



# Board of Public Works and Safety

## Agenda Item

### Cover Sheet

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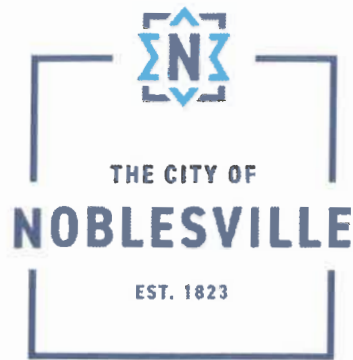
**MEETING DATE:** May 27, 2025

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

**ITEM #:** 3

**INITIATED BY:** René Gulley

- ☒ Information Attached
- ☐ 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 Annual Magic of the Square 2025

DATE: May 27, 2025

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Attached you will find a request from Kate Baker of Noblesville Main Street for their annual Magic of the Square event on Friday, June 20th. They are requesting to close N 9th Street from Logan Street to Conner Street from 1:00PM to 9:00PM and will have tents in the street for vendors. They are also requesting to activate the North Alley and the East Alley for activities.

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



Tiana Chamberlin

ENC-0390-2025

**From:** Sent on Behalf of Street Department <no-reply@egovnotices.com>  
**Sent:** Wednesday, April 23, 2025 11:54 AM  
**To:** Street Department  
**Subject:** Special Event Encroachment Permit Submitted - Receipt #2025-EWCZ3P

EXTERNAL EMAIL - This email was sent by a person from outside your organization. Exercise caution when clicking links, opening attachments or taking further action, before validating its authenticity.



RECEIVED  
APR 23 2025  
BY: .....

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.gov](mailto:nsd@noblesville.in.gov) 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:** Downtown Noblesville (9th Street between Conner & Logan, all Alleys: North, East, South)

## APPLICANT CONTACT INFORMATION

**Organization Name:** Noblesville Main Street  
**Contact Name:** Kate Baker  
**Address:** 839 Conner Street, Noblesville, IN 46060  
**Phone Number:** 310-570-6071  
**Email:** [kate@noblesvillemainstreet.org](mailto:kate@noblesvillemainstreet.org)  
**Non-Profit:** Yes

## EVENT LOGISTICS

**Event Name:** Magic of the Square  
**Type of Event:** Block Party  
**If other, please explain:**

**What is the purpose of the event?:** Annual Magic of the Square invites guests into our downtown district for community engagement and the promotion of our historic square and our local businesses.

**Event Requirements (Click All That Apply):** Event Barricades; Trash Pickup

**Event Starting Date & Time:** 06/20/2025 at 04:00:00 PM

**Event Ending Date & Time:** 06/20/2025 at 08:00:00 PM

**Setup Date & Time:** 06/20/2025 at 01:00:00 PM

**Tear Down Date & Time:** 06/20/2025 at 09:00:00 PM

**Total number of anticipated participants (including volunteers, spectators, runners, etc):**  
2000

**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::** Tents, booths, and festival activities will take place on 9th street and in the alleys (no tents in the alleys!).

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

[Noblesville, IN](#)



Magic of the Square  
Noblesville Main Street  
June 20, 2025  
(Programming for June  
21 tentative)

N 8th St

Train Stop

Event Programming

Syd's Fine Food  
and Spirits  
Grill • \$

Alexander's  
the Square  
Ice Cream • \$

Mikayla Miller Esthetics

Grindstone Public House  
Benchmark Studio

N 10th St

Logan St

Logan St

Logan St

Event Programming

Event  
Programming

Event  
Programming

Hamilton County Courts

Hamilton County  
Courthouse

Hamilton  
H

N 8th St

N 10th St

Two Chicks District Co  
Home goods store

Noble Coffee &  
Tea Company

Sies Place  
Bkfast • \$

Moonshot Games

Event Programming

Ristorante Italiano  
Italian • \$

Subway  
Sandwiches

Bica Cafe

Huntington Bank

W. Stevens CPA

Uptown Cafe

Yeager Office Suites  
of Noblesville

Certified Nails

S 6th St

S 6



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/15/2024

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> Martin & Martin Insurance Agency 62 S 9th Street  Noblesville IN 46060		<b>CONTACT NAME:</b> Christine Martin <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL</b> <b>ADDRESS:</b>	<b>FAX</b> (A/C, No): (317)703-1115
<b>INSURED</b>  Noblesville Main Street Inc. 839 Conner Street  Noblesville IN 46060		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> ERIE INS EXCH NAIC # 26271 <b>INSURER B:</b> ERIE INS EXCH 26271 <b>INSURER C:</b> Erie Insurance Group 35585 <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 INSD Y/N	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> hired & non-owned liability  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	Q43-0155851	07/01/2024 07/01/2025	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1000000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 \$
	<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) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED RETENTION \$ 0	N	N	Q31-0172890	07/01/2024 07/01/2025	EACH OCCURRENCE \$ 1000000 AGGREGATE \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	N	Q91-5102239	07/01/2024 07/01/2025 <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000

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

certificate holder is additional insured

**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 
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Fax:

Email:

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ACORD 25 (2016/03)

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