



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 Kim Osborne

Contact Person Kim Osborne

Address 4885 S. 300 E. WABASH, IN 46992

Phone 260-571-4670

E-mail Pizzalady08@yahoo.com

Name of Planned Event Bill Osborne Memorial Cruise-IN

Location of Planned Event* The Gables

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): Same as above

Date of Planned Event Sept. 12, 2025

Please describe the Event in detail: Classic Cars & Trucks
& Motorcycle to show.

Parking Lot Across from Reynolds-Casal St.

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

Bill Memorial Cruise-TN Sept. 12, 2025 4 p.m - 9 p.m

Reasons for street or alley closings Cruise-TN

*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: Barricades - Location to be delivered: @ Gables the ACROSS FROM Reynolds

From Date and time Sept. 12 2:00 PM to Date and time Sept. 12 @ 9:00

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:

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: _____
