

PARK BOARD AGENDA



MEETING SCHEDULE

Tuesday, March 21, 2023, at 5:00 pm
Council Chambers
229 S. 2nd Street, Elkhart, IN 46516

CALL TO ORDER

1. ROLL CALL

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES

- February 21, 2023

4. APPROVAL OF FINANCIALS

- Claims - \$48,018.33
- Donations – \$0
- Grants - \$0

5. NEW BUSINESS MATTERS

- a. Daughters of the American Revolution Memorial Tree
- b. Ideal Beach Improvement and Access Agreement
- c. Memorandum of Understanding with Urban Streetware LLC
- d. Memorandum of Understanding with Alexandra Hibshman
- e. Memorandum of Understanding with Elkhart Dahlia Society

6. OLD BUSINESS

- a. None

7. USE AND EVENT PERMIT

- a. Community Easter Egg Hunt –April 1, 2023 – Walker Park
- b. Truma Spring Clean-Up & Picnic – April 22, 2023 – Island Park
- c. Peace Officers Memorial Service – May 17, 2023 – Kardzhali Park
- d. Compassion Walk – May 20, 2023 – Island Park
- e. Stemm-Lawson-Peterson Memorial Walk – May 20, 2023 – Walker Park
- f. Flags from the Heart – May 26-29, 2023 – Lundquist-Bicentennial Park
- g. Elkhart Juneteenth Celebration – June 19, 2023 – Roosevelt Park
- h. Peace Run – May 20, 2023 – Roosevelt Park
- i. Elkhart Farmers Market – May 6 – October 14, 2023 – Kardzhali Park

8. DEPARTMENT REPORT

9. CORRESPONDENCE

- a. None

10. PUBLIC INPUT/PRIVILEGE OF THE FLOOR

ADJOURNMENT

NEXT REGULAR PARK BOARD MEETING APRIL 18, 2023, COUNCIL CHAMBERS.

City of Elkhart Parks & Recreation

Park Board Minutes



DATE: February 21, 2023

TIME: 5:00 PM

City of Elkhart Parks & Recreation
Annex Conference Room

LOCATION: 201 S. 2nd Street, Elkhart, IN 46516

Call to Order at 5:00 PM.

1. Roll Call- Quorum Present BOARD MEMBERS PRESENT

Sarah Santerre President	Nekeisha Alayna Alexis Vice President	Mark Datema Secretary	Christopher Baiker Treasurer

2. Approval of Agenda

Motion to Approve Agenda

Motion: MD

Second: NAA

Motion passes with unanimous voice vote

3. Election of Park Board Officers

- a. Mrs. Santerre asks what needs to be done
- b. Mr. Datema states that all but the treasurer has been voted on
- c. Mrs. Santerre nominates Mr. Baiker for Treasurer
 - i. Mr. Baiker is elected by unanimous voice vote

4. Approval of Minutes

December 20, 2022

Motion: MD

Second: NAA

Motion passes with unanimous voice vote

5. Approval of Financials

Claims: \$95,643.56

Donations: \$0

Grants: \$0

Motion to discuss, approve and place on file

Motion: NAA

Second: MD

Motion passes with unanimous voice vote

Mr. Datema asks about the \$44,150.00 spent on tables and trash cans

Ms. Bowers states that this was last year's money that was rolled into a PO until the tables and chairs arrived.

City of Elkhart Parks & Recreation

Park Board Minutes



Ms. Alexis asks about the strategic planning session that was in the packet.

Mr. Czarnecki explains that the department worked with Trudy Menke to help develop the framework of what will be tackled in 2023-2024.

6. New Business

a. 2023 Fee Schedule Amendments

Mrs. Bowers states that changes were made to the Farmer's Market and Dahlia Society fees.

Ms. Gordon explains that the Farmer's Market season was extended, and they were changing the cost to match the season.

Motion: NAA

Second: MD

Motion passes with unanimous voice vote

b. Elkhart Farmers Market Billboard Contract

Ms. Gordon states that the vendors ask what kind of advertising the department does and do not think it is enough. She states the department does mostly social media advertising and is trying to do more to promote the Farmer's Market.

Ms. Santerre asks where the billboard will be.

Ms. Gordon answers that it will be behind Hacienda.

Ms. Alexis asks if there are any other strategies for promoting it.

Ms. Gordon answers that they may do segments on Hometown Living and are looking at advertising costs on television. She adds that they are still posting on social media and asking the vendors to help share the posts.

Motion: MD

Second: NAA

Motion passes with unanimous voice vote

7. Old Business

a. None

8. Use and Event Permit

a. EPD 5K-9 Run – March 13, 2023 – American Park & River Walk

Cpl. Davies from the K-9 unit states that this is the 3rd year they have done this. They are hoping for 150-200 participants this year. It is a family and pet-friendly event, and they have a K-9 demonstration after the race before the awards ceremony. The cost is \$25.00 and includes a shirt, or they can opt out of it and pay a \$10.00 registration fee.

Mr. Datema asks where the registration fees go.

Mr. Davies states this is a fundraiser, and the registration fees are used for supplies for the year. The shirts cost \$15.00 a piece, which is what they charge, so they only keep the \$10.00 registration fee.

Ms. Alexis asks if the dogs ever get into it.

Cpl. Davies says they have never had any issues and do not anticipate any problems.

Mr. Baiker asks if the dogs run the race with the runners.

Mr. Davis states that they do and that they can also choose to walk with their dogs.

Motion: MD

Second: CB

Motion passes with unanimous voice vote

9. Department Report

Mr. Czarnecki reports that the Department finished strategic planning with Trudy and is now on to phase 2, leading to the guide map for the next year and a half. New registration software through CivicRec is moving forward. The Department is getting quotes for Riverview softball signage. After-school

City of Elkhart Parks & Recreation

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programming is increasing each week. Nibco did \$20,000 in ticket sales but had some trouble with the generator and would probably not be open for the weekend.

Ms. Gordon reports that Frosty was the previous weekend and had 175 runners. The 3rd annual Spring Pop-Up is coming up, and vendors are full. She stated that they hired a Farmer's Market manager. They are starting to put together sponsorships and donations for the events. Mr. Datema asked if they had enough volunteers. Ms. Gordon responds that they had some but did not get the ideal amount.

Ms. Alexis asks if the new system will make tracking volunteers and their time easier. Ms. Gordon responds that yes, it will.

Ms. Ixmattahua reports that participation at Roosevelt is increasing. They did the Lunar New Year celebration with the movie Raya and the last dragon. Basketball registrations are going well. She also reported on all of the programs coming up.

Mr. McCray provides the ranger report for the previous month and introduces the new park ranger, Nhim Danh.

10. Public Input/Privilege of the Floor

Mrs. Santerre opens the privilege of the floor.

Mrs. Santerre closes the privilege of the floor.

11. Approval for Adjournment

Motion to adjourn

Motion: MD

Second: CB

Motion passes with unanimous voice vote

Adjourn 5:42 pm

PARKS & RECREATION STAFF MEMBERS IN ATTENDANCE

Jamison Czarnecki, Superintendent Luisa Ixmattahua-Garay, Program Coordinator Nick Cron, Operations Manager Stan McCray, Lead Park Ranger	Sommer Bowers, Office Manager/Recording Secretary Maddy Gordon, Volunteer Coordinator Nhim Danh, Park Ranger
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ADDITIONAL CITY EMPLOYEES AND GUESTS IN ATTENDANCE

Mr. Jon Balog, IT Department	Ms. Rose Rivera, Legal Department	Cpl. Jared Davies, K-9 Unit
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Minutes Certification:

Respectfully Submitted,

Recording Secretary Sommer Bowers

Date

Park Board President Sarah Santerre

Date

Park Board Secretary Mark Datema

Date

PARKS BOARD
CLAIM AND ALLOWANCE DOCKET

I HEREBY CERTIFY THAT EACH OF THE ABOVE LISTED VOUCHERS AND INVOICES OR BILLS ATTACHED THERETO ARE TRUE AND CORRECT AND I HAVE AUDITED SAME IN ACCORDANCE WITH IC 5-11-10-1.6. I ALSO HEREBY CERTIFY THAT THESE VOUCHERS AND INVOICES REPRESENT GOODS AND/OR SERVICES THAT ARE FOR THE BENEFIT OF THE CITY OF ELKHART AND THAT APPROPRIATIONS FOR THESE EXPENDITURES HAVE BEEN DULY MADE OR OTHERWISE AUTHORIZED BY THE CITY COUNCIL AND OTHER APPROPRIATE AUTHORITY.

March 17th, 2023 _____
JAMIE ARCE - CONTROLLER

IN RELIANCE ON THE ABOVE CERTIFICATION, CLAIMS IN THE TOTAL AMOUNT OF **\$48018.33** AS LISTED ON THE REGISTER ATTACHED HERETO **CONSISTING OF 6 PAGES**, ARE HEREBY APPROVED EXCLUDING ANY CLAIMS WITHHELD AS SHOWN ON THE SEPARATE SUMMARY OF PENDING CLAIMS.

EXECUTED THIS 21ST DAY OF MARCH 2023 BY:

PRESIDENT

SARAH SANTERRE

VICE PRESIDENT

NEKEISHA ALAYNA ALEXIS

SECRETARY

MARK DATEMA

TREASURER

ORIGINAL COPY MUST BE RETAINED IN THE CONTROLLER'S OFFICE



City of Elkhart

City of Elkhart

Expense Approval Report

By Fund

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
Fund: 2204 - PARK & RECREATION					
ERICK SANTIAGO	R00622729	03/21/2023	Pavilion Rental Refund - Willo	2204-5-501-4581000	140.19
JULIANNA LOPEZ	R00622738	03/21/2023	Pavilion Rental Refund - Stude	2204-5-501-4581000	373.83
SHERWIN WILLIAMS	9798-9	03/21/2023	Studebaker Maintenance	2204-5-501-4360500	164.50
KENDALL ELCTRIC INC	S112634185.001	03/21/2023	Studebaker Maintenance	2204-5-501-4360500	200.34
KENDALL ELCTRIC INC	S112634185.002	03/21/2023	Studebaker Maintenance	2204-5-501-4360500	267.12
KENDALL ELCTRIC INC	S112634185.003	03/21/2023	Studebaker Maintenance	2204-5-501-4360500	267.12
MID-CITY SUPPLY CO INC	S4373351.001	03/21/2023	Studebaker Park Maintenance	2204-5-501-4360500	111.87
BIG C LUMBER CO INC	1777047	03/21/2023	Woodward Omni Bark Doors -	2204-5-501-4360100	2,292.13
GRAINGER	9598989094	03/21/2023	Studebaker Maintenance	2204-5-501-4360500	380.33
GRAINGER	9598989102	03/21/2023	Studebaker Maintenance	2204-5-501-4360500	20.02
KENDALL ELCTRIC INC	S112634185.004	03/21/2023	Studebaker Maintenance	2204-5-501-4360500	66.78
MID-CITY SUPPLY CO INC	S4374161.001	03/21/2023	Studenbaker Maintenance	2204-5-501-4360500	6.20
MENARD, INC	25196	03/21/2023	Studebaker Maintenance	2204-5-501-4360500	1,182.54
MENARD, INC	25246	03/21/2023	Studebaker Maintenance	2204-5-501-4360500	144.68
RINK SYSTEMS, INC	078698	03/21/2023	FREIGHT	2204-5-501-4220150	399.00
RINK SYSTEMS, INC	078698	03/21/2023	Replacement Ice Skates	2204-5-501-4220150	5,382.50
MENARD, INC	25486	03/21/2023	Studebaker Maintenance	2204-5-501-4360500	23.97
MENARD, INC	25519	03/21/2023	Studebaker Maintenance	2204-5-501-4360500	144.77
HARTER SUPPLY	133710	03/21/2023	Studebaker Maintenance	2204-5-501-4360500	72.08
MENARD, INC	25635	03/21/2023	Studebaker Maintenance	2204-5-501-4360500	162.00
AMAZON CAPITAL SERVICES I	1VYT-VV6L-LK3G	03/21/2023	Oporating Supplies - Desks Ch	2204-5-501-4210500	133.84
AMAZON CAPITAL SERVICES I	1VYT-VV6L-LK3G	03/21/2023	Oporating Supplies - Desks Ch	2204-5-501-4220150	89.99
TRUDY MENKE	EPR2023-2	03/21/2023	Training Course	2204-5-501-4390910	65.00
AMAZON CAPITAL SERVICES I	1W6F-74M9-TLKK	03/21/2023	Oporating Supplies - Desk and	2204-5-501-4210500	11.87
AMAZON CAPITAL SERVICES I	1W6F-74M9-TLKK	03/21/2023	Oporating Supplies - Desk and	2204-5-501-4220150	579.42
BUGSY'S ELKHART EXTERMIN	24262	03/21/2023	Monthly Pest Control - Februa	2204-5-501-4390912	150.00
GLOBAL BUILDING PRODUCTS	86999	03/21/2023	Studebaker Restroom Partitio	2204-5-501-4360500	5,954.00
YODER OIL COMPANY INC	CL75771	03/21/2023	Park Department Gasoline - F	2204-5-501-4220210	389.09
RICOH USA, INC	5066865782	03/21/2023	Copier Read - February	2204-5-501-4210500	114.03
AMAZON CAPITAL SERVICES I	1M93-W3LD-MJQM	03/21/2023	Office Supplies - Keyboards an	2204-5-501-4210500	123.78
AMAZON CAPITAL SERVICES I	1M93-W3LD-MJQM	03/21/2023	Office Supplies - Keyboards an	2204-5-501-4220150	612.48
LRS HOLDINGS LLC	PS515647	03/21/2023	Portable Restrooms - March	2204-5-501-4370200	152.00
LRS HOLDINGS LLC	PS515648	03/21/2023	Portable Restrooms - March	2204-5-501-4370200	227.00
LRS HOLDINGS LLC	PS515649	03/21/2023	Portable Restrooms - March	2204-5-501-4370200	152.00
LRS HOLDINGS LLC	PS515650	03/21/2023	Portable Restrooms - March	2204-5-501-4370200	152.00
AMAZON CAPITAL SERVICES I	19W3-DGPC-MJGY	03/21/2023	Office Supplies - Notebooks	2204-5-501-4210500	7.03
Fund 2204 - PARK & RECREATION Total:					20,715.50
Fund: 2314 - PARKS DONATION					
RINK SYSTEMS, INC	078698	03/21/2023	Replacement Ice Skates	2314-5-136-4220150	5,210.00
Fund 2314 - PARKS DONATION Total:					5,210.00
Fund: 2520 - PARK PROGRAM					
J & K SEPTIC SERVICE, LLC	9671	03/21/2023	Portable Retroom Rental - Ha	2520-5-630-4220150	115.00
RAMONA PIENCAK	R00626709	03/21/2023	Event Refund - Spring Pop Up	2520-5-630-4581000	12.50
MARTIN SUPERMARKET #14	345116	03/21/2023	Frosty 5K Supplies	2520-5-630-4220150	29.94
MARTIN SUPERMARKET #14	345121	03/21/2023	Event Frosty 5K Supplies	2520-5-630-4220150	11.92
PAULA TURK	2-15-2023	03/21/2023	Frosty 5k Service Fee	2520-5-630-4220150	1,191.27
PAULA TURK	2-15-2023	03/21/2023	Frosty 5k Service Fee	2520-5-630-4390900	1,900.00
B E S INC	1856375	03/21/2023	Concessions - Nibco Ice Park	2520-5-580-4220150	225.14
AMAZON CAPITAL SERVICES I	1W6F-74M9-TLKK	03/21/2023	Oporating Supplies - Desk and	2520-5-630-4220150	16.69
WANDA GOODMAN	R00636852	03/21/2023	Program Refund	2520-5-508-4581000	50.00
SHERRY L. KRASK	SSECT6	03/21/2023	ServSafe Online course	2520-5-630-4220150	10.20

Expense Approval Report

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
BILLIE EUBANKS	R00637563	03/21/2023	Event Refund - Spring Pop Up	2520-5-630-4581000	12.50
				Fund 2520 - PARK PROGRAM Total:	3,575.16
Fund: 7740 - SALES TAX					
ERICK SANTIAGO	R00622729	03/21/2023	Pavilion Rental Refund - Willo	7740-4-000-3120708	9.81
JULIANNA LOPEZ	R00622738	03/21/2023	Pavilion Rental Refund - Stude	7740-4-000-3120708	26.17
				Fund 7740 - SALES TAX Total:	35.98
Grand Total:					29,536.64

Fund Summary

Fund	Expense Amount
2204 - PARK & RECREATION	20,715.50
2314 - PARKS DONATION	5,210.00
2520 - PARK PROGRAM	3,575.16
7740 - SALES TAX	35.98
Grand Total:	29,536.64

Account Summary

Account Number	Account Name	Expense Amount
2204-5-501-4210500	Office Supplies	390.55
2204-5-501-4220150	Operating Supplies	7,063.39
2204-5-501-4220210	Gasoline	389.09
2204-5-501-4360100	Repairs & Maintenance	2,292.13
2204-5-501-4360500	Repairs & Maintenance -	9,168.32
2204-5-501-4370200	Equipment Leases	683.00
2204-5-501-4390910	Education	65.00
2204-5-501-4390912	Contract Services	150.00
2204-5-501-4581000	Unappropriated	514.02
2314-5-136-4220150	Operating Supplies Pk&r	5,210.00
2520-5-508-4581000	Unappropriated	50.00
2520-5-580-4220150	Operating Supplies	225.14
2520-5-630-4220150	Operating Supplies	1,375.02
2520-5-630-4390900	Other Services & Charge	1,900.00
2520-5-630-4581000	Unappropriated	25.00
7740-4-000-3120708	Rental Sales Tax - Parks	35.98
Grand Total:		29,536.64

Project Account Summary

Project Account Key	Expense Amount
None	29,536.64
Grand Total:	29,536.64



City of Elkhart

Expense Approval Report

By Fund

Payment Dates 2/17/2023 - 3/17/2023

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
Fund: 2204 - PARK & RECREATION					
INDIANA MICHIGAN POWER	045-208-757-0-1	02/17/2023	Consolidated	2204-5-501-4350100	230.22
COMCAST BUSINESS	963151055 2-1-23	02/17/2023	Phones - Nibco Ice Park & Pier	2204-5-501-4320400	125.16
NORTHERN INDIANA PUBLIC S	023-966-009-6	02/17/2023	200 Lusher STE South Building	2204-5-501-4350200	66.00
NORTHERN INDIANA PUBLIC S	076-466-005-7	02/17/2023	200 Lusher STE North Building	2204-5-501-4350200	66.00
NORTHERN INDIANA PUBLIC S	879-315-001-9	02/17/2023	119 W Wolf Ave	2204-5-501-4350200	172.90
INDIANA MICHIGAN POWER	042-719-395-0-8	02/17/2023	500 E Beardsley	2204-5-501-4350100	23.90
INDIANA MICHIGAN POWER	049-259-475-0-1	02/17/2023	1320 Olive St	2204-5-501-4350100	72.07
INDIANA MICHIGAN POWER	04999775705-021023	02/24/2023	CONSOLIDATED- PK	2204-5-501-4350100	430.05
COMCAST CABLE	0907664-021223	02/24/2023	301 NIBCO- PK	2204-5-501-4320400	116.85
INDIANA MICHIGAN POWER	04776128300-021323	02/24/2023	701 ARCADE- PK	2204-5-501-4350100	64.19
INDIANA MICHIGAN POWER	04138884905-021623	02/24/2023	353 S ELKHART- PK	2204-5-501-4350100	93.63
INDIANA MICHIGAN POWER	04220223400-021623	02/24/2023	135 N ELKHART- PK	2204-5-501-4350100	162.17
INDIANA MICHIGAN POWER	04253609608-021623	02/24/2023	147 N ELKHART- PK	2204-5-501-4350100	41.03
INDIANA MICHIGAN POWER	04492922507-021623	02/24/2023	133 N ELKHART- PK	2204-5-501-4350100	367.59
INDIANA MICHIGAN POWER	04215794407-021723	02/24/2023	125 E HIGH- PK	2204-5-501-4350100	91.00
INDIANA MICHIGAN POWER	04642505400-021723	03/03/2023	303 NIBCO- PK	2204-5-501-4350100	8,865.73
COMCAST CABLE	0910809-021723	03/03/2023	INTERNET SVC- FEB- PK	2204-5-501-4320400	109.85
ELKHART PUBLIC UTILITIES	3100223400-021723	02/24/2023	301 NIBCO- PK	2204-5-501-4350400	26.56
ELKHART PUBLIC UTILITIES	3100223500-021723	02/24/2023	301 NIBCO- PK	2204-5-501-4350400	134.51
ELKHART PUBLIC UTILITIES	3306531000-021723	02/24/2023	119 W WOLF- BOW	2204-5-501-4350400	93.99
COMCAST CABLE	0909983-021823	03/03/2023	INTERNET SVC- FEB- PK	2204-5-501-4320400	108.35
FRONTIER NORTH INC.	5741010015-021923	03/03/2023	PHONE SVC- FEB- PK	2204-5-501-4320400	48.38
NORTHERN INDIANA PUBLIC S	0441000024-022123	03/03/2023	701 ARCADE- PK	2204-5-501-4350200	391.80
COMCAST CABLE	0941317-022123	03/10/2023	INTERNET SVC- MAR- PK	2204-5-501-4320400	116.25
NORTHERN INDIANA PUBLIC S	1735700094-022123	03/03/2023	500 E BEARDSLEY- MPK	2204-5-501-4350200	512.82
NORTHERN INDIANA PUBLIC S	7549100062-022123	03/03/2023	1320 OLIVE- PK	2204-5-501-4350200	216.08
INDIANA MICHIGAN POWER	04028164509-022223	03/03/2023	110 E GARFIELD- PK	2204-5-501-4350100	209.34
INDIANA MICHIGAN POWER	04792516603-022223	03/03/2023	215 E INDIANA- PK	2204-5-501-4350100	43.39
INDIANA MICHIGAN POWER	04187415601-022423	03/03/2023	1100 MCDONALD- PK	2204-5-501-4350100	528.07
INDIANA MICHIGAN POWER	04210875706-022423	03/03/2023	CONSOLIDATED- PK	2204-5-501-4350100	1,138.23
INDIANA MICHIGAN POWER	04322168701-022423	03/03/2023	1100 1/2 MCDONALD- PK	2204-5-501-4350100	1,160.42
ELKHART PUBLIC UTILITIES	4100410104-022423	03/03/2023	SUPERIOR & RIVERVIEW- PK	2204-5-501-4350400	93.99
ELKHART PUBLIC UTILITIES	4208320000-022423	03/03/2023	1020 MCDONALD- PK	2204-5-501-4350400	53.95
INDIANA MICHIGAN POWER	04215485709-022823	03/10/2023	131 TYLER- PK	2204-5-501-4350100	290.40
NORTHERN INDIANA PUBLIC S	2157360055-022823	03/10/2023	301 NIBCO- PK	2204-5-501-4350200	324.89
INDIANA MICHIGAN POWER	04058946304-030123	03/10/2023	401 RIVERVIEW- PK	2204-5-501-4350100	24.65
INDIANA MICHIGAN POWER	04116178304-030123	03/10/2023	624 JACKSON- PK	2204-5-501-4350100	27.96
INDIANA MICHIGAN POWER	04196896700-030123	03/10/2023	101 GOSHEN- PK	2204-5-501-4350100	49.60
INDIANA MICHIGAN POWER	04520875701-030223	03/17/2023	CONSOLIDATED- PK	2204-5-501-4350100	139.65
INDIANA MICHIGAN POWER	04267434407-030623	03/17/2023	1324 MARGUERITE- PK	2204-5-501-4350100	368.64
ELKHART PUBLIC UTILITIES	1105360000-031023	03/17/2023	701 ARCADE- PK	2204-5-501-4350400	62.16
ELKHART PUBLIC UTILITIES	1105360205-031023	03/17/2023	701 ARCADE- PK	2204-5-501-4350400	156.70
ELKHART PUBLIC UTILITIES	1105360603-031023	03/17/2023	701 ARCADE- PK	2204-5-501-4350400	71.24
ELKHART PUBLIC UTILITIES	1200680000-031023	03/17/2023	500 E BEARDSLEY- PK	2204-5-501-4350400	70.78
ELKHART PUBLIC UTILITIES	1203400000-031023	03/17/2023	1320 OLIVE- PK	2204-5-501-4350400	53.95
ELKHART PUBLIC UTILITIES	1222370300-031023	03/17/2023	619 BALDWIN- PK	2204-5-501-4350400	142.48
Fund 2204 - PARK & RECREATION Total:					17,757.57
Fund: 2520 - PARK PROGRAM					
ELKHART COUNTY REGIONAL	900-00169-00	02/17/2023	Ideal Beach Water & Sewer	2520-5-509-4350400	312.22
INDIANA MICHIGAN POWER	04844997017-030323	03/17/2023	52256 IDEAL BEACH- PK	2520-5-509-4350100	99.68

Expense Approval Report

Payment Dates: 2/17/2023 - 3/17/2023

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
ELKHART COUNTY REGIONAL	9000016900-030823	03/17/2023	WASTEWATER SVC- PK	2520-5-509-4350400	312.22
Fund 2520 - PARK PROGRAM Total:					724.12
Grand Total:					18,481.69

Report Summary

Fund Summary

Fund	Payment Amount
2204 - PARK & RECREATION	17,757.57
2520 - PARK PROGRAM	724.12
Grand Total:	18,481.69

Account Summary

Account Number	Account Name	Payment Amount
2204-5-501-4320400	Telephone & Communic	624.84
2204-5-501-4350100	Electricity	14,421.93
2204-5-501-4350200	Natural Gas	1,750.49
2204-5-501-4350400	Water & Sewer	960.31
2520-5-509-4350100	Electricity	99.68
2520-5-509-4350400	Water & Sewer	624.44
Grand Total:		18,481.69

Project Account Summary

Project Account Key	Payment Amount
None	18,481.69
Grand Total:	18,481.69

IDEAL BEACH IMPROVEMENT AND ACCESS AGREEMENT

This Improvement and Access Agreement (this “Agreement”) is made between the City of Elkhart, a legal Indiana municipality (the “City”) through its Board of Parks and Recreation (Park Board), Nancy Smith (Donor), and Cross Excavating, an Indiana Domestic For-Profit Corporation (Contractor), on this_____ day of March, 2023.

