AGENDA

A MEETING OF THE BOARD OF PUBLIC WORKS & SAFETY OF THE CIVIL CITY OF NEW ALBANY, INDIANA, WILL BE HELD IN 100 AT NEW ALBANY CITY HALL ON TUESDAY, AUGUST 18, 2026 AT 10:00 A.M.

CALL TO ORDER:

PLEDGE OF ALLEGIANCE:

BIDS:

NEW BUSINESS:

COMMUNICATIONS – PUBLIC:

UNFINISHED BUSINESS:

TABLED ITEMS:

COMMUNICATIONS – CITY OFFICIALS:

1. Krystina Jarboe re: Special Event Permits

    - Thursday, October 8 to Sunday, October 11 – St. Mark's: HHC Parking
    - Thursday, October 8 to Sunday, October 11 – YMCA: HHC Parking
    - Thursday, October 8 to Saturday, October 10 – St. John's: HHC Parking
    - Wednesday, October 7 to Sunday, October 11 = New Albany Main Street: HHC Farmers Market
    - Saturday, October 10 – Mark Miller: In Memory of Ralph Hines Car Show

APPOINTMENTS:

CLAIMS:

APPROVAL OF MINUTES:

Regular Meeting Minutes for August 11, 2026

ADJOURN:

A MEETING OF THE BOARD OF PUBLIC WORKS & SAFETY OF THE CIVIL CITY OF NEW ALBANY, INDIANA, WAS HELD IN ROOM 100 AT NEW ALBANY CITY HALL ON TUESDAY, AUGUST 11, 2026 AT 10:00 A.M.

PRESENT: Cheryl Cotner-Bailey, member, David Brewer, member, and Mickey Thompson, president.

OTHERS PRESENT: Fire Chief Juliot, Deputy Police Chief Fudge, Phil Aldridge, Billy South, Mike Wallace, Brad Ramsey, Michael Mifflin, Ryan Hensley, Krystina Jarboe, Jessica Campbell, Larry Summers and Vicki Glotzbach

CALL TO ORDER:

Mr. Thompson called the meeting to order at 10:10 a.m.

PLEDGE OF ALLEGIANCE:

BIDS:

1. **Trent Winlock re: Dumpster permit for 19 Robin Road**

Mrs. Glotzbach for Mr. Winlock who called to say he was unable to make the meeting. She explained that he wanted to place a 20-yard dumpster on the street for no more than a week to haul off concrete from an old slab in his backyard. She said he is going to use ICA and that he would like to have the dumpster delivered on August 14.

Mrs. Cotner-Bailey moved to approve subject to the use of reflective tape or cones, Mr. Brewer second, motion carries.

2. **Jeremy Shumate, Delta Services/Ted Newton, MAC re: Maintenance of Traffic Plan (MOT) for Slate Run Road/Charlestown Road Light Project**

Mr. Shumate requested approval of the MOT for the traffic signal modernization project and stated that they would like to begin work on August 17 starting at 7:00 a.m. He explained that they packet he handed out covered the different phases and MOT plans as prepared by United Consulting as well as a pedestrian detour plan to facilitate the addition of a concrete median to Slate Run Road.

Mr. Thompson asked if any of this work would require closures.

Mr. Newton stated that if they need to close anything it would be done with flaggers or signals.

Mr. Summers stated that he reviewed the MOT with United Consulting during the design process and they modified a few items to make it more workable for the residents and the overall use of Slate Run Road. He noted that he doesn't believe there will be any regular impeding on traffic.

Mrs. Cotner-Bailey asked if they are able to work outside of the school on Slate Run Road to avoid the high traffic times in the morning and afternoon.

Mr. Newton replied yes.

Mr. Brewer asked for their working hours.

Mr. Newton replied 7:00 a.m. – 5:00 p.m. Monday through Friday.

Mr. Thompson asked to clarify that none of the work would interfere with morning/afternoon school traffic.

Mr. Summers stated that there will be a certain level of impact but it was designed to keep the traffic moving at all times.

Mr. Shumate stated that the work will be in the coned off area where they are installing the median and they were able to confirm with redevelopment that the majority of Slate Runs boundary for the school is to the southeast of the work area.

Mr. Thompson stated that they would need to keep the work hours to 9:00 a.m. to 3:00 p.m.

Mr. Brewer asked when that would start and how many days the road would be closed.

Mr. Newton stated that they are looking at an overall project duration of two months (mid-October anticipated completion date) and the lane closure will remain throughout the project.

Mrs. Cotner-Bailey asked what their start date will be.

Mr. Newton replied August 17 and they will notify surrounding businesses this week.

Mr. Brewer moved to approve, Mrs. Cotner-Bailey second, motion carries.

3. **Second St. Baptist Church re: Request for no parking areas on E. Third St. and E. Main St. on August 21, 7:30 a.m. until 4:00 p.m. for maintenance on the clock that will require a lift**

Mr. Thompson explained that this is for ongoing work on the clock that requires a lift to replace the hands/face. He added that the closures will not be at the same time.

Mr. Brewer asked if it would affect traffic.

Mr. Thompson explained that the lift will likely extend out past the parking lane so there will be a lane shift or flaggers while the work is going on.

Mr. Brewer moved to approve, Mrs. Cotner-Bailey second, motion carries.

COMMUNICATIONS – PUBLIC:

Mr. David McOwen, 2213 Beeler Street, stated that he lives by the work proposed on Slate Run and asked why it couldn't be planned when school closes for summer recess, adding that hopefully it doesn't become a disaster. He asked the board if they could do anything about the giant crates in the parking lot of the Take 5 (State & Daisy) car wash as he contacted them and was told that they don't own the parking lot so they can't do anything about it. He asked if there is anything in the city ordinance that would force the landlord to take care of it, because it is a public safety issue.

Mrs. Cotner-Bailey asked if he has spoken with anyone in planning and zoning.

Mr. McOwen stated that this is the first place he started.

Mrs. Cotner-Bailey stated that it is a private lot but planning and zoning will be able to look it and see who owns it.

Mr. McOwen stated that as a private citizen he doesn't think him calling the landlord would do anything.
Mr. Brewer recommended bring the issue to planning and zoning because there may be maintenance requirements that they have to maintain.

Mr. Summers stated that he doesn't have to go to a different meeting as planning and zoning has an office on the second floor of this building.

UNFINISHED BUSINESS:

1. **Mickey Thompson re: Dave O'Mara (IAWC) Thomas and Shelby Street Closure**

Mr. Thompson stated that this was for a request made last week on behalf of Indiana American Water and the board asked for a map of the closure. He reviewed said map with the board for approval. He added that they want to do the work on Wednesday or Thursday night this week and will check with the school to ensure there are no conflicting after hours programs.

Mr. Brewer moved to approve, Mrs. Cotner-Bailey second, motion carries.

TABLED ITEMS:

COMMUNICATIONS – CITY OFFICIALS:

1. **Vicki Glotzbach for Dino Mercer re: Residential Parking Permit for 417 East Main Street**

Mrs. Glotzbach for Mr. Mercer requested a residential parking permit at 417 East Main Street. She added that it was reviewed by the street commissioner who recommended approval.

Mrs. Cotner-Bailey moved to approve, Mr. Brewer second, motion carries.

2. **Vicki Glotzbach for Purdue Polytechnic re: Banner request for Pumpkin Chunking Event**

Mrs. Glotzbach for Ms. Katrina Ruby requested a banner permit for Purdue Polytechnic's Pumpkin Chunking event on October 13. She explained that they would like to display the banner at Charlestown Road from September 29- October 13, adding that a copy of the banner was included in the packet.

Mr. Brewer moved to approve, Mrs. Cotner-Bailey second, motion carries.

3. **Krystina Jarboe re: Special Event Permits**

- **Saturday, October 3 – Parade**
- Same request as in the past
- Same route as in the past
- Parade time = 3:00pm to 4:30pm
- HHC is allowing participants to walk next to the floats
- HHC tells all parade participants that stuff must be handed, not thrown

Ms. Jarboe stated that Ms. Allyson Glass is the president for Harvest for 2026 and 2027 and is present to answer any questions that the board may have.

Mr. Brewer moved to approve, Mrs. Cotner-Bailey second, motion carries.

- **Sunday, October 4 – Pumpkin Decorating Contest**
- Same permit as in the past
- Event time = 2:00pm to 4:30pm
- Request to use City Square + city restrooms (1:00pm to 5:00pm)
- Request to use 1st floor of Parking Garage as rain location + drop porta potty & hand-washing station (1:00pm to 5:00pm)
- Will notify Krystina Jarboe 24 hours in advance of any changes (delays, cancelation, or change of location).

Mrs. Cotner-Bailey asked if the porta potty and hand-washing station will be placed only if the rain location is used.

Ms. Jarboe replied yes.

Mr. Brewer moved to approve, Mrs. Cotner-Bailey second, motion carries.

- **Tuesday, October 6 – Kids Dog Show**
- Same permit as in the past
- Event time = 6:00pm to 8:00pm
- Request to use the amphitheater + amphitheater restrooms (5:00pm to 8:30pm)

Mrs. Cotner-Bailey asked if they have ever had any issues with cleanup for this event.

Ms. Jarboe replied no.

Mrs. Cotner-Bailey moved to approve, Mr. Brewer second, motion carries.

- **Saturday, October 10 – Kids Day in the Park**
- Same permit as in the past
- Event time = 1:00pm to 3:00pm
- Request to use Bicentennial Park (10:00am to 4:00pm)
- NO rain location. If rain/inclement weather, event will be canceled. Will notify Krystina Jarboe.
- Farmer Steve will be on-site from noon to 3:00pm. HHC will layout tarps for Farmer Steve. He brings hay + a variety of farm animals: goats, a pig, chickens, ducks, maybe a small donkey. When Farmer Steve leaves he will take the tarps + hay with him. HHC will clean up whatever hay is leftover.

Mrs. Cotner-Bailey moved to approve, Mr. Brewer second, motion carries.

- **Wednesday, October 7 through Monday, October 12 – Booths**
- Same permit as in the past
- Booth Hours:
    - Wednesday = 5:00pm to Midnight = Booth Set-Up & Porta Potties/Dumpsters Dropped
    - Thursday = Noon to 9:00pm = Booths Open
    - Friday = 9:00am to 9:00pm = Booths Open
    - Saturday = 9:00am to 9:00pm = Booths Open
    - Sunday =
        - 11:00am to noon = Inclusion Time
        - Noon to 5:00pm = Booths Open
        - 5:00pm to Midnight = Tear-Down
    - Monday = All Porta Potties/Dumpsters Pick-Up by 8:00am

Mr. Brewer asked to ensure that they monitor the trash can better so that as they fill up they are removed

Mr. Thompson asked if the dumpster will be where they worked out before and not in front of businesses.

Ms. Glass replied yes. She added that they also have a church group (Forward Church) volunteering for cleanup.

Mrs. Cotner-Bailey asked if they will be there throughout the festival or a peak time.

