

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: Disabled and Proud Parade of Kansas
Event Date(s)*: Tuly 23,2022 Estimated attendance: *NOTE: If this Application is submitted more than six months prior to the scheduled event, the City may not be aware of potential street closures/traffic issues associated with yet-to-be-scheduled construction projects EVENT Start Time: **State as tate as 7:00 am/pm SET UP Start Time: **TEAR DOWN End Time: 7:00 am/pm
Full and complete description of event: See attached Sheet
Location(s) / Route (if applicable) – Please attach a map AND describe the route, showing the Start and Finish areas: See 2 attached Sheets
Staging Area (if applicable) – Please provide a full and complete description: See attached Sheet (Combined with Dispandment)
Will electrical outlets be needed for equipment used during event? Please list location(s) of electrical outlets See attached Sheet
Disbandment Area (if applicable) - Please provide a full and complete description:
Secattached Sheet (combined with staging

Full and complete description of event:

This parade is in celebration of Disability pride month with the focus of empowering those with disabilities and creating visibility, awareness, and acceptance in the community. 8 am starts set up, line up for parade will start at 9am, parade starts at 11 am. The parade will be circling the capitol building highlighting individuals with disabilities and organizations working for us, before the parade starts there will be ushered parking along the parade route making our own accessible parking along the capitol using traffic cones to give everyone equal access for the day, During the parade there will be an announcing booth around 10th and jackson reading visual descriptions of the float and describing why they want to be involved with an asl interpreter at the booth. At the completion of the parade those that were in the parade will park floats back in the staging area and both them and the spectators will head towards 10th ave. On 10th ave will be food trucks, eating spaces, tshirt table, activity tables, first aid booth and porta potties, on south apron/capitol lawn (if approved) will be resource tables along the sidewalks, and a center of speaking directly in front of the stairs (every time there is speaking an asl interpreter will be beside). There will be a thirty minute break for people to get back over there and start activities, during which music by people with disabilities will be playing over speakers. After the break I will give an address about what disability pride is, why it is important for all people, why I started the parade, and how support can carry past just a month. After that all of the activities will continue and speeches from those involved in the parade and other members of the community will commence. This will continue to the latest of 5pm and tear down with be finished by 7pm

Location and route description:

Parade route: Exit State parking lot #1 turning left on jackson street, turn left on 8th avenue, turn left on harrison street, and turn back into state parking lot #1 from harrison.

Location of speeches and resource fair will be on south apron of the statehouse (application filed to use, awaiting approval.)

Food trucks, announcing booth, first aid, porta potties, t-shirt booth, and activities will be on 10th avenue between jackson and harrison

Staging and disbandment description:

State parking lot #1 (Judicial Building) will be used for both.

For staging those involved will enter on the 12th street entrance and be directed in line up facing jackson street, they will use the jackson street entrance to start the parade and enter back from the harrison street entrance for disbandment, they will head back to their original lineup spots to park and then head over to 10th avenue for the rest of the event, once the whole event is finished they will exit through the 12th street entrance

Electrical outlets:

South apron of statehouse (awaiting approval of their application process)

I'm unsure of where other outlets are, I am hoping to find/use some around 10th ave between Harrison and jackson.

Rain Date?	Yes No)	
If ye	s, then date(s): _		
Fundraiser?	Yes No)	
If ye	s, then beneficiar	y:	The state of the s
Registration/Entry F	ee? Yes	No #2	5 floats/cars/large groupingividual in Parade
Noise Exception?	Yes	If yes, then amou	ce to Come & Watch)
I	PLEASE CHECK	If yes, then Cour	TO YOUR EVENT:
Type of Event	d.	Event Details	Equipment at Event
Festival	Alco	hol Served	Amplified Speaking and/or Music ~Hours: 1 to 5
Parade	Alco	hol Sales	Portable Restrooms (see attachment for recommended Standards)
Block Party/Picnic and/or Neighborh Procession	boo	w many? $\frac{2-5}{}$	Stage/Props/Production
Sporting Event or Competition	Ven	sient or Sidewalk dors:	Electrical Outlets Needed Dumpsters/Receptacles
Concert	V	w many?	Other:
X Other: Speech	Anir	nals	

Organization/Sponsor & its Authorized Representative Please Print
Name of Organization/Sponsor: Kansas Miss Amazing Address: 8070 east 189th street State: KS zip: 66528 Business Phone: 785-248-1557 Fax:
Web Address of Organization/Sponsor: MISS amazing. Org (90 to Chapter Kans
Name of Authorized Representative: KINSTIANNA GUERRERO Address: 8545 SW 45th Street State: KS Zip: 66610
Home Phone: Cell Phone:
Email: MAT PEEN 2020 as gmail- com
Primary On-Site Contact Person Please Print
Name: Kirstianna Guerrero
Home Phone: Work Phone: Cell Phone: 785-940-1341 Email: NMATEEN 2020 @ gmail. 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: Volvateer Run Blocation: Probably on 10 th Street
Will the organizer/sponsor engage private security to work the event? Yes No
If yes, then identify the provider:
*NOTE: Various City departments will conduct a full review of the proposed event from a public safety perspective and staff will provide associated requirements in a timely manner. Type III barricades are the minimum traffic control device required for all street closures. However, more advanced barricades may be required depending upon the particular facts and circumstances surrounding each event. It is important for the organizer/sponsor to understand that some type of barricade(s) will most likely be required for any type of special event.

Traffic/Parking/Access/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?

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)) Tackson from 12th to 8th 8th from Jackson to harrison, 10th from harrison to Jackson. See Parte map for placement of Barcades on intersections to stress of sidewalls offected
Date(s) of street, sidewalk and/or intersection closures: July 23, 202 2
Time(s) of street, sidewalk and/or intersection closures: * With Ave Will be will be well and with the will be will be will be the will be will be the
Set Up: From 8 to 11 am/pm entire wation have restort
Tear Down: From toam/pm) the parade route by be parked
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:
working in the street, state want and of 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
As Soon as we have approval of the date we will
mailed letter ses Directly impacted by thone calls

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.

North 8th ave 5 submitted application to use capital lawn, to use capital lawn, awaiting approvall 1=barricade/ Closed offstreet Statehouse South & Apron (after ->=flow of Parade Parade) Street speaking tables is sidewalks (See Closeuf) Stree Judicial Building Parade Stagingl Start Fenter for 12th Street

*Event is 5 months away, exact location/Positioning may be Subject to Change but all Will remain inthis Curp table Centing Space Porta Potties to the resource tables sacenter of amplified speaking will be on Sorth afron of Copital lawn if emapproved by them (submitted application)

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

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.

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:

Agranged volunteers will comb the larged rate picking up trash from Steepes Sideways we are looking into using a Dumpster company to Clean-Up personnel provided by:

*NOTE: The special event organizer/sponsor will be required to provide a deposit, (in an Levit

*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.

Kirstianna Gverrero
PRINTED NAME of authorized representative/applicant

SIGNATURE of authorized representative/applicant

03/01/2022

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

Client#: 75056

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/14/2022

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 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	CONTACT CARA FLETCHER NAME:				
The CIMA Companies, Inc.	PHONE (A/C, No, Ext): 703 778 7312 FAX (A/C, No): 703 7	78 7345			
2750 Killarney Dr, Suite 202	E-MAIL ADDRESS: CFLCER@CIMAWORLD.COM				
Woodbridge, VA 22192-4124	PRODUCER CUSTOMER ID #:				
703 739-9300	INSURER(S) AFFORDING COVERAGE	NAIC#			
INSURED	INSURER A : Church Muual Insurance Co.				
Miss Amazing, Inc.	INSURER B:				
1109 Parc Dr	INSURER C:				
Papillion, NE 68046	INSURER D:				
	INSURER E:				
	INSURER F:				

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
COVERAGES	CERTIFICATE NUMBER:	KEAI2ION MOMB

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.

NSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
Α	GENERAL LIABILITY			040531602342435	02/01/2022	02/01/2023	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$20,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$3,000,000
	POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	NON-OWNED AUTOS							\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DEDUCTIBLE							\$
-	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	"					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
Α	Sexual Misconduct			040531602342435	02/01/2022	02/01/2023	\$1,000,000/\$2,000,00	00
						• • • • • • • • • • • • • • • • • • • •		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

** Supplemental Name **

First Supplemental Name applies to all policies - Miss Amazing, Inc.

(See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
City of Topeka Attn: City Clerk 215 SE 7th Street, RM 166 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
	Laure S. Calenar

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City of Topeka is listed as additional insured for the Miss Amazing event under the general liability policy as per written contract with the named insured.				

OFFICIAL USE ONLY

City Clerk's Office	
Date Application Received: 3/3/2022 By:	K.Bogner
Date Non-Refundable Special Event Application Fee	Received: 3/3/2022
Fee Received By: K. Bogner	Fee Amount: \$ 50
Cash (X) 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

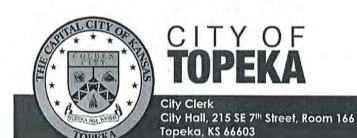
Traffic Engineering Division: Kristi Ericksen, 368-3029, kericksen@topeka.org

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 E	VENT PERMIT: YES NO
DATE:	BY:



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.

Name of Event: Disabled & Provd Parade of Kansas
Event Date(s): July 23, 2022 Estimated attendance: 1,200
Location of Event: Downtown Topeka
Name of Authorized Representative: Kirstianna Guerrero
Address: 8545 SW 45th Street State: KS Zip: 66610
Home Phone: Work Phone: Cell Phone: <u>785-940-13</u>
Email: NMA 1 een 2020 @ gmail. 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

Check Refund Information;
Name and/or Company: Kirstianna Guerrero Address: 8545 SW45th Street State: KS zip: 66610
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.
Kirstianna Guerrero
PRINTED NAME of authorized representative/applicant 03/01/2022
SIGNATURE of authorized representative/applicant Date
Internal Use Only
City Clerk's Office Date Fee Received: 3/3/202 >
Fee Received By: K. Bogvec Fee Amount: \$ 250
Cash (X) Credit () Check () No Receipt #_00775
APPROVAL TO ISSUE REFUND OF DEBRIS DEPOSIT: YES NO DATE: CHECK NO.

