Wednesday, July 8, 2026

City of South Bend Special Event Application

City and Regional Event

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

Date of Application	Wednesday, July 8, 2026
Organization Name	South Bend Chapter Indiana Black Expo
Applicant (Contact) Name	Murray Miller
Applicant (Contact) Phone Number	(574) 360-2202
Applicant Email	millsbi@aol.com

Address P O Box 335 South Bend Indiana 46624

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 South Bend Chapter Indiana Black Expo

Section B - Event Information

Event Name Back to school rally

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.)

School bags give away and Information Session.
Breakfast Lunch by MLK Senior Men's Club

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 to ensure that this application is reviewed in time.

Date of Event Setup Saturday, August 8, 2026

Time of Event Setup 08:00 AM

Date of Event Saturday, August 8, 2026

Event Begin Time 08:30 AM

End Date of Event Saturday, August 8, 2026

Event End Time 02:00 PM

Event Cleanup Completion Saturday, August 8, 2026

Event Cleanup Completion Time 03:00 PM

Is there a rain date for this event? No

Total Anticipated Attendance 150-200

The proposed event will require the closing of: Streets

Is this event ticketed, or does it include fees? No

Does the event have any partnered sponsorships? No

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

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

Greater St. John Missionary Baptist Church101 North Adams Street South Bend IN 46628 and MLK Park

Is your event a parade, race, or other processional-type event? No

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? No

If YES,

You must submit prooff 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? 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? 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.

Terms and Conditions Accepted

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, 219-851-1426

County Bridges: Merle Janiszewski, 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)
- Vendor(s) must also apply for and receive a St. Joseph County Health permit. Health Permits must befiled with the county 30 days prior to the proposed event. Each vendor must obtain necessary permits toserve 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.

Proposed Cleanup Plan – This plan should include, but is not limited to:

- Measures in place to collect and remove trash, litter and recyclables.

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/

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 eventstart/end times (i.e., roadway closures times may not be perfectly identical or linked to theduration 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 foremergency 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 andbicycle 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?

South Bend Chapter Indiana Black Expo 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: Saturday, August 8, 2026

Signature

Printed Name Murray Miller

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 forapplications 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 residein the area impacted by the event. A copy of a brochure or door hanger distributed to all affectedresidents/businesses describing the event purpose, date, time and contact information must beincluded 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 namedinsured 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 theapplication 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 bedenied based on any false or incomplete information

Printed Name Murray Miller

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 28, 2026

SPECIAL EVENTS COMMITTEE APPROVAL

President

Member

Member

Member

Member

Date

Denise Miller

From: Denise Miller
Sent: Wednesday, July 8, 2026 11:51 AM
To: 'millsbi@aol.com'
Subject: Back to School Rally Event Application

Hello Mr. Miller,

I hope this message finds you well. Thank you so much for submitting your Special Event Application. I will add your application to the agenda for the July 22nd meeting. You will receive an Outlook invitation prior to the meeting to confirm the details.

As you move forward with the application process, please remember to provide the following:
- A map depicting all requested street closures
- A current Certificate of Insurance
- A $100.00 application fee (payable by check to the City of South Bend or by card in my office)

Once we receive your documents, we will review everything and provide guidance if anything is missing. Please know that we are here to assist you throughout the process, and I am available if you have any questions or need clarification at any point.

Thank you again for your attention to these details. I look forward to working with you and wish you the best as you prepare for your event.