RECITALS

WHEREAS, Donor desires to fund certain improvements for Ideal Beach, a park and beach maintained by City’s Park Board, and City’s Park Board is willing to grant access to Contractor to make such improvements, on the terms and conditions set forth in this Agreement.

AGREEMENT

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

1. Donor agrees to fund the following improvements to Ideal Beach:
 - a. Removal of kiddie pool
 - b. Filling in the ground where the kiddie pool was located with soil and grass seed or sod
2. The work will be completed by Donor’s chosen contractor, Cross Excavating, which donor will contract with and pay directly at no cost to the City.
3. City will work with Donor to provide Donor with appropriate acknowledgment of Donor’s donation for tax purposes.
4. City will permit Contractor and third-parties retained by Contractor to enter and access Ideal Beach, on the grounds, property, and facilities of 52256 Ideal Beach Rd, Elkhart, IN 46514. City will provide to Contractor a gate key for ease of access and Contractor will notify City of its arrival/departure from City property. Contractor agrees to provide City 24 hours’ notice of entrance to the property.
5. Contractor shall communicate a plan and timeline for the work.
7. Contractor is solely responsible for coordinating the removal of the kiddie pool and filling in the area with soil and grass seed/sod.
8. Prior to obtaining a key, contractor will provide the City with a Certificate of insurance, naming the City of Elkhart, Indiana 229 S. Second Street, Elkhart, Indiana 46516 as an additional insured in the amount of 1 million per claim and 3 million aggregate for general liability, including personal injury, and for property insurance. Contractor will also provide City with proof of Workers Compensation insurance.

9. City shall not be liable to Contractor or third parties retained by contractor, their agents, servants, employees, contractors, customers or invitees for any damage to person or property caused by any act, omission, or neglect, of City. Contractor agrees to indemnify, defend, and hold harmless City of, from and against any and all losses, damages, liabilities, claims, liens, costs and expenses (including but not limited to court costs, reasonable attorney's fees and litigation expenses) in connection with injury to or death of any person or damage to or theft, loss or loss of the use of any property occurring in or about the premises arising from Contractor's or its agent's access to the property, or the conduct of their activities in or about the premises, or from any act or omission or willful misconduct of contractor or its persons, agents, employees, contractors, assigns, guests, or invitees arising out of contractor's access to 52256 Ideal Beach Rd, Elkhart, Indiana.

10. Governing Law—It is the intention of Parties to this Agreement all suits and special proceedings under this Agreement, be construed in accordance with and governed, to the exclusion of the law of any other forum, by the laws of the State of Indiana, without regard to the jurisdiction in which any action or special proceeding may be instituted.

11. Severability— Should there be a conflict between any provision of this Agreement and applicable laws of the State of Indiana said laws will prevail and such provisions of the Agreement will be amended or deleted as necessary in order to comply with said laws.

12. Modification—This Agreement may be supplemented, amended, or modified only by the mutual agreement of Parties. No supplement, amendment or modification of this Agreement shall be binding unless it is in writing and signed by all parties.

13. Notices—All notices or demands required or desired to be given by either party to the other with respect to this Agreement will be in writing, will be addressed as provided below, and will be:

- a. The City of Elkhart, Indiana, c/o John Espar, Corporate Counsel, 229 S. Second St. Elkhart, IN 46516.
- b. Cross Excavating, Russel S. Cross Jr, 52071 M 51 N, Dowagiac, MI 49047
- c. Nancy Smith, 70397 Hilltop Union MI, 49130

14. Delivered personally, in which case the notice or demand will be deemed given and served upon receipt or refusal to accept such notice; or

15. Sent by a nationally recognized overnight courier service, prepaid or billed to sender, in which case the notice or demand will be deemed given and served upon receipt or refusal to accept receipt. Either party may change its address or add additional parties for receipt of notices by giving notice of such change to the other party in accordance with the provisions of this Section.

16. Any party to this agreement may terminate the agreement at any time.

DONOR

SIGNATURE: _____

Date: _____

(Printed Name, Title)

CONTRACTOR

SIGNATURE: _____

Date: _____

(Printed Name, Title)

CITY OF ELKHART, INDIANA

By its BOARD OF PARKS AND RECREATION

By: _____

Date: _____

(Printed Name, Title)

MEMORANDUM OF UNDERSTANDING

This MEMORANDUM OF UNDERSTANDING (“Agreement”) is made as of the ____ day of _____, 2023, by and between the CITY OF ELKHART, INDIANA (“City”) on behalf of the Elkhart Parks and Urban Streetwear LLC.

RECITALS

Elkhart Parks and Recreation (“Parks”) is a department of City organized under the provisions of §36-10-3-1 *et. seq.* of the Indiana Code.

Urban Streetwear LLC (US); Chris Beckham is a local skateboard business owner that promotes the tools and materials from his *Urban Streetwear* Store to provide the best experience skateboarding. Chris has been leading the “Skateboarding Lessons” since 2020.

Parks and US desire to offer a Spring Intro to Skateboarding program at the Pierre Moran Skate Park from April 30 to May 21.

Parks and US believe it is in the best interest of the parties to this agreement for them to agree to establish and/or clarify their respective rights and responsibilities concerning the operation and funding for this program.

In consideration of the foregoing and the mutual covenants and agreements herein contained, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

1. US will take lead of the program the “Intro to Skateboarding” program Sundays, April 30 to May 21. The program will take place at Parks Pierre Moran Skate Park.
2. The course will run from 12:00 PM -2:00 PM.
3. The program will cost \$20.00 per participant.
4. No prior registration will be needed to attend.
5. Parks will receive 75% of the program's fee.
6. Urban Street Wear will keep 25% of the program fee.
7. Participants will be responsible for bringing their own equipment and providing their transportation.

8. "Intro to Skateboarding" classes are limited to 25 participants to avoid overcrowding.
9. Instructors will provide their own music and technology needed for the program.
10. US agrees to provide Parks with a certificate of insurance demonstrating it has liability insurance in the amount of one million dollars in addition to an umbrella policy of one million dollars.
11. US agrees that the Parks shall be added as an additional insured to its policy.
12. Bathroom facilities at the park will be provided.
13. Governing Law—It is the intention of Parties to this Agreement all suits and special proceedings under this Agreement, be construed in accordance with and governed, to the exclusion of the law of any other forum, by the laws of the State of Indiana, without regard to the jurisdiction in which any action or special proceeding may be instituted.
14. Severability— Should there be a conflict between any provision of this Agreement and applicable laws of the State of Indiana said laws will prevail and such provisions of the Agreement will be amended or deleted as necessary in order to comply with said laws.
15. Modification—This Agreement may be supplemented, amended, or modified only by the mutual agreement of Parties. No supplement, amendment or modification of this Agreement shall be binding unless it is in writing and signed by all parties.
16. Notices—All notices or demands required or desired to be given by either party to the other with respect to this Agreement will be in writing, will be addressed as provided below, and will be:

The City of Elkhart, Indiana, c/o John Espar, Corporate Counsel, 229 S. Second St.
Elkhart, IN 46516.
Chris Beckman
17. Delivered personally, in which case the notice or demand will be deemed given and served upon receipt or refusal to accept such notice; or
18. Sent by a nationally recognized overnight courier service, prepaid or billed to sender, in which case the notice or demand will be deemed given and served upon receipt or refusal to accept receipt. Either party may change its address or add additional parties

for receipt of notices by giving notice of such change to the other party in accordance with the provisions of this Section.

19. Entire Agreement—This Agreement constitutes the final agreement between US and Parks related to the operation of the “Intro to Skateboarding” classes. No representation, promise or inducement has been made by either party that is not embodied in this Agreement, and neither party shall be bound by or liable for any alleged representation, promise or inducement not specifically set forth herein.

IN WITNESS WHEREOF, the parties hereto have each executed this Memorandum of Understanding, on the date and year first written above.

By: _____

Date: _____

(Printed Name, Title)

CITY OF ELKHART, INDIANA
By its BOARD OF PARKS AND RECREATION

By:_____

Date: _____

(Printed Name, Title)

MEMORANDUM OF UNDERSTANDING

This MEMORANDUM OF UNDERSTANDING (“Agreement”) is made as of the ____ day of _____, 2023 by and between the CITY OF ELKHART, INDIANA (“City”) on behalf of the Elkhart Parks and Recreation Department and Alexandra Hibshman.

RECITALS

Elkhart Parks and Recreation (“Parks”) is a department of City organized under the provisions of §36-10-3-1 *et. seq.* of the Indiana Code.

Alexandra Hibshman (A&H) is a local professional Water Color Artist dedicated to teaching watercolor art in the community.

City and A&H desires to offer introductory watercolor workshops provide instruction and inspiration for those who want to unleash their inner artist with the beautiful medium of watercolor.

City and A&H believe it is in best interest of the parties to this agreement for them to agree to establish and/or clarify their respective rights and responsibilities concerning the operation and funding for this program.

In consideration of the foregoing and the mutual covenants and agreements herein contained, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

1. A&H will lead three programs: “Intro to Watercolor,” “Watercolor Floral Workshop Series,” and “Fun with Watercolors for Kids.”
2. The program Intro to Watercolor will take place at McNaughton Pavilion. On March 30 and April 27. The course will run from 6:00 PM-8:00 PM. Participants must be 16 years or older. The program will cost \$35 per participant per class.
3. The program Intro to “Watercolor Floral Workshop Series” will take place at McNaughton Pavilion. On May 11, 18, 25. The course will run from 6:00 PM - 8:00PM. Participants must be 16 years or older. The program series will cost \$80 per participant total.

4. The program “Fun with Water Colors for Kids” will take place at Studebaker. On March 23. Participants must be 5-7 years old. The course will run from 6:00 PM - 7:15 PM. The program will cost \$25 per participant.
5. The program “Fun with Water Colors for Kids” will take place at Studebaker. On April 20. Participants must be 8-11 years old. The course will run from 6:00 PM - 7:15 PM. The program will cost \$25 per participant.
6. The program “Fun with Water Colors for Kids” will take place at Studebaker. On May 4. Participants must be 12-15 years old. The course will run from 6:00 PM -7:15 PM. The program will cost \$25 per participant.
7. A&H will receive 80% of the program fees
8. Parks will keep 20% of the program fees
9. Parks will create online registration form and collect those fees.
10. A&H will conduct the entirety of the program.
11. Governing Law—It is the intention of Parties to this Agreement all suits and special proceedings under this Agreement, be construed in accordance with and governed, to the exclusion of the law of any other forum, by the laws of the State of Indiana, without regard to the jurisdiction in which any action or special proceeding may be instituted.
12. Severability— Should there be a conflict between any provision of this Agreement and applicable laws of the State of Indiana said laws will prevail and such provisions of the Agreement will be amended or deleted as necessary in order to comply with said laws.
13. Modification—This Agreement may be supplemented, amended, or modified only by the mutual agreement of Parties. No supplement, amendment or modification of this Agreement shall be binding unless it is in writing and signed by all parties.
14. Notices—All notices or demands required or desired to be given by either party to the other with respect to this Agreement will be in writing, will be addressed as provided below, and will be: The City of Elkhart, Indiana, c/o John Espar, Corporate Counsel, 229 S. Second St. Elkhart, IN 46516.

15. Delivered personally, in which case the notice or demand will be deemed given and served upon receipt or refusal to accept such notice; or
16. Sent by a nationally recognized overnight courier service, prepaid or billed to sender, in which case the notice or demand will be deemed given and served upon receipt or refusal to accept receipt. Either party may change its address or add additional parties for receipt of notices by giving notice of such change to the other party in accordance with the provisions of this Section.
17. Entire Agreement—This Agreement constitutes the final agreement between Alexandra Hibshman and City related to the operation of “Intro to Water Color,” “Intro to Water Color Florals Workshop Series”, and “Fun with Watercolors for Kids.” No representation, promise or inducement has been made by either party that is not embodied in this Agreement, and neither party shall be bound by or liable for any alleged representation, promise or inducement not specifically set forth herein.

IN WITNESS WHEREOF, the parties hereto have each executed this Memorandum of Understanding, on the date and year first written above.

By: _____

Date: _____

(Printed Name, Title)

CITY OF ELKHART, INDIANA
By its BOARD OF PARKS AND RECREATION

By: _____

Date: _____

(Printed Name, Title)

MEMORANDUM OF UNDERSTANDING

This MEMORANDUM OF UNDERSTANDING (“Agreement”) is made as of the ____ day of ____, 2022, by and between the CITY OF ELKHART, INDIANA (“City”) on behalf of the Elkhart Parks and Recreation Department and Elkhart Dahlia Society.

RECITALS

Elkhart Parks and Recreation (“Parks”) is a department of City organized under the provisions of §36-10-3-1 *et. seq.* of the Indiana Code.

Elkhart Dahlia Society; Rusty Richie: Teaches others about growing and exhibiting dahlias; to share our collective knowledge; and to continue the traditions of those dahlia growers who came before us.

City and Elkhart Dahlia Society; Rusty Ritchie (EDS) desire to offer one Cardiopulmonary resuscitation (“CPR”) certification class, participate in two “Famers Markets” dates, and Instruct three “Beginning Line Dancing Class” in exchange for using High Dive Pavilion for three half sessions. The City and EDS believe it is in the best interest of the parties to agree to establish and/or clarify their respective rights and responsibilities concerning the operation and funding for this program.

In consideration of the foregoing and the mutual covenants and agreements herein contained, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

1. EDS will use the High Dive Pavilion for half day on February 4, May 6, and June 3.
2. EDS will lead the “CPR” program on April 8. The program will take place at Willowdale Pavilion. The course will run from 1:00 PM – 3:00 PM. The cost per certification certificate is \$15. Max of 16 paying participants. The cost of participants for no certification is free. Max of 5 non-paying participants.
3. Parks will keep 100% of the “CPR” Program fees.
4. EDS will lead the “Beginning Line Dance Class” on March 16, 23, and 30. The program will take place at High Dive Pavilion. The course will run from 6:00 PM-8:00 PM. The cost per person per class is \$5.00.

5. Parks will keep 100% of the program fees.
6. EDS will do the “Farmers Market” on May 13 and 20.
7. Governing Law—It is the intention of Parties to this Agreement all suits and special proceedings under this Agreement be construed in accordance with and governed, to the exclusion of the law of any other forum, by the laws of the State of Indiana, without regard to the jurisdiction in which any action or special proceeding may be instituted.
8. Severability— Should there be a conflict between any provision of this Agreement and applicable laws of the State of Indiana, said laws will prevail, and such provisions of the Agreement will be amended or deleted as necessary in order to comply with said laws.
9. Modification—This Agreement may be supplemented, amended, or modified only by the mutual agreement of Parties. No supplement, amendment or modification of this Agreement shall be binding unless it is in writing and signed by all parties.
10. Notices—All notices or demands required or desired to be given by either party to the other with respect to this Agreement will be in writing, will be addressed as provided below, and will be: The City of Elkhart, Indiana, c/o John Espar, Corporate Counsel, 229 S. Second St. Elkhart, IN 46516.

-
11. Delivered personally, in which case the notice or demand will be deemed given and served upon receipt or refusal to accept such notice; or
 12. Sent by a nationally recognized overnight courier service, prepaid or billed to sender, in which case the notice or demand will be deemed given and served upon receipt or refusal to accept receipt. Either party may change its address or add additional parties for receipt of notices by giving notice of such change to the other party in accordance with the provisions of this Section.
 13. Entire Agreement—This Agreement constitutes the final agreement between Dahlia Society and City related to the operation of “CPR,” Beginning Line Dance Class. No representation, promise or inducement has been made by either party that is not

embodied in this Agreement, and neither party shall be bound by or liable for any
alleged representation, promise or inducement not specifically set forth herein.

IN WITNESS WHEREOF, the parties hereto have each executed this Memorandum of
Understanding, on the date and year first written above.

By: _____

Date: _____

(Printed Name, Title)

CITY OF ELKHART, INDIANA
By its BOARD OF PARKS AND RECREATION

By: _____

Date: _____

(Printed Name, Title)



ELKHART BOARD OF WORKS 2023 USE & EVENT PERMIT APPLICATION

229 South 2nd Street
Elkhart, IN 46516
Phone: (574) 294-5471

Date Received: 3/7/23

INSTRUCTIONS: Please carefully read the "Event Procedures & Guidelines" sections before completing this application.
Incomplete applications and/or applications without the required application fee will not be processed.

EVENT NAME: Community Easter Egg Hunt DATE(S) REQUESTED April 1, 2023
LOCATION/VENUE REQUESTED Walker Park E. Bristol St
LOCATION/VENUE 2ND CHOICE REQUESTED _____
OFFICE USE: DATE/VENUE AVAILABLE ☐ No ☒ Yes

APPLICANT INFORMATION

NAME OF APPLICANT Christy Matthews
NAME OF EVENT ORGANIZER/PRODUCER Community Easter Egg Hunt
PRODUCTION COMPANY/ORGANIZATION _____
STREET ADDRESS _____ APT/UNIT/SUITE _____
CITY Elkhart STATE IN ZIP CODE 46516
E-MAIL ADDRESS _____
DAYTIME PHONE _____ CELL PHONE _____
EVENT DAY ON-SITE CONTACT * REQUIRED NA DAYTIME PHONE _____ CELL PHONE _____

EVENT SPONSOR: Are you, the applicant, organizing this event on behalf of another organization?
(Please check No or Yes Below)

☒ No ☒ Yes → Name of Organization: Just Cause JDC Inc
NAME OF SPONSORING ORGANIZATION CONTACT Christy Matthews SPONSORING ORG. CONTACT PHONE _____
ADDRESS OF SPONSORING ORGANIZATION _____ CITY Elkhart ZIP CODE 46516

Additional Documentation Required: If you checked "Yes" above, please submit an endorsement letter from the organization (on their official Letterhead) on whose behalf you are organizing this event.

Is the sponsoring organization a 501(c) (3)?
(Please check No or Yes below.)

☐ No ☒ Yes → Please attach current verification of 501(c) (3) status

Does the sponsoring organization have an ST-105 General Sales Tax Exemption Status?
(Please check No or Yes below.)

☒ No ☐ Yes → Please attach current verification of ST-105 status

FEDERAL TAX ID # _____

EVENT INFORMATION

ACTUAL EVENT TIMES (NOT INCLUDING SETUP or TAKE DOWN)

Start Time:

12 noon

Finish Time:

1pm

Additional Information Required: Please attach a schedule if your event includes multiple days and/or varying times.

SET-UP TIME(S)

From:

10:00 am

To:

11:30 am

TEAR-DOWN

From:

1:30 pm

To:

2:30 pm

EXPECTED NUMBER OF PARTICIPANTS:

100

If the event is reoccurring, please submit the past number of participants below.

2022 NUMBER OF PARTICIPANTS:

2021 NUMBER OF PARTICIPANTS:

PREVIOUS YEAR DATE/LOCATION: Has this event been previously held?

(Please check No or Yes below.)

☒ No

☐ Yes

Event Name:

Location:

Date:

EVENT DESCRIPTION

Youth Easter Eggs Hunt

Please check what type of event this is (Check all that apply) and write a brief description of your event.

☐ Walk/Run

☐ Cultural Event

☒ Other event, please describe:

☐ Art Fair/Festival

☐ Public Rally/March

☐ Concert/Performance

☐ Bike Ride

☐ Service

Youth East Egg Hunt

Brief Description of Event:

roughly 3k plastic eggs filled with
candy and coupons to local area business
and restaurants

Please provide a detailed description of your event. Document(s) with this information or other materials describing this event may be attached.

PROHIBITED ACTIVITIES IN CITY PARKS (By Ordinances)

No Fundraising Allowed

No Bounce Houses Allowed

No Admission Fees Allowed

EVENT LOGISTICS

All event logistics are subject to the approval of the "EPRB." Additionally, certain event features, such as street closures and separate permits from the City of Elkhart. For information regarding City of Elkhart Permits, please call 574-294-5471 ext. 1055 or e-mail Nancy.Wilson@coei.org

FOOD AND ALCOHOLIC BEVERAGES:

Are you requesting permission to serve and/or sample food and/or beverages?

(Please check the appropriate response.)

☒ No ☐ Yes, to the participants only ☐ Yes, to the general public

No Food or Alcoholic Beverages may be sold on Park Property.

If applicable → Name of Caterer/Vendor: N/A

IF YES, please describe:

Additional Information Required: If you checked "Yes" above, a Short Term Permit is required from the Elkhart County Health Department.

Indicate location where food/beverages will be served on the Site Map.

TENTS AND CANOPIES

If you plan to erect tents or canopies, describe and give the number of tents and/or canopies, along with the sizes of each. A separate sheet with this information may be attached. All tents and/or canopies must be indicated on the Site Map. The Event Organizer is responsible for any damage caused to City/Park property/facility and must consult "BOW" prior to installation.

Building and Zoning Clearance Required.

Will your event feature tents and/or canopies?

(Please check No or Yes below.)

☒ No ☐ Yes → Number of Tents/Canopies: NONE

Tent/Canopy Size(s): N/A

(If you have multiple tents/canopies with varying sizes, indicate the number with the corresponding size.)

The following is required for tents over 400 square feet (20 ft. X 20 ft.):

Require inspections by the Elkhart City Fire Department. Refer to Indiana Fire Code 3103.2

Utilities must be marked. Call 811 for Utilities to mark the tent area.

Permits are required, fees apply - Permits must be acquired and paid for at the Permit Center at 229 South Second Street, Elkhart-574-296-9331

Additional Documentation Required: If you checked "Yes" above, please indicate the number of tents with the corresponding size. Document with this information may be attached. All tents and/or canopies must be indicated on the Site Map.

