

#0001159



# 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: Kaw Valley Bank NOTO Party

Event Date(s)\*: Friday, June 4<sup>th</sup> 2021 Estimated attendance: 1,000

\*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: 4:00 am/pm EVENT End Time: 9:30 am/pm

SET UP Start Time: 3:00 am/pm TEAR DOWN End Time: 10:30 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:

1110 N Kansas Ave. and 1101 NE Quincy

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

Generators/light pole outlets will be utilized

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

Updated page 2 on  
4/26/21

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

In conjunction with  
NOTO First Friday Artwalk

If yes, then Council District No. \_\_\_\_\_

**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 checked="" type="checkbox"/> Amplified Speaking and/or Music<br>~Hours: <u>5</u> to <u>9:30</u> |
| <input type="checkbox"/> Parade                                                       | <input type="checkbox"/> Alcohol Sales                                                                        | <input checked="" type="checkbox"/> Portable Restrooms (see attachment for recommended Standards)      |
| <input checked="" type="checkbox"/> Block Party/Picnic and/or Neighborhood Procession | <input checked="" type="checkbox"/> Mobile Food Vendors:<br>Free food served by vendor<br>~How many? <u>1</u> | <input type="checkbox"/> Stage/Props/Production                                                        |
| <input type="checkbox"/> Sporting Event or Competition                                | <input type="checkbox"/> Transient or Sidewalk Vendors:<br>~How many? _____                                   | <input type="checkbox"/> Electrical Outlets Needed                                                     |
| <input type="checkbox"/> Concert                                                      | <input checked="" type="checkbox"/> Open to the Public                                                        | <input 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: Kaw Valley BankAddress: 1110 N. Kansas Ave. State: K9 Zip: 66608Business Phone: 785-232-6062 Fax: 785-232-2683Web Address of Organization/Sponsor: www.kawvalleybank.comName of Authorized Representative: Craig Heideman / Debbie SchwartzAddress: 1101 NE Quincy State: Ks Zip: 66608Home Phone: — Work Phone: Craig 295-9053 Cell Phone: Craig 806-0802Email: Craig.heideman@kawvalleybank.com  
Debbie.Schwartz@kawvalleybank.com**Primary On-Site Contact Person**

Please Print

Name: Debbie SchwartzHome Phone: — Work Phone: 295-9055 Cell Phone: 806-0802Email: debbie.schwartz@kawvalleybank.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 ☐ NoWill the organizer/sponsor supply a First-Aid Station for the event? ☒ Yes ☐ NoIf yes, then: Type: AMR Location: Fairchild Road - block offWill the organizer/sponsor engage private security to work the event? ☒ Yes ☐ NoIf yes, then identify the provider: Guardian Security

**\*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)*)

Fairchild Road between Quincy & Kansas Ave.  
Alley way accessing Fairchild from south.

Date(s) of street, sidewalk and/or intersection closures: 6-4-2021 (Friday)

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

Set Up: From 3:00 to 10:00 am/pm pm

Tear Down: From 9:00 to 10:00 am/pm 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

NOTO understands we have this event each year.  
We also have a Noto board representative on our staff.  
This is not on Noto property, it is on our bank property.

**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 Kaw Valley Bank will order from TCS

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:

Kaw Valley Bank will clean up & dispose of garbage  
in our own recycle.

Clean-Up personnel provided by: Kaw Valley Bank

***\*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.

Craig Heideman, President  
PRINTED NAME of authorized representative/applicant

[Signature]  
SIGNATURE of authorized representative/applicant

3/30/21

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: 3/31/2021 By: K. Bogner

Date Non-Refundable Special Event Application Fee Received: 3/31/2021

Fee Received By: K. Bogner Fee Amount: \$ 50.00

Cash ( ) Credit ( ) Check (☒) No. 111004 Receipt # \_\_\_\_\_



## ***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: Ronnie Connell 368-1589, [rconnell@topeka.org](mailto:rconnell@topeka.org)

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

Traffic Engineering Division: Kristi Ericksen, 368-3029, [kericksen@topeka.org](mailto:kericksen@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: \_\_\_\_\_

