



City of Topeka

***Private Special Event Permit  
Application***

Today's Date: \_\_\_\_\_

License # \_\_\_\_\_

Submit this application, including support documentation and applicable fees, 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.

The following application is intended for **Private Special Events**; if this is not a Private Special Event please complete application for Public Special Event.

**Event Information**

Name of Event \_\_\_\_\_

Event Date \_\_\_\_\_ Times: Start \_\_\_\_\_ a.m./p.m. Finish \_\_\_\_\_ a.m./p.m.

Staging Times: \_\_\_\_\_

Provide full description of event \_\_\_\_\_

Location(s) \_\_\_\_\_

Route – Please attachment a map **AND** describe the route showing the Start and Finish areas

Estimated attendance \_\_\_\_\_

Rain Date requested?  Yes  No Date(s) \_\_\_\_\_

**Primary Contact Person**

Name \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Organization and authorized Head of Organization/Sponsor**

Organization/Sponsor \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**General Service Questions**

**Section A: Traffic/Parking**

Yes  No Are street closures requested for your event? If yes, list all known streets you are requesting to be closed for your event. (*Attach a site plan showing intersections to be closed*)

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**Note:** Street closures require Type III Barricades which can be rented locally. The rental cost and coordination is the responsibility of the organizer.

Explain how you plan to notify surrounding residents of street closure:

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**Section B: Fire Access**

Yes  No  Will the Fire Department have access to all sites in the event of an emergency?

If not, please provide a contingency plan in the event of an emergency.

Yes  No  Will any fire hydrants be obstructed?

Yes  No  Will you be supplying your own First-Aid Station? Type \_\_\_\_\_ Location \_\_\_\_\_

**Note:** The Fire Department requires Type III Barricades for all street closures as well as volunteer(s) assigned to the barricades in case of an emergency in the area. The volunteer would be responsible for removing the barricade in order to allow emergency personnel to travel on the street.

**Section C: General**

Yes  No  Will a stage be utilized for your event?

Yes  No  Will alcoholic beverages be served?

Yes  No  Is food being served?

Yes  No  Will there be live music? The location of the stage and sound systems must be indicated on the attached Site Plan.

Concert/dance  Amplified from \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Explain how the sound will be controlled \_\_\_\_\_  
\_\_\_\_\_

Yes  No  Do you need to request a noise exemption (as required by City Code)?

**All noise exemptions must receive City Council approval. Council District No. \_\_\_\_\_**

**If yes, the request will be forwarded to the City Council for placement on the Council agenda.**

**Section D: Clean up**

What is the plan for cleaning and disposing of all refuse from this event? \_\_\_\_\_  
\_\_\_\_\_

Yes  No  Will you be providing additional dumpsters, trash bags, etc.?

Clean up Personnel provided by \_\_\_\_\_ Finish time \_\_\_\_\_

Yes  No  Will you provide Restrooms?  On-site fixed facilities  Portable, how many? \_\_\_\_\_

**Section E: Security**

Will you have security at your event?  Yes  No

Private security?  Yes  No If yes, who is the provider? \_\_\_\_\_

**Section F. Insurance**

**A hold harmless agreement with the City may be substituted for the insurance requirement for block parties which will be limited