

**Town of Lapel - Special Event Permit****Applicant Information**

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

**Event Information**

Name of Event:	DAWG JONES 5K / PUPPY FUN RUN	Annual Event:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Event Date:	July 12, 2025	Event Time(s):	8:00 a.m.

**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  
and Kids 1 mile Run

**Event Logistics**

Proposed Location:	5K ROUTE AROUND SCHOOL GROUNDS + TOWN		
Estimated Attendance:	100	Estimated Number of Vendors:	0
Estimated Event Start Date:	7/12/25	Start Time:	8:00
Event End Date:	7/12/25	End Time:	9:30
Event Set-up Date:	7/12/25	Set-up Time:	1/2 HR
Event Tear Down Date:	7/12/25	Tear Down Time:	1/2 HR

**PLEASE DESCRIBE YOUR PLAN FOR CLEANUP AND REMOVAL OF TRASH DURING AND AFTER THE 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 Closure:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	ROUTE GIVEN TO LPD
Event Barricades:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Traffic Control:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOLUNTEERS
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 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

N/A

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:		
Portable Restroom Facility Provider:	N/A RESTROOMS AVAILABLE IN BLDG		
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:	N/A		
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 checked="" type="checkbox"/>	Vendor List	Attached <input type="checkbox"/>
Agenda/Proposed Activities	*required <input checked="" 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: Karen MulletDate: 5/29/25Applicant Printed Name: KAREN MULLET

Town Council Approval

Town Council Denial

Town of Lapel Signature:

Date:



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/29/2025

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 PO Box 14542 Des Moines, IA 50306	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): 800-503-9227 <b>FAX</b> (A/C, No): 515-993-9681 <b>EMAIL ADDRESS:</b> plsdsteam.service@getamba.com
<b>INSURED</b> Optimist International Lapel Optimist Club Karen Mullet PO Box 812 1560 N. Main St. Lapel, Indiana 46051	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Insurance Co <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

## 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	PHPK2679423-009	05/01/2025	05/01/2026	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ excluded PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" 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	<input type="checkbox"/>	<input type="checkbox"/>	PHPK2679423-009	05/01/2025	05/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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 to be held at 1560 N. Main St. Lapel, Indiana 46051 on 12-JUL-2025 to 12-JUL-2025.

## CERTIFICATE HOLDER

## CANCELLATION

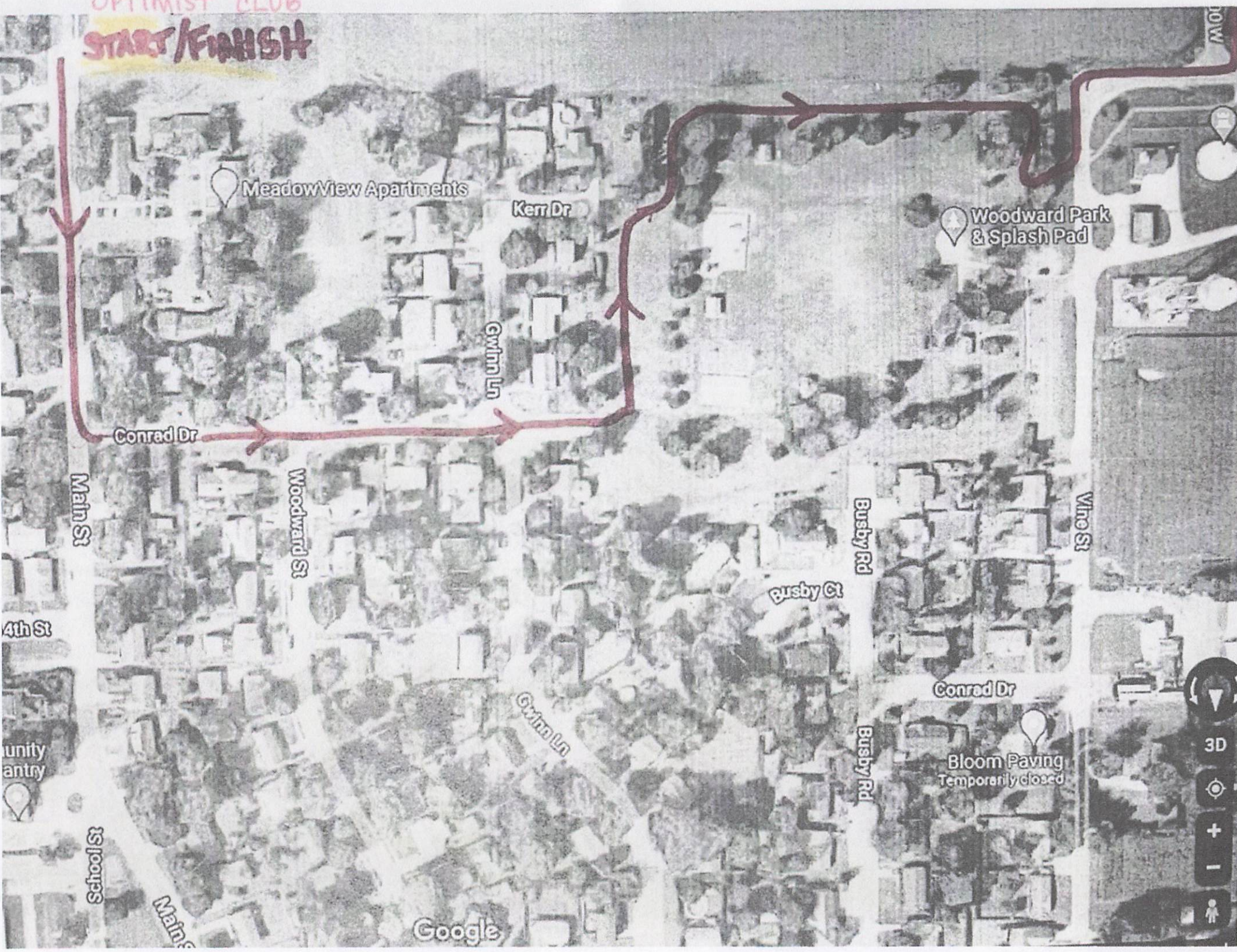
Proof of coverage Lapel Optimist Club building 1560 N. Main St. Lapel, Indiana	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Stephen Miller</i>
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OPTIMIST CLUB

