



**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: NNRO's Back to School Health Fair

Event Date: August 14, 2026

Street Closure: Howard St from St Peter St to St Louis Blvd

Closure Times: 11:00 AM to 5:00 PM

Sidewalk Closure: ☐ Yes ☒ No

Comments: Health Fair for back to school partnering with Indiana Health Center Medical Mobile Unit.

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

\_\_\_\_\_  
Elizabeth A. Maradik, President

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Breana N. Micou, Member

*Hillary R. Horvath*

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Attest: Hillary R. Horvath, Clerk

Date: August 11, 2026



Thursday, July 9, 2026

## City of South Bend Special Event Application

### Neighborhood Event

#### Fee Schedule

\$25 application fee if filed 30 days or greater (up to 180 days) in advance of event.

**Neighborhood Special Event applications must be submitted more than 30 days in advance of the event date or the application will not be accepted**

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

To complete this form, you will need:

- A map of the requested street closures
- Copy of Notice Brochure notifying your neighbors about the event
- Neighborhood Notice Signature Sheet filled with signatures from at least 50% of the households in your neighborhood.

## Section A - Applicant Information

|                                         |                                                             |
|-----------------------------------------|-------------------------------------------------------------|
| <b>Date of Application</b>              | Monday, July 6, 2026                                        |
| <b>Organization Name</b>                | Northeast Neighborhood Revitalization Organization          |
| <b>Applicant (Contact) Name</b>         | Kristin Givens                                              |
| <b>Applicant (Contact) Phone Number</b> | (574) 289-1066                                              |
| <b>Applicant Email</b>                  | kristing@sbheritage.org                                     |
| <b>Address</b>                          | Kelly Park, 750 Howard Street<br>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.

|                                             |                              |
|---------------------------------------------|------------------------------|
| <b>Service Provider Organization Name</b>   | NNRO & Indiana Health Center |
| <b>Service Provider Contact Person Name</b> | Kristin Givens               |

|                                      |                                               |
|--------------------------------------|-----------------------------------------------|
| <b>Service Provider Phone Number</b> | (574) 289-1066                                |
| <b>Service Provider Email</b>        | kristing@sbheritage.org                       |
| <b>Service Provider Address</b>      | 803 Lincoln Way West<br>South Bend, IN, 46616 |

## Section B - Event Information

|                                 |                                   |
|---------------------------------|-----------------------------------|
| <b>Event Name</b>               | NNRO's Back to School Health Fair |
| <b>Expected Attendance</b>      | 250                               |
| <b>Requested Street Closure</b> | Howard St                         |
| <b>From (Cross Street)</b>      | St Peter                          |
| <b>To (Cross Street)</b>        | St Louis Blvd                     |

Below, please submit a map of the requested street closures. You may do this in several different ways, as long as the street closures are clearly marked off. Here are a couple of suggested ways to do it:

### Use Google My Maps to customize a map view

1. Go to <https://www.google.com/mymaps>
  2. Select Create a new map
  3. Use the tools on the left to:
    1. Draw a line over the closed road
    2. Add a pin or text
  4. When done, click the ☰ menu → Print map
  5. Choose Save as PDF or take a screenshot
  6. Upload the file to this form
- This requires only a Google account.

### Phone Screenshot + Built-in Markup

1. Open Google Maps and navigate to their route/event area.
  2. Take a screenshot.
  3. Tap Edit / Markup (built into iPhone and Android).
  4. Draw lines to show closures.
  5. Save and upload the image.
- This requires zero accounts and zero added tools.

### Google Maps → Print → "Markup" in Browser

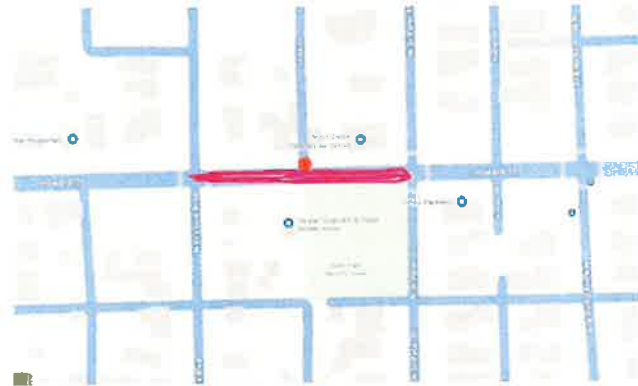
**Some browsers (Chrome/Edge) allow annotation directly on a printed or saved PDF.**

1. Go to Google Maps and find the area
2. Select Print → "Map only"
3. Choose Save as PDF
4. Open the PDF in the browser

5. Use built-in Draw or Highlight tools
6. Save and upload

**Please use one of the methods above to upload your map!**

**Upload a map of the requested street closures.**



**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.)**

It is a health fair for back to school. We will have Kona ice and the Indiana Health Center Medical Mobile Unit set up on the closed-off street.