Best regards,

Denise Miller
Admin Asst II-Streets & Sewers

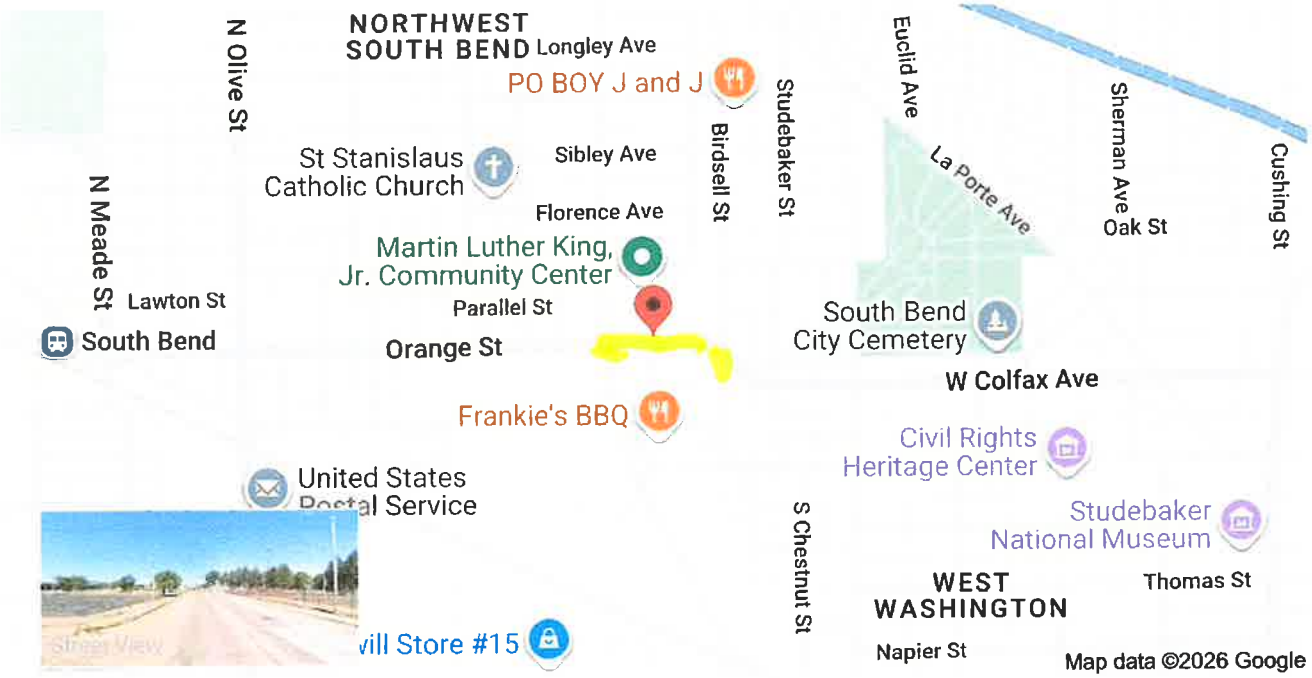
City of South Bend
Department of Streets and Sewers
Division of Public Works

731 S Lafayette Blvd
South Bend, IN 46601

dmiller@southbendin.gov
574-235-7563
Southbendin.gov

orange street and adams south bend indiana

AI Mode | All | Images | Maps | Videos | News | Books | Flights | Finance | Tools



Orange St & N Adams St

South Bend, IN 46628

Directions Share

People also ask

- Who is famous from South Bend, Indiana?
- Why is South Bend called Lotion city?
- What's famous about South Bend, Indiana?
- Is South Bend, Indiana a nice place to live?

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/15/2026

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).

PRODUCER

StateFarm

Deb Childs
16845 Douglas Rd
Mishawaka IN 465451304

CONTACT NAME: Deb Childs
PHONE (A/C, No, Ext): 574-255-3000 **FAX (A/C, No):**
E-MAIL ADDRESS: deb.childs.b1va@statefarm.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : State Farm Fire and Casualty Company	25143
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

INDIANA BLACK EXPO SOUTH BEND CHAPTER
PO BOX 335
SOUTH BEND IN 466240335

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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [X] LOC [ ] OTHER:	N	N	94-C7-E262-7	05/25/2026	05/25/2027	EACH OCCURRENCE	$ 3,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 3,000,000
							GENERAL AGGREGATE	$ 6,000,000
							PRODUCTS - COMP/OP AGG	$ 6,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER	$
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

CERTIFICATE HOLDER

City of South Bend
215 S Doctor M.L.K. Jr Blvd
South Bend IN 46601

CANCELLATION

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

This form was system-generated on 06/15/2026

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

07/16/2026 15:23:15
MID: XXXXXXXXXXX064 TID: XXXXX199

CREDIT CARD

VISA SALE

Card #	XXXXXXXXXXX9616
Chip Card:	CHASE VISA
AID:	A0000000031010
SEQ #:	2
Batch #:	15
INVOICE	2
Approval Code:	09459D
Entry Method:	Contactless
Mode:	Issuer

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