

# Town of Lapel - Special Event Permit

## Applicant Information

Organization:	OPTIMIST CLUB	Non-profit:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Street Address:	1560 N. MAIN		
Email:	lapelyouthsports@gmail.com	Phone:	765-623-7876
Contact Name:	KAREN MALLETT		

## Event Information

Name of Event:	5K DAWG JOG	Annual Event:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Event Date:	7/13/24	Event Time(s):	8:00am - 10:00am

## Will the Event Include:

Concert(s)/Live Music:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5k/Run/Etc.:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tents*:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Inflatables, obstacles, rock walls, etc.:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Concessions*:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fireworks, lasers, pyrotechnics	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Alcohol*:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Bingo, drawings, lottery, similar:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Signs or Banners prior to event:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Massage or similar activities:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Additional Lighting, décor or similar:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Portable restrooms*:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

\*Please see page 2 for additional information required for these activities

## Event Description

5K Run  
AND  
KIDDIE 1 MILE Run

## Event Logistics

Proposed Location:	MAIN ST THRU HS		
Estimated Attendance:	100	Estimated Number of Vendors:	
Estimated Event Start Date:	8:00 AM	Start Time:	
Event End Date:	10:00 AM	End Time:	
Event Set-up Date:	7/13	Set-up Time:	
Event Tear Down Date:	7/13	Tear Down Time:	

PLEASE DESCRIBE YOUR PLAN FOR CLEANUP AND REMOVAL OF TRASH DURING AND AFTER THE EVENT

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**Public Services Requested**

Identify any public services including street closures, electric service, etc. that you may need for the event:

Street or Alley Closure:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Event Barricades:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Traffic Control:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
EMS Presence:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Fire Inspection (required for tents):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	*Tents over 200 square feet must include "No Smoking" signage and a fire extinguisher. Please contact the Fire Department for
Public Electric Service:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amperes/Voltage Requested
Public Water Service Connection:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Public Water Supply requires the use of an NSF-approved food grade hose, non-lead connections, and a back flow prevention device suited to the vendor's intended use. If carbonated drink systems will require a connection to the public water system, please indicate below the type of back flow prevention device that will be used

Please describe any food or concession prep areas and/or alcohol sales and consumption planned for the event and attach a copy of your liquor license to the application

You are required to provide portable restroom facilities at your event, unless you can substantiate the sufficient availability of both ADA accessible and non-accessible facilities in the immediate area which will be available to the public during the event. If you will not be providing portable restrooms, please attach a description of the facility plan.

Total Number of Portable Toilets Proposed:	Number of ADA Accessible Portable Toilets:
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Portable Restroom Facility Provider:

Contact Number:

Set-Up Date:	Time:	Pick-Up Date:	Time:
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You are required to provide adequate trash services for the event. Please provide the contact information for the sanitation/recycling company that will provide clean-up services:

Trash/Sanitation Company Name:

Contact Number:

Number of Trash Cans w/Lids:	Without Lids:	Recycling Containers:
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Number of Dumpsters w/Lids:	Without Lids:
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Set-Up Date:	Time:	Pick-Up Date:	Time:
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**Event Attachments:**

Please provide the following as applicable to the event

Event Route/Site Plan	*required <input type="checkbox"/>	Vendor List	Attached <input type="checkbox"/>
Agenda/Proposed Activities	*required <input type="checkbox"/>	Performer List	Please include sound check start/end time(s) Attached <input type="checkbox"/>
Description of Security/Medical Plan	Attached <input type="checkbox"/>	Location of Stages	Attached <input type="checkbox"/>
Parking Plan/Bus Routes	Attached <input type="checkbox"/>	Copy of 501 c(3) Exemption Letter	Attached <input type="checkbox"/>
Copy of Liquor License	Attached <input type="checkbox"/>	Copy of Insurance/Contact Information	Attached <input type="checkbox"/>
Copy of Health Department Approval	Attached <input type="checkbox"/>	Brief Description & Locations of signage/banners proposed	Attached <input type="checkbox"/>
Copy of notice to public/businesses of intended closures	Attached <input type="checkbox"/>	Other Attachments (Please List)	Attached <input type="checkbox"/>
Contact Information for Tent Vendor/Installation	*required for fire inspections <input type="checkbox"/>		Attached <input type="checkbox"/>

