

#0000958

10/31  
Meadows Fall  
Festival**General Event Information**

Please Print

REC'D TOPEKA CITY CLERK  
'23 AUG 21 AM 9:04Name of Event: Meadows Fall FestivalEvent Date(s)\*: Tuesday, October 31, 2023 Estimated attendance: 650

\*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: 2:00 am/pm ☒ pm EVENT End Time: 2:45 am/pm ☒ pmSET UP Start Time: 1:45 am/pm ☒ pm TEAR DOWN End Time: 3:00 am/pm ☒ pm

Full and complete description of event:

Meadows' students + parents will parade north on Clay Street to Ward Meade Park, south on Fillmore to 2nd Street, west on 2nd returning to Meadows Elementary.

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

Meadows Elementary School - 201 SW Clay Street, Topeka, KS 66604  
\* See attached map

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

Meadows Elementary North side on 2nd Street

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: \_\_\_\_\_

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                                                                     |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Festival                                          | <input type="checkbox"/> Alcohol Served                                     | <input type="checkbox"/> Amplified Speaking and/or Music<br>~Hours: _____ to _____     |
| <input checked="" 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:<br>~How many? _____           | <input type="checkbox"/> Stage/Props/Production                                        |
| <input type="checkbox"/> Sporting Event or Competition                     | <input type="checkbox"/> Transient or Sidewalk Vendors:<br>~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 type="checkbox"/> Other: _____                                      | <input type="checkbox"/> Animals (what type?)                               | <input type="checkbox"/> Other: _____                                                  |

**Organization/Sponsor & its Authorized Representative** Please Print

Name of Organization/Sponsor: Meadows Elementary School

Address: 201 SW Clay Street State: KS Zip: 66604

Business Phone: 785-235-7150 Fax: \_\_\_\_\_

Web Address of Organization/Sponsor: \_\_\_\_\_

Name of Authorized Representative: Kyna Croft

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Primary On-Site Contact Person** Please Print

Name: Kyra Croft

Home Phone: \_\_\_\_\_ Work Phone: 785-235-7150 Cell Phone: \_\_\_\_\_

Email: kcroft@tps501.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: \_\_\_\_\_ Location: Meadows Elementary

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))

\*see map

Date(s) of street, sidewalk and/or intersection closures: Tuesday, October 31, 2023

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

Set Up: From 1:45 to \_\_\_\_\_ am/pm pm

Tear Down: From \_\_\_\_\_ to 3:00 am/pm 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

Neighborhood volunteers at corners, safety vests, social media

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 – 1-785-448-0402

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)

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 you obtained consent? Yes ☒ No

**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:

Clean-Up personnel provided by: Meadows Elementary

**\*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



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Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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Neighborhood volunteers at corners, safety vests, social media

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*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.

Kyna Crott  
PRINTED NAME of authorized representative/applicant

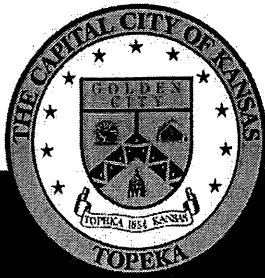
Kyna Crott  
SIGNATURE of authorized representative/applicant

8/7/2023

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



# CITY OF TOPEKA

City Clerk  
City Hall, 215 SE 7<sup>th</sup> Street, Room 166  
Topeka, KS 66603  
[www.topeka.org](http://www.topeka.org)

Brenda Younger, M.M.C.  
785-368-3940  
Email: [cclerk@topeka.org](mailto: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. **Generally Debris Deposit are not required with small residential block parties.**

PLEASE PRINT

Name of Event: Meadows Elementary  
Event Date(s): 9/30/2023 Estimated attendance: 300  
Location of Event: Meadows Elementary  
Name of Authorized Representative: Kyna Croft  
Address: 2018W Clay St. State: KS Zip: 66604  
Home Phone: \_\_\_\_\_ Work Phone: 785-235-7150 Cell Phone: \_\_\_\_\_  
Email: kcroft@tps501.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

Check Refund Information:

Name and/or Company: Meadows Elementary  
Address: 201 S.W. Clay St., Topeka, KS State: KS Zip: 66604

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.*

Kyna Croft  
PRINTED NAME of authorized representative/applicant  
[Signature] 8/7/2023  
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. \_\_\_\_\_

