

ORDINANCE NO. 2025 - 059

AN ORDINANCE AUTHORIZING THE CITY MANAGER OR HIS DESIGNEE TO APPROVE A NEW SPECIAL EVENT APPLICATION FROM AXESSPOINTE COMMUNITY SERVICES KNOWN AS "GRILL FOR GOOD" TO BE HELD ON SATURDAY, SEPTEMBER 13, 2025, AND THE TEMPORARY CLOSURE OF NORTH WATER STREET BEGINNING AT EAST MAIN STREET AND EXTENDING NORTH TO ALLEY 3 AND DECLARING AN EMERGENCY.

**WHEREAS**, AxessPointe Community Services would like to hold a special event known as "Grill for Good"; and

**WHEREAS**, Grill for Good will take place Saturday, September 13, 2025 from 12:00 p.m. until 7:00 p.m. The temporary closure of West Main Street between River Street and North Water Street will begin Saturday at 8:00 a.m. until 9:00 p.m.; and

**WHEREAS**, the Kent City Council consents to authorizing the City Manager or his designee to sign the Special Event Application as long as he is comfortable and believes the safety and security of the City's citizens will not be adversely affected.

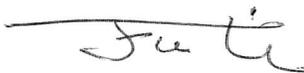
**NOW, THEREFORE, BE IT ORDAINED** by the Council of the City of Kent, Portage County, Ohio:

**SECTION 1.** That the Kent City Council authorizes the City Manager or his designee to execute the Special Event Application from AxessPointe Community Services in substantial conformance with the Special Event Application attached hereto as Exhibit "A", as long as the City Manager or his designee believes the safety and security of Kent's citizens are adequately projected.

**SECTION 2.** That it is found and determined that all formal actions of this Council concerning and relating to the adoption of this Ordinance were adopted in an open meeting of this Council and that all deliberations of this Council, and of any of its committees that resulted in such formal action, were in meetings open to the public in compliance with all legal requirements of Section 121.22 of the Ohio Revised Code.

**SECTION 3.** That this Ordinance is hereby declared to be an emergency measure necessary for the immediate preservation of the public peace, health, safety, and welfare of the residents of this City, for which reason and other reasons manifest to this Council this Ordinance is hereby declared to be an emergency measure and shall take effect and be in force immediately after passage.

PASSED: 7/16/25  
Date

  
\_\_\_\_\_  
Jerry T. Fiala  
Mayor and President of Council

EFFECTIVE: 7/16/25  
Date

ATTEST:   
\_\_\_\_\_  
Kathleen Coleman  
Clerk of Council



# CITY OF KENT, OHIO

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## DEPARTMENT OF COMMUNITY DEVELOPMENT

DATE: June 23, 2025  
TO: Dave Ruller, City Manager  
FROM: Eric Helmstedter, Economic Development Director   
RE: Special Event Permit: Grill for Good

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The City has received a Special Event Permit Application from AxessPointe Community Services to hold the Grill for Good event on Saturday, September 13, 2025. Previously a Kent Jaycees sponsored event, AxessPointe Community Services has taken stewardship of Grill for Good and incorporated numerous AxessPointe Community Services and Portage County nonprofit agencies into the event so it will provide food offerings alongside information about various services available in the community. The event date also was intentionally selected to coincide with Kent State University's Parents & Families Appreciation Weekend creating an opportunity for visitors to enjoy Grill for Good as well.

The event footprint has been reconfigured to have less impact on traffic and will no longer include the closure of East Main Street. AxessPointe Community Services' revised layout includes the closure of North Water Street, beginning at East Main Street and extending north to Alley 3, which is the alley located on the south side of the Columbus Street lot. This proposed reconfiguration of the North Water Street closure will allow Townhall II to be included in the event footprint and still accommodate the various vendors.

I am respectfully requesting time at the July 2, 2025 Council Committee meeting to discuss this item in more detail and to request Council's authorization, with emergency, for the street closure on September 13, 2025, from 8:00 a.m. to 9:00 p.m.

Please let me know if you have any questions concerning the attached materials or if you need any additional information to add this to the July 2, 2025 agenda.

Thank you.

