

# **Munster Little League Opening day Parade**

**Saturday April 24<sup>th</sup>, 2021**

The parade line up will take place in the Munster Pool parking lot from 10:30-11:00

The parade will begin at 11:00

The route will go from the Munster pool parking lot down Lions Club Drive heading north towards Community Park.

The parade will end on baseball A field at Community Park and should take around 30-45 minutes.

RECEIVED  
MAR 11 2021  
TOWN MANAGER'S  
OFFICE

# Special Event Permit Application

**Event Title:**

All applicants are required to provide a description of the event. Please attach description to this application.

**Location of Event:**

Munster Little League Parade

All applicants are required to submit a site plan/route plan/map of proposed event. Please attach to this application.

**Date and Time:**

	Day of the Week	Date	Time	Anticipated number of attendees at event:
Set-up starts	Saturday	April 24		
Event Starts	Saturday	April 24	10:30 am	
Event Ends	Saturday	April 24	11:30 am	
Dismantle Ends	Saturday	April 24		

**Contacts/Organization Information**

Please list the party who will serve as the primary point of contact for the event.

Megan Schmittel 708 704 9816 mschmittel@att.net  
Applicant Name Phone Email

Munster Little League P.O. Box 3113 Munster IN 46321  
Organization Name Address Street City State ZIP

munsterlittleleague.org munsterlittleleague@yahoo.com  
Website Organization Phone Email

**Emergency Contact:**

In case of emergency during the event, a person must be available to be contacted during the hours of the event.

Jenn Fuller 708 705 4878  
Megan Schmittel 708 704 9816  
Emergency Contact name Cell Phone # Other Contact #

**Organization Status**

The sponsoring organization is a ☐ Commercial entity ☒ Tax-exempt non-profit organization

Please attach to this application current business registration or proof of 501(c)3 non-profit status.

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Munster Little League INC.</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ► <b>501(c)3</b>	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <b>1</b> Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. <b>P.O. Box 3113</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Munster, INDIANA 46321</b>	
7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
or	
Employer identification number	
<div><div>52</div><div></div><div></div></div>	<div><div>1234640</div><div></div><div></div></div>

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► <b>2/17/21</b>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)  
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 02/05/21
<b>PRODUCER</b> <b>Keystone Risk Managers, LLC</b> <b>1995 Point Township Drive</b> <b>Northumberland, PA 17867</b>	<b>CERTIFICATE #:</b> 1140222-2021-1      1 14 01	
<b>ADDITIONAL NAMED INSURED:</b> <b>MUNSTER LL</b> <b>John Castellano</b> <b>8213 Kooy Dr</b> <b>Munster, IN 46321</b>	<b>INSURERS AFFORDING COVERAGE:</b>	
	<b>INSURER A:</b>	<b>Lexington Insurance Company</b>
	<b>INSURER B:</b> (Non-Liability)	<b>National Union Fire Insurance Company of Pittsburgh, PA</b>
	<b>INSURER C:</b>	<b>AIG Specialty Insurance Company</b>

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  
 \* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.  
 \*\* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY		011405742	01/29/2021	01/01/2022	EACH OCCURRENCE	\$2,000,000
		X	OCCURRENCE				GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damage Deductible: \$250			PRODUCTS/COMP OPS AGGREGATE	\$2,000,000
		X	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
							Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
C	X	DIRECTORS & OFFICERS		018194562	01/01/2021	01/01/2022	EACH LOSS	\$1,000,000 *
							AGGREGATE	\$1,000,000
C	X	CYBER LIABILITY COVERAGE		018193395	01/01/2021	01/01/2022	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
		S&P	SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE	CONTINUITY DATE
	REGULATORY ACTION SUBLIMIT OF LIABILITY		\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION			POLICY INCEPTION	POLICY INCEPTION	
		EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION			NOT APPLICABLE	POLICY INCEPTION
A	X	CRIME COVERAGE		9472626	01/01/2021	01/01/2022	EACH LOSS	\$35,000
				Crime Deductible: \$250 Property/\$1,000 Money			AGGREGATE	NONE
B	X	SPORTS EXCESS ACCIDENT		SRG9105434	01/01/2021	01/01/2022	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

### ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
2. That part of the ball field or other premises not being used by the above named Little League.