VEHICLES

Are you requesting permission to operate staff/supply vehicles on City/"EPRB" service roads for delivery of equipment, supplies, or catering/vending?

☒ No ☐ Yes → Number of Vehicles: NONE

Vehicle Description(s): N/A

Are you requesting permission to retain vehicles on-site for the duration of the event?

☒ No ☐ Yes → Number of Vehicles: _____

Vehicle Description(s): _____

STAGES/PLATFORMS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. Will your event include the installation of stages/platforms? The "BOW" must approve the location of the stages/platforms.

(Please check No or Yes below.) **NO STAGES ARE PROVIDED OR AVAILABLE FROM THE CITY OF ELKHART OR ITS DEPARTMENTS.**

**May require additional insurance.*

☒ No ☐ Yes → Number of Stage(s): NONE

Stage Description(s): N/A

Stage Owner: N/A Phone Number: _____

Address: Street, City, State, Zip _____

Stage Specs will be required.

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of stages/platforms on the Site Map.

PORTABLE TOILETS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. All portable toilets must be removed from City/"EPRB" property within 48 hours of event (if the event is on a Saturday or a Sunday, portable toilets must be removed that following Monday). The location must be approved by the City/"EPRB."

ADA-compliant toilets are required for Public Gatherings.

☒ No ☐ Yes → Number of Portable Toilets: 0 AND Number of Accessible ADA Portable Toilets: 0

Company/Description(s): N/A

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of portable toilets on the Site Map

FENCING

Will the event include the installation of event fencing by the Event Organizer? The location of the fencing must be approved by the "BOW"/"EPRB."
(Please check No or Yes below.)

☒ No ☐ Yes → Description: NONE

May require a call to 811 for location marking of Utilities. Buildings and Grounds must also approve to make sure sprinkler lines are not in jeopardy.

EMERGENCY SUPPORT SERVICES- Motor Vehicle and Pedestrian Control

Will the event require Emergency Support Services?
(Please check No or Yes below.)

☒ No ☐ Yes → 0

Number of Emergency Management Staff Requested

- ☐ \$50.00 Minimum of two Event Personnel 0
- ☐ \$25.00 Event Personnel each per event 0

Total Cost \$ 0

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of personnel and where they should be located on the site map. A separate meeting may be required with the Emergency Management Personnel.

FIRE DEPARTMENT

EMERGENCY MEDICAL SERVICES REQUESTED: Please indicate what services you are requesting. Mark all that are requested:

☒ No ☐ Yes →

Time(s) Requested:

NONE

- ☐ Ambulance(s)
- ☐ Medic Kubota
- ☐ Fire Truck
- ☐ First Aid Station

Number Requested

0

Please indicate your reason that a Fire Truck may be needed at your Event. Please include any special requests.

NONE

Additional Information May Be Required.

BUILDINGS AND GROUNDS

FENCING: The following are available for a fee. Mark all that are requested:

- ☐ Event Fencing
- ☐ Snow Fencing

Number of Sections Requested

Number of Feet Requested

0

Other

Other

Additional fees may apply.

WASTE RECEPTACLES

Will the event require additional waste receptacles? The location of the waste receptacles must be approved by the "BOW"/"EPRB."

(Please check No or Yes below.) Additional fees may apply.

☒ No ☐ Yes →

NONE

Will the event require Buildings & Grounds to set up or deliver other equipment? If Yes, please list below.

(Please check No or Yes below.)

☒ No ☐ Yes →

NONE

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of fencing on the site map.

PARKS DEPARTMENT

EQUIPMENT REQUESTED:

☒ No ☐ Yes →

NONE

- ☐ Golf Cars
- ☐ Risers
- ☐ Stage
- ☐ Trailer (tables/chairs)

ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, Winter Fest, etc.)

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ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, Winter Fest, etc.)

NOTE: Bleachers and Stages are not available for public or private use.

City Departments Only may request the use of these items.

POLICE DEPARTMENT

POLICE SERVICES: Please indicate what services you are requesting. Mark all that are requested:

☒ No ☐ Yes →

NONE

Please indicate why you feel Police presence may be needed at your Event.

NONE

Additional Information May Be Required.

STREET DEPARTMENT

STREET CLOSURES: Will you be requiring closure of City streets for your event?

☒ No ☐ Yes →

Street Name

NONE

Please mark all that may apply:

Street Closed From:

To:

Street Closed From:

To:

Street Closed From:

To:

Street Closed From:

To:

Street Closed From:

To:

Street Closed From:

To:

OTHER STRUCTURES

Will your event include other structures not identified above? The location of all other structures must be approved by the "EPRB".
(Please check No or Yes below.)

☒ No ☐ Yes →

Number of Structures:

0

Description(s):

0

Additional Information Required: If you checked "Yes" above, please indicate the location of all stages/platforms, portable toilets, fencing, barricades and all other structures on the Site Map. Ordering of all equipment must be done by the Event Organizer.

BOARD OF WORKS PERMITS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached.
Are you requesting the use of City Plaza?

Water:

- ☐ Yes
☒ No

Electric:

- ☐ Yes
☒ No

Plaza Sign:

- ☐ Yes
☒ No

Sign Information:

NONE

Bridge Banner:

- ☐ Yes
☒ No

Please indicate location:

- ☐ Bridge Banner- North Main Street- Memorial Bridge
☐ Bridge Banner - Johnson Street

NOISE ORDINANCE

Will the event require an exception to noise by the Event Organizer?

(Please check No or Yes below.)

- ☒ No ☐ Yes

Reason:

NONE

Parade and Special Exception to Noise Ordinance:

- ☐ Yes
☒ No

Public Assembly and Special Exception to Noise Ordinance:

- ☒ Yes
☐ No

Special Exception to Noise Ordinance:

- ☐ Yes
☒ No

Persons or entities affected by this special exception to the Noise Ordinance: (required)

Children running may yell out looking for eggs. not a lot of noise expected (open Area)

What measures will be taken to mitigate the impact of the Noise exception on surrounding persons (required)

I will ask for noise to be kept down.

EMERGENCY ACTION PLAN

PURPOSE (Required for all Applicants)

- A. This emergency action plan predetermines actions to take before and during the EVENT in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
 - B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include but are not limited to Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.
-

BASIC PLAN

- A. The emergency action plan event representative will be identified as the point of contact for all communications regarding the event. This person is identified as the primary contact and must be present during the event:

Contact full name (first/last name): Christy Matthews

Contact cell number (area code plus number): [REDACTED]

EVENT MAPS

SITE MAP (Required for all Applicants)

Please attach a Site Map clearly indicating the set-up of the event. An example would be the Start/Finish of a walk, run, or race event and/or the set-up area of a festival or cultural event. The Site Map should indicate the relative location of the following; all sources of amplified sound and the direction of the sound; tents and canopies with sizes, stages, promotional vehicles, portable toilets, fencing, barricades, and other structures; proposed driving paths for all equipment and supply vehicles; location of vehicles you wish to retain on "EPRB" property during the event; locations of food and proposed street closures. All site Maps are subject to the approval of "EPRB."

ROUTE MAP (Runs, Walks, Bike Rides)

All events that include a run/ walk or other activity in which participants will be following a course will be required to attach a Route Map and a written document of the proposed route of the event. All proposed Route Maps are subject to "EPRB" approval. The use of any outside the Parkways or parks, such as City streets, must be approved by the Board of Public Works.

For a more detailed Route Map, it is recommended to use mapmyrun.com (this is a free website), Bing maps, or Google maps

ELKHART COUNTY HEALTH DEPARTMENT

An Elkhart County Health Department Permit for food and beverage must accompany event plans. Please contact the Elkhart County Health Department at 574-523-2283.

INDEMNIFICATION, WAIVER AND RELEASE

In consideration of the granting of a Permit by the BOARD OF PUBLIC WORKS and/or the BOARD OF PARKS AND RECREATION, I hereby release, discharge, indemnify, protect and hold harmless the City of Elkhart, Indiana, and all of its agents, officials, and employees, of and from any and all claims, demands, damages, both compensatory and punitive, actions, causes of actions, costs, loss of services or consortium, and any expenses incurred for all personal injury or property damage sustained by me or any third party arising out of or in any way involving the use of the City's property during the event. I further agree to indemnify, protect, and hold harmless the City of Elkhart from any and all claims and causes of action, including attorney fees, caused by my negligence or willful conduct that is in any way related to the use of the City's property. I am more than 18 years of age and am fully competent. I have read in full this agreement and understand and agree to all of its terms and conditions. I have signed this instrument voluntarily and with full knowledge of the fact that I am waiving and releasing any and all claims for myself that may subsequently arise, regardless of their nature and extent. Furthermore, if signed on behalf of an entity, I swear and affirm that I am duly authorized to execute this INDEMNIFICATION, WAIVER, AND RELEASE on behalf of the entity.

APPLICANT SIGNATURE

I have read the terms and conditions outlined in this document and the City of Elkhart, City of Elkhart Board of Works, and the City of Elkhart Park & Recreation Board Code of Ordinances and agree to abide by them.

Unless expressly provided for in the permit, Use & Event Permits do not grant the permit holder exclusive rights to park property, including but not limited to any right to restrict access, use, and First Amendment activities of any person on park property open to the general public.

I agree to be bound by the above terms as a condition to the issuance of a Special Event Permit. All payments are due upon the BOW and EPRD final approval.

THIS DOCUMENT CONTAINS A RELEASE OF ALL CLAIMS AND A WAIVER OF RIGHTS. I HAVE CAREFULLY READ ALL OF ITS TERMS AND RETAINED A COPY OF THIS DOCUMENT FOR MY OWN RECORDS.

Christy Matthews

PRINTED NAME OF APPLICANT

Christy Matthews

SIGNATURE OF APPLICANT

3/4/23
DATE

WITNESSED: Clerk of the Board of Works

Date _____

APPROVED: BOARD OF PUBLIC WORKS

President

Date _____

RATIFIED: BOARD OF PARKS AND RECREATION (if applicable)

President or Secretary

Date _____



Elkhart Board of Works & Parks and Recreation
2020 USE & EVENT PERMIT APPLICATION

229 South 2nd Street
Elkhart, IN 46516
Phone: (574) 294-5471

Date Received: 3/13/23

INSTRUCTIONS: Please carefully read the "Event Procedures & Guidelines" sections before completing this application.
Incomplete applications and/or applications without the required application fee will not be processed.

EVENT NAME: Truma Spring Clean- Up DATE(S) REQUESTED April 22, 2023

LOCATION/VENUE REQUESTED Island Park, 200 E Sycamore St, Elkhart, IN 46516

LOCATION/VENUE 2ND CHOICE REQUESTED _____

OFFICE USE: DATE/VENUE AVAILABLE ☐ No ☒ Yes

APPLICANT INFORMATION

NAME OF APPLICANT Truma Corp

NAME OF EVENT ORGANIZER/PRODUCER _____

PRODUCTION COMPANY/ORGANIZATION

2800 Harmann Drive

STREET ADDRESS

APT/UNIT/SUITE

CITY

Elkhart

STATE

IN

ZIP CODE

46514

E-MAIL ADDRESS

j.day@trumacorp.com

DAYTIME PHONE

FAX

CELL PHONE

EVENT DAY ON-SITE CONTACT

SAME AS ABOVE

DAYTIME PHONE

CELL PHONE

EVENT SPONSOR: Are you, the applicant, organizing this event on behalf of another organization?
(Please check No or Yes Below)

☒ No ☐ Yes → Name of Organization: _____

NAME OF SPONSORING ORGANIZATION CONTACT

SPONSORING ORG. CONTACT PHONE

ADDRESS OF SPONSORING ORGANIZATION

CITY

ZIP CODE

Additional Documentation Required: If you checked "Yes" above, please submit an endorsement letter from the organization (on their official Letterhead) on whose behalf you are organizing this event.

Is the sponsoring organization a 501(c) (3)?
(Please check No or Yes below.)

☒ No ☐ Yes → Please attach current verification of 501(c) (3) status

Does the sponsoring organization have an ST-105, General Sales Tax Exemption Status?
(Please check No or Yes below.)

☒ No ☐ Yes → Please attach current verification of ST-105 status

FEDERAL TAX ID #

EVENT INFORMATION

ACTUAL EVENT TIMES (NOT INCLUDING SETUP or TAKE DOWN)

Start Time: 9:00

Finish Time: 2:00

Additional Information Required: If your event includes multiple days and/or varying times, please attach a schedule.

SET-UP TIME(S) From: 8:00 To: 9:00	TEAR-DOWN From: 2:00 To: 3:00
EXPECTED NUMBER OF PARTICIPANTS: 50-100	
If event is reoccurring, please submit past number of participants below.	
2019 NUMBER OF PARTICIPANTS: 50	2018 NUMBER OF PARTICIPANTS: 50

PREVIOUS YEAR DATE/LOCATION: Has this event been previously held?

(Please check No or Yes below.)

☐ No☒ Yes

Event Name: Truma Spring Clean-up

Location: 2800 Harmann Dr., 46514 Elkhart

Date: May 30, 2022

EVENT DESCRIPTION

Please check what type of event this is (Check all that apply) and write a brief description of your event.

☐ Walk/Run☐ Cultural Event☒ Other event, please describe:☐ Art Fair/Festival☐ Public Rally/March

Trash pick-up

☐ Concert/Performance☐ Bike Ride☐ Service

Brief Description of Event: Truma Employees, Friends & Family are picking Trash up

Please provide a detailed description of your event. Document(s) with this information or other materials describing this event may be attached.

PROHIBITED ACTIVITIES IN CITY PARKS (By Ordinances)

No Fundraising Allowed

No Bounce Houses Allowed

No Admission Fees Allowed

EVENT LOGISTICS

All event logistics are subject to the approval of the "EPRB". Additionally, certain event features such as street closures and the separate permits from the City of Elkhart. For information regarding City of Elkhart Permits, please call 574-294-5471 ext. 1055 or email Nancy.Wilson@coel.org

FOOD AND NON-ALCOHOLIC BEVERAGES:

Are you requesting permission to serve and/or sample food and/or beverages?

(Please check the appropriate response.)

☐ No☐ Yes, to the participants only☐ Yes, to the general public

No Food or Alcoholic Beverages may be sold on Park Property.

If applicable → Name of Caterer/Vendor: _____

IF YES, please describe:

TBD, we probably will bring Pizza from Papa John's

Additional Information Required: If you checked "Yes" above, a Short Term Permit is required from the Elkhart County Health Department.

Indicate location where food/beverages will be served on the Site Map.

TENTS AND CANOPIES

If you are planning to erect tents or canopies, describe and give the quantity of tents and/or canopies, along with the sizes of each. A separate sheet with this information may be attached. All tents and/or canopies must be indicated on the Site Map. The Event Organizer is responsible for any damage caused to City/Park property/facility and must consult "BOW" prior to installation.

Building and Zoning Clearance Required.

Will your event feature tents and/or canopies?

(Please check No or Yes below.)

☐ No☐ Yes

→ Number of Tents/Canopies: _____

→ Tent/Canopy Size(s): _____

(If you have multiple tents/canopies with varying sizes, indicate the number with the corresponding size.)

The following is required for tents over 400 square feet (20 ft. X 20 ft.):

Require inspections by the Elkhart City Fire Department. Refer to Indiana Fire Code 3103.2

Utilities must be marked. Call 811 for Utilities to mark tent area.

Permits are required, fees apply - Permits must be acquired and paid for at the Permit Center at 229 South 2nd Street, Elkhart-574-294-5471 ext. 3005

Additional Documentation Required: If you checked "Yes" above, please indicate the number of tents with the corresponding size.

Document with this information may be attached. All tents and/or canopies must be indicated on the Site Map.

VEHICLES

Are you requesting permission to operate staff/supply vehicles on City/"EPRB" service roads for delivery of equipment, supplies or catering/vending?

☐ No☒ Yes

→ Number of Vehicles: 4

→ Vehicle Description(s): Pick up truck, small SUV's, VAN

Are you requesting permission to retain vehicles on-site for the duration of the event?

☐ No☒ Yes

→ Number of Vehicles: 2

→ Vehicle Description(s): Van, pick-up truck

STAGES/PLATFORMS (provided by the requestor)

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. Will your event include the installation of stages/platforms? The location of the stages/platforms must be approved by the "BOW".
(Please check No or Yes below.) NO STAGES ARE PROVIDED OR AVAILABLE FROM THE CITY OF ELKHART OR ITS DEPARTMENTS.

*May require additional insurance.

☒ No ☐ Yes → Number of Stage(s): _____
→ Stage Description(s): _____

Stage Owner _____ Phone Number: _____

Address: Street, City, State, Zip _____

Stage Specs will be required.

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of stages/platforms on the Site Map.

PORTABLE TOILETS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. All portable toilets must be removed from City/"EPRB" property on within 48 hours of event (If event is on a Saturday or a Sunday, portable toilets must be removed that following Monday). The location must be approved by the City/"EPRB".
ADA compliant toilets are required for Public Gatherings.

☐ No ☐ Yes → Number of Portable Toilets: _____ AND Number of Accessible ADA Portable Toilets: _____
→ Company/Description(s): _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of portable toilets on the Site Map.

FENCING

Will the event include the installation of event fencing by the Event Organizer? The location of the fencing must be approved by the "BOW"/"EPRB".
(Please check No or Yes below.)

☐ No ☐ Yes → Description: _____

May require a call to 811 for location marking of Utilities. Buildings and Grounds must also approve to make sure sprinkler lines are not in jeopardy.

EMERGENCY SUPPORT SERVICES - Motor Vehicle and Pedestrian Control

Will the event require Emergency Support Services?
(Please check No or Yes below.)

☒ No ☐ Yes → _____

Number of Emergency Management Staff Requested

- ☐ \$50.00 Minimum of two Event Personnel _____
☐ \$25.00 Event Personnel each per event _____

Total Cost \$ _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of personnel and where they should be located on the site map. A separate meeting may be required with the Emergency Management Personnel.

FIRE DEPARTMENT

EMERGENCY MEDICAL SERVICES REQUESTED: Please indicate what services you are requesting. Mark all that are requested:

☒ No ☐ Yes →

Time(s) Requested: _____

- ☐ Ambulance(s) Number Requested _____
- ☐ Medic Kubota
- ☐ Fire Truck
- ☐ First Aid Station

Please indicate your reason that a Fire Truck may be needed at your Event. Please include any special requests.
Either is fine.

Additional Information May Be Required.

BUILDINGS AND GROUNDS

FENCING: The following are available for a fee. Mark all that are requested:

- ☐ Event Fencing Number of Sections Requested _____ Other _____
- ☐ Snow Fencing Number of Feet Requested _____ Other _____
- Additional fees may apply. Other _____

WASTE RECEPTACLES

Will the event require additional waste receptacles? The location of the waste receptacles must be approved by the "BOW"/"EPRB".
(Please check No or Yes below.) Additional fees may apply.

☒ No ☐ Yes →

Will the event require Buildings & Grounds to set up or deliver other equipment? If Yes, please list below.
(Please check No or Yes below.)

☒ No ☐ Yes →

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of fencing on the site map.

PARKS DEPARTMENT

EQUIPMENT REQUESTED: Must be Park Board Approved.

☒ No ☐ Yes →

- ☐ Golf Cars ONLY AVAILABLE FOR CITY ORGANIZED EVENTS (I.E.: Rhapsody, Summer Chill, WinterFest, etc.)
- ☐ Risers ONLY AVAILABLE FOR CITY ORGANIZED EVENTS (I.E.: Rhapsody, Summer Chill, WinterFest, etc.)
- ☐ Stage ONLY AVAILABLE FOR CITY ORGANIZED EVENTS (I.E.: Rhapsody, Summer Chill, WinterFest, etc.)
- ☐ Trailer (tables/chairs) ONLY AVAILABLE FOR CITY ORGANIZED EVENTS (I.E.: Rhapsody, Summer Chill, WinterFest, etc.)

NOTE: Bleachers and Stages are not available for public or private use.

City Departments Only may request the use of these items.

POLICE DEPARTMENT

POLICE SERVICES: Please indicate what services you are requesting. Mark all that are requested:

☐ No ☐ Yes → _____

Please indicate why you feel Police presence may be needed at your Event.

Additional Information May Be Required.

STREET DEPARTMENT

STREET CLOSURES: Will you be requiring closure of City streets for your event?

☐ No ☐ Yes → _____

Please mark all that may apply:

Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of fencing on the site map.

OTHER STRUCTURES

Will your event include other structures not identified above? The location of all other structures must be approved by the "EPRB".
(Please check No or Yes below.)

☐ No ☐ Yes → Number of Structures: _____
→ Description(s): _____

Additional Information Required: If you checked "Yes" above, please indicate the location of all stages/platforms, portable toilets, fencing, barricades and all other structures on the Site Map. Ordering of all equipment must be done by the Event Organizer.

BOARD OF WORKS PERMITS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached.
Are you requesting the use of City Plaza?

Water:

- ☐ Yes
☒ No

Electric:

- ☐ Yes
☒ No

Plaza Sign:

- ☐ Yes
☒ No

Sign Information: _____

Bridge Banner:

- ☐ Yes
☒ No

Please indicate location:

- ☐ Bridge Banner- North Main Street
☐ Bridge Banner – Johnson Street
☐ Benham Street Spanning Banner

NOISE ORDINANCE

Will the event require an exception to noise by the Event Organizer?

(Please check No or Yes below.)

☒ No ☐ Yes → Reason: _____

Parade and Special Exception to Noise Ordinance:

- ☐ Yes
☒ No

Public Assembly and Special Exception to Noise Ordinance:

- ☐ Yes
☒ No

Special Exception to Noise Ordinance:

- ☐ Yes
☒ No

Persons or entities affected by this special exception:

What measures will be taken to mitigate the impact on surrounding persons:

EMERGENCY ACTION PLAN

PURPOSE (Required for all Applicants)

- A. This emergency action plan predetermines actions to take before and during the EVENT in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
 - B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include, but are not limited to Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.
-

BASIC PLAN

- A. The emergency action plan event representative will be identified as the point of contact for all communications regarding the event. This person is identified as primary contact:

Contact full name (first/last name):

Contact cell number (area code plus number):

EVENT MAPS

SITE MAP (Required for all Applicants)

Please attach a Site Map clearly indicating the set-up of the event. An example would be the Start/Finish of a walk, run, race event and/or the set-up area of a festival or cultural event. The Site Map should indicate the relative location of the following; all sources of amplified sound and direction of sound; tents and canopies with sizes, stages, promotional vehicles, portable toilets, fencing, barricades, and other structures; proposed driving paths for all equipment and supply vehicles; location of vehicles you wish to retain on "EPRB" property during the event; locations of food and proposed street closures. All site Maps are subject to the approval of "EPRB".

ROUTE MAP (Runs, Walks, Bike Rides)

All events that include a run/ walk, or other activity in which participants will be following a course will be required to attach a Route Map and a written document of the proposed route of the event. All proposed Route Maps are subject to the "EPRB" approval. The use of any outside the Parkways or parks such as City streets must be approved by the Board of Public Works.

For a more detailed Route Map, it is recommended to use mapmyrun.com (this is a free website), Bing maps or Google maps

INDEMNIFICATION, WAIVER AND RELEASE

In consideration of the granting of a Permit by the BOARD OF PUBLIC WORKS and/or the BOARD OF PARKS AND RECREATION, I hereby release, discharge, indemnify, protect and hold harmless the City of Elkhart, Indiana, and all of its agents, officials, and employees, of and from any and all claims, demands, damages, both compensatory and punitive, actions, causes of actions, costs, loss of services or consortium, and any expenses incurred for all personal injury or property damage sustained by me or any third party arising out of or in any way involving the use of the City's property during the event. I further agree to indemnify, protect, and hold harmless the City of Elkhart from any and all claims and causes of action, including attorney fees, caused by my negligence or willful conduct that is in any way related to the use of the City's property. I am more than 18 years of age and am fully competent. I have read in full this agreement and understand and agree to all of its terms and conditions. I have signed this instrument voluntarily and with full knowledge of the fact that I am waiving and releasing any and all claims for myself that may subsequently arise, regardless of their nature and extent. Furthermore, if signed on behalf of an entity, I swear and affirm that I am duly authorized to execute this INDEMNIFICATION, WAIVER AND RELEASE on behalf of the entity.