Attachments

cc: Bridget Susel, Community Development Director  
Hope Jones, Law Director  
Kathy Coleman, Clerk of Council

CITY OF KENT SPECIAL EVENT PERMIT APPLICATION

This application is used for events held on public property within the City of Kent. This application must be submitted at least 60 days prior to the event, but no sooner than one year prior to the event. Acceptance of your application is not a final approval or confirmation of your request.

NAME OF EVENT: Grill for Good
EVENT DATE & TIME: September 13, 2025
EVENT LOCATION(S): North Water St from Columbus St to Main St and W. Main St from Water St to east side of Franklin A
EVENT PROCEEDS BENEFICIARY: Kent Social ServicesAxessPointe Community Services

APPLICANT INFORMATION

Organization Sponsoring Event: AxessPointe Community Services

Is it Nonprofit: [X] YES [ ] NO

If so, provide documentation certifying tax exempt, nonprofit status with this application.

Applicant Name: Pete Mahoney Title/Position: Community Relations Director

Mailing Address 3641 BY Lane City: Kent State: OH Zip: 44240

Phone: 330.607.2485 Email: pmahoney@kent.edu

Name(s) and phone number(s) of person(s) responsible during the event:

Event Website (if applicable):

EVENT INFORMATION

Type of Event or Special Activity: Festival (ex. Parade, 5k, Festival, etc.)

Provide a detailed description of the Event (please attach flyer or additional sheet if needed): Street fair with informational booths promoting AxessPointe Community Services agencies, and other Portage County nonprofit agencies. We will have various service organizations with food booths and we will have live music in the HomeTown Bank Square.

REQUESTED PERMIT TIME: Start set up: Start event: End event: End cleanup:

Anticipated attendance: 1,000

Has this Event ever been held in the past: [X] YES [ ] NO

If so, provide documentation detailing the previous event location, date, and number of attendees.

Admission charged: [ ] YES [X] NO If so, list the amount of the admission or participation fee: \$

Who will receive the proceeds:

**EVENT COMPONENTS**

Check all boxes that apply to your event.

- Alcohol Sales
- Fireworks
- Generators
- Pyrotechnics
- Vendors (Merchandise/Service)
- Other: \_\_\_\_\_
- Clean Up/Litter Management
- Food Vendors
- Music/Sound Amplification
- Street Closures
- Vendors (Informational)
- Electric
- Handwashing Facilities
- Portable Toilets
- Tents
- Water

**ALCOHOL SALES (if checked above)**

Name of applicant/license: AccessPointe Community Services

*A copy of the Ohio Department of Commerce, Division of Liquor Control Approval/Permit must be provided to the City prior to the event.*

**CLEAN UP/LITTER MANAGEMENT**

Applicant is responsible for all trash/litter, grease, damages, ash, and gray water generated by an event.

Describe how you will clean the site generated by the event: We will have two paid people on duty during the entire festival, along with aq team of volunteers at the conclusion of the event.

*A \$100 deposit is required to ensure that the event area is cleaned to pre-event conditions. Refund of deposit is at the discretion of the City, based upon the appearance of the event area once it has been cleaned.*

**ELECTRIC & WATER SERVICE**

Does your event require use of City electric:  YES  NO

If so, please explain: agency booths may require electrical, food booths may require electrical, and beer sales will require electrical

*Outdoor extension cords must be 3-prong, with proper grounding and rating approved for outdoor use.*

Does your event require use of City water:  YES  NO

If so, please explain: for handwashing at the food booths

**MUSIC/SOUND AMPLIFICATION**

Describe any music and/or amplifying equipment that is part of your event: Music will be in the HomeTown Bank Square

*The number and location of stages, number of bands/performers, and a schedule indicating the times and location of bands/performers must be submitted with the application.*

## PORTABLE RESTROOMS/HANDWASHING FACILITIES

Applicant is responsible for providing any portable restrooms and handwashing facilities needed to accommodate your event attendees and participants. Portable restroom suppliers can assist you with determining the quantity needed for your event.

