



Today's Date: 2-28-19
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: Race Against Breast Cancer 5K

Event Date(s): October 5th 2019 Estimated attendance: 900

**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: 8.00 am/pm EVENT End Time: 12.00 am/pm

SET UP Start Time: _____ am/pm TEAR DOWN End Time: _____ am/pm

Full and complete description of event:
5K event walk Run, silent Auction

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

Staging Area (if applicable) – Please provide a full and complete description:
Topeka West Parking lot and Belle

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:
Topeka West Parking lot

Rain Date? Yes No

If yes, then date(s): _____

Fundraiser? Yes No

If yes, then beneficiary: Race Against Breast Cancer

Registration/Entry Fee? Yes No

If yes, then amount: \$30

Noise Exception? Yes No

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 type="checkbox"/> Amplified Speaking and/or Music ~Hours: _____ to _____
<input type="checkbox"/> Parade	<input type="checkbox"/> Alcohol Sales	<input type="checkbox"/> Portable Restrooms (<i>see attachment for recommended Standards</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 type="checkbox"/> Electrical Outlets Needed
<input type="checkbox"/> Concert	<input 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: Race Against Breast Cancer

Address: PO Box 4458 Topeka State: KS Zip: 66604

Business Phone: (785) 845-4444 Fax: _____

Web Address of Organization/Sponsor: _____

Name of Authorized Representative: Katy Nelson

Address: _____ State: KS Zip: 66604

Home Phone: 845-4444 Work Phone: 273-1260 Cell Phone: 845-4444

Email: Katynelson01@gmail.com

Primary On-Site Contact Person

Please Print

Name: Katy Nelson

Home Phone: _____ Work Phone: 273-1260 Cell Phone: 845-4444

Email: Katynelson01@gmail.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: AMR Location: AMR will be on bikes

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

If yes, then identify the provider: N/A

**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)*)

See map

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

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

Set Up: From 7:00 to 8:00 am pm
Tear Down: From 12:00pm to 12:30pm 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 send post cards to everyone on our 5K Route.
face book, TV, Radio

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:

we walk the course after the event and sweep streets if needed

Clean-Up personnel provided by: RABC

***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.

Katy Nelson

PRINTED NAME of authorized representative/applicant

Katy Nelson

SIGNATURE of authorized representative/applicant

2/20/19
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: 2-28-19 By: [Signature]

Date Non-Refundable Special Event Application Fee Received: 2-28-19

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

Cash () Credit () Check ()/No. 5867 Receipt # 00469



Today's Date: 2-28-19
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: RABC 5K
Event Date(s): October 5th 2019 Estimated attendance: 900
Location of Event: Topeka West High School and surrounding area's
Name of Authorized Representative: Katy Nelson
Address: [REDACTED] State: KS Zip: 66604
Home Phone: 845-4444 Work Phone: 273-1260 Cell Phone: 845-4444
Email: Katynelson01@gmail.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.

Kody Nelson
PRINTED NAME of authorized representative/applicant

Kody Nelson 2/20/19
SIGNATURE of authorized representative/applicant Date

Internal Use Only

City Clerk's Office

Date Fee Received: 2-28-19

Fee Received By: [Signature] Fee Amount: \$ 250

Cash () Credit () Check () No. 5867 Receipt # 00469

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

CHECK NO. _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/18/2019

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		CONTACT NAME: Patricia Hamilton	
CHRIS-LEEF GENERAL AGENCY, INC		PHONE (A/C, No, Ext): 785-267-0707	FAX (A/C, No):
11503 WEST 75TH ST STE. 100		E-MAIL ADDRESS: Phamilton@aiaatopeka.com	
SHAWNEE MISSION KS 66214		INSURER(S) AFFORDING COVERAGE	
		INSURER A: WESTERN WORLD INSURANCE COMPANY	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED			
Race Against Breast Cancer			
PO Box 4458			
Topeka KS 66604-0458			

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.

