



## SPECIAL EVENT APPLICATION

☐ If this event is to be held on Park property, please check the box and the application will be forwarded to the Park Board for approval by the City of Wabash Parks Board.

Please note: Some events will also require a State Issued Amusement and Entertainment Permit (Contact Indiana Department of Homeland Security for Details; online application can be found at: [www.in.gov/dhs/2795.htm](http://www.in.gov/dhs/2795.htm)) Allow at least 4 weeks to obtain.

Name of Applicant Annual Suicide Awareness Walk

Contact Person Kim Shinninger & Julie Hobbs

Address Bowen Health & DCS at the Ymca

Phone 260-571-0071 - Kim Julie = 260-205-9437

E-mail Kimberly.shinninger@BowenHealth.org & Julie.Hobbs@DCS.IN.gov

Name of Planned Event Suicide Awareness Walk

Location of Planned Event\* YMCA - walk downtown on city sidewalks  
return to YMCA.

Name, address & Phone # for Event Contact (Event Contact must be at the event the ENTIRE time and can make decisions or take action in the event of a weather or other public safety emergency): see above -

Date of Planned Event Sept 27th 5:30pm to 8pm

Please describe the Event in detail: Walk for Suicide Awareness.

Start at YMCA:

WALK down Carroll street to market st

walk market st to Huntington St

walk Huntington St to canal st

walk canal st to Carroll street

all participants will be on sidewalks  
may need assistance at crossings during walk

walk  
Route

Name, location, date and time of any street or alley closings you are requesting:

Assistance crossing roads for walk

Reasons for street or alley closings to allow walkers  
to complete walk together

\*Maintenance Fee covers the following:

PLEASE NOTE: you are responsible

for setting up and taking down the barricades. Someone from your organization must remain at the street closing until all vendors, entertainment and other activities are safely removed from the street.

BARRICADES:

I will need: N/A Barricades – Location to be delivered: \_\_\_\_\_

From Date and time \_\_\_\_\_ to Date and time \_\_\_\_\_

If the Special Event is to include any vehicles, pedestrians, or other objects, hereinafter “participants”, crossing a railroad right-of-way, or if the event is to occur within 150 feet of a railroad right-of-way\*, the event is not finally approved until event coordinator has contacted Gretchen Tounds, Wabash Division Manager at 260-493-5355:

(i) In all cases covered by this subparagraph, the applicant must also certify that the event will not include the use of any device that sounds similar to the warning bells, horns, or other audible devices commonly used by railroad companies to warn others of an approaching train.

**\*The above ruling does not apply to events held at Paradise Spring Park.**

DO YOU, OR THE SPONSORING AGENCY, HAVE A GENERAL LIABILITY INSURANCE POLICY TO COVER THIS EVENT? Yes\* ☒ No

**\*If Yes, please provide Insurance Company, Policy Number, Agent and Phone Number below:**

Insurance Company \_\_\_\_\_

Agent \_\_\_\_\_

Policy Number \_\_\_\_\_ Agent Phone Number: \_\_\_\_\_

Will there be an admission fee? Yes No

The Planned Event Will Include the Following:

N/A

\_\_\_ VENDING OF ALCOHOLIC BEVERAGES\*

\_\_\_ CONSUMPTION OF ALCOHOLIC BEVERAGES\*

\_\_\_ DEMONSTRATIONS INVOLVING ALCOHOLIC BEVERAGES\*

**\* ALCOHOL IS PROHIBITED ON CITY OWNED PROPERTY WITHOUT SPECIAL EXCEPTION FROM THE BOARD OF WORKS AFTER APPEARING BEFORE THE BOARD. IF THIS APPLICATION IS APPROVED, YOU WILL BE REQUIRED TO PURCHASE LIQUOR LIABILITY INSURANCE.**

\_\_\_ Vending of Food and Beverage \*Contact Rich Molfield @Wabash County Health Dept. 260-563-0661, Ext. 1249

\_\_\_ Vending of Merchandise \_\_\_ Athletic Events \_\_\_ Machinery Demonstrations

\_\_\_ Interactive Attractions (animal displays, moonwalk, dunk tank, inflatables carnival rides, etc)

\_\_\_ Live Animals (Petting zoo, animal rides, animal displays, hayrides, etc.)

\_\_\_ Pyrotechnics

\_\_\_ Campfire, Gas Burners, Grills, or Other Open Flames

\_\_\_ Erection of Tents and canopies

\_\_\_ Fireworks

\_\_\_ Live Musical Entertainment

\_\_\_ Temporary stages including platforms, trailers, risers and bleachers

☒ Other (Explain) walk by participants

Does Your event involve:

Motor vehicles being escorted through: \_\_\_ the City \_\_\_ the County \_\_\_ Both NO

Route you will be taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Contact Information for the following:

**Indiana Department of Transportation (if your event closes Hwy 13, 15 or Business 24 for more than 3 hours:**

Contact: Linda Langston, Fort Wayne Office: 260-969-8255

**Wabash County Health Department:**

Contact: Rich Molfeld, Wabash County Health Officer – 260-563-0661 Ext. 1249

When your Application has been presented to the Board of Works, you will be notified by the Board Secretary of the status of the application.

**PLEASE RETURN FORM TO:**

**Office of the Mayor, 202 S Wabash St, Wabash, In 46992 260-563-4171**

This application has been reviewed and approved by the undersigned Department Heads:

\_\_\_\_\_  
Chief, Wabash Fire Dept  
Date: \_\_\_\_\_

\_\_\_\_\_  
Chief, Wabash Police Dept  
Date: \_\_\_\_\_

\_\_\_\_\_  
Street Commissioner  
Date: \_\_\_\_\_

\_\_\_\_\_  
Building Commissioner  
Date: \_\_\_\_\_

\_\_\_\_\_  
Wabash County Health Dept  
(required if food is served)\*  
Date: \_\_\_\_\_

\_\_\_\_\_  
Indiana Dept of Transp.\*  
If State Hwy is closed)  
Date: \_\_\_\_\_

\_\_\_\_\_  
Park Superintendent  
Date: \_\_\_\_\_

\_\_\_\_\_