Name and phone number of company supplying the portable restrooms and handwashing facilities: \_\_\_\_\_  
Portage Portable Toilets 330.285.1312

Number of portable restrooms: 8

Number of handwashing facilities: 2

Delivery date and time: 9/12/2025 6p

Post event removal date and time: 9/14/2025 9a

*Attach a copy of the contract showing proof of the Portable Restroom suppliers' liability insurance.*

## STREET CLOSURES

Does your event require street closure(s):  YES  NO

If yes, what street(s) (include specific boundaries with street addresses, use additional pages if necessary): \_\_\_\_\_

~~North Water St from Columbus St to Main St and Main St from Water St to east side of Franklin Ave~~

*The Service Director will determine the amount and location of barricades and cones required for your event. Applicant may be required to pick up and return the barricades and cones. Barricades and cones may be picked up/returned to the Service Administration Complex, 930 Overholt Road. A \$100 deposit is required to ensure that the barricades and cones are returned in good condition. Refund of deposit is at the discretion of the City based upon condition of the barricades and cones. Additional fees may be incurred should City staff be required to be present for the event.*

## TENTS

Name and phone number of company supplying the tents: Portage Tent Rentals 330.524.2646

Number of tents and size of each: 1 - 20x20

Method in which tent(s) will be secured: weighted down with water barrels

*Tents may require a permit and must comply with Ohio Fire Code, Ohio Building Code. Tents may also require liability insurance. Applicant is responsible for reviewing said codes and attaching a copy of the contract showing proof of the Tent supplier's liability insurance. Tent(s) may not be secured in any manner that is damaging to City property.*

## VENDORS/FOOD SALES

Number of Food Vendors: 20 Number of Merchandise/Service/Informational Vendors: 0

*Applicant is required to submit a Vendor List with this application indicating all vendors who will participate in the event. The Vendor List must indicate what each vendor will do, sell, demonstrate, cook (including cooking method), make, hand out, etc.*

**SITE PLAN**

All applicants are required to submit a detailed site plan for all events. Please attached a detailed site plan of your event that clearly indicates the names of all streets or areas that are part of the event footprint, and includes the locations of entrances and exits, food vendors, hand washing facilities, portable restrooms, signage, trash receptacles (not including City trash receptacles) tents, and vendors. Parade/Race applicants should include a map, which clearly indicates the names of all streets or areas, and directions of the proposed route.

**COMMUNITY IMPACT**

Will the normal operations of residents and businesses be affected by your event:  YES  NO

If so, please explain: Traffic flow will be diverted from the closed off area.

*For events with any street closure(s), the applicant must attach a copy of the proposed pre-event information. The City of Kent Community Development Department will provide the applicant with a list of affected residents and businesses resulting from any street closure(s). It is the responsibility of the applicant to provide all listed residents and businesses with a copy of the proposed pre-event information and written notification of any street closure(s) by hand delivery or First Class U.S. Mail.*

By signing this application, I am certifying that I have received a copy of the rules and regulations of Chapter 316 of the Codified Ordinances of the City of Kent, and I fully understand that should the permit be approved, it can be revoked if any of the provisions of this Chapter are violated.

Pete Mahoney

4/3/25

Applicant Name

Applicant Signature

Date

**FOR OFFICIAL USE ONLY. DO NOT WRITE BELOW THIS LINE**

On \_\_\_\_\_ this application was sent for review to the following Departments: Fire, Health, Police, Safety, and Service.

Application Status:  APPROVED  DENIED

Memorandum Agreement Required:  YES  NO

Proof of insurance reviewed and approved by the Law Director:  YES  NO

\_\_\_\_\_  
Law Director

\_\_\_\_\_  
Date

## ACKNOWLEDGEMENT

### COST AND DAMAGES

I understand that the application fee of \$100 is due upon submission to the City of Kent. I understand that for events held in the South Water Street Parking lot, the \$100 application fee will be waived. I understand that all fees associated with my event are due upon approval of my event and before a permit will be issued. I understand that additional restitution for any damages incurred during use will be my responsibility.