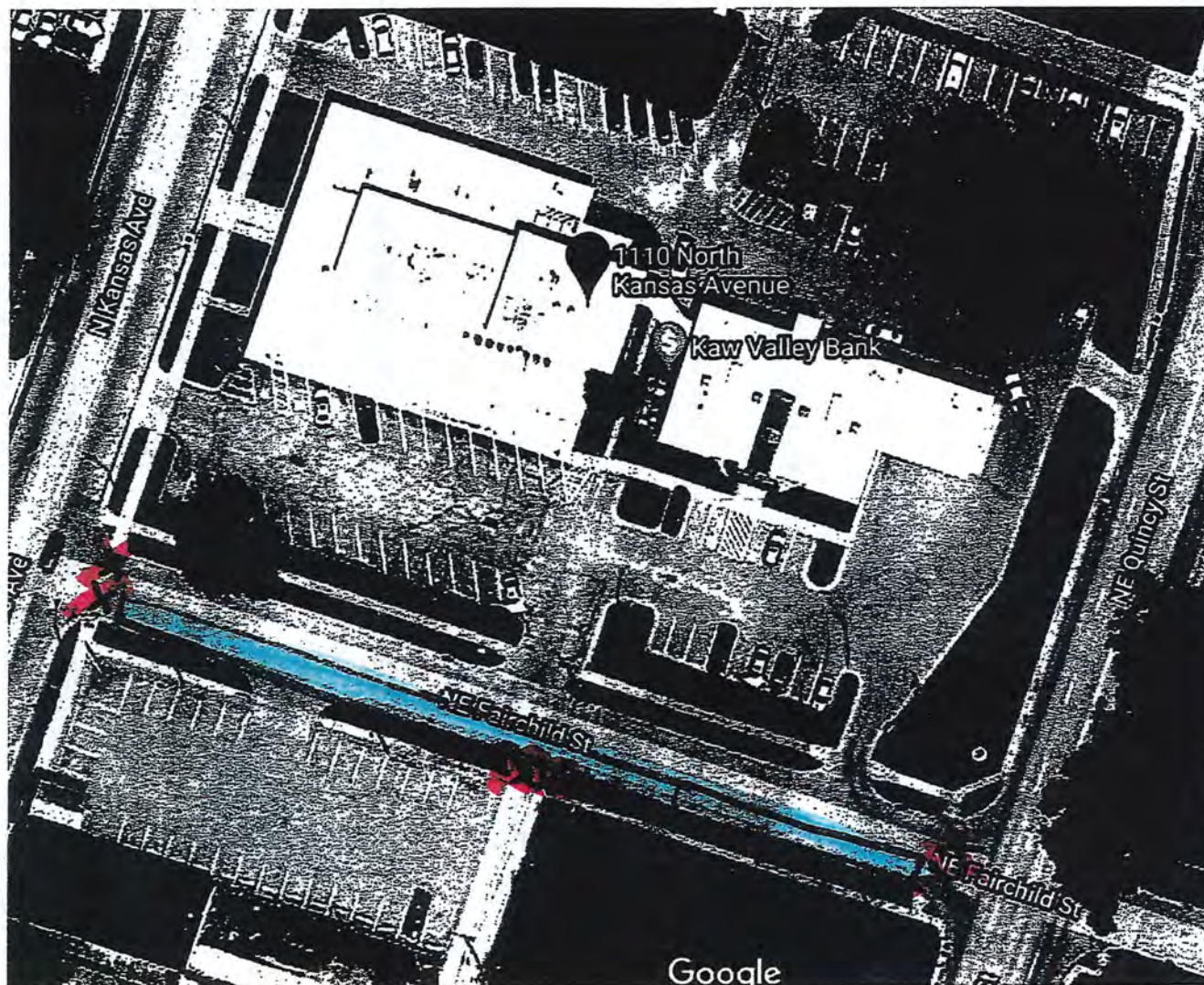
Parking Date: \_\_\_\_\_ Comments: \_\_\_\_\_

City Attorney's Office Date: \_\_\_\_\_ Comments: \_\_\_\_\_

APPROVAL TO ISSUE EVENT PERMIT: YES NO

DATE: \_\_\_\_\_ BY: \_\_\_\_\_





XX- road  
blocks

-  
Fire lane

## 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.**

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I hereby affirm that all owners within the affected area were notified at least ten days prior to the event.

