

#0001237



# CITY OF TOPEKA

City Clerk  
City Hall, 215 SE 7<sup>th</sup> 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 7<sup>th</sup> Street, Room 166; Topeka, Kansas 66603. For assistance call 785/368-3940 during business hours.

### General Event Information

Please Print

Name of Event: Sunshine Reggae Festival.

Event Date(s)\*: June 25, 2022 Estimated attendance: 1000

\*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: 2:00 am/pm EVENT End Time: 1:30 am/pm

SET UP Start Time: 8:00 am/pm TEAR DOWN End Time: 3:30 am/pm

Full and complete description of event:

Reggae Music Festival with live performances + vendors

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

SW 8th Ave from west edge of Crosby Parking Garage to east edge of Jackson Ave.

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

The Celtic Fox

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: \$15-20

**Noise Exception?**

Yes

No

If yes, then Council District No. 1

**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 checked="" type="checkbox"/> Alcohol Served	<input type="checkbox"/> Amplified Speaking and/or Music ~Hours: <u>2pm</u> to <u>1:30am</u>
<input type="checkbox"/> Parade	<input checked="" type="checkbox"/> Alcohol Sales	<input checked="" type="checkbox"/> Portable Restrooms (see attachment for recommended Standards)
<input type="checkbox"/> Block Party/Picnic and/or Neighborhood Procession	<input checked="" type="checkbox"/> Mobile Food Vendors: ~How many? <u>3</u>	<input checked="" type="checkbox"/> Stage/Props/Production
<input type="checkbox"/> Sporting Event or Competition	<input checked="" type="checkbox"/> Transient or Sidewalk Vendors: ~How many? <u>10-12</u>	<input type="checkbox"/> Electrical Outlets Needed
<input checked="" 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 (what type?)	<input type="checkbox"/> Other: _____



**Organization/Sponsor & its Authorized Representative**

Please Print

Name of Organization/Sponsor: The Celtic Fox  
Address: 118 SW 8th Ave State: KS Zip: 66603  
Business Phone: (785) 235-2138 Fax: \_\_\_\_\_  
Web Address of Organization/Sponsor: TheCelticFox.com  
Name of Authorized Representative: Katie Turner  
Address: 3014 SE Kentucky State: KS Zip: 66605  
Home Phone: \_\_\_\_\_ Work Phone: 235-2138 Cell Phone: 633-0109  
Email: celtic.fox@aol.com

**Primary On-Site Contact Person**

Please Print

Name: Katie Turner  
Home Phone: \_\_\_\_\_ Work Phone: 235-2138 Cell Phone: 633-0109  
Email: celticfox@aol.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: Kit Location: inside Celtic Fox

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

If yes, then identify the provider: Celtic Fox Event Staff

*\*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**

Please Print

**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))

Sw 8th Ave from Crosby Garage to Jackson  
avenue

Date(s) of street, sidewalk and/or intersection closures: 6/25/2022

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

Set Up: From 8am to 2:00 am/pm

Tear Down: From 1:30am to 4:00 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

Written letter with list of all summer events.

**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.**

(initials) (initials)



**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. KE (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:

Celtic Fox staff will pick up + sweep area

Clean-Up personnel provided by: Celtic Fox

***\*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.

Katie Turner

PRINTED NAME of authorized representative/applicant

Katie Turner

SIGNATURE of authorized representative/applicant

3/8/2022

Date

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

City Clerk's Office  
215 SE 7<sup>th</sup> Street, Room 166  
Topeka, KS 66603



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**OFFICIAL USE ONLY**

**City Clerk's Office**

Date Application Received: 3/9/2022 By: K. Bogner

Date Non-Refundable Special Event Application Fee Received: 3/9/2022

Fee Received By: K. Bogner Fee Amount: \$ 50

Cash ( ) Credit ( ) Check (☒) / No. 6036 Receipt # 00777

## ***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](mailto:cclerk@topeka.org)

Topeka Police Department: Jeff Sloan 368-9576, [jsloan@topeka.org](mailto:jsloan@topeka.org)

Topeka Fire Department: Todd Harrison, 368-4130, [tharrison@topeka.org](mailto:tharrison@topeka.org)

Traffic Engineering Division: Andy Rosebrook, 368-3044 [arosebrook@topeka.org](mailto:arosebrook@topeka.org)

Street Operations Division: Michael Trower, 368-3920, [MTrower@topeka.org](mailto:MTrower@topeka.org)

Parking Division: Nicole McDuffee, 368-2584, [nmduffee@topeka.org](mailto:nmduffee@topeka.org)

City Attorney's Office: Mary Feighny, 368-3883, [mfeighny@topeka.org](mailto:mfeighny@topeka.org)

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







CAPICOC-01

KDEEVER

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/6/2021

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> World Insurance Associates, LLC 656 Shrewsbury Ave Suite 200 Tinton Falls, NJ 07701	<b>CONTACT NAME:</b> Kimberly Deever <b>PHONE (A/C, No, Ext):</b> (785) 271-8097 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> kdeever@peoplesinsure.com														
<b>INSURED</b>  Capitol Cocktails, LLC 900 S. Kansas Ave, Suite 300 Topeka, KS 66612	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Cincinnati Insurance Company</td><td>10677</td></tr><tr><td>INSURER B : Sentinel Insurance Company, Ltd.</td><td>11000</td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : Sentinel Insurance Company, Ltd.	11000	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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## 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		ECP 0625219	8/11/2021	8/11/2022	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 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			EBA 0625219	8/11/2021	8/11/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		37 WEC AM7VV1	8/11/2021	8/11/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
City of Topeka is added as an Additional Insured with respects to General Liability

## CERTIFICATE HOLDER

## CANCELLATION

City of Topeka 215 SE 7th St. Topeka, KS 66603	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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