START/FINISH



10 W

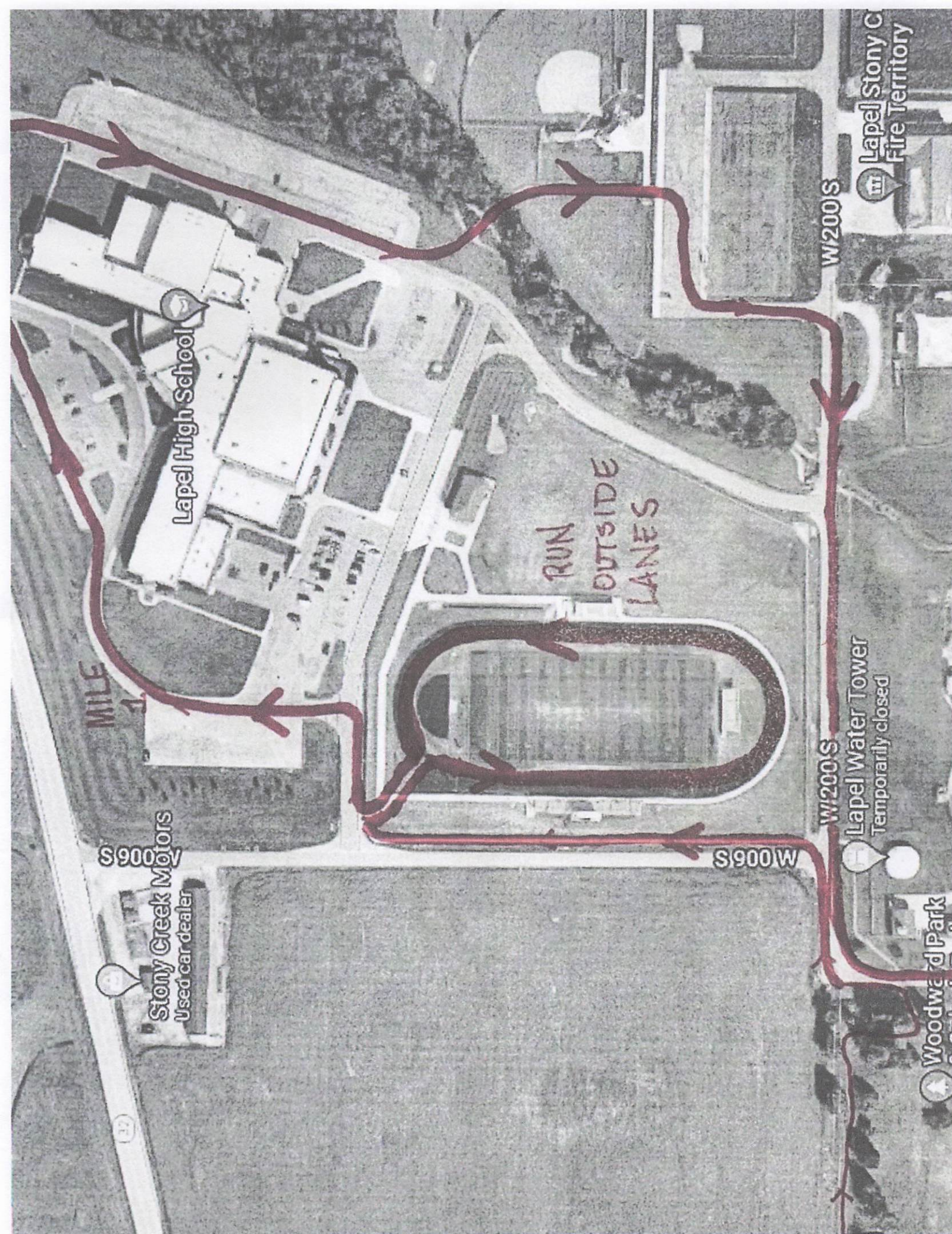
3D

+

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Person icon







# Lapel Optimist Club

32

S. 900 W.

CASCADDEN BLVD

W. 20

LAPEL WATER

WATER STATION

VINE ST.

11th St.

10th St.

9th St.

VINE ST.

JOHN ST.

7th St.

MAIN STREET

CONRAD ST.

MAIN STREET

Finish

START/FINISH

LAPEL OPTIMIST CLUB



DONATED BY:

WKC SIGNS

5K WALK/RUN



2000 10/10/2000 10/10/2000

12/14/97

