



# CITY OF TOPEKA

8/22/19

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 Ride

Event Date(s)\*: September 14, 2019 Estimated attendance: \_\_\_\_\_

\*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: 10:00 am/pm

EVENT End Time: 3:00 am/pm

SET UP Start Time: 6:00 am/pm

TEAR DOWN End Time: 4:00 am/pm

Full and complete description of event:

Benefit motorcycle ride starting at Historic Harley and ~~en~~ driving 100 miles ending at the Topeka VA. Proceeds to help PTSD patients at the Topeka VA

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

Start at 10:00 AM at Historic Harley Davidson – just need support to get out of town.

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

Historic Harley Davidson Facing South exiting onto 21<sup>st</sup> Street

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

Please list location(s) of electrical outlets

on Historic Harley Ground

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: \$ 35<sup>00</sup>

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</u> to <u>10Am</u> <u>12pm - 3pm</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 checked="" 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>
<input type="checkbox"/> Concert	<input type="checkbox"/> Open to the Public	<input type="checkbox"/> Dumpsters/Receptacles
<input checked="" type="checkbox"/> Other: <u>Benefit 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: 3110 SW Huntoon St, Topeka State: KS Zip: 66604

Business Phone: Personal 785-221-0992 Fax: NA

Web Address of Organization/Sponsor: ~~http~~ alpost421.org

Name of Authorized Representative: Donald Robert Lewis

Address: 33144 Waterman Crossing Rd Maple Hill State: KS Zip: 66507

Home Phone: NA Work Phone: 785-338-5755 Cell Phone: 785-221-0992

Email: threegrhorse@yahoo.com

**Primary On-Site Contact Person**

Please Print

Name: Bob Lewis

Home Phone: NA Work Phone: 785-338-5755 Cell Phone: 785-221-0992

Email: threegrhorse@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**

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))

21<sup>st</sup> & Burlingame / 29<sup>th</sup> & Burlingame / Burlingame & Clontarf /  
33<sup>rd</sup> & Burlingame / 37<sup>th</sup> & Burlingame / Burlingame & 470 Interchange

Date(s) of street, sidewalk and/or intersection closures: \_\_\_\_\_

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

Set Up: From 10:00 to \_\_\_\_\_ am/pm

Tear Down: From 10:15 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:

N/A

**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:

this will be all on private property (Historic Herby & VA Grounds)

Clean-Up personnel provided by: 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 P. Lewis  
PRINTED NAME of authorized representative/applicant

