



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 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: Making Strides Against Breast Cancer

Event Date(s)*: October 12, 2019 Estimated attendance: 500

*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: 9:30 am/pm

EVENT End Time: 10:30 pm

SET UP Start Time: 6:00 am/pm

TEAR DOWN End Time: 12:00 am/ pm

Full and complete description of event:

A non-competitive 5K walk to raise awareness and funds which benefits the American Cancer Society, funding breast cancer research, and helping patients get the things they need. Opportunities to participate including: walking as a participant or cancer survivor, forming a team, or volunteering at the event. 8:30-9:30 - Registration. 9:30-10:30 - 5K walk.

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

See attached.

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

Stage will be located on south statehouse stairs. South statehouse lawn will be used for tents/stations.

Will electrical outlets be needed for equipment used during event? Yes No

Please list location(s) of electrical outlets

Outlets located on south side of statehouse.

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

Rain Date? Yes No

If yes, then date(s): _____

Fundraiser? Yes No

If yes, then beneficiary: American Cancer Society

Registration/Entry Fee? Yes No

If yes, then amount: _____

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 checked="" type="checkbox"/> Amplified Speaking and/or Music ~Hours: <u>8:30</u> to <u>10:30</u>
<input type="checkbox"/> Parade	<input type="checkbox"/> Alcohol Sales	<input checked="" 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 checked="" type="checkbox"/> Electrical Outlets Needed
<input type="checkbox"/> Concert	<input checked="" type="checkbox"/> Open to the Public	<input checked="" type="checkbox"/> Dumpsters/Receptacles
<input checked="" type="checkbox"/> Other: <u>5K Walk</u>	<input type="checkbox"/> Animals	<input type="checkbox"/> Other: _____

Organization/Sponsor & its Authorized Representative

Please Print

Name of Organization/Sponsor: American Cancer Society

Address: 1315 SW Arrowhead Road State: KS Zip: 66604

Business Phone: 785.438.5610 Fax: 785.273.1503

Web Address of Organization/Sponsor: www.makingstrideswalk.org/topekaks

Name of Authorized Representative: Carolyn Zeller

Address: 1813 SW Village Drive State: KS Zip: 66604

Home Phone: _____ Work Phone: 785.438.5610 Cell Phone: 785.313.5036

Email: carolyn.zeller@cancer.org

Primary On-Site Contact Person

Please Print

Name: Carolyn Zeller

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

**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: Nurse on-site Location: Tent located on south statehouse grounds

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)*)

See attached map. Intersections include: 10th from Harrison to Kansas. Kansas from 10th to 6th. 6th from Kansas to Jackson. Jackson from 6th to 8th.

Date(s) of street, sidewalk and/or intersection closures: 10/12/2019

Time(s) of street, sidewalk and/or intersection closures: Streets requested closed from 9:00-11:00am.

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:

Postcard delivered/mailed to surrounding residents and businesses, notified two weeks before event date.

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:

On-site volunteers will clean up all debris and trash. Trash cans and dumpsters will be rented.

Clean-Up personnel provided by: _____

***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.

Carolyn Zeller

PRINTED NAME of authorized representative/applicant

Carolyn Zeller

SIGNATURE of authorized representative/applicant

June 19, 2019

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: _____ By: _____

Date Non-Refundable Special Event Application Fee Received: _____

Fee Received By: _____ Fee Amount: \$ _____

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



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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: Making Strides Against Breast Cancer

Event Date(s): October 12, 2019 Estimated attendance: 500

Location of Event: South statehouse grounds

Name of Authorized Representative: Carolyn Zeller

Address: 1315 SW Arrowhead Road State: KS Zip: 66604

Home Phone: _____ Work Phone: 785.438.5610 Cell Phone: 785.313.5036

Email: carolyn.zeller@cancer.org

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.

