

NOTE: UPDATED EVENT DATE

General Event Information

Please Print

REC'D TOPEKA CITY CLERK
'23 FEB 28 AM 8:21

Name of Event: The Pennant's 5 Year Anniversary Celebration

Event Date(s)*: June 24th, 2023 Estimated attendance: 2,000

**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: 4:00 am ☒ pm EVENT End Time: 11:00 am ☒ pm

SET UP Start Time: 1:00 am ☒ pm TEAR DOWN End Time: 2:00 am ☒ pm

Full and complete description of event:

In celebration of The Pennant's 5 year anniversary of opening in Downtown Topeka, we will be closing off Kansas Ave. between 9th and 10th street so we can put up a stage and host a concert. We will be service alcohol via an extension of our liquor license that guests will be able to consume/carry inside the sepcial event area.

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

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

Outlets located on the East and West side of Kansas Ave in the 900 block of Kansas Ave

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: _____

Special Event/Neighborhood Block Party Application 01/2023

General Event Information

Please Print

REC'D TOPEKA CITY CLERK
'23 FEB 28 AM 8:21Name of Event: The Pennant's 5 Year Anniversary CelebrationEvent Date(s)*: June 24th, 2023 Estimated attendance: 2,000

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Disbandment Area (if applicable) – Please provide a full and complete description:

Rain Date? Yes ☐ No ☒

If yes, then date(s): _____

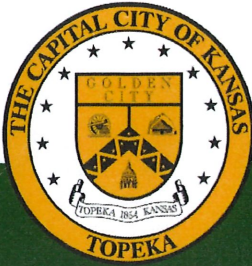
Fundraiser? Yes ☐ No ☒

If yes, then beneficiary: _____

Registration/Entry Fee? Yes ☐ No ☒

If yes, then amount: _____

Special Event/Neighborhood Block Party Application 01/2023



CITY OF TOPEKA

#0001825
REC'D TOPEKA CITY CLERK
128 JAN 13 PM 1:23

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: The Pennant's 5 Year Anniversary Celebration

Event Date(s)*: March 11th, 2023

Estimated attendance: 2,000

***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: 4:00

☒ pm

EVENT End Time: 11:00

☒ pm

SET UP Start Time: 1:00

☒ pm

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☒ am

Full and complete description of event:

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between 9th and 10th St so we can put up a stage and host a concert. We will be serving alcohol via an extension of our
liquor license that guests will be able to consume/carry inside the special event area.

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

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

Outlets located on the East and West side of Kansas Ave in the 900 block of Kansas Ave

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. 1

PLEASE CHECK ALL THAT APPLY TO YOUR EVENT:

<u>Type of Event</u>	<u>Event Details</u>	<u>Equipment at Event</u>
<input type="checkbox"/> Festival	<input checked="" type="checkbox"/> Alcohol Served	<input checked="" type="checkbox"/> Amplified Speaking and/or Music ~Hours: <u>4pm</u> to <u>11pm</u>
<input type="checkbox"/> Parade	<input checked="" type="checkbox"/> Alcohol Sales	<input checked="" 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 checked="" type="checkbox"/> Stage/Props/Production
<input type="checkbox"/> Sporting Event or Competition	<input checked="" type="checkbox"/> Transient or Sidewalk Vendors: ~How many? <u>2-3</u>	<input checked="" type="checkbox"/> Electrical Outlets Needed
<input checked="" 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: 915 S Kansas Fun Center LLC DBA: The Pennant

Address: 915 S Kansas Ave State: KS Zip: 66612

Business Phone: 785-286-6808 Fax: _____

Web Address of Organization/Sponsor: www.thepennanttopeka.com

Name of Authorized Representative: Seth Wagoner

Address: 534 S Kansas Ave. Suite 1035 State: KS Zip: 66603

Home Phone: _____ Work Phone: _____ Cell Phone: 785-969-0703

Email: seth.wagoner@aimstrategiesllc.com

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

Name: Seth Wagoner

Home Phone: _____ Work Phone: _____ Cell Phone: 785-969-0703

Email: seth.wagoner@aimstrategiesllc.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: _____ Location: _____

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? ☒ 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)*)

Kansas Ave and the sidewalks on the East and West side between 9th and 10th St.

