

Name of Special Event: _____

Date of Event: _____

Office Use Only:
Date Rec'd: _____
City Works No.: _____
Site Plan Rec'd: _____
COI Rec'd: _____
Date Issued: _____
DD Issued: _____



CITY OF TOPEKA

City Clerk
City Hall, 215 SE 7th Street, Room 166
Topeka, KS 66603
www.topeka.org

Brenda Younger, M.M.C.
785-368-3940
Email: cclerk@topeka.org

Special Event Permit Application

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

APPLICATION DEADLINES:

- ✓ **Serving ALCOHOL BEVERAGES: SUBMIT APPLICATION 12 WEEKS (60 BUSINESS DAYS) before your event date.**
- ✓ **Event occurs on a HOLIDAY: SUBMIT APPLICATION 9 WEEKS (45 BUSINESS DAYS) before your event date.**
- ✓ **Event occurs on a REGULAR CALENDAR DAY (*not a holiday*): SUBMIT APPLICATION 6 WEEKS (30 BUSINESS DAYS) before your event date.**

OTHER IMPORTANT ITEMS TO CONSIDER:

- ✓ **NUMBER OF PARTICIPANTS**
- ✓ **SECURITY**
- ✓ **FIRST AID STATIONS**
- ✓ **INSURANCE REQUIREMENTS**
- ✓ **BARRICADE RENTAL**
- ✓ **SERVING ALCOHOL**
- ✓ **SITE MAP**
- ✓ **VOLUNTEERS**

General Event Information

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:

Organization/Sponsor & its Authorized Representative

Name of Organization/Sponsor: _____

Address: _____ State: _____ Zip: _____

Business Phone: _____ Work Phone: _____ Cell Phone: _____

Web Address of Organization/Sponsor: _____

Name of Authorized Representative: _____

Address: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

CHECK HERE IF THE SAME PERSON IS THE AUTHORIZED REPRESENTATIVE AND ON-SITE PERSON

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.*

PLEASE CHECK ALL THAT APPLY TO YOUR EVENT:

<u>Type of Event</u>	<u>Event Details</u>	<u>Equipment at Event</u>
<input type="checkbox"/> Festival	<input type="checkbox"/> Alcohol Served	<input type="checkbox"/> Amplified Noise and/or Music Hours: _____ to _____
<input type="checkbox"/> Parade	<input type="checkbox"/> Alcohol Sales	<input type="checkbox"/> Portable Restrooms (see attachment for recommended Standards)
<input type="checkbox"/> Concert	<input type="checkbox"/> Open to the Public	<input type="checkbox"/> Stage/Props/Production
<input type="checkbox"/> Sporting Event or Competition	<input type="checkbox"/> Mobile Food Vendors: How many? _____	<input type="checkbox"/> Electrical Outlets Needed
<input type="checkbox"/> Concert	<input type="checkbox"/> Transient or Sidewalk Vendors: How many? _____	<input type="checkbox"/> Dumpsters/Receptacles
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Animals? Type: _____	<input type="checkbox"/> Drone Usage

Please list location(s) of electrical outlets if needed:

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. _____

(Examples of amplified noise when needing a Noise Exception: Live Band, DJ, Large Speakers)

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.*

Traffic/Parking/Access/Notification

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 UTILIZING UNAPPROVED TRAFFIC CONTROL WILL RESULT IN EVENT CANCELLATION. _____ (initials)

Volunteers

The City does not provide volunteers for special events. Event organizers/sponsors are responsible for acquiring adequate volunteers. If device or volunteer requirements cannot be met, event organizer may be required to alter the event or the event may be denied due to safety concerns.

Depending on the size and location of the special event, the event organizer/sponsor may be required to provide volunteers to ensure the safety of the event space, participants, and the general public. The City of Topeka Traffic Engineering Department will determine the number and location of volunteers. These requirements will be denoted on the provided Traffic Control Plan. The event organizer/sponsor shall ensure that volunteers meet all of the following requirements:

- One volunteer **SHALL** be assigned to each street closure for assisting motorists and moving barricades in the case of an emergency, or for authorized vehicles to enter the event space.
- Volunteers **SHALL** be 18 years of age or older and capable of moving barricades, providing direction to motorists and authorized vehicles.
- Volunteers **SHALL** wear a Class 2 ANSI or better safety vest at all times while in the roadway.
- Volunteers **SHALL** not leave any street closure unattended. A volunteer must be present at each street closure at all times.
- Volunteers **SHALL** set-up and tear-down the traffic control devices for the event according to the provided Traffic Control Plan. *(The only exception to this is when an event organizer/sponsor hires a traffic control company to set-up and tear-down the devices required by the Traffic Control Plan.)*

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)

City ordinance requires the special event organizer/sponsor to secure the consent of each business owner to a sidewalk vendor operating in front of or adjacent to their businesses. Have you obtained consent? Yes No

Clean up

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.

City of Topeka Department Contacts & Authorization

If you have questions or concerns about your event, please contact any of the following City representatives, we are happy to assist.

DEPARTMENT	CONTACT	EMAIL	TELEPHONE
City Clerk's Office	Tonya Bailey	cclerk@topeka.org	785-368-3940
Police Department	Sgt. Jeff Sloan	jsloan@topeka.org	785-368-9576
Fire Department	Adam Appelhanz	ajappelh@topeka.org	785-368-4144
Traffic Division	Lee Holmes	llholmes@topeka.org	785-368-3025
Street Operations	Todd Workman	tworkman@topeka.org	785-368-0128
Parking Division	Jenn Howey	jhowey@topeka.org	785-368-2584
City Attorney's Office	Mathew Mullen	mwmullen@topeka.org	785-368-9529

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, deliver or email this completed application, along with any additional documentation required, to: City Clerk's Office 215 SE 7th Street, Room 166 Topeka, KS 66603 or email: cclerk@topeka.org

OFFICE USE ONLY:

Date Special Event Application Received: _____ By: _____ Payment \$50 In Person Email Mail
 Cash Credit Check No. _____ Receipt Yes No

Date Non-Refundable Special Event Debris Deposit Received: _____ By: _____ In Person Email Mail
 Fee \$250 Fee \$500 Cash Credit Check No. _____ Receipt Yes No

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

PLEASE PRINT

Name of Event: _____

Event Date(s): _____ Estimated attendance: _____

Location of Event: _____

Name of Authorized Representative: _____

Address: _____ State: _____ Zip: _____

Debris Deposit Fee: \$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
- Clean-up must be completed within 12 hours after 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: (NOTE: if Debris Deposit payment is by check, the address must match for proper refund)

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