General Even	<u>it Informati</u>	on Plo	ease Print		
Name of Event:	Christ the Kin	g Catholic Chu	rch - Rome Sweet Ho	me	
*NOTE: If this A	oplication is s	ubmitted <u>more</u>	Estima than six months pri ssues associated with y	or to the schedule	d event, the Cit
EVENT Start Ti	me: <u>4:30</u>	am/pm	EVENT End T	ime: <u>10:00</u>	am/ <b>om</b>
SET UP Start Ti	ime: <u>8:00</u>	am/pm	TEAR DOWN	End Time:11:00	am/om
Full and complete See attached des	_				
and Finish areas	:	,	tach a map <u>AND</u> de		owing the Start
	,	-	a full and complete o	lescription:	
Will electrical or Please list location			nt used during event	Yes No	
Disbandment A	rea (if applicab	ole) – Please pro	ovide a full and com	plete description:	
N/A					
Rain Date?	Yes	No			
	If yes, then d	late(s):			_
Fundraiser?	Yes	No			
	If yes, then b	eneficiary:		*	
Registration/En	ntry Fee?	Yes	No		
		If	yes, then amount:		



No

If yes, then Council District No.

# PLEASE CHECK ALL THAT APPLY TO YOUR EVENT:

Type of Event	Event Details	Equipment at Event
Festival	Alcohol Served	Amplified Speaking and/or Music ~Hours: to
Parade Block Party/Picnic and/or Neighborhood Procession Sporting Event or Competition Concert	✓ Alcohol Sales  ✓ Mobile Food Vendors:  ~How many?  Transient or Sidewalk Vendors:  ~How many?  ✓ Open to the Public	Portable Restrooms (see attachment for recommended Standards)  Stage/Props/Production  Electrical Outlets Needed  Dumpsters/Receptacles  Other:
Other:	Animals (what type?)	outer.
Organization/Sponsor	& its Authorized Representat	tive Please Print
Iame of Organization/Spor	sor: Christ the King Catholic Chur	ch
	et, Topeka State:	
usiness Phone: <u>785.273.07</u>	Fax: _785,273.476	56
Veb Address of Organizatio	n/Sponsor: <u>www.ctktopeka.org</u>	
ame of Authorized Repres	entative: <u>Father Matthew Schiffelbe</u>	in
.ddress: <u>5972 SW 25th Stree</u>	et, Topeka State:	KS Zip: <u>66614</u>
Iome Phone: <u>785.273.0710</u>	Work Phone: <u>_785.273.0710</u>	Cell Phone: _785.215.1072
mail: <u>frmatthew@ctktopek</u>	a.org	

### Primary On-Site Contact Person Please Print

Name: Father Matthew Schiffelbein

Home Phone: 785,273,0710 Work Phone: 785,273,0710 Cell Phone: 785,215,1072

Email: frmatthew@ctktopeka.org

\*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: KU Medical Center Location: Topeka, Kansas

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

If yes, then identify the provider: Off Duty City of Topeka Police Officers

\*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?



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 Notes-Wanamaker Sidewalk during Fireworks

Date(s) of street, sidewalk and/or intersection closures: <u>September 23, 2023</u>

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

Set Up: From <u>8:00</u> to <u>9:00</u> m/pm

Tear Down: From <u>10:00</u> to <u>11:00</u> 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

Notification of fireworks display required two weeks prior notice to event for area residents and will be included in the notification. Will notify by USPS mailing to those in the area as required by ordinance.

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 UTILIZING UNAPPROVED TRAFFIC CONTROL WILL RESULT IN EVENT CANCELLATION. (initials)

### **Volunteers**

Depending on the size and location of the special event, the event organizer/sponsor may be required to provide volunteers to ensure the safety of the event space, participants, and the general public. The City of Topeka Traffic Engineering Department will determine the number and location of volunteers. These requirements will be denoted on the provided Traffic Control Plan. The event organizer/sponsor shall ensure that volunteers meet all of the following requirements:

- > One volunteer **SHALL** be assigned to each street closure for assisting motorists and moving barricades in the case of an emergency, or for authorized vehicles to enter the event space.
- > Volunteers **SHALL** be 18 years of age or older and capable of moving barricades, providing direction to motorists and authorized vehicles.

- > Volunteers SHALL wear a Class 2 ANSI or better safety vest at all times while in the roadway.
- > Volunteers **SHALL** not leave any street closure unattended. A volunteer must be present at each street closure at all times.
- > Volunteers SHALL set-up and tear-down the traffic control devices for the event according to the provided Traffic Control Plan. (The only exception to this is when an event organizer/sponsor hires a traffic control company to set-up and tear-down the devices required by the Traffic Control Plan.)

