Special Event Permit Application

Submit this application, including all supporting documentation and the appropriate fee ($50.00 for special events or $25.00 for block parties) to: City of Topeka City Clerk's Office; 215 SE 7th Street, Room 166; Topeka, Kansas 66603. For assistance call 785/368-3940 during business hours.

General Event Information

Please Print

Name of Event: ____________________________________________

Event Date(s)*: ________________________________________ Estimated attendance: _______________

*NOTE: If this Application is submitted more than six months prior to the scheduled event, the City may not be aware of potential street closures/traffic issues associated with yet-to-be-scheduled construction projects.

EVENT Start Time: ___________ am/pm  EVENT End Time: _____________ am/pm

SET UP Start Time: ___________ am/pm  TEAR DOWN End Time: ___________ am/pm

Full and complete description of event:

____________________________________________________________________________________

____________________________________________________________________________________

Location(s) / Route (if applicable) – Please attach a map AND describe the route, showing the Start and Finish areas:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Staging Area (if applicable) – Please provide a full and complete description:

____________________________________________________________________________________

Will electrical outlets be needed for equipment used during event? Yes No Please list location(s) of electrical outlets

Disbandment Area (if applicable) – Please provide a full and complete description:
Rain Date?       Yes   No

If yes, then date(s): ________________________________

Fundraiser?         Yes   No

If yes, then beneficiary: ________________________________

Registration/Entry Fee?         Yes   No

If yes, then amount: ________________________________

Noise Exception?         Yes   No

If yes, then Council District No. _____________

PLEASE CHECK ALL THAT APPLY TO YOUR EVENT:

<table>
<thead>
<tr>
<th>Type of Event</th>
<th>Event Details</th>
<th>Equipment at Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Festival</td>
<td>____ Alcohol Served</td>
<td>____ Amplified Speaking and/or Music</td>
</tr>
<tr>
<td></td>
<td></td>
<td>~Hours: _____ to _____</td>
</tr>
<tr>
<td>____ Parade</td>
<td>____ Alcohol Sales</td>
<td>____ Portable Restrooms (see</td>
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<tr>
<td></td>
<td></td>
<td>attachment for recommended Standards)</td>
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<tr>
<td>____ Block Party/Picnic and/or Neighborhood Procession</td>
<td>____ Mobile Food Vendors:</td>
<td>____ Stage/Props/Production</td>
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<tr>
<td></td>
<td>~How many? _____</td>
<td></td>
</tr>
<tr>
<td>____ Sporting Event or Competition</td>
<td>____ Transient or Sidewalk Vendors:</td>
<td>____ Electrical Outlets Needed</td>
</tr>
<tr>
<td></td>
<td>~How many? _____</td>
<td>____ Dumpsters/Receptacles</td>
</tr>
<tr>
<td>____ Concert</td>
<td>____ Open to the Public</td>
<td>____ Other: _________________________</td>
</tr>
<tr>
<td>____ Other:___________________</td>
<td>____ Animals</td>
<td></td>
</tr>
</tbody>
</table>
**Organization/Sponsor & its Authorized Representative**

Name of Organization/Sponsor: ___________________________________________________________
Address: ______________________________ State: ______ Zip: ____________
Business Phone: ________________ Fax: ____________________________________
Web Address of Organization/Sponsor: __________________________________________
Name of Authorized Representative: ________________________________________________
Address: ______________________________ State: ______ Zip: ____________
Home Phone: ____________ Work Phone: ____________ Cell Phone: ______________
Email: _______________________________________________________________________

**Primary On-Site Contact Person**

Name: ___________________________________________________________________________
Home Phone: ____________ Work Phone: ____________ Cell Phone: ______________
Email: _______________________________________________________________________

*NOTE: The authorized representative must be an individual who possesses full legal authority to sign this application and any subsequent documents on behalf of said entity. The primary on-site contact person must be an individual who can provide appropriate and effective (1) information to City personnel and (2) direction to event staff and volunteers during preparation for, as well as during the course of, the event.*

**Public Safety Considerations**

Will the organizer/sponsor ensure that fire hydrants remain unobstructed? Yes No

Will the organizer/sponsor supply a First-Aid Station for the event? Yes No

If yes, then: Type: ________________ Location: ______________________________________

Will the organizer/sponsor engage private security to work the event? Yes No

If yes, then identify the provider: ________________________________

*NOTE: Various City departments will conduct a full review of the proposed event from a public safety perspective and staff will provide associated requirements in a timely manner. Type III barricades are the minimum traffic control device required for all street closures. However, more advanced barricades may be required depending upon the particular facts and circumstances surrounding each event. It is important for the organizer/sponsor to understand that some type of barricade(s) will most likely be required for any type of special event.*
**ADMINISTRATIVE REGULATIONS** may be applied during the process of reviewing and approving special event applications. Regulations that will be considered include (1) Reducing Length of Street Closure (2) Using Alternative Streets (3) Notice to Surrounding Property Owners and (4) Consideration of Noise

Will streets, sidewalks and/or intersections need to be closed for your event?  Yes  No

