



CITY OF TOPEKA

#0001148

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 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: Spring Fling 2020

Event Date(s)*: May 9th, 2020 Estimated attendance: 300

*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: 1000 am/pm EVENT End Time: 3:00 am/pm

SET UP Start Time: 0800 am/pm TEAR DOWN End Time: 5:00 am/pm

Full and complete description of event:

Mater Dei Catholic School will be holding a .5K "Spring Training Run" around the block @ 1030. A carnival on school grounds will be held after the run w/ kid games and inflatables. Alcohol will be available for purchase.

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

Start of the .5K will be at the corner of 10th & alley behind MD School we will head north on the alley to 9th street, turn west to Buchanan, turn south @ Buchanan back to 10th St. @ 10th curbside sidewalk (East bound) back to clay, turn north on Clay, end at the school entrance. All barricades will be removed @ the completion of the "run" w/ the exception of 10th & Clay & 9th & Clay. We will leave that portion closed for the carnival.

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

N/A

Will electrical outlets be needed for equipment used during event? ☒ Yes ☐ No

Please list location(s) of electrical outlets

Electrical outlets from Mater Dei School will be used.

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

N/A

Rain Date? Yes ☐ No ☒

If yes, then date(s): _____

Fundraiser? Yes ☒ No ☐

If yes, then beneficiary: Mater Dei Catholic School

Registration/Entry Fee? Yes ☒ No ☐

If yes, then amount: Race Entry Fee \$20

Noise Exception? Yes ☐ No ☒

If yes, then Council District No. _____

PLEASE CHECK ALL THAT APPLY TO YOUR EVENT:

Type of Event	Event Details	Equipment at Event
<input checked="" type="checkbox"/> Festival	<input checked="" type="checkbox"/> Alcohol Served	<input checked="" type="checkbox"/> Amplified Speaking and/or Music ~Hours: <u>1000</u> to <u>15:00</u>
<input type="checkbox"/> Parade	<input checked="" type="checkbox"/> Alcohol Sales	<input type="checkbox"/> Portable Restrooms (see attachment for recommended Standards) - <i>School will be there open. will use those restrooms.</i>
<input type="checkbox"/> Block Party/Picnic and/or Neighborhood Procession	<input type="checkbox"/> Mobile Food Vendors: ~How many? _____	<input type="checkbox"/> Stage/Props/Production
<input checked="" type="checkbox"/> Sporting Event or Competition	<input type="checkbox"/> Transient or Sidewalk Vendors: ~How many? _____	<input checked="" type="checkbox"/> Electrical Outlets Needed
<input type="checkbox"/> Concert	<input checked="" type="checkbox"/> Open to the Public	<input checked="" type="checkbox"/> Dumpsters/Receptacles
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Animals	<input type="checkbox"/> Other: _____

Organization/Sponsor & its Authorized Representative

Please Print

Name of Organization/Sponsor: Mater Dei Catholic School
Address: 934 SW Clay St. State: Topocka, KS Zip: 66606
Business Phone: (785) 233-1727 Fax: _____
Web Address of Organization/Sponsor: www.materdeischool.org
Name of Authorized Representative: Mindy Gillgannon
Address: 1054 SW Sunflower Ct State: KS Zip: 66604
Home Phone: _____ Work Phone: 676-2044 Cell Phone: 817-0894
Email: mindy.gillgannon@bnst.com

Primary On-Site Contact Person

Please Print

Name: Mindy Gillgannon
Home Phone: _____ Work Phone: 676-2044 Cell Phone: 817-0894
Email: mindy.gillgannon@bnst.com

***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

Please Print

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: Nurse Location: on-site

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

Please Print

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))

10th @ Alley behind MD school, 9th @ Buchanan & Fillmore, 10th @ Buchanan, 10th @ Clay, 9th @ Clay
map attached

Date(s) of street, sidewalk and/or intersection closures: May 9th

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

Set Up: From 0800 to 10:00 am/pmTear Down: From 11:00 to 11:30 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:

flyers at least a week in advance

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:

Mater Dei Volunteers will clean-up and all debris will be
deposited in school dumpsters on-site

Clean-Up personnel provided by: MD Volunteers

***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.

Mindy M. Gillgannon

PRINTED NAME of authorized representative/applicant

Mindy M. Gillgannon

SIGNATURE of authorized representative/applicant

2/19/20

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: 2/28/2020 By: B Younger

Date Non-Refundable Special Event Application Fee Received: ~~\$~~ 2/28/2020

Fee Received By: B Younger Fee Amount: \$ 50.00

Cash () Credit () Check ☒ No. 3300 Receipt # 00612

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: 368-3940, **cclerk@topeka.org**

Topeka Police Department: Ronnie Connell 368-1589, **rconnell@topeka.org**

Topeka Fire Department: Mike G. Martin, 368-4130, **mgmartin@topeka.org**

Traffic Engineering Division: Howard Uhl, 368-3044, **huhl@topeka.org**

Street Operations Division: Michael Trower, 368-3920, **MTrower@topeka.org**

Parking Division: Brenda Hayes, 368-3143, **bhayes@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: _____

