

Today's Date: 3/8/19
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: COTTONWOOD 200

Event Date(s): MAY 25, 2019 Estimated attendance: 200

*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: 7:45 ☒ am/pm EVENT End Time: N/A am/pm

SET UP Start Time: 6:30 ☒ am/pm TEAR DOWN End Time: N/A am/pm

Full and complete description of event:

THREE DAY BICYCLE RIDE FROM TOPEKA TO COTTONWOOD FALLS, KS AND BACK

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

WASHBURN UNIVERSITY PARKING LOT #7, SW 20TH + MACVILAR. RIDERS WILL TRAVEL NORTH ON MACVILAR TO SIXTH, THEN WEST ON SIXTH TO WANAMAKER, SOUTH ON WANAMAKER TO 10TH, THEN WEST ON 10TH, EXITING THE CITY.

RIDERS WILL TRAVEL K-4 TO COUNCIL GROVE, KS

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

WASHBURN UNIVERSITY PARKING LOT #7, SW 20TH + MACVILAR

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 & COUNCIL GROVE, KS

Rain Date?

Yes

☒ No

If yes, then date(s): _____

Fundraiser?

☒ Yes

No

If yes, then beneficiary: KAW VALLEY BICYCLE CLUB

Registration/Entry Fee?

☒ Yes

No

If yes, then amount: \$120, for 3 DAYS

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 checked="" 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 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: KAW VALLEY RICHLE CLUBAddress: PO BOX 4474, TOPEKA State: KS Zip: 66604Business Phone: N/A Fax: N/AWeb Address of Organization/Sponsor: WWW.KVBC.ORGName of Authorized Representative: MARK KOSSLERAddress: 5730 SW WESTPORT CIR State: TOPEKA, KS Zip: 66614Home Phone: — Work Phone: 785 290 2060 Cell Phone: 785 640 1749Email: mkossler@fidelitytopeka.com**Primary On-Site Contact Person**

Please Print

Name: MARK KOSSLERHome Phone: — Work Phone: 290-2060 Cell Phone: 640-1749Email: mkossler@fidelitytopeka.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)*)

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

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

Set Up: From _____ to _____ am/pm

Tear Down: From _____ to _____ 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:

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:

ANY REFUSE WILL BE COLLECTED + DISPOSED OF BY KUBK

Clean-Up personnel provided by: KAW VALLEY BICYCLE CLUB

**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.

MARK L KOSSLER

PRINTED NAME of authorized representative/applicant

[Signature]

SIGNATURE of authorized representative/applicant

3/8/19

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: 3/8/19 By: [Signature]

Date Non-Refundable Special Event Application Fee Received: 3/8/19

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

Cash () Credit () Check (☒) No. 1099 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: 368-3940, cclerk@topeka.org

Topeka Police Department: Ronnie Connell 368-1589, rconnell@topeka.org

Topeka Fire Department: Mike G. Martin, 368-4130, mgmartin@topeka.org

Traffic Engineering Division: Vito Trizuto, 368-3044, vtrizuto@topeka.org

Street Operations Division: Michael Trower, 368-3920, MTrower@topeka.org

Parking Division: Brenda Hayes, 368-3143, bhayes@topeka.org

City Attorney's Office: Mary Feighny, 368-3883, mfeighny@topeka.org

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: _____



Today's Date: 3-11-19
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: COTTONWOOD 200
Event Date(s): MAY 25, 2019 Estimated attendance: 200
Location of Event: WASHBURN UNIVERSITY PARKING LOT #7,
SW 20TH + MAZVIZAR
Name of Authorized Representative: MARK KOSSLER
Address: 5730 SW WESTPORT CIR, TOPEKA State: KS Zip: 66614
Home Phone: — Work Phone: 290-2060 Cell Phone: 640-1749
Email: mkossler@fidelitytopeka.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.

