

**SPECIAL EVENT - PUBLIC PROPERTY  
USER APPLICATION & AGREEMENT**

**DIRECTIONS**



Do not use for  
contractor  
vehicle permit

**Step One:**

- If this request involves closing a street  
Contact Lafayette Police - Traffic Division / 765-807-1293
- If this request involves renting the Big Four Depot - Community Room  
Contact Lafayette Parks Department for availability / 765-807-1500

**Step Two:**

- Complete and submit this application to Lafayette Engineering Department  
City Hall, 2<sup>nd</sup> floor, 20 N 6<sup>th</sup> Street, Lafayette, IN / 765-807-1050

**User Information**

Date of Function: June 21, 2018 Time: From: 6am am/pm to: 8pm am/pm  
 Name: Anita Trent Organization: Be Moved Power Yoga  
 Street Address: 3451 Wyndham Way Suite B  
 City: West Lafayette State: IN Zip Code: 47906  
 Contact person(s): Anita Trent Phone Number(s): 4908877  
 Email: anita@be-moved-power-yoga.com  
 Event Description: yoga on the bridge  
 Caterer: none Caterer's Phone Number: none

**This event will utilize the following venues (check all that apply):**

- Big 4 Depot - Community Room     Riehle Plaza     John T. Myers Bridge  
 City Right-of-way     City Street     Sidewalk     Other \_\_\_\_\_

**This event will include the following elements (check all that apply):**

Anticipated Attendance: 500 throughout the day / 100 at one time

- Street/Sidewalk/Right-of-way restriction or closure     Food or Beverages  
 Restroom Facilities (required for events 4+ hours)     Tents/Canopies  
 Alcohol (security is required)     Security (required when serving alcohol)

**Not sure if you need an A&E Permit? Go to:**

Amusement & Entertainment Permit # \_\_\_\_\_ <http://www.in.gov/dhs/2795.htm>

- Stage     Fireworks     Outdoor cooker/grill     Other \_\_\_\_\_

**Optional Equipment & Services:**

Traffic Control: barricades, **No Parking** signs, \$25

**Timetable (Minimum # of days. Advanced planning is encouraged; sequence remains the same)**

	0	7 days	14 days	21 days	42 days		
	Pre-planning		Notices	Event Preparation			Event
Begin	1st week	2nd week	3rd week	4th week	5th week	6th week	
	First contact	Submit Application Pre-event Meeting	Contact Neighbors prior to Board of Works Hearing	Board of Works Public Hearing & Approval			Date of Event

**Application submittal checklist**

- Application
- Pre-event meeting (if required)
- Good Neighbor letter to neighboring properties (send out prior to Board of Works hearing)
- Letter of request to Board of Works (omit if only using Big Four Depot community room)
- Receipt – payment made to City of Lafayette or Lafayette Parks Department
  - Damage Deposit: \$ \_\_\_\_\_ (required only when renting Depot)
  - Permit Fee: \$ 05 (fee waived when renting Depot)
  - Rental Fee: \$ \_\_\_\_\_
  - Equipment & Services: \$ \_\_\_\_\_ (optional)
- Certificate of Insurance
- Amusement & Entertainment Permit # \_\_\_\_\_  
 Not sure if you need an A&E Permit? Want more information? Go to:  
<http://www.in.gov/dhs/2795.htm> and see definition of A&E Permit in **Rule and Regulations** instructions found at the same link as the **Special Event Application**
- Traffic Control / Public Safety / Emergency Plan
- User Agreement
- Board of Public Works and Safety meeting (if required)

**USER AGREEMENT:**

**INDEMNIFICATION AND RELEASE.** In consideration of being permitted the use of the venue(s) indicated above on this document (the "Property"), which Property is owned by the City of Lafayette, User as indicated below, for User and User's legal representatives, successors, and assigns, hereby releases waives and discharges the City of Lafayette, its officers, departments and employees and of them (herein collectively, "City") from all liability to User and User's officers, members, legal representatives, successors, invitees and assigns (herein collectively "User") from any and all loss or damage, and any claim of damages resulting therefore, on account of injury to persons or property arising out of possession or use of the Property, whether caused by the negligence of City, or any of them, or otherwise, resulting during the time the User is entitled to occupy and use the Property. User shall exercise the privileges under this Agreement at User's own risk, and irrespective of any negligence of City, User shall indemnify and hold City harmless from any and all liability for all damages, costs, losses and expenses resulting from, arising out of, or in any way connected with User's use and possession of the Property, including attorney fees incurred by City in defending any action arising out of User's possession or use of the Property, whether caused by negligence of the City, or any of them, or otherwise. City shall not be liable to User for any reason whatever User's occupation or use of the Property shall be hindered or disturbed. User agrees that User has made inspection of the Property and is not relying upon any representations of City or any of them as to the condition of state of repair of the Property or to its suitability for any particular purpose. This release, waiver, and indemnification is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I have read the above Indemnification and Release and the Policy and Rules governing the use of any public property, city street, sidewalk or public property within the city's right-of-way, the James F. Riehle Plaza, Big Four Community Room, and John T. Myers Main Street Pedestrian Bridge. I agree on my own behalf, and on behalf of the group or organization I am authorized to represent, to such Indemnification and Release and to follow such Rules and Regulations which are incorporated and made a part of this user agreement.

"Lafayette Board of Works"

By: \_\_\_\_\_

"User"

By: Anita F. Trent  
Signature

Printed: Anita F. Trent

Date: April 20, 2018



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/02/2018

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> HARRELL & KLINE INSURANCE 2826 THEATER AVE HUNTINGTON, IN 46750	<b>CONTACT NAME:</b> ROBERT W. GONSER <b>PHONE (A/C, No, Ext):</b> 260-358-1792 <b>E-MAIL ADDRESS:</b> rwgonser@harrellfin.com	<b>FAX (A/C, No):</b> 260-358-1795
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> BE MOVED POWER YOGA, LLC 3451 WYNDHAM WAY STE C WEST LAFAYETTE, IN 47906-5508	<b>INSURER A:</b> WEST BEND MUTUAL INSURANCE	
	<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 SUBR (NSD) (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 type="checkbox"/> LOC OTHER:		A237495 01	02/01/2018	02/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)  
  
INCLUDES ALL YOGA ACTIVITY

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> Robert W. Gonser

MISCELLANEOUS PAYMENT RECPT#: 911449  
City of Lafayette, IN  
20 N 6th St  
Lafayette IN 47901

DATE: 04/30/18            TIME: 12:08  
CLERK: sscott            DEPT:  
CUSTOMER#: 999  
MISC CUSTOMER  
COMMENT:

CHARGES:  
APG1 APPLICATION FEE            25.00  
AMOUNT PAID:            25.00

PAID BY:            B MOVED POWER YOGA  
PAYMENT METH: CREDIT CARD  
                  V 9481 1021

REFERENCE:

AMT TENDERED:            25.00  
AMT APPLIED:            25.00  
CHANGE:                    .00