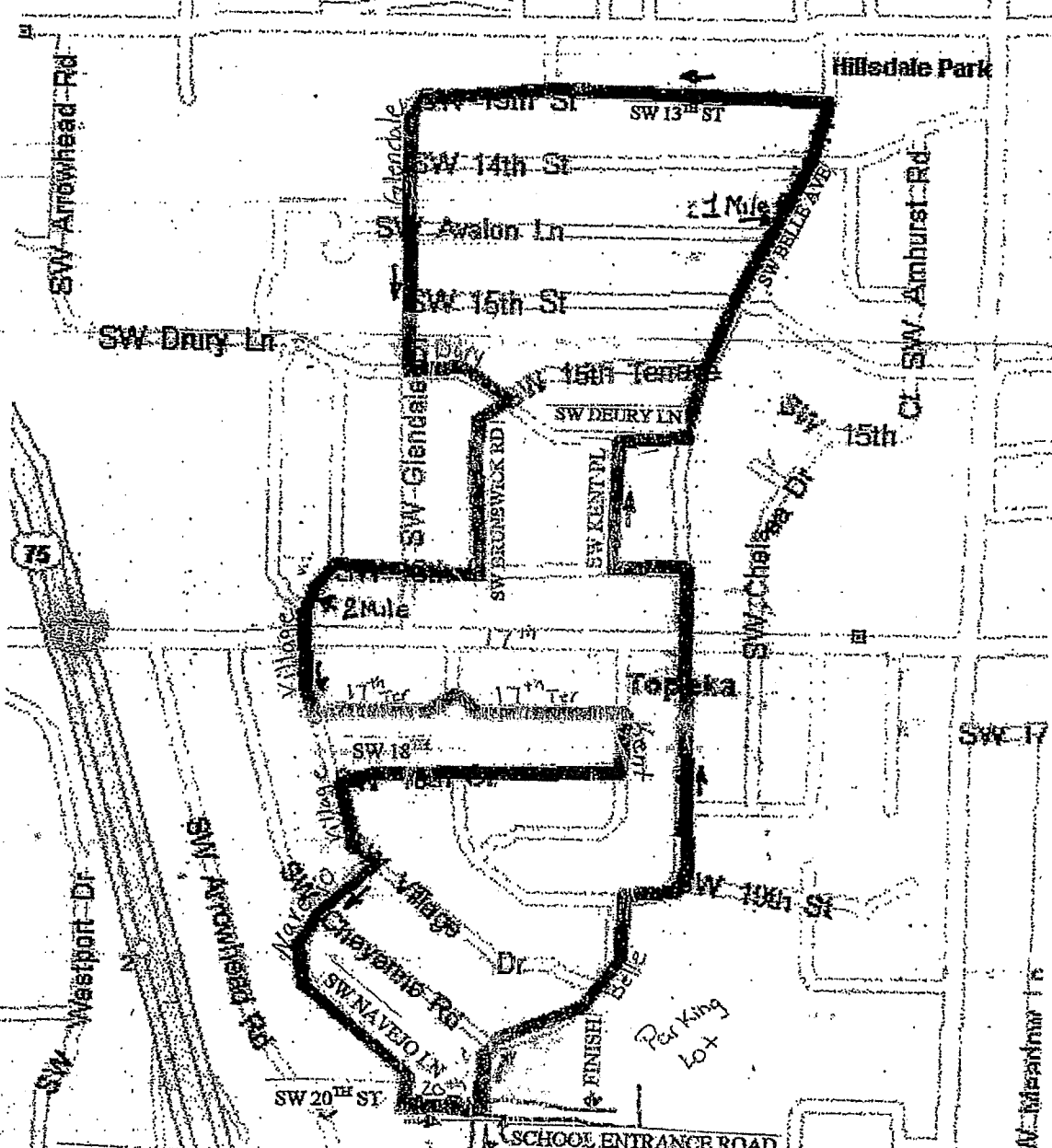
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		NPP8351905	10/05/2019	10/05/2019	EACH OCCURRENCE \$ 1000000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000
	<input checked="" type="checkbox"/>						MED EXP (Any one person) \$ 5000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 1000000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER	CANCELLATION
CITY OF TOPEKA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
215 SE 7TH ST ROOM 166 TOPEKA KS 66603	AUTHORIZED REPRESENTATIVE Patricia H Hamilton

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BELLE AVENUE (TOPEKA KANSAS) 5K COURSE
(AS MEASURED FOR THE RACE AGAINST BREAST CANCER RUN)
USATF CERTIFICATE KS15001LJ
EFFECTIVE 05/26/2015 - 12/31/2025



START ON BELLE
RED PAINT ON ROAD
WHERE FENCE IS
MISSING TOP RAIL

START →

FINISH ON SCHOOL
ENTRANCE DRIVE
GATE = 3 MILES
FINISH IS 564 FEET
EAST OF GATE,
MARKED IN RED.

SCHOOL ENTRANCE ROAD
3 MILE AT CHAIN LINK FENCE LINE