PM 4/3/2025  
Initials and Date

### CERTIFICATE OF INSURANCE/INDEMNIFICATION/RISK INFORMATION

Once an Applicant receives approval for their event, the Permit holder must furnish a certificate of insurance, in an amount of no less than one million dollars (\$1,000,000), explicitly releasing the City of Kent from all liability relating to the event and naming the City of Kent as an additional insured party for the respective event. This certificate must be provided to the City at least twenty (20) days prior to the event.

I agree to indemnify and hold harmless the City of Kent and its agents and employees from and against all claims, damages, losses and expenses including attorney's fees arising out of or resulting from the Special Event.

PM 4/3/2025  
Initials and Date

### ADDITIONAL FEES

I understand that upon review, and based on the information supplied in this application, it may be determined that my event requires the use of additional City resources, including, but not limited to: Police, Fire, Service, and Health Department personnel and/or equipment. Further information may be requested to make this determination. I understand that there may be additional fees associated with these services which will be my responsibility. I understand that additional fees associated with my event must be paid at least twenty (20) days prior to the event.

PM 4/3/2025  
Initials and Date

### CITY LOGOS

I understand that I am expressly prohibited from the use of the City of Kent's identifying marks without first obtaining written approval from the City.

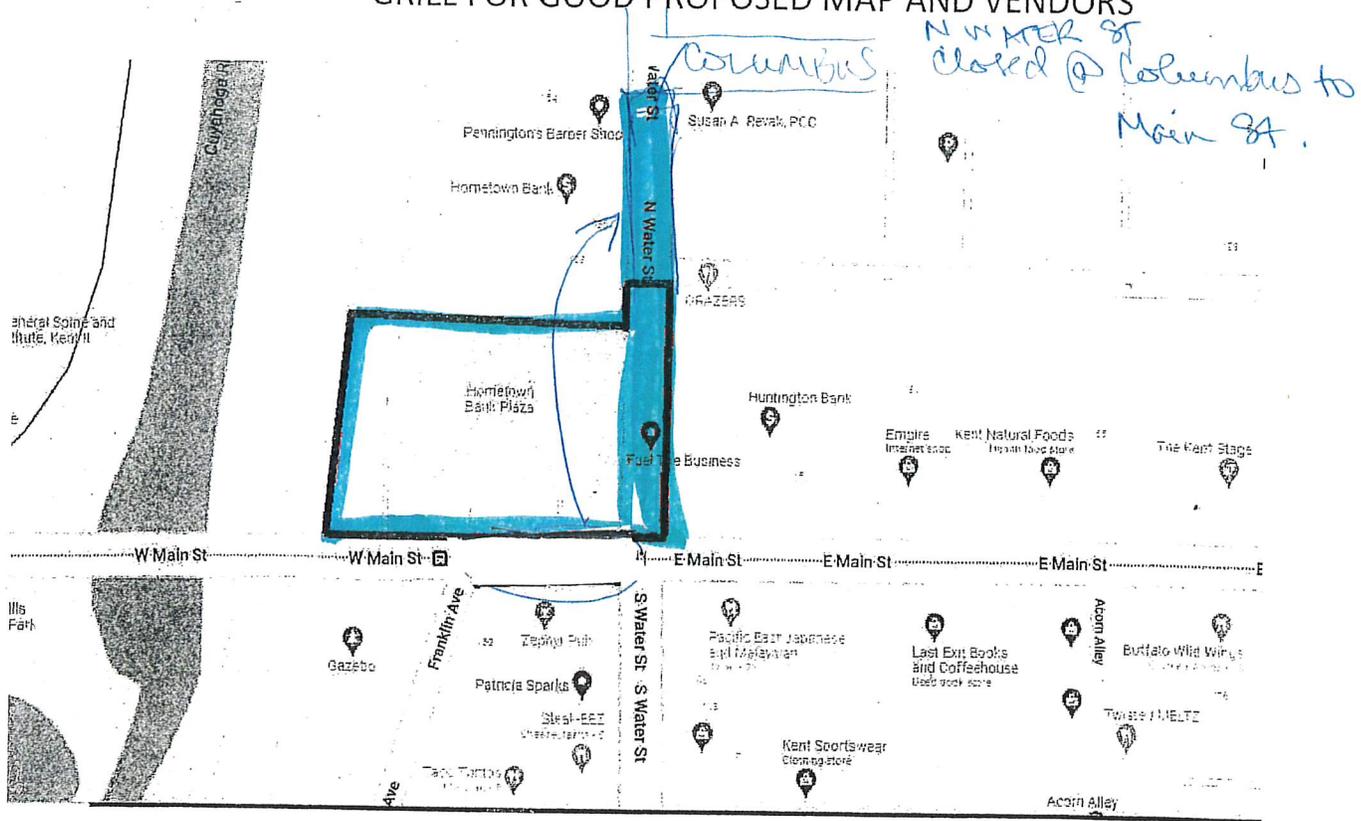
4/3/2025  
Initials and Date

