

# CITY OF TOPEKA

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

### General Event Information

Please Print

Name of Event: Hand Up Stand Up 2021

Event Date(s)\*: 9-11-2021 Estimated attendance: 400

\*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: 8:00 am/pm      EVENT End Time: 10:15 am/pm

SET UP Start Time: 7:00 am/pm      TEAR DOWN End Time: 11:00 am/pm

Full and complete description of event:

Motorcycle Ride to Benefit the Topeka VA PTSD wards. Registration starts at 8AM - Bikes leave at 10:00 AM

Requesting Police Escort out of town

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

Option 1  
Harley Davidson West on 21<sup>st</sup>  
South into the VA through Main 21<sup>st</sup> drive  
out West Gate exit - continue W on 21<sup>st</sup>  
to Auburn Road

Option 2  
Harley Davidson West on 21<sup>st</sup> - South  
into VA entrance on 21<sup>st</sup>  
exit out Gate - South to 53<sup>rd</sup> Street

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

Historic Harley West Parking Lot

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

Please list location(s) of electrical outlets

Historic Harley has a power pole on west side of Parking Lot

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: Topeka VA

Registration/Entry Fee? Yes  No

If yes, then amount: \$3500

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>8AM to 10AM</u>
<input type="checkbox"/> Parade	<input type="checkbox"/> Alcohol Sales	<input type="checkbox"/> Portable Restrooms (see attachment for recommended Standards)
<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"/> <b>Electrical Outlets Needed</b> , <u>Harley Davidson Supplies</u>
<input type="checkbox"/> Concert	<input checked="" type="checkbox"/> Open to the Public	<input type="checkbox"/> Dumpsters/Receptacles
<input checked="" type="checkbox"/> Other: <u>Motorcycle Ride</u>	<input type="checkbox"/> Animals	<input type="checkbox"/> Other: _____

**Organization/Sponsor & its Authorized Representative**

Please Print

Name of Organization/Sponsor: American Legion Post 421

Address: PO Box 750684 Topeka State: KS Zip: 66675

Business Phone: 785-422-1610 Fax: \_\_\_\_\_

Web Address of Organization/Sponsor: handupstandup.com

Name of Authorized Representative: Donald R Lewis

Address: 33744 Waterman Crossing Rd Market Hill State: KS Zip: 66507

Home Phone: \_\_\_\_\_ Work Phone: 785-338-5755 Cell Phone: 785-221-0992

Email: threeqtrhorse@yahoo.com

**Primary On-Site Contact Person**

Please Print

Name: Donald R Lewis

Home Phone: \_\_\_\_\_ Work Phone: 785-338-5755 Cell Phone: 785-221-0992

Email: threeqtrhorse@yahoo.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/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)*)

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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:

**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**

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**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:

Area will be left as it was received. Personal Property of Historic Harley

Clean-Up personnel provided by: American Legion Post 421

*\*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.

Donald R Lewis  
PRINTED NAME of authorized representative/applicant

[Signature]  
SIGNATURE of authorized representative/applicant

7/17/2021  
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

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***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 # \_\_\_\_\_

## *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](mailto:cclerk@topeka.org)

Topeka Police Department: Ronnie Connell 368-1589, [rconnell@topeka.org](mailto:rconnell@topeka.org)

Topeka Fire Department: Todd Harrison, 368-4130, [tharrison@topeka.org](mailto:tharrison@topeka.org)

Traffic Engineering Division: Kristi Ericksen, 368-3029, [kericksen@topeka.org](mailto:kericksen@topeka.org)

Street Operations Division: Michael Trower, 368-3920, [MTrower@topeka.org](mailto:MTrower@topeka.org)

Parking Division: Nicole McDuffee, 368-2584, [nmduffee@topeka.org](mailto:nmduffee@topeka.org)

City Attorney's Office: Mary Feighny, 368-3883, [mfeighny@topeka.org](mailto:mfeighny@topeka.org)

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### *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.**

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

\_\_\_\_\_  
PRINTED NAME of authorized representative/applicant

\_\_\_\_\_  
SIGNATURE of authorized representative/applicant

\_\_\_\_\_  
Date

**Email: [cclerk@topeka.org](mailto:cclerk@topeka.org)**

**Fax: 785-368-3943**

**Address: City Clerk's Office  
215 SE 7<sup>th</sup> Street, Room 166  
Topeka, KS 66603**



TOPEKAAM01

KDEEVER

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/28/2021

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).