APPLICANT SIGNATURE

I have read the terms and conditions outlined in this document and the City of Elkhart, City of Elkhart Board of Works and the City of Elkhart Park & Recreation Board Code of Ordinances and agree to abide by them.

Unless expressly provided for in the permit, Use & Event Permits do not grant the permit holder with exclusive rights to park property including but not limited to any right to restrict access, use, and First Amendment activities of any person on park property open to the general public.

I agree to be bound by the above terms as a condition to the issuance of a Special Event Permit. All payments are due upon the BOW and EPRD final approval.

THIS DOCUMENT CONTAINS A RELEASE OF ALL CLAIMS AND A WAIVER OF RIGHTS. I HAVE CAREFULLY READ ALL OF ITS TERMS AND RETAINED A COPY OF THIS DOCUMENT FOR MY OWN RECORDS.

Lara Hunsberger

PRINTED NAME OF APPLICANT

L. Hunsberger

SIGNATURE OF APPLICANT

2023-03-01

DATE

WITNESSED: Clerk of the Board
Nancy Wilson

Date _____

APPROVED: BOARD OF PUBLIC WORKS

President

Date _____

RATIFIED: BOARD OF PARKS AND RECREATION (if applicable)

President or Secretary

Date _____



ELKHART BOARD OF WORKS
2023 USE & EVENT PERMIT APPLICATION -
Amended

Approved by
Event Committee

229 South 2nd Street
Elkhart, IN 46516
Phone: (574) 294-5471

Date Received: 2/23/23

INSTRUCTIONS: Please carefully read the "Event Procedures & Guidelines" sections before completing this application.
Incomplete applications and/or applications without the required application fee will not be processed.

EVENT NAME: Peace Officers Memorial Service DATE(S) REQUESTED May 17, 2023

LOCATION/VENUE REQUESTED Kardzhali Park

LOCATION/VENUE 2ND CHOICE REQUESTED N/A

OFFICE USE: DATE/VENUE AVAILABLE ☐ No ☒ Yes

APPLICANT INFORMATION

NAME OF APPLICANT
Jessica McBrier

NAME OF EVENT ORGANIZER/PRODUCER
Elkhart Police Department

PRODUCTION COMPANY/ORGANIZATION
N/A

STREET ADDRESS
175 Waterfall Dr

APT/UNIT/SUITE

CITY
Elkhart

STATE
IN

ZIP CODE
46516

E-MAIL ADDRESS
jessica.mcbrier@elkhartpolice.org

DAYTIME PHONE

FAX

CELL PHONE

EVENT DAY ON-SITE CONTACT * REQUIRED
Jessica McBrier

DAYTIME PHONE

CELL PHONE

EVENT SPONSOR: Are you, the applicant, organizing this event on behalf of another organization?
(Please check No or Yes Below)

☒ No ☐ Yes → Name of Organization: _____

NAME OF SPONSORING ORGANIZATION CONTACT

SPONSORING ORG. CONTACT PHONE

ADDRESS OF SPONSORING ORGANIZATION

CITY

ZIP CODE

Additional Documentation Required: If you checked "Yes" above, please submit an endorsement letter from the organization (on their official Letterhead) on whose behalf you are organizing this event.

Is the sponsoring organization a 501(c) (3)?
(Please check No or Yes below.)

☒ No ☐ Yes → Please attach current verification of 501(c) (3) status

Does the sponsoring organization have an ST-105 General Sales Tax Exemption Status?
(Please check No or Yes below.)

☒ No ☐ Yes → Please attach current verification of ST-105 status

FEDERAL TAX ID #

EVENT INFORMATION

ACTUAL EVENT TIMES (NOT INCLUDING SETUP or TAKE DOWN)

Start Time: 11:00 a.m.

Finish Time: 12:00 p.m.

Additional Information Required: Please attach a schedule if your event includes multiple days and/or varying times.

SET-UP TIME(S) <u>8:30 a.m.</u> From: <u>12:00 p.m.</u> To: <u>11:00 a.m.</u> <u>12:30 p.m.</u>	TEAR-DOWN From: <u>12:00 p.m.</u> To: <u>12:30 p.m.</u>
EXPECTED NUMBER OF PARTICIPANTS: <u>70-80</u>	
If the event is reoccurring, please submit the past number of participants below.	
2022 NUMBER OF PARTICIPANTS: <u>70-80</u>	2021 NUMBER OF PARTICIPANTS: <u>Unknown</u>

PREVIOUS YEAR DATE/LOCATION: Has this event been previously held?
(Please check No or Yes below.)

☐ No

☒ Yes

Event Name: Peace Officers Memorial Service

Location: Kardzhali Park

Date: 5/17/22

EVENT DESCRIPTION

Please check what type of event this is (Check all that apply) and write a brief description of your event.

☐ Walk/Run

☐ Cultural Event

☐ Other event, please describe:

☐ Art Fair/Festival

☐ Public Rally/March

☐ Concert/Performance

☐ Bike Ride

☒ Service

Brief Description of Event:

This annual event remembers and honors all fallen officers, and is held every year during National Police Week. We have presentation of colors and salute by our Elkhart Police Department Honor Guard; high school students singing the national anthem and performing taps; and have a brief speech from a member of the local community as well as traditionally the EPD Chief and Mayor.

Please provide a detailed description of your event. Document(s) with this information or other materials describing this event may be attached.

PROHIBITED ACTIVITIES IN CITY PARKS (By Ordinances)

No Fundraising Allowed

No Bounce Houses Allowed

No Admission Fees Allowed

EVENT LOGISTICS

All event logistics are subject to the approval of the "EPRB." Additionally, certain event features, such as street closures and separate permits from the City of Elkhart. For information regarding City of Elkhart Permits, please call 574-294-5471 ext. 1055 or e-mail Nancy.Wilson@coei.org

FOOD AND ALCOHOLIC BEVERAGES:

Are you requesting permission to serve and/or sample food and/or beverages?

(Please check the appropriate response.)

☒ No

☐ Yes, to the participants only

☐ Yes, to the general public

No Food or Alcoholic Beverages may be sold on Park Property.

If applicable



Name of Caterer/Vendor: _____

IF YES, please describe:

Additional Information Required: If you checked "Yes" above, a Short Term Permit is required from the Elkhart County Health Department.
Indicate location where food/beverages will be served on the Site Map.

TENTS AND CANOPIES

If you plan to erect tents or canopies, describe and give the number of tents and/or canopies, along with the sizes of each. A separate sheet with this information may be attached. All tents and/or canopies must be indicated on the Site Map. The Event Organizer is responsible for any damage caused to City/Park property/facility and must consult "BOW" prior to installation.

Building and Zoning Clearance Required.

Will your event feature tents and/or canopies?

(Please check No or Yes below.)

☒ No

☐ Yes



Number of Tents/Canopies: _____

Tent/Canopy Size(s): _____

(If you have multiple tents/canopies with varying sizes, indicate the number with the corresponding size.)

The following is required for tents over 400 square feet (20 ft. X 20 ft.):

Require inspections by the Elkhart City Fire Department. Refer to Indiana Fire Code 3103.2

Utilities must be marked. Call 811 for Utilities to mark the tent area.

Permits are required, fees apply - Permits must be acquired and paid for at the Permit Center at 229 South Second Street, Elkhart-574-296-9331

Additional Documentation Required: If you checked "Yes" above, please indicate the number of tents with the corresponding size.
Document with this information may be attached. All tents and/or canopies must be indicated on the Site Map.

VEHICLES

Are you requesting permission to operate staff/supply vehicles on City/"EPRB" service roads for delivery of equipment, supplies, or catering/vending?

☒ No

☐ Yes



Number of Vehicles: _____

Vehicle Description(s): _____

Are you requesting permission to retain vehicles on-site for the duration of the event?

☒ No

☐ Yes



Number of Vehicles: _____

Vehicle Description(s): _____

STAGES/PLATFORMS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. Will your event include the installation of stages/platforms? The "BOW" must approve the location of the stages/platforms.

(Please check No or Yes below.) NO STAGES ARE PROVIDED OR AVAILABLE FROM THE CITY OF ELKHART OR ITS DEPARTMENTS.

*May require additional Insurance.

☒ No ☐ Yes → Number of Stage(s): _____

Stage Description(s): _____

Stage Owner _____ Phone Number: _____

Address: Street, City, State, Zip _____

Stage Specs will be required.

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of stages/platforms on the Site Map.

PORTABLE TOILETS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. All portable toilets must be removed from City/"EPRB" property within 48 hours of event (if the event is on a Saturday or a Sunday, portable toilets must be removed that following Monday). The location must be approved by the City/"EPRB."

ADA-compliant toilets are required for Public Gatherings.

☒ No ☐ Yes → Number of Portable Toilets: _____ AND Number of Accessible ADA Portable Toilets: _____

Company/Description(s): _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of portable toilets on the Site Map

FENCING

Will the event include the installation of event fencing by the Event Organizer? The location of the fencing must be approved by the "BOW"/"EPRB."
(Please check No or Yes below.)

☒ No ☐ Yes → Description: _____

May require a call to 811 for location marking of Utilities. Buildings and Grounds must also approve to make sure sprinkler lines are not in jeopardy.

EMERGENCY SUPPORT SERVICES - Motor Vehicle and Pedestrian Control

Will the event require Emergency Support Services?
(Please check No or Yes below.)

☒ No ☐ Yes → _____

Number of Emergency Management Staff Requested

☐ \$50.00 Minimum of two Event Personnel _____

☐ \$25.00 Event Personnel each per event _____

Total Cost \$ _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of personnel and where they should be located on the site map. A separate meeting may be required with the Emergency Management Personnel.

FIRE DEPARTMENT

EMERGENCY MEDICAL SERVICES REQUESTED: Please indicate what services you are requesting. Mark all that are requested:

☒ No ☐ Yes →

Time(s) Requested: _____

- | | | |
|--------------------------|-------------------|------------------------|
| <input type="checkbox"/> | Ambulance(s) | Number Requested _____ |
| <input type="checkbox"/> | Medic Kubota | |
| <input type="checkbox"/> | Fire Truck | |
| <input type="checkbox"/> | First Aid Station | |

Please indicate your reason that a Fire Truck may be needed at your Event. Please include any special requests.

Additional Information May Be Required.

BUILDINGS AND GROUNDS

FENCING: The following are available for a fee. Mark all that are requested:

- | | | |
|--|------------------------------------|-------------|
| <input type="checkbox"/> Event Fencing | Number of Sections Requested _____ | Other _____ |
| <input type="checkbox"/> Snow Fencing | Number of Feet Requested _____ | Other _____ |

Additional fees may apply.

WASTE RECEPTACLES

Will the event require additional waste receptacles? The location of the waste receptacles must be approved by the "BOW"/"EPRB."
(Please check No or Yes below.) Additional fees may apply.

☒ No ☐ Yes →

Will the event require Buildings & Grounds to set up or deliver other equipment? If Yes, please list below.
(Please check No or Yes below.)

☐ No ☒ Yes →

Chairs, a podium, and speaker/sound system (like they did for us last year)

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of fencing on the site map.

PARKS DEPARTMENT

EQUIPMENT REQUESTED:

☒ No ☐ Yes →

- | | |
|--|---|
| <input type="checkbox"/> Golf Cars | ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.) |
| <input type="checkbox"/> Risers | ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.) |
| <input type="checkbox"/> Stage | ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.) |
| <input type="checkbox"/> Trailer (tables/chairs) | ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.) |

NOTE: Bleachers and Stages are not available for public or private use.

City Departments Only may request the use of these items.

POLICE DEPARTMENT

POLICE SERVICES: Please indicate what services you are requesting. Mark all that are requested:

☒ No ☐ Yes → _____

Please indicate why you feel Police presence may be needed at your Event.

Additional Information May Be Required.

STREET DEPARTMENT

STREET CLOSURES: Will you be requiring closure of City streets for your event?

☒ No ☐ Yes → Street Name _____

Please mark all that may apply:

Street Closed From: _____	To: <u>12:30 p.m.</u>
Street Closed From: _____	To: _____
Street Closed From: _____	To: _____
Street Closed From: _____	To: _____
Street Closed From: _____	To: _____
Street Closed From: _____	To: _____

OTHER STRUCTURES

Will your event include other structures not identified above? The location of all other structures must be approved by the "EPRB".
(Please check No or Yes below.)

☒ No ☐ Yes → Number of Structures: _____

→ Description(s): _____

Additional Information Required: If you checked "Yes" above, please indicate the location of all stages/platforms, portable toilets, fencing, barricades and all other structures on the Site Map. Ordering of all equipment must be done by the Event Organizer.

BOARD OF WORKS PERMITS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached.
Are you requesting the use of City Plaza?

Water:

☐

Yes

☒

No

Electric:

☐

Yes

☒

No

Plaza Sign:

☒

Yes

☐

No

Sign Information:

Peace Officers Memorial Service Kardzhali Park May 17, 11:00 a.m.

Bridge Banner:

☐

Yes

☒

No

Please indicate location:

☐

Bridge Banner- North Main Street- Memorial Bridge

☐

Bridge Banner – Johnson Street

NOISE ORDINANCE

Will the event require an exception to noise by the Event Organizer?

(Please check No or Yes below.)

☐

No

☒

Yes

Reason:

We are using a sound system for the speakers

Parade and Special Exception to Noise Ordinance:

☐

Yes

☒

No

Public Assembly and Special Exception to Noise Ordinance:

☒

Yes

☐

No

Special Exception to Noise Ordinance:

☒

Yes

☐

No

Persons or entities affected by this special exception to the Noise Ordinance: (required)

Since the park is by the river and not buildings, it might only marginally
affect businesses by the NIBCO ice arena

What measures will be taken to mitigate the impact of the Noise exception on surrounding persons (required)

We are only amplifying the sound to reach the back of the crowd, which
should not be very large

EMERGENCY ACTION PLAN

PURPOSE (Required for all Applicants)

- A. This emergency action plan predetermines actions to take before and during the EVENT in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
 - B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include but are not limited to Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.
-

BASIC PLAN

- A. The emergency action plan event representative will be identified as the point of contact for all communications regarding the event. This person is identified as the primary contact and must be present during the event:

Contact full name (first/last name):

Contact cell number (area code plus number):

EVENT MAPS

SITE MAP (Required for all Applicants)

Please attach a Site Map clearly indicating the set-up of the event. An example would be the Start/Finish of a walk, run, or race event and/or the set-up area of a festival or cultural event. The Site Map should indicate the relative location of the following; all sources of amplified sound and the direction of the sound; tents and canopies with sizes, stages, promotional vehicles, portable toilets, fencing, barricades, and other structures; proposed driving paths for all equipment and supply vehicles; location of vehicles you wish to retain on "EPRB" property during the event; locations of food and proposed street closures. All site Maps are subject to the approval of "EPRB."

ROUTE MAP (Runs, Walks, Bike Rides)

All events that include a run/ walk or other activity in which participants will be following a course will be required to attach a Route Map and a written document of the proposed route of the event. All proposed Route Maps are subject to "EPRB" approval. The use of any outside the Parkways or parks, such as City streets, must be approved by the Board of Public Works.

For a more detailed Route Map, it is recommended to use mapmyrun.com (this is a free website), Bing maps, or Google maps

ELKHART COUNTY HEALTH DEPARTMENT

An Elkhart County Health Department Permit for food and beverage must accompany event plans. Please contact the Elkhart County Health Department at 574-523-2283.

INDEMNIFICATION, WAIVER AND RELEASE

In consideration of the granting of a Permit by the BOARD OF PUBLIC WORKS and/or the BOARD OF PARKS AND RECREATION, I hereby release, discharge, indemnify, protect and hold harmless the City of Elkhart, Indiana, and all of its agents, officials, and employees, of and from any and all claims, demands, damages, both compensatory and punitive, actions, causes of actions, costs, loss of services or consortium, and any expenses incurred for all personal injury or property damage sustained by me or any third party arising out of or in any way involving the use of the City's property during the event. I further agree to indemnify, protect, and hold harmless the City of Elkhart from any and all claims and causes of action, including attorney fees, caused by my negligence or willful conduct that is in any way related to the use of the City's property. I am more than 18 years of age and am fully competent. I have read in full this agreement and understand and agree to all of its terms and conditions. I have signed this instrument voluntarily and with full knowledge of the fact that I am waiving and releasing any and all claims for myself that may subsequently arise, regardless of their nature and extent. Furthermore, if signed on behalf of an entity, I swear and affirm that I am duly authorized to execute this INDEMNIFICATION, WAIVER, AND RELEASE on behalf of the entity.

APPLICANT SIGNATURE

I have read the terms and conditions outlined in this document and the City of Elkhart, City of Elkhart Board of Works, and the City of Elkhart Park & Recreation Board Code of Ordinances and agree to abide by them.

Unless expressly provided for in the permit, Use & Event Permits do not grant the permit holder exclusive rights to park property, including but not limited to any right to restrict access, use, and First Amendment activities of any person on park property open to the general public.

I agree to be bound by the above terms as a condition to the issuance of a Special Event Permit. All payments are due upon the BOW and EPRD final approval.

THIS DOCUMENT CONTAINS A RELEASE OF ALL CLAIMS AND A WAIVER OF RIGHTS. I HAVE CAREFULLY READ ALL OF ITS TERMS AND RETAINED A COPY OF THIS DOCUMENT FOR MY OWN RECORDS.

Jessica McBrier

PRINTED NAME OF APPLICANT

Jessica McBrier

SIGNATURE OF APPLICANT

2/24/23

DATE

WITNESSED: Clerk of the Board of Works

Date _____

APPROVED: BOARD OF PUBLIC WORKS

President

Date _____

RATIFIED: BOARD OF PARKS AND RECREATION (if applicable)

President or Secretary

Date _____



ELKHART BOARD OF WORKS
2023 USE & EVENT PERMIT APPLICATION

Approved by
Event Committee

229 South 2nd Street
Elkhart, IN 46516
Phone: (574) 294-5471

Date Received: 2/22/23

INSTRUCTIONS: Please carefully read the "Event Procedures & Guidelines" sections before completing this application.
Incomplete applications and/or applications without the required application fee will not be processed.

EVENT NAME: Compassion Walk DATE(S) REQUESTED May 20, 2023

LOCATION/VENUE REQUESTED Island Park

LOCATION/VENUE 2ND CHOICE REQUESTED High Dive Pavilion

OFFICE USE: DATE/VENUE AVAILABLE

☐ No ☒ Yes

APPLICANT INFORMATION

NAME OF APPLICANT
Cancer Resources for Elkhart County

NAME OF EVENT ORGANIZER/PRODUCER

Peter Norton

PRODUCTION COMPANY/ORGANIZATION

Cancer Resources for Elkhart County

STREET ADDRESS

23971 US Highway 33, Elkhart, IN 46517

APT/UNIT/SUITE

CITY

Elkhart

STATE

IN

ZIP CODE

46517

E-MAIL ADDRESS

pnorton@elkhartcancer.org

DAYTIME PHONE

(574) 875-5158

FAX

(574) 875-6962

CELL PHONE

[REDACTED]

EVENT DAY ON-SITE CONTACT * REQUIRED

Peter Norton

DAYTIME PHONE

(574) 875-5158

CELL PHONE

[REDACTED]

EVENT SPONSOR: Are you, the applicant, organizing this event on behalf of another organization?

(Please check No or Yes Below)

☐ No

☐ Yes



Name of Organization: _____

NAME OF SPONSORING ORGANIZATION CONTACT

SPONSORING ORG. CONTACT PHONE

ADDRESS OF SPONSORING ORGANIZATION

CITY

ZIP CODE

Additional Documentation Required: If you checked "Yes" above, please submit an endorsement letter from the organization (on their official Letterhead) on whose behalf you are organizing this event.

Is the sponsoring organization a 501(c) (3)?

(Please check No or Yes below.)

☐ No

☐ Yes



Please attach current verification of 501(c) (3) status

Does the sponsoring organization have an ST-105 General Sales Tax Exemption Status?

(Please check No or Yes below.)

☐ No

☐ Yes



Please attach current verification of ST-105 status

FEDERAL TAX ID #

35-1091429

EVENT INFORMATION

ACTUAL EVENT TIMES (NOT INCLUDING SETUP or TAKE DOWN)

Start Time: 10 AM

Finish Time: Noon

Additional Information Required: Please attach a schedule if your event includes multiple days and/or varying times.

SET-UP TIME(S)

From: Noon

To: 1:30 pm

TEAR-DOWN

From: Noon

To: 1:30 pm

EXPECTED NUMBER OF PARTICIPANTS:

If the event is reoccurring, please submit the past number of participants below.

2022 NUMBER OF PARTICIPANTS: 60

2021 NUMBER OF PARTICIPANTS: 80

PREVIOUS YEAR DATE/LOCATION: Has this event been previously held?

(Please check No or Yes below.)

☐ No

☒ Yes

Event Name: Compassion Walk

Location: Island Park

Date: May 7, 2022

EVENT DESCRIPTION

Please check what type of event this is (Check all that apply) and write a brief description of your event.

☒ Walk/Run

☐ Cultural Event

☐ Other event, please describe:

☐ Art Fair/Festival

☐ Public Rally/March

☐ Concert/Performance

☐ Bike Ride

☐ Service

Brief Description of Event:

This is a 1 mile walk crossing no streets, walking West on Island Park across the river, turning South to the

bridge by the McDonald's, then turning East across the bridge. The walkers will go behind The Aquatics Center through Centennial Park and turn north on the Johnson Street. The walkers then turned back West and cross back south to Island Park on the bridge adjacent to High Dive Pavilion.

Please provide a detailed description of your event. Document(s) with this information or other materials describing this event may be attached.

PROHIBITED ACTIVITIES IN CITY PARKS (By Ordinances)

No Fundraising Allowed

No Bounce Houses Allowed

No Admission Fees Allowed

EVENT LOGISTICS

All event logistics are subject to the approval of the "EPRB." Additionally, certain event features, such as street closures and separate permits from the City of Elkhart. For information regarding City of Elkhart Permits, please call 574-294-5471 ext. 1055 or e-mail Nancy.Wilson@coei.org

FOOD AND ALCOHOLIC BEVERAGES:

Are you requesting permission to serve and/or sample food and/or beverages?

(Please check the appropriate response.)

☒ No☐ Yes, to the participants only☐ Yes, to the general public

No Food or Alcoholic Beverages may be sold on Park Property.

If applicable



Name of Caterer/Vendor: _____

IF YES, please describe:

Additional Information Required: If you checked "Yes" above, a Short Term Permit is required from the Elkhart County Health Department.

Indicate location where food/beverages will be served on the Site Map.

TENTS AND CANOPIES

If you plan to erect tents or canopies, describe and give the number of tents and/or canopies, along with the sizes of each. A separate sheet with this information may be attached. All tents and/or canopies must be indicated on the Site Map. The Event Organizer is responsible for any damage caused to City/Park property/facility and must consult "BOW" prior to installation.

Building and Zoning Clearance Required.

Will your event feature tents and/or canopies?

(Please check No or Yes below.)

☒ No☐ Yes

Number of Tents/Canopies: _____

Tent/Canopy Size(s): _____

(If you have multiple tents/canopies with varying sizes, indicate the number with the corresponding size.)

The following is required for tents over 400 square feet (20 ft. X 20 ft.):

Require inspections by the Elkhart City Fire Department. Refer to Indiana Fire Code 3103.2

Utilities must be marked. Call 811 for Utilities to mark the tent area.

