



City of South Bend Special Event Application

Motorcycle Ride

\$50 application fee if filed 60 days or greater (up to 360 days) in advance of event

Review the Instructions on the Special Events page before completing the application. City and Regional Motorcycle Event applications must be submitted more than 60 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: Motorcycle

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:

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.

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.

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 motorcycle rides applications filed 60 or greater 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 -----