

ORDINANCE NO. 2025 - 060

**AN ORDINANCE AUTHORIZING THE CITY MANAGER OR HIS DESIGNEE TO APPROVE A NEW SPECIAL EVENT APPLICATION FROM MAIN STREET KENT KNOWN AS "THE LONGEST TABLE" TO BE HELD ON SUNDAY, AUGUST 3, 2025, AND THE TEMPORARY CLOSURE OF WEST MAIN STREET BETWEEN RIVER STREET AND NORTH WATER STREET AND DECLARING AN EMERGENCY.**

**WHEREAS**, Main Street Kent would like to hold a special event known as "The Longest Table"; and

**WHEREAS**, the Longest Table will take place Sunday, August 3, 2025 from 5:00 p.m. until 7:00 p.m. The temporary closure of West Main Street between River Street and North Water Street will begin Sunday at 3:00 a.m. until 8:30 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 Main Street Kent 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.

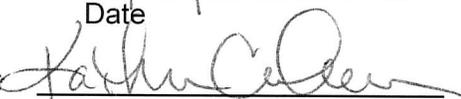
**SECTION 2.** That it is found and determined that all formal actions of this Council concerning and relating to the adoption of this Ordinance were adopted in an open meeting of this Council and that all deliberations of this Council, and of any of its committees that resulted in such formal action, 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 *EH*  
RE: Special Event Permit: Longest Table

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In partnership with the City, Main Street Kent has submitted a special event permit application to host a community dinner event, known as The Longest Table, on Sunday, August 3, 2025. An inclusive event focused on bringing people together to build community over a meal and conversation, The Longest Table began in 2022 in New York City. In three short years, The Longest Table events have been held in nearly 100 communities across the world.

Main Street Kent would like to host the event on the Main Street Bridge and is requesting the closure of West Main Street between River Street and North Water Street. The requested closure will allow tables and chairs to be set up on the Main Street Bridge, providing a scenic view of the Cuyahoga River for event participants that is centrally located. Event participants will need to bring their own food, and hosting the event on the West Main Street Bridge should encourage the ordering of takeout from downtown restaurants.

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 August 3, 2025, from 3:00 p.m. to 8:30 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  
Dominique Bollenbacher, Community Engagement Coordinator

**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: Longest Table  
EVENT DATE & TIME: Sunday, August 3, 2025 from 5-7:00pm  
EVENT LOCATION(S): W. Main St. Bridge  
EVENT PROCEEDS BENEFICIARY: None

**APPLICANT INFORMATION**

Organization Sponsoring Event: Main Street Kent

Is it Nonprofit:  YES  NO

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

Applicant Name: Heather Malarcik Title/Position: Executive Director

Mailing Address 154 N. Water St., 2E City: Kent State: OH Zip: 44240

Phone: 330-677-8000 Email: heather@mainstreetkent.org

Name(s) and phone number(s) of person(s) responsible during the event: \_\_\_\_\_  
Heather Malarcik 330-696-9117  
Dominique Bollenbacher 330-422-9627

Event Website (if applicable): The event is based on this concept: www.longestcommunitytable.org

**EVENT INFORMATION**

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

Provide a detailed description of the Event (please attach flyer or additional sheet if needed): \_\_\_\_\_  
Tables and chairs will be set up on the W. Main St. bridge for a special community dinner! Each table will have a "host" who coordinates the meal for the table. Whether it is potluck or carryout, everyone will enjoy dinner together in one place.

REQUESTED PERMIT TIME: Start set up: 3:00 pm Start event: 5:00 pm  
End event: 7:00 pm End cleanup: 8:30 pm

Anticipated attendance: 200

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

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

Admission charged:  YES  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/licensee: \_\_\_\_\_  
*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: Event organizers will have trash boxes set up throughout the event and will leave the space as clean as it was when we started, or even cleaner!

*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: We will plug in a speaker to play music on the bridge.

*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: \_\_\_\_\_

**MUSIC/SOUND AMPLIFICATION**

Describe any music and/or amplifying equipment that is part of your event: Background music will be played on a speaker for guests to enjoy.

*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: \_\_\_\_\_  
Aris Company  
330-562-8300

Number of portable restrooms: 1 Number of handwashing facilities: 1

Delivery date and time: August 1 Post event removal date and time: August 4

*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): \_\_\_\_\_  
W. Main St. from Gougler to Water St.

*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: \_\_\_\_\_

Number of tents and size of each: \_\_\_\_\_

Method in which tent(s) will be secured: \_\_\_\_\_

*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: 0 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 will need to be re-routed, impacting businesses that are open on Sunday and residents traveling through town.

*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.

Heather Malarcik

*Heather Malarcik*

6/11/25

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

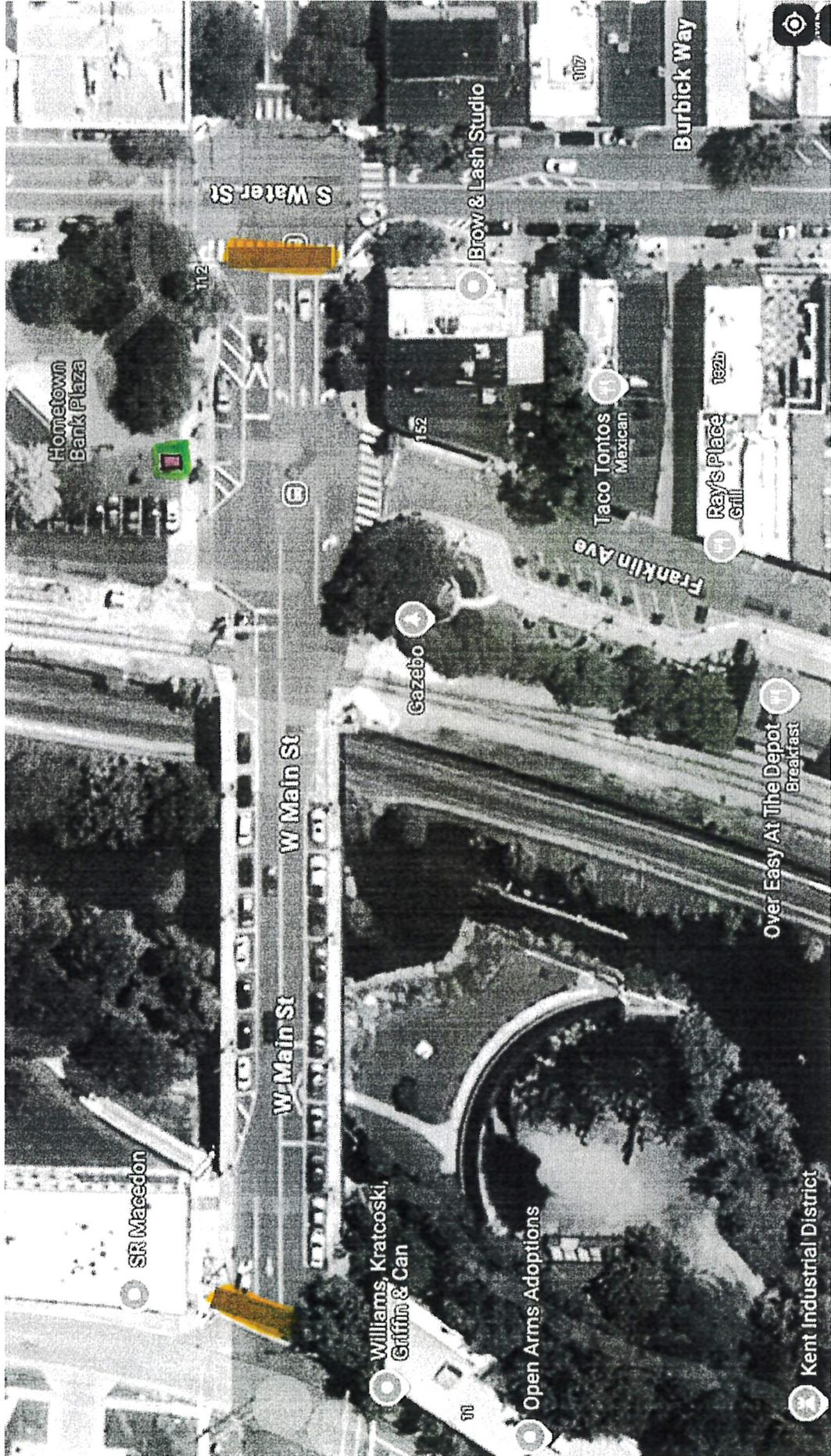
Memorandum Agreement Required:  YES  NO

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

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

\_\_\_\_\_  
Date

Longest Table  
Sun., Aug. 3  
closure 3pm - 8:30pm



[Yellow bar] = road closures

[Green square] = port-a-potty + handwashing

Date: 6/11/25

# New Special Event Road Closure Petition

Name: Woods HomeTown Bank Name: \_\_\_\_\_  
Address: 142 N Water St Address: \_\_\_\_\_  
Kent OH 44240  
Signature: Michael Lewis Signature: \_\_\_\_\_

Name: Zephyr Pub Name: \_\_\_\_\_  
Address: 106 N Main Street Address: \_\_\_\_\_  
Kent OH 44240  
Signature: Matthew Signature: \_\_\_\_\_

Name: [Signature] Name: \_\_\_\_\_  
Address: 11 S. Kever Address: \_\_\_\_\_  
Kent OH 44240  
Signature: [Signature] Signature: \_\_\_\_\_

Name: USMC Name: \_\_\_\_\_  
Address: 265 W. Main Address: \_\_\_\_\_  
Ste 202  
Signature: [Signature] Signature: \_\_\_\_\_

Name: The Loft Name: \_\_\_\_\_  
Address: 112 W. Main St. Address: \_\_\_\_\_  
Signature: Email Mike Beder Signature: \_\_\_\_\_

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/20/2025

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).

<b>PRODUCER</b> Blasko & Cummins Insurance Services c/o Blasko & Cummins Insurance Services P.O. Box 877 Middlefield OH 44062		<b>CONTACT NAME:</b> Joseph Blasko Jr. <b>PHONE (A/C, No, Ext):</b> (440) 632-5656 <b>E-MAIL ADDRESS:</b> j.blasko@blaskocummins.com		<b>FAX (A/C, No):</b> (440) 632-1859	
<b>INSURED</b> Aris Company, LLC P.O. Box 23097 Chagrin Falls OH 44023		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Grange Mutual Casualty Co		<b>NAIC #</b>	
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES CERTIFICATE NUMBER: CL251313456 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.

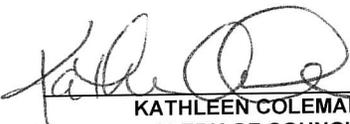
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CPP 2697959-9	12/01/2024	12/01/2025	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per accident) \$
	DED RETENTION \$						PROPERTY DAMAGE (Per accident) \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						\$
	Y/N <input type="checkbox"/> N/A						PER STATUTE OTHER
							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)

<b>CERTIFICATE HOLDER</b> City of Kent 930 Overholt Road Kent OH 44240	<b>CANCELLATION</b> 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 
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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. 2025-060*, ADOPTED BY THE COUNCIL OF THE CITY OF KENT ON July 16, 2025.

(SEAL)

  
KATHLEEN COLEMAN  
CLERK OF COUNCIL