



Today's Date: 2-22-19  
License # \_\_\_\_\_

### City of Topeka

## 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: Whitson Warrior Run

Event Date(s): 4-12-19 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: 5:00 am/pm

EVENT End Time: 6:30 am/pm

SET UP Start Time: 4:00 am/pm

TEAR DOWN End Time: 6:30 am/pm

Full and complete description of event:

1 mile run through the neighborhood surrounding Whitson Elementary

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

Start at 1725 SW Arnold Go <sup>east</sup> on ~~Arnold~~ 18<sup>th</sup> St to SW Collins Ave. Turn South (right) on ~~Collins~~ Collins. Turn (right) West on 19<sup>th</sup> St to Arnold. Turn right (North) on Arnold to Finish at 1725 SW Arnold

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

In front of school, on Arnold.

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: Whitson Elementary

Registration/Entry Fee?

Yes

No

If yes, then amount: \$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

Festival

Alcohol Served

Amplified Speaking and/or Music  
~Hours: \_\_\_\_\_ to \_\_\_\_\_

Parade

Alcohol Sales

Portable Restrooms (*see attachment for recommended Standards*)

Block Party/Picnic and/or Neighborhood Procession

Mobile Food Vendors:  
~How many? \_\_\_\_\_

Stage/Props/Production

Sporting Event or Competition

Transient or Sidewalk Vendors:  
~How many? \_\_\_\_\_

**Electrical Outlets Needed**

Concert

Open to the Public

Dumpsters/Receptacles

Other: \_\_\_\_\_

Animals

Other: \_\_\_\_\_

**Organization/Sponsor & its Authorized Representative**

Please Print

Name of Organization/Sponsor: Whitson Elementary

Address: \_\_\_\_\_ State: KS Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Address of Organization/Sponsor: \_\_\_\_\_

Name of Authorized Representative: Mara Phelps

Address: 3636 Huntoon State: KS Zip: 66604

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: 785-633-0072

Email: \_\_\_\_\_

**Primary On-Site Contact Person**

Please Print

Name: Mara Phelps

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: 785-633-0072

Email: marap@cox.net

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

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)*)

back parking lot of Whitson Elementary

Date(s) of street, sidewalk and/or intersection closures: April 12, 2019

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

Set Up: From 4:00 to 5:30 am/pm

Tear Down: From 6:00 to 6:30 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:

We will deliver Flyers to their homes

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:

\_\_\_\_\_ A team of volunteers will cleanup  
\_\_\_\_\_ Whitson Elementary PTO

**\*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.

Mara Phelps

PRINTED NAME of authorized representative/applicant

[Signature]

SIGNATURE of authorized representative/applicant

2-27-2019

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

***OFFICIAL USE ONLY***

**City Clerk's Office**

Date Application Received: 2-22-19 By: [Signature]

Date Non-Refundable Special Event Application Fee Received: \_\_\_\_\_

Fee Received By: [Signature] Fee Amount: \$ 50-

Cash ( ) Credit ( ) Check ( )/No. \_\_\_\_\_ Receipt # \_\_\_\_\_



Today's Date: 2-22-19  
License # \_\_\_\_\_

## City of Topeka 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: Whitson warrior Run  
Event Date(s): 4-12-2019 Estimated attendance: 1300  
Location of Event: Whitson Elementary  
Name of Authorized Representative: Mara Phelps  
Address: 1725 SW Arnold State: KS Zip: 66604  
Home Phone: \_\_\_\_\_ Work Phone: 785-438-4570 Cell Phone: 785-633-0012  
Email: marap@cox.net

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

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

MARA PHELPS  
PRINTED NAME of authorized representative/applicant

[Signature] 2-14-19  
SIGNATURE of authorized representative/applicant Date

*Internal Use Only*

City Clerk's Office  
Date Fee Received: 2-22-19  
Fee Received By: [Signature] Fee Amount: \$ \_\_\_\_\_

Cash ( ) Credit ( ) Check ( ) No. \_\_\_\_\_ Receipt # \_\_\_\_\_

APPROVAL TO ISSUE REFUND OF DEBRIS DEPOSIT: YES NO DATE: \_\_\_\_\_

CHECK NO. \_\_\_\_\_







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/17/2018

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> Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008	<b>CONTACT NAME:</b> Kate Reens	
	<b>PHONE (A/C, No, Ext):</b> 630-228-6741	<b>FAX (A/C, No):</b> 630-285-4062
<b>E-MAIL ADDRESS:</b> kate_reens@ajg.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Kansas Educational Risk Pool		
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED** KANSASED-1  
 Kansas Educational Risk Management Pool, LLC  
 Unified School District #501  
 624 SW 24th Street  
 Topeka KS 66611

**COVERAGES**      **CERTIFICATE NUMBER:** 342665273      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR-\$50,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			KERMPGL2018	7/1/2018	7/1/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> SIR-\$50,000			KERMPAL2018	7/1/2018	7/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 \*Kansas Educational Risk Pool Reinsurer - Berkley insurance Company (NAIC # 32603)

Additional Insured status provided herein afforded by CG2008 0413; KERMP CG2034 0413; KERMP12011 0413; KERMP CLUBORG 0715; and items N., O., and P. of CG KERMP 0715 when applicable.

City of Topeka is named as additional insured for all USD #501 parades and school activities for the mentioned policy term.

**CERTIFICATE HOLDER****CANCELLATION**

City of Topeka City Clerk's Office 215 SE 7th St. Rm 166 Topeka KS 66603 USA	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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