



Today's Date: 2/26/19
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 7th Street, Room 166; Topeka, Kansas 66603. For assistance call 785/368-3940 during business hours.

General Event Information

Please Print

Name of Event: 99.3 The Eagle Cruise Night

Event Date(s): 5/4/19 Estimated attendance: 30,000

**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: 3 am/pm pm EVENT End Time: 8 am/pm pm

SET UP Start Time: 8 am/pm pm TEAR DOWN End Time: 10 am/pm pm

Full and complete description of event:
classic cars will be on display on Kansas + Quincy along with vendor booths and a stage.

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

Staging Area (if applicable) – Please provide a full and complete description:
8th + Madison - trailered cars will park here to unload for event

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:
N/A

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: \$20-\$25/car
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 checked="" type="checkbox"/> Amplified Speaking and/or Music ~Hours: <u>3p</u> to <u>8p</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>10</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>35</u>	<input type="checkbox"/> Electrical Outlets Needed
<input type="checkbox"/> Concert	<input checked="" type="checkbox"/> Open to the Public	<input checked="" type="checkbox"/> Dumpsters/Receptacles
<input checked="" type="checkbox"/> Other: <u>Car Show</u>	<input type="checkbox"/> Animals	<input type="checkbox"/> Other: _____

Organization/Sponsor & its Authorized Representative

Please Print

Name of Organization/Sponsor: Cumulus Broadcasting

Address: 825 S. Kansas Ave, Ste 100 State: KS Zip: 66412

Business Phone: 785-270-0804 Fax: 785-272-6219

Web Address of Organization/Sponsor: 993theeagle.com

Name of Authorized Representative: Krystal Mercer

Address: 825 S Kansas Ave, Ste 100 State: KS Zip: 66412

Home Phone: --- Work Phone: 785-270-0804 Cell Phone: 785-230-7944

Email: krystal.mercer@cumulus.com

Primary On-Site Contact Person Please Print

Name: Krystal Mercer

Home Phone: --- Work Phone: --- Cell Phone: 785-230-7944

Email: krystal.mercer@cumulus.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: --- 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))

Kansas Ave from 10th to 7th, Quincy St from 10th to 7th
9th from Kansas to Quincy, 8th from Quincy to Kansas
7th from Kansas to Quincy, see attached

Date(s) of street, sidewalk and/or intersection closures: 5/4/19

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

Set Up: From 8a to 1p am/pm

Tear Down: From 8p to 10p 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:

hand delivering flyers to all affected locations
the week of April 15

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. FM (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:

Cumulus will make arrangements as in the past

Clean-Up personnel provided by: Cumulus employees / temp agency

**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.

Krystal Mercer
PRINTED NAME of authorized representative/applicant

K Mercer
SIGNATURE of authorized representative/applicant

2/26/19
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

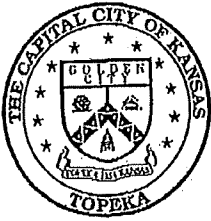
City Clerk's Office

Date Application Received: 2-26-19 By: [Signature]

Date Non-Refundable Special Event Application Fee Received: 2-26-19

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

Cash Credit () Check ()/No. _____ Receipt # _____



Today's Date: 2/26/19
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: 99.3 The Eagle Cruise Night
Event Date(s): 5/4/19 Estimated attendance: 30,000
Location of Event: Kansas Ave & Quincy St
Name of Authorized Representative: Krystal Mercer
Address: 825 S. Kansas Ave, Ste 100 State: KS Zip: 66612
Home Phone: _____ Work Phone: 785-270-0104 Cell Phone: 785-230-7944
Email: Krystal.mercer@cumulus.com