*NOTE: It is imperative that applicants are mindful of the manner in which notification is provided to residents and/or business owners/tenants who live and work within the surrounding area, including the timeliness of such notification, as these individuals will be affected in one way or another by the sponsor's event.*

If yes, please list all known streets, sidewalks and/or intersections that you are requesting to close in conjunction with your event. (*Attach a complete site plan in accordance with TMC Section 12.70.050(b)(8))

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Date(s) of street, sidewalk and/or intersection closures: _______________________

Time(s) of street, sidewalk and/or intersection closures:

  - Set Up: From ________ to ________am/pm
  - Tear Down: From ________ to ________am/pm

Explain the specific method(s) by which you will notify residents and/or businesses that will be affected by the street, sidewalk and/or intersection closures, including notification dates:

**Downtown & NOTO Arts District Event Notification Requirements:** Any applicant who intends to hold an event downtown or in NOTO shall use the contact information provided by the City Clerk’s office upon request by the applicant. Once notification has been completed, the applicant shall execute a Statement indicating that all owners within the affected area were notified at least ten days prior to the event and shall provide such Statement to the City Clerk 48-hours prior to the event

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

**ALL APPLICANTS SHALL CONTACT A TRAFFIC CONTROL COMPANY FOR ALL TRAFFIC CONTROL DEVICES, APPLICANT SHALL HAVE THE COMPANY CALL TRAFFIC ENGINEERING AT LEAST 3 DAYS PRIOR TO EVENT AND CONFIRM ORDER HAS BEEN PLACED. IF YOU ARE SUPPLYING YOUR OWN BARRICADES YOU SHALL SEND THE NCHRP 350 OR MASH COMPLIANT CERTIFICATE TO CITY OF TOPEKA TRAFFIC ENGINEERING WITH A PHOTO OF THE DEVICES NO LATER THAN 10 DAYS PRIOR TO YOUR EVENT. FAILURE TO ORDER OR USE UNAPPROVED TRAFFIC CONTROL WILL RESULT IN EVENT CANCELLATION.**
Traffic Control Company Contact Numbers:
C-HAWKK – 1-785-542-1800
MATHER – 1-785-478-3780
TCS – 1-785-448-0402
CTCR – 1-785-232-8360

*NOTE: The special event organizer/sponsor is responsible for providing notice of street closures to all affected residents and/or businesses at least ten days prior to the event. If the City receives complaints related to lack of notice and deems that the notice provided was not appropriate given the particular facts and circumstances involved, approval of special event permits may be withheld in the future.

Will sidewalk, transient or mobile food vendors be participating in your event?  Yes  No

If yes, please initial below to indicate that you have read and fully understand the requirements contained in TMC Section 12.70.060, which provide that the applicant: (i) submit the names of all sponsor-approved vendors to the city clerk at least forty-eight (48) hours prior to the event; (ii) ensure that each vendor receives written notification of their having been approved to participate; and (iii) ensure that each vendor displays such written notification in a prominent place (clearly visible to the public) during the time they are present at the event. __________ (initials)

Have you obtained the consent of each business owner to a sidewalk vendor operating in front of or adjacent to their businesses (if sidewalk vendors will be part of the event)?  Yes  No

*NOTE: City ordinance requires the special event organizer/sponsor to secure this consent prior to allowing a sidewalk vendor to operate in front of or adjacent to any business.

Clean up  Please Print

Explain the specific methods by which you will clean up after your event, including your plan for removing all debris and disposing of all refuse:
____________________________________________________________________________________
____________________________________________________________________________________
Clean-Up personnel provided by: ______________________________________________

*NOTE: The special event organizer/sponsor will be required to provide a deposit, (in an amount to be determined by designated City personnel depending upon the scale of the event). The purpose of the deposit is to ensure that normal traffic flow and access is restored to the area in a prompt manner and that the site(s) is returned to its former condition (normal wear and tear excepted). If not, the deposit will be forfeited and approval of special event permits may be withheld in the future. (1) All debris must be removed from the street(s) and/or right-of-way within thirty minutes after the ending time noted on the event permit; and (2) All other associated clean-up must be completed within 12 hours after the ending time noted on the event permit.
**Insurance**

A special event applicant is required to provide an original Certificate of Liability Insurance evidencing an insurance policy from an insurance company authorized to do business in the State of Kansas, which provides general liability coverage for any “special event” (as defined in TMC Section 12.70.010) in an amount not less than $500,000 combined single limit per occurrence for bodily injury and property damage and which names the City of Topeka as an Additional Insured with the same coverage as the Insured, without restrictions.

Notwithstanding the above, a block party applicant may opt instead to execute an indemnity/hold harmless agreement, in a form approved by the City, which would indemnify and hold the City harmless against all claims, damages or causes of action arising from the event (see TMC Section 12.70.080).

**Applicant’s Statement of Agreement:**

The information that I have provided herein is correct to the best of my information, knowledge and belief. I have read, understand and agree to abide by the rules and regulations included in this application and the Topeka Municipal Code, (including my obligations under the “Process and Instructions” section of this application). I further understand that any permit that may be granted is not transferable and is revocable at any time at the absolute discretion of the City of Topeka.

