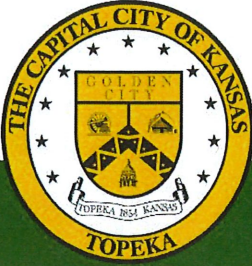


Egg Hunt at the Kansas  
Capitol - April 1, 2023



## CITY OF TOPEKA

REC'D TOPEKA CITY CLERK  
'23 FEB 15 PM 2:42

118001150

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.

#### APPLICATION DEADLINES:

- ✓ Serving **ALCOHOL BEVERAGES**: Submit application 12 Weeks (60 BUSINESS DAYS) before your event date.
- ✓ Event occurs on a **HOLIDAY**: Submit application 9 Weeks (45 BUSINESS DAYS) before your event date.
- ✓ Event occurs on a **REGULAR CALENDAR DAY (not a holiday)**: Submit application 6 Weeks (30 BUSINESS DAYS) before your event date.
- ✓ **BLOCK PARTY**: Submit application 4 Weeks (20 BUSINESS DAYS) before the event date.

#### OTHER IMPORTANT ITEMS TO CONSIDER:

- ✓ NUMBER OF PARTICIPANTS
- ✓ SECURITY ✓ will request
- ✓ FIRST AID STATIONS ✓
- ✓ INSURANCE REQUIREMENTS ✓
- ✓ BARRICADE RENTAL will do
- ✓ SERVING ALCOHOL N/A
- ✓ SITE MAP ✓

**VOLUNTEERS:** 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, event organizer may be required to alter the event or the event may be denied due to safety concerns.

**General Event Information**

Please Print

Name of Event: Egg Hunt at the ~~Capitol Grounds~~ Kansas Capitol

Event Date(s)\*: Saturday, April 1<sup>st</sup> 2023 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: 7:00 am/pm      TEAR DOWN End Time: 2:00 am/pm

Full and complete description of event:  
Downtown churches host an Egg Hunt on the grounds of First Presbyterian Church, on Harrison St and on the capitol grounds.

Location(s) / Route (if applicable) – Please attach a map **AND** describe the route, showing the Start and Finish areas:  
8<sup>th</sup> and Harrison St between 8<sup>th</sup> and 9<sup>th</sup> Streets and the capitol grounds and church grounds at 817 SW Harrison.

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

Will electrical outlets be needed for equipment used during event?  Yes     No  
Please list location(s) of electrical outlets  
817 SW Harrison Street - First Presbyterian Church

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 checked="" type="checkbox"/> Amplified Speaking and/or Music<br>~Hours: <u>10a</u> to <u>12p</u> |
| <input type="checkbox"/> Parade   | <input type="checkbox"/> Alcohol Sales                                      | <input type="checkbox"/> Portable Restrooms (see attachment for recommended Standards)                  |
| <input checked="" 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"/> <b>Electrical Outlets Needed</b>   |
| <input type="checkbox"/> Concert  | <input checked="" 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: First Presbyterian Church

Address: 817 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: 817 SW Topeka Blvd State: KS Zip: 66612

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: \_\_\_\_\_ Cell Phone: 615-500-8559

Email: abrewer@fpc topeka.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: standard kit & AED Location: information table in parking lot at 817 SW Harrison

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

If yes, then identify the provider: arranged through sherriff's office

*\*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))

We will close Harrison st at 8th. Due to the current closures at 9th and Harrison we do not plan to close block other areas.

Date(s) of street, sidewalk and/or intersection closures: April 1, 2023

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

Set Up: From 8:2a to 9:30 am/pm

Tear Down: From 12:30 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**

We will complete all notifications as directed

**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.** AP (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)

N/A

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:

Volunteers will clean-up and check area for debris. The event sponsor will provide a place for trash.

Clean-Up personnel provided by: First Pres by Terian

**\*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

1/23/2023  
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

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***OFFICIAL USE ONLY***

**City Clerk's Office**

Date Application Received: \_\_\_\_\_ By: \_\_\_\_\_

Date Non-Refundable Special Event Application Fee Received: \_\_\_\_\_

Fee Received By: \_\_\_\_\_ Fee Amount: \$ \_\_\_\_\_

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



# 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.

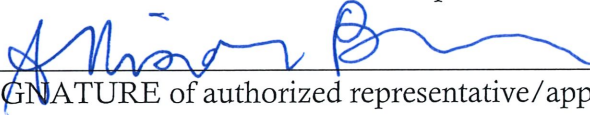
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I hereby affirm that all owners within the affected area were notified at least ten days prior to the event.

Allison Brewer

PRINTED NAME of authorized representative/applicant



SIGNATURE of authorized representative/applicant

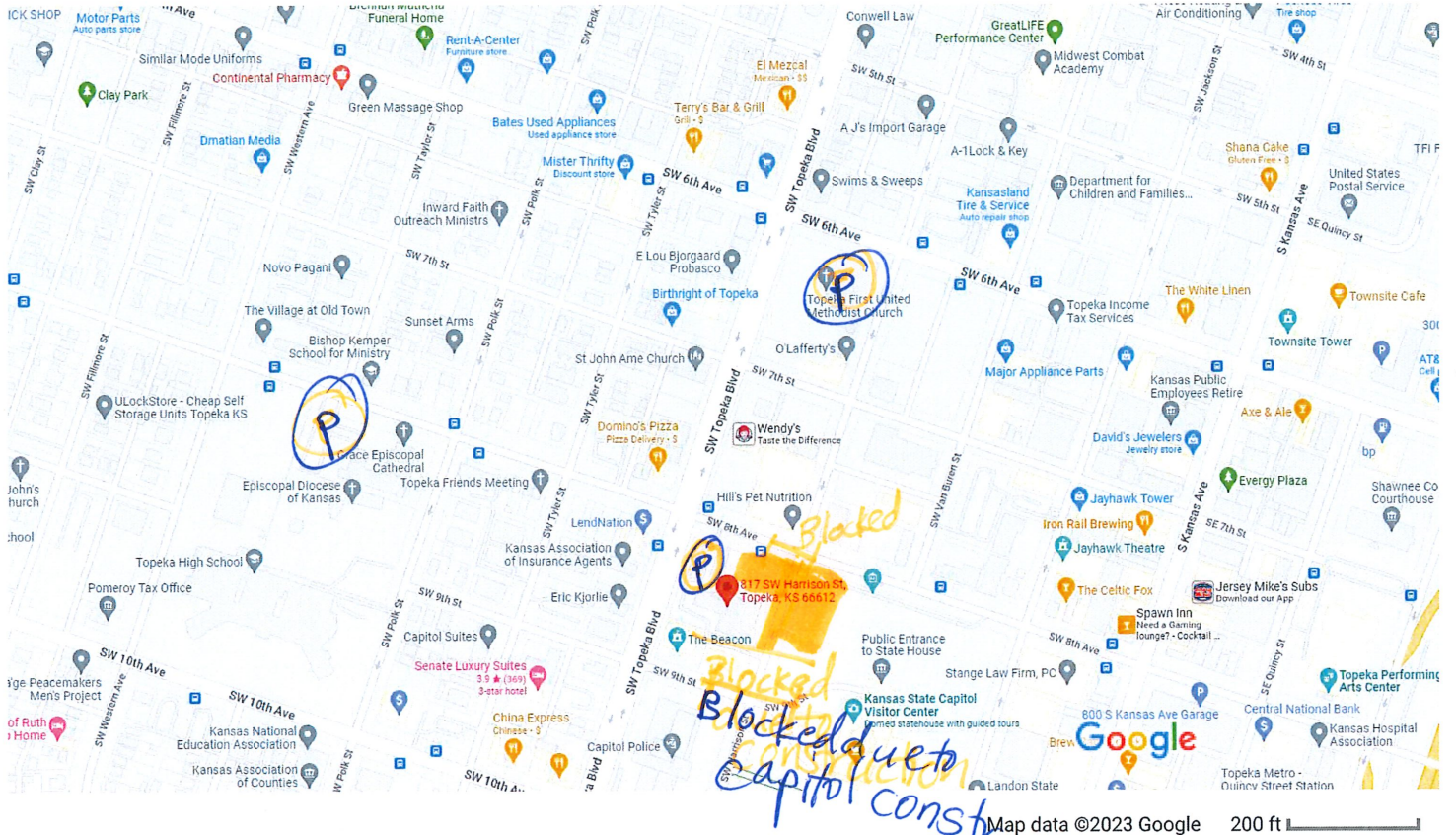
2/7/23

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



817 SW Harrison St  
Building



Directions



Save



Nearby



Send to phone



Share

*Blocked due to Capitol construction*  
*(P) = Parking Beyond of street parking*



# CERTIFICATE OF LIABILITY INSURANCE

|                   |
|-------------------|
| DATE (MM/DD/YYYY) |
| 2/8/2023          |

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><br>Marsh & McLennan Agency LLC<br>One South Jefferson Street<br>Roanoke VA 24011            | <b>CONTACT NAME:</b><br>_____<br><b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____<br><b>E-MAIL ADDRESS:</b><br>_____  |                                      |               |   |       |   |       |             |  |             |  |             |  |             |
|   | <table border="1"> <tr> <td><b>INSURER(S) AFFORDING COVERAGE</b></td> <td><b>NAIC #</b></td> </tr> <tr> <td>INSURER A : Lexington Insurance Company</td> <td>19437</td> </tr> <tr> <td>INSURER B : Lexington Insurance Company</td> <td>19437</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> | <b>INSURER(S) AFFORDING COVERAGE</b> | <b>NAIC #</b> | INSURER A : Lexington Insurance Company | 19437 | INSURER B : Lexington Insurance Company | 19437 | INSURER C : |  | INSURER D : |  | INSURER E : |  | INSURER F : |
| <b>INSURER(S) AFFORDING COVERAGE</b>  | <b>NAIC #</b>   |                                      |               |   |       |   |       |             |  |             |  |             |  |             |
| INSURER A : Lexington Insurance Company   | 19437   |                                      |               |   |       |   |       |             |  |             |  |             |  |             |
| INSURER B : Lexington Insurance Company   | 19437   |                                      |               |   |       |   |       |             |  |             |  |             |  |             |
| INSURER C :   |   |                                      |               |   |       |   |       |             |  |             |  |             |  |             |
| INSURER D :   |   |                                      |               |   |       |   |       |             |  |             |  |             |  |             |
| INSURER E :   |   |                                      |               |   |       |   |       |             |  |             |  |             |  |             |
| INSURER F :   |   |                                      |               |   |       |   |       |             |  |             |  |             |  |             |
| <b>INSURED</b><br>0000002903 FIRST PRESBYTERIAN CHURCH TOPEKA<br>817 SW HARRISON STREET<br>TOPEKA, KS 66612 | <b>SOVERINSUR</b>   |                                      |               |   |       |   |       |             |  |             |  |             |  |             |

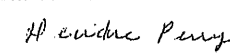
**COVERAGES**                      **CERTIFICATE NUMBER:** 1227362763                      **REVISION NUMBER:**

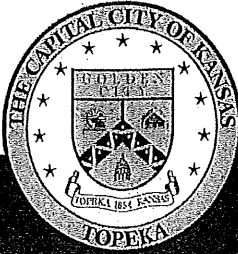
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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<br>B   | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: _____ | Y         |          | 011971558<br>048409888 | 1/1/2023<br>1/1/2023    | 1/1/2024<br>1/1/2024    | 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 |
|          |   |           |          |                        |                         |                         |  | \$           |
| A<br>B   | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>           |           |          | 011971558<br>048409888 | 1/1/2023<br>1/1/2023    | 1/1/2024<br>1/1/2024    | COMBINED SINGLE LIMIT (Ea accident)                        | \$ 2,000,000 |
|          |   |           |          |                        |                         |                         | BODILY INJURY (Per person)                                 | \$           |
|          |   |           |          |                        |                         |                         | BODILY INJURY (Per accident)                               | \$           |
|          |   |           |          |                        |                         |                         | PROPERTY DAMAGE (Per accident)                             | \$           |
|          |   |           |          |                        |                         |                         |  | \$           |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$   |           |          |                        |                         |                         | EACH OCCURRENCE  | \$           |
|          |   |           |          |                        |                         |                         | AGGREGATE  | \$           |
|          |   |           |          |                        |                         |                         |  | \$           |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below<br>Y/N <input type="checkbox"/> N/A   |           |          |                        |                         |                         | PER STATUTE    OTH-ER                                      |              |
|          |   |           |          |                        |                         |                         | E.L. EACH ACCIDENT   | \$           |
|          |   |           |          |                        |                         |                         | E.L. DISEASE - EA EMPLOYEE                                 | \$           |
|          |   |           |          |                        |                         |                         | E.L. DISEASE - POLICY LIMIT                                | \$           |
| A<br>B   | Hired Car Physical Damage   |           |          | 011971558<br>048409888 | 1/1/2023<br>1/1/2023    | 1/1/2024<br>1/1/2024    | Limit: \$100,000<br>Comp Ded: \$1,000<br>Coll Ded: \$1,000 |              |

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: 04/1/2023 10 am Egg Hunt at Kansas Capitol.  
 The Certificate Holder is included as Additional Insured under the General Liability if required per written or oral contract.

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br><br>City of Topeka, City Clerk, City Hall<br>215 SE 7th St Room 106<br>Topeka KS 66603 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br> |
|---|--|



# 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: Egg Hunt at the Kansas Capitol  
Event Date(s): Saturday, April 1, 2023 Estimated attendance: 1500  
Location of Event: On 8<sup>th</sup> Harrison St between 8<sup>th</sup> & 9<sup>th</sup> and capital grounds  
Name of Authorized Representative: Allison Brewer  
Address: 817 SW Harrison St State: KS Zip: 66612  
Home Phone: 615-500-8559 Work Phone: 785-233-9601 Cell Phone: \_\_\_\_\_  
Email: abrewer@fpc.topeka.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  
Address: 817 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 /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

[Signature]

SIGNATURE of authorized representative/applicant

2/16/23  
Date

*Internal Use Only*

City Clerk's Office 2/20/23  
Date Fee Received: \_\_\_\_\_  
Fee Received By: [Signature] Fee Amount: \$ 250<sup>00</sup>

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

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

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