Carolyn Zeller

PRINTED NAME of authorized representative/applicant

Carolyn Zeller

June 19, 2019

SIGNATURE of authorized representative/applicant

Date

Internal Use Only

City Clerk's Office

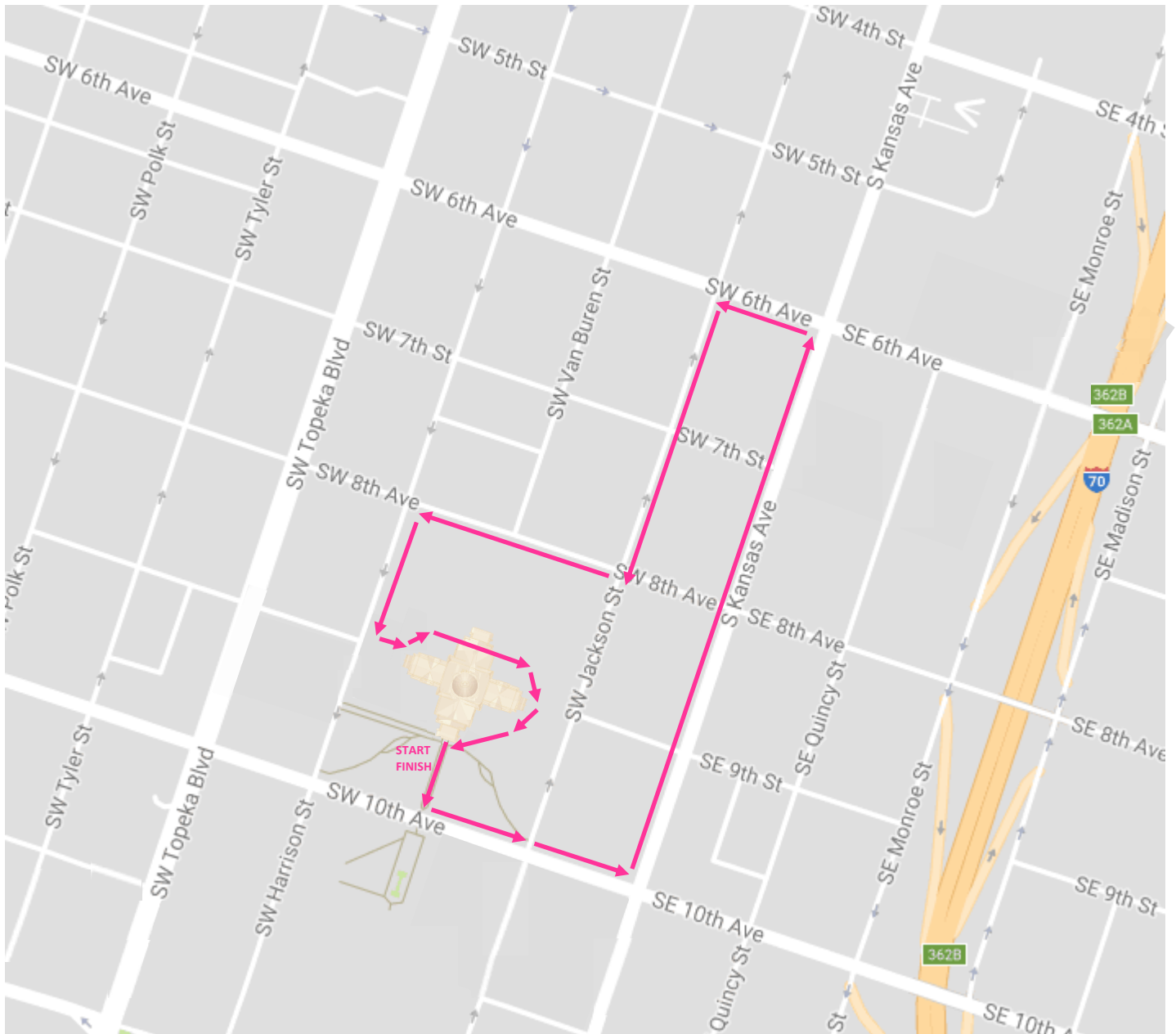
Date Fee Received: _____

Fee Received By: _____ Fee Amount: \$ _____

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

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

CHECK NO. _____



1. Start at southside of statehouse. Walk south down sidewalk to 10th.
2. Turn east (left) on 10th and walk to Kansas.
3. Turn north (left) on Kansas and walk to 6th.
4. Turn west (left) on 6th and walk to Jackson.
5. Turn south (left) on Jackson and walk to 8th.
6. Turn west (right) on 8th onto statehouse grounds sidewalk and walk to Harrison.
7. Staying on the sidewalk, turn south (left) on Harrison.
8. Turn east (left) at entrance drive to the statehouse and walk under/around statehouse to southside.
9. Turn south (left) on the southside of the statehouse and walk toward 10th.
10. Repeat steps #2 - 8 for second lap.