N/A

PRINTED NAME of authorized representative/applicant

SIGNATURE of authorized representative/applicant

Date

Email: [cclerk@topeka.org](mailto:cclerk@topeka.org)

Fax: 785-368-3943

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

This is in our parking lot, not NOTO property.



## **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.**

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I hereby affirm that all owners within the affected area were notified at least ten days prior to the event.

Debbie Schwartz  
PRINTED NAME of authorized representative/applicant

Debbie Schwartz  
SIGNATURE of authorized representative/applicant

3-31-2021  
Date

Email: [cclerk@topeka.org](mailto:cclerk@topeka.org)

Fax: 785-368-3943

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/12/20

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><br><br><b>KBA INSURANCE INC</b><br><b>610 SW Corporate View</b><br><b>Topeka, KS 66615</b>                    | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext): (785)232-3444</b><br><b>FAX (A/C, No): (785)272-4891</b><br><b>E-MAIL ADDRESS: blams@ksbankers.com</b><br><b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A: OneBeacon / Atlantic Specialty Ins. Co.</b><br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |
| <b>INSURED</b><br><br><b>Kaw Valley Bank</b><br><b>PO Box 8009</b><br><b>1110 N. Kansas Avenue</b><br><b>Topeka, KS 66608</b> | <b>NAIC #</b>                                                                                                                                                                                                                                                                                                                                                         |

**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 SUBR INSD WVD                  | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                              |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER:                   |                                     | 712-00-90-11-0001 | 05/01/20                | 05/01/21                | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b><br>MED EXP (Any one person) \$ <b>15,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO 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"/> Repo |                                     | 712-00-90-11-0001 | 05/01/20                | 05/01/21                | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                                                    |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$                                                                                                                              |                                     | 712-00-90-11-0001 | 05/01/20                | 05/01/21                | EACH OCCURRENCE \$<br>AGGREGATE \$ <b>6,000,000</b><br>Each Occurrence \$ <b>6,000,000</b>                                                                                                                                                                                          |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                    | Y/N<br><input type="checkbox"/> N/A |                   |                         |                         | PER STATUTE<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                                                                                                                             |

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

Bank located at 1110 N Kansas Ave, Topeka, KS.  
NOTO Block Party - June 7, 2020

City of Topeka is named as an Additional Insured with regards to General Liability for the above referenced location and event.

**CERTIFICATE HOLDER****CANCELLATION**

City of Topeka  
ATTN: City Clerk  
215 SE 7th Street, Rm 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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# CITY OF TOPEKA

City Clerk  
City Hall, 215 SE 7th Street, Room 166  
Topeka, KS 66603  
[www.topeka.org](http://www.topeka.org)

Brenda Younger, M.M.C.  
785-368-3940  
Email: [cclerk@topeka.org](mailto:cclerk@topeka.org)

## 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: Kaw Valley Bank

Event Date(s): Friday, June 4, 2021 Estimated attendance: 1,000

Location of Event: 1110 N Kansas Ave. & 1101 NE Quincy

Name of Authorized Representative: Debbie Schwartz

Address: 1101 NE Quincy State: KS Zip: 66608

Home Phone: — Work Phone: 785-295-9055 Cell Phone: 785-806-0802

Email: debbie.schwartz@kawvalleybank.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

Check Refund Information:

Name and/or Company: Kan Valley Bank (Attn: Debbie Schwartz)  
Address: 1110 N. Kansas Ave, Topeka State: KS Zip: 66608

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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.*

Debbie Schwartz - Marketing Director  
PRINTED NAME of authorized representative/applicant

Debbie Schwartz 3-30-2021  
SIGNATURE of authorized representative/applicant Date

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**Internal Use Only**

City Clerk's Office

Date Fee Received: 3/31/2021

Fee Received By: K. Bogner Fee Amount: \$ 250.00

Cash ( ) Credit ( ) Check ☒ No. 111005 Receipt # \_\_\_\_\_

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

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