Ms. Glass stated that they will definitely be there during peak times.

Mrs. Cotner-Bailey asked if the booth schedule should clarify that inclusion time is 11:00 a.m. - 12:00 p.m.

Ms. Glass (couldn't hear her response)

Mr. Thompson asked if the line up and parking requirements would be the same and in the past.

Ms. Glass replied yes. She added that they will communicate that to them as well as send out reminders.

Mr. Thompson asked who would be sending that out.

Ms. Glass stated that they can contact her.

Mrs. Cotner-Bailey stated that along with the trash, the porta potties need to be serviced at peak times as well and asked if they are good to take that one this year.

Ms. Glass replied yes.

Mrs. Cotner-Bailey asked if there will be more waste baskets than what is indicated on the map.

Ms. Glass replied yes. She explained that the ones indicated on the map are roll around receptacles and there will be more than one of each.

Mrs. Cotner-Bailed asked to confirm that they are working with the NAPD on the security portion of the festival.

Ms. Glass replied yes.

Mrs. Cotner-Bailey stated that they have done a good job addresses any issues that have come up in the past.

Mrs. Cotner-Bailey moved to approve, Mr. Brewer second, motion carries.

4. **Mickey Thompson for Duke Energy re: Request to install new equipment on existing pole at 106 Edgemont Dr. (Spickert Knob side)**

Mr. Thompson stated that the work is actually on Spickert Knob to install equipment on an existing pole and photos are attached for the board to review.

Mrs. Cotner-Bailey moved to approve, Mr. Brewer second, motion carries.

5. **Mickey Thompson for CenterPoint Energy re: Encroachment permit request to replace gas service to 1011 Silver Street**

Mr. Thompson stated that this one involves removing two sidewalk panels for the retirement and installation of new service. Photos are attached for review.

Mr. Brewer moved to approve, Mrs. Cotner-Bailey second, motion carries.

6. Larry Summers re: 2026 Paving Project Update

Mr. Summers reported that MAC's subcontractor continues work on Roanoke Avenue (potentially some on Schell Lane) this week and MAC will finish up the work on Ekin Avenue. He added that they plan to move over to Bentbrook Drive and Drawbrook Circle for milling/paving and the striping crews are following behind all the areas that have been recently paved. He reported that they continue work for the removal/installation of the sidewalk between Spring Street and Elm Street for the trail project and paver activity between Main and Market streets continue. He stated that curb/gutter work is anticipated to start this week on the Oak Street Project and once that is installed and paving work is completed they can open Culbertson Avenue back up.

Mrs. Cotner-Bailey stated that photo on Eastridge Drive looks like it is showing that they apron is cracked at the curb and asked if they addressed this.

Mr. Summers stated that he will do a site visit to check.

Mr. Thompson asked if the driveway issue on Miller was addressed.

Mr. Summers stated that he will follow up on it.

APPOINTMENTS:

CLAIMS:

Mrs. Moeller presented the BOW Claims Docket for 07/21/26 to 08/10/26 in the amount of $4,580,817.17:

General Claims (Bank 1):	$283,687.17
Fire Department:	$22,359.00
Police Department:	$35,925.24
Street Department:	$3,885.83
Parks Department:	$90,460.70
Medical/Drug Fund (Bank L):	$1,826.00
Payroll Claims (Bank 2):	$3,405,406.41
Sanitation Fund:	$ -
Thursday Utility Claims:	$737,266.87
Bank Service Fee:	$ -
Total:	$4,580,817.17

Mrs. Cotner-Bailey moved to approve the above claims, Mr. Brewer second, motion carries.

Mrs. Moeller presented the APR Docket for 07/21/26 to 08/10/26 in the amount of $10,497.49:

ARP Claims (Bank 6):	$10,497.49

Mrs. Cotner-Bailey moved to approve the above ARP claims, Mr. Brewer second, motion carries.

Mrs. Moeller presented interfund transfers for 07/21/26 to 08/10/26 in the amount of $1,552,000.00:

Interfund Transfers: $1,552,000.00

Mr. Brewer moved to approve the above interfund transfers, Mrs. Cotner-Bailey second, motion carries.

APPROVAL OF MINUTES:

Mrs. Cotner-Bailey moved to approve the Regular Meeting Minutes for August 4, 2026, Mr. Brewer second, motion carries.

ADJOURN:

There being no further business before the board, the meeting adjourned at 11:07 a.m.

Mickey Thompson, President

Vicki Glotzbach, City Clerk

2026

Special Event Permit Application

142 East Main Street, Suite 310
New Albany, IN 47150
812-948-5333

www.cityofnewalbany.com

Applicant and Host Organization Information

Host Organization – The Host Organization is legally and financially responsible for the overall permitting process, management and implementation of an event and its associated dynamics.

Host Organization Name: St Johns Lodge No. 08 F&A.M. P.H.A.

Host Organization Event Representative – The event representative will be the main point of contact for all planning activities and day-of activities.

Event Representative and Title: Ted A Burch Master of the Lodge

Host Organization Website: _____

Address: 1702 East Main St.

City: New Albany State: IN Zip Code: 47150

Work Phone: _____ Cell Phone: (502) 489-1994

Email: _____

Please list any additional person, professional event organizer or service contractor hired by the Host Organization that is authorized to make decisions on the Host Organization's behalf for this event.

Name: Ivan Bowyer-Hill Name: Michael Proctor

Company: St Johns Lodge No. 08 F&A.M. P.H.A Company: St Johns Lodge No. 08 F&A.M. P.H.A.

Email: ibowyerhill@yahoo.com Email: procstin2607@twc.com

Phone Number : (502) 807-0740 Phone Number: (930) 256-9594

Why would you like to hold your event in New Albany?

We are a partnering neighbor in the city.

Banner Permit:

Will you be filling out a banner permit? _____ Yes X No

Please contact the City Clerk's Office for more information regarding the City's policy on banners and banner permits.

Event Specific Information

Event Name: _____

Will this event be marketed as a family friendly event? __X__ Yes _____ No *(if yes, please attach flyer)*

Will this event be marketed as a gun-free/weapon-free event? __X__ Yes _____ No *(if yes, please attach flyer)*

Is this an annual event? __X__ Yes _____ No

If yes, how many years has this event been happening? __6__

Anticipated Attendance – The estimated amount of people expected at event. __NA__

Anticipated Participants – If the proposed event has registered participants, the estimated number expected. __NA__

Anticipated Number of Event Staff/Volunteers - __10__

Event Description (including purpose, target audience and description):

Parking for the New Albany Harvest Homecoming.

Requested Venue:

_____ Riverfront Amphitheater _____ City Square
_____ Bicentennial Park __X__ Other (Specify) Billy Hermen T Ball Lot 600 Scribner

Type of Event:

_____ Run/Walk _____ Rally _____ Parade _____ Concert _____ Wedding Ceremony/Photos
_____ Fair _____ Picnic __X__ Other (Specify) Parking

Proposed Event Date: 10/08/2026 Day of the Week: Thursday, Friday, Saturday

Set-Up Begin Time*: _____ AM/PM Set-Up End Time: _____ AM/PM

Event Begin Time: 11:30a AM/PM Event End Time: 9:00pm AM/PM

Break-Down Begin Time: _____ AM/PM Break-Down End Time**: _____ AM/PM

Proposed Rain Date: _____ Day of the Week: _____

* The **Set-Up Begin Time** is the time the venue reservation contract time begins and the earliest any event-related activity can happen in the venue/space.

The **Break-Down End Time is the time the venue reservation contract ends and the latest any event-related activity can happen in the venue/space.

Weather:

Is this event rain or shine? __X__ Yes _____ No

Description of inclement weather plan:

_____

_____

Event Logistics:

Will normal operations of residents or businesses be affected by your event? _____ Yes __X__ No

If yes, please attach a copy of the notification letter to be approved by the Board of Public Works before being sent to the affected residents/businesses.

Is this event open to the public? __X__ Yes _____ No

Will you charge admission or participation fees? If so, what is the charge? What will the monies collected at this event go towards?

Benevolent duties of our fraternal lodge.

Comprehensive Map Information:

Purpose: details the layout of the requested area and gives City officials a clear idea of layout.
A comprehensive map must be provided with the special event permit application.
Each comprehensive map must include:

1. An outline of the entire requested event area.
2. Label street(s) requested for closure and mark locations of barricades. If the event involves a route, please indicate the direction of travel and have barricade placement clearly marked.
3. Location of all physical equipment and structures being placed within the event site (i.e. staging, tents, portable restrooms, production equipment, tables, chairs, fencing, vendors, etc.).
4. Location of generators or other electrical equipment (if applicable).
5. Location of food, beverage, or alcohol area (If applicable). It is required by the State of Indiana for premises that are not part of an approved designated outdoor refreshment area (DORA) must be well-defined with a fence, rope, or other similar enclosure that reasonably deters ingress and egress.
6. Trash and recycling receptacles.
7. Entry and exit locations.
8. Location of accessible viewing area.
9. Requested general parking and accessible parking areas.
10. All requests for reserving the amphitheater MUST have volunteers stationed on both sides of the railroad. Please indicate these volunteers on site plan/route map.

Have you attached a site plan/route map to your special event permit using these criteria? _____ Yes __X__ No

Road Closure Request:

Do you require a road closure? _____ Yes __X__ No

If yes, list the street or lane closures:

Closure Type (full or partial lane)	Street Name	Start Date	Start Time	End Date	End Time

Security and First Aid:

Will you have contracted security? _____ Yes __X__ No

Number of security personnel on-site for event: _____

Please list the provider of contracted security:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where contracted security will be located.

Will you have a first aid kit on site? __X__ Yes _____ No

Will you have an on-site provider of primary first aid? _____ Yes __X__ No

Please list the provider of first aid:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where first aid kit(s) and/or provider of first aid will be located.

Will you request the New Albany safety/traffic control services? _____ Yes __X__ No

If yes, please explain your request: _____

_____

Food and Beverage:

Will there be concessions at your event? _____ Yes __X__ No

If yes, describe:

_____

_____

On attached map, please include where each concession will be located.

Please note all food vendors must obtain a license from the Floyd County Health Department.

Alcohol:

Will alcohol be served at your event? _____ Yes __X__ No

If yes, is alcohol going to be served within the DORA? _____ Yes _____ No

If alcohol will be served outside of DORA, what will alcohol floor plan be enclosed with? _____

On attached map include a well-defined area where alcohol will be located.

Please note, a representative from the Host Organization to attend the Board of Public Works meeting at least 60 days in advance to answer any questions regarding their event.

Fencing:

Will you have fencing? _____ Yes __X__ No

Please list the provider of fencing:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

Date and time fencing will be set up: _____

Date and time fencing will be taken down: _____

On attached map, please include where fencing will be located.

Restrooms:

Will you be requesting use of the amphitheater restrooms? _____ Yes __X__ No

(Amphitheater restrooms are closed due to winterization November 1st to March 1st each year.)

