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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: 2022 Egg Hunt at the Capitol

Event Date(s)*: April 9, 2022 Estimated attendance: 1500

*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: 12:00 am/pm

SET UP Start Time: 8:00 am/pm TEAR DOWN End Time: 1:00 am/pm

Full and complete description of event:

First Presbyterian Church along with other downtown churches will be hosting an Easter Egg hunt on the State Capitol Grounds (pending approval). In addition we would like to have activities happening in our parking lot and in the street area between 8th and 9th on Harrison.

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

817 SW Harrison St, street area between 8th and 9th on SW Harrison and the state capitol grounds.

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: _____

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 checked="" type="checkbox"/> Amplified Speaking and/or Music ~Hours: <u>10^a to 12^p</u>
<input type="checkbox"/> Parade	<input type="checkbox"/> Alcohol Sales	<input type="checkbox"/> Portable Restrooms (<i>see attachment for recommended Standards</i>)
<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 checked="" type="checkbox"/> Open to the Public	<input type="checkbox"/> Dumpsters/Receptacles
<input checked="" type="checkbox"/> Other: <u>Egg Hunt & Community Event</u>	<input type="checkbox"/> Animals	<input type="checkbox"/> Other: _____

Organization/Sponsor & its Authorized Representative

Please Print

Name of Organization/Sponsor: First Presbyterian Church

Address: 807 SW Harrison St State: KS Zip: 66612

Business Phone: 785-233-9601 Fax: _____

Web Address of Organization/Sponsor: fpctopeka.org

Name of Authorized Representative: Allison Brewer

Address: 3133 SW 20th St State: KS Zip: 66604

Home Phone: _____ Work Phone: _____ Cell Phone: 615-500-8559

Email: abrewer@fpctopeka.org

Primary On-Site Contact Person Please Print

Name: Allison Brewer

Home Phone: _____ Work Phone: 785-233-9601 Cell Phone: 785-615-500-8559

Email: _____

**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: NA Location: Parking Lot of 1st Presbyterian Church

Will the organizer/sponsor engage **private** security to work the event? Yes No

If yes, then identify the provider: We hire off duty Sherriff officers for security at the

**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))

Streets Harrison St closed between 8th and 9th St.

Date(s) of street, sidewalk and/or intersection closures: April 9th

Time(s) of street, sidewalk and/or intersection closures: 8-12 pm

Set Up: From 8 am to ~~10 am~~ 11 am

Tear Down: From 12 to 2 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

An email and phone call will be ~~made~~ sent to all impacted parties 30 days in advance of April 9th with a reminder email sent on April 2nd.

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:

Volunteers will sweep walk through area and remove all debris after the event.

Clean-Up personnel provided by: First Presbyterian Church

**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.

Allison Brewer

PRINTED NAME of authorized representative/applicant

Allison Brewer

SIGNATURE of authorized representative/applicant

January 10, 2022
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: 1/31/2022 By: V. Bogner

Date Non-Refundable Special Event Application Fee Received: 1/31/2022

Fee Received By: V. Bogner Fee Amount: \$ 50

Cash () Credit () Check () / No. 52358 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: _____

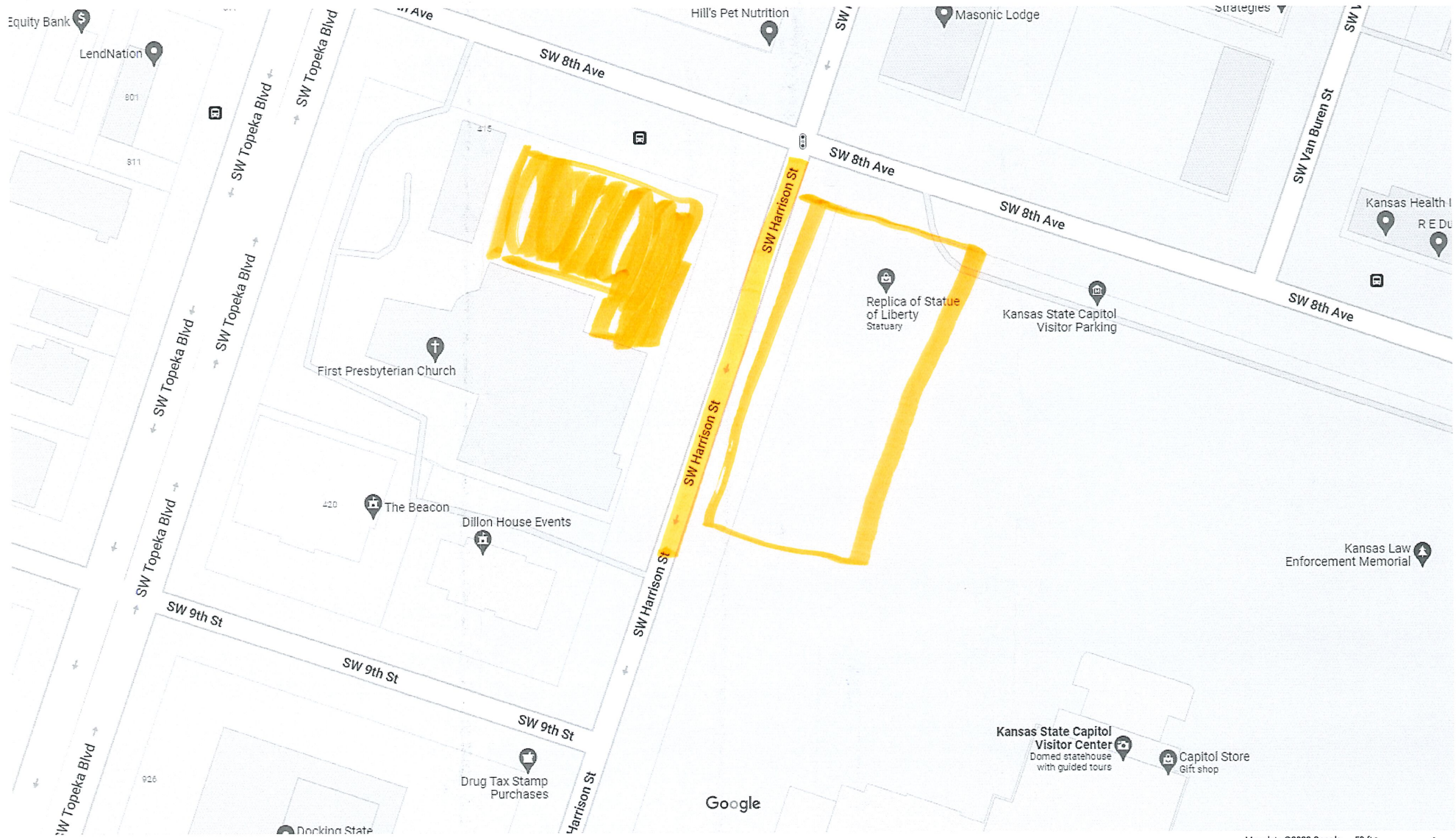
Street Maintenance Date: _____ Comments: _____

Parking Date: _____ Comments: _____

City Attorney's Office Date: _____ Comments: _____

APPROVAL TO ISSUE EVENT PERMIT: YES NO

DATE: _____ BY: _____





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/18/2022

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).

PRODUCER Marsh & McLennan Agency LLC One South Jefferson Street Roanoke VA 24011	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Lexington Insurance Company		19437
INSURER B : Lexington Insurance Company		19437
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED JONPRANG
 0000002903 FIRST PRESBYTERIAN CHURCH TOPEKA
 817 SW HARRISON STREET
 TOPEKA, KS 66612

COVERAGES **CERTIFICATE NUMBER:** 1628551447 **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 B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		011971558 048409888	1/1/2022 1/1/2022	1/1/2023 1/1/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	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)
Please contact your Insurance Board Agent, Sovereign Insurance Group at 800-222-4478 for questions regarding your Certificate of Insurance. If you would like to speak to someone at the Insurance Board, please call 800-437-8830.

RE: 04/9/2022 10 am Egg Hunt at Capital with activities and food
The Certificate Holder is included as Additional Insured under the General Liability if required per written or oral contract.

CERTIFICATE HOLDER City of Topeka, City Clerk, City Hall 215 SE 7th St Room 166 Topeka KS 66603	CANCELLATION 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 <i>A. Andrew Perry</i>
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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: Egg Hunt at the Capitol
Event Date(s): April 9th Estimated attendance: 1500
Location of Event: First Presbyterian Church and Harrison St between 8th & 9th
Name of Authorized Representative: Allison Brewer
Address: 807 SW Harrison St State: KS Zip: 66612
Home Phone: _____ Work Phone: 785-233-9601 Cell Phone: 615-500-8559
Email: abrewer@fpctopeka.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: First Presbyterian Church - Topeka
Address: 807 SW Harrison St. State: KS Zip: 66612

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.

Allison Brewer
PRINTED NAME of authorized representative/applicant

Allison Brewer 1/10/2022
SIGNATURE of authorized representative/applicant Date

Internal Use Only

City Clerk's Office
Date Fee Received: 1/31/2022
Fee Received By: K. Bogner Fee Amount: \$ 250
Cash () Credit () Check () No. 02357 Receipt # _____

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

CHECK NO. _____