



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

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: _____ Organization Name: _____

Applicant (Contact) Name: _____

Applicant (Contact) Phone: _____ Contact Email: _____

Address: _____ City/State/ZIP: _____

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: _____ Contact Name: _____

Contact Phone: _____ Contact Email: _____

Address: _____ City/State/ZIP: _____

Section B – Event Information

Event Name : _____ Event Type: (Festival, Race, Parade, Other): _____

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.)

Date of Event Setup [mm/dd/yy]: _____ Time: _____

Begin Date of Event [mm/dd/yy]: _____ Time: _____

End Date of Event [mm/dd/yy]: _____ Time: _____

Event Cleanup Completion [mm/dd/yy]: _____ Time: _____

Total anticipated attendance: _____

The proposed event will require the closing of: Streets Sidewalks

Is the event ticketed or include fees? Yes No If yes, list fees and fee groups below:

Does the event have any partnered sponsorships? Yes No

If yes, list the number of sponsors at each level of partnered sponsorship:

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, please 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? _____

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

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

If yes, list categories and anticipated participants per category.

If your event is a parade, what is 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:

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:

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.

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

- Depending on the potential fire risk, applicants may need to receive approval of the South Bend Fire Department (process facilitated by event coordinator).
- 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:

Section E - Food

Are you having food at your event (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 at the St. Joseph County Health Department Food Service website: sjchd.org/food-service.

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

If a Food Truck, please list company name:

Describe how food will be cooked and served:

Section F - Alcohol

Will alcohol be served or sold? Yes No

If no, please continue to Section G - Contingency and Strategic Planning

If yes:

- The applicant must apply for and receive a temporary liquor license from the Alcohol & Tobacco Commission. Indiana ATC forms are located at in.gov/atc/2409.htm. (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 event area by the Board of Public Works.
- Events with 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)

Company Name: _____ Contact Name: _____

Contact Phone: _____ Email: _____

Address: _____ City/State/ZIP: _____

(b)

Name: _____ Contact Phone: _____

Qualifications: _____

Name: _____ Contact Phone: _____

Qualifications: _____

Name: _____ Contact Phone: _____

Qualifications: _____

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 Indiana Law Enforcement Academy certified officers, fire, and emergency medical personnel, and the need to use any of the City’s public safety or emergency response services.
 - If hiring a security service, provide contact information 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.

- 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

For parades, races and other processional events:

Are you selecting one of South Bend Police Department's (SBPD) pre-approved race routes? Yes No

You must select from SBPD's pre-approved race routes (see links on application site) or provide sufficient evidence of event participation if the applicant is proposing a different route through South Bend.

If your event will not be using a pre-approved race route, the proposed event map should include a route plan clearly identifying the timing and locations of proposed street closures, and the direction of parade movement.

If your event will not be using a pre-approved race route, please explain:

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.
- Location of fencing, barriers, and/or barricades. Indicate any removable fencing and exit locations for emergency 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 and bicycle parking areas, and considerations for TRANSPO 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. You must:

- Present your event concept to the surrounding stakeholders (residents, businesses, and neighborhood groups) that represent the venue area.

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 \$700,000 per occurrence and \$1,000,000 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: _____ Event Date: _____

Event Name: _____

Organization: _____

Applicant (Contact) Name: _____

Applicant (Contact) Phone: _____ Alt. Phone: _____

Email: _____

Address: _____ City/State/ZIP: _____

Event Location (Please describe):

Length of Event (Dates/Times): _____

Insurance Amount: This event is insured for no less than \$700,000 per occurrence and \$1,000,000 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: _____ 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, Indiana, 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: _____

Authorized Organizer Signature

Printed Name and Title

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 on the block. **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. The applicant is responsible for providing affected residents and business owners with transportation to their property.**
4. The APPLICANT shall reimburse the Board for the actual cost to the City for the event, if deemed necessary.
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 \$700,000.00 per occurrence and \$1,000,000.00 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. Barricades will be delivered and picked up at the event location. The APPLICANT is responsible for seeing that all cones are maintained and returned undamaged.
9. 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, phonographs 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).
10. 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.

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 -----	----- Date -----