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

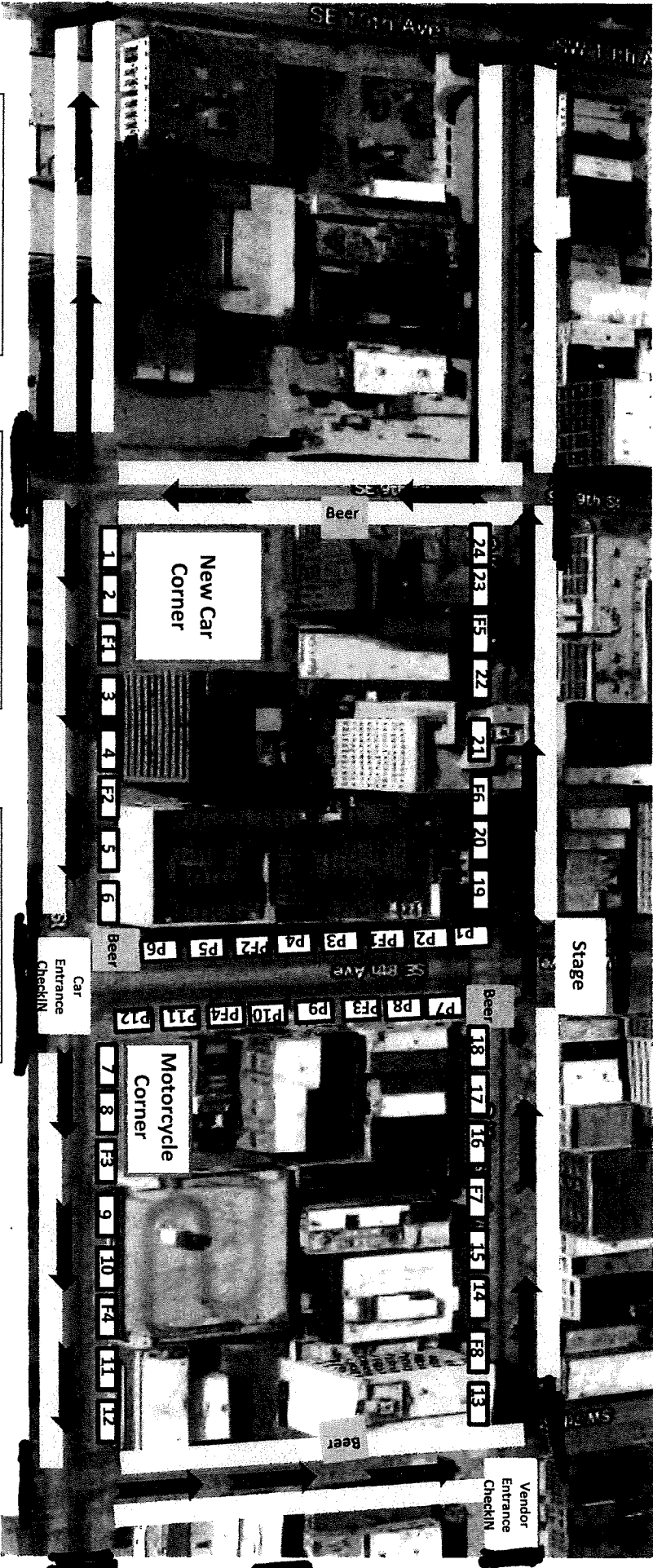
Krystal Mercer
PRINTED NAME of authorized representative/applicant
K Mercer 2/26/19
SIGNATURE of authorized representative/applicant Date

Internal Use Only

City Clerk's Office
Date Fee Received: 2/26/19
Fee Received By: [Signature] Fee Amount: \$ 500
Cash () Credit Check () No. _____ Receipt # _____

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

2019 Cruise Night Map



Vendor Spaces	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	

PRIMARY Vendor Spaces	
P1	
P2	
P3	
P4	
P5	
P6	
P7	
P8	
P9	
P10	
P11	
P12	

Food Vendors	
F1	
F2	
F3	
F4	
F5	
F6	
F7	
F8	

PRIMARY Food Vendors	
PF1	
PF2	
PF3	
PF4	

Barriacds as in past



CERTIFICATE OF LIABILITY INSURANCE

11/1/2019

DATE (MM/DD/YYYY)

2/26/2019

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).

PRODUCER Lockton Companies 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	
INSURED 1344894 Cumulus Media Inc. 750 Battery Street 3rd Floor San Francisco CA 94111	INSURER A: Liberty Mutual Fire Insurance Company NAIC # 23035	
	INSURER B: Liberty Insurance Corporation 42404	
	INSURER C: Fireman's Fund Insurance Company 21873	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 15914729 **REVISION NUMBER:** XXXXXXXX

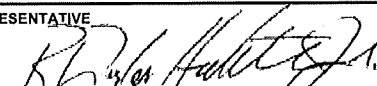
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 <input checked="" type="checkbox"/> SIR: \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	N	N	EB2 651 292334 028	11/1/2018	11/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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	N	N	AS2 651 292334 018	11/1/2018	11/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	N	SUO00032352072	11/1/2018	11/1/2019	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$ XXXXXXXX
B B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WA7 65D 292334 038 (AOS) WC7 651 292334 048 (WI)	11/1/2018 11/1/2018	11/1/2019 11/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A B B	Auto: WC: WC:	N N N	N N N	AS2 651 292334 018 WA7 65D 292334 038 (AOS) WC7 651 292334 048 (WI)	11/1/2018 11/1/2018 11/1/2018	11/1/2019 11/1/2019 11/1/2019	Ded: \$100,000 (AOS) Ded: \$150,000 (WI) Ded: \$150,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Eagle Cruise Night on 5/4/2019 at Kansas Ave/Quincy St. Downtown, Topeka.

CERTIFICATE HOLDER**CANCELLATION**

15914729 City of Topeka / City Clerk's Office 215 SE 7th Street Room 166 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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