\*NOTE: The City does not provide volunteers for special events. Event organizers/sponsors are responsible for acquiring adequate volunteers. If device or volunteer requirements cannot be met, Traffic Engineering will deny the event for safety concerns.

**Traffic Control Company Contact Numbers:** C-HAWKK - 1-785-542-1800 MATHER - 1-785-478-3780 TCS - 1-785-448-0402CTCR - 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)

City ordinance requires the special event organizer/sponsor to secure the consent of each business owner to a sidewalk vendor operating in front of or adjacent to their businesses. Have No N/A you obtained consent? Yes

#### 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:

Dumpster on property.

Clean-Up personnel provided by: Christ the King Catholic Church

\*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). 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.

Father Matthew Schiffelbein		
PRINTED NAME of authorized representative/applicant		
In Mouthen Shippin	7-11-23	
SIGNATURE of authorized representative/applicant	Date	

Please mail or deliver this completed application, along with any additional documentation required, to:

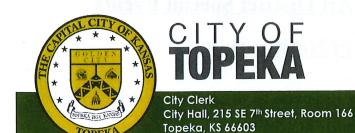
City Clerk's Office 215 SE 7<sup>th</sup> Street, Room 166 Topeka, KS 66603 Page 1-Event Description Notes: Christ the King Catholic Church 5973 SW 25th Topeka, Ks 66614

On September 23, 2023 Christ the King Catholic Church is sponsoring a Festival called "Rome Sweet Home-an Italian Festival". This will be our fourth annual festival to celebrate with our parish and local community and to raise funds for our parish.

This event will be held entirely within the Church property boundary and will consist of an outdoor mass, DJ, activities for children, food trucks, beverage garden and an Italian dinner provided by the Church.

There will be a fireworks display, application for the permit is in progress with the City Fire Department, between the hours of 7:45 and 9:30 pm lasting approximately 1/2 hour.

The sidewalk on Wanamaker from the south end of the gym to the south end of the property line will be closed for the time of the fireworks display is occurring.



www.topeka.org

Brenda Younger, M.M.C. 785-368-3940 Email: cclerk@łopeka.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. **Generally Debris Deposit are not required with small residential block parties.** 

PLEASE	PRINT
Name of Event: Christ the King Catholic Church Rome	e Sweet Home
Event Date(s): September 23, 2023	Estimated attendance:_ 3,500 - 4,000
Location of Event: <u>5973 SW 25th Street, Topeka, Kans</u>	sas 66614
Name of Authorized Representative: _Father Matthew	w Schiffelbein
Address: 5972 SW 25th Street, Topeka	State: <u>KS</u> Zip: <u>66614</u>
Home Phone: <u>785.233.1615</u> Work Phone: <u>785.23</u>	3.8731 Cell Phone: <u>785.215.1072</u>
Email: _frmatthew@ctktopeka.org	
A debris deposit is required for each special event in the	he 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 traprompt manner and that the site(s) is returned to its fornot, the deposit will be forfeited and approval of specific	ormer condition (normal wear and tear excepted). It
All debris must be removed from the street(s) and/or	right-of-way within 30 minutes after the ending

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? Δ PICK UP at Clerk's Office

x By MAIL

time noted on the event permit; and

# **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.

F. Matthew Schiffelbein

PRINTED NAME of authorized representative/applicant

In Mutheus behyllen

SIGNATURE of authorized representative/applicant

7-711-23

Date

Email: cclerk@topeka.org

Fax: 785-368-3943

Address: City Clerk's Office

215 SE 7th Street, Room 166

Topeka, KS 66603

Check Refund Information:		
Name and/or Company: <u>Christ the King Catholic Churc</u>	<u>ch</u>	
Address: 5973 SW 25th Street, Topeka	State:_KS	Zip: <u>66614</u>
Applicant's Statement of Agreement:		
I have read, understand and agree to regulations outlined associated with the cleanup of my event.  I hereby affirm that the above information is true and /fully refund is entirely contingent upon satisfactory compliance with	understand that the S	Special Event Debris Deposit
Father Matthew Schiffelbein PRINTED NAME of authorized representative/applicant  In Manual Symphoton SIGNATURE of authorized representative/applicant	1-1-23 Date	
Internal Use Only		
City Clerk's Office Date Fee Received: 7/17/3 Fee Received By: Fee Amount: \$ 25  Cash ( ) Credit ( ) Check ( ) No 2080 Receipt # 10	<u>x</u> -	
APPROVAL TO ISSUE REFUND OF DEBRIS DEPOSIT:	YES NO DA	TE:
CHECK NO.		