<b>PRODUCER</b> Peoples Insurance Group 1415 SW Topeka Blvd Topeka, KS 66612	<b>CONTACT NAME:</b> Kimberly Deever <b>PHONE (A/C, No, Ext):</b> (785) 271-8097 <b>E-MAIL ADDRESS:</b> kdeever@peoplesinsure.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: West Bend Mutual Insurance Company	
<b>INSURED</b> Topeka American Legion Post #421 3110 SW Huntoon St. PO Box 750684 Topeka, KS 66675	INSURER B :	
	INSURER C :	
	INSURER D :	
	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 CERTIFICATION 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.

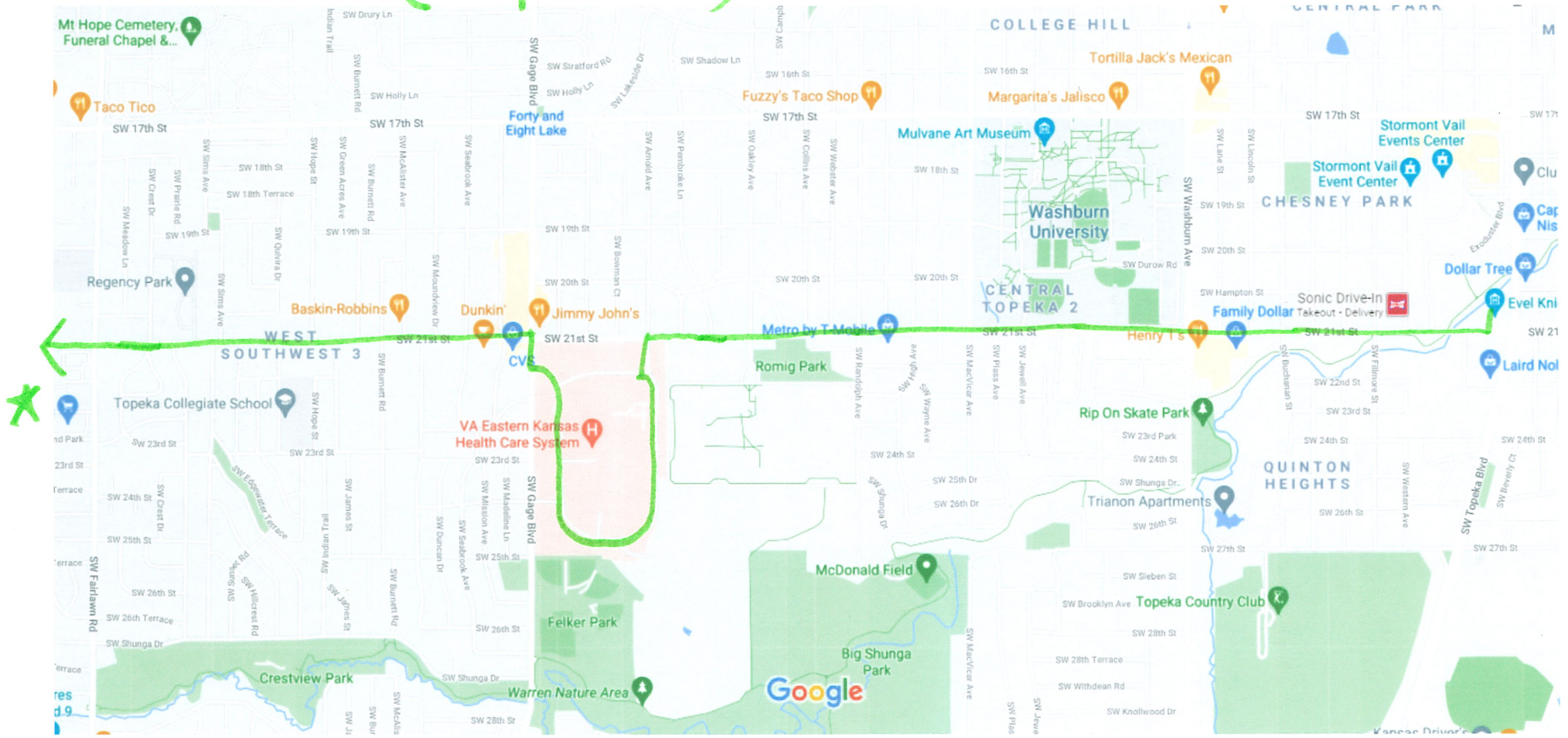
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		1751963	4/19/2021	4/19/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			1751963	4/19/2021	4/19/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE    OTH-ER 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)  
 City of Topeka is added as an Additional Insured with respects to General Liability.