Other partners could include  
 SBCSC  
 Oaklawn  
 Indiana Health Center  
 MHS  
 Caresource

**Neighborhood Special Event applications must be submitted more than 30 days in advance of the event date or the application will not be accepted.**

|                                                                |                         |
|----------------------------------------------------------------|-------------------------|
| <b>Date of Event Setup</b>                                     | Friday, August 14, 2026 |
| <b>Time of Event Setup</b>                                     | 11:00 AM                |
| <b>Date of Event</b>                                           | Friday, August 14, 2026 |
| <b>Event Begin Time</b>                                        | 01:00 PM                |
| <b>End Date of Event</b>                                       | Friday, August 14, 2026 |
| <b>Event End Time</b>                                          | 04:00 PM                |
| <b>Event Cleanup Completion</b>                                | Friday, August 14, 2026 |
| <b>Event Cleanup Completion Time</b>                           | 05:00 PM                |
| <b>Is there a rain date for this event?</b>                    | No                      |
| <b>Have all residents on the affected block been notified?</b> | Yes                     |

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.

#### Copy of Notice Brochure



NNRO Street Closure Letter.doc

#### Copy of Neighborhood Signatures



DOC (007).pdf

Number of households impacted by proposed street closure 1

Number of households represented by signatures 1

Will the event have music (live or other)? No

Will alcohol be served or sold? No

## Section C - 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 D - Food

**Are you having food at your event (food vendors, caterers, food trucks, etc.)?** Yes

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](#)

**If there are food trucks, please list company names:**

It will just be Kona Ice. No actual food will be served.

**Describe how food will be cooked and served as well as any preventative safety measures:**

N/A

## Section E - Equipment, Set-up, and Logistics

**Does your event include the use of fireworks or other pyrotechnics?** 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.

Applicants should have read and understood the [City of South Bend's Fireworks Ordinance](#).

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

## Section F - Indemnity & Hold Harmless Agreement

Northeast Neighborhood Revitalization Organization 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:** Monday, July 6, 2026

**Signature**



**Printed Name** Kristin Givens

**City/State/Zip** 46616

**Event Name** NNRO Back to school health fair

**Event Location** Kelly Park / Howard St

**Event Name** NNRO Back to school health fair

**Length of Event (Date/Times)** 8/14/2026 - 3:00-7:00 pm

## Section G - Permit and 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 demonstrate that they have obtained greater than 50% of the affected residents' signatures. THE APPLICANT must include a copy of a brochure or letter of invitation distributed to all affected neighbors describing the event's 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.
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.
7. The Special Events Committee reserves the right to deny any block party application based on traffic volume and speed limit records.
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, or other noise disturbances in the streets in a manner which disrupts the peace.

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**

Monday, July 6, 2026

**Signature**

A handwritten signature in black ink, appearing to read 'KG', with a horizontal line extending to the right.

**Printed Name**

Kristin Givens

SPECIAL EVENTS COMMITTEE APPROVAL

  
\_\_\_\_\_  
President  
  
\_\_\_\_\_  
Member

  
\_\_\_\_\_  
Member  
  
\_\_\_\_\_  
Member

  
\_\_\_\_\_  
Member  
7/22/26  
\_\_\_\_\_  
Date

## NOTICE TO NEIGHBORS

**July 9, 2026**

### **Back-to-School Health Fair & Temporary Street Closure**

Dear Neighbor,

We are excited to host a **Back-to-School Health Fair** for our community on **Friday, August 14**, from **1:00 p.m. to 4:00 p.m.**

To safely accommodate the event, **this block (Howard St from St. Peter St to St. Louis Blvd) will be temporarily closed to vehicle traffic during event hours.** The closure is necessary to allow space for a **mobile medical unit**, free health services, and community activities.

The event will offer **no-cost services** to community members, including:

- Free health screenings
- Back-to-school vaccinations
- Community health resources
- Family-friendly activities

We appreciate your patience and understanding as we work to provide these valuable services to our neighborhood. We apologize for any inconvenience the temporary street closure may cause and thank you for helping us make this a successful community event.

If you have any questions, please contact:

**Northeast Neighborhood Revitalization Organization**

**Kristin Givens**

**Phone:** 574-289-1066 Ext 1215

**Email:** [kristing@sbheritage.org](mailto:kristing@sbheritage.org)

Thank you for your support, and we hope to see you there!