I hereby affirm that the above information is true and fully understand that the issuance of a Special Event Permit is entirely contingent upon satisfactory compliance with all associated conditions and requirements.

I, the undersigned, agree to abide by the provisions in this application and the instructions attached hereto.

___________________________________________________  ________________________
PRINTED NAME of authorized representative/applicant    SIGNATURE of authorized representative/applicant    Date

Please mail or deliver this completed application, along with any additional documentation required, to:

City Clerk’s Office
215 SE 7th Street, Room 166
Topeka, KS 66603
OFFICIAL USE ONLY

City Clerk’s Office

Date Application Received: __________________ By: _________________________________

Date Non-Refundable Special Event Application Fee Received: ________________

Fee Received By: ___________________________ Fee Amount: $____________

Cash ( ) Credit ( ) Check ( )/No.___________ Receipt #____________
City of Topeka Department Contacts & Authorization

Below is a list of city representatives available for questions or concerns about your event.

City Clerk’s Office Contact Information: Kelly Bogner 368-3940, cclerk@topeka.org
Topeka Police Department: Ronnie Connell 368-1589, rconnell@topeka.org
Topeka Fire Department: Todd Harrison, 368-4130, tharrison@topeka.org
Traffic Engineering Division: Kristi Ericksen, 368-3029, kericksen@topeka.org
Street Operations Division: Michael Trower, 368-3920, MTrower@topeka.org
Parking Division: Nicole McDuffee, 368-2584, nmduffee@topeka.org
City Attorney’s Office: Mary Feighny, 368-3883, mfeighny@topeka.org

Internal Use Only

TPD Date: ________________ Comments: ________________________________

TFD Date: ________________ Comments: ________________________________

Traffic Date: ________________ Comments: ________________________________

Street Maintenance Date: ________________ Comments: ________________________________

Parking Date: ________________ Comments: ________________________________

City Attorney’s Office Date: ________________ Comments: ________________________________

APPROVAL TO ISSUE EVENT PERMIT:   YES   NO

DATE: ________________ BY: ____________________________________________________
Downtown & NOTO Art District Special Events

Statement of Notification

Any applicant who intends to hold an event downtown or in NOTO shall use the contact information provided by the City Clerk’s office upon request by the applicant.

Please return signed statement to the City Clerk’s office at least 48 hours prior to your event.

I hereby affirm that all owners within the affected area were notified at least ten days prior to the event.

PRINTED NAME of authorized representative/applicant

_________________________________________________

SIGNATURE of authorized representative/applicant

__________________________________________________  ________________________

Date

Email: cclerk@topeka.org

Fax: 785-368-3943

Address:  City Clerk’s Office
          215 SE 7th Street, Room 166
          Topeka, KS 66603
Special Event Debris Deposit Form

Submit this form, including all supporting documentation and the appropriate fee to: City of Topeka City Clerk's Office; 215 SE 7th Street, Room 166, Topeka, Kansas 66603. For assistance call 785-368-3940 during business hours.

PLEASE PRINT

Name of Event: _____________________________________

Event Date(s): ____________________________ Estimated attendance: ____________

Location of Event: ______________________________________________________________

Name of Authorized Representative: ________________________________________________

Address: ______________________________________________ State: ________ Zip: ________

Home Phone: _______________ Work Phone: ________________ Cell Phone: ____________

Email: _________________________________________

A debris deposit is required for each special event in the following amount:

$250 - Less than 5,000 people in attendance
$500 - More than 5,000 people in attendance

The purpose of the deposit is to ensure that normal traffic flow and access is restored to the area in a prompt manner and that the site(s) is returned to its former condition (normal wear and tear excepted). If not, the deposit will be forfeited and approval of special event permits may be withheld in the future.

All debris must be removed from the street(s) and/ or right-of-way within 30 minutes after the ending time noted on the event permit; and

All other associated clean-up must be completed within 12 hours after the ending time noted on the event permit.

A post-event inspection will be conducted by City staff and if all cleanup requirements have been met you will receive a refund within two (2) weeks.

How would you like to receive your refund check? □ PICK UP at Clerk's Office □ By MAIL
Check Refund Information:

Name and/or Company: ________________________________________________

Address: __________________________________________ State: ________ Zip: _____

Applicant's Statement of Agreement:

I have read, understand and agree to regulations outlined in this form and the Topeka Municipal Code associated with the cleanup of my event.

*I hereby affirm that the above information is true and fully understand that the Special Event Debris Deposit refund is entirely contingent upon satisfactory compliance with all associated conditions and requirements.*

______________________________________________________
PRINTED NAME of authorized representative/applicant

______________________________________________     _____________
SIGNATURE of authorized representative/applicant      Date

*Internal Use Only*

City Clerk's Office
Date Fee Received: _____________
Fee Received By: _____________ Fee Amount: $ _____________

Cash ( ) Credit ( ) Check ( ) No. ______  Receipt #__________

APPROVAL TO ISSUE REFUND OF DEBRIS DEPOSIT: YES NO DATE: _________________
CHECK NO. _________