<b>CERTIFICATE HOLDER</b> City of Topeka 215 SE 7th St. Topeka, KS 66603	<b>CANCELLATION</b> 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 

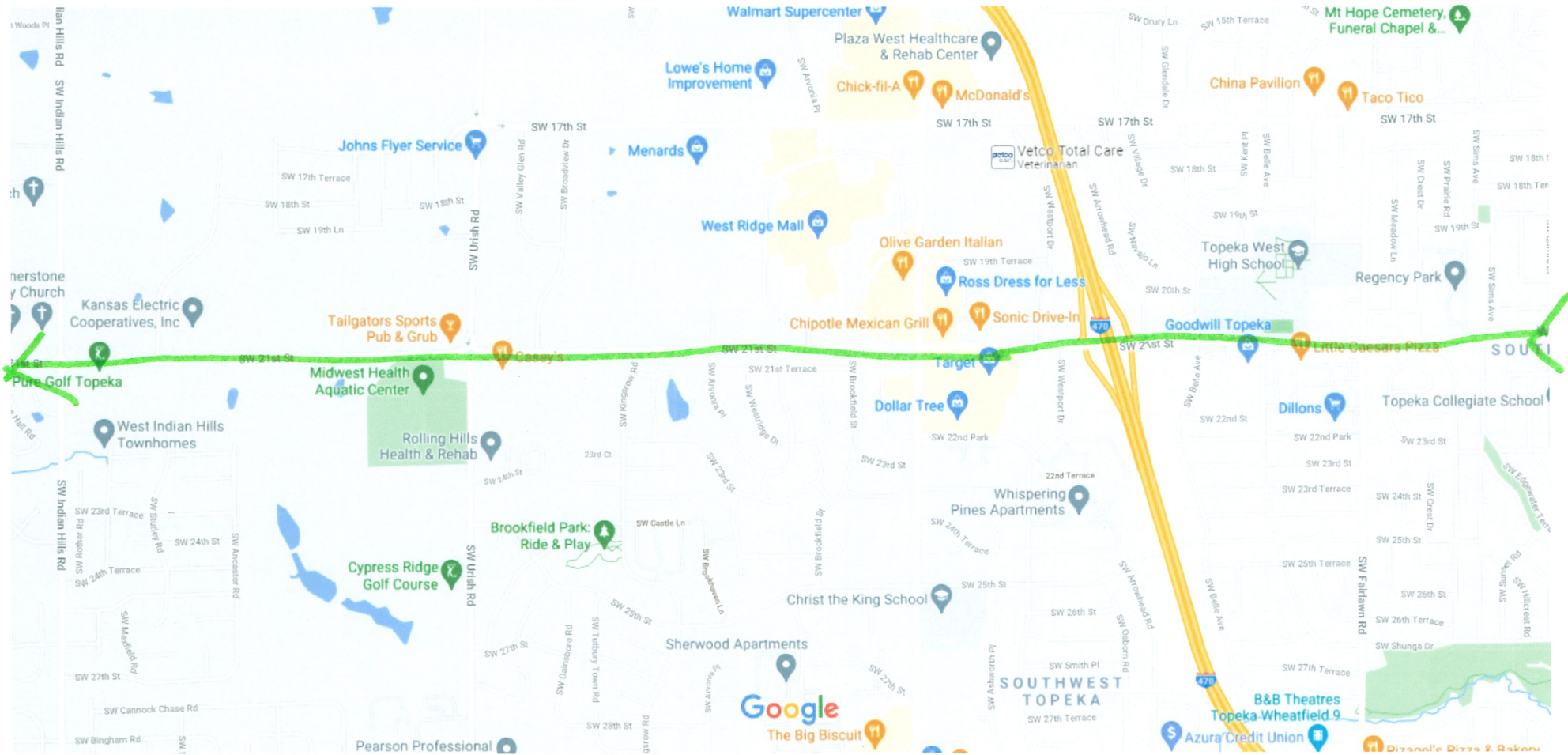
# Option 1 (our preference)

