



Board of Public Works and Safety

Agenda Item

Cover Sheet

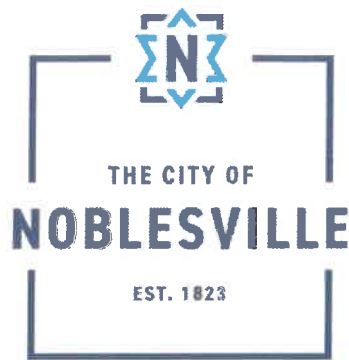
MEETING DATE: April 29, 2025

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

ITEM #: 5

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 Memorial Day Commemoration 2025

DATE: April 29, 2025

Attached you will find a request from Gilberto Soria Jr. on behalf of the American Legion Post 45 to close N 8th Street between Logan Street and Conner Street for their annual Memorial Day ceremony on Monday, May 26th. N 8th Street will be closed from 9:30AM until 12:30PM.

The committee recommends the Board of Public Works approve this road closure.



Tiana Chamberlin

ENCR-0096-2025

From: Sent on Behalf of Street Department <no-reply@egovnotices.com>
Sent: Tuesday, April 1, 2025 9:49 AM
To: Street Department
Subject: Special Event Encroachment Permit Submitted - Receipt #2025-0MHXNX

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.



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 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: Veterans Memorial on Noblesville Square

APPLICANT CONTACT INFORMATION

Organization Name: Frank Huntzinger American Legion Post 45
Contact Name: Gilberto Soria Jr
Address: 273 S 8th Street, Noblesville, IN 46060
Phone Number: 585-466-1285
Email: huntzingerpost45@yahoo.com
Non-Profit: Yes

EVENT LOGISTICS

Event Name: Memorial Day Ceremony
Type of Event: Other
If other, please explain: Memorial Day Cerermony
What is the purpose of the event?: To honor and remember the men and women who gave their

lives in military service to our country.

Event Requirements (Click All That Apply): Traffic Control/Security; Event Barricades

Event Starting Date & Time: 05/26/2025 at 11:00:00 AM

Event Ending Date & Time: 05/26/2025 at 12:30:00 PM

Setup Date & Time: 05/26/2025 at 09:30:00 AM

Tear Down Date & Time: 05/26/2025 at 01:00:00 PM

Total number of anticipated participants (including volunteers, spectators, runners, etc):
75

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?: No

***If yes, please describe::**

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

[Noblesville, IN](#)

SPECIAL EVENT ENCROACHMENT PERMIT

VFW POST 6246 AND/OR AMERICAN LEGION POST 45

MEMORIAL DAY AND VETERANS DAY

HAMILTON COUNTY COURTHOUSE

8TH STREET

**SHERIFF'S
RESIDENCE**

**VETERANS
MEMORIAL**

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**WE ARE REQUESTING EVENT BARRICADES
ON 8TH ST AND CONNER ST
AND 8TH ST AND LOGAN ST
FROM 10:00 AM UNTIL 12:30 PM
THE RED LINES DENOTE THE EVENT BARRICADES**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/31/2024

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).

PRODUCER GATEWAY CITY INSURORS LLC d/b/a GATEWAY INSURANCE 9302 GRAVOIS RD ST LOUIS MO 63123		CONTACT NAME: BRAD BEINEKE PHONE (A/C, No, Ext): 314-631-5111 E-MAIL: brad@gatewaycanhelp.com FAX (A/C, No): 314-631-5115 ADDRESS:	
INSURED FRANK HUNTZINGER AMERICAN LEGION POST #45 273 S 8TH ST NOBLESVILLE IN 46060		INSURER(S) AFFORDING COVERAGE INSURER A: U.S. INSURANCE COMPANY OF AMERICA INSURER B: MARKEL INSURANCE COMPANY INSURER C: INSURER D: INSURER E: INSURER F:	

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 INSD	SUBR 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		US-2020-44	08/31/2024	08/31/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			NO COVERAGE			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$			NO COVERAGE			EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	MW00173219	08/31/2024	08/31/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	LIQUOR LIABILITY @ 273 S 8TH ST NOBLESVILLE IN 46060	X		US-2020-44	08/31/2024	08/31/2025	EA OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000

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

Memorial Day Ceremony Monday, May 26, 2025

CERTIFICATE HOLDER**CANCELLATION**

City of Noblesville 16 S 10th St 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 Brad W. Beineke
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