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# 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: TBC Black Party

Event Date(s)\*: May 1, 2021 Estimated attendance: 800

\*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: 5:00 am/pm  pm EVENT End Time: 8:45 am/pm  pm

SET UP Start Time: 3:00 am/pm  pm TEAR DOWN End Time: 10:00 am/pm  pm

Full and complete description of event:  
Outdoor church service, BBQ picnic dinner,  
live concert

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

Staging Area (if applicable) – Please provide a full and complete description:  
Church grassy area north of College Ave. Building

Will electrical outlets be needed for equipment used during event?  Yes  No  
Please list location(s) of electrical outlets  
From church building

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:**

<u>Type of Event</u>	<u>Event Details</u>	<u>Equipment at Event</u>
<input type="checkbox"/> Festival	<input type="checkbox"/> Alcohol Served	<input type="checkbox"/> Amplified Speaking and/or Music ~Hours: _____ to _____
<input type="checkbox"/> Parade	<input type="checkbox"/> Alcohol Sales	<input type="checkbox"/> Portable Restrooms ( <i>see attachment for recommended Standards</i> )
<input checked="" 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"/> <b>Electrical Outlets Needed</b>
<input type="checkbox"/> Concert	<input type="checkbox"/> Open to the Public	<input type="checkbox"/> Dumpsters/Receptacles
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Animals	<input type="checkbox"/> Other: _____

**Organization/Sponsor & its Authorized Representative**

Please Print

Name of Organization/Sponsor: Topeka Bible Church

Address: 1135 SW College Ave State: KS Zip: 66604

Business Phone: (785) 234-5595 Fax: (785) 234-0531

Web Address of Organization/Sponsor: discoverthc.com

Name of Authorized Representative: Paul Shafer

Address: 2918 SW Gansboro Rd State: KS Zip: 66614

Home Phone: \_\_\_\_\_ Work Phone: 234-5595 Cell Phone: (785) 220-6911

Email: paul@discoverthc.com

**Primary On-Site Contact Person**

Please Print

Name: Paul Shafer

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

Email: Same

*\*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: Kit Location: inside building

Will the organizer/sponsor engage **private** security to work the event?  Yes  No  
If yes, then identify the provider: Mike Cope

*\*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)*)

College Ave from 11th St south to Munson Ave  
11th St. between College and Buswell

Date(s) of street, sidewalk and/or intersection closures: Sat, May 1, 2021

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

Set Up: From 3:00 to 6:00 am/pm

Tear Down: From 8:45 to 10:00 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**

Neighborhood email, facebook

**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  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:

On-site trash and recycle dumpsters

Clean-Up personnel provided by: Church Volunteers

*\*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.

*Paul J. Shafer*

PRINTED NAME of authorized representative/applicant

*Paul Shafer*

SIGNATURE of authorized representative/applicant

*3/30/2021*

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: 4/2/2021 By: K. Bogner

Date Non-Refundable Special Event Application Fee Received: 4/7/2021

Fee Received By: K. Bogner Fee Amount: \$ 50.00

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

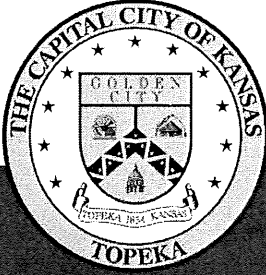
\_\_\_\_\_  
SIGNATURE of authorized representative/applicant

\_\_\_\_\_  
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**



# CITY OF TOPEKA

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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.

PLEASE PRINT

Name of Event: TBC Blood Party  
Event Date(s): May 1, 2021 Estimated attendance: 800  
Location of Event: Topeka Bible Church  
Name of Authorized Representative: Paul Shafer  
Address: 2918 SW Gansboro Rd State: KS Zip: 66614  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: (785) 220-6911  
Email: paul@discovertbc.com

A debris deposit is required for each special event in the following amount:

- 20 \$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: Topeka Bible Church

Address: 1135 SW College Ave 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 I fully understand that the Special Event Debris Deposit refund is entirely contingent upon satisfactory compliance with all associated conditions and requirements.*

