

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:	765-623-7870
Contact Name:	KAREN MULLET		

Event Information

Name of Event:	DAWG JOEY 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 + THRU 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

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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 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 Portabel Toilets:		
Portable Restroom Facility Provider:	N/A RESTROOMS AVAIL 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:	N/A		
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:

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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 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 \$_____.

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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: 5/29/25

Applicant Printed Name: KAREN MULLET

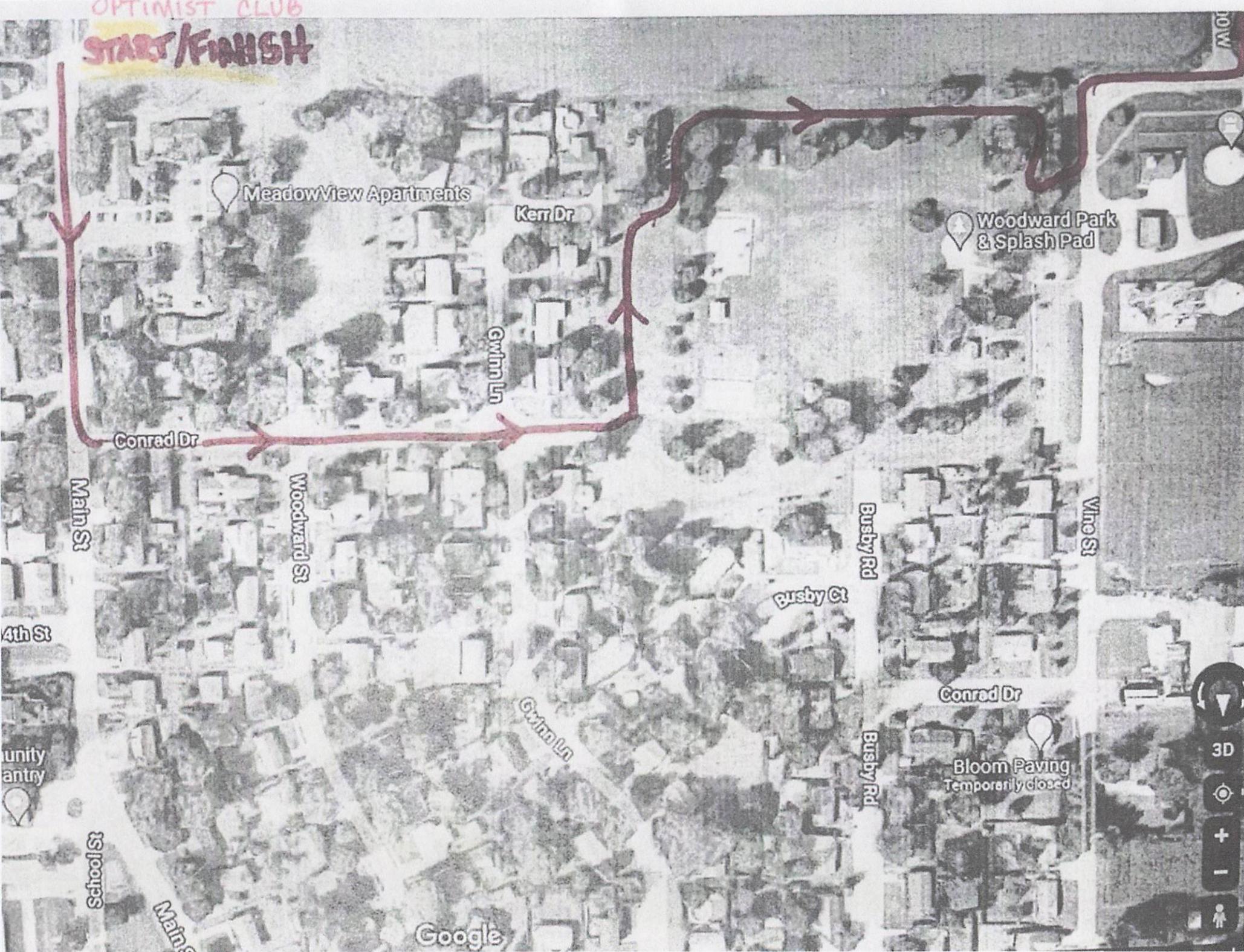
Town Council Approval | Town Council Denial

Town of Lapel Signature: | Date:

Large empty rectangular area for signatures and stamps.

OPTIMIST CLUB

START/FINISH



MeadowView Apartments

Kerr Dr

Woodward Park & Splash Pad

Gwynn Ln

Conrad Dr

Main St

Woodward St

Busby Rd

Wine St

Busby Ct

Gwynn Ln

Conrad Dr

Busby Rd

Bloom Paving
Temporarily closed

4th St

Community
Entry

School St

Main St

Google

3D

+

-

Person icon

10 W

Lapel Optimist Club

32

S. 900 W.

CASCADDEN BLVD

W. 20

WATER STATION
LAPEL WAT

VINE ST.