MARK L. KOSSLER

PRINTED NAME of authorized representative/applicant

Mark L. Kossler

3/8/19

SIGNATURE of authorized representative/applicant

Date

Internal Use Only

City Clerk's Office

Date Fee Received: 3-8-19

Fee Received By: JB Fee Amount: \$ 250 -

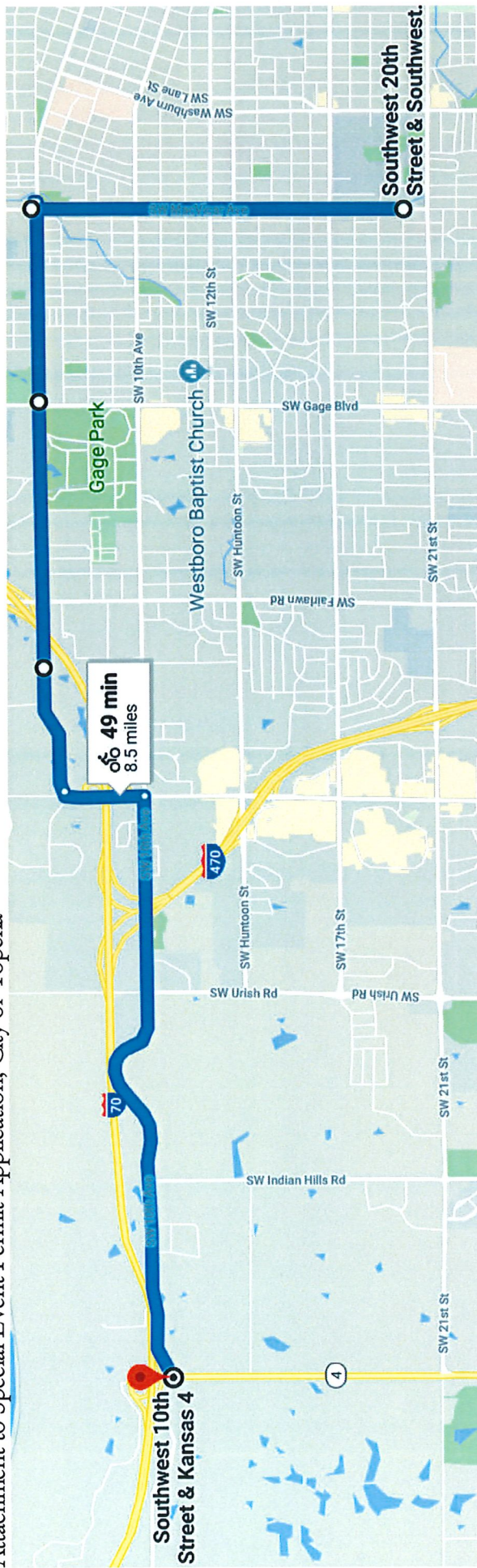
Cash () Credit () Check (☒) No. 1100 Receipt # _____

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

CHECK NO. _____

Cottonwood 200 Bicycle Ride
Map of Requested Parade Route – May 25, 2019

Attachment to Special Event Permit Application, City of Topeka





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/01/2019

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 American Specialty Insurance & Risk Services, Inc. 7609 W. Jefferson Blvd., Suite 100 Fort Wayne IN 46804		CONTACT NAME: PHONE (A/C, No, Ext): 260-969-5203 FAX (A/C, No): 260-969-4729 E-MAIL ADDRESS:	
INSURED League of American Wheelmen dba League of American Bicyclists 1612 K Street NW, Suite 1102 Washington DC 20006		INSURER(S) AFFORDING COVERAGE INSURER A: Arch Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 11150	

COVERAGES

CERTIFICATE NUMBER: 1001632536

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.

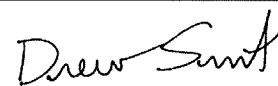
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: CLUB	Y		SBCGL0054502	02/01/2019	02/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRE NON-OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						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	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

- Coverage applies to KAW VALLEY BICYCLE CLUB, PO BOX 4474, TOPEKA, KS 66604.

- The certificateholder shall be an additional insured, but only with respect to the operations of the Named Insured, and subject to the provisions and limitations of Form CG 2026 - Additional Insured - Designated Person or Organization, but only with respect to COTTONWOOD 200 from May 25, 2019 through May 27, 2019.

CERTIFICATE HOLDER**CANCELLATION**

City of Topeka, Kansas 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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