



# Board of Public Works and Safety

## Agenda Item

### Cover Sheet

---

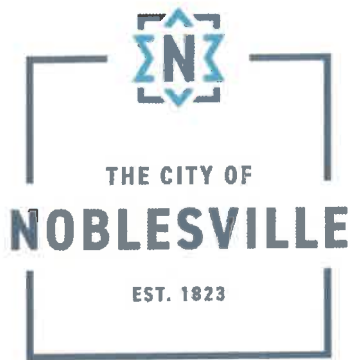
**MEETING DATE:** April 9, 2024

- ☒ Consent Agenda Item
- ☐ New Item for Discussion
- ☐ Previously Discussed Item
- ☐ Miscellaneous

**ITEM #:** 4

**INITIATED BY:** René Gulley

- ☒ Information Attached
- ☐ Bring Paperwork from Previous Meeting
- ☐ Verbal
- ☐ No Paperwork at Time of Packets



**TO:** Noblesville Board of Public Works and Safety  
**FROM:** René Gulley, Operations Manager Street Department  
**SUBJECT:** Board to consider alley activation for 9<sup>th</sup> Street Bistro private event  
**DATE:** April 9, 2024

---

Attached you will find a request from 9<sup>th</sup> Street Bistro to close a portion of the alley, north of 56 S 9<sup>th</sup> Street, to host a private event for a birthday celebration on June 30<sup>th</sup> from 2:30pm until 11:30pm. They will place cocktail tables and a 10x10 pop-up tent within the alley.

**The committee recommends the Board of Public Works approve this alley activation.**



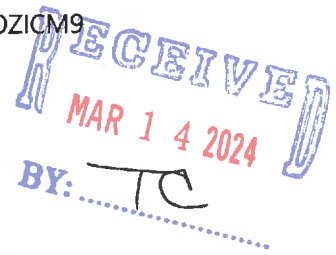
Tiana Chamberlin

ENCN-0250-2024

Fee: \_\_\_\_\_

Paid: \_\_\_\_\_

**From:** Sent on Behalf of Street Department <no-reply@egovnotices.com>  
**Sent:** Thursday, March 14, 2024 2:51 PM  
**To:** Street Department  
**Subject:** Special Event Encroachment Permit Submitted - Receipt #2024-OZICM9



A citizen submitted the following information for one or more item(s) for which you are on the notification list. The information sent to the citizen is as follows.

## Confirmation

Thank you for submitting an online Special Event Encroachment Permit. You will be contacted following a review of this application.

*\*This is required as part of the permit application.\* Please email [nsd@noblesville.in.us](mailto:nsd@noblesville.in.us) with a map detailing the location of event (site map), and an event agenda or planned activities. If your event contains a program of various locations, your proposed route must also be attached.*

**Confirmation:** I agree to the terms and conditions listed above.

## ENCROACHMENT LOCATION INFORMATION

**Address or Special Event Location:** 56 S 9th Street, Noblesville, IN 46060

## APPLICANT CONTACT INFORMATION

**Organization Name:** 9th Street Bistro  
**Contact Name:** Rachel Firestone  
**Address:** 56 S 9th Street, Noblesville, IN 46060  
**Phone Number:** 765-491-7153  
**Email:** [rachel@9thstbistro.com](mailto:rachel@9thstbistro.com)  
**Non-Profit:** No

## EVENT LOGISTICS

**Event Name:** Private Party - 70th Birthday Celebration  
**Type of Event:** Other  
**If other, please explain:** Birthday Party  
**What is the purpose of the event?:** Open house style birthday celebration  
**Event Requirements (Click All That Apply):** Event Barricades  
**Event Starting Date & Time:** 06/30/2024 at 04:30:00 PM  
**Event Ending Date & Time:** 06/30/2024 at 10:30:00 PM  
**Setup Date & Time:** 06/30/2024 at 02:30:00 PM

**Tear Down Date & Time:** 06/30/2024 at 11:30:00 PM

**Total number of anticipated participants (including volunteers, spectators, runners, etc):**  
50

**Is this a first time event for you or the sponsoring organization at this location?:** No

**Do you plan to erect temporary structures such as stages, tents, booths, tables, bounce houses, etc for this event?:** Yes

**\*If yes, please describe::** high-top cocktail tables and small 10x10 pop up tent

To stay up to date you can view the status of this item [here](#).

[Noblesville, IN](#)

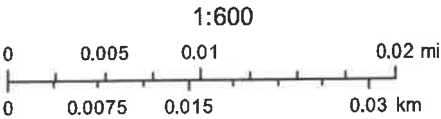
# 9th St Bistro - Private Event



3/15/2024, 2:26:53 PM

centerlines

Parcels





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/15/2024

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>		<b>CONTACT</b>	
Martin & Martin Insurance Agency		NAME: Jenna Romens	
62 S 9th Street		PHONE	FAX
		(A/C, No, Ext):	(A/C, No): (317)703-1115
		E-MAIL	
		ADDRESS:	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		NAIC #	
Noblesville IN 46060		INSURER A: ERIE INS EXCH 26271	
		INSURER B: ERIE INS EXCH 26271	
		INSURER C: ERIE INS EXCH 26271	
		INSURER D:	
		INSURER E:	
		INSURER F:	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y	Q97-2240264	01/01/2024	01/01/2025	EACH OCCURRENCE \$ 1000000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1000000
						MED EXP (Any one person) \$ 5000
						PERSONAL & ADV INJURY \$ 1000000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2000000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2000000
	OTHER:					\$
B	<b>AUTOMOBILE LIABILITY</b>		Q09-1031149	09/10/2023	09/10/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
						\$
	<b>UMBRELLA LIAB</b>					EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
						\$
	DED RETENTION \$					
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A	Q85-0109413	01/01/2024	01/01/2025	PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 100000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 100000
						E.L. DISEASE - POLICY LIMIT \$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

City Of Noblesville 16 South 10th Street  Noblesville IN 46060	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

Fax: ACORD 25 (2016/03)

Email:

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD