



CITY OF TOPEKA

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: _____

Top City Fight Night

Event Date(s)*: 06/19/2021-6/20/21 Estimated attendance: 2000

*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

EVENT End Time: 11:00 am/pm

SET UP Start Time: 7:00 am/pm

TEAR DOWN End Time: 11:59 am/pm

Full and complete description of event:

MMA & boxing bouts

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

421 SW VanBuren, west side of building, GreatLIFE parking lot.

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

one on outside of 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: unknown at this time

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	<input checked="" type="checkbox"/> Amplified Speaking and/or Music ~Hours: <u>7p</u> to <u>10p</u>
<input type="checkbox"/> Parade	<input checked="" 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 checked="" type="checkbox"/> Stage/Props/Production
<input checked="" 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 checked="" type="checkbox"/> Open to the Public	<input checked="" 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: Kansas Combat Coalition

Address: 421 SW Van Buren State: KS Zip: 66603

Business Phone: 785-354-8591 Fax: _____

Web Address of Organization/Sponsor: _____

Name of Authorized Representative: Shanon / Tracy Woodward - Broek Ham's

Address: 421 SW Van Buren State: KS Zip: 66603

Home Phone: 785-354-8591 Work Phone: _____ Cell Phone: 785-215-5165

Email: Broek.Ham's@greatlifegolf.com

Primary On-Site Contact Person

Please Print

Name: Broek Ham's

Home Phone: _____ Work Phone: _____ Cell Phone: 785-215-5165

Email: Broek.Ham's@greatlifegolf.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: AMR Location: Performance Center

Will the organizer/sponsor engage private security to work the event? Yes No
If yes, then identify the provider: Midwest Combat Academy

**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)*)

Alleyway between building & parking lot

Date(s) of street, sidewalk and/or intersection closures: 6/19/21 - 6/20/21

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

Set Up: From 7a to 5p am/pm

Tear Down: From 10p to 11:59 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

Cones, barricades & caution tape - safety fence at alley entrances

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:

team will pick up garbage & empty garbage cans into provided dumpsters

Clean-Up personnel provided by: MCA & GreatLIFE

**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.

Breeh Ham's

PRINTED NAME of authorized representative/applicant



SIGNATURE of authorized representative/applicant

5/18/2021

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: 5/18/2021 By: K. Bogner

Date Non-Refundable Special Event Application Fee Received: 5/18/2021

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

Topeka Police Department: Ronnie Connell 368-1589, rconnell@topeka.org

Topeka Fire Department: Todd Harrison, 368-4130, tharrison@topeka.org

Traffic Engineering Division: Kristi Ericksen, 368-3029, kericksen@topeka.org

Street Operations Division: Michael Trower, 368-3920, MTrower@topeka.org

Parking Division: Nicole McDuffee, 368-2584, nmduffee@topeka.org

City Attorney's Office: Mary Feighny, 368-3883, mfeighny@topeka.org

Internal Use Only

TPD Date: _____ Comments: _____

TFD Date: _____ Comments: _____

Traffic Date: _____ Comments: _____

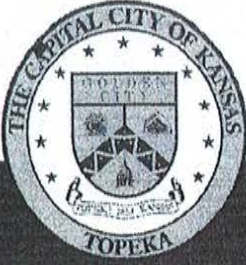
Street Maintenance Date: _____ Comments: _____

Parking Date: _____ Comments: _____

City Attorney's Office Date: _____ Comments: _____

APPROVAL TO ISSUE EVENT PERMIT: YES NO

DATE: _____ BY: _____



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Topeka, KS 66603
www.topeka.org

Brenda Younger, M.M.C.
785-368-3940
Email: 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: Kansas Combat Coalition
Event Date(s): 6/19/21 - 6/20/21 Estimated attendance: 2000
Location of Event: 421 SW Van Buren Topeka, KS 66603
Name of Authorized Representative: Breeh Hamis
Address: same as above → State: _____ Zip: _____
Home Phone: _____ Work Phone: 785-354-8591 Cell Phone: 785-215-5165
Email: Breeh.Hamis@greatlifegolf.com

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

to Shannon Woodward

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.

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

Breeh Harris

PRINTED NAME of authorized representative/applicant



SIGNATURE of authorized representative/applicant

5/19/21

Date

Email: cclerk@topeka.org

Fax: 785-368-3943

Address: City Clerk's Office
215 SE 7th Street, Room 166
Topeka, KS 66603

Check Refund Information:

Name and/or Company: Shanon Woodward

Address: 2824 SW Stutley Topeka State: KS Zip: 66614

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.

Breeh Ham's
PRINTED NAME of authorized representative/applicant

[Signature] 5/18/21
SIGNATURE of authorized representative/applicant Date

Internal Use Only

City Clerk's Office
Date Fee Received: 5/18/2021
Fee Received By: K. Bogner Fee Amount: \$ 250

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

APPROVAL TO ISSUE REFUND OF DEBRIS DEPOSIT: YES NO DATE: _____
CHECK NO. _____

STATE OF KANSAS

ALCOHOLIC BEVERAGE CONTROL
109 SW 9th STREET
P.O. Box 3506
TOPEKA KS 66601-3506



DEPARTMENT OF REVENUE
PHONE: 785-296-7015
FAX: 785-296-7185
www.ksrevenue.org/abc.html

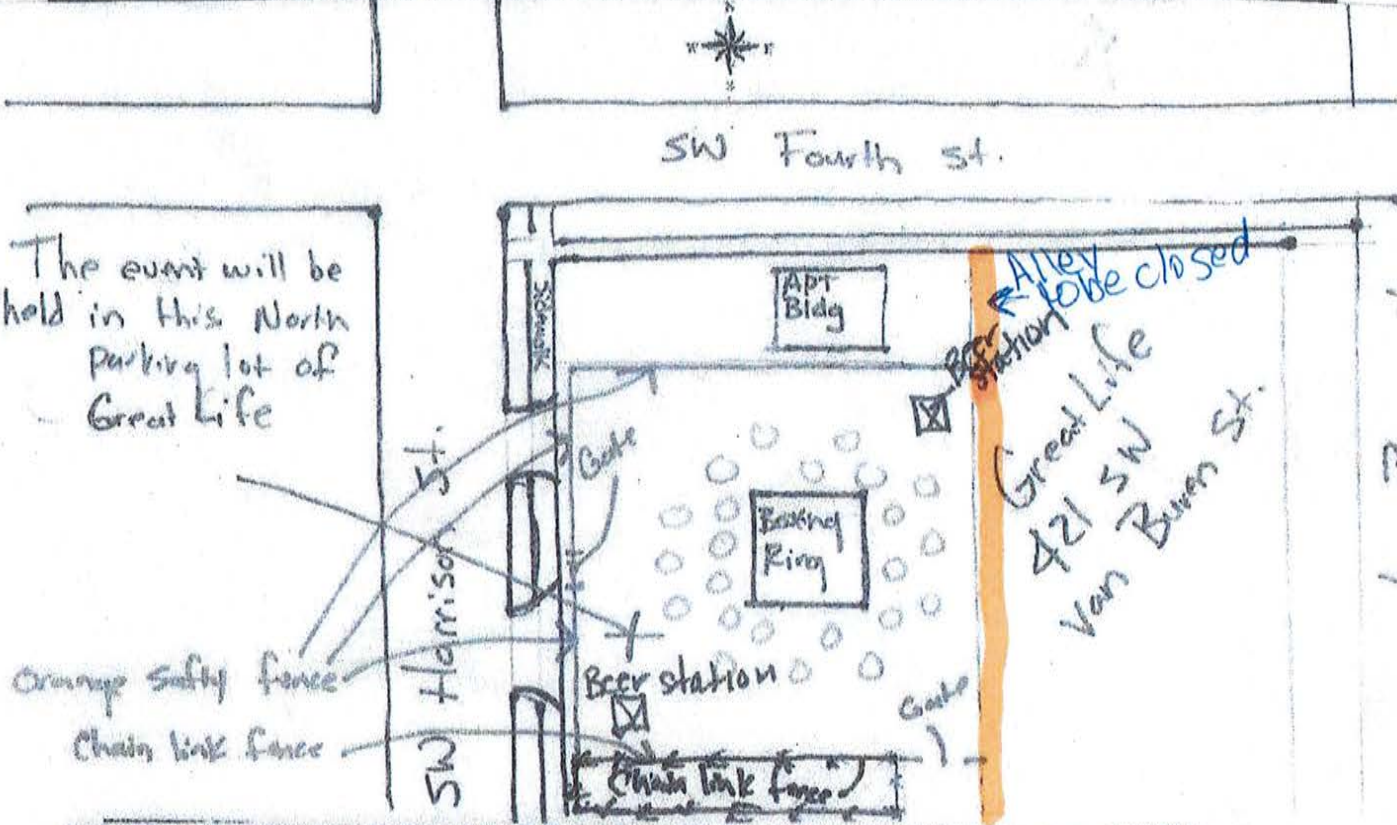
TEMPORARY PERMIT LOCATION AND ZONING

Organization Name or Individual Applicant Kansas Combat Coalition Event Date(s) 6-19-2021 to 6-20-2021

Event Type: Charitable Auction On-Premise Porcelain Container
 Special Event* - Number of Consecutive days (up to 30): _____

*A special event is held on public streets, alleys, roads, sidewalks or highways and must be approved, by ordinance or resolution, by the local governing body of any city, county or township where such special event is being held.

SECTION 1 - EVENT AREA: Complete this section for On-Premise and Special Events only.
In the space below, in ink, draw the floor plan and any outside areas included in the proposed event area where alcoholic liquor will be sold, served or consumed. If the area is outside, it must show where the three-dimensional barriers will be located to define the event area; and, include nearby streets for reference. Shade in the areas you DO NOT wish to be permitted.



SECTION 2 - CERTIFICATE OF CITY, TOWNSHIP OR COUNTY CLERK: (Completed by the clerk)

