

#0001330



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. *Andy Rosebrook*

General Event Information

Please Print

Kelly Bogner

Name of Event: BCBSKS employee 5K

Event Date(s)*: Sept. 9 Estimated attendance: 100-150

*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: 11 am am/pm

EVENT End Time: 12:15 pm am/pm

SET UP Start Time: 9:30 am am/pm

TEAR DOWN End Time: 1 pm am/pm

Full and complete description of event:

BCBSKS employees can participate in our annual employee 5K. Requested route is included later.

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

start/finish near circle drive at BCBSKS.

East on 12th, turn north on SW Jackson St.

Turn west on SW 8th St

Turn south on Topeka Blvd.

Complete that 2x

2nd time on Topeka Blvd. turn west on 10th St.

Turn south on SW Polk St.

Turn east on Huntoon St.

Turn north on Topeka Blvd.

Turn west on 10th St.

Turn south on SW Polk St.

Turn east on 12th St.

Finish at circle drive on BCBSKS property

Staging Area (if applicable) – Please provide a full and complete description: **NA**

Will electrical outlets be needed for equipment used during event? **No**

Please list location(s) of electrical outlets: **NA**

Special Event/Neighborhood Block Party Application 04/2022

Disbandment Area (if applicable) – **NA**

*WE WILL REQUEST
A SECOND ROUTE
IF THIS ONE
WON'T WORK, Thank you!*

Rain Date? **No**

If yes, then date(s): _____

Fundraiser? **No**

If yes, then beneficiary: _____

Registration/Entry Fee? **No**

If yes, then amount:

Noise Exception? **No**

If yes, then Council District No. _____

PLEASE CHECK ALL THAT APPLY TO YOUR EVENT:

<u>Type of Event</u>	<u>Event Details</u>	<u>Equipment at Event</u>
<input type="checkbox"/> Festival	<input type="checkbox"/> Alcohol Served	<input type="checkbox"/> Amplified Speaking and/or Music ~Hours: _____ to _____
<input type="checkbox"/> Parade	<input type="checkbox"/> Alcohol Sales	<input type="checkbox"/> Portable Restrooms (<i>see attachment for recommended Standards</i>)
<input type="checkbox"/> Block Party/Picnic and/or Neighborhood Procession	<input type="checkbox"/> Mobile Food Vendors: ~How many? _____	<input 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 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: **Blue Cross and Blue Shield of Kansas**

Address: 1133 SW Topeka Blvd. State: **KS** Zip: **66629**

Business Phone: 785-291-8606 Fax: _____

Web Address of Organization/Sponsor: **bcbsks.com**

Name of Authorized Representative: **Nicki Flanagan**

Address: same as above State: **KS** Zip: **66629**

Home Phone: NA Work Phone: **785-291-8961** Cell Phone: **NA**

Email: nicki.flanagan@bcbsks.com

Primary On-Site Contact Person **Please Print**

Name: **Danielle Pettit** _____

Home Phone: 785-271-0277 Work Phone: 785-291-8606 Cell Phone: NA

Email: danielle.pettit@bcbsks.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**

Will the organizer/sponsor supply a First-Aid Station for the event? **Yes**

If yes, then: Type: **RN, AED bag** Location: **on call at start/finish**

Will the organizer/sponsor engage private security to work the event? **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? **Yes**

**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)*)

Date(s) of street, sidewalk and/or intersection closures: **9/9/22**

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

Set Up: From 9:30 to 11 a.m.

Tear Down: From 12:15 to 12:45 p.m.

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

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. _____ (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? **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)

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? **NA**

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:

BCBSKS employees will pick up all debris and signs. We will follow the last runner/walker to ensure all items are removed from the route.

Clean-Up personnel provided by: **BCBSKS**

**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.

Danielle Pettit

PRINTED NAME of authorized representative/applicant

Danielle Pettit

SIGNATURE of authorized representative/applicant

6/13/22

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

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.*

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SIGNATURE of authorized representative/applicant

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: 6/10/2022 By: K. Bogner
Date Non-Refundable Special Event Application Fee Received: 6/10/2022
Fee Received By: K. Bogner Fee Amount: \$ 50⁰⁰
Cash () Credit () Check ()/No. 795608 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: Jeff Sloan 368-9576, jsloan@topeka.org

Topeka Fire Department: Dylan Smith, 368-4145, djsmith@topeka.org

Traffic Engineering Division: Andy Rosebrook, 368-3044 arosebrook@topeka.org

Street Operations Division: Todd Workman, 368-0128, tworkman@topeka.org

Parking Division: Nicole McDuffee, 368-2584, nmcduffee@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: _____

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.

PRINTED NAME of authorized representative/applicant

SIGNATURE of authorized representative/applicant

Date

Email: cclerk@topeka.org

Fax: 785-368-3943

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

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.