Permits are required, fees apply - Permits must be acquired and paid for at the Permit Center at 229 South Second Street, Elkhart-574-296-9331

Additional Documentation Required: If you checked "Yes" above, please indicate the number of tents with the corresponding size.

Document with this information may be attached. All tents and/or canopies must be indicated on the Site Map.

VEHICLES

Are you requesting permission to operate staff/supply vehicles on City/"EPRB" service roads for delivery of equipment, supplies, or catering/vending?

☒ No☐ Yes

Number of Vehicles: _____

Vehicle Description(s): _____

Are you requesting permission to retain vehicles on-site for the duration of the event?

☒ No☐ Yes

Number of Vehicles: _____

Vehicle Description(s): _____

STAGES/PLATFORMS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. Will your event include the installation of stages/platforms? The "BOW" must approve the location of the stages/platforms.

(Please check No or Yes below.) **NO STAGES ARE PROVIDED OR AVAILABLE FROM THE CITY OF ELKHART OR ITS DEPARTMENTS.**

***May require additional insurance.**

☒ No ☐ Yes  Number of Stage(s): _____

 Stage Description(s): _____

Stage Owner _____ Phone Number: _____

Address: Street, City, State, Zip _____

Stage Specs will be required.

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of stages/platforms on the Site Map.

PORTABLE TOILETS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. All portable toilets must be removed from City/"EPRB" property within 48 hours of event (if the event is on a Saturday or a Sunday, portable toilets must be removed that following Monday). The location must be approved by the City/"EPRB."

ADA-compliant toilets are required for Public Gatherings.

☒ No ☐ Yes  Number of Portable Toilets: _____ AND Number of Accessible ADA Portable Toilets: _____

 Company/Description(s): _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of portable toilets on the Site Map

FENCING

Will the event include the installation of event fencing by the Event Organizer? The location of the fencing must be approved by the "BOW"/"EPRB."
(Please check No or Yes below.)

☒ No ☐ Yes  Description: _____

May require a call to 811 for location marking of Utilities. Buildings and Grounds must also approve to make sure sprinkler lines are not in jeopardy.

EMERGENCY SUPPORT SERVICES- Motor Vehicle and Pedestrian Control

Will the event require Emergency Support Services?
(Please check No or Yes below.)

☒ No ☐ Yes  _____

Number of Emergency Management Staff Requested

☐ \$50.00 Minimum of two Event Personnel _____

☐ \$25.00 Event Personnel each per event _____

Total Cost \$ _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of personnel and where they should be located on the site map. A separate meeting may be required with the Emergency Management Personnel.

FIRE DEPARTMENT

EMERGENCY MEDICAL SERVICES REQUESTED: Please indicate what services you are requesting. Mark all that are requested:

☒ No ☐ Yes →

Time(s) Requested: _____

- ☐ Ambulance(s) Number Requested _____
- ☐ Medic Kubota
- ☐ Fire Truck
- ☐ First Aid Station

Please indicate your reason that a Fire Truck may be needed at your Event. Please include any special requests.

Additional Information May Be Required.

BUILDINGS AND GROUNDS

FENCING: The following are available for a fee. Mark all that are requested:

- ☐ Event Fencing Number of Sections Requested _____ Other _____
- ☐ Snow Fencing Number of Feet Requested _____ Other _____

Additional fees may apply.

WASTE RECEPTACLES

Will the event require additional waste receptacles? The location of the waste receptacles must be approved by the "BOW"/"EPRB."
(Please check No or Yes below.) Additional fees may apply.

☒ No ☐ Yes →

Will the event require Buildings & Grounds to set up or deliver other equipment? If Yes, please list below.
(Please check No or Yes below.)

☐ No ☐ Yes →

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of fencing on the site map.

PARKS DEPARTMENT

EQUIPMENT REQUESTED:

☒ No ☐ Yes →

- ☐ Golf Cars ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.)
- ☐ Risers ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.)
- ☐ Stage ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.)
- ☐ Trailer (tables/chairs) ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.)

NOTE: Bleachers and Stages are not available for public or private use.

City Departments Only may request the use of these items.

BOARD OF WORKS PERMITS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached.
Are you requesting the use of City Plaza?

Water:

☐

Yes

☐

No

Electric:

☐

Yes

☐

No

Plaza Sign:

☐

Yes

☐

No

Sign Information: _____

Bridge Banner:

☐

Yes

☐

No

Please indicate location:

☐

Bridge Banner- North Main Street- Memorial Bridge

☐

Bridge Banner – Johnson Street

NOISE ORDINANCE

Will the event require an exception to noise by the Event Organizer?

(Please check No or Yes below.)

☒

No

☐

Yes



Reason: _____

Parade and Special Exception to Noise Ordinance:

☐

Yes

☒

No

Public Assembly and Special Exception to Noise Ordinance:

☐

Yes

☒

No

Special Exception to Noise Ordinance:

☐

Yes

☒

No

Persons or entities affected by this special exception to the Noise Ordinance: (required)

What measures will be taken to mitigate the impact of the Noise exception on surrounding persons (required)

EMERGENCY ACTION PLAN

PURPOSE (Required for all Applicants)

- A. This emergency action plan predetermines actions to take before and during the EVENT in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
 - B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include but are not limited to Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.
-

BASIC PLAN

- A. The emergency action plan event representative will be identified as the point of contact for all communications regarding the event. This person is identified as the primary contact and must be present during the event:

Contact full name (first/last name): Peter Norton

Contact cell number (area code plus number):

EVENT MAPS

SITE MAP (Required for all Applicants)

Please attach a Site Map clearly indicating the set-up of the event. An example would be the Start/Finish of a walk, run, or race event and/or the set-up area of a festival or cultural event. The Site Map should indicate the relative location of the following; all sources of amplified sound and the direction of the sound; tents and canopies with sizes, stages, promotional vehicles, portable toilets, fencing, barricades, and other structures; proposed driving paths for all equipment and supply vehicles; location of vehicles you wish to retain on "EPRB" property during the event; locations of food and proposed street closures. All site Maps are subject to the approval of "EPRB."

ROUTE MAP (Runs, Walks, Bike Rides)

All events that include a run/ walk or other activity in which participants will be following a course will be required to attach a Route Map and a written document of the proposed route of the event. All proposed Route Maps are subject to "EPRB" approval. The use of any outside the Parkways or parks, such as City streets, must be approved by the Board of Public Works.

For a more detailed Route Map, it is recommended to use mapmyrun.com (this is a free website), Bing maps, or Google maps

ELKHART COUNTY HEALTH DEPARTMENT

An Elkhart County Health Department Permit for food and beverage must accompany event plans. Please contact the Elkhart County Health Department at 574-523-2283.

INDEMNIFICATION, WAIVER AND RELEASE

In consideration of the granting of a Permit by the BOARD OF PUBLIC WORKS and/or the BOARD OF PARKS AND RECREATION, I hereby release, discharge, indemnify, protect and hold harmless the City of Elkhart, Indiana, and all of its agents, officials, and employees, of and from any and all claims, demands, damages, both compensatory and punitive, actions, causes of actions, costs, loss of services or consortium, and any expenses incurred for all personal injury or property damage sustained by me or any third party arising out of or in any way involving the use of the City's property during the event. I further agree to indemnify, protect, and hold harmless the City of Elkhart from any and all claims and causes of action, including attorney fees, caused by my negligence or willful conduct that is in any way related to the use of the City's property. I am more than 18 years of age and am fully competent. I have read in full this agreement and understand and agree to all of its terms and conditions. I have signed this instrument voluntarily and with full knowledge of the fact that I am waiving and releasing any and all claims for myself that may subsequently arise, regardless of their nature and extent. Furthermore, if signed on behalf of an entity, I swear and affirm that I am duly authorized to execute this INDEMNIFICATION, WAIVER, AND RELEASE on behalf of the entity.

APPLICANT SIGNATURE

I have read the terms and conditions outlined in this document and the City of Elkhart, City of Elkhart Board of Works, and the City of Elkhart Park & Recreation Board Code of Ordinances and agree to abide by them.

Unless expressly provided for in the permit, Use & Event Permits do not grant the permit holder exclusive rights to park property, including but not limited to any right to restrict access, use, and First Amendment activities of any person on park property open to the general public.

I agree to be bound by the above terms as a condition to the issuance of a Special Event Permit. All payments are due upon the BOW and EPRD final approval.

THIS DOCUMENT CONTAINS A RELEASE OF ALL CLAIMS AND A WAIVER OF RIGHTS. I HAVE CAREFULLY READ ALL OF ITS TERMS AND RETAINED A COPY OF THIS DOCUMENT FOR MY OWN RECORDS.

Peter T. Norton

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

2/23/23

DATE

WITNESSED: Clerk of the Board of Works

Date _____

APPROVED: BOARD OF PUBLIC WORKS

President

Date _____

RATIFIED: BOARD OF PARKS AND RECREATION (if applicable)

President or Secretary

Date _____



ELKHART BOARD OF WORKS
2023 USE & EVENT PERMIT APPLICATION

229 South 2nd Street
Elkhart, IN 46516
Phone: (574) 294-5471

Date Received: 2/14/23

INSTRUCTIONS: Please carefully read the "Event Procedures & Guidelines" sections before completing this application.
Incomplete applications and/or applications without the required application fee will not be processed.

EVENT NAME: Stemm lawson Peterson Memorial Walk DATE(S) REQUESTED May 20, 2023

LOCATION/VENUE REQUESTED Walker Park 3419 E Bristol St Elkhart, IN 46514

LOCATION/VENUE 2ND CHOICE REQUESTED _____

OFFICE USE: DATE/VENUE AVAILABLE ☐ No ☒ Yes

APPLICANT INFORMATION

NAME OF APPLICANT _____

NAME OF EVENT ORGANIZER/PRODUCER _____

PRODUCTION COMPANY/ORGANIZATION

Stemm Lawson Peterson Funeral Home

STREET ADDRESS

1531 Cobblestone Blvd

APT/UNIT/SUITE

CITY

Elkhart

STATE

IN

ZIP CODE

46515

E-MAIL ADDRESS

slpfh1531@gmail.com

DAYTIME PHONE

574-293-6411

FAX

574-293-1053

CELL PHONE

EVENT DAY ON-SITE CONTACT * REQUIRED

Donna Adkins

DAYTIME PHONE

CELL PHONE

EVENT SPONSOR: Are you, the applicant, organizing this event on behalf of another organization?

(Please check No or Yes Below)



No



Yes

Name of Organization: _____

NAME OF SPONSORING ORGANIZATION CONTACT

SPONSORING ORG. CONTACT PHONE

ADDRESS OF SPONSORING ORGANIZATION

CITY

ZIP CODE

Additional Documentation Required If you checked "Yes" above, please submit an endorsement letter from the organization (on their official Letterhead) on whose behalf you are organizing this event

Is the sponsoring organization a 501(c) (3)?

(Please check No or Yes below.)



No



Yes

Please attach current verification of 501(c) (3) status

Does the sponsoring organization have an ST-105 General Sales Tax Exemption Status?

(Please check No or Yes below.)



No



Yes

Please attach current verification of ST-105 status

FEDERAL TAX ID #

0167760530

EVENT INFORMATION

ACTUAL EVENT TIMES (NOT INCLUDING SETUP or TAKE DOWN)

Start Time: 10:00 am

Finish Time: 12:00 pm

Additional Information Required: Please attach a schedule if your event includes multiple days and/or varying times.

SET-UP TIME(S)

From: 12:00 pm To: 12:30 pm

TEAR-DOWN

From: 12:00 pm To: 12:30 pm

EXPECTED NUMBER OF PARTICIPANTS:

100

If the event is reoccurring, please submit the past number of participants below

2022 NUMBER OF PARTICIPANTS: 100

2021 NUMBER OF PARTICIPANTS: 100

PREVIOUS YEAR DATE/LOCATION: Has this event been previously held?
(Please check No or Yes below.)

☐ No

☒ Yes

Event Name: Stemm Lawson Peterson Memorial Walk

Location: Walker Park

Date: 5/21/22

EVENT DESCRIPTION

Please check what type of event this is (Check all that apply) and write a brief description of your event.

☒ Walk/Run

☐ Cultural Event

☐ Other event, please describe:

☐ Art Fair/Festival

☐ Public Rally/March

☐ Concert/Performance

☐ Bike Ride

☐ Service

Brief Description of Event:

Gathering and Social walk for families of our deceased

Please provide a detailed description of your event. Document(s) with this information or other materials describing this event may be attached.

PROHIBITED ACTIVITIES IN CITY PARKS (By Ordinances)

No Fundraising Allowed

No Bounce Houses Allowed

No Admission Fees Allowed

EVENT LOGISTICS

All event logistics are subject to the approval of the "EPRB." Additionally, certain event features, such as street closures and separate permits from the City of Elkhart. For information regarding City of Elkhart Permits, please call 574-294-5471 ext. 1055 or e-mail Nancy.Wilson@coel.org

FOOD AND ALCOHOLIC BEVERAGES:

Are you requesting permission to serve and/or sample food and/or beverages?

(Please check the appropriate response.)

☐ No

☒ Yes, to the participants only

☐ Yes, to the general public

No Food or Alcoholic Beverages may be sold on Park Property.

If applicable → Name of Caterer/Vendor: Kona Ice

IF YES, please describe:

Hawaiian Ice truck as a treat for our participants

Additional Information Required. If you checked "Yes" above, a Short Term Permit is required from the Elkhart County Health Department.

Indicate location where food/beverages will be served on the Site Map.

TENTS AND CANOPIES

If you plan to erect tents or canopies, describe and give the number of tents and/or canopies, along with the sizes of each. A separate sheet with this information may be attached. All tents and/or canopies must be indicated on the Site Map. The Event Organizer is responsible for any damage caused to City/Park property/facility and must consult "BOW" prior to installation.

Building and Zoning Clearance Required.

Will your event feature tents and/or canopies?

(Please check No or Yes below.)

☒ No

☐ Yes

→ Number of Tents/Canopies: _____

Tent/Canopy Size(s): _____

(If you have multiple tents/canopies with varying sizes, indicate the number with the corresponding size.)

The following is required for tents over 400 square feet (20 ft. X 20 ft.):

Require Inspections by the Elkhart City Fire Department. Refer to Indiana Fire Code 3103.2

Utilities must be marked. Call 811 for Utilities to mark the tent area.

Permits are required, fees apply - Permits must be acquired and paid for at the Permit Center at 229 South Second Street, Elkhart-574-296-9331

Additional Documentation Required: If you checked "Yes" above, please indicate the number of tents with the corresponding size.

Document with this information may be attached. All tents and/or canopies must be indicated on the Site Map.

VEHICLES

Are you requesting permission to operate staff/supply vehicles on City/"EPRB" service roads for delivery of equipment, supplies, or catering/vending?

☒ No

☐ Yes

→ Number of Vehicles: _____

→ Vehicle Description(s): _____

Are you requesting permission to retain vehicles on-site for the duration of the event?

☒ No

☐ Yes

→ Number of Vehicles: _____

→ Vehicle Description(s): _____

STAGES/PLATFORMS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. Will your event include the installation of stages/platforms? The "BOW" must approve the location of the stages/platforms.

(Please check No or Yes below) **NO STAGES ARE PROVIDED OR AVAILABLE FROM THE CITY OF ELKHART OR ITS DEPARTMENTS.**

**May require additional insurance.*

☒ No ☐ Yes → Number of Stage(s): _____

Stage Description(s): _____

Stage Owner _____ Phone Number: _____

Address: Street, City, State, Zip _____

Stage Specs will be required.

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of stages/platforms on the Site Map.

PORTABLE TOILETS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. All portable toilets must be removed from City/"EPRB" property within 48 hours of event (if the event is on a Saturday or a Sunday, portable toilets must be removed that following Monday). The location must be approved by the City/"EPRB."

ADA-compliant toilets are required for Public Gatherings.

☒ No ☐ Yes → Number of Portable Toilets: _____ AND Number of Accessible ADA Portable Toilets: _____

Company/Description(s): _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of portable toilets on the Site Map

FENCING

Will the event include the installation of event fencing by the Event Organizer? The location of the fencing must be approved by the "BOW"/"EPRB."
(Please check No or Yes below.)

☒ No ☐ Yes → Description: _____

May require a call to 811 for location marking of Utilities. Buildings and Grounds must also approve to make sure sprinkler lines are not in jeopardy.

EMERGENCY SUPPORT SERVICES- Motor Vehicle and Pedestrian Control

Will the event require Emergency Support Services?
(Please check No or Yes below.)

☒ No ☐ Yes → _____

Number of Emergency Management Staff Requested

- ☐ \$50.00 Minimum of two Event Personnel _____
☐ \$25.00 Event Personnel each per event _____

Total Cost \$ _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of personnel and where they should be located on the site map. A separate meeting may be required with the Emergency Management Personnel.

FIRE DEPARTMENT

EMERGENCY MEDICAL SERVICES REQUESTED: Please indicate what services you are requesting. Mark all that are requested:

☒ No ☐ Yes →

Time(s) Requested: _____

- ☐ Ambulance(s) Number Requested _____
- ☐ Medic Kubota
- ☐ Fire Truck
- ☐ First Aid Station

Please indicate your reason that a Fire Truck may be needed at your Event. Please include any special requests.

Additional Information May Be Required.

BUILDINGS AND GROUNDS

FENCING: The following are available for a fee. Mark all that are requested:

- ☐ Event Fencing Number of Sections Requested _____ Other _____
- ☐ Snow Fencing Number of Feet Requested _____ Other _____

Additional fees may apply.

WASTE RECEPTACLES

Will the event require additional waste receptacles? The location of the waste receptacles must be approved by the "BOW"/EPRB."

(Please check No or Yes below.) Additional fees may apply.

☒ No ☐ Yes →

Will the event require Buildings & Grounds to set up or deliver other equipment? If Yes, please list below.

(Please check No or Yes below.)

☒ No ☐ Yes →

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of fencing on the site map.

PARKS DEPARTMENT

EQUIPMENT REQUESTED:

☒ No ☐ Yes →

- ☐ Golf Cars ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.)
- ☐ Risers ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.)
- ☐ Stage ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.)
- ☐ Trailer (tables/chairs) ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.)

NOTE: Bleachers and Stages are not available for public or private use.

City Departments Only may request the use of these items.

POLICE DEPARTMENT

POLICE SERVICES: Please Indicate what services you are requesting. Mark all that are requested:

☐ No ☐ Yes → _____

Please indicate why you feel Police presence may be needed at your Event.

Additional Information May Be Required.

STREET DEPARTMENT

STREET CLOSURES: Will you be requiring closure of City streets for your event?

☐ No ☐ Yes → Street Name _____

Please mark all that may apply:

Street Closed From: _____ To: 12:30 pm

Street Closed From: _____ To: _____

Street Closed From: _____ To: _____

Street Closed From: _____ To: _____

Street Closed From: _____ To: _____

Street Closed From: _____ To: _____

OTHER STRUCTURES

Will your event include other structures not identified above? The location of all other structures must be approved by the "EPRB"
(Please check No or Yes below.)

☐ No ☐ Yes → Number of Structures: _____

→ Description(s): _____

Additional Information Required: If you checked "Yes" above, please indicate the location of all stages/platforms, portable toilets, fencing, barricades and all other structures on the Site Map. Ordering of all equipment must be done by the Event Organizer.

BOARD OF WORKS PERMITS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached.
Are you requesting the use of City Plaza?

Water:

☐

Yes

☒

No

Electric:

☐

Yes

☒

No

Plaza Sign:

☐

Yes

☒

No

Sign Information: _____

Bridge Banner:

☐

Yes

☒

No

Please indicate location:

☐

Bridge Banner- North Main Street- Memorial Bridge

☐

Bridge Banner – Johnson Street

NOISE ORDINANCE

Will the event require an exception to noise by the Event Organizer?

(Please check No or Yes below.)

☒

No

☐

Yes



Reason: _____

Parade and Special Exception to Noise Ordinance:

☐

Yes

☒

No

Public Assembly and Special Exception to Noise Ordinance:

☐

Yes

☒

No

Special Exception to Noise Ordinance:

☐

Yes

☒

No

Persons or entities affected by this special exception to the Noise Ordinance: (required)

What measures will be taken to mitigate the impact of the Noise exception on surrounding persons (required)

EMERGENCY ACTION PLAN

PURPOSE (Required for all Applicants)

- A. This emergency action plan predetermines actions to take before and during the EVENT in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
- B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include but are not limited to Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.

BASIC PLAN

- A. The emergency action plan event representative will be identified as the point of contact for all communications regarding the event. This person is identified as the primary contact and must be present during the event:

Contact full name (first/last name): Donna Adkins

Contact cell number (area code plus number):
[REDACTED]

EVENT MAPS

SITE MAP (Required for all Applicants)

Please attach a Site Map clearly indicating the set-up of the event. An example would be the Start/Finish of a walk, run, or race event and/or the set-up area of a festival or cultural event. The Site Map should indicate the relative location of the following; all sources of amplified sound and the direction of the sound; tents and canopies with sizes, stages, promotional vehicles, portable toilets, fencing, barricades, and other structures; proposed driving paths for all equipment and supply vehicles; location of vehicles you wish to retain on "EPRB" property during the event; locations of food and proposed street closures. All site Maps are subject to the approval of "EPRB."

ROUTE MAP (Runs, Walks, Bike Rides)

All events that include a run/ walk or other activity in which participants will be following a course will be required to attach a Route Map and a written document of the proposed route of the event. All proposed Route Maps are subject to "EPRB" approval. The use of any outside the Parkways or parks, such as City streets, must be approved by the Board of Public Works.

For a more detailed Route Map, it is recommended to use mapmyrun.com (this is a free website), Bing maps, or Google maps

ELKHART COUNTY HEALTH DEPARTMENT

An Elkhart County Health Department Permit for food and beverage must accompany event plans. Please contact the Elkhart County Health Department at 574-523-2283.

INDEMNIFICATION, WAIVER AND RELEASE

In consideration of the granting of a Permit by the BOARD OF PUBLIC WORKS and/or the BOARD OF PARKS AND RECREATION, I hereby release, discharge, indemnify, protect and hold harmless the City of Elkhart, Indiana, and all of its agents, officials, and employees, of and from any and all claims, demands, damages, both compensatory and punitive, actions, causes of actions, costs, loss of services or consortium, and any expenses incurred for all personal injury or property damage sustained by me or any third party arising out of or in any way involving the use of the City's property during the event. I further agree to indemnify, protect, and hold harmless the City of Elkhart from any and all claims and causes of action, including attorney fees, caused by my negligence or willful conduct that is in any way related to the use of the City's property. I am more than 18 years of age and am fully competent. I have read in full this agreement and understand and agree to all of its terms and conditions. I have signed this instrument voluntarily and with full knowledge of the fact that I am waiving and releasing any and all claims for myself that may subsequently arise, regardless of their nature and extent. Furthermore, if signed on behalf of an entity, I swear and affirm that I am duly authorized to execute this INDEMNIFICATION, WAIVER, AND RELEASE on behalf of the entity.

APPLICANT SIGNATURE

I have read the terms and conditions outlined in this document and the City of Elkhart, City of Elkhart Board of Works, and the City of Elkhart Park & Recreation Board Code of Ordinances and agree to abide by them.

Unless expressly provided for in the permit, Use & Event Permits do not grant the permit holder exclusive rights to park property, including but not limited to any right to restrict access, use, and First Amendment activities of any person on park property open to the general public.

I agree to be bound by the above terms as a condition to the issuance of a Special Event Permit. All payments are due upon the BOW and EPRD final approval.

THIS DOCUMENT CONTAINS A RELEASE OF ALL CLAIMS AND A WAIVER OF RIGHTS. I HAVE CAREFULLY READ ALL OF ITS TERMS AND RETAINED A COPY OF THIS DOCUMENT FOR MY OWN RECORDS.

