

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: Christ the King Catholic Church - Rome Sweet Home Festival

Event Date(s)*: September 14, 2019 Estimated attendance: 3,500-4,000

*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: 4:30 am/pm EVENT End Time: 10:00 am/pm

SET UP Start Time: 8:00 am/pm TEAR DOWN End Time: 11:00 am/pm

Full and complete description of event:

See attached description

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

N/A

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: _____

Noise Exception? Yes No

If yes, then Council District No. _____

PLEASE CHECK ALL THAT APPLY TO YOUR EVENT:

Type of Event

Event Details

Equipment at Event

Festival

Parade

Block Party/Picnic and/or Neighborhood Procession

Sporting Event or Competition

Concert

Other: _____

Alcohol Served

Alcohol Sales

Mobile Food Vendors:
~How many? 12

Transient or Sidewalk Vendors:
~How many? _____

Open to the Public

Animals

Amplified Speaking and/or Music
~Hours: 2:00 to 11:00

Portable Restrooms (see attachment for recommended Standards)

Stage/Props/Production

Electrical Outlets Needed

Dumpsters/Receptacles

Other: _____

Organization/Sponsor & its Authorized Representative

Please Print

Name of Organization/Sponsor: Christ the King Catholic Church

Address: 5973 SW 25th Street, Topeka State: Kansas Zip: 66614

Business Phone: 785.273.0710 Fax: 785.273.4766

Web Address of Organization/Sponsor: www.ctktopeka.org

Name of Authorized Representative: Father Matthew Schiffelbein

Address: 5972 SW 25th Street, Topeka State: Kansas Zip: 66614

Home Phone: 785.273.0710 Work Phone: 785.273.0710 Cell Phone: 785.215.1072

Email: frmatthew@ctktopeka.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: St Francis Hospital Location: Event Lot

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 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 notes - Wanamaker sidewalk during fireworks

Date(s) of street, sidewalk and/or intersection closures: September 14, 2019

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

Set Up: From 7:45 to 9:00 am/ pm

Tear Down: From 9:00 to 9:30 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:

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

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. MS (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 N/A

***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:

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). 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.

Father Matthew Schiffelbein
PRINTED NAME of authorized representative/applicant

Fa Matthew Schiffelbein
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 7th Street, Room 166
Topeka, KS 66603

OFFICIAL USE ONLY

City Clerk's Office

Date Application Received: 6/28/19 By: KCD

Date Non-Refundable Special Event Application Fee Received: 6/28/19

Fee Received By: KCD Fee Amount: \$ 5000

Cash () Credit () Check / No. 21556 Receipt # _____

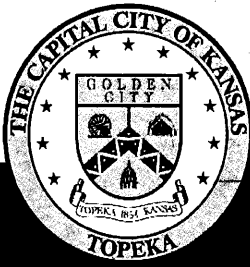
Page 1 -Event Description Notes:
Christ the King Catholic Church
5973 SW 25th
Topeka, Ks 66614

On September 14, 2019 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.



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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: Christ the King Catholic Church - Rome Sweet Home

Event Date(s): September 14, 2019 Estimated attendance: 3,500-4,000

Location of Event: 5973 SW 25th Street, Topeka, Kansas 66614

Name of Authorized Representative: Father Matthew Schiffelbein

Address: 5972 SW 25th, Topeka State: Kansas Zip: 66614

Home Phone: 785.273.0710 Work Phone: 785.273.0710 Cell Phone: 785.215.1072

Email: frmatthew@ctktopeka.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.

Father Matthew Schiffelbein
PRINTED NAME of authorized representative/applicant

F. Matthew Schiffelbein _____
SIGNATURE of authorized representative/applicant Date

Internal Use Only

City Clerk's Office
Date Fee Received: 6/28/19
Fee Received By: WCC Fee Amount: \$ 25000

Cash () Credit () Check No 21557 Receipt # _____

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

CHECK NO. _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/20/2019

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 C.M.G. Agency, Inc 10843 Old Mill Road Omaha, NE 68154 | 402-551-8765 402-551-2943 | CONTACT NAME: C.M.G. Agency PHONE (A/C, No, Ext): 402-551-8765 E-MAIL ADDRESS: dmusil@catholicmutual.org | FAX (A/C, No): 402-551-2943 |
| INSURED Archdiocese of Kansas City 12615 Parallel Parkway Kansas City, KS 66109 | | INSURER(S) AFFORDING COVERAGE | |
| | | NAIC # | |
| | | INSURER A : | |
| | | INSURER B : | |
| | | INSURER C : | |
| | | INSURER D : Church Mutual Insurance Company | |
| | | INSURER E : | |
| | | INSURER F : | |

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 | |
|----------|--|-----------|----------|-------------------|-------------------------|-------------------------|---|------------|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ |
| | | | | | | | MED EXP (Any one person) | \$ |
| | | | | | | | PERSONAL & ADV INJURY | \$ |
| | | | | | | | GENERAL AGGREGATE | \$ |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ |
| | | | | | | | | \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> 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 \$ | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| | | | | | | | | \$ |
| D | 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 | 0320990-07-006980 | 06/01/2019 | 06/01/2020 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | \$ 100,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 100,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 |

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

Coverage is verified for off-duty police officers at Christ the King Parish's Italian Festival on September 14, 2019.