Google Maps

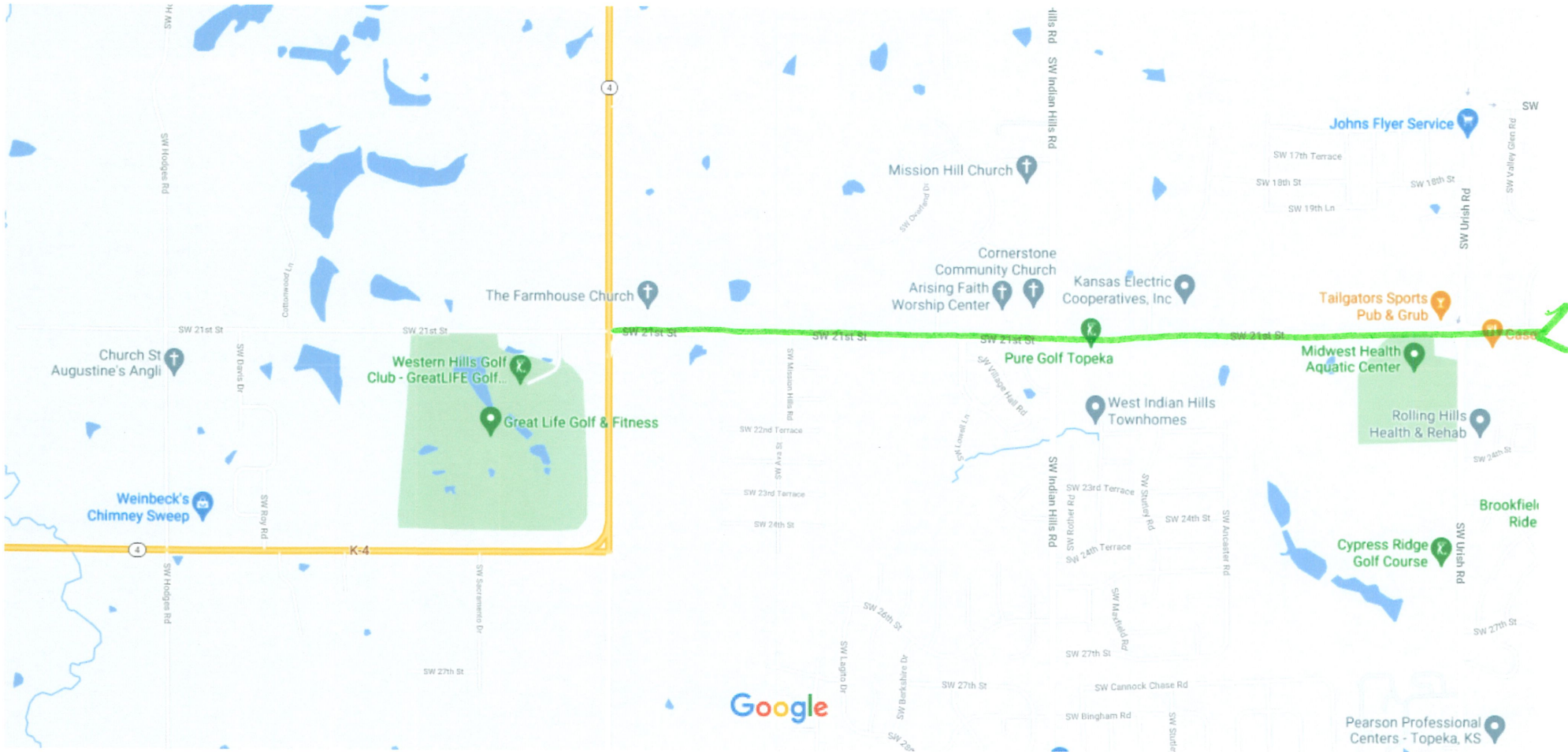


★ Continue on 21st to Auburn Rd