If yes, what time will you request the restrooms be open? _____ AM/PM

If yes, what time will you request the restrooms be closed? _____ AM/PM

If no, please list the provider of portable restrooms:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

Date and time portable restrooms will be dropped off: _____

Date and time portable restrooms will be picked up: _____

Total number of portable restrooms on site: _____

Will you have ADA portable restrooms on site? _____ Yes _____ No

On attached map, please include where the portable restrooms will be located.

Equipment and Decorations:

***DO NOT** put nails or staples into trees/structures or stake anything in the ground.*

Will you use tents? __X__ Yes _____ No

What type of tents will be used? Pop Up Shelter

What will be used to weigh tents down? Yes

Will other temporary structures be used? _____ Yes __X__ No

If yes, what other temporary structures will be used? _____

On attached map, please include where tents and temporary structures will be located.

Trash Plan:

How will trash be monitored during and after your event? How will trash be removed from premises after the event?

City normally supplies garbage bags.

Number of trash receptacles: 4

Number of recycling receptacles: _____

Please list the provider of trash services:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where trash cans will be located.

Entertainment Activities:

Will you have music? _____ Yes X No

If yes, list the time(s) of music during the event:

If yes, what type of music/amplification?

On attached map, please include where the entertainment activities will be located.

Will you have inflatables? _____ Yes X No

If yes, please list the inflatable provider:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where inflatables will be located.

Electric:

Will you use electricity? _____ Yes X No

Will you use generators? _____ Yes _____ No

Outdoor extension cords must be 3-prong UL listed extension cords.

On attached map, please include where the generators or other large electrical equipment will be located.

Describe electrical usage:

Affidavit of Application:

Everything that I have stated on this Special Event Permit Application is correct to the best of my knowledge. I have read, understand and agree to abide by the polices, rules and regulations listed on this and all applicable forms, including the City of New Albany ordinances, as they pertain to the requested usage. Applicant agrees and understands any significant damage to city property will be the sole responsibility of the applicant. By signing this application, the applicant agrees to follow all rules and regulations and city ordinances. The permit, if granted, is not transferrable and is revocable at any time at the absolute discretion of the New Albany Board of Public Works. All programs and facilities of the City of New Albany are open to all citizens regardless of race, sex, age, color, religion, national origin and abilities.

Name of Applicant (please print): Ted A. Burch

Signature: Ted Burch

Date: 07/28/, 2026

Completed Special Event Permit Applications may be mailed or delivered in person to:
City of New Albany, ATTN: Krystina Jarboe
142 East Main Street, Suite 310
New Albany, IN 47150

Completed Special Event Permit Applications may also be emailed to Krystina Jarboe at:
kjarboe@cityofnewalbany.com

Office Use Only

_____ Taken under advisement

_____ Approved

_____ Denied

Signed: _____ Date: _____, 2026
(Board of Works President)

Notes:

_____

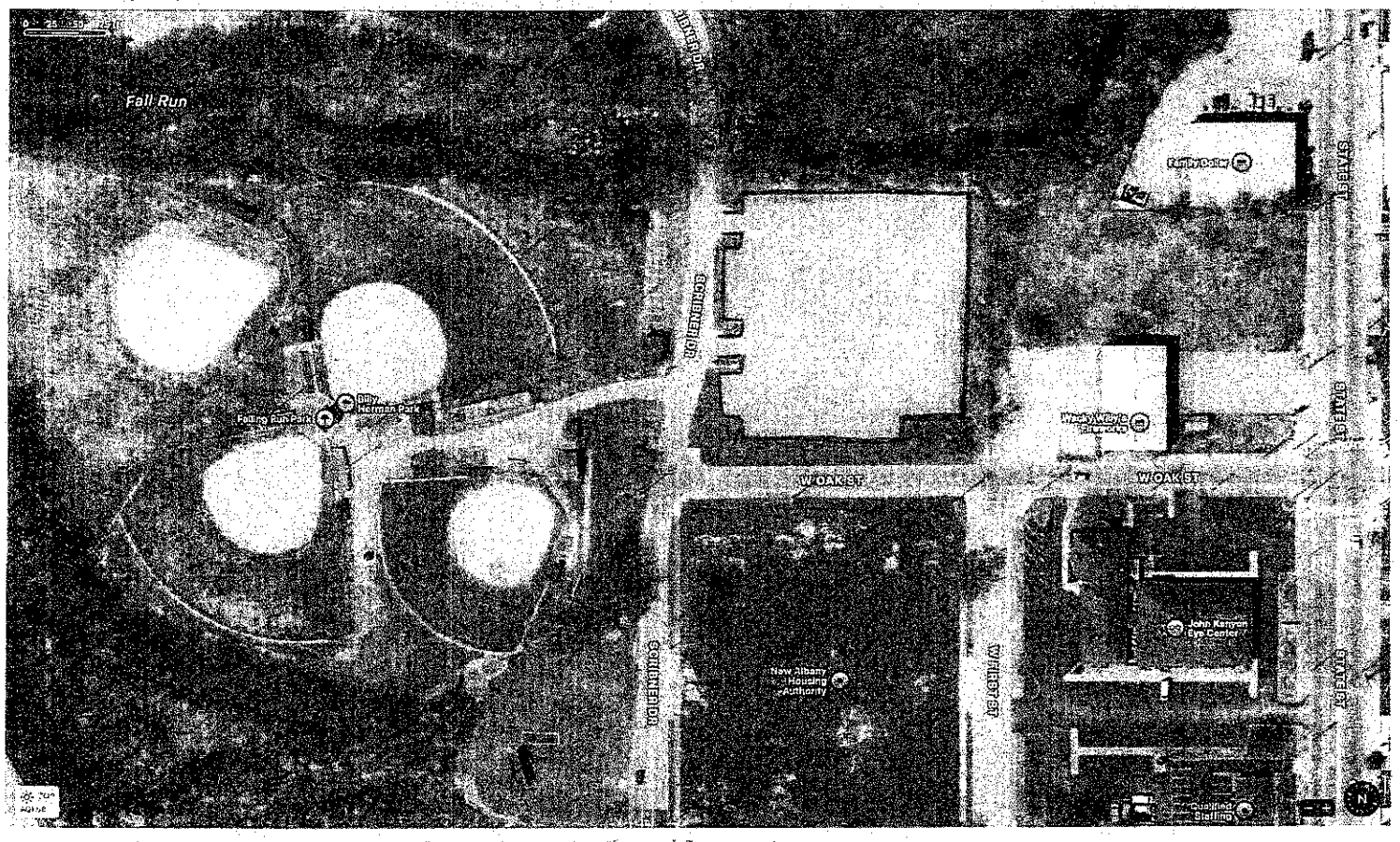
_____

_____

_____

ST. JOHN'S LODGE : MVC PARKING 2026

THURS. OCT. 8 = 11:30am TO 9:00pm
FRI. OCT. 9 = 11:30am TO 9:00pm
SAT. OCT. 10 = 11:30am TO 9:00pm



TED A. GULICH : 502-431-1484

* WILL LEAVE ONE SECTION FOR MVC VENDORS
* WILL MONITOR/REMOVE TRASH
* WILL ALLOW PRESS STAFF TO PARK

Special Event Permit Application

142 East Main Street, Suite 310
New Albany, IN 47150
812-948-5333

www.cityofnewalbany.com

Applicant and Host Organization Information

Host Organization – The Host Organization is legally and financially responsible for the overall permitting process, management and implementation of an event and its associated dynamics.

Host Organization Name: ST. MARKS CHURCH

Host Organization Event Representative – The event representative will be the main point of contact for all planning activities and day-of activities.

Event Representative and Title: MARK HENGARTNER CHURCH PARKING LOT CHAIR MAN FOR HHC

Host Organization Website: _____

Address: 222 E. MAIN ST

City: NEW ALBANY State: IN Zip Code: 47150

Work Phone: _____ Cell Phone: 502 445 6936

Email: THEINDIANAMARK@GMAIL.COM

Please list any additional person, professional event organizer or service contractor hired by the Host Organization that is authorized to make decisions on the Host Organization's behalf for this event.

Name: AMY SCHNEIDAU
Company: CHURCH DECON
Email: _____
Phone Number: 812 786 0299

Name: _____
Company: _____
Email: _____
Phone Number: _____

Why would you like to hold your event in New Albany?
WE ALREADY PARK CARS IN OUR 3RD ST LOT FOR HHC
WANT TO CHANGE LOT ENTRANCE AND EXIT
FOR SAFETY AND GET CARS OFF STREET FASTER

Banner Permit:
Will you be filling out a banner permit? _____ Yes X No
Please contact the City Clerk's Office for more information regarding the City's policy on banners and banner permits.

Event Specific Information

Event Name: ST MARKS HARVEST HOMECOMING BOOTH DAYS PARKING

Will this event be marketed as a family friendly event? _____ Yes _X_ No *(If yes, please attach flyer)*

Will this event be marketed as a gun-free/weapon-free event? _____ Yes _X_ No *(If yes, please attach flyer)*

Is this an annual event? _X_ Yes _____ No

If yes, how many years has this event been happening? 20+

Anticipated Attendance – The estimated amount of people expected at event. 1,000

Anticipated Participants – If the proposed event has registered participants, the estimated number expected. Ø

Anticipated Number of Event Staff/Volunteers - 30

Event Description (including purpose, target audience and description):
MOVE ENTRANCE AND EXIT (COMBINED) FROM 3RD ST TO (SEPERATE) ENTRANCE AND EXIT ON MARKET ST SO WE HAVE A ONEWAY TRAFFIC PATTERN THAT WILL NOT BACK UP IN THE STREET

Requested Venue:

_____ Riverfront Amphitheater
_____ Bicentennial Park
_____ City Square
_X_ Other (Specify) BLOCKING OFF/USING 4 PARKING SPACES AT CURB CUTS ON NORTH EAST SIDE OF MARKET ST AT 3RD ST

Type of Event:

_____ Run/Walk _____ Rally _____ Parade _____ Concert _____ Wedding Ceremony/Photos
_____ Fair _____ Picnic _X_ Other (Specify) PARKING CARS

Proposed Event Date: HHC BOOTH DAYS 2ND WEEK OF OCT
Day of the Week: THURSDAY THRU SUNDAY

Set-Up **Begin** Time*: _ _ AM
Set-Up **End** Time: _ _ AM/PM
SAME HRS AS BOOTHS

Event **Begin** Time: _ _ PM
Event **End** Time: _ _ AM/PM

Break-Down **Begin** Time: _ _ AM
Break-Down **End** Time**: _ AM/PM

Proposed Rain Date: NONE
Day of the Week: X

* The **Set-Up Begin Time** is the time the venue reservation contract time begins and the earliest any event-related activity can happen in the venue/space.
The **Break-Down End Time is the time the venue reservation contract ends and the latest any event-related activity can happen in the venue/space.