Danielle Pettit

PRINTED NAME of authorized representative/applicant

Danielle Pettit

SIGNATURE of authorized representative/applicant

6/13/22
Date

Email: cclerk@topeka.org

Fax: 785-368-3943

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



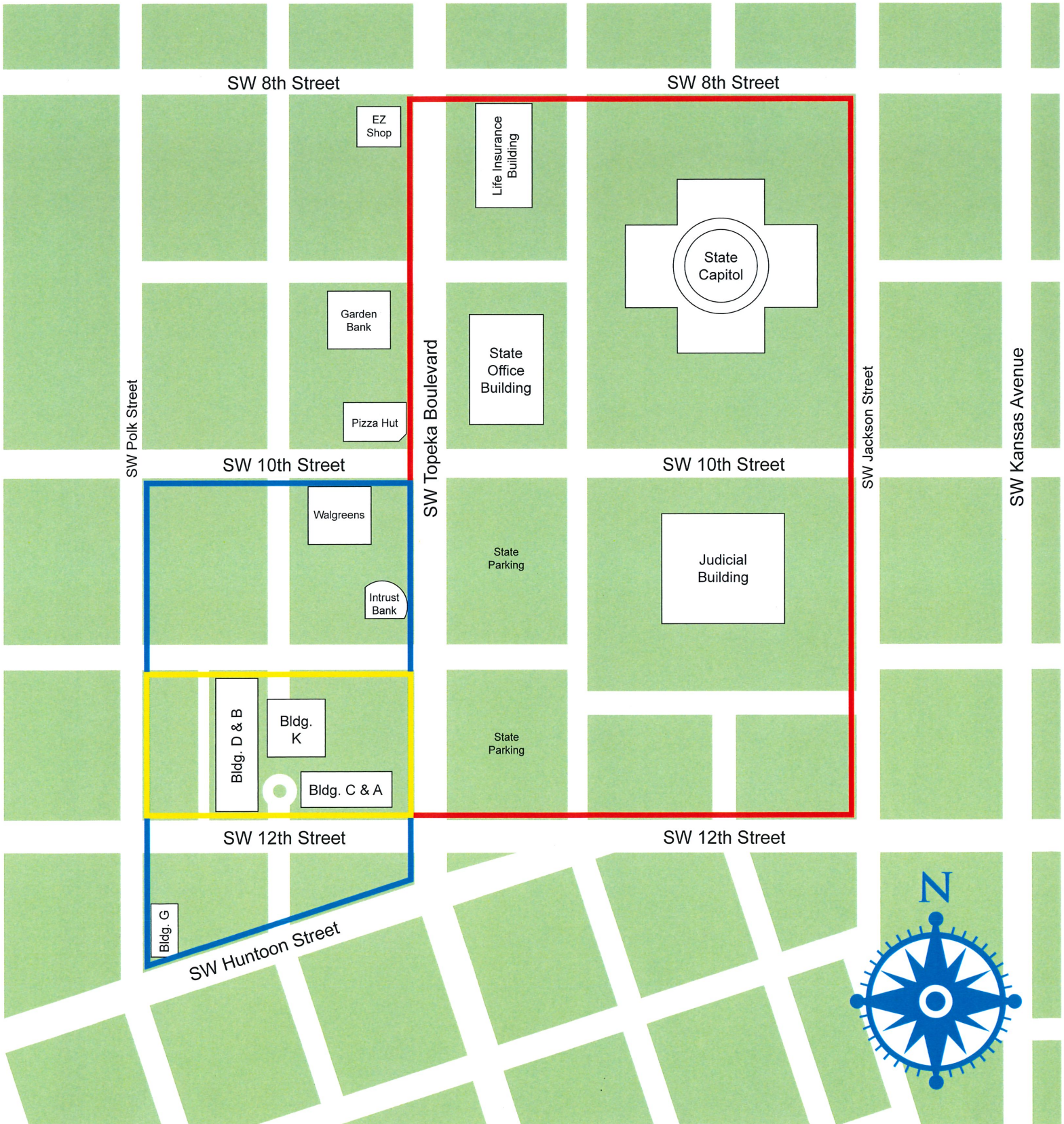
**BlueCross
BlueShield
of Kansas**

WALKING ROUTES

Main Campus & Capitol
1.2 miles

Main Campus (long route)
0.8 mile – 15-20 minutes

Main Campus (short route)
0.45 mile – 10 minutes





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 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: BCBSKS
Event Date(s): Sept. 9, 2022 Estimated attendance: 100-150
Location of Event: downtown Topeka + BCBSKS campus
Name of Authorized Representative: Danielle Pettit
Address: 1133 SW Topeka Blvd. State: KS Zip: 66629
Home Phone: _____ Work Phone: 785-291-8606 Cell Phone: 785-249-6144
Email: danielle.pettit@bcbsks.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: BCBSKS

Address: 1133 SW Topeka Blvd. State: KS Zip: 66629

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.

Danielle Pettif

PRINTED NAME of authorized representative/applicant

[Signature]

SIGNATURE of authorized representative/applicant

6/9/22
Date

Internal Use Only

City Clerk's Office

Date Fee Received: 6/15/2022

Fee Received By: K. Bogner Fee Amount: \$ 250⁰⁰

Cash () Credit () Check No. 795678 Receipt # _____

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

CHECK NO. _____