11th St.

10th St.

9th St.

VINE ST.

6th St.

JOHN ST.

7th St.

MAIN STREET

MAIN STREET

CONRAD ST.

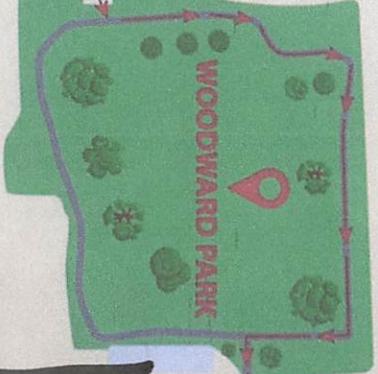
Gwinn Ln.

Woodward St.

Finish

START/FINISH

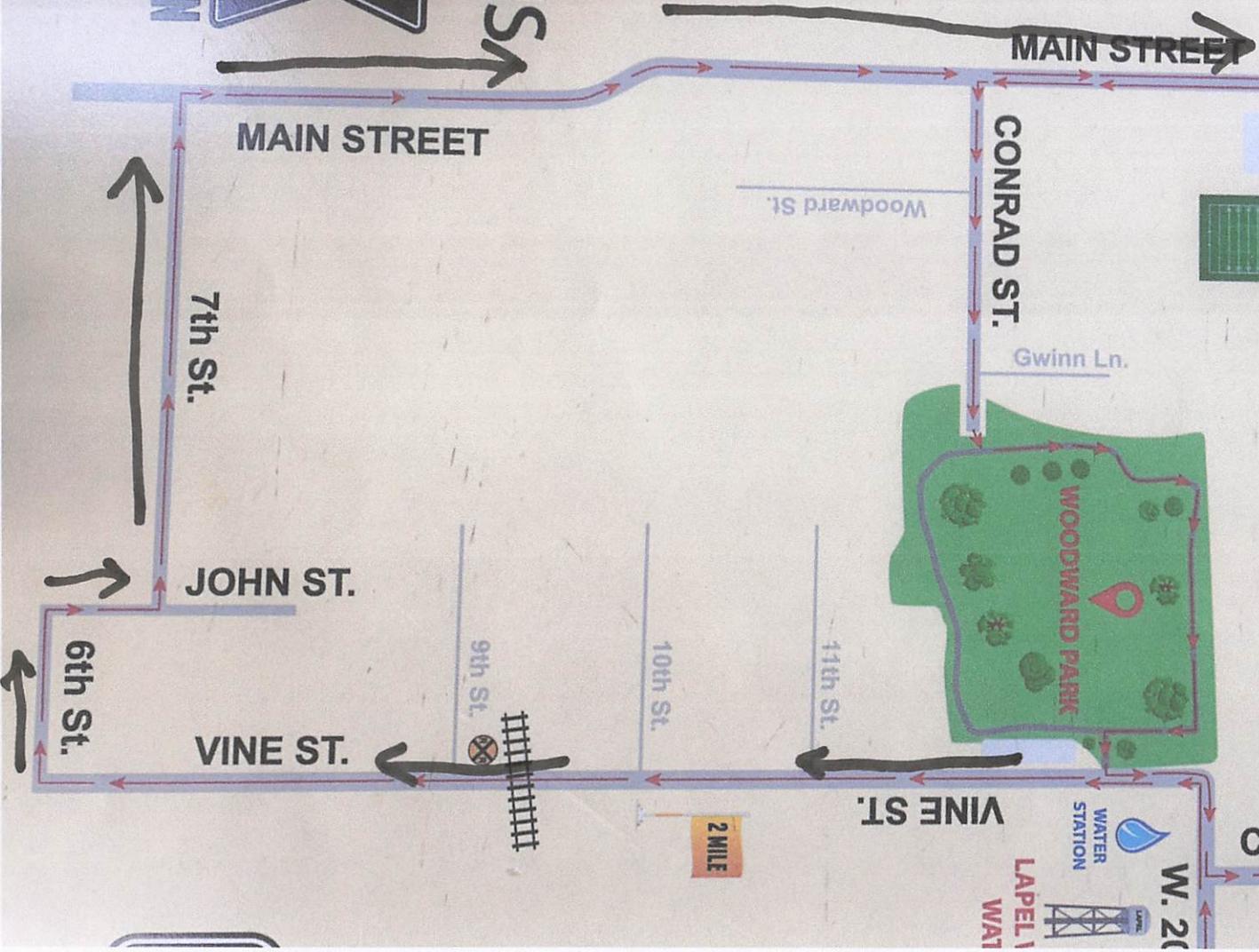
LAPEL OPTIMIST CLUB



DONATED BY:

WMC SIGNS

5K WALK/RUN



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