CERTIFICATE HOLDER**CANCELLATION**

City of Topeka Police Department, its agents and employees

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

C.M.G. Agency, Inc.

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Certificate of Coverage

Date: 6/13/2019

Certificate Holder
 Archdiocese of Kansas City in Kansas
 Savior Pastoral Center
 12615 Parallel Parkway
 Kansas City, KS 66109

This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.

Company Affording Coverage
 THE CATHOLIC MUTUAL RELIEF
 SOCIETY OF AMERICA
 10843 OLD MILL RD
 OMAHA, NE 68154

Covered Location
 Christ the King Parish
 5973 S.W. 25th Street
 Topeka, KS 66614

Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate 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 coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

| Type of Coverage | Certificate Number | Coverage Effective Date | Coverage Expiration Date | Limits |
|---|--------------------|-------------------------|--------------------------|----------------------------|
| Property | | | | Real & Personal Property |
| D. General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made | 8556 | 7/1/2019 | 7/1/2020 | Each Occurrence |
| | | | | General Aggregate |
| | | | | Products-Comp/OP Agg |
| | | | | Personal & Adv Injury |
| | | | | Fire Damage (Any one fire) |
| | | | | Med Exp (Any one person) |
| Excess Liability | | | | Each Occurrence |
| | | | | Annual Aggregate |
| Other | | | | Each Occurrence |
| | | | | Claims Made |
| | | | | Annual Aggregate |
| | | | | Limit/Coverage |

Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)
 Coverage only extends to the City of Topeka for claims arising out of Christ the King Parish's Rome Sweet Home Festival (Italian Festival) to be held on Parish grounds September 14, 2019. Includes Liquor Liability. Excludes Fireworks.

| | |
|--|---|
| Holder of Certificate | Cancellation |
| Additional Protected Person(s) City of Topeka City Clerk's Office 215 SE 7th St. RM 166 Topeka, KS 66603 | <p>Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.</p> <p>Authorized Representative </p> |
| 0005004760 | |

ENDORSEMENT

(TO BE ATTACHED TO CERTIFICATE)

Effective Date of Endorsement: 9/14/2019

Cancellation Date of Endorsement: 9/15/2019

Certificate Holder: Archdiocese of Kansas City in Kansas
Savior Pastoral Center
12615 Parallel Parkway
Kansas City, KS 66109

Location: Christ the King Parish
5973 S.W. 25th Street
Topeka, KS 66614

Certificate No. 8556 of The Catholic Mutual Relief Society of America is amended as follows:

SECTION II - ADDITIONAL PROTECTED PERSON(S)

It is understood and agreed that Section II - Liability (only with respect to Coverage D - General Liability), is amended to include as an Additional Protected Person(s) members of the organizations shown in the schedule, but only with respect to their liability for the **Protected Person(s)** activities or activities they perform on behalf of the **Protected Person(s)**.

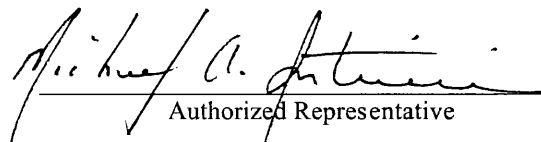
It is further understood and agreed that coverage extended under this endorsement is limited to and applies only with respect to liability assumed by contract or agreement; and this extension of coverage shall not enlarge the scope of coverage provided under this certificate or increase the limit of liability thereunder. Unless otherwise agreed by contract or agreement, coverage extended under this endorsement to the **Additional Protected Person(s)** will not precede the effective date of this certificate of coverage endorsement or extend beyond the cancellation date.

Schedule - ADDITIONAL PROTECTED PERSON(S)

City of Topeka
City Clerk's Office
215 SE 7th St. RM 166
Topeka, KS 66603

Remarks (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language):

Coverage only extends to the City of Topeka for claims arising out of Christ the King Parish's Rome Sweet Home Festival (Italian Festival) to be held on Parish grounds September 14, 2019. Includes Liquor Liability. Excludes Fireworks.


Authorized Representative