Weather:

Is this event rain or shine? _X_ Yes _____ No
Description of inclement weather plan:
NONE

Event Logistics:

Will normal operations of residents or businesses be affected by your event? _____ Yes __X__ No

*If yes, please **attach a copy of the notification letter** to be approved by the Board of Public Works before being sent to the affected residents/businesses.*

Is this event open to the public? __X__ Yes _____ No

Will you charge admission or participation fees? If so, what is the charge? What will the monies collected at this event go towards? $10.00 PARKING FEE GOES TO GENERAL FUND OF CHURCH

Comprehensive Map Information:

Purpose: details the layout of the requested area and gives City officials a clear idea of layout.
A comprehensive map must be provided with the special event permit application.
Each comprehensive map must include:

1. An outline of the entire requested event area.
2. Label street(s) requested for closure and mark locations of barricades. If the event involves a route, please indicate the direction of travel and have barricade placement clearly marked.
3. Location of all physical equipment and structures being placed within the event site (i.e. staging, tents, portable restrooms, production equipment, tables, chairs, fencing, vendors, etc.).
4. Location of generators or other electrical equipment (if applicable).
5. Location of food, beverage, or alcohol area (if applicable). It is required by the State of Indiana for premises that are not part of an approved designated outdoor refreshment area (DORA) must be well-defined with a fence, rope, or other similar enclosure that reasonably deters ingress and egress.
6. Trash and recycling receptacles.
7. Entry and exit locations.
8. Location of accessible viewing area.
9. Requested general parking and accessible parking areas.
10. All requests for reserving the amphitheater MUST have volunteers stationed on both sides of the railroad. Please indicate these volunteers on site plan/route map.

Have you attached a site plan/route map to your special event permit using these criteria? __X__ Yes _____ No

Road Closure Request:

Do you require a road closure? _____ Yes __X__ No

If yes, list the street or lane closures:

Closure Type (full or partial lane)	Street Name	Start Date	Start Time	End Date	End Time

Security and First Aid:

Will you have contracted security? _____ Yes __X__ No

Number of security personnel on-site for event: _____

Please list the provider of contracted security:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where contracted security will be located.

Will you have a first aid kit on site? _____ Yes __X__ No

Will you have an on-site provider of primary first aid? _____ Yes _____ No

Please list the provider of first aid:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where first aid kit(s) and/or provider of first aid will be located.

Will you request the New Albany safety/traffic control services? __X__ Yes _____ No

If yes, please explain your request: NO PARKING BY POLICE ORDER SIGNS ON BARRICADE (SAW HORSES) IN PARKING SPACES AT CORNER OF 3RD + MARKET SEE MAP

Food and Beverage:

Will there be concessions at your event? _____ Yes __X__ No

If yes, describe:

_____

_____

On attached map, please include where each concession will be located.

Please note all food vendors must obtain a license from the Floyd County Health Department.

Alcohol:

Will alcohol be served at your event? _____ Yes __X__ No

If yes, is alcohol going to be served within the DORA? _____ Yes _____ No

If alcohol will be served outside of DORA, what will alcohol floor plan be enclosed with? _____

On attached map include a well-defined area where alcohol will be located.

Please note, a representative from the Host Organization to attend the Board of Public Works meeting at least 60 days in advance to answer any questions regarding their event.

Fencing:

Will you have fencing? _____ Yes __X__ No

Please list the provider of fencing:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

Date and time fencing will be set up: _____

Date and time fencing will be taken down: _____

On attached map, please include where fencing will be located.

Restrooms:

Will you be requesting use of the amphitheater restrooms? _____ Yes __X__ No

(Amphitheater restrooms are closed due to winterization November 1st to March 1st each year.)

If yes, what time will you request the restrooms be open? _____ AM/PM

If yes, what time will you request the restrooms be closed? _____ AM/PM

If no, please list the provider of portable restrooms: AMC PORTA POTS

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

Date and time portable restrooms will be dropped off: _____

Date and time portable restrooms will be picked up: _____

Total number of portable restrooms on site: _____

Will you have ADA portable restrooms on site? _____ Yes _____ No

On attached map, please include where the portable restrooms will be located.

Equipment and Decorations:

***DO NOT** put nails or staples into trees/structures or stake anything in the ground.*

Will you use tents? __X__ Yes _____ No

What type of tents will be used? ONE 10X10 POP UP WILL BE ON OUR PROPERTY

What will be used to weigh tents down? CINDER BLOCKS

Will other temporary structures be used? _____ Yes __X__ No

If yes, what other temporary structures will be used? _____

On attached map, please include where tents and temporary structures will be located.

Trash Plan:

How will trash be monitored during and after your event? How will trash be removed from premises after the event?

WE WILL PICK UP

Number of trash receptacles: 1

Number of recycling receptacles: 0

Please list the provider of trash services:

Company: OUR SELVES

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where trash cans will be located.

Entertainment Activities:

Will you have music? _____ Yes X No

If yes, list the time(s) of music during the event:

If yes, what type of music/amplification?

On attached map, please include where the entertainment activities will be located.

Will you have inflatables? _____ Yes X No

If yes, please list the inflatable provider:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where inflatables will be located.

Electric:

Will you use electricity? _____ Yes X No

Will you use generators? _____ Yes X No

Outdoor extension cords must be 3-prong UL listed extension cords.

On attached map, please include where the generators or other large electrical equipment will be located.

Describe electrical usage:

Affidavit of Application:

Everything that I have stated on this Special Event Permit Application is correct to the best of my knowledge. I have read, understand and agree to abide by the polices, rules and regulations listed on this and all applicable forms, including the City of New Albany ordinances, as they pertain to the requested usage. Applicant agrees and understands any significant damage to city property will be the sole responsibility of the applicant. By signing this application, the applicant agrees to follow all rules and regulations and city ordinances. The permit, if granted, is not transferrable and is revocable at any time at the absolute discretion of the New Albany Board of Public Works. All programs and facilities of the City of New Albany are open to all citizens regardless of race, sex, age, color, religion, national origin and abilities.

Name of Applicant (please print): MARK HENGARTNER

Signature: mark Hengartner

Date: 20 July, 2026

Completed Special Event Permit Applications may be mailed or delivered in person to:
City of New Albany, ATTN: Krystina Jarboe
142 East Main Street, Suite 310
New Albany, IN 47150

Completed Special Event Permit Applications may also be emailed to Krystina Jarboe at:
kjarboe@cityofnewalbany.com

Office Use Only

_____ Taken under advisement

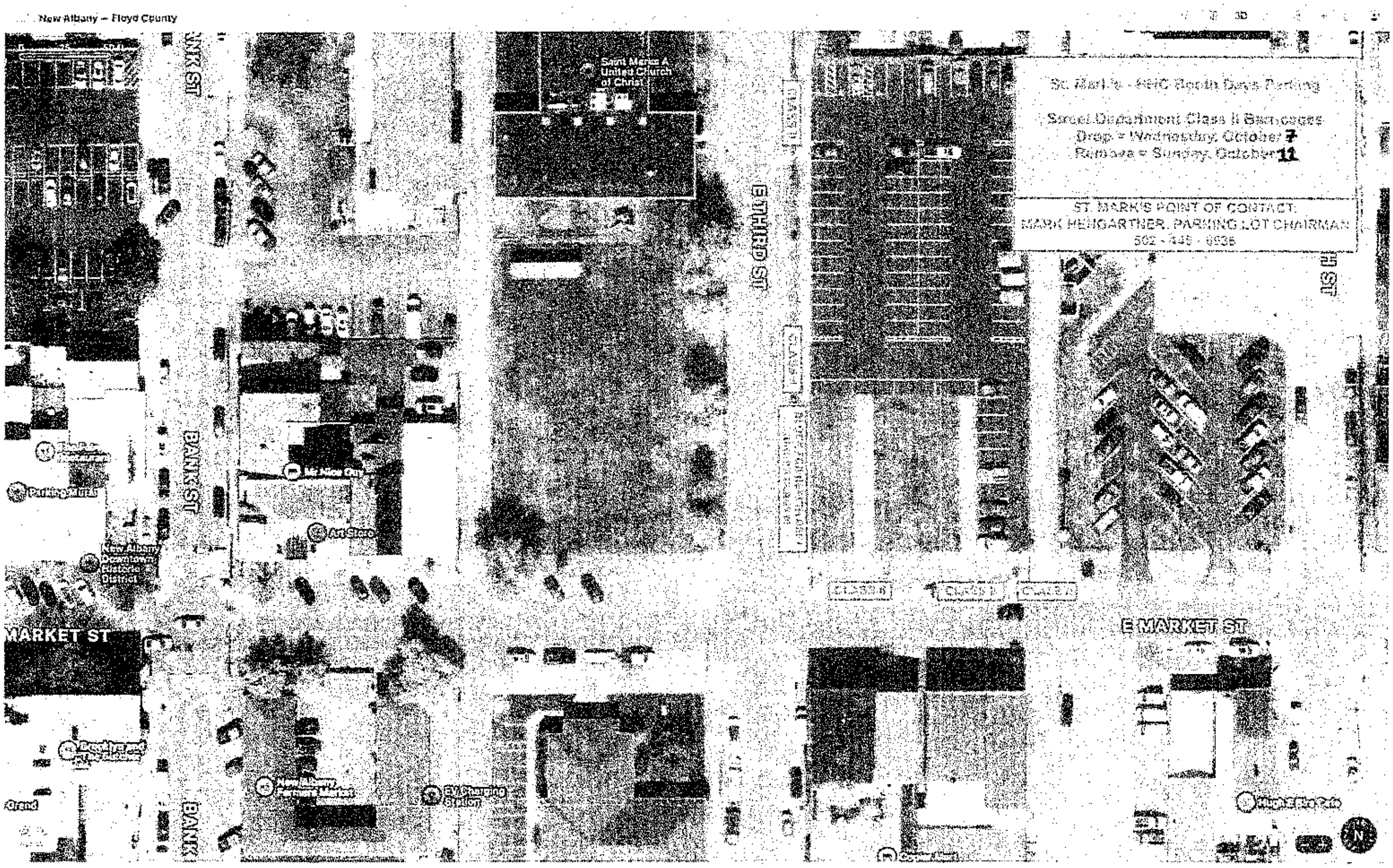
_____ Approved

_____ Denied

Signed: _____ Date: _____, 2026
(Board of Works President)

Notes:

PLEASE PUT NO PARKING
BY COURT OF POLICE DEPT
EXIT
ENTRANCE


New Albany – Floyd County
St. Mark's - HHC Booth Days Parking
Street Department Class II Barricages
Drop = Wednesday, October 7
Remove = Sunday, October 11
ST. MARK'S POINT OF CONTACT:
MARK HENGARTNER, PARKING LOT CHAIRMAN
502 - 445 - 6936
E MARKET ST
MARKET ST
E THIRD ST
BANK ST
Saint Marks A United Church of Christ
Mr Nice Guy
Art Store
New Albany Downtown Historic District
New Albany Farmers Market
EV Charging Station
Parking Mura

Special Event Permit Application

142 East Main Street, Suite 310
New Albany, IN 47150
812-948-5333

www.cityofnewalbany.com

Applicant and Host Organization Information

Host Organization – The Host Organization is legally and financially responsible for the overall permitting process, management and implementation of an event and its associated dynamics.