### NAME AND ADDRESS OF PERSON OR ORGANIZATION:


1. Munster Parks and Recreation
2. School Town of Munster
3. Town of Munster

### INSURED

Little League Baseball Risk Purchasing Group, Incorporated  
 539 U.S.RT. 15 Highway  
 South Williamsport, PA 17702

### 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

# Special Event Permit Application

## Insurance

The sponsoring organization shall secure general event liability insurance from an approved insurance company listing the Town of Munster as additional insured, and providing minimum primary coverage of \$1,000,000. Evidence of said insurance must be submitted no later than fourteen (14) working days prior to the Special Event.

Insurance Agency		Phone	
Street	City	State	ZIP
Contact Name	Policy Type	Policy Amount	Policy Number

## Event Details

Please indicate if your event includes any of the following. If any of the following apply, please include in your site map as appropriate and detail in a separate attachment.

- ☒ Closure of public streets or public property
- ☐ Fees for admission, entry or participation
- ☐ Vendors selling to participants within event
- ☐ Tents
- ☐ Temporary Structures
- ☐ Bonfires, fireworks, propane use, or any open flame
- ☐ Food service
- ☐ Alcoholic beverages
- ☐ Amusement rides or inflatable devices
- ☐ Concert, sound amplification, or other entertainment
- ☐ Electricity/generator
- ☐ Water, sinks, plumbing equipment
- ☐ Portable Toilets

## Parking Plan

Please include a map that shows available parking for your event, including nearby available street parking if applicable. If parking for another business or organization is being utilized, please include a letter of consent signed by the business owner stating that they consent to their parking spaces being used by attendees of the event.

## Security Plan

Security determination will be made by the Munster Police Department based on the size and type of your event. Certain activities require heightened security. If not using private security company, necessary police presence will be determined in collaboration with the Munster Police Department.

If using a licensed private security company, please submit a detailed security plan showing event entrances and exits, number and location of security personnel, and any other procedures that will be used to ensure a safe and secure event. The company shall provide the Town of Munster with an insurance certificate naming the Town of Munster as "Additional Insured." A copy of such must be submitted no later than 14 days prior to the event date. The Munster Police Department reserves the right to modify submitted security plans and require additional security provisions as it deems necessary.

# Special Event Permit Application

## Request for Town Services

Please estimate your event's needs for the following public services: public space, street barricades, tables, and other services or equipment.

### Public Space

Requested Space Munster Pool parking lot & closure of Lions Club Dr  
 Date Sat. April 24 Time 10:00 - 12:00 Total Hours 2

Town Services	Requested	Required (Town Staff)	Final Cost (Town Staff)	Department Sign-Off
Public Space	Munster Pool Parking Lot		\$	
Street Barricades	Lions Club Dr from Pool - Community Park		\$	
Tables			\$	
Other services or equipment			\$	
<b>Total</b>			\$	

# Special Event Permit

## Security Plan

### Security Plan

The Munster Police Department will complete this portion of the permit in collaboration with the event organizers. Please leave page blank upon initial submission.

Town Services	Number Required	Total Hours	Cost	Department Sign-Off
Police Officers			\$	
Police Supervisors			\$	
Police Squad Cars			\$	
Specialized Police Equipment			\$	
Firefighters			\$	
Ambulances			\$	
Other services or equipment			\$	
<b>Total</b>			\$	

# Special Event Permit

## Security Plan

### Final Signatures

By signature below, the following individuals or their designee confirm that the application contains all required information and that the organization has met all requirements of the Town in order to obtain a Special Event Permit.

### Chief of Police

Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Fire Chief

Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Town Manager

Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





Community  
Park

Parade Route



Parking Lot (Line Up)

Calumet Ave

Fischer