Map data ©2021 1000 ft



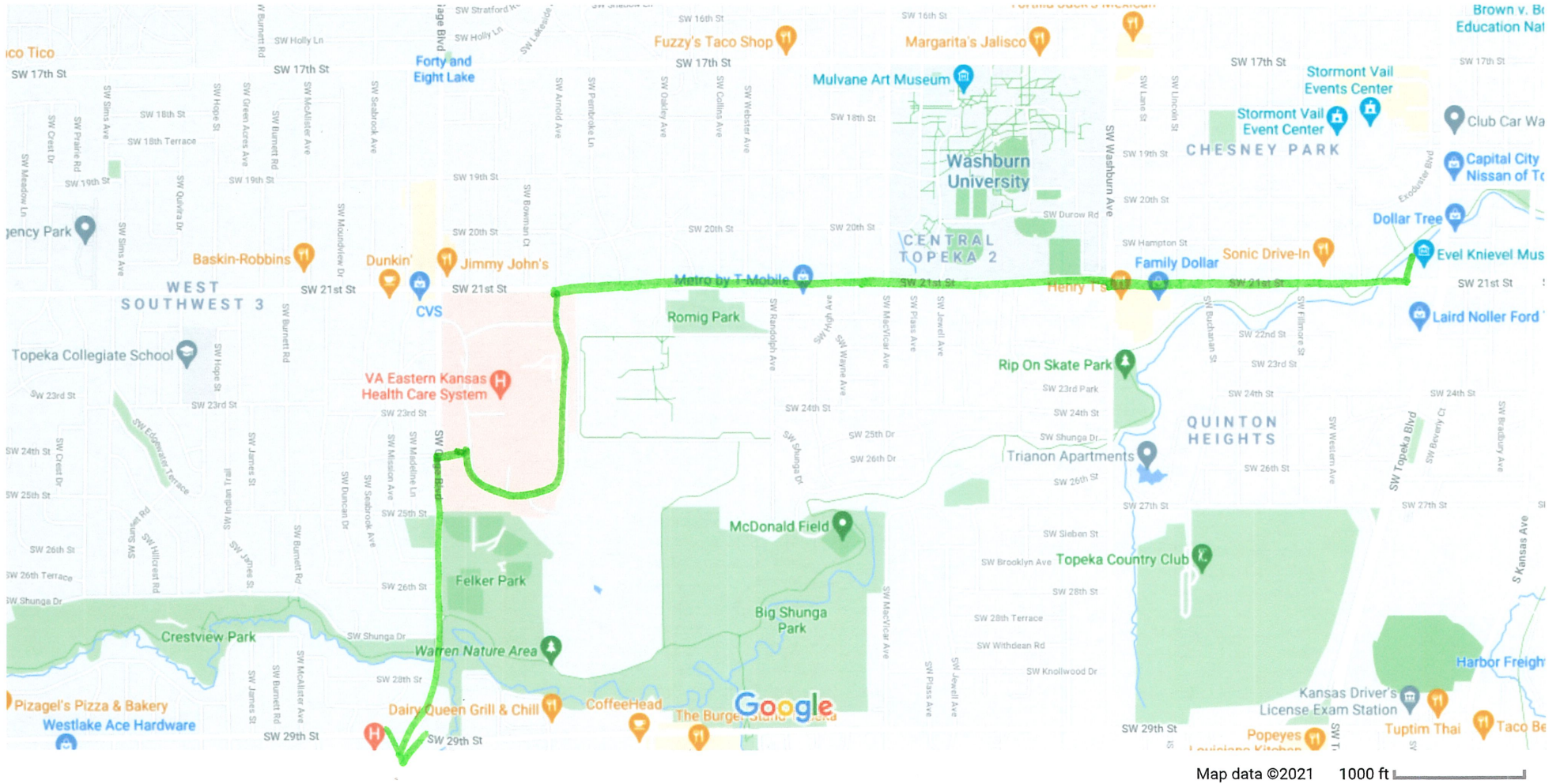