Host Organization Name: Floyd County Family YMCA

Host Organization Event Representative – The event representative will be the main point of contact for all planning activities and day-of activities.

Event Representative and Title: Melissa Wilson, Interim Executive Director
Host Organization Website: www.ymcalouisville.org
Address: 33 State Street
City: New Albany State: IN Zip Code: 47150
Work Phone: (812) 283-7671 Cell Phone: (502) 930-6313
Email: mwilson@ymcalouisville.org

Please list any additional person, professional event organizer or service contractor hired by the Host Organization that is authorized to make decisions on the Host Organization's behalf for this event.

Name: Russ Schumann
Company: Floyd County Family YMCA
Email: rschumann@ymcalouisville.org
Phone Number : (502) 242-5539

Name: _____
Company: _____
Email: _____
Phone Number: _____

Why would you like to hold your event in New Albany?
The event will take place during booth days at Harvest Homecoming.

Banner Permit:
Will you be filling out a banner permit? _____ Yes ✓ No
Please contact the City Clerk's Office for more information regarding the City's policy on banners and banner permits.

Event Specific Information

Event Name: YMCA Event Parking

Will this event be marketed as a family friendly event? NA Yes _____ No *(if yes, please attach flyer)*

Will this event be marketed as a gun-free/weapon-free event? NA Yes _____ No *(if yes, please attach flyer)*

Is this an annual event? ✓ Yes _____ No

If yes, how many years has this event been happening? 17

Anticipated Attendance – The estimated amount of people expected at event. NA

Anticipated Participants – If the proposed event has registered participants, the estimated number expected. NA

Anticipated Number of Event Staff/Volunteers - 4+ at peek times

Event Description (including purpose, target audience and description):
Provide parking for people attending Harvest Homecoming.

Requested Venue:

_____ Riverfront Amphitheater
_____ Bicentennial Park
_____ City Square
✓ Other (Specify) Parking Lots surrounding Floyd County Family YMCA

Type of Event:

_____ Run/Walk _____ Rally _____ Parade _____ Concert _____ Wedding Ceremony/Photos
_____ Fair _____ Picnic ✓ Other (Specify) Parking

Proposed Event Date: Oct. 8-11, 2026

Thurs. October 8 = 7am to 9pm
Fri. October 9 = 7am to 9pm
Sat. October 10 = 7am to 9pm
Sun. October 11 = 7am to 6pm

Day of the Week: Thursday-Sunday

Set-Up **End** Time: _____ AM/PM

Event **End** Time: _____ AM/PM

Break-Down **End** Time**: _____ AM/PM

Proposed Rain Date: NA

Day of the Week: NA

* The **Set-Up Begin Time** is the time the venue reservation contract time begins and the earliest any event-related activity can happen in the venue/space.

****The Break-Down End Time** is the time the venue reservation contract ends and the latest any event-related activity can happen in the venue/space.

Weather:

Is this event rain or shine? ✓ Yes _____ No

Description of inclement weather plan:
No changes to plan unless thunder or lightening are present.

Event Logistics:

Will normal operations of residents or businesses be affected by your event? _____ Yes ✓ No

*If yes, please **attach a copy of the notification letter** to be approved by the Board of Public Works before being sent to the affected residents/businesses.*

Is this event open to the public? ✓ Yes _____ No

Will you charge admission or participation fees? If so, what is the charge? What will the monies collected at this event go towards?

Cost is $10 per vehicle with proceeds benefitting youth and teen programs.

Comprehensive Map Information:

Purpose: details the layout of the requested area and gives City officials a clear idea of layout.
A comprehensive map must be provided with the special event permit application.
Each comprehensive map must include:

1. An outline of the entire requested event area.
2. Label street(s) requested for closure and mark locations of barricades. If the event involves a route, please indicate the direction of travel and have barricade placement clearly marked.
3. Location of all physical equipment and structures being placed within the event site (i.e. staging, tents, portable restrooms, production equipment, tables, chairs, fencing, vendors, etc.).
4. Location of generators or other electrical equipment (if applicable).
5. Location of food, beverage, or alcohol area (if applicable). It is required by the State of Indiana for premises that are not part of an approved designated outdoor refreshment area (DORA) must be well-defined with a fence, rope, or other similar enclosure that reasonably deters ingress and egress.
6. Trash and recycling receptacles.
7. Entry and exit locations.
8. Location of accessible viewing area.
9. Requested general parking and accessible parking areas.
10. All requests for reserving the amphitheater **MUST** have volunteers stationed on both sides of the railroad. Please indicate these volunteers on site plan/route map.

Have you attached a site plan/route map to your special event permit using these criteria? ✓ Yes _____ No

Road Closure Request:

Do you require a road closure? ✓ Yes _____ No

If yes, list the street or lane closures:

Closure Type (full or partial lane)	Street Name	Start Date	Start Time	End Date	End Time
Partial	State St. & Black Ave. to Jeanette Way	Oct. 8, 2026	7:00 am	October 11, 2026	6:00 pm
Full	Jeanette Way	Oct. 8, 2026	7:00 am	October 11, 2026	6:00 pm

Security and First Aid:

Will you have contracted security? _____ Yes ✓ No

Number of security personnel on-site for event: _____

Please list the provider of contracted security:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where contracted security will be located.

Will you have a first aid kit on site? ✓ Yes _____ No

Will you have an on-site provider of primary first aid? ✓ Yes _____ No

Please list the provider of first aid:

Company: Floyd County Family YMCA

Contact Name: YMCA Staff

Email: mwilson@ymcalouisville.org

Phone Number: (502) 930-6313

On attached map, please include where first aid kit(s) and/or provider of first aid will be located.

First aid station will be inside the lobby with first aid kit located near our front desk.

Will you request the New Albany safety/traffic control services? _____ Yes ✓ No

If yes, please explain your request: _____

_____

Food and Beverage:

Will there be concessions at your event? _____ Yes ✓ No

If yes, describe:

_____

_____

On attached map, please include where each concession will be located.

Please note all food vendors must obtain a license from the Floyd County Health Department.

Alcohol:

Will alcohol be served at your event? _____ Yes ✓ No

If yes, is alcohol going to be served within the DORA? _____ Yes _____ No

If alcohol will be served outside of DORA, what will alcohol floor plan be enclosed with? _____

On attached map include a well-defined area where alcohol will be located.

*Please note, a representative from the Host Organization to attend the Board of Public Works meeting **at least 60 days** in advance to answer any questions regarding their event.*

Fencing:

Will you have fencing? _____ Yes ✓ No

Please list the provider of fencing:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

Date and time fencing will be set up: _____

Date and time fencing will be taken down: _____

On attached map, please include where fencing will be located.

Restrooms:

Will you be requesting use of the amphitheater restrooms? _____ Yes ✓ No

(Amphitheater restrooms are closed due to winterization November 1st to March 1st each year.)

If yes, what time will you request the restrooms be open? _____ AM/PM

If yes, what time will you request the restrooms be closed? _____ AM/PM

If no, please list the provider of portable restrooms: NA

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

Date and time portable restrooms will be dropped off: _____

Date and time portable restrooms will be picked up: _____

Total number of portable restrooms on site: _____

Will you have ADA portable restrooms on site? _____ Yes _____ No

On attached map, please include where the portable restrooms will be located.

Equipment and Decorations:

***DO NOT** put nails or staples into trees/structures or stake anything in the ground.*

Will you use tents? _____ Yes ✓ No

What type of tents will be used? _____

What will be used to weigh tents down? _____

Will other temporary structures be used? _____ Yes ✓ No

If yes, what other temporary structures will be used? _____

On attached map, please include where tents and temporary structures will be located.

Trash Plan:

How will trash be monitored during and after your event? How will trash be removed from premises after the event?

Our existing trash recepticals will be used and cleared as needed during event.

Number of trash receptacles: _____

Number of recycling receptacles: _____

Please list the provider of trash services:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where trash cans will be located.

Entertainment Activities:

Will you have music? _____ Yes ✓ No

If yes, list the time(s) of music during the event:

If yes, what type of music/amplification?

On attached map, please include where the entertainment activities will be located.

Will you have inflatables? _____ Yes ✓ No

If yes, please list the inflatable provider:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where inflatables will be located.

Electric:

Will you use electricity? _____ Yes ✓ No

Will you use generators? _____ Yes ✓ No

Outdoor extension cords must be 3-prong UL listed extension cords.

On attached map, please include where the generators or other large electrical equipment will be located.

Describe electrical usage:

Affidavit of Application:

Everything that I have stated on this Special Event Permit Application is correct to the best of my knowledge. I have read, understand and agree to abide by the polices, rules and regulations listed on this and all applicable forms, including the City of New Albany ordinances, as they pertain to the requested usage. Applicant agrees and understands any significant damage to city property will be the sole responsibility of the applicant. By signing this application, the applicant agrees to follow all rules and regulations and city ordinances. The permit, if granted, is not transferrable and is revocable at any time at the absolute discretion of the New Albany Board of Public Works. All programs and facilities of the City of New Albany are open to all citizens regardless of race, sex, age, color, religion, national origin and abilities.

