



# Board of Public Works and Safety

## Agenda Item

## Cover Sheet

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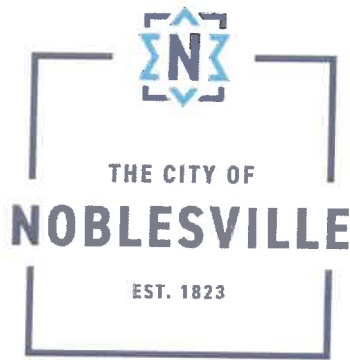
**MEETING DATE:** February 27, 2024

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

**ITEM #:** 12

**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 Noblesville Arts Community Eclipse Celebration  
**DATE:** February 13, 2024

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Noblesville Creates is requesting to activate all three pedestrian alleys for an event called Noblesville Arts Community Eclipse Celebration which will be held on Sunday, April 7<sup>th</sup> from 7 am to 6 pm. The alleys will be used for potential activities and performances. Vendors will have popup tents on the Courthouse lawn. Should the vendor participation exceed the space, they are requesting to extend down Maple Street but are not requesting any road closures.

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

Tiana Chamberlin

ENCN-0020-2024

**From:** Sent on Behalf of Street Department <no-reply@egovnotices.com>  
**Sent:** Wednesday, January 10, 2024 2:51 PM  
**To:** Street Department  
**Subject:** Special Event Encroachment Permit Submitted - Receipt #2024-BHLIGM



RECEIVED  
JAN 11 2024  
BY: TC

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:** North, South, East Alleys & courthouse square

## APPLICANT CONTACT INFORMATION

**Organization Name:** Noblesville Creates  
**Contact Name:** Ailithir McGill  
**Address:** 107 S. 8th Street, Noblesville, IN 46060  
**Phone Number:** 317-340-0351  
**Email:** [amcgill@noblesvillecreates.org](mailto:amcgill@noblesvillecreates.org)  
**Non-Profit:** Yes

## EVENT LOGISTICS

**Event Name:** Noblesville Arts Community Eclipse Celebration

**Type of Event:** Cultural

**If other, please explain:**

**What is the purpose of the event?:** To celebrate the 2024 Eclipse with arts & entertainment! We are currently planning to use the courthouse square (application to county in process) and alleys. If we have enough participation from local arts groups, we might also extend down Maple Street, but are not requesting a closure of Maple Street at this time. Our goal is to coordinate these activities with Aaron Head, Parks, and Main Street to make sure that we're all on the same page and that all

Noblesville Eclipse events are connected!

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

**Event Starting Date & Time:** 04/07/2024 at 07:10:00 AM

**Event Ending Date & Time:** 04/07/2024 at 04:00:00 PM

**Setup Date & Time:** 04/07/2024 at 08:00:00 AM

**Tear Down Date & Time:** 04/07/2024 at 06:00:00 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::** We will allow vendors to erect 10x10 booths on the courthouse square (weights only - no stakes). It is possible that we'll have a small stage and/or canopy in one or more alleys for performers, but our goal is to keep this as simple as possible.

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

[Noblesville, IN](#)

Syd's Fine Food and Spirits Grill • \$

Alexander's On The Square Ice Cream • \$

Possible Interactive Activity

Benchmark

Logan St

Logan

15-30 artist & organization vendors

Noble Coffee & Tea Company

Rosie's Place Breakfast • \$\$

N 8th St

Noblesville Square Shopping mall

Moonshot Games Game store

Possible Music Performer Matteo's Ristorante Italiano Italian • \$\$

Hamilton County Historical

Church, Church, Hittle & Antrim

Possible Interactive Activity

Uptown Cafe

Bica Café

Elks Lodge #576-Noblesville, Indiana

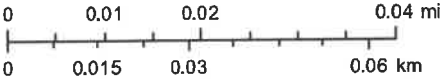
Huntington

# Noblesville Art Community Eclipse Celebration



1/16/2024, 1:55:09 PM

1:1,200



- centerlines
- Parcels



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/22/2024

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 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> SHEPHERD INSURANCE LLC/PHS 36212003 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (866) 467-8730 FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC#
<b>INSURED</b> NICKEL PLATE ARTS INC 107 S 8TH ST NOBLESVILLE IN 46060-2608	INSURER A : Twin City Fire Insurance Company 29459 INSURER B : 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS				
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X		36 SBA IB8700	01/01/2024	01/01/2025	EACH OCCURRENCE	\$1,000,000			
			DAMAGE TO RENTED PREMISES (Ea occurrence)				\$1,000,000				
			MED EXP (Any one person)				\$10,000				
							PERSONAL & ADV INJURY	\$1,000,000			
							GENERAL AGGREGATE	\$2,000,000			
							PRODUCTS - COMP/OP AGG	\$2,000,000			
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			36 SBA IB8700	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
										BODILY INJURY (Per person)	
										BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			36 SBA IB8700	01/01/2024	01/01/2025	EACH OCCURRENCE	\$1,000,000			
										AGGREGATE	\$1,000,000
A	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 <input type="checkbox"/>	N/A				PER STATUTE	OT-HER			
							E.L. EACH ACCIDENT				
							E.L. DISEASE -EA EMPLOYEE				
							E.L. DISEASE - POLICY LIMIT				
A	EMPLOYMENT PRACTICES LIABILITY			36 SBA IB8700	01/01/2024	01/01/2025	Each Claim Limit	\$10,000			
							Aggregate Limit	\$10,000			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

**CERTIFICATE HOLDER**

City of Noblesville  
 16 S 10TH ST  
 NOBLESVILLE IN 46060

**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

*Susan J. Castaneda*