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) Allow *at least* 4 weeks to obtain.

Name of Applicant Downtown Wabash Inc.

Contact Person Mikka Hunt

Address 189 S Miami

Phone 317 605 8519

E-mail mikka@downtownwabash.org

Name of Planned Event Costume Contest

Location of Planned Event* Tremont Parking Lot / Veterans Plaza

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): Mikka Hunt, 189 S. Miami 317 605 8519

Date of Planned Event October 25, 2025

Please describe the Event in detail: Costume Contest will be held for kids during downtown trick-or-treat extravaganza

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

Tremont Parking Lot on Market Street, 10-25-25, 4pm - 7pm

Reasons for street or alley closings to have car free and safe location for kids & families to be a part of costume contest

MIAMI STREET CLOSING:

If planned event includes closing down Miami Street between Market & Canal, a $100 Maintenance Fee* will be charged. Fee is due with the application. Make check payable to "The City of Wabash".

***Maintenance Fee covers the following:**

Posting of "No Parking" signs on Miami Street
Vehicle Removal to clear the street for your event
Restroom usage at Charley Creek Inn, Modoc's Market and Chapmans
Barricades provided for blocking the street off. **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: ____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 Inguard

Agent Kristin Champ

Policy Number EPP0070508 Agent Phone Number: 260 274 6150

Will there be an admission fee? ____ Yes ✓ No

The Planned Event Will Include the Following:

____ **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)

Does Your event involve:

Motor vehicles being escorted through: ____the City ____the County ____Both

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:_____

_____