Donna Lynn Atkins

PRINTED NAME OF APPLICANT

[Signature]

SIGNATURE OF APPLICANT

2-6-2023

DATE

WITNESSED: Clerk of the Board of Works

Date _____

APPROVED: BOARD OF PUBLIC WORKS

President

Date _____

RATIFIED: BOARD OF PARKS AND RECREATION (if applicable)

President or Secretary

Date _____



▼ Elementary School

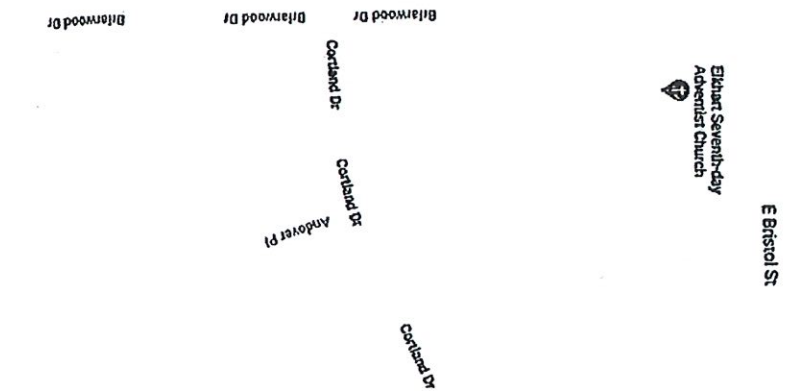


Map data ©2021 Google 100 ft





▼ Elementary School



100 ft _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/22/2023

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 FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060		CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM	
INSURED CSC SERVICES LLC 1531 COBBLESTONE BLVD ELKHART, IN 46514-4964		INSURER(S) AFFORDING COVERAGE INSURER A: FEDERATED MUTUAL INSURANCE COMPANY INSURER B: FEDERATED SERVICE INSURANCE COMPANY INSURER C: INSURER D: INSURER E: INSURER F:	
418-418-0		NAIC # 13935 28304	

COVERAGES

CERTIFICATE NUMBER: 3

REVISION NUMBER: 0

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	N	N	6178018	01/10/2023	01/10/2024	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	BUSINESS OWNER'S LIABILITY						MED EXP (Any one person)	\$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$2,000,000
A	AUTOMOBILE LIABILITY	N	N	1848984	01/10/2023	01/10/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
A	UMBRELLA LIAB	N	N	1848987	01/10/2023	01/10/2024	EACH OCCURRENCE	\$2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$2,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	N	1848989	01/10/2023	01/10/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.I. EACH ACCIDENT	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.I. DISEASE - EA EMPLOYEE	\$1,000,000
							E.I. DISEASE - POLICY LIMIT	\$1,000,000

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

CERTIFICATE HOLDER418-418-0
CIVIL CITY OF ELKHART-ELKHART PARK BOARD FOR
AND ON THE BEHALF OF PARKS & RECREATION
1320 BENHAM AVE
ELKHART, IN 46516-3341

3 0

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

FEDERATED INSURANCE COMPANIES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - STATE OR GOVERNMENTAL AGENCY OR
SUBDIVISION OR POLITICAL SUBDIVISION - PERMITS OR
AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM

SCHEDULE

State Or Governmental Agency or Subdivision or Political Subdivision:

CIVIL CITY OF ELKHART - ELKHART PARK BOARD FO
THE BEHALF OF PARKS & RECREATION
1320 BENHAM AVE
ELKHART 46516

The following is added to Paragraph C. Who Is An Insured:

4. Any state or governmental agency or subdivision or political subdivision shown in the Schedule is also an insured, subject to the following provisions:
 - a. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

b. This insurance does not apply to:

- (1) "Bodily injury", "property damage", or "personal and advertising injury" arising out of operations performed for the state or municipality; or
- (2) "Bodily injury" or "property damage" included within the "products-completed operations hazard".

Insured:

CSC SERVICES LLC
1531 COBBLESTONE BLVD
ELKHART IN 46514

Place of Issue:

FEDERATED MUTUAL INSURANCE COMPANY
Home Office
121 East Park Square
Owatonna, MN 55060
(507) 455-5200

Date Received: March 16 2023

INSTRUCTIONS: Please carefully read the "Event Procedures & Guidelines" sections before completing this application. Incomplete applications and/or applications without the required application fee will not be processed.

EVENT NAME: Flags from the Heart DATE(S) REQUESTED May 26-29
LOCATION/VENUE REQUESTED Bicentennial Park
LOCATION/VENUE 2ND CHOICE REQUESTED —

OFFICE USE: DATE/VENUE AVAILABLE

☐ No ☐ Yes

APPLICANT INFORMATION

NAME OF APPLICANT

NAME OF EVENT ORGANIZER/PRODUCER

PRODUCTION COMPANY/ORGANIZATION

STREET ADDRESS

APT/UNIT/SUITE

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

DAYTIME PHONE

FAX

CELL PHONE

EVENT DAY ON-SITE CONTACT * REQUIRED

DAYTIME PHONE

CELL PHONE

EVENT SPONSOR: Are you, the applicant, organizing this event on behalf of another organization?

(Please check No or Yes Below)

☒ No ☐ Yes → Name of Organization: _____

NAME OF SPONSORING ORGANIZATION CONTACT

SPONSORING ORG. CONTACT PHONE

ADDRESS OF SPONSORING ORGANIZATION

CITY

ZIP CODE

Additional Documentation Required: If you checked "Yes" above, please submit an endorsement letter from the organization (on their official Letterhead) on whose behalf you are organizing this event.

Is the sponsoring organization a 501(c) (3)?

(Please check No or Yes below.)

☒ No ☐ Yes → Please attach current verification of 501(c) (3) status

Does the sponsoring organization have an ST-105 General Sales Tax Exemption Status?

(Please check No or Yes below.)

☐ No ☒ Yes → Please attach current verification of ST-105 status

FEDERAL TAX ID #

EVENT INFORMATION

ACTUAL EVENT TIMES (NOT INCLUDING SETUP or TAKE DOWN)

Start Time: 5pm May 26

Finish Time: 6pm May 29

Additional Information Required: Please attach a schedule if your event includes multiple days and/or varying times.

SET-UP TIME(S)

From: 9am

To: 11am

TEAR-DOWN

From: 4pm

To: 6pm

EXPECTED NUMBER OF PARTICIPANTS:

If the event is reoccurring, please submit the past number of participants below.

2022 NUMBER OF PARTICIPANTS:

228

2021 NUMBER OF PARTICIPANTS:

199

PREVIOUS YEAR DATE/LOCATION: Has this event been previously held?

(Please check No or Yes below.)

☐ No

☒ Yes

Event Name:

Flags from the Heart

Location:

Bi centennial Park

Date:

EVENT DESCRIPTION

display of American flags

Please check what type of event this is (Check all that apply) and write a brief description of your event.

☐ Walk/Run

☒ Cultural Event

☐ Other event, please describe:

☐ Art Fair/Festival

☐ Public Rally/March

☐ Concert/Performance

☐ Bike Ride

☐ Service

Brief Description of Event:

American flags sold by Ellhart and Dunlap
Lions to donors who then dedicate the flag.
Flags are displayed in park over Memorial Day
weekend

Please provide a detailed description of your event. Document(s) with this information or other materials describing this event may be attached.

PROHIBITED ACTIVITIES IN CITY PARKS (By Ordinances)

No Fundraising Allowed

No Bounce Houses Allowed

No Admission Fees Allowed

EVENT LOGISTICS

All event logistics are subject to the approval of the "EPRB." Additionally, certain event features, such as street closures and separate permits from the City of Elkhart. For information regarding City of Elkhart Permits, please call 574-294-5471 ext. 1055 or e-mail Nancy.Wilson@coei.org

FOOD AND ALCOHOLIC BEVERAGES:

Are you requesting permission to serve and/or sample food and/or beverages?

(Please check the appropriate response.)

☒ No

☐ Yes, to the participants only

☐ Yes, to the general public

No Food or Alcoholic Beverages may be sold on Park Property.

If applicable  Name of Caterer/Vendor: _____

IF YES, please describe:

Additional Information Required: If you checked "Yes" above, a Short Term Permit is required from the Elkhart County Health Department.

Indicate location where food/beverages will be served on the Site Map.

TENTS AND CANOPIES

If you plan to erect tents or canopies, describe and give the number of tents and/or canopies, along with the sizes of each. A separate sheet with this information may be attached. All tents and/or canopies must be indicated on the Site Map. The Event Organizer is responsible for any damage caused to City/Park property/facility and must consult "BOW" prior to installation.

Building and Zoning Clearance Required.

Will your event feature tents and/or canopies?

(Please check No or Yes below.)

☐ No

☐ Yes

 Number of Tents/Canopies: _____

 Tent/Canopy Size(s): _____

(If you have multiple tents/canopies with varying sizes, indicate the number with the corresponding size.)

The following is required for tents over 400 square feet (20 ft. X 20 ft.):

Require inspections by the Elkhart City Fire Department. Refer to Indiana Fire Code 3103.2

Utilities must be marked. Call 811 for Utilities to mark the tent area.

Permits are required, fees apply - Permits must be acquired and paid for at the Permit Center at 229 South Second Street, Elkhart-574-296-9331

Additional Documentation Required: If you checked "Yes" above, please indicate the number of tents with the corresponding size.

Document with this information may be attached. All tents and/or canopies must be indicated on the Site Map.

VEHICLES

Are you requesting permission to operate staff/supply vehicles on City/"EPRB" service roads for delivery of equipment, supplies, or catering/vending?

☐ No

☐ Yes

 Number of Vehicles: _____

 Vehicle Description(s): _____

Are you requesting permission to retain vehicles on-site for the duration of the event?

☐ No

☐ Yes

 Number of Vehicles: _____

 Vehicle Description(s): _____

STAGES/PLATFORMS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. Will your event include the installation of stages/platforms? The "BOW" must approve the location of the stages/platforms.

(Please check No or Yes below.) **NO STAGES ARE PROVIDED OR AVAILABLE FROM THE CITY OF ELKHART OR ITS DEPARTMENTS.**
*May require additional insurance.

☒ No ☐ Yes → Number of Stage(s): _____

Stage Description(s): _____

Stage Owner _____ Phone Number: _____

Address: Street, City, State, Zip _____

Stage Specs will be required.

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of stages/platforms on the Site Map.

PORTABLE TOILETS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. All portable toilets must be removed from City/"EPRB" property within 48 hours of event (if the event is on a Saturday or a Sunday, portable toilets must be removed that following Monday). The location must be approved by the City/"EPRB."

ADA-compliant toilets are required for Public Gatherings.

☒ No ☐ Yes → Number of Portable Toilets: _____ AND Number of Accessible ADA Portable Toilets: _____

Company/Description(s): _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of portable toilets on the Site Map

FENCING

Will the event include the installation of event fencing by the Event Organizer? The location of the fencing must be approved by the "BOW"/"EPRB."
(Please check No or Yes below.)

☒ No ☐ Yes → Description: _____

May require a call to 811 for location marking of Utilities. Buildings and Grounds must also approve to make sure sprinkler lines are not in jeopardy.

EMERGENCY SUPPORT SERVICES- Motor Vehicle and Pedestrian Control

Will the event require Emergency Support Services?
(Please check No or Yes below.)

☒ No ☐ Yes → _____

Number of Emergency Management Staff Requested

☐ \$50.00 Minimum of two Event Personnel _____

☐ \$25.00 Event Personnel each per event _____

Total Cost \$ _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of personnel and where they should be located on the site map. A separate meeting may be required with the Emergency Management Personnel.

FIRE DEPARTMENT

EMERGENCY MEDICAL SERVICES REQUESTED: Please indicate what services you are requesting. Mark all that are requested:

☒ No ☐ Yes →

Time(s) Requested: _____

- | | | |
|--------------------------|-------------------|------------------------|
| <input type="checkbox"/> | Ambulance(s) | Number Requested _____ |
| <input type="checkbox"/> | Medic Kubota | |
| <input type="checkbox"/> | Fire Truck | |
| <input type="checkbox"/> | First Aid Station | |

Please indicate your reason that a Fire Truck may be needed at your Event. Please include any special requests.

Additional Information May Be Required.

BUILDINGS AND GROUNDS

FENCING: The following are available for a fee. Mark all that are requested:

- | | | |
|--|------------------------------------|-------------|
| <input type="checkbox"/> Event Fencing | Number of Sections Requested _____ | Other _____ |
| <input type="checkbox"/> Snow Fencing | Number of Feet Requested _____ | Other _____ |

Additional fees may apply.

WASTE RECEPTACLES

Will the event require additional waste receptacles? The location of the waste receptacles must be approved by the "BOW"/"EPRB."

(Please check No or Yes below.) **Additional fees may apply.**

☒ No ☐ Yes →

Will the event require Buildings & Grounds to set up or deliver other equipment? If Yes, please list below.

(Please check No or Yes below.)

☒ No ☐ Yes →

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of fencing on the site map.

PARKS DEPARTMENT

EQUIPMENT REQUESTED:

☒ No ☐ Yes →

- | | |
|--|---|
| <input type="checkbox"/> Golf Cars | ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.) |
| <input type="checkbox"/> Risers | ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.) |
| <input type="checkbox"/> Stage | ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.) |
| <input type="checkbox"/> Trailer (tables/chairs) | ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.) |

NOTE: Bleachers and Stages are not available for public or private use.

City Departments Only may request the use of these items.

POLICE DEPARTMENT

POLICE SERVICES: Please indicate what services you are requesting. Mark all that are requested:

☐ No ☐ Yes → _____

Please indicate why you feel Police presence may be needed at your Event.

use of park
use of public restroom

Additional Information May Be Required.

STREET DEPARTMENT

STREET CLOSURES: Will you be requiring closure of City streets for your event?

☒ No ☐ Yes → Street Name _____

Please mark all that may apply:

Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____

OTHER STRUCTURES

Will your event include other structures not identified above? The location of all other structures must be approved by the "EPRB".
(Please check No or Yes below.)

☒ No ☐ Yes → Number of Structures: _____

→ Description(s): _____

Additional Information Required: If you checked "Yes" above, please indicate the location of all stages/platforms, portable toilets, fencing, barricades and all other structures on the Site Map. Ordering of all equipment must be done by the Event Organizer.

BOARD OF WORKS PERMITS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached.
Are you requesting the use of City Plaza?

Water:

☐

Yes

☒

No

Electric:

☒

Yes

☐

No

Plaza Sign:

☒

Yes

☐

No

Sign Information:

Flags from the Heart Bicentennial Park

Bridge Banner:

☐

Yes

☒

No

Please indicate location:

☐

Bridge Banner- North Main Street- Memorial Bridge

☐

Bridge Banner – Johnson Street

Memorial Day weekend May 27 to 29
sponsored by Elkhart and Dunlap Lions

NOISE ORDINANCE

Will the event require an exception to noise by the Event Organizer?

(Please check No or Yes below.)

☒

No

☐

Yes

Reason:

Parade and Special Exception to Noise Ordinance:

☐

Yes

☒

No

Public Assembly and Special Exception to Noise Ordinance:

☐

Yes

☒

No

Special Exception to Noise Ordinance:

☐

Yes

☒

No

Persons or entities affected by this special exception to the Noise Ordinance: (required)

What measures will be taken to mitigate the impact of the Noise exception on surrounding persons (required)

EMERGENCY ACTION PLAN

PURPOSE (Required for all Applicants)

- A. This emergency action plan predetermines actions to take before and during the EVENT in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
 - B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include but are not limited to Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.
-

BASIC PLAN

- A. The emergency action plan event representative will be identified as the point of contact for all communications regarding the event. This person is identified as the primary contact and must be present during the event:

Contact full name (first/last name):

Contact cell number (area code plus number):

EVENT MAPS

SITE MAP (Required for all Applicants)

Please attach a Site Map clearly indicating the set-up of the event. An example would be the Start/Finish of a walk, run, or race event and/or the set-up area of a festival or cultural event. The Site Map should indicate the relative location of the following; all sources of amplified sound and the direction of the sound; tents and canopies with sizes, stages, promotional vehicles, portable toilets, fencing, barricades, and other structures; proposed driving paths for all equipment and supply vehicles; location of vehicles you wish to retain on "EPRB" property during the event; locations of food and proposed street closures. All site Maps are subject to the approval of "EPRB."

ROUTE MAP (Runs, Walks, Bike Rides)

All events that include a run/ walk or other activity in which participants will be following a course will be required to attach a Route Map and a written document of the proposed route of the event. All proposed Route Maps are subject to "EPRB" approval. The use of any outside the Parkways or parks, such as City streets, must be approved by the Board of Public Works.

For a more detailed Route Map, it is recommended to use mapmyrun.com (this is a free website), Bing maps, or Google maps

ELKHART COUNTY HEALTH DEPARTMENT

An Elkhart County Health Department Permit for food and beverage must accompany event plans. Please contact the Elkhart County Health Department at 574-523-2283.

INDEMNIFICATION, WAIVER AND RELEASE

In consideration of the granting of a Permit by the BOARD OF PUBLIC WORKS and/or the BOARD OF PARKS AND RECREATION, I hereby release, discharge, indemnify, protect and hold harmless the City of Elkhart, Indiana, and all of its agents, officials, and employees, of and from any and all claims, demands, damages, both compensatory and punitive, actions, causes of actions, costs, loss of services or consortium, and any expenses incurred for all personal injury or property damage sustained by me or any third party arising out of or in any way involving the use of the City's property during the event. I further agree to indemnify, protect, and hold harmless the City of Elkhart from any and all claims and causes of action, including attorney fees, caused by my negligence or willful conduct that is in any way related to the use of the City's property. I am more than 18 years of age and am fully competent. I have read in full this agreement and understand and agree to all of its terms and conditions. I have signed this instrument voluntarily and with full knowledge of the fact that I am waiving and releasing any and all claims for myself that may subsequently arise, regardless of their nature and extent. Furthermore, if signed on behalf of an entity, I swear and affirm that I am duly authorized to execute this INDEMNIFICATION, WAIVER, AND RELEASE on behalf of the entity.

APPLICANT SIGNATURE

I have read the terms and conditions outlined in this document and the City of Elkhart, City of Elkhart Board of Works, and the City of Elkhart Park & Recreation Board Code of Ordinances and agree to abide by them.

Unless expressly provided for in the permit, Use & Event Permits do not grant the permit holder exclusive rights to park property, including but not limited to any right to restrict access, use, and First Amendment activities of any person on park property open to the general public.

I agree to be bound by the above terms as a condition to the issuance of a Special Event Permit. All payments are due upon the BOW and EPRD final approval.

THIS DOCUMENT CONTAINS A RELEASE OF ALL CLAIMS AND A WAIVER OF RIGHTS. I HAVE CAREFULLY READ ALL OF ITS TERMS AND RETAINED A COPY OF THIS DOCUMENT FOR MY OWN RECORDS.

Brian Thomas

PRINTED NAME OF APPLICANT

Brian Thomas

SIGNATURE OF APPLICANT

March 16 2023

DATE

WITNESSED: Clerk of the Board of Works

Date _____

APPROVED: BOARD OF PUBLIC WORKS

President

Date _____

RATIFIED: BOARD OF PARKS AND RECREATION (if applicable)

President or Secretary

Date _____



ELKHART BOARD OF WORKS
2023 USE & EVENT PERMIT APPLICATION

Date Received: 2/28/23

Approved by
Event Committee

229 South 2nd Street
Elkhart, IN 46516
Phone: (574) 294-5471

INSTRUCTIONS: Please carefully read the "Event Procedures & Guidelines" sections before completing this application.
Incomplete applications and/or applications without the required application fee will not be processed.

EVENT NAME: Elkhart Juneteenth Celebration 2023 DATE(S) REQUESTED June 19, 2023

LOCATION/VENUE REQUESTED Roosevelt Park **\$300**

LOCATION/VENUE 2ND CHOICE REQUESTED Elkhart Civic Plaza

OFFICE USE: DATE/VENUE AVAILABLE ☐ No ☒ Yes

APPLICANT INFORMATION

NAME OF APPLICANT
Antwon D Williams Sr

NAME OF EVENT ORGANIZER/PRODUCER

PRODUCTION COMPANY/ORGANIZATION

Lowdmouf Entertainment

STREET ADDRESS

APT/UNIT/SUITE

CITY

Elkhart

STATE

Indiana

ZIP CODE

46517

E-MAIL ADDRESS

lowdmoufent@gmail.com

DAYTIME PHONE

FAX

CELL PHONE

EVENT DAY ON-SITE CONTACT * REQUIRED

Antwon D Williams Sr

DAYTIME PHONE

CELL PHONE

EVENT SPONSOR: Are you, the applicant, organizing this event on behalf of another organization?

(Please check No or Yes Below)

☒ No ☐ Yes → Name of Organization: _____

NAME OF SPONSORING ORGANIZATION CONTACT

SPONSORING ORG. CONTACT PHONE

ADDRESS OF SPONSORING ORGANIZATION

CITY

ZIP CODE

Additional Documentation Required: If you checked "Yes" above, please submit an endorsement letter from the organization (on their official Letterhead) on whose behalf you are organizing this event.

Is the sponsoring organization a 501(c) (3)?

(Please check No or Yes below.)

☒ No ☐ Yes → Please attach current verification of 501(c) (3) status

Does the sponsoring organization have an ST-105 General Sales Tax Exemption Status?

(Please check No or Yes below.)

☒ No ☐ Yes → Please attach current verification of ST-105 status

FEDERAL TAX ID #

EVENT INFORMATION

ACTUAL EVENT TIMES (NOT INCLUDING SETUP or TAKE DOWN)

Start Time: 4pm

Finish Time: 8pm

Additional Information Required: Please attach a schedule if your event includes multiple days and/or varying times.

SET-UP TIME(S)

From: 12pm To: 4pm

TEAR-DOWN

From: 8pm To: 9pm

EXPECTED NUMBER OF PARTICIPANTS:
300

If the event is reoccurring, please submit the past number of participants below.

2022 NUMBER OF PARTICIPANTS: 150

2021 NUMBER OF PARTICIPANTS: 150

PREVIOUS YEAR DATE/LOCATION: Has this event been previously held?
(Please check No or Yes below.)

☐ No

☒ Yes

Event Name: Elkhart Juneteenth Celebration 2022

Location: Roosevelt Park

Date: 6-19-2022

EVENT DESCRIPTION

Please check what type of event this is (Check all that apply) and write a brief description of your event.

☐ Walk/Run

☒ Cultural Event

☐ Other event, please describe:

☐ Art Fair/Festival

☐ Public Rally/March

☐ Concert/Performance

☐ Bike Ride

☐ Service

Brief Description of Event:

The Elkhart Juneteenth Celebration will be held MONDAY JUNE 19, 2023 at Roosevelt Park located at the intersection of Indiana Ave in Elkhart, Indiana from 4pm - 8pm with street closures along Garfield Ave. from Prairie Ave to Ro family friendly event will feature a live DJ, black owned food/merchandise vendors and organizations from across the area. The event will include gifts, live performances, crafts, guest speakers, youth dance party, and more.

This event is designed to bring the community closer together through education of history, fun, and networking.

Please provide a detailed description of your event. Document(s) with this information or other materials describing this event may be attached.

PROHIBITED ACTIVITIES IN CITY PARKS (By Ordinances)

No Fundraising Allowed

No Bounce Houses Allowed

No Admission Fees Allowed

EVENT LOGISTICS

All event logistics are subject to the approval of the "EPRB." Additionally, certain event features, such as street closures and separate permits from the City of Elkhart. For information regarding City of Elkhart Permits, please call 574-294-5471 ext. 1055 or e-mail Nancy.Wilson@coel.org

FOOD AND ALCOHOLIC BEVERAGES:

Are you requesting permission to serve and/or sample food and/or beverages?

(Please check the appropriate response.)

☐

No

☐

Yes, to the participants only

☒

Yes, to the general public

No Food or Alcoholic Beverages may be sold on Park Property.

If applicable



Name of Caterer/Vendor:

IF YES, please describe:

Plan to serve free hot dogs

Additional Information Required: If you checked "Yes" above, a Short Term Permit is required from the Elkhart County Health Department.