Paul J. Stafer

PRINTED NAME of authorized representative/applicant

Paul J. Stafer

SIGNATURE of authorized representative/applicant

3/30/2021  
Date

*Internal Use Only*

City Clerk's Office

Date Fee Received: 4/2/2021

Fee Received By: K. Bogner Fee Amount: \$ 250.00

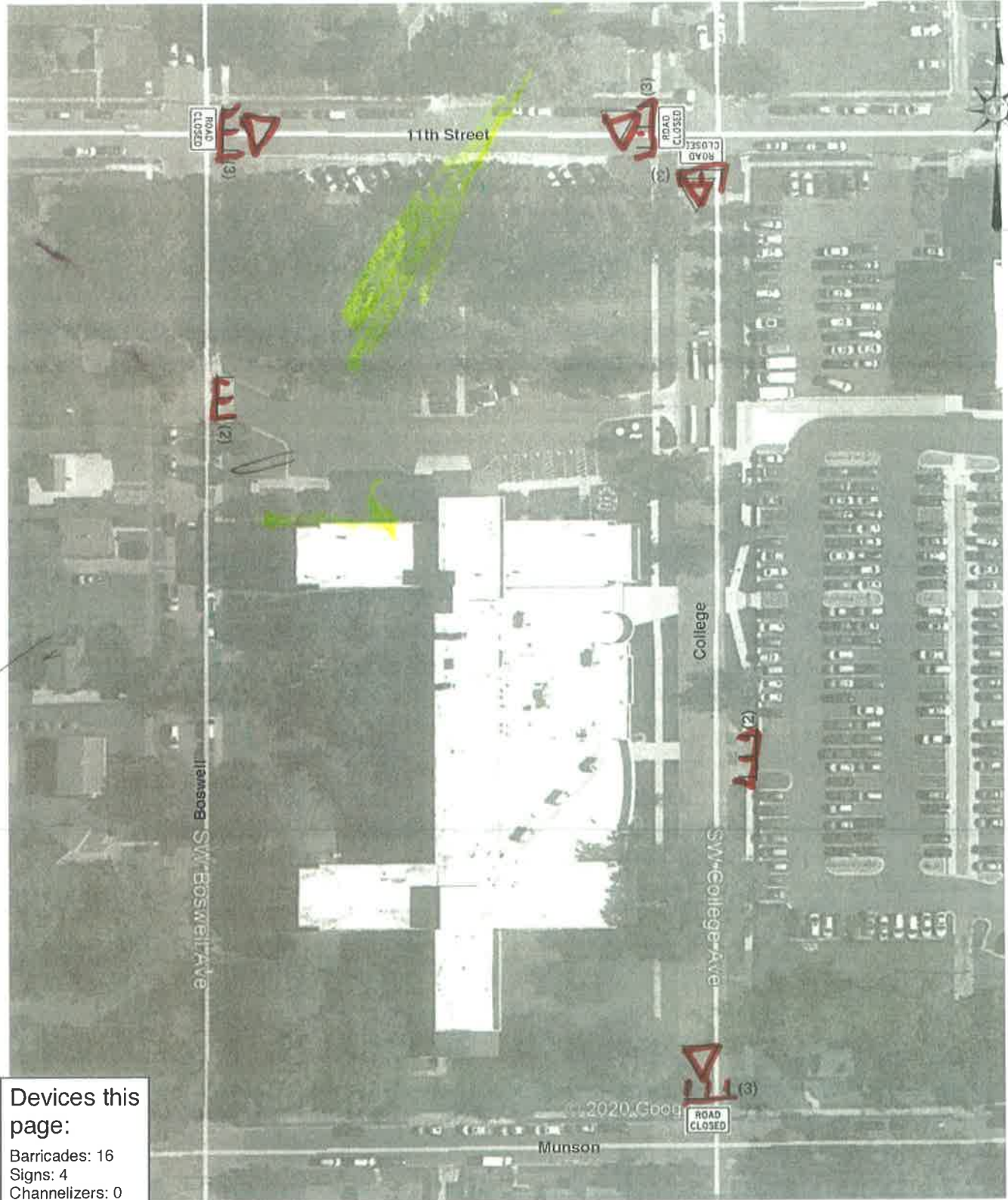
Cash ( ) Credit ( ) Check  No. 28493 Receipt # \_\_\_\_\_

APPROVAL TO ISSUE REFUND OF DEBRIS DEPOSIT: YES NO DATE: \_\_\_\_\_

CHECK NO. \_\_\_\_\_

TBC Special Event  
Saturday  
May 1, 2021  
3:00 PM to 10:00 PM

TRAFFIC ENGINEERING TRAFFIC CONTROL REQUIREMENTS



Devices this page:  
 Barricades: 16  
 Signs: 4  
 Channelizers: 0  
 Volunteers: 4

▼ Volunteer      ≡ Barricades (#)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/05/2021

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> Sterling Management Group 2901 NW 156th Street Edmond OK 73013		<b>CONTACT NAME:</b> Lisa Dunn <b>PHONE (A/C, No, Ext):</b> (405) 530-4019 <b>E-MAIL ADDRESS:</b> lisadunn@loftiswetzel.com <b>FAX (A/C, No):</b> (405) 530-4038	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> GuideOne Mutual	<b>NAIC #</b> 15032
		<b>INSURER B:</b> GuideOne Insurance	
		<b>INSURER C:</b> Travelers Indemnity Co	25658
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Topeka Bible Church 1135 SW College Ave Topeka KS 66604			

**COVERAGES**

CERTIFICATE NUMBER: 21/22


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>	Y		00-1435-995	01/01/2021	01/01/2022	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
							MED EXP (Any one person)	\$ 15,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 5,000,000		
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 5,000,000		
OTHER:						Sexual misconduct	\$ 1,000,000		
B	<b>AUTOMOBILE LIABILITY</b>			00-1784-170	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY							\$		
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			00-1435-996	01/01/2021	01/01/2022	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 1,000,000	
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 2,500							\$	
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A		UB-8J347742-21-42	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						Y / N		
	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N							E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						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)

**CERTIFICATE HOLDER****CANCELLATION**

City of Topeka City Clerk's Office Room 166 215 SE 7th St Topeka KS 66603	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 
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