



CITY OF TOPEKA

8/13/2019

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: Taste from the Top - a Benefit for TARC

Event Date(s)*: Sept. 26, 2019 Estimated attendance: 120

*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: 5:30 am/pm pm EVENT End Time: 9:00 am/pm pm

SET UP Start Time: 3:00 am/pm pm TEAR DOWN End Time: 9:00 am/pm pm

Full and complete description of event:

We will be using outdoor spaces, Capitol Federal garage roof, the Cyrus Hotel and the Crosby Parking Garage roof to feature TARC and downtown Topeka. Each location will have food and drink from downtown establishments and attendees will visit all three.

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

Crosby Parking Garage roof.

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

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:

Rain Date? Yes No

If yes, then date(s): _____

Fundraiser? Yes No

If yes, then beneficiary: TARC, Inc.

Registration/Entry Fee? Yes No

If yes, then amount: Ticket purchase - \$60.00

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 checked="" type="checkbox"/> Alcohol Served No Alcohol	<input type="checkbox"/> Amplified Speaking and/or Music ~Hours: _____ to _____
<input type="checkbox"/> Parade	<input type="checkbox"/> Alcohol Sales	<input checked="" 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 type="checkbox"/> Electrical Outlets Needed
<input type="checkbox"/> Concert	<input type="checkbox"/> Open to the Public	<input type="checkbox"/> Dumpsters/Receptacles
<input checked="" type="checkbox"/> Other: <u>Fundraiser</u>	<input type="checkbox"/> Animals	<input type="checkbox"/> Other: _____

Organization/Sponsor & its Authorized Representative

Please Print

Name of Organization/Sponsor: TARC, Inc.

Address: 2701 SW Randolph Ave State: Kansas Zip: 66601

Business Phone: 785-232-0597 Fax: 785-232-3770

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

Name of Authorized Representative: Sherry Lundry

Address: 3219 SE Arbor Dr. State: Kansas Zip: 66605

Home Phone: 785-266-7010 Work Phone: 785-232-0597 Cell Phone: 785-633-9592

Email: slundry@tarcinc.org

Primary On-Site Contact Person

Please Print

Name: Sherry Lundry

Home Phone: same as above Work Phone: same as above Cell Phone: same as above

Email: same as above

**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 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)*)

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:

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:

All trash will be removed at close of event.

Clean-Up personnel provided by: TARC, Inc.

***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.

Sherry L. Lundy
PRINTED NAME of authorized representative/applicant

Sherry L. Lundy
SIGNATURE of authorized representative/applicant

8/12/19
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: 8/13/19 By: [Signature]

Date Non-Refundable Special Event Application Fee Received: 8/13/19

Fee Received By: [Signature] Fee Amount: \$ 50

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

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Taste from the Top
9/26/2019
Crosby Parking Garage

CAR ENTRY/EXIT