Name of Applicant (please print): Melissa Wilson

Signature: MWilson

Date: July 22, 2026

Completed Special Event Permit Applications may be mailed or delivered in person to:
City of New Albany, ATTN: Krystina Jarboe
142 East Main Street, Suite 310
New Albany, IN 47150

Completed Special Event Permit Applications may also be emailed to Krystina Jarboe at:
kjarboe@cityofnewalbany.com

Office Use Only

_____ Taken under advisement

_____ Approved

_____ Denied

Signed: _____ Date: _____, 2026
(Board of Works President)

Notes:

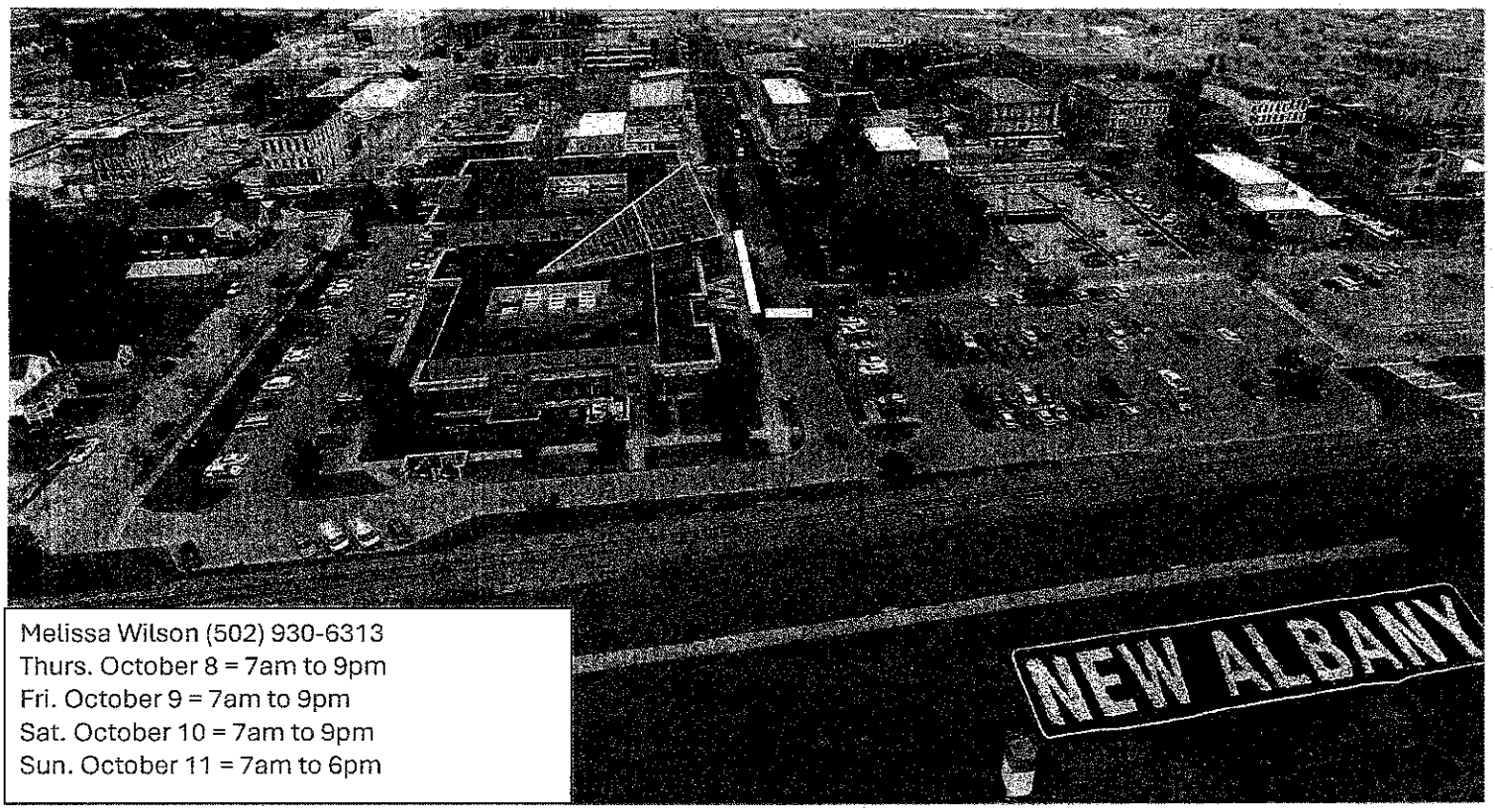
_____

_____

_____

_____

YMCA requests permission to run parking lots during Harvest Homecoming. Price is $10 per vehicle.
Proceeds benefit youth program scholarships and teen programming.
Lots to be used all day on the following dates: Thursday, October 8 through Sunday, October 11.
Indicates location of barricades provided by the city.
Indicates location of fee collection entry
Indicates location of first aid station
Thank you for your consideration!



Melissa Wilson (502) 930-6313
Thurs. October 8 = 7am to 9pm
Fri. October 9 = 7am to 9pm
Sat. October 10 = 7am to 9pm
Sun. October 11 = 7am to 6pm

Special Event Permit Application

142 East Main Street, Suite 310
New Albany, IN 47150
812-948-5333

www.cityofnewalbany.com

Applicant and Host Organization Information

Host Organization – The Host Organization is legally and financially responsible for the overall permitting process, management and implementation of an event and its associated dynamics.

Host Organization Name: New Albany Main Street - New Albany Farmers Market

Host Organization Event Representative – The event representative will be the main point of contact for all planning activities and day-of activities.

Event Representative and Title: Westley Fair - Market Manager

Host Organization Website: https://www.namainstreet.org/

Address: 406 Pearl Street

City: New Albany State: IN Zip Code: 47150

Work Phone: 812-941-0018 Cell Phone: _____

Email: farmersmarket@newalbanymainstreet.org

Please list any additional person, professional event organizer or service contractor hired by the Host Organization that is authorized to make decisions on the Host Organization's behalf for this event.

Name: Courtney Lewis - President
Company: New Albany Main Street
Email: clewis@nahain.com
Phone Number : 812-807-1739

Name: _____
Company: _____
Email: _____
Phone Number: _____

Why would you like to hold your event in New Albany?
The New Albany Farmers Market provides a year round options for local fresh foods & Craft Items

Banner Permit:
Will you be filling out a banner permit? _____ Yes ✓ No
Please contact the City Clerk's Office for more information regarding the City's policy on banners and banner permits.

Event Specific Information

Event Name: New AlbanyFarmers Market at Harvest Homecoming

Will this event be marketed as a family friendly event? ✓ Yes _____ No *(If yes, please attach flyer)*

Will this event be marketed as a gun-free/weapon-free event? _____ Yes ✓ No *(If yes, please attach flyer)*

Is this an annual event? ✓ Yes _____ No

If yes, how many years has this event been happening? 5+ Years

Anticipated Attendance – The estimated amount of people expected at event. _____

Anticipated Participants – If the proposed event has registered participants,

the estimated number expected. _____

Anticipated Number of Event Staff/Volunteers - 1

Event Description (including purpose, target audience and description):

The FM during HHC allows local FM vendors to showcase their products during the festival.

Requested Venue:

_____ Riverfront Amphitheater ✓ City Square

_____ Bicentennial Park _____ Other (Specify) _____

Type of Event:

_____ Run/Walk _____ Rally _____ Parade _____ Concert _____ Wedding Ceremony/Photos

_____ Fair _____ Picnic ✓ Other (Specify) Farmers Market

Wednesday, October 7th
4:00PM to 7:00PM - Set up time
Thursday, October 8th
Noon to 9:00PM - Market Open
Friday, October 9th
Noon to 9:00PM - Market Open

Saturday, October 10th
9:00PM to 9:00PM - Market Open
Sunday, October 11th
11AM to Noon - Inclusion Time
Noon to 5:00PM - Market Open
5:00PM to 7:00PM - Tear Down

* The **Set-Up Begin Time** is the time the venue reservation contract time begins and the earliest any event-related activity can happen in the venue/space.

The **Break-Down End Time is the time the venue reservation contract ends and the latest any event-related activity can happen in the venue/space.

Weather:

Is this event rain or shine? ✓ Yes _____ No Description of inclement weather plan:

All vendors will have sides & weights on their canopys. We will follow all HHC guidelines for inclement weather.

Event Logistics:

Will normal operations of residents or businesses be affected by your event? _____ Yes ✓ No

If yes, please attach a copy of the notification letter to be approved by the Board of Public Works before being sent to the affected residents/businesses.

Is this event open to the public? ✓ Yes _____ No

Will you charge admission or participation fees? If so, what is the charge? What will the monies collected at this event go towards?

Free Family Friendly Event

Comprehensive Map Information:

Purpose: details the layout of the requested area and gives City officials a clear idea of layout.
A comprehensive map must be provided with the special event permit application. Each comprehensive map must include:

1. An outline of the entire requested event area.
2. Label street(s) requested for closure and mark locations of barricades. If the event involves a route, please indicate the direction of travel and have barricade placement clearly marked.
3. Location of all physical equipment and structures being placed within the event site (i.e. staging, tents, portable restrooms, production equipment, tables, chairs, fencing, vendors, etc.).
4. Location of generators or other electrical equipment (if applicable).
5. Location of food, beverage, or alcohol area (if applicable). It is required by the State of Indiana for premises that are not part of an approved designated outdoor refreshment area (DORA) must be welldefined with a fence, rope, or other similar enclosure that reasonably deters ingress and egress.
6. Trash and recycling receptacles.
7. Entry and exit locations.
8. Location of accessible viewing area.
9. Requested general parking and accessible parking areas.
10. All requests for reserving the amphitheater MUST have volunteers stationed on both sides of the railroad. Please indicate these volunteers on site plan/route map.

Have you attached a site plan/route map to your special event permit using these criteria? ✓ Yes _____ No

Road Closure Request:
Do you require a road closure? _____ Yes ✓ No If yes, list the street or lane closures:

Closure Type (full or partial lane)	Street Name	Start Date	Start Time	End Date	End Time

Security and First Aid:

Will you have contracted security? _____ Yes ✓ No

Number of security personnel on-site for event: _____ Please

list the provider of contracted security:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where contracted security will be located.

Will you have a first aid kit on site? ✓ Yes _____ No

Will you have an on-site provider of primary first aid? _____ Yes ✓ No Please

list the provider of first aid:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where first aid kit(s) and/or provider of first aid will be located.

Will you request the New Albany safety/traffic control services? _____ Yes ✓ No

If yes, please explain your request: _____

_____

Food and Beverage:

Will there be concessions at your event? ✓ Yes _____ No If yes, describe:

All food & beveraage vendors are permitted by the Health Department

_____

On attached map, please include where each concession will be located.

Please note all food vendors must obtain a license from the Floyd County Health Department.

Alcohol:

Will alcohol be served at your event? _____ Yes ✓ No

If yes, is alcohol going to be served within the DORA? _____ Yes _____ No

If alcohol will be served outside of DORA, what will alcohol floor plan be enclosed with? _____

On attached map include a well-defined area where alcohol will be located.

*Please note, a representative from the Host Organization to attend the Board of Public Works meeting **at least 60 days** in advance to answer any questions regarding their event.*

Fencing:

Will you have fencing? _____ Yes ✓ No Please

list the provider of fencing:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

Date and time fencing will be set up: _____

Date and time fencing will be taken down: _____

On attached map, please include where fencing will be located.

Restrooms:

Will you be requesting use of the amphitheater restrooms? _____ Yes ___✓___ No

(Amphitheater restrooms are closed due to winterization November 1st to March 1st each year.)

If yes, what time will you request the restrooms be open? _____ AM/PM

If yes, what time will you request the restrooms be closed? _____ AM/PM

If no, please list the provider of portable restrooms:

Company: HHC Provides Porta-Potties

Contact Name: _____

Email: _____

Phone Number: _____

Date and time portable restrooms will be dropped off: _____

Date and time portable restrooms will be picked up: _____

Total number of portable restrooms on site: _____

Will you have ADA portable restrooms on site? _____ Yes _____ No *On attached map, please include where the portable restrooms will be located.*

Equipment and Decorations:

***DO NOT** put nails or staples into trees/structures or stake anything in the ground.*

Will you use tents? ___✓___ Yes _____ No

What type of tents will be used? 10x10 Canopy

What will be used to weigh tents down? Weights - Sandbags or waterbags

Will other temporary structures be used? _____ Yes ___✓___ No

If yes, what other temporary structures will be used? _____ *On attached map, please include where tents and temporary structures will be located.*

Trash Plan:

How will trash be monitored during and after your event? How will trash be removed from premises after the event?