Donald P. Lewis  
SIGNATURE of authorized representative/applicant

8/22/19  
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

---

---

**OFFICIAL USE ONLY**

**City Clerk's Office**

Date Application Received: 8/22/19 By: JL

Date Non-Refundable Special Event Application Fee Received: 8/22/19

Fee Received By: JL Fee Amount: \$ 50

Cash ( ) Credit ( ) Check ()/No. 1830 Receipt # \_\_\_\_\_

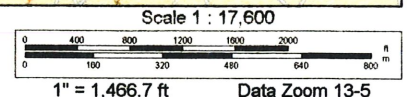




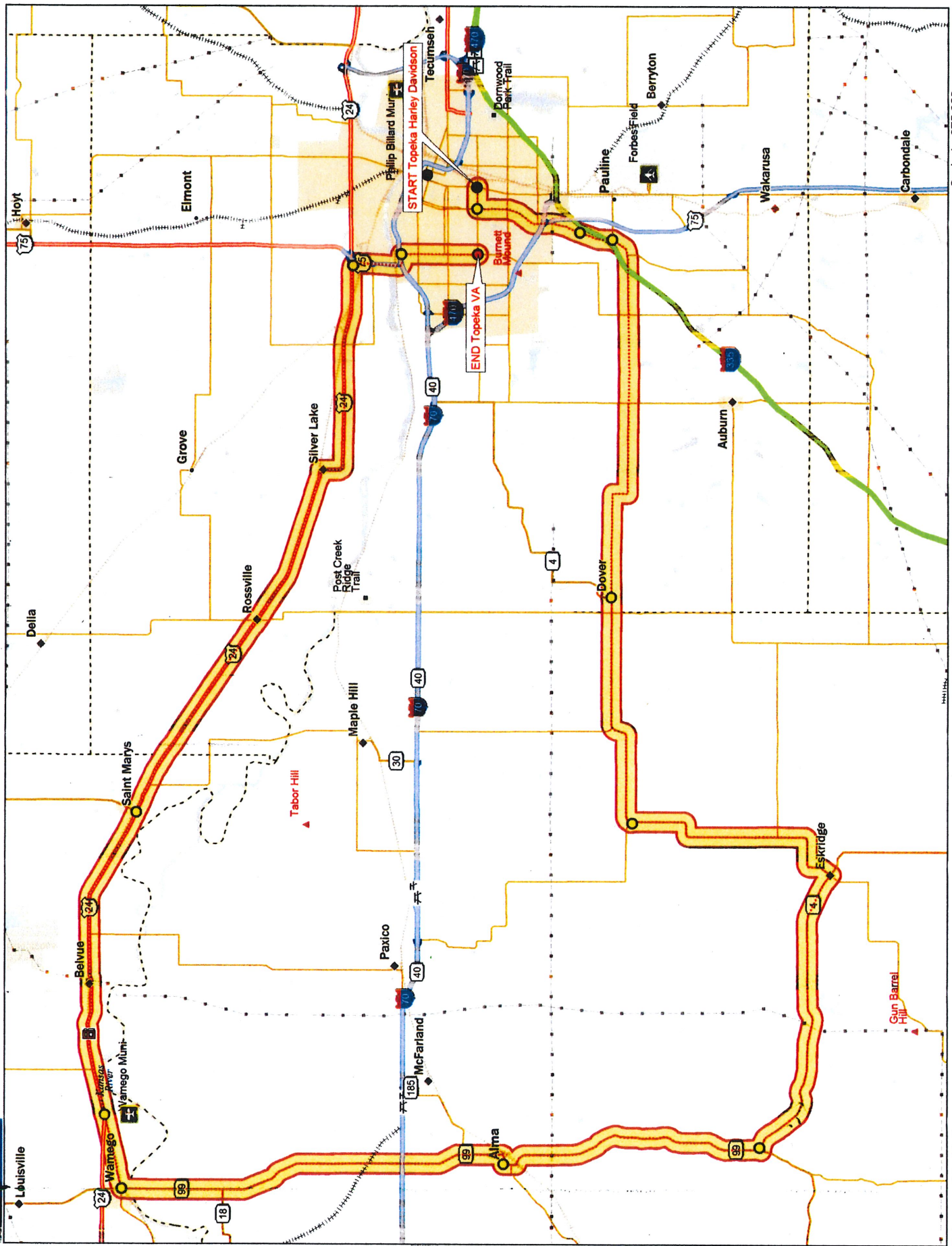
Data use subject to license.

© DeLorme. DeLorme Street Atlas USA® 2014.

www.delorme.com







Data use subject to license.

© DeLorme, DeLorme Street Atlas USA® 2014.

www.delorme.com

MIN (2.3°F)

Scale 1 : 275,000



1" = 4.34 mi Data Zoom 9-5





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/12/2019

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).

<b>PRODUCER</b> Peoples/Commercial Insurance Svcs. 1414 Ashworth PI Ste 100 Topeka KS 66604	<b>CONTACT NAME:</b> Kim 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> 785-271-8085	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Topeka American Legion Post #421 3110 SW Huntoon St. PO Box 750684 Topeka KS 66675	<b>INSURER A :</b> West Bend Mutual Insurance Company		15350
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** 20190812160840515                      **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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N	N	1751963	04/19/2019	04/19/2020	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
A	<input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY	N	N	1751963	04/19/2019	04/19/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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)

<b>CERTIFICATE HOLDER</b>  CITY OF TOPEKA CITY CLERK 215 E 7TH ROOM 166 TOPEKA KS 66603  Fax: 785-368-3943	<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 