We will not be closing the intersections of 10th and Kansas or 9th and Kansas

Date(s) of street, sidewalk and/or intersection closures: 03/11/2023

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

Set Up: From 1:00 to 4:00 am ☒ pm

Tear Down: From 11:00 to 2:00 ☒ 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 coordinate with Downtown Topeka Inc. to get a list of all impacts residents/business that we will notify by mail as soon as the special event is approved by the city.

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. SW (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. SN (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? 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:

We will have trucks and trash collection supplies ready for our team to use.

Clean-Up personnel provided by: AIM Strategies LLC, The Pennant, and MCP Group

**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.

Seth Wagoner

PRINTED NAME of authorized representative/applicant

SIGNATURE of authorized representative/applicant

01/12/2023

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: 1-3-2023 By: B. Younger

Date Non-Refundable Special Event Application Fee Received: 1-13-23

Fee Received By: B. Younger Fee Amount: \$ 850.00

Cash () Credit () Check (☒) No. 7000835 Receipt # _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/17/2023

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).

PRODUCER McGriff Insurance Services, LLC 10100 Katy Freeway, #400 Houston, TX 77043	CONTACT NAME:	
	PHONE (A/C, No, Ext): 713-877-8975	FAX (A/C, No): 713-877-8974
INSURED AIM Strategies LLC 715 SW Harrison Topeka, KS 66603	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : The Cincinnati Insurance Company	
	INSURER B : Navigators Specialty Insurance Company	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		
NAIC #		

COVERAGES **CERTIFICATE NUMBER:**AZ55H8YT **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: 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			CSU0198620	11/02/2022	11/02/2023	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 1,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
PROPERTY DAMAGE (Per accident) \$							
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			SF22EXCZ09VKKIC	11/02/2022	01/31/2024	EACH OCCURRENCE \$ 5,000,000
							AGGREGATE \$ 5,000,000
							Products/Comp Agg. \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)
Re: 915 S Kansas Ave Topeka, KS 66612

CERTIFICATE HOLDER	CANCELLATION
City of Topeka 215 SE 7th St. 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 <i>R Michael Broadlove, Jr</i>

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

PRODUCER McGriff Insurance Services, LLC		INSURED AIM Strategies LLC	
POLICY NUMBER		ISSUE DATE: 01/17/2023	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _____

Policy term
11/2/2022-01/31/2024

Carriers: Underwriters at Lloyds of London
Policy W23DBB220501

9TH STREET



9TH STREET

STAGE

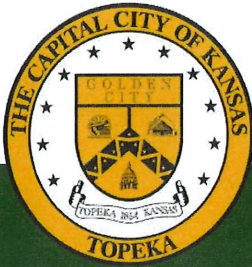


THE PENNANT

10TH STREET



10TH STREET



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: The Pennant's 5 Year Anniversary Celebration

Event Date(s): March 11th, 2023 Estimated attendance: 2,000

Location of Event: Kansas Ave between 9th and 10th St

Name of Authorized Representative: Seth Wagoner

Address: 534 S Kansas Ave. Suite 1035 State: KS Zip: 66603

Home Phone: _____ Work Phone: _____ Cell Phone: 785-969-0703

Email: seth.wagoner@aimstrategiesllc.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: 915 S. Kansas Fun Center LLC
715 SW Harrison St
Topeka, KS 66603

Check Refund Information:

Name and/or Company: The Pennant

Address: 915 S Kansas Ave 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.

Seth Wagoner

PRINTED NAME of authorized representative/applicant

[Signature]
SIGNATURE of authorized representative/applicant

01/12/2023

Date

Internal Use Only

City Clerk's Office

Date Fee Received: 1-13-2023

Fee Received By: By Fee Amount: \$ 250.00

Cash () Credit () Check (☒) No. 7000834 Receipt # _____

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

CHECK NO. _____