Vendors will empty trash cans as needed - Vendors will clean up after themselves each day, During and after the festival

Number of trash receptacles: _____

Number of recycling receptacles: _____

Please list the provider of trash services:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where trash cans will be located.

Entertainment Activities:

Will you have music? _____ Yes ✓ No

If yes, list the time(s) of music during the event:

_____

If yes, what type of music/amplification?

_____

_____

On attached map, please include where the entertainment activities will be located.

Will you have inflatables? _____ Yes _____ No If yes, please list the inflatable provider:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where inflatables will be located. **Electric:**

Will you use electricity? ✓ Yes _____ No

Will you use generators? _____ Yes _____ No

Outdoor extension cords must be 3-prong UL listed extension cords.

On attached map, please include where the generators or other large electrical equipment will be located.

Describe electrical usage:

Vendors provide extension cords electricity will be used to provide lights with the booths

_____

Affidavit of Application:

Everything that I have stated on this Special Event Permit Application is correct to the best of my knowledge. I have read, understand and agree to abide by the polices, rules and regulations listed on this and all applicable forms, including the City of New Albany ordinances, as they pertain to the requested usage. Applicant agrees and understands any significant damage to city property will be the sole responsibility of the applicant. By signing this application, the applicant agrees to follow all rules and regulations and city ordinances. The permit, if granted, is not transferrable and is revocable at any time at the absolute discretion of the New Albany Board of Public Works.

All programs and facilities of the City of New Albany are open to all citizens regardless of race, sex, age, color, religion, national origin and abilities.

Name of Applicant (please print): Westley Fair

Signature: Westley Fair

Date: 07/27, 2026

Completed Special Event Permit Applications may be mailed or delivered in person to:
City of New Albany, ATTN: Krystina Jarboe
142 East Main Street, Suite 310
New Albany, IN 47150

Completed Special Event Permit Applications may also be emailed to Krystina Jarboe at:
kjarboe@cityofnewalbany.com

Office Use Only

_____ Taken under advisement

_____ Approved

_____ Denied

Signed: _____ Date: _____, 2026

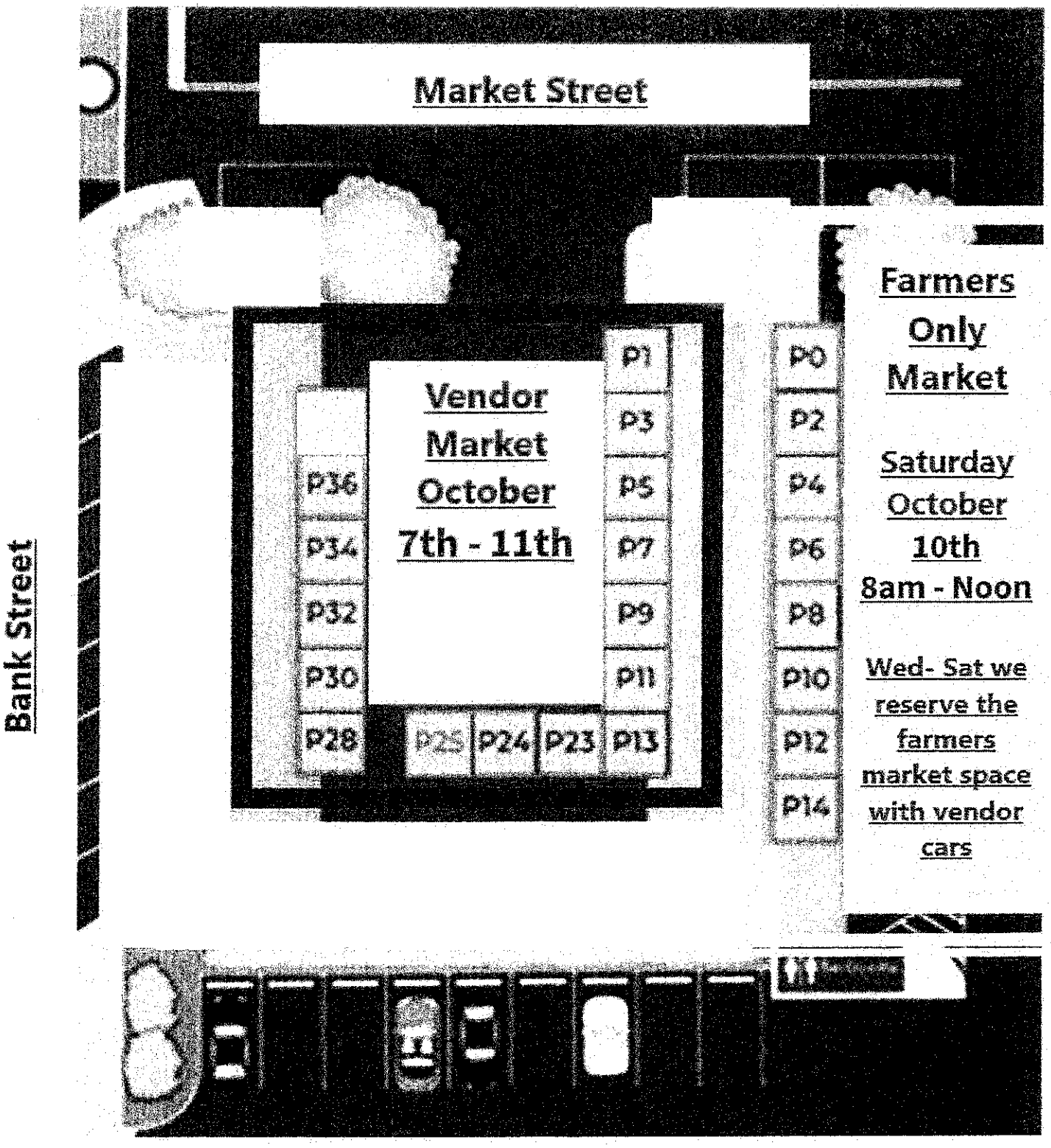
(Board of Works President) Notes:

_____

_____

_____

_____


Market Street
Vendor Market October 7th - 11th
P1
P3
P5
P7
P9
P11
P13
P23
P24
P25
P28
P30
P32
P34
P36
P0
P2
P4
P6
P8
P10
P12
P14
Farmers Only Market
Saturday October 10th 8am - Noon
Wed- Sat we reserve the farmers market space with vendor cars
Bank Street

Special Event Permit Application

142 East Main Street, Suite 310
New Albany, IN 47150
812-948-5333

www.cityofnewalbany.com

Applicant and Host Organization Information

Host Organization – The Host Organization is legally and financially responsible for the overall permitting process, management and implementation of an event and its associated dynamics.

Host Organization Name: Car Show in memory of Ralph Hines

Host Organization Event Representative – The event representative will be the main point of contact for all planning activities and day-of activities.

Event Representative and Title: Mark Miller

Host Organization Website: _____

Address: 1615 Indiana Ave

City: New Albany State: IN Zip Code: 47150

Work Phone: _____ Cell Phone: (502)640-9683

Email: mmiller@napdin.net

Please list any additional person, professional event organizer or service contractor hired by the Host Organization that is authorized to make decisions on the Host Organization's behalf for this event.

Name: _____ Name: _____

Company: _____ Company: _____

Email: _____ Email: _____

Phone Number : _____ Phone Number: _____

Why would you like to hold your event in New Albany?

Car Show will be held in the memory of Ralph Hines.

Banner Permit:

Will you be filling out a banner permit? _____ Yes ✓ No

Please contact the City Clerk's Office for more information regarding the City's policy on banners and banner permits.

Event Specific Information

Event Name: Car Show in memory of Ralph Hines

Will this event be marketed as a family friendly event? ✓ Yes _____ No *(if yes, please attach flyer)*

Will this event be marketed as a gun-free/weapon-free event? ✓ Yes _____ No *(if yes, please attach flyer)*

Is this an annual event? ✓ Yes _____ No

If yes, how many years has this event been happening? 20+

Anticipated Attendance – The estimated amount of people expected at event. unknown

Anticipated Participants – If the proposed event has registered participants, the estimated number expected. 400

Anticipated Number of Event Staff/Volunteers - 25

Event Description (including purpose, target audience and description):
Car show displays vehicles and motorcycles. All ages are welcome. Trophies will be distributed to winners at end of show.

Requested Venue:

✓ Riverfront Amphitheater _____ City Square
_____ Bicentennial Park _____ Other (Specify) _____

Type of Event:

_____ Run/Walk _____ Rally _____ Parade _____ Concert _____ Wedding Ceremony/Photos
_____ Fair _____ Picnic ✓ Other (Specify) Car show

Proposed Event Date: Oct. 10, 2026 Day of the Week: Saturday

Set-Up Begin Time*: 6 (AM)/PM Set-Up End Time: 9 AM/PM

Event Begin Time: 7 (AM)/PM Event End Time: 4 AM/(PM)

Break-Down Begin Time: 4:00 AM/PM Break-Down End Time**: 4:30 AM/(PM)

Proposed Rain Date: N/A Day of the Week: _____

* The Set-Up Begin Time is the time the venue reservation contract time begins and the earliest any event-related activity can happen in the venue/space.
**The Break-Down End Time is the time the venue reservation contract ends and the latest any event-related activity can happen in the venue/space.

Weather:

Is this event rain or shine? ✓ Yes _____ No
Description of inclement weather plan:
Will cancel show.

Event Logistics:

Will normal operations of residents or businesses be affected by your event? _____ Yes ✓ No

If yes, please attach a copy of the notification letter to be approved by the Board of Public Works before being sent to the affected residents/businesses.

Is this event open to the public? ✓ Yes _____ No

Will you charge admission or participation fees? If so, what is the charge? What will the monies collected at this event go towards?

Will charge $25 per show vehicle. Free to public entry. Monies collected will go to Crusade, Child's Place, NA Animal Shelter and St. Judes for Kids - cancer.

Comprehensive Map Information:

Purpose: details the layout of the requested area and gives City officials a clear idea of layout.
A comprehensive map must be provided with the special event permit application.
Each comprehensive map must include:

1. An outline of the entire requested event area.
2. Label street(s) requested for closure and mark locations of barricades. If the event involves a route, please indicate the direction of travel and have barricade placement clearly marked.
3. Location of all physical equipment and structures being placed within the event site (i.e. staging, tents, portable restrooms, production equipment, tables, chairs, fencing, vendors, etc.).
4. Location of generators or other electrical equipment (if applicable).
5. Location of food, beverage, or alcohol area (if applicable). It is required by the State of Indiana for premises that are not part of an approved designated outdoor refreshment area (DORA) must be well-defined with a fence, rope, or other similar enclosure that reasonably deters ingress and egress.
6. Trash and recycling receptacles.
7. Entry and exit locations.
8. Location of accessible viewing area.
9. Requested general parking and accessible parking areas.
10. All requests for reserving the amphitheater MUST have volunteers stationed on both sides of the railroad. Please indicate these volunteers on site plan/route map.