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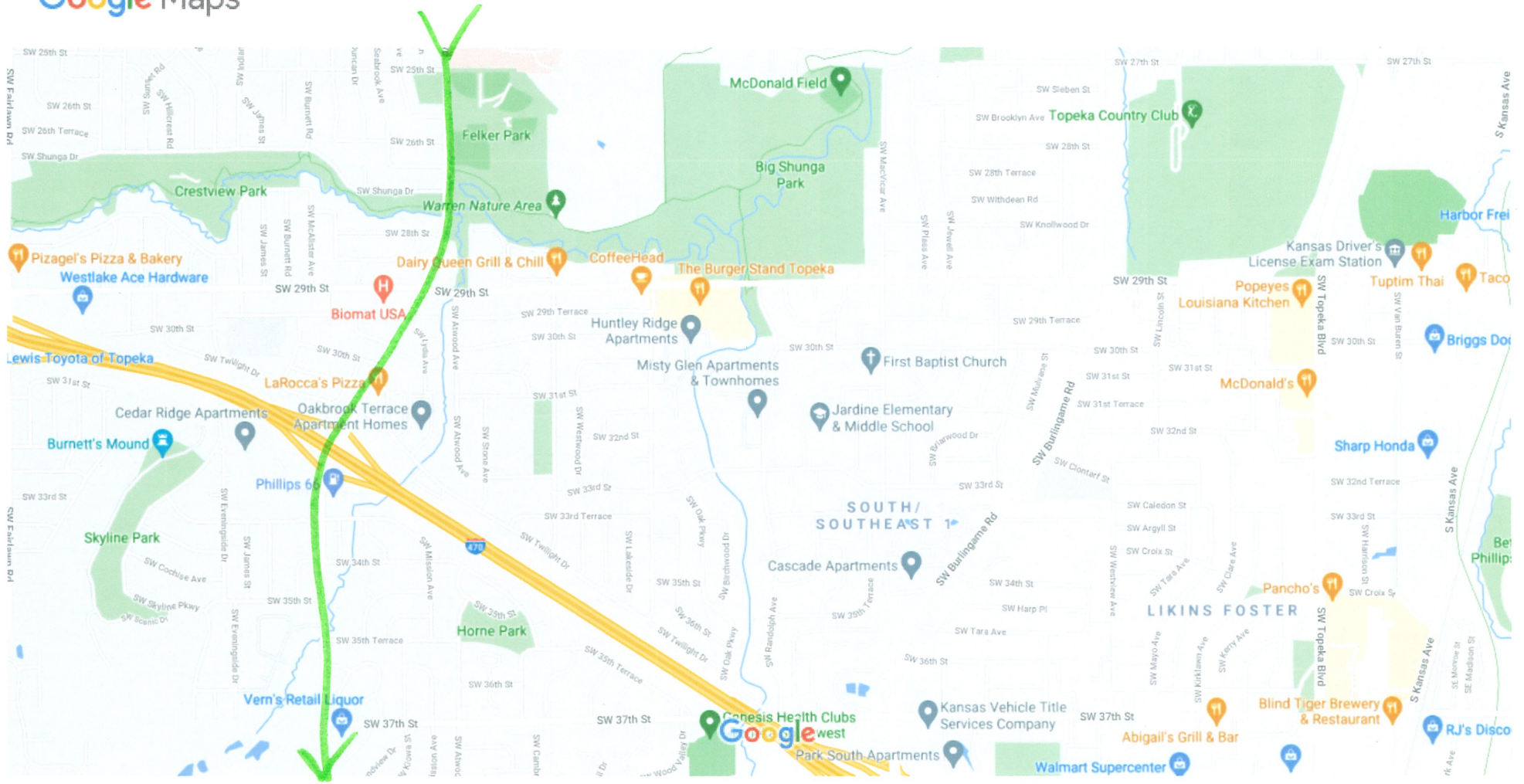