**The applicant is responsible for ensuring that the following regulations are met at all times. Failure to meet any of the following will result in denial or revocation of this permit and possible enforcement action being taken as outlined by the Town of Lapel code of ordinances.**

All Applicants shall be required to submit to the Town of Lapel proof of insurance and for general liability that states that the Town of Lapel, Indiana, is listed as an additional co-insured. The minimum insurance requirement shall be \$1,000,000 per occurrence; \$300,000 per person; and \$50,000 for legal. Amusement rides, inflatables, moving vehicles, rock walls, etc. will require proof of additional coverage. Special Event Permits are required for any obstruction, use, or activity within a public right-of-way, Town property, or Town easement. Any applications for encroachments must include a site plan that details specifically the number and location of encroachments. Site plans should detail uses planned for each section or route. In cases where the proposed activities will interfere with traffic flow on streets, the application will be assessed by the Lapel Police, Fire, and Street Departments to determine the number of necessary Town personnel and/or equipment. Fees will be assessed on a case-by-case basis based on the personnel needed and total time of the event. Under no circumstance does this permit give the applicant permission to set up any activity, staging area, or other event-related feature on private property. The undersigned shall notify the Town 30 days prior to the event to ensure availability of resources. The applicant shall hold harmless and indemnify the Town of Lapel from, for, and against any claim of any person in tort, contract, or otherwise arising out of the act or omissions of the applicant, their agents, representatives, participants, etc.

Based upon the size, location, and nature of your event, additional Town resources may be required. These resources will be assessed and required by various Town personnel and the cost will be reflected in your total permit fee. The base permit fee is \$\_\_\_\_\_.

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**Applicant Affidavit**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge. I believe that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under Town of Lapel Municipal Code, and I understand that this application is made subject to the rules and regulations set forth by the town. As the applicant, I agree to comply with all of the requirements of the Town, County, State and Federal Government, and any other applicable entity which may pertain to the use of the Event venue and conduct of the event. I further certify that I, on behalf of the Host Organization, am authorized to commit that the organization to be financially responsible for any costs or fees that may be incurred by or on behalf of the Event to the Town of Lapel.

Applicant Signature: *Karen Mullet*

Date: *6/4/24*

Applicant Printed Name: *KAREN MULLET*

Town Council Approval

Town Council Denial

Town of Lapel Signature:

Date:

Large empty rectangular area for signatures and dates.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/06/2024

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).

<b>PRODUCER</b> AMBA In CA dba Assn Member Benefits & Insurance Agency PO Box 14542 Des Moines, IA 50306	<b>CONTACT NAME:</b> PHONE 800-503-9227 FAX (A/C No. Ext): (A/C No): 515-365-3005 EMAIL ADDRESS: plsdssteam.servlco@gotamba.com
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A: Philadelphia Indemnity Insurance Co 23841 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