Indicate location where food/beverages will be served on the Site Map.

TENTS AND CANOPIES

If you plan to erect tents or canopies, describe and give the number of tents and/or canopies, along with the sizes of each. A separate sheet with this information may be attached. All tents and/or canopies must be indicated on the Site Map. The Event Organizer is responsible for any damage caused to City/Park property/facility and must consult "BOW" prior to installation.

Building and Zoning Clearance Required.

Will your event feature tents and/or canopies?

(Please check No or Yes below.)

☐

No

☒

Yes



Number of Tents/Canopies: Depends on number of vendors

Tent/Canopy Size(s): 10 x 10

(If you have multiple tents/canopies with varying sizes, indicate the number with the corresponding size.)

The following is required for tents over 400 square feet (20 ft. X 20 ft.):

Require Inspections by the Elkhart City Fire Department. Refer to Indiana Fire Code 3103.2

Utilities must be marked. Call 811 for Utilities to mark the tent area.

Permits are required, fees apply - Permits must be acquired and paid for at the Permit Center at 229 South Second Street, Elkhart-574-296-9331

Additional Documentation Required: If you checked "Yes" above, please indicate the number of tents with the corresponding size.

Document with this information may be attached. All tents and/or canopies must be indicated on the Site Map.

VEHICLES

Are you requesting permission to operate staff/supply vehicles on City/"EPRB" service roads for delivery of equipment, supplies, or catering/vending?

☒

No

☐

Yes



Number of Vehicles:



Vehicle Description(s):

Are you requesting permission to retain vehicles on-site for the duration of the event?

☐

No

☒

Yes



Number of Vehicles: 3



Vehicle Description(s): White Dodge caravan, blue dodge Durango, red escalade

STAGES/PLATFORMS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. Will your event include the installation of stages/platforms? The "BOW" must approve the location of the stages/platforms.

(Please check No or Yes below.) **NO STAGES ARE PROVIDED OR AVAILABLE FROM THE CITY OF ELKHART OR ITS DEPARTMENTS.**
*May require additional insurance.

☒ No ☐ Yes → Number of Stage(s): _____

→ Stage Description(s): _____

Stage Owner _____ Phone Number: _____

Address: Street, City, State, Zip _____

Stage Specs will be required.

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of stages/platforms on the Site Map.

PORTABLE TOILETS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. All portable toilets must be removed from City/"EPRB" property within 48 hours of event (if the event is on a Saturday or a Sunday, portable toilets must be removed that following Monday). The location must be approved by the City/"EPRB."

ADA-compliant toilets are required for Public Gatherings.

☒ No ☐ Yes → Number of Portable Toilets: _____ AND Number of Accessible ADA Portable Toilets: _____

→ Company/Description(s): _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of portable toilets on the Site Map

FENCING

Will the event include the installation of event fencing by the Event Organizer? The location of the fencing must be approved by the "BOW"/"EPRB."
(Please check No or Yes below.)

☒ No ☐ Yes → Description: _____

May require a call to 811 for location marking of Utilities. Buildings and Grounds must also approve to make sure sprinkler lines are not in jeopardy.

EMERGENCY SUPPORT SERVICES- Motor Vehicle and Pedestrian Control

Will the event require Emergency Support Services?
(Please check No or Yes below.)

☒ No ☐ Yes → _____

Number of Emergency Management Staff Requested

☐ \$50.00 Minimum of two Event Personnel _____

☐ \$25.00 Event Personnel each per event _____

Total Cost \$ _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of personnel and where they should be located on the site map. A separate meeting may be required with the Emergency Management Personnel.

FIRE DEPARTMENT

EMERGENCY MEDICAL SERVICES REQUESTED: Please indicate what services you are requesting. Mark all that are requested:

☐ No ☒ Yes →

Time(s) Requested:

5pm

- ☐ Ambulance(s)
☐ Medic Kubota
☒ Fire Truck
☐ First Aid Station

Number Requested 1

Please indicate your reason that a Fire Truck may be needed at your Event. Please include any special requests.

~~I would like to have the fire truck spray water over a specific area for a short period of time~~

Additional Information May Be Required.

BUILDINGS AND GROUNDS

FENCING: The following are available for a fee. Mark all that are requested:

- ☐ Event Fencing Number of Sections Requested _____ Other _____
☐ Snow Fencing Number of Feet Requested _____ Other _____

Additional fees may apply.

WASTE RECEPTACLES

Will the event require additional waste receptacles? The location of the waste receptacles must be approved by the "BOW"/"EPRB."

(Please check No or Yes below.) Additional fees may apply.

☒ No ☐ Yes →

Will the event require Buildings & Grounds to set up or deliver other equipment? If Yes, please list below.

(Please check No or Yes below.)

☒ No ☐ Yes →

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of fencing on the site map.

PARKS DEPARTMENT

EQUIPMENT REQUESTED:

☒ No ☐ Yes →

- ☐ Golf Cars ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.)
☐ Risers ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.)
☐ Stage ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.)
☐ Trailer (tables/chairs) ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.)

NOTE: Bleachers and Stages are not available for public or private use.

City Departments Only may request the use of these items.

POLICE DEPARTMENT

POLICE SERVICES: Please indicate what services you are requesting. Mark all that are requested:

☐ No ☒ Yes →

Basketball players

Please indicate why you feel Police presence may be needed at your Event.

I invite officers to play in a basketball game with some kids from the community

Additional Information May Be Required.

STREET DEPARTMENT

STREET CLOSURES: Will you be requiring closure of City streets for your event?

☐ No ☒ Yes → Street Name Garfield

Please mark all that may apply:

Street Closed From: Prairie To: Boys
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____

OTHER STRUCTURES

Will your event include other structures not identified above? The location of all other structures must be approved by the "EPRB".
(Please check No or Yes below.)

☒ No ☐ Yes → Number of Structures: _____

→ Description(s): _____

Additional Information Required: If you checked "Yes" above, please indicate the location of all stages/platforms, portable toilets, fencing, barricades and all other structures on the Site Map. Ordering of all equipment must be done by the Event Organizer.

BOARD OF WORKS PERMITS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached.
Are you requesting the use of City Plaza?

Water:

☐ Yes
☒ No

Electric:

☒ Yes
☐ No

Plaza Sign:

☒ Yes
☐ No

Sign Information: Elkhart Juneteenth Celebration 2023 6-19-23 at Roosevelt Park 4pm-8pm

Bridge Banner:

☐ Yes
☒ No

Please indicate location:

☐ Bridge Banner- North Main Street- Memorial Bridge
☐ Bridge Banner – Johnson Street

NOISE ORDINANCE

Will the event require an exception to noise by the Event Organizer?

(Please check No or Yes below.)

☐ No ☒ Yes → Reason: Outdoor DJ

Parade and Special Exception to Noise Ordinance:

☐ Yes
☐ No

Public Assembly and Special Exception to Noise Ordinance:

☒ Yes
☐ No

Special Exception to Noise Ordinance:

☐ Yes
☐ No

Persons or entities affected by this special exception to the Noise Ordinance: (required)

The residents adjacent to Roosevelt Park

What measures will be taken to mitigate the impact of the Noise exception on surrounding persons (required)

Neighbors will be notified of upcoming "noise" and we'll end the event at 8pm

EMERGENCY ACTION PLAN

PURPOSE (Required for all Applicants)

- A. This emergency action plan predetermines actions to take before and during the EVENT in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
 - B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include but are not limited to Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.
-

BASIC PLAN

- A. The emergency action plan event representative will be identified as the point of contact for all communications regarding the event. This person is identified as the primary contact and must be present during the event:

Contact full name (first/last name):

Contact cell number (area code plus number):

EVENT MAPS

SITE MAP (Required for all Applicants)

Please attach a Site Map clearly indicating the set-up of the event. An example would be the Start/Finish of a walk, run, or race event and/or the set-up area of a festival or cultural event. The Site Map should indicate the relative location of the following; all sources of amplified sound and the direction of the sound; tents and canopies with sizes, stages, promotional vehicles, portable toilets, fencing, barricades, and other structures; proposed driving paths for all equipment and supply vehicles; location of vehicles you wish to retain on "EPRB" property during the event; locations of food and proposed street closures. All site Maps are subject to the approval of "EPRB."

ROUTE MAP (Runs, Walks, Bike Rides)

All events that include a run/ walk or other activity in which participants will be following a course will be required to attach a Route Map and a written document of the proposed route of the event. All proposed Route Maps are subject to "EPRB" approval. The use of any outside the Parkways or parks, such as City streets, must be approved by the Board of Public Works.

For a more detailed Route Map, it is recommended to use mapmyrun.com (this is a free website), Bing maps, or Google maps

ELKHART COUNTY HEALTH DEPARTMENT

An Elkhart County Health Department Permit for food and beverage must accompany event plans. Please contact the Elkhart County Health Department at 574-523-2283.

INDEMNIFICATION, WAIVER AND RELEASE

In consideration of the granting of a Permit by the BOARD OF PUBLIC WORKS and/or the BOARD OF PARKS AND RECREATION, I hereby release, discharge, indemnify, protect and hold harmless the City of Elkhart, Indiana, and all of its agents, officials, and employees, of and from any and all claims, demands, damages, both compensatory and punitive, actions, causes of actions, costs, loss of services or consortium, and any expenses incurred for all personal injury or property damage sustained by me or any third party arising out of or in any way involving the use of the City's property during the event. I further agree to indemnify, protect, and hold harmless the City of Elkhart from any and all claims and causes of action, including attorney fees, caused by my negligence or willful conduct that is in any way related to the use of the City's property. I am more than 18 years of age and am fully competent. I have read in full this agreement and understand and agree to all of its terms and conditions. I have signed this instrument voluntarily and with full knowledge of the fact that I am waiving and releasing any and all claims for myself that may subsequently arise, regardless of their nature and extent. Furthermore, if signed on behalf of an entity, I swear and affirm that I am duly authorized to execute this INDEMNIFICATION, WAIVER, AND RELEASE on behalf of the entity.

APPLICANT SIGNATURE

I have read the terms and conditions outlined in this document and the City of Elkhart, City of Elkhart Board of Works, and the City of Elkhart Park & Recreation Board Code of Ordinances and agree to abide by them.

Unless expressly provided for in the permit, Use & Event Permits do not grant the permit holder exclusive rights to park property, including but not limited to any right to restrict access, use, and First Amendment activities of any person on park property open to the general public.

I agree to be bound by the above terms as a condition to the issuance of a Special Event Permit. All payments are due upon the BOW and EPRD final approval.

THIS DOCUMENT CONTAINS A RELEASE OF ALL CLAIMS AND A WAIVER OF RIGHTS. I HAVE CAREFULLY READ ALL OF ITS TERMS AND RETAINED A COPY OF THIS DOCUMENT FOR MY OWN RECORDS.

Antwon D Williams Sr

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

2/15/23

DATE


WITNESSED: Clerk of the Board of Works

Date

2/28/23

APPROVED: BOARD OF PUBLIC WORKS

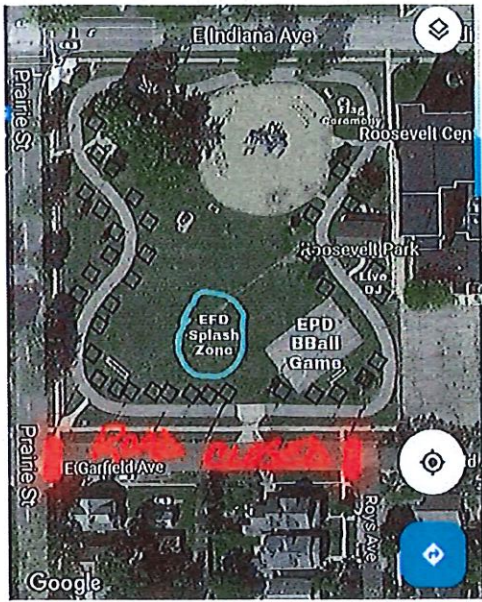
President

Date _____

RATIFIED: BOARD OF PARKS AND RECREATION (if applicable)

President or Secretary

Date _____



June 15th 6/19/23

"Elkhart Juneteenth Celebration" Event Plan

Monday

~~Sunday~~ June 19, 2023

4pm - 8pm

Downtown Elkhart

The Elkhart Juneteenth Celebration will be held MONDAY JUNE 19, 2023 at Roosevelt Park located at the intersection of Prairie and Indiana Ave in Elkhart, Indiana from 4pm - 8pm with street closures along Garfield Ave. from Prairie Ave to Roys Ave. This family friendly event will feature a live DJ, black owned food/merchandise vendors and organizations from across Michiana, gifts, live performances, crafts, guests speakers, youth dance party, and more.

This event is designed to bring the community closer together through education of history, fun, and networking.

Guests will be informed (via Social Media event pages and signs displayed at participating merchants) that patrons are expected adhere to the following protocols when attending Elkhart Juneteenth Celebration:

- Please comply and be respectful of the safety officers/event staff controlling pedestrian and vehicle traffic.
- Service will be given on a first come, first serve basis

1. Other Mitigation Efforts: In case of any major injury EFD EMT will be contacted.

2. Map/Diagram:



ELKHART BOARD OF WORKS
2023 USE & EVENT PERMIT APPLICATION

229 South 2nd Street
Elkhart, IN 46516
Phone: (574) 294-5471

Date Received: 3/15/23

INSTRUCTIONS: Please carefully read the "Event Procedures & Guidelines" sections before completing this application.
Incomplete applications and/or applications without the required application fee will not be processed.

EVENT NAME: Peace Run DATE(S) REQUESTED May 20, 2023

LOCATION/VENUE REQUESTED Roosevelt Park

LOCATION/VENUE 2ND CHOICE REQUESTED _____

OFFICE USE: DATE/VENUE AVAILABLE

☐ No ☒ Yes

APPLICANT INFORMATION

NAME OF APPLICANT
Luisa Ixmatlahua

NAME OF EVENT ORGANIZER/PRODUCER

Luisa Ixmatlahua

PRODUCTION COMPANY/ORGANIZATION

Parks and Recreation

STREET ADDRESS

201 S 2nd St

APT/UNIT/SUITE

CITY

Elkhart City

STATE

IN

ZIP CODE

46516

E-MAIL ADDRESS

Luisa.ixmatlahua@coei.org

DAYTIME PHONE

FAX

CELL PHONE

EVENT DAY ON-SITE CONTACT * REQUIRED

DAYTIME PHONE

CELL PHONE

EVENT SPONSOR: Are you, the applicant, organizing this event on behalf of another organization?

(Please check No or Yes Below)

☒ No ☐ Yes → Name of Organization: _____

NAME OF SPONSORING ORGANIZATION CONTACT

SPONSORING ORG. CONTACT PHONE

ADDRESS OF SPONSORING ORGANIZATION

CITY

ZIP CODE

Additional Documentation Required: If you checked "Yes" above, please submit an endorsement letter from the organization (on their official Letterhead) on whose behalf you are organizing this event.

Is the sponsoring organization a 501(c) (3)?

(Please check No or Yes below.)

☐ No ☐ Yes → Please attach current verification of 501(c) (3) status

Does the sponsoring organization have an ST-105 General Sales Tax Exemption Status?

(Please check No or Yes below.)

☐ No ☐ Yes → Please attach current verification of ST-105 status

FEDERAL TAX ID #

EVENT INFORMATION

ACTUAL EVENT TIMES (NOT INCLUDING SETUP or TAKE DOWN)

Start Time: 9 AM

Finish Time: 2 PM

Additional Information Required: Please attach a schedule if your event includes multiple days and/or varying times.

SET-UP TIME(S) From: *8:00 To: 9:00AM	TEAR-DOWN From: 2:00 To: 2:30pm
EXPECTED NUMBER OF PARTICIPANTS: 60	
If the event is reoccurring, please submit the past number of participants below.	
2022 NUMBER OF PARTICIPANTS:	2021 NUMBER OF PARTICIPANTS:

PREVIOUS YEAR DATE/LOCATION: Has this event been previously held?
(Please check No or Yes below.)

☐ No☐ Yes

Event Name: _____

Location: _____

Date: _____

EVENT DESCRIPTION

Please check what type of event this is (Check all that apply) and write a brief description of your event.

☒ Walk/Run

☐ Cultural Event

☐ Other event, please describe:

☐ Art Fair/Festival

☐ Public Rally/March

☐ Concert/Performance

☐ Bike Ride

☒ Service

Brief Description of Event:

"The Peace Run" The event is focused on educating the community with information on anti-bullying, healthy living and wellness.

Please provide a detailed description of your event. Document(s) with this information or other materials describing this event may be attached.

PROHIBITED ACTIVITIES IN CITY PARKS (By Ordinances)

No Fundraising Allowed

No Bounce Houses Allowed

No Admission Fees Allowed

EVENT LOGISTICS

All event logistics are subject to the approval of the "EPRB." Additionally, certain event features, such as street closures and separate permits from the City of Elkhart. For information regarding City of Elkhart Permits, please call 574-294-5471 ext. 1055 or e-mail Nancy.Wilson@coei.org

FOOD AND ALCOHOLIC BEVERAGES:

Are you requesting permission to serve and/or sample food and/or beverages?

(Please check the appropriate response.)



No



Yes, to the participants only



Yes, to the general public

No Food or Alcoholic Beverages may be sold on Park Property.

If applicable



Name of Caterer/Vendor: _____

IF YES, please describe:

Additional Information Required: If you checked "Yes" above, a Short Term Permit is required from the Elkhart County Health Department.

Indicate location where food/beverages will be served on the Site Map.

TENTS AND CANOPIES

If you plan to erect tents or canopies, describe and give the number of tents and/or canopies, along with the sizes of each. A separate sheet with this information may be attached. All tents and/or canopies must be indicated on the Site Map. The Event Organizer is responsible for any damage caused to City/Park property/facility and must consult "BOW" prior to installation.

Building and Zoning Clearance Required.

Will your event feature tents and/or canopies?

(Please check No or Yes below.)



No



Yes



Number of Tents/Canopies: _____

Tent/Canopy Size(s): _____

(If you have multiple tents/canopies with varying sizes, indicate the number with the corresponding size.)

The following is required for tents over 400 square feet (20 ft. X 20 ft.):

Require inspections by the Elkhart City Fire Department. Refer to Indiana Fire Code 3103.2

Utilities must be marked. Call 811 for Utilities to mark the tent area.

Permits are required, fees apply - Permits must be acquired and paid for at the Permit Center at 229 South Second Street, Elkhart-574-296-9331

Additional Documentation Required: If you checked "Yes" above, please indicate the number of tents with the corresponding size.

Document with this information may be attached. All tents and/or canopies must be indicated on the Site Map.

VEHICLES

Are you requesting permission to operate staff/supply vehicles on City/"EPRB" service roads for delivery of equipment, supplies, or catering/vending?



No



Yes



Number of Vehicles: _____

Vehicle Description(s): _____

Are you requesting permission to retain vehicles on-site for the duration of the event?



No



Yes



Number of Vehicles: _____

Vehicle Description(s): _____

STAGES/PLATFORMS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. Will your event include the installation of stages/platforms? The "BOW" must approve the location of the stages/platforms.

(Please check No or Yes below.) **NO STAGES ARE PROVIDED OR AVAILABLE FROM THE CITY OF ELKHART OR ITS DEPARTMENTS.**

***May require additional insurance.**

☒ No ☐ Yes → Number of Stage(s): _____

Stage Description(s): _____

Stage Owner _____ Phone Number: _____

Address: Street, City, State, Zip _____

Stage Specs will be required.

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of stages/platforms on the Site Map.

PORTABLE TOILETS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. All portable toilets must be removed from City/"EPRB" property within 48 hours of event (if the event is on a Saturday or a Sunday, portable toilets must be removed that following Monday). The location must be approved by the City/"EPRB."

ADA-compliant toilets are required for Public Gatherings.

☒ No ☐ Yes → Number of Portable Toilets: _____ AND Number of Accessible ADA Portable Toilets: _____

Company/Description(s): _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of portable toilets on the Site Map

FENCING

Will the event include the installation of event fencing by the Event Organizer? The location of the fencing must be approved by the "BOW"/"EPRB."
(Please check No or Yes below.)

☒ No ☐ Yes → Description: _____

May require a call to 811 for location marking of Utilities. Buildings and Grounds must also approve to make sure sprinkler lines are not in jeopardy.

EMERGENCY SUPPORT SERVICES- Motor Vehicle and Pedestrian Control

Will the event require Emergency Support Services?
(Please check No or Yes below.)

☒ No ☐ Yes → _____

Number of Emergency Management Staff Requested

☐ \$50.00 Minimum of two Event Personnel _____

☐ \$25.00 Event Personnel each per event _____

Total Cost \$ _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of personnel and where they should be located on the site map. A separate meeting may be required with the Emergency Management Personnel.

FIRE DEPARTMENT

EMERGENCY MEDICAL SERVICES REQUESTED: Please indicate what services you are requesting. Mark all that are requested:

☒ No ☐ Yes →

Time(s) Requested: _____

☐
☐
☐
☐

Ambulance(s)

Number Requested _____

Medic Kubota

Fire Truck

First Aid Station

Please indicate your reason that a Fire Truck may be needed at your Event. Please include any special requests.

Additional Information May Be Required.

BUILDINGS AND GROUNDS

FENCING: The following are available for a fee. Mark all that are requested:

☐ Event Fencing Number of Sections Requested _____ Other _____
☐ Snow Fencing Number of Feet Requested _____ Other _____

Additional fees may apply.

WASTE RECEPTACLES

Will the event require additional waste receptacles? The location of the waste receptacles must be approved by the "BOW"/"EPRB."

(Please check No or Yes below.) Additional fees may apply.

☐ No ☒ Yes →

Will the event require Buildings & Grounds to set up or deliver other equipment? If Yes, please list below.

(Please check No or Yes below.)

☐ No ☐ Yes →

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of fencing on the site map.

PARKS DEPARTMENT

EQUIPMENT REQUESTED:

☒ No ☐ Yes →

- | | |
|--|--|
| <input type="checkbox"/> Golf Cars | ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, Winter Fest, etc.) |
| <input type="checkbox"/> Risers | ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, Winter Fest, etc.) |
| <input type="checkbox"/> Stage | ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, Winter Fest, etc.) |
| <input type="checkbox"/> Trailer (tables/chairs) | ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, Winter Fest, etc.) |

NOTE: Bleachers and Stages are not available for public or private use.

City Departments Only may request the use of these items.

POLICE DEPARTMENT

POLICE SERVICES: Please indicate what services you are requesting. Mark all that are requested:

☒ No ☐ Yes → _____

Please indicate why you feel Police presence may be needed at your Event.

Additional Information May Be Required.

STREET DEPARTMENT

STREET CLOSURES: Will you be requiring closure of City streets for your event?

☒ No ☐ Yes → Street Name _____
Please mark all that may apply:

Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____

OTHER STRUCTURES

Will your event include other structures not identified above? The location of all other structures must be approved by the "EPRB".
(Please check No or Yes below.)

☒ No ☐ Yes → Number of Structures: _____
↓
Description(s): _____

Additional Information Required: If you checked "Yes" above, please indicate the location of all stages/platforms, portable toilets, fencing, barricades and all other structures on the Site Map. Ordering of all equipment must be done by the Event Organizer.

BOARD OF WORKS PERMITS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached.
Are you requesting the use of City Plaza?

Water:

☐

Yes

☒

No

Electric:

☐

Yes

☐

No

Plaza Sign:

☐

Yes

☒

No

Sign Information: _____

Bridge Banner:

☐

Yes

☒

No

Please indicate location:

☐

Bridge Banner- North Main Street- Memorial Bridge

☐

Bridge Banner – Johnson Street

NOISE ORDINANCE

Will the event require an exception to noise by the Event Organizer?

(Please check No or Yes below.)

