



Board of Public Works and Safety

Agenda Item

Cover Sheet

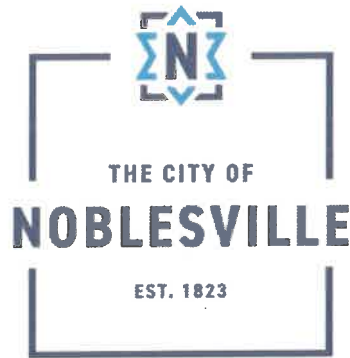
MEETING DATE: April 29, 2025

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

ITEM #: 2

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 VIPP – Peonies in the Park 2025

DATE: April 29, 2025

Attached you will find a request from Kelly McVey with the Indiana Peony Festival. The annual Peonies in the Park VIPP Event will be held on Friday, May 16th from 6pm to 9pm at Seminary Park. This is a fundraising event for approximately 300 VIP ticket holders. Set up will begin at 9am will stay up through the Indiana Peony Festival the following day. They will have tents and tables set up in the park for vendors, including food and alcohol vendors, and there may be a stage set up for live music.

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



Application- Special Event Encroachment Permit

1. ENCROACHMENT LOCATION INFORMATION

Address or Location of Special Event: Seminary Park - 350 S 10th Street

All Events: A map detailing placement of event (site map) will be required for all events. If your event contains a program of various locations, your proposed route must also be attached to this application.

2. APPLICANT CONTACT INFORMATION

Organization: Indiana Peony Festival Inc. Contact Name: Kelly McVey
Address: 7161 Oakview Circle City: Noblesville State: IN Zip: 46062
Phone: 317-903-9555 Email: ipfkelly@gmail.com Non-Profit: Yes ☒ No ☐

3. EVENT LOGISTICS

Name of Event: Peonies in the Park - VIPP event

Type of Event: Concert ☐ Entertainment ☐ Environmental ☐ Block Party ☐
Cultural ☐ Sports ☐ Walk/Run/Fitness ☐ Reunion ☐
Fundraiser ☒ Other (please explain) _____

What is the purpose of the event? (Please explain and attach a detailed copy of your agenda or planned activities)

Event takes place from 6pm to 9pm, Security will be there through the night and festival is the next day
music, cocktails, a few tents, tables chairs etc. Preparation will begin at 9 am

Event Requirements: Traffic Control/Security ☐ EMS Presence ☐ Event Barricades ☐
Trash Pickup ☒ Park Facilities* ☐

Requested date/time for event:

Starting Date: May 16 Ending Date: May 16 Start Time: 6 pm End Time: 9 pm
Set-up Date/Time: 9 am Tear Down Date/Time: _____ It will stay up through festival day - security will be there

Total number of anticipated participants (including volunteers, spectators, runners, etc): 300 people

Is this a first time event for you or the sponsoring organization at this location? Yes ☐ No ☒

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

Yes ☒ No ☐ If yes, please describe: tents, booths, tables and chairs

Based upon size, location, and nature of your event you may require additional City resources. These resources will be assessed and required by various City personnel and the cost will be reflected in your permit fee. For more information on fees for special events click here.

See reverse side for terms and conditions of approval

*Requires an additional application/permit

THE APPLICANT IS RESPONSIBLE FOR ENSURING THAT THE FOLLOWING REGULATIONS ARE MET AT ALL TIMES. FAILURE TO MEET ANY OF THE FOLLOWING WILL RESULT IN THE DENIAL OR REVOCATION OF THIS PERMIT AND POSSIBLE ENFORCEMENT ACTION BEING TAKEN AS OUTLINED BY THE CITY OF NOBLESVILLE CODE OF ORDINANCES.

1. Encroachment permits are required for any obstruction, use, or activity within a public right-of-way or city easement.
2. The undersigned shall notify the Designated Department(s) a minimum of 14 days prior to the time the activity is to take place in order to assure the existence of available resources.
3. In cases where the activities authorized by the permit will interfere with traffic flow on streets, the application will be assessed by the Noblesville Police Department, Noblesville Fire Department, and the Noblesville Street Department to determine number of necessary City personnel and/or equipment and a fee will be assigned based on number of persons/equipment and the total number of hours for the event.
4. The applicant shall hold harmless and indemnify the City of Noblesville from, for and against any claim of any person in tort, contract, or otherwise arising out of the act or omissions of the applicant, their agents, representatives, participants, etc.
5. Any applications for encroachments under this section must include a site plan that details specifically the number and location of encroachments. Site plans should also include identification of uses on each section of their location or route.
6. All applications must be approved by the Board of Public Works and Safety and may be subject to conditions set out by the Board, and are not eligible for an administrative approval.
7. All applicants shall be required to submit to the Designated Department proof of insurance for general liability within the (10) business days that states that the City of Noblesville, Indiana is listed as an additional co-insured. The minimum insurance requirement shall be \$1,000,000 per occurrence, \$300,000 per person, and \$50,000 for legal unless the Board of Public Works and Safety decides to reduce or increase the amounts.

DATE

SIGNATURE OF APPLICANT

NAME OF APPLICANT (PRINTED)

SUBSCRIBED AND SWORN to me, a Notary Public in and for said County and State, this _____

Day of _____, 20_____.

My Commission Expires:

Printed: _____

NOTARY PUBLIC

A resident of _____ County, IN.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/17/2025

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 Martin & Martin Insurance Agency 62 S 9th Street Noblesville IN 46060		CONTACT NAME: Jenna Romens PHONE (A/C, No, Ext): E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : ERIE INS CO INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		FAX (A/C, No): (317)703-1115 NAIC # 26263
INSURED Indiana Peony Festival Inc 7161 Oakview Circle Noblesville IN 46062				

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 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:	Y	Q61-0151002	12/01/2024	12/01/2025	EACH OCCURRENCE \$ 1000000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1000000					
	MED EXP (Any one person) \$ 5000					
	PERSONAL & ADV INJURY \$ 1000000					
	<input type="checkbox"/> AUTOMOBILE LIABILITY <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					GENERAL AGGREGATE \$ 2000000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					PRODUCTS - COMP/OP AGG \$ 2000000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A				COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
						EACH OCCURRENCE \$
						AGGREGATE \$
						\$
						PER STATUTE 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)

CERTIFICATE HOLDER**CANCELLATION**

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

City Of Noblesville
16 South 10th Street

Noblesville

IN 46060

Fax: Email:

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ACORD 25 (2016/03)

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