### APPROVAL

I understand that this application is to request the use of City property, and submission of this application does not guarantee event approval. I understand that approval is based upon the description of the event in the application, and if changes to the event occur that are not stipulated in the original application, they must be submitted in writing for consideration. I understand that all requests must be approved by the City of Kent.

4/3/2025  
Initials and Date

# GRILL FOR GOOD PROPOSED MAP AND VENDORS



## EXPECTED VENDORS

- Ray's Place
- Hometown Bank
- Kent Fire
- Kent Police
- Kent Jaycees
- Rotary
- F&CS
- Elks Club
- Coleman
- Smithers Oasis
- Lucky Penny Creamery
- Axess Pointe
- University Hospitals
- Steve Smith
- DS Architecture

## **Band Schedule**

12p – 2p

WONE 97.5 Live Remote with music

2p – 4p

Live band in the Homtown Bank Square

4p – 4:30p

WONE 97.5 Live Remote with music

4:30p – 7p

Live band in the Homtown Bank Square

## **Portable Toilet Supplier**

Portage Portable Toilets

330.2851312

6 – Portable toilets

2 – handicapped accessible portable toilets

2 – Hand washing stations

## **Tent Supplier**

Portage Tent Rentals

330.524.2646

1- 20x20

## **Community Impact Pre-Event Information**

North Water Street from Columbus Street to Main Street, from Water Street to east side of Franklin Ave.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/03/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Ellerhorst Russell Insurance Agency 10864 North Street PO Box 330 Garrettsville, OH 442310330	CONTACT NAME: Caitlin Lawless	
	PHONE (A/C, No, Ext):	FAX (A/C, No): (330) 527-5014
E-MAIL ADDRESS: clawless@ellerhrost.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Auto-Owners Insurance Co		18988
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

