

Town of Lapel - Special Event Permit

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 checked="" type="checkbox"/>	No <input type="checkbox"/>	
Event Barricades:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Traffic Control:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
EMS Presence:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Fire Inspection (required for tents):	Yes <input checked="" 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 checked="" type="checkbox"/>	Amperes/Voltage Requested
Public Water Service Connection:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

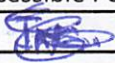
Public Water Supply requires the use of an NSF-approved food grade hose, non-lead connections, and a back flow prevention device suited to the vendor's intended use. If carbonated drink systems will require a connection to the public water system, please indicate below the type of back flow prevention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

N/A

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

ANNUAL BEER FEST WITH 25-30 BREWERY VENDORS AND 4-5 FOOD TRUCKS.

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:	12	Number of ADA Accessible Portabel Toilets:	2
Portable Restroom Facility Provider:	SERVICE SANITATION 		
Contact Number:	317-559-7742		
Set-Up Date:	8-16-24	Time:	
Pick-Up Date:	8-19-24	Time:	

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:	BEST WAY		
Contact Number:			
Number of Trash Cans w/Lids:	10	Without Lids:	
Recycling Containers:			
Number of Dumpsters w/Lids:		Without Lids:	
Set-Up Date:	8-16-24	Time:	
Pick-Up Date:	8-19-24	Time:	

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Event Attachments:

Please provide the following as applicable to the event

Event Route/Site Plan	*required <input checked="" type="checkbox"/>	Vendor List	Attached <input checked="" 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 checked="" type="checkbox"/>
Parking Plan/Bus Routes	Attached <input checked="" type="checkbox"/>	Copy of 501 c(3) Exemption Letter	Attached <input type="checkbox"/>
Copy of Liquor License	Attached <input checked="" type="checkbox"/>	Copy of Insurance/Contact Information	Attached <input checked="" 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 checked="" type="checkbox"/>	JASON WATSON	317-285-8819 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 Information

Organization:	PAX VERUM BREWING	Non-profit:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Street Address:	908 N. MAIN ST.		
Email:	JASON @ PAXVERUM.COM	Phone:	317-285-8819
Contact Name:	JASON WATSON		

Event Information

Name of Event:	WAY OUT BEER FEST	Annual Event:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Event Date:	AUGUST, 17 TH 2024	Event Time(s):	3:30 - 10 PM

Will the Event Include:

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

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

Event Description

BEER FEST WITH 30 BREWERIES, BANDS AND FOOD TRUCKS. EXPECTING 1600+ PATRONS

Event Logistics

Proposed Location:	MAIN STREET (FROM 10 TH - 9 TH) PORTION OF 9 TH ST.		
Estimated Attendance:	1600	Estimated Number of Vendors:	35
Estimated Event Start Date:	8-17	Start Time:	3:30
Event End Date:	8-17	End Time:	7:30
Event Set-up Date:	8-17	Set-up Time:	10 AM
Event Tear Down Date:	8-17	Tear Down Time:	10 PM

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

EVERYTHING WILL BE TAKEN DOWN BY EACH VENDOR. BARRICADES AND TENTS WILL BE TAKEN DOWN AND PUT AWAY BY PAX. ALL TRASH WILL BE IN DUMPSTER TOTES AND PLACED WHERE THEY CAN BE PICKED UP.

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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:



Date:

5-10-24

Applicant Printed Name:

JASON WATSON

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)

05/16/2024

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).

PRODUCER Myers Insurance & Real Estate LLC PO Box 577 923 N Main St Lapel IN 46051	CONTACT NAME: Courtney Barkdull PHONE (A/C, No, Ext): (765) 534-3154 E-MAIL ADDRESS: courtney@myersagency.com	FAX (A/C, No): (765) 534-3155
	INSURER(S) AFFORDING COVERAGE	
INSURED Pax Verum Brewing Llc P.O. BOX 416 Lapel IN 46051	INSURER A: INDIANA FARMERS MUTUAL	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

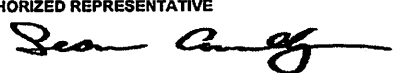
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP1012775	02/17/2024	02/17/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAP1010655	06/07/2023	06/07/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000			CUP1004347	02/17/2024	02/17/2025	EACH OCCURRENCE	\$ 3,000,000
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Liquor Liability			CPP1012775	02/17/2024	02/17/2025	Each Occurrence	\$1,000,000
							Aggregate Limit	\$2,000,000

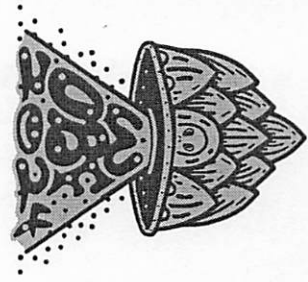
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Way Out Brewfest

CERTIFICATE HOLDER**CANCELLATION**

Town of Lapel PO Box 999 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 
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1. 2TONS
2. 3 FLOYDS
3. ASH & ELM
4. BAD DAD BREWING
5. BELGIAN HORSE MINERY
6. BEER BREWERY
7. BLACK DOG BREWING
8. BLOCHHEAD BEERHONKS
9. BURVEN BREWING
10. CEDAR CREEK BREWING
11. CREATURES OF HABIT
12. CULTURED URBAN MINERY
13. ELM STREET BREWING
14. FEED STORE BEER CO
15. FOUR DAY RAY
16. GRAND JUNCTION BREWING
17. GUARDIAN BREWING CO
18. HISSETIC BREWING COMPANY
19. HOON DROP DISTILLERY
20. HOONTOWN BREWING
21. NILES BREWING CO
22. PAX VERUM BREWING
23. PRIMEVAL BREWING
24. SEEDZ BREWERY
25. TARNISHED HOLLOW BREWING
26. TERRE HAUTE BREWING
27. TIP & CANOE BREWING
28. TRANSCIENT ARTISAN ALES
29. HOODEN BEAR
30. WINDMILL BREWING
- 31.
- 32.
- 33.
- 34.
- 35.