Have you attached a site plan/route map to your special event permit using these criteria? _____ Yes _____ No

Road Closure Request:

Do you require a road closure? ✓ Yes _____ No

If yes, list the street or lane closures:

Closure Type (full or partial lane)	Street Name	Start Date	Start Time	End Date	End Time
full		Oct 10	6 am	Oct 10	4:30 pm

Security and First Aid:

Will you have contracted security? ✓ Yes _____ No

Number of security personnel on-site for event: 2

Please list the provider of contracted security:

Company: NAPD x2 officer volunteers

Contact Name: Maj. Popp

Email: jpopp@napdin.net

Phone Number: _____

On attached map, please include where contracted security will be located.

Will you have a first aid kit on site? ✓ Yes _____ No

Will you have an on-site provider of primary first aid? ✓ Yes _____ No

Please list the provider of first aid:

Company: NA FIRE & Rescue

Contact Name: Tim Kroon & Joe Rose

Email: _____

Phone Number: _____

On attached map, please include where first aid kit(s) and/or provider of first aid will be located.

Will you request the New Albany safety/traffic control services? _____ Yes ✓ No

If yes, please explain your request: _____

_____

Food and Beverage:

Will there be concessions at your event? ✓ Yes _____ No

If yes, describe:

2-3 Food trucks - unknown vendors

_____

On attached map, please include where each concession will be located.

Please note all food vendors must obtain a license from the Floyd County Health Department.

Alcohol:

Will alcohol be served at your event? _____ Yes ✓ No

If yes, is alcohol going to be served within the DORA? _____ Yes ✓ No

If alcohol will be served outside of DORA, what will alcohol floor plan be enclosed with? _____

On attached map include a well-defined area where alcohol will be located.

Please note, a representative from the Host Organization to attend the Board of Public Works meeting at least 60 days in advance to answer any questions regarding their event.

Fencing:

Will you have fencing? _____ Yes ___✓___ No

Please list the provider of fencing:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

Date and time fencing will be set up: _____

Date and time fencing will be taken down: _____

On attached map, please include where fencing will be located.

Restrooms:

Will you be requesting use of the amphitheater restrooms? ___✓___ Yes _____ No

(Amphitheater restrooms are closed due to winterization November 1st to March 1st each year.)

If yes, what time will you request the restrooms be open? ___10___ AM/PM

If yes, what time will you request the restrooms be closed? 4:30 AM/(PM)

If no, please list the provider of portable restrooms:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

Date and time portable restrooms will be dropped off: _____

Date and time portable restrooms will be picked up: _____

Total number of portable restrooms on site: _____

Will you have ADA portable restrooms on site? _____ Yes _____ No

On attached map, please include where the portable restrooms will be located.

Equipment and Decorations:

DO NOT put nails or staples into trees/structures or stake anything in the ground.

Will you use tents? _____ Yes ___✓___ No

What type of tents will be used? _____

What will be used to weigh tents down? _____

Will other temporary structures be used? _____ Yes ___✓___ No

If yes, what other temporary structures will be used? _____

On attached map, please include where tents and temporary structures will be located.

Trash Plan:

How will trash be monitored during and after your event? How will trash be removed from premises after the event?

Event volunteers will collect trash during and after the event. We will place trash in receptacles provided.

Number of trash receptacles: 8

Number of recycling receptacles: 4

Please list the provider of trash services:

Company: City of New Albany

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where trash cans will be located.

Entertainment Activities:

Will you have music? _____ Yes ✓ No

If yes, list the time(s) of music during the event:

_____

If yes, what type of music/amplification?

_____

_____

On attached map, please include where the entertainment activities will be located.

Will you have inflatables? _____ Yes ✓ No

If yes, please list the inflatable provider:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where inflatables will be located.

Electric:

Will you use electricity? _____ Yes ✓ No

Will you use generators? _____ Yes ✓ No

Outdoor extension cords must be 3-prong UL listed extension cords.

On attached map, please include where the generators or other large electrical equipment will be located.

Describe electrical usage:

_____

_____

Affidavit of Application:

Everything that I have stated on this Special Event Permit Application is correct to the best of my knowledge. I have read, understand and agree to abide by the polices, rules and regulations listed on this and all applicable forms, including the City of New Albany ordinances, as they pertain to the requested usage. Applicant agrees and understands any significant damage to city property will be the sole responsibility of the applicant. By signing this application, the applicant agrees to follow all rules and regulations and city ordinances. The permit, if granted, is not transferrable and is revocable at any time at the absolute discretion of the New Albany Board of Public Works. All programs and facilities of the City of New Albany are open to all citizens regardless of race, sex, age, color, religion, national origin and abilities.

Name of Applicant (please print): Mark Miller

Signature: Mark Miller

Date: 4-13, 2026

Completed Special Event Permit Applications may be mailed or delivered in person to:
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142 East Main Street, Suite 310
New Albany, IN 47150

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kjarboe@cityofnewalbany.com

Office Use Only

_____ Taken under advisement

_____ Approved

_____ Denied

Signed: _____ Date: _____, 2026
(Board of Works President)

Notes:

_____

_____

_____

_____

In Memory of Ralph Hines

Saturday, October 10, 2026

2026 RALPH HINES MEMORIAL

CAR & BIKE SHOW

On The River Downtown New Albany

Registration: 9:00am - 1:00pm
Awards presentation 3:00 pm
Admission for Entrants: $25 per car
Hot Wheels Drag Racing: $5.00

Please Enter At West 10th St. and Proceed Toward Yellow Tent

Open to any type of stock, classic, show or race car, antique vehicles, trucks, motorcycle, any model any year.

DJ Service by Terry Langford • Dash Plaques for First 250 Entries • Door Prizes • 50/50 Drawing

Proceeds To Go To:

New Albany Fire Dept. For Crusade, St. Jude For Kids,
Childs Place and Humane Society - Animal Adoption

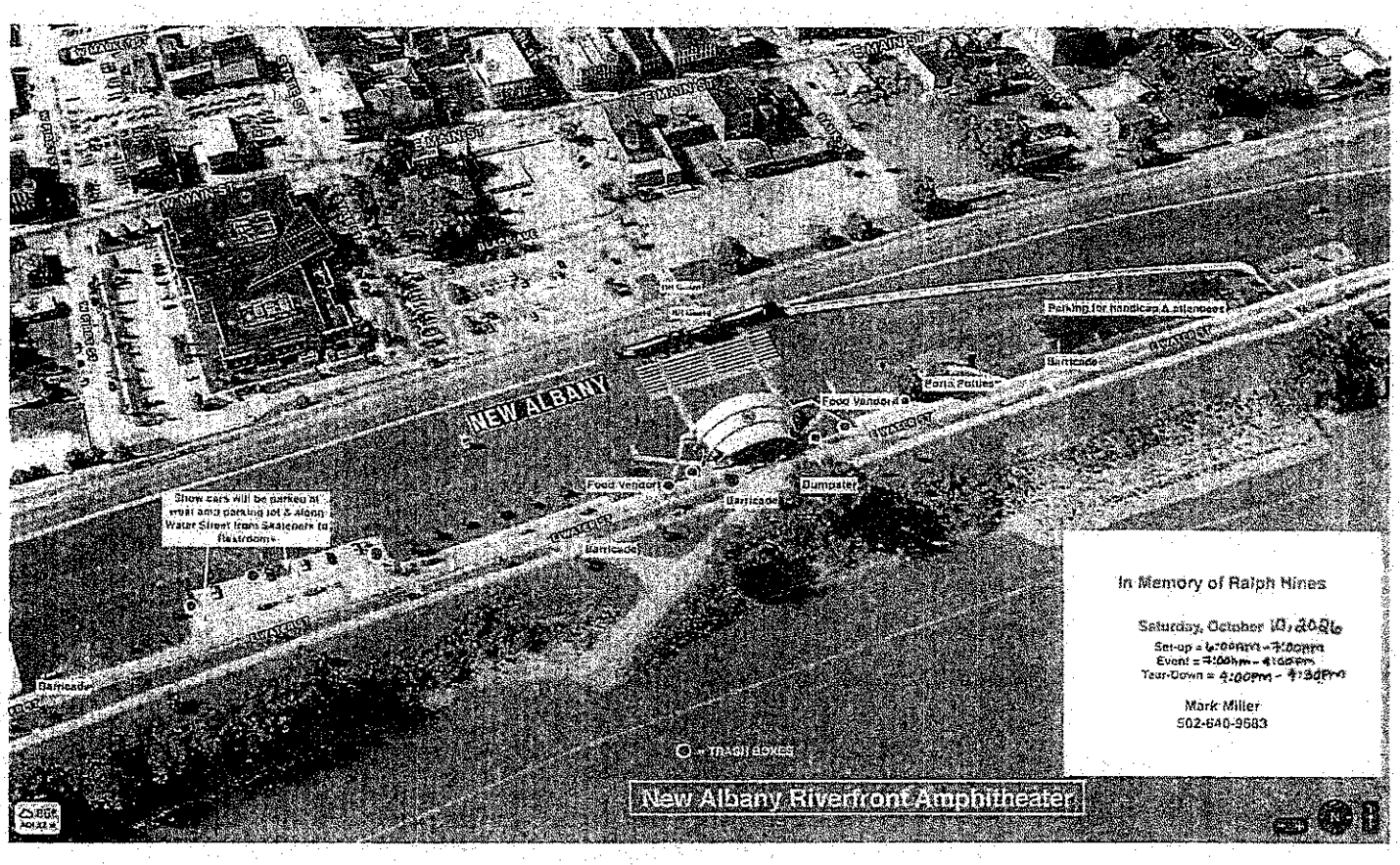
Trophies for Mayor's Choice, Best Ford, Best GM, Best Mopar, Best Other (Car), Best Street Rod, Best Bike, Best Paint, Largest Club Participation, Peoples Choice, Best Rat Rod, Lowrider , Late Model (30 yrs or newer), & Best Import.
Plus, Top 100 Cars Judged Receive a Top 100 Trophy

NO ALCOHOL

For more info call: Mark Miller 502-640-9683

Will not be held responsible for Accidents.

NO ALCOHOL


E MAIN ST
W MAIN ST
NEW ALBANY
Parking for handicap & shuttles
Barricade
Porta Potties
Food Vendors
Food vendor
Dumpster
Barricade
Barricade
Show cars will be parked at
Water Street from Seaborn to
Barricade
In Memory of Ralph Nines
Saturday, October 10, 2026
Set-up = 6:00AM - 7:00AM
Event = 7:00AM - 4:00PM
Tear-Down = 4:00PM - 4:30PM
Mark Miller
502-640-9583
O - Trash Boxes
New Albany Riverfront Amphitheater