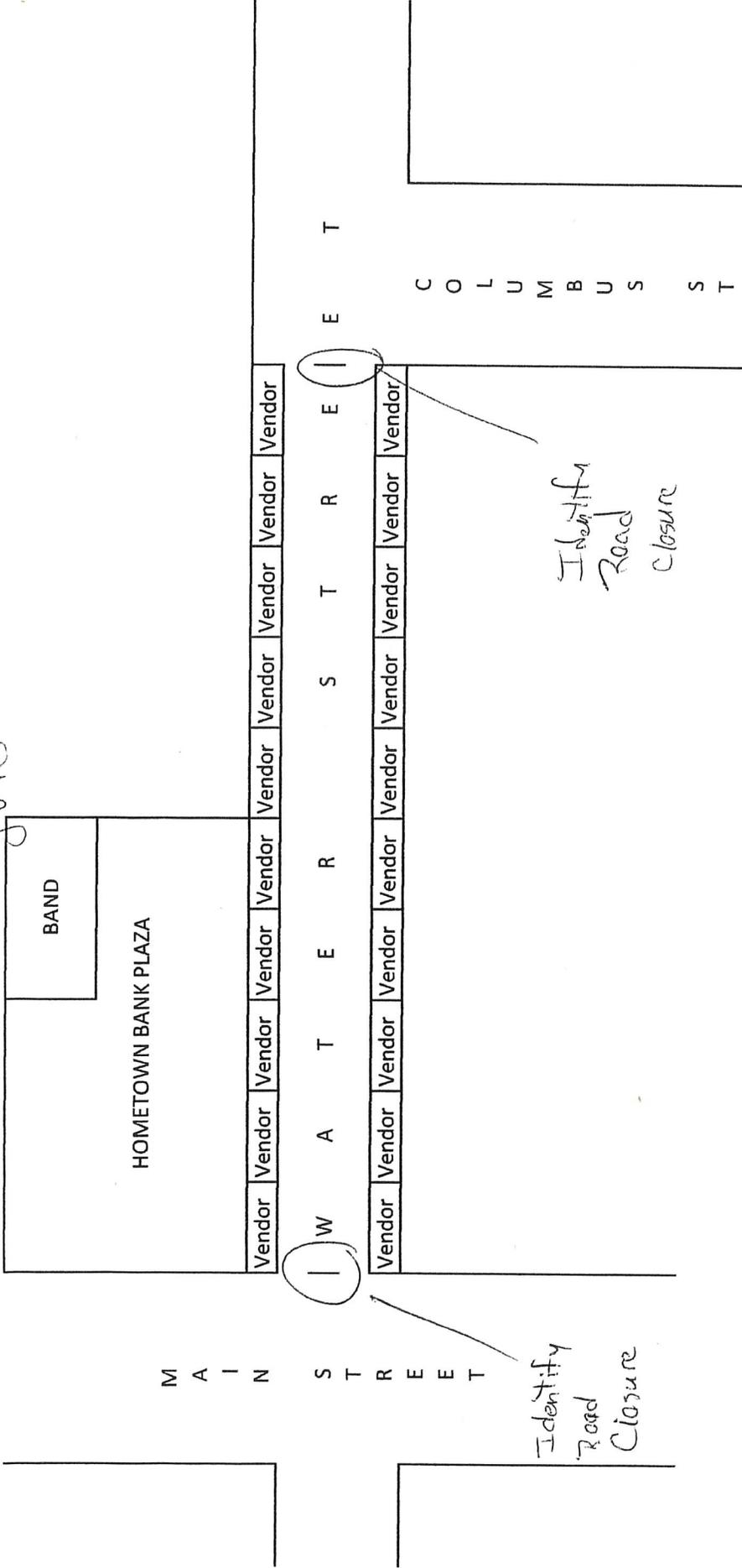
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY    PRO-JECT    LOC OTHER:			05829468	03/16/2025	03/16/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			4882946802	07/08/2024	07/08/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	UMBRELLA LIAB    OCCUR EXCESS LIAB      CLAIMS-MADE DED    RETENTION \$						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER  AccessPoint Community Services 143 Gougler Ave Kent, OH 44240	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  

Part-a-jobs



M A I N S T R E E T

C O L U M B U S S T

Identify Road Closure

Identify Road Closure

Set up	8:00am
Start	12:00pm
End	7:00pm
Clean up	<del>8:00pm</del>

9:00 AM

Date: \_\_\_\_\_

# New Special Event Road Closure Petition

Name: Town hall #  
Address: 155 N. WATER  
KENT OH 44240  
Signature: [Signature]

Name: Daisy Pops  
Address: 154 N Water St  
Kent, OH 44240  
Signature: [Signature]

Name: Grazers  
Address: 123 N. water St  
Kent OH 44240  
Signature: [Signature]

Name: Franklin School of Dance  
Address: 152 N Water St  
Kent, OH 44240  
Signature: [Signature]

Name: Hometown Bank  
Address: 142 N Water St.  
Kent OH 44240  
Signature: Melina Stewart

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: Pennington Barber Shop  
Address: 150 N. Water St  
Kent  
Signature: [Signature]

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: L  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_

I, KATHLEEN COLEMAN, CLERK OF COUNCIL FOR THE CITY OF KENT, COUNTY OF PORTAGE, AND STATE OF OHIO, AND IN WHOSE CUSTODY THE ORIGINAL FILES AND RECORDS OF SAID COUNCIL ARE REQUIRED TO BE KEPT BY THE LAWS OF THE STATE OF OHIO, HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND EXACT COPY OF *ORDINANCE No. 2025-059*, ADOPTED BY THE COUNCIL OF THE CITY OF KENT ON July 16, 2025.

(SEAL)

  
KATHLEEN COLEMAN  
CLERK OF COUNCIL