- I		Lapel Community Association - Christmas			Non-profit:	Yes		
<u> </u>	. A .l.l	in Lapel						· · · · · · · · · · · · · · · · · · ·
	t Address:					T	<u> </u>	
Email		Τ				Phone:		
Conta	act Name:	Lindsay W	ashmuth	· · · · · · · · · · · · · · · · · · ·				
Event In	formation							
Name	of Event:	Christmas	in Lapel			Annual Event:	Yes	
Ev	ent Date:	12/7/2024	1			Event Time(s):	4pm-83	0pm
Will the E	vent Includ	e:				!		
Concert(s)/Live Music:		ve Music:	Yes	No		5k/Run/Etc.:	Yes	No
Tents*:		Yes	No	Inflatables, obstacles, rock walls, etc.		Yes	No	
Concessions*:		Yes	No	Fireworks	Fireworks, lasers, pyrotechnics		No	
Alcohol*:		Yes	No	Bingo, drawings, lottery, similar:		Yes	No	
Signs o	or Banners pr event:	orior to	Yes	No	Massage	or similar activities:	Yes	No
Additional Lighting, décor or simil ar:		Yes	No	Portable restrooms*:		Yes	No	
	*PI	ease see pa	ige 2 for a	idditional in	formation re	quired for these activit	ties	
Event De	escription							
- 1.454 at 2.460 mm	des tengra de	to the same of the same of	endertropperigation of the con-	tivity in Ce and vendo	Water to a second of	Christmas Crafts with	n the Lib	rary, Santa
Event Lo	gistics							
		Location:	Downto	wn Lapel				

Estimated Attendance:	1000	Estimated Number of Vendors:	20
Estimated Event Start Date:	12/7/2024	Start Time:	4pm
Event End Date:	12/7/2024	End Time:	830pm
Event Set-up Date:	12/7/2024	Set-up Time:	1pm
Event Tear Down Date:	12/7/2024	Tear Down Time:	9pm

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

We will use 4-6 trash rings provided by LCA during the event. Bins will be returned to LCA storage after event.

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 Yes Main Street from 8th St to 10th, with 10th staying open. 9th Street from School St to the alley behind the Lodge on Main. Closure: **Event Barricades:** Yes Traffic Control: No EMS Presence: No Fire Inspection *Tents over 200 square feet must include "No Smoking" No signage and a fire extinguisher. Please contact the Fire (required for tents): Department for Public Electric Amperes/Voltage Requested No Service: **Public Water** No Service Connection:

Public Water Supply requires the use of an NSF-approved food grade hose, non-lead connections, and a backflow 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 backflow prevention device that will be used

planned for the event ar			as and/or alcohol sal		•	
Coffee, hot chocolate, poduring this event. Wine vectors with alcohol.			The state of the s			
You are required to provide sufficient availability of bot will be available to the pul attach a description of the Public restrooms are availa	th ADA accessib blic during the e facility plan.	ole and non- event. If you	-accessible facilities in u will not be providing	the immed portable re	liate area which estrooms, please	
Total Number of Portable To	oilets Proposed:	0	Number of ADA Accessible Portable Toilets: 0			
Portable Restroom Facility F	Provider:					
Contact Number:						
Set-Up Date:	Time:		Pick-Up Date: Time:			
•	-	nitation/red	h services for the every cycling company that vices:		•	
Trash/Sanitation Company N	Name: Trash bi	n use donat	ted by LCA			
Contact Number: 317-457-	-7504					
Contact Number. 317-437	Number of Trash Cans w/Lids: 0			Recycling	ng Containers: 0	
			Lids: 0			
	ds: 0	Without I				

Event Attachment	ecial Events Permit Si ollowing as applicable t	o the event	
Event Route/ Site Plan Required	Main Street and 9th events being held, no route	Vendor List Attached	
Agenda/Proposed	See Attached	Performer List	School choirs/show choirs

Description of Security/Medical	N/A	Location of Stages	N/A
Parking Plan/Bus	N/A	Copy of 501 c(3) Exemption Letter	On file w/town
Copy of Liquor	N/A	Copy of Insurance Contact Information Attached	N/A
Copy of Health Department	N/A	Brief Description & Locations of signage/banners	N/A
Copy of notice to public/businesses of intended closures	Attached	Other Attachments (Please List)	N/A
Contact Information for Tent Vendor/Installation	N/A		

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 \$__

Town of Lapel - Special Event Permit 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:	SA. AZ		Date: 10/14/2024	
Applicant Printed Name: Lindsay Washm	nuth			
own Council Approval	To	own Council Denia		
own of Lapel Signature:			Date:	