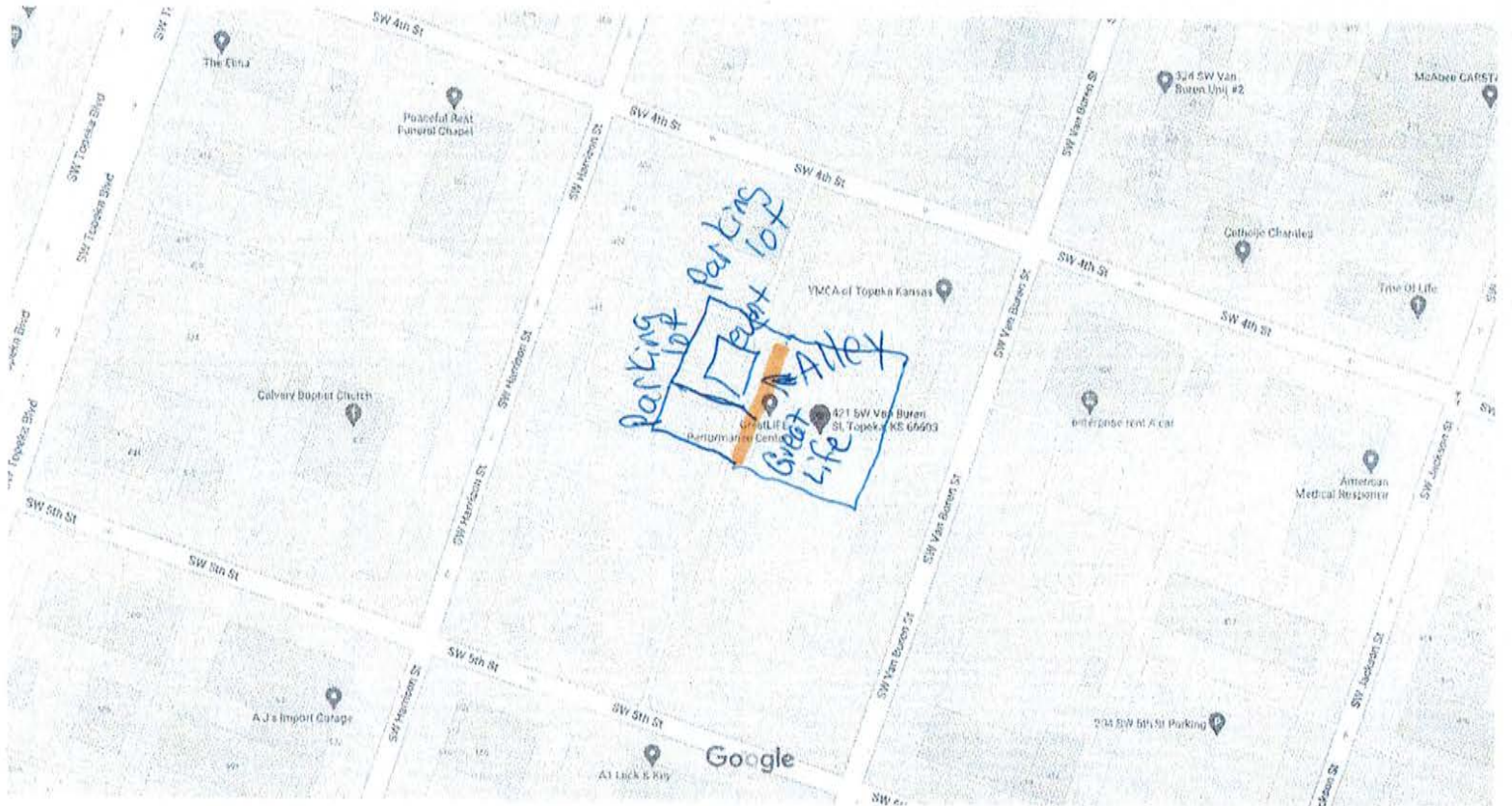
I HEREBY CERTIFY THAT THE PREMISES AT 421 SW Van Buren, Topeka City 66606 Zip 66606
Location Street Address City Zip

CITY LIMITS: Inside the incorporated city limits Outside the city limits
ZONING: within an area that complies with all applicable zoning regulations required by K.S.A. 41-2645(d)
 located outside an incorporated city, in a township or county that is not zoned
LOCATION: government property private property public property CMB licensed premises

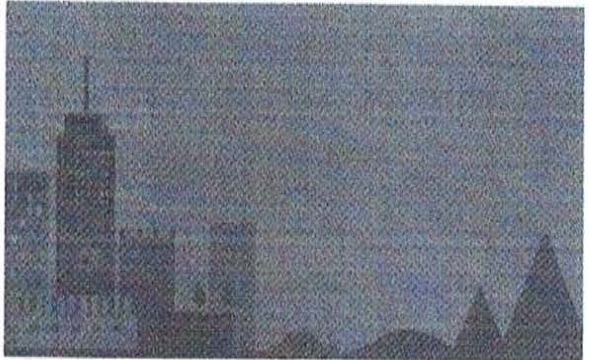
I declare under penalties of perjury that to the best of my knowledge and belief that Section 2 is true, correct and complete.

CLERK SIGNATURE Brenda Younger DATE 5-7-21 PHONE 316-234-1111
PRINTED NAME Brenda Younger, City Clerk City Clerk Township Clerk County Clerk





Map data ©2021 50 ft



421 SW Van Buren St

Building

- 
Directions
- 
Save
- 
Nearby
- 
Send to your phone
- 
Share

421 SW Van Buren St, Topeka, KS 66603

At this place

YMCA of Topeka Kansas

3.1 ★★★★★ (32)
Non-profit organization
Open until 8:00 PM



GreatLIFE Performance Center

4.4 ★★★★★ (30)
Fitness center
Open until 8:00 PM