☐

No

☒

Yes



Reason: _____

Parade and Special Exception to Noise Ordinance:

☐

Yes

☒

No

Public Assembly and Special Exception to Noise Ordinance:

☐

Yes

☒

No

Special Exception to Noise Ordinance:

☐

Yes

☒

No

Persons or entities affected by this special exception to the Noise Ordinance: (required)

What measures will be taken to mitigate the impact of the Noise exception on surrounding persons (required)

EMERGENCY ACTION PLAN

PURPOSE (Required for all Applicants)

- A. This emergency action plan predetermines actions to take before and during the EVENT in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
 - B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include but are not limited to Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.
-

BASIC PLAN

- A. The emergency action plan event representative will be identified as the point of contact for all communications regarding the event. This person is identified as the primary contact and must be present during the event:

 Contact full name (first/last name):

 Contact cell number (area code plus number):

EVENT MAPS

SITE MAP (Required for all Applicants)

Please attach a Site Map clearly indicating the set-up of the event. An example would be the Start/Finish of a walk, run, or race event and/or the set-up area of a festival or cultural event. The Site Map should indicate the relative location of the following; all sources of amplified sound and the direction of the sound; tents and canopies with sizes, stages, promotional vehicles, portable toilets, fencing, barricades, and other structures; proposed driving paths for all equipment and supply vehicles; location of vehicles you wish to retain on "EPRB" property during the event; locations of food and proposed street closures. All site Maps are subject to the approval of "EPRB."

ROUTE MAP (Runs, Walks, Bike Rides)

All events that include a run/ walk or other activity in which participants will be following a course will be required to attach a Route Map and a written document of the proposed route of the event. All proposed Route Maps are subject to "EPRB" approval. The use of any outside the Parkways or parks, such as City streets, must be approved by the Board of Public Works.

For a more detailed Route Map, it is recommended to use mapmyrun.com (this is a free website), Bing maps, or Google maps

ELKHART COUNTY HEALTH DEPARTMENT

An Elkhart County Health Department Permit for food and beverage must accompany event plans. Please contact the Elkhart County Health Department at 574-523-2283.

INDEMNIFICATION, WAIVER AND RELEASE

In consideration of the granting of a Permit by the BOARD OF PUBLIC WORKS and/or the BOARD OF PARKS AND RECREATION, I hereby release, discharge, indemnify, protect and hold harmless the City of Elkhart, Indiana, and all of its agents, officials, and employees, of and from any and all claims, demands, damages, both compensatory and punitive, actions, causes of actions, costs, loss of services or consortium, and any expenses incurred for all personal injury or property damage sustained by me or any third party arising out of or in any way involving the use of the City's property during the event. I further agree to indemnify, protect, and hold harmless the City of Elkhart from any and all claims and causes of action, including attorney fees, caused by my negligence or willful conduct that is in any way related to the use of the City's property. I am more than 18 years of age and am fully competent. I have read in full this agreement and understand and agree to all of its terms and conditions. I have signed this instrument voluntarily and with full knowledge of the fact that I am waiving and releasing any and all claims for myself that may subsequently arise, regardless of their nature and extent. Furthermore, if signed on behalf of an entity, I swear and affirm that I am duly authorized to execute this INDEMNIFICATION, WAIVER, AND RELEASE on behalf of the entity.

APPLICANT SIGNATURE

I have read the terms and conditions outlined in this document and the City of Elkhart, City of Elkhart Board of Works, and the City of Elkhart Park & Recreation Board Code of Ordinances and agree to abide by them.

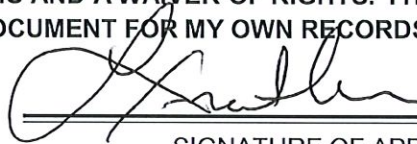
Unless expressly provided for in the permit, Use & Event Permits do not grant the permit holder exclusive rights to park property, including but not limited to any right to restrict access, use, and First Amendment activities of any person on park property open to the general public.

I agree to be bound by the above terms as a condition to the issuance of a Special Event Permit. All payments are due upon the BOW and EPRD final approval.

THIS DOCUMENT CONTAINS A RELEASE OF ALL CLAIMS AND A WAIVER OF RIGHTS. I HAVE CAREFULLY READ ALL OF ITS TERMS AND RETAINED A COPY OF THIS DOCUMENT FOR MY OWN RECORDS.

Luisa Ixmatlahua

PRINTED NAME OF APPLICANT



SIGNATURE OF APPLICANT

3/15/20

DATE

WITNESSED: Clerk of the Board of Works

Date _____

APPROVED: BOARD OF PUBLIC WORKS

President

Date _____

RATIFIED: BOARD OF PARKS AND RECREATION (if applicable)

President or Secretary

Date _____

EVENT INFORMATION

ACTUAL EVENT TIMES (NOT INCLUDING SETUP or TAKE DOWN)

Start Time: **9AM**

Finish Time: **1PM**

Additional Information Required: Please attach a schedule if your event includes multiple days and/or varying times.

SET-UP TIME(S)		TEAR-DOWN	
From: 8AM	To: 9AM	From: 1PM	To: 2PM
EXPECTED NUMBER OF PARTICIPANTS: 300-400 per day			
If the event is reoccurring, please submit the past number of participants below.			
2021 NUMBER OF PARTICIPANTS: 300-400 per day		2020 NUMBER OF PARTICIPANTS: 200-300 per day	

PREVIOUS YEAR DATE/LOCATION: Has this event been previously held?
(Please check No or Yes below.)

☐ No

☒ Yes

Event Name: Elkhart Farmers Market

Location: Kardzhali Park

Date: 5/28 - 9/24

EVENT DESCRIPTION

Please check what type of event this is (Check all that apply) and write a brief description of your event.

☐ Walk/Run

☐ Cultural Event

☐ Other event, please describe:

☒ Art Fair/Festival

☐ Public Rally/March

☐ Concert/Performance

☐ Bike Ride

☐ Service

Brief Description of Event:

The Elkhart Farmers Market typically hosts, on average, 30 different vendors such as growers, artisans and home-based vendors.

The Elkhart Farmers Market typically hosts, on average, 30 different vendors such as growers, artisans

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The Elkhart Farmers Market typically hosts, on average, 30 different vendors such as growers, artisans

Please provide a detailed description of your event. Document(s) with this information or other materials describing this event may be attached.

PROHIBITED ACTIVITIES IN CITY PARKS (By Ordinances)

No Fundraising Allowed

No Bounce Houses Allowed

No Admission Fees Allowed

EVENT LOGISTICS

All event logistics are subject to the approval of the "EPRB." Additionally, certain event features, such as street closures and separate permits from the City of Elkhart. For information regarding City of Elkhart Permits, please call 574-294-5471 ext. 1055 or e-mail Nancy.Wilson@coei.org

FOOD AND ALCOHOLIC BEVERAGES:

Are you requesting permission to serve and/or sample food and/or beverages?

(Please check the appropriate response.)

☐ No☐ Yes, to the participants only☒ Yes, to the general public

No Food or Alcoholic Beverages may be sold on Park Property.

If applicable  Name of Caterer/Vendor: DonutNV

IF YES, please describe:

We are planning on having different mobile food vendors sell food/beverages to the public during the market hours.

Additional Information Required: If you checked "Yes" above, a Short Term Permit is required from the Elkhart County Health Department. Call 574-523-2283. Indicate location where food/beverages will be served on the Site Map.

TENTS AND CANOPIES

If you plan to erect tents or canopies, describe and give the number of tents and/or canopies, along with the sizes of each. A separate sheet with this information may be attached. All tents and/or canopies must be indicated on the Site Map. The Event Organizer is responsible for any damage caused to City/Park property/facility and must consult "BOW" prior to installation.

Building and Zoning Clearance Required.

Will your event feature tents and/or canopies?

(Please check No or Yes below.)

☐ No☒ Yes

 Number of Tents/Canopies: 30-40 per week

 Tent/Canopy Size(s): 10' x 10'

(If you have multiple tents/canopies with varying sizes, indicate the number with the corresponding size.)

The following is required for tents over 400 square feet (20 ft. X 20 ft.):

Require inspections by the Elkhart City Fire Department. Refer to Indiana Fire Code 3103.2

Utilities must be marked. Call 811 for Utilities to mark the tent area.


Permits are required, fees apply - Permits must be acquired and paid for at the Permit Center at 229 South Second Street, Elkhart-574-296-9331

Additional Documentation Required: If you checked "Yes" above, please indicate the number of tents with the corresponding size. Document with this information may be attached. All tents and/or canopies must be indicated on the Site Map.

VEHICLES

Are you requesting permission to operate staff/supply vehicles on City/"EPRB" service roads for delivery of equipment, supplies, or catering/vending?

☒ No☐ Yes

 Number of Vehicles: _____

 Vehicle Description(s): _____

Are you requesting permission to retain vehicles on-site for the duration of the event?

☒ No☐ Yes

 Number of Vehicles: _____

 Vehicle Description(s): _____

STAGES/PLATFORMS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. Will your event include the installation of stages/platforms? The "BOW" must approve the location of the stages/platforms.

(Please check No or Yes below.) **NO STAGES ARE PROVIDED OR AVAILABLE FROM THE CITY OF ELKHART OR ITS DEPARTMENTS.**

***May require additional insurance.**

☒ No ☐ Yes → Number of Stage(s): _____

Stage Description(s): _____

Stage Owner _____ Phone Number: _____

Address: Street, City, State, Zip _____

Stage Specs will be required.

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of stages/platforms on the Site Map.

PORTABLE TOILETS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. All portable toilets must be removed from City/"EPRB" property within 48 hours of event (if the event is on a Saturday or a Sunday, portable toilets must be removed that following Monday). The location must be approved by the City/"EPRB."

ADA-compliant toilets are required for Public Gatherings.

☒ No ☐ Yes → Number of Portable Toilets: _____ AND Number of Accessible ADA Portable Toilets: _____

Company/Description(s): _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of portable toilets on the Site Map

FENCING

Will the event include the installation of event fencing by the Event Organizer? The location of the fencing must be approved by the "BOW"/"EPRB."
(Please check No or Yes below.)

☒ No ☐ Yes → Description: _____

May require a call to 811 for location marking of Utilities. Buildings and Grounds must also approve to make sure sprinkler lines are not in jeopardy.

EMERGENCY SUPPORT SERVICES- Motor Vehicle and Pedestrian Control

Will the event require Emergency Support Services?
(Please check No or Yes below.)

☒ No ☐ Yes → _____

Number of Emergency Management Staff Requested

☐ \$50.00 Minimum of two Event Personnel _____

☐ \$25.00 Event Personnel each per event _____

Total Cost \$ _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of personnel and where they should be located on the site map. A separate meeting may be required with the Emergency Management Personnel.

FIRE DEPARTMENT

EMERGENCY MEDICAL SERVICES REQUESTED: Please indicate what services you are requesting. Mark all that are requested:

☒ No ☐ Yes →

Time(s) Requested: _____

- | | | |
|--------------------------|-------------------|------------------------|
| <input type="checkbox"/> | Ambulance(s) | Number Requested _____ |
| <input type="checkbox"/> | Medic Kubota | |
| <input type="checkbox"/> | Fire Truck | |
| <input type="checkbox"/> | First Aid Station | |

Please indicate your reason that a Fire Truck may be needed at your Event. Please include any special requests.

Additional Information May Be Required.

BUILDINGS AND GROUNDS

FENCING: The following are available for a fee. Mark all that are requested:

- | | | |
|--|------------------------------------|-------------|
| <input type="checkbox"/> Event Fencing | Number of Sections Requested _____ | Other _____ |
| <input type="checkbox"/> Snow Fencing | Number of Feet Requested _____ | Other _____ |

Additional fees may apply.

WASTE RECEPTACLES

Will the event require additional waste receptacles? The location of the waste receptacles must be approved by the "BOW"/"EPRB."
(Please check No or Yes below.) Additional fees may apply.

☒ No ☐ Yes →

Will the event require Buildings & Grounds to set up or deliver other equipment? If Yes, please list below.
(Please check No or Yes below.)

☐ No ☒ Yes → 2-3 picnic tables

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of fencing on the site map.

PARKS DEPARTMENT

EQUIPMENT REQUESTED:

☒ No ☐ Yes →

- | | |
|--|---|
| <input type="checkbox"/> Golf Cars | ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.) |
| <input type="checkbox"/> Risers | ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.) |
| <input type="checkbox"/> Stage | ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.) |
| <input type="checkbox"/> Trailer (tables/chairs) | ONLY AVAILABLE FOR CITY-ORGANIZED EVENTS (I.E., Rhapsody, Summer Chill, WinterFest, etc.) |

NOTE: Bleachers and Stages are not available for public or private use.

City Departments Only may request the use of these items.

POLICE DEPARTMENT

POLICE SERVICES: Please indicate what services you are requesting. Mark all that are requested:

☒ No ☐ Yes → _____

Please indicate why you feel Police presence may be needed at your Event.

Additional Information May Be Required.

STREET DEPARTMENT

STREET CLOSURES: Will you be requiring closure of City streets for your event?

☒ No ☐ Yes → Street Closing: _____
Please mark all that may apply:

Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____

OTHER STRUCTURES

Will your event include other structures not identified above? The location of all other structures must be approved by the "EPRB".
(Please check No or Yes below.)

☒ No ☐ Yes → Number of Structures: _____
↓
Description(s): _____

Additional Information Required: If you checked "Yes" above, please indicate the location of all stages/platforms, portable toilets, fencing, barricades and all other structures on the Site Map. Ordering of all equipment must be done by the Event Organizer.

BOARD OF WORKS PERMITS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached.
Are you requesting the use of City Plaza? Use of Central Green Park & Stage Requires additional information and a \$500.00 deposit.

Water:

- ☐ Yes
☒ No

Electric:

- ☐ Yes
☐ No

Plaza Sign:

- ☒ Yes
☐ No

Sign Information: Elkhart Farmers Market, Saturdays, May 6 - October 14, 9AM-1PM

Bridge Banner:

- ☐ Yes
☒ No

Please indicate location:

- ☐ Bridge Banner- North Main Street- Memorial Bridge
☐ Bridge Banner – Johnson Street

NOISE ORDINANCE

Will the event require an exception to noise by the Event Organizer?

(Please check No or Yes below.)

☒ No ☐ Yes → Reason: _____

Parade and Special Exception to Noise Ordinance:

- ☐ Yes
☒ No

Public Assembly and Special Exception to Noise Ordinance:

- ☐ Yes
☒ No

Special Exception to Noise Ordinance:

- ☐ Yes
☒ No

Persons or entities affected by this special exception to the Noise Ordinance: (required)

What measures will be taken to mitigate the impact of the Noise exception on surrounding persons (required)

EMERGENCY ACTION PLAN

PURPOSE (Required for all Applicants)

- A. This emergency action plan predetermines actions to take before and during the EVENT in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
 - B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include but are not limited to Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.
-

BASIC PLAN

- A. The emergency action plan event representative will be identified as the point of contact for all communications regarding the event. This person is identified as the primary contact and must be present during the event:

Contact full name (first/last name):

Contact cell number (area code plus number):

EVENT MAPS

SITE MAP (Required for all Applicants)

Please attach a Site Map clearly indicating the set-up of the event. An example would be the Start/Finish of a walk, run, or race event and/or the set-up area of a festival or cultural event. The Site Map should indicate the relative location of the following; all sources of amplified sound and the direction of the sound; tents and canopies with sizes, stages, promotional vehicles, portable toilets, fencing, barricades, and other structures; proposed driving paths for all equipment and supply vehicles; location of vehicles you wish to retain on "EPRB" property during the event; locations of food and proposed street closures. All site Maps are subject to the approval of "EPRB."

ROUTE MAP (Runs, Walks, Bike Rides)

All events that include a run/ walk or other activity in which participants will be following a course will be required to attach a Route Map and a written document of the proposed route of the event. All proposed Route Maps are subject to "EPRB" approval. The use of any outside the Parkways or parks, such as City streets, must be approved by the Board of Public Works.

For a more detailed Route Map, it is recommended to use mapmyrun.com (this is a free website), Bing maps, or Google maps

ELKHART COUNTY HEALTH DEPARTMENT

Event Plans must be accompanied by an Elkhart County Health Department Permit for food and beverage. Please contact the Elkhart County Health Department at 574-523-2283.

INDEMNIFICATION, WAIVER AND RELEASE

In consideration of the granting of a Permit by the BOARD OF PUBLIC WORKS and/or the BOARD OF PARKS AND RECREATION, I hereby release, discharge, indemnify, protect and hold harmless the City of Elkhart, Indiana, and all of its agents, officials, and employees, of and from any and all claims, demands, damages, both compensatory and punitive, actions, causes of actions, costs, loss of services or consortium, and any expenses incurred for all personal injury or property damage sustained by me or any third party arising out of or in any way involving the use of the City's property during the event. I further agree to indemnify, protect, and hold harmless the City of Elkhart from any and all claims and causes of action, including attorney fees, caused by my negligence or willful conduct that is in any way related to the use of the City's property. I am more than 18 years of age and am fully competent. I have read in full this agreement and understand and agree to all of its terms and conditions. I have signed this instrument voluntarily and with full knowledge of the fact that I am waiving and releasing any and all claims for myself that may subsequently arise, regardless of their nature and extent. Furthermore, if signed on behalf of an entity, I swear and affirm that I am duly authorized to execute this INDEMNIFICATION, WAIVER, AND RELEASE on behalf of the entity.

APPLICANT SIGNATURE

I have read the terms and conditions outlined in this document and the City of Elkhart, City of Elkhart Board of Works, and the City of Elkhart Park & Recreation Board Code of Ordinances and agree to abide by them.

Unless expressly provided for in the permit, Use & Event Permits do not grant the permit holder exclusive rights to park property, including but not limited to any right to restrict access, use, and First Amendment activities of any person on park property open to the general public.

I agree to be bound by the above terms as a condition to the issuance of a Special Event Permit. All payments are due upon the BOW and EPRD final approval.

THIS DOCUMENT CONTAINS A RELEASE OF ALL CLAIMS AND A WAIVER OF RIGHTS. I HAVE CAREFULLY READ ALL OF ITS TERMS AND RETAINED A COPY OF THIS DOCUMENT FOR MY OWN RECORDS.

Maddy Gordon

PRINTED NAME OF APPLICANT

Maddy Gordon

SIGNATURE OF APPLICANT

DATE 3/13/2023

WITNESSED: Clerk of the Board of Works

Date _____

APPROVED: BOARD OF PUBLIC WORKS

President

Date _____

RATIFIED: BOARD OF PARKS AND RECREATION (if applicable)

President or Secretary

Date _____



MEMO

To: Board of Elkhart Parks and Recreation

From: Jamison Czarnecki, Superintendent

Date: 3-21-2023

Re: Parks Department Report

Superintendent's Update (Jamison Czarnecki)

- We have finished our meetings for the 2023-2024 Strategic Priorities and Objectives Plan that will be our guiding document to work through for the next 2 years. When in a report form, the board will receive a copy.
- The Annual Report and the Spring Activities Guide are now complete and available for viewing on our website.
- Some highlighted numbers from the annual report:
 - Over \$300,000 in combined revenue from rentals, facilities, and programming.
 - Over 10,000 people counted in the parks and programs (not including events attendance and facility admissions).
 - Record attendance at events including 30,000 people at Rhapsody Arts and Music Fest alone.
 - New playgrounds, new trails, pavilion renovations, and more happened throughout our parks in 2022!
- The Capital Improvement Plan received updates and we are meeting with Park Foundation members to identify external funding opportunities and collaboration.
- Nicole Wright was promoted from Front Office Assistant to serve as our new full time accounting specialist. We are grateful to have her on the team and look forward to having her continue to offer her skillsets to the team.
- NIBCO Ice and Water Park has closed after another successful season! In total, we received \$7,050 in concession sales and \$53,428 in admission sales from December 1, 2022 to March 1, 2023.
- Total revenue from pavilion rentals was \$7,925 for January and \$8,780 in February.
- Recruitment and hiring has begun for seasonal workers, so please share out to your networks.

Events Report (Sherry Krask)

- The Elkhart Farmers Market has its first sponsor, Renewal by Andersen has committed to becoming a "friend of the market" for the season. Their commitment is \$1,000.00.
- The Parks Department has received a Rhapsody sponsorship from Brinkley RV for \$25,000.
- The Fall Fabulous Pop Up Market was held on Saturday, March 18 at McNaughton Pavilion.
- The Parks Department is collaborating with The Elkhart Environmental Center to host the 3rd annual Easter egg hunt in the parks and at EEC. The eggs will be hidden throughout the month and hunting will begin on April 1st. When found, the eggs are returned to the Parks office or EEC, they will receive a prize bag.

Programming and Recreation Report (Luisa Ixmatlahua)

- Roosevelt Center Programs 4:30-5:30 pm – As of date, 106 participants
 - Monday, "Chess Club" open to our 2nd -8th graders – Currently 4 participants coming.



- Tuesday, "Sports Clinic" open to our 2nd-8th graders- 20 participants currently coming.
- Wednesday, "Picture Perfect" is open to all ages- 1 participant has shown for this program.
- Thursday, March 16 we began our Basketball Workshops: "Shooting," "Ball Handling," and "Foot Work and Passing" for Middle School juniors.
- Community Programs
 - "Line Dancing" on March 16, 23, and 30 from 6:00-8:00 pm will cost \$5 and be open to all ages in the community. - 8 participants
 - "Basic Digital Photography Seminar" on March 21- May 9, from 5:00-8:00 pm \$20.00 per participant. – 5 participants
 - "Intro to Water Color" on March 30 from 6:00 – 8:00 pm for adults; \$35.00 per participant. – 1 participant
 - "Fun with Water Color for Kids" on March 23 from 6:00 pm- 7:15 pm for ages 5-7 years old; the cost is \$25.00 per participant.- 5 participants

Ranger Report (Ranger Stan McCray)

February 1-28, 2023

Citations

- None written.

Various Park Activities and number of people participating.

- Basketball (12), Biking (24), Fishing (16), Ice Skating (97), Parking/Sitting (389), Playground (160), Soccer (22), Skateboarding (15), Tennis (2), Walking/jogging (295), and Walking Dog (82). Grand Total Patrons – 1,114

Events

- Feb. 11, 2022- 14th Annual Frosty 5K/5M – There were 177 participants, walking/running, plus approximately 8 dogs. Rangers assisted with parking, picking up signage, and assisting where needed.

Damage

- Feb. 15, 2023 – While on patrol, Ranger Keen discovered graffiti painted on the McNaughton Park Tennis Court backstop. Ranger Keen reported the graffiti on Myelkhart311.

Other

- Feb. 8, 2023 – A call was received regarding a white duck tangled in fishing line at High Dive Park. Ranger McCray went to High Dive Park and found the duck in the pond near the rear of Kroger's Grocery Store. They monitored the duck for about 40 minutes, but it stayed in the water. The duck swam about without any obvious issues, however; periodic checks were done to see if there were any other issues.

The Honorable
Rod Roberson
Mayor

Jamison Czarnecki
Parks Superintendent



Parks & Recreation
1320 Benham Ave.
Elkhart, IN 46516

574.295.7275
Fax: 574.522-7808

- Feb. 9, 2023 – Owl Boxes were placed at each of the following parks:
American Park, Hayden Park, River Greenway, Pinewood Park and Studebaker Park by the Buildings and Grounds Dept.
- Feb. 10, 2023 – While patrolling, Ranger Keen responded to an issue at High Dive Park where an adult male had been threatened by a group of kids. The male said that the kids told him, if he didn't give them money, they would beat him up. Ranger Keen called the police and after talking with all parties, there were no charges filed.
- Feb. 15, 2023 - While on patrol – Ranger McCray found miscellaneous trash at the far west end of Langle Park. Ranger McCray picked up the trash, which included women's clothing, shoes, food wrappers, and several receipts from various grocery stores. The trash was removed and properly disposed into a trash dumpster.
- Feb. 21, 2022 – A new Part-time Park Ranger was hired which brings our numbers of part-time rangers to four. His name is Dhim Danh.

End of Report