Map data ©2021 1000 ft

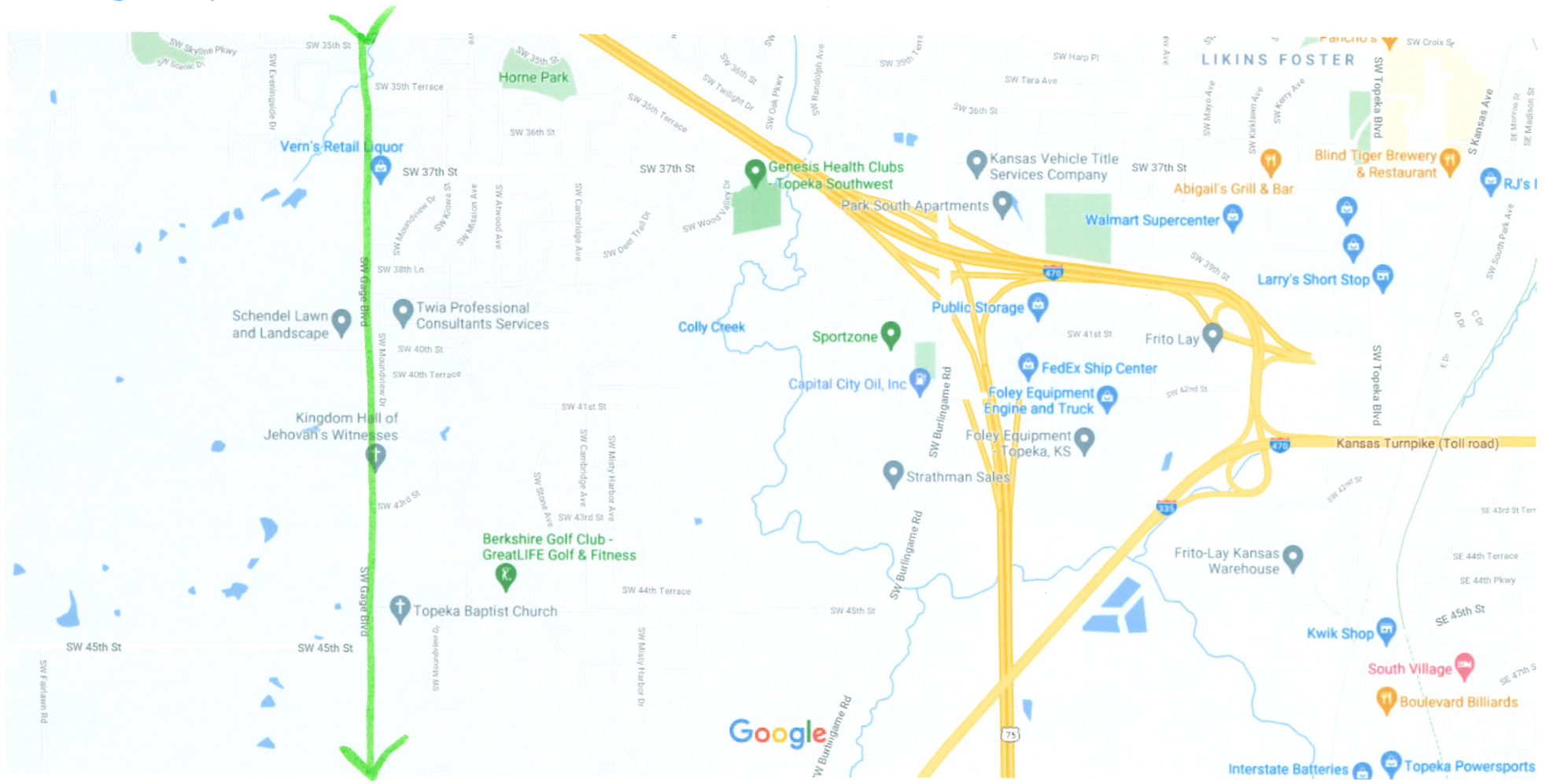
Google Maps

# Option 2



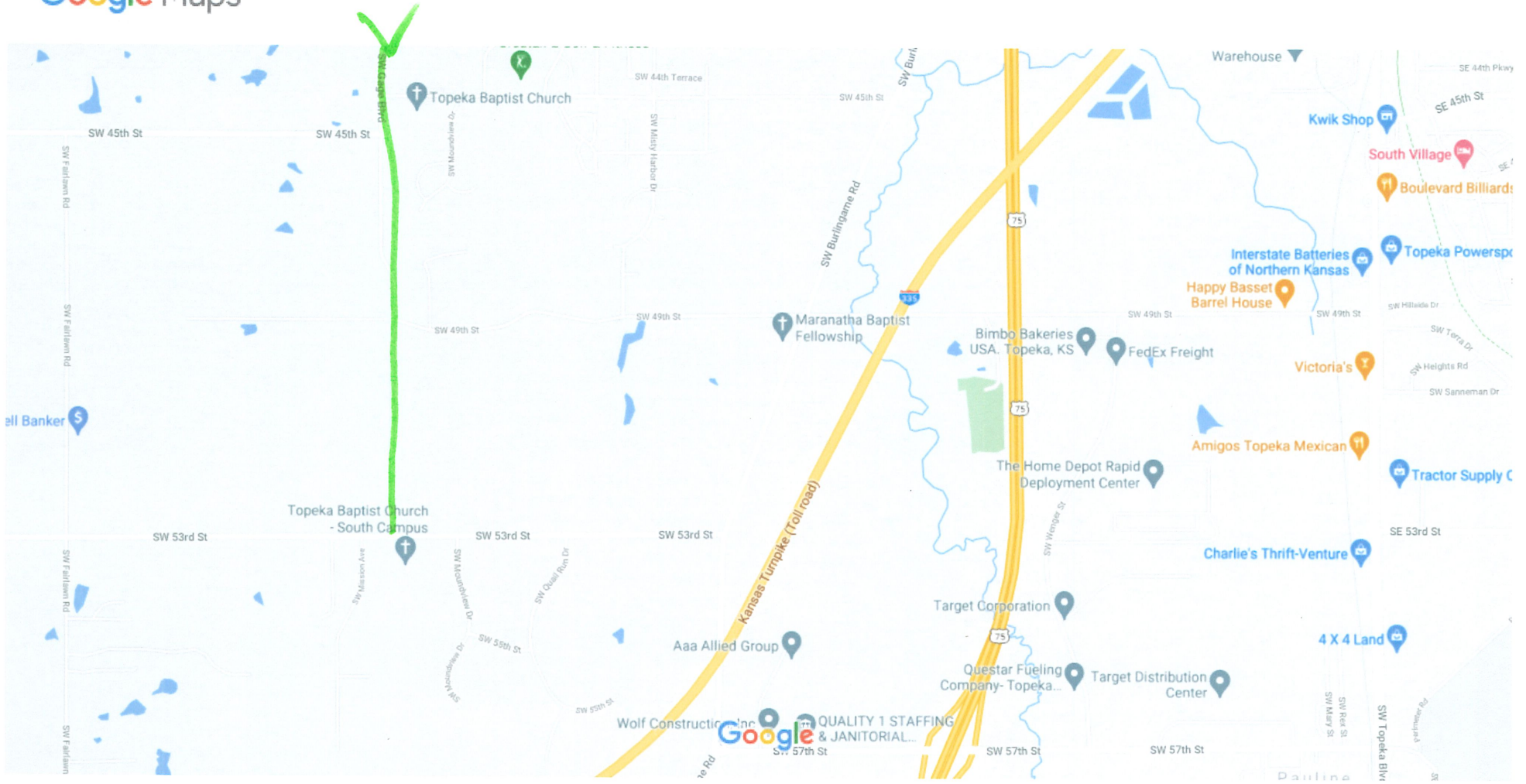


Map data ©2021 1000 ft



Map data ©2021 1000 ft





Map data ©2021 1000 ft