

# Town of Lapel - Special Event Permit

## Applicant Information

Organization:	BETHEL BAPTIST	Non-profit:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Street Address:	3308 SR 13		
Email:	Pastor John @ bbc lapel. com	Phone:	641-990-4092
Contact Name:	JOHN HINES		

## Event Information

Name of Event:	PICNIC	Annual Event:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Event Date:	7/6/25	Event Time(s):	4-8 PM

Will the Event Include: FOOD, USE OF PARK FACILITIES

Concert(s)/Live Music:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5k/Run/Etc.:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Tents*:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Inflatables, obstacles, rock walls, etc.:	Yes <input type="checkbox"/> No <input checked="" 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

CHURCH PICNIC, USING PAVILIONS, PARK

## Event Logistics

Proposed Location:	WOODWARD PARK		
Estimated Attendance:	100	Estimated Number of Vendors:	
Estimated Event Start Date:	7/6	Start Time:	5 PM
Event End Date:	7/6	End Time:	8 PM
Event Set-up Date:	7/6	Set-up Time:	4 PM
Event Tear Down Date:	7/6	Tear Down Time:	9 PM

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

WE WILL MAKE SURE PAVILIONS & PARK AREA ARE CLEAN!

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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 checked="" type="checkbox"/>	
Event Barricades:	Yes <input type="checkbox"/>	No <input checked="" 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 type="checkbox"/>	No <input checked="" 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 checked="" type="checkbox"/>	No <input 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

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

PITCH IN DINNER ; MAY USE PERSONAL GAS GRILL

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 Portabel Toilets:		
Portable Restroom Facility Provider:			
Contact Number:			
Set-Up Date:	Time:	Pick-Up Date:	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:			
Contact Number:			
Number of Trash Cans w/Lids:	Without Lids:	Recycling Containers:	
Number of Dumpsters w/Lids:	Without Lids:		
Set-Up Date:	Time:	Pick-Up Date:	Time:

**Town of Lapel - Special Events Permit****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.**

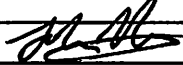
All Applicants shall be required to submit to the Town of Lapel proof of insurance and for general liability that states that the Town of Lapel, Indiana, is listed as an additional co-insured. The minimum insurance requirement shall be \$1,000,000 per occurrence; \$300,000 per person; and \$50,000 for 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 \$\_\_\_\_\_.

**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:



Date:

5/19/25

Applicant Printed Name:

JOHN HYNES

Town Council Approval

Town Council Denial

Town of Lapel Signature:

Date: