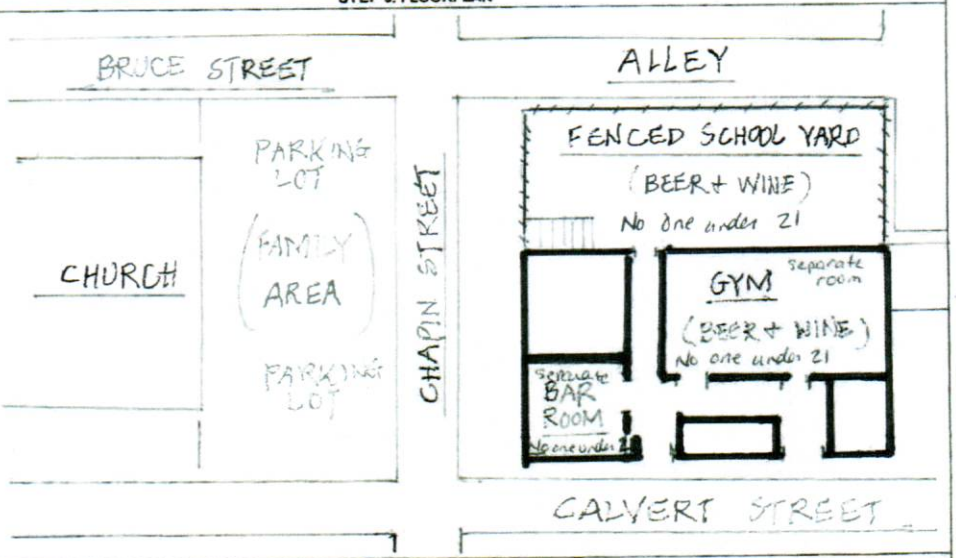
Beginning day *(Monday, Tuesday, etc)*	Beginning date *(month, day, year)*	Ending day *(Monday, Tuesday, etc)*	Ending date *(month, day, year)*
Saturday	7-19-2025	Saturday	07-19-2025

Time of event
Start time 2:00 ☐ AM ☑ PM
End time 9:00 ☐ AM ☑ PM

Type or description of event
Parish Festival

Exact address of event *(number and street, city, state, and ZIP code)*
735 W Calvert

STEP 3. FLOORPLAN



STEP 4. APPLICANT VERIFICATION

The below signed applicant affirms under the penalties of perjury that the information contained in this form is true and accurate.

Signature of applicant: Denise M. Domonkos
Date signed *(month, day, year)*: 5-12-2025

STEP 5. COMMUNITY CLEARANCE

1. Signature of Sheriff of county, or Chief of Police, or Town Marshall of jurisdiction where the event will be held: AC Dan Sykes — Date signed *(month, day, year)*: 5-26-25
2. Signature of the mayor *(if the event is held in Fort Wayne)* — Date signed *(month, day, year)*:

legend ------ 6' fence
——— permanent wall

AUTHORIZED FOR BEER & WINE ONLY, NO LIQUOR CONSUMPTION

YOU MUST POST THIS PERMIT AT THE EVENT WHERE IT CAN BE EASILY SEEN

OUR LADY OF HUNGARY PARISH SOUTH BEND, IN 46613

002205

Bill #	Invoice #	Inv. Date	Comment	Amount
7516	parish festival 2026	3/20/2026	Parish Festival 2026	25.00
	Check # 2205		**Check Date: 3/20/2026**	**25.00**

Pay To: City of South Bend, 215 S Dr Martin Luther King Jr Blvd, South Bend, IN 46601-2003

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER, MICROPRINTING AND SECURITY FEATURES WITH DETAILS ON BACK

OUR LADY OF HUNGARY PARISH
829 WEST CALVERT STREET
SOUTH BEND, IN 46613

NOTRE DAME
FEDERAL CREDIT UNION

002205

PAY

TO THE ORDER OF Twenty-Five Dollars and Zero Cents

City of South Bend
215 S Dr Martin Luther King Jr Blvd
South Bend, IN 46601-2003

DATE 03/20/2026

AMOUNT 25.00

MP

MP

⑈002205⑈ ⑆271291596⑆ 1900050800 1600⑈

OUR LADY OF HUNGARY PARISH SOUTH BEND, IN 46613

002335

Bill #	Invoice #	Inv. Date	Comment	Amount
7669	deposit 26 festival	5/29/2026	alcohol deposit for parish festival	400.00
	Check # 2335		**Check Date: 5/29/2026**	**400.00**

Pay To: City of South Bend, 215 S Dr Martin Luther King Jr Blvd, South Bend, IN 46601-2003

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER, MICROPRINTING AND SECURITY FEATURES WITH DETAILS ON BACK

OUR LADY OF HUNGARY PARISH
829 WEST CALVERT STREET
SOUTH BEND, IN 46613

NOTRE DAME
FEDERAL CREDIT UNION

002335

PAY

TO THE ORDER OF Four Hundred Dollars and Zero Cents

DATE 05/29/2026

AMOUNT 400.00

City of South Bend
215 S Dr Martin Luther King Jr Blvd
South Bend, IN 46601-2003

Rev. Ben Tanglis MP

MP

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