**COVERAGES** CERTIFICATE NUMBER: REVISION NUMBER:

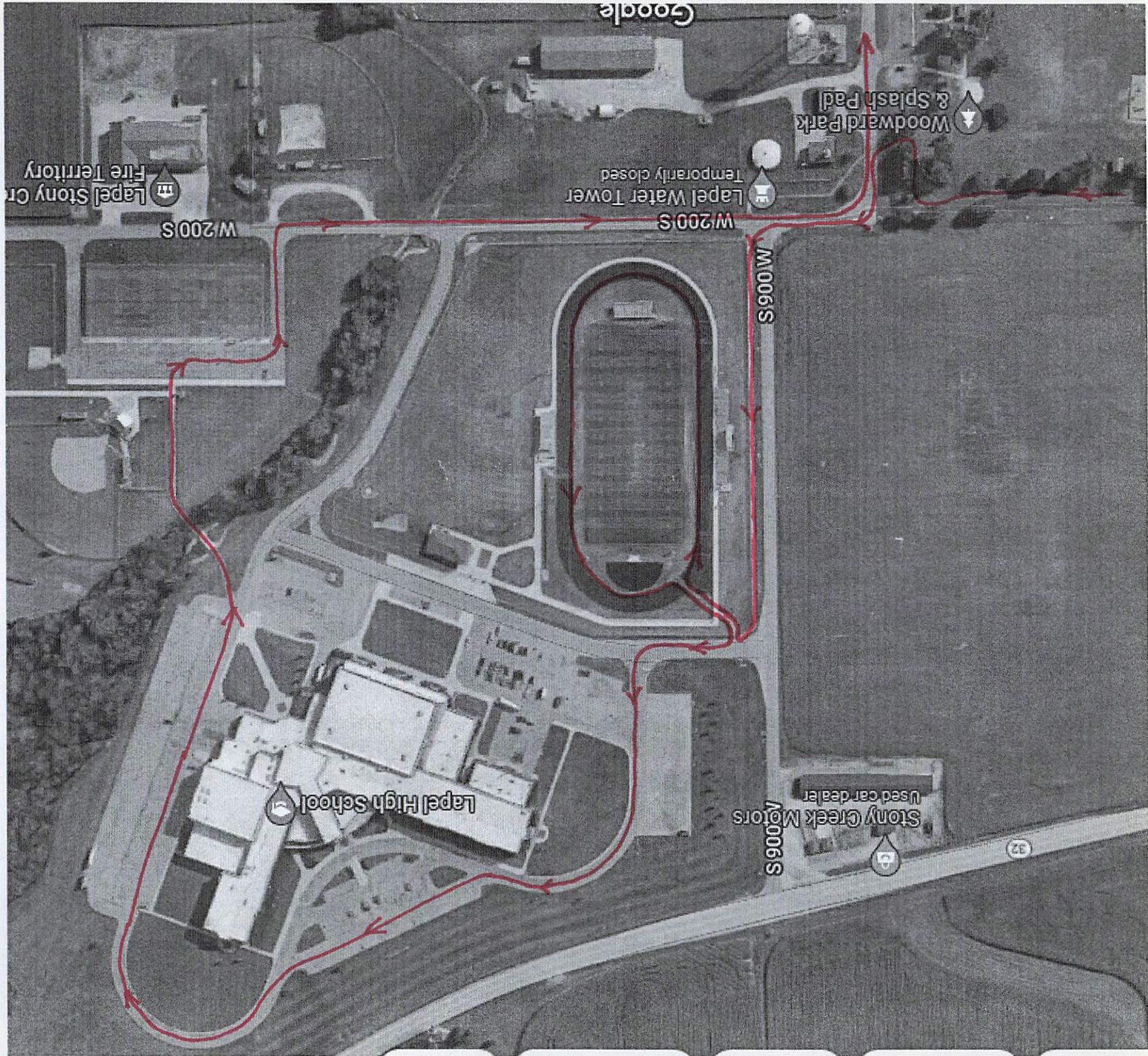
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

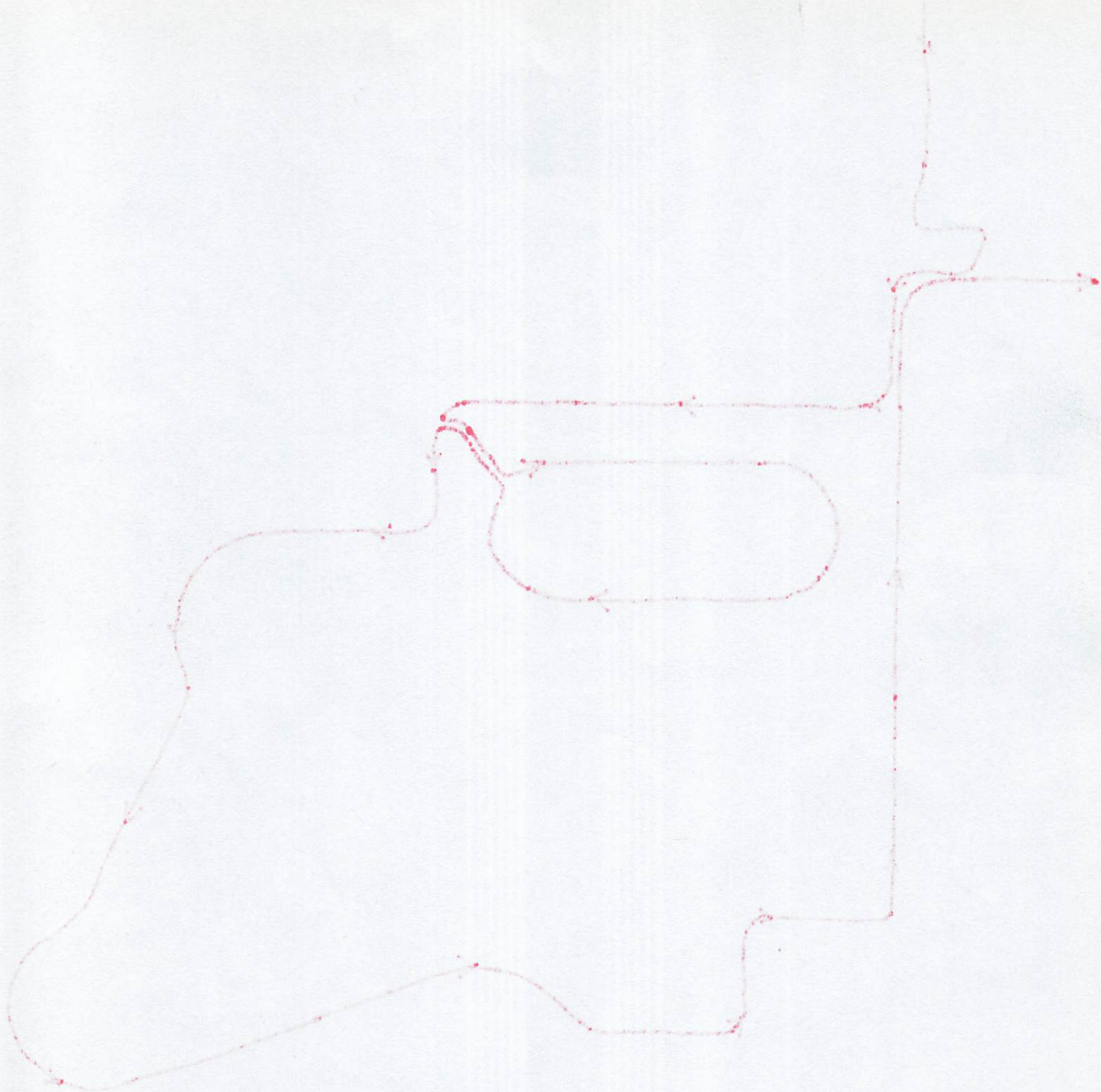
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			PHPK2679423	05/01/2024	05/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2679423	05/01/2024	05/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Proof of coverage with respects to the Dawg Jog 5K Run event to be held at race course as outlined in Lapel on 07/13/2024.

**CERTIFICATE HOLDER** **CANCELLATION**

Town of Lapel 825 N. Main St. Lapel, IN 46051	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 <i>Stephen Miller</i>
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OPTIMIST CLUB

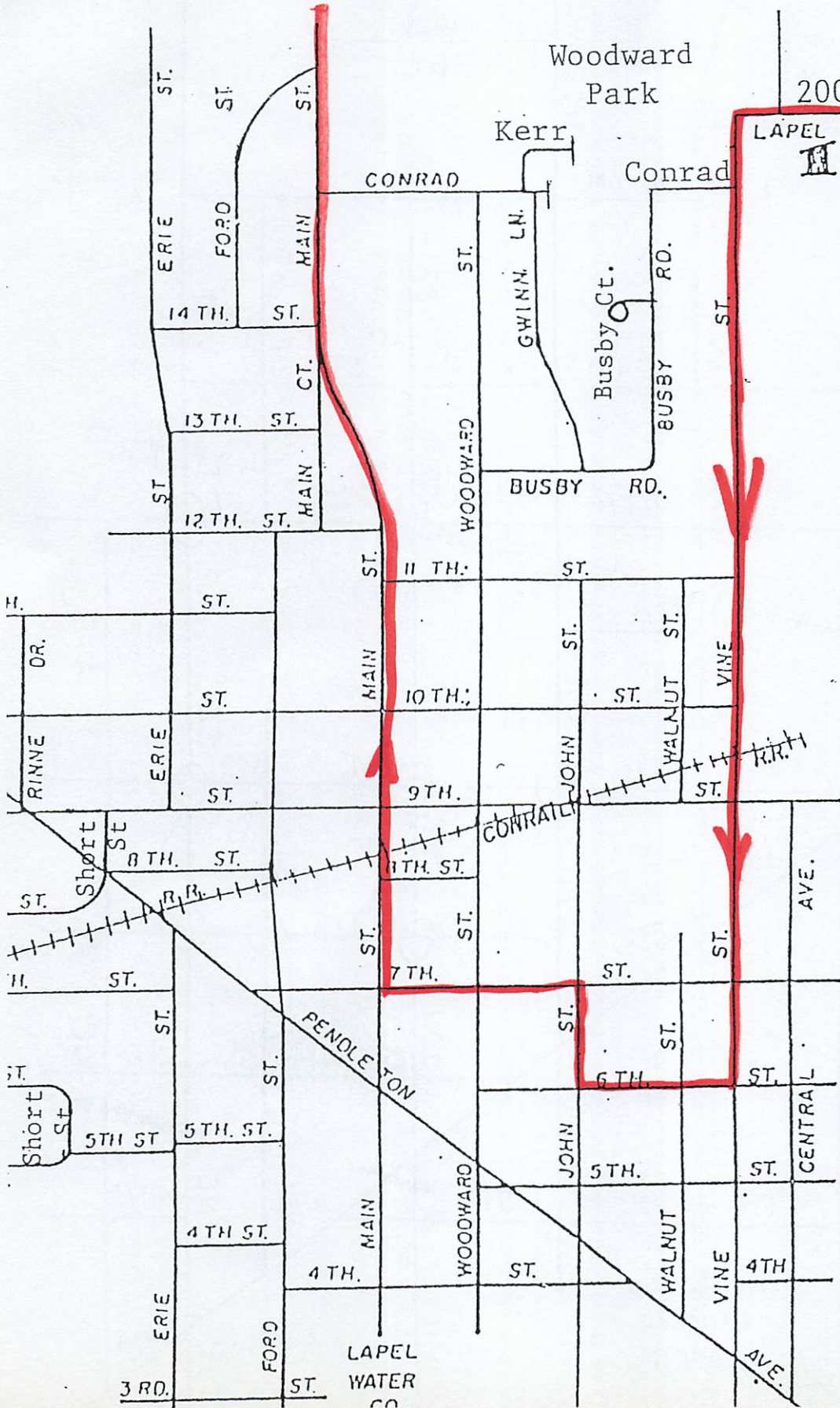
START/FINISH





4                      5                      6                      7                      8                      9

*FINISH*



200 South 38th St.

LAPEL WATER CO.

LAPEL STREETS

- Brookside Rd-----A-3½
- Busby Rd & Ct----B-7½
- Central Ave-----E-8
- Conrad Dr-----A-6
- Erie St-----F-5
- Ford St-----F-5½
- Gwinn Ln-----B-7
- John St-----D-7
- Kerr Dr-----A-7
- Main Ct-----B-5½
- Main St-----C-6
- Pendleton Ave---C-3
- Rinne Dr-----D-4
- Short St-----F-4
- Vine St-----G-8
- Walnut St-----G-7½
- Woodward St----F-6½

- 2nd St-----H-5
- 3rd St-----G-5
- 4th St-----F-5
- 5th St-----F-4
- 6th St-----F-4
- 7th St-----E-4
- 8th St-----E-4
- 9th St-----D-4
- 10th St-----D-4
- 11th St-----C-4
- 12th St-----C-5
- 13th St-----B-5
- 14th St-----B-5

- Owens-Brockway---E & F
- Lapel Wastewater-C-2
- Stoney Creek-----A-3
- Lapel Water Co---A-8

