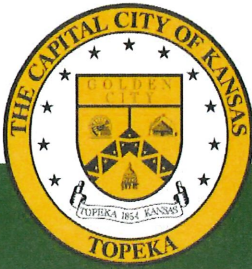


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CITY OF TOPEKA

REC'D TOPEKA CITY CLERK
'21 MAR 12 PM3:45

City Clerk
City Hall, 215 SE 7th 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 7th Street, Room 166; Topeka, Kansas 66603. For assistance call 785/368-3940 during business hours.

General Event Information

Please Print

Name of Event: Tap That Topeka

Event Date(s)*: 6/12/2021 Estimated attendance: 1500

*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: 3:00 am/pm pm EVENT End Time: 7:00 am/pm pm

SET UP Start Time: 6:00 am/pm am TEAR DOWN End Time: 12:00 am/pm pm

Full and complete description of event:

Beer sampling event with live entertainment & food trucks

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

10th + Jackson to 8th + Jackson, 8th + Kansas to 8th + Van Buren

map attached

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

n/a

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: \$ 35-\$65

Noise Exception?

Yes

No

If yes, then Council District No. 1 Hiller

PLEASE CHECK ALL THAT APPLY TO YOUR EVENT:

<u>Type of Event</u>	<u>Event Details</u>	<u>Equipment at Event</u>
<u>X</u> Festival	<u>X</u> Alcohol Served	<u>X</u> Amplified Speaking and/or Music ~Hours: <u>4pm</u> to <u>7pm</u>
___ Parade	___ Alcohol Sales	<u>X</u> Portable Restrooms (see attachment for recommended Standards)
___ Block Party/Picnic and/or Neighborhood Procession	<u>X</u> Mobile Food Vendors: ~How many? <u>6</u>	<u>X</u> Stage/Props/Production
___ Sporting Event or Competition	<u>X</u> Transient or Sidewalk Vendors: ~How many? <u>6</u>	<u>X</u> Electrical Outlets Needed
___ Concert	___ Open to the Public	<u>X</u> Dumpsters/Receptacles
___ Other: _____	___ Animals	___ Other: _____

Organization/Sponsor & its Authorized Representative**Please Print**Name of Organization/Sponsor: Greater Topeka PartnershipAddress: 719 S KS Ave State: KS Zip: 66603Business Phone: 785 234-2644 Fax: _____Web Address of Organization/Sponsor: greater.topekapartnership.comName of Authorized Representative: Stephanie WilhelmAddress: 719 S KS Ave State: KS Zip: 66603Home Phone: _____ Work Phone: _____ Cell Phone: 785 548 5724Email: Stephanie.wilhelm@topekapartnership.com**Primary On-Site Contact Person****Please Print**Name: Stephanie WilhelmHome Phone: 785 548 5724 Work Phone: _____ Cell Phone: _____Email: Stephanie.wilhelm@topekapartnership.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: _____ Location: info tentWill 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/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))

10th + Jackson to 8th + Jackson
8th Kasas to 8th + van buren

Date(s) of street, sidewalk and/or intersection closures: 6/12/2021

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

Set Up: From 6:00 am to 2:00 am/pm

Tear Down: From 7:00 pm to 12:00 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:

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

email to downtown distribution list

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. SW (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:

Clean throughout event + after, using recycling + trash bins

Clean-Up personnel provided by: Staff / volunteers

**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.

Stephanie Wilhelm

PRINTED NAME of authorized representative/applicant

Stephanie Wilhelm

SIGNATURE of authorized representative/applicant

3/9/2021

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: 3/12/2021 By: K. Bogner

Date Non-Refundable Special Event Application Fee Received: 3/12/2021

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

Cash () Credit ☒ Check ()/No. _____ 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

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

Topeka Fire Department: Todd Harrison, 368-4130, tharrison@topeka.org

Traffic Engineering Division: Kristi Ericksen, 368-3029, kericksen@topeka.org

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

Parking Division: Nicole McDuffee, 368-2584, nmduffee@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: _____

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.

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

Stephanie Wilhelm
PRINTED NAME of authorized representative/applicant

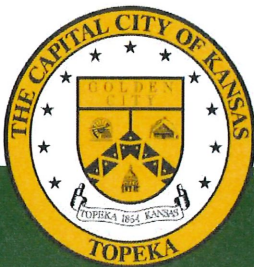
Stephanie Wilhelm
SIGNATURE of authorized representative/applicant

3/9/2021
Date

Email: cclerk@topeka.org

Fax: 785-368-3943

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



CITY OF TOPEKA

City Clerk
City Hall, 215 SE 7th Street, Room 166
Topeka, KS 66603
www.topeka.org

Brenda Younger, M.M.C.
785-368-3940
Email: 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: Tao That Topeka
Event Date(s): 6/12/2021 Estimated attendance: 1500
Location of Event: Downtown, @ 8th - 10th Jackson
Name of Authorized Representative: Stephanie Wilhelm
Address: 719 S KS Ave State: KS Zip: 66603
Home Phone: _____ Work Phone: _____ Cell Phone: 785-548-5724
Email: Stephanie.wilhelm@topekapartnership.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: Greater Topeka Partnership

Address: 719 S KS Ave Topeka State: KS Zip: 66603

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.

Stephanie Wilhelm
PRINTED NAME of authorized representative/applicant

Stephanie Wilhelm 3/12/2021
SIGNATURE of authorized representative/applicant Date

Internal Use Only

City Clerk's Office

Date Fee Received: 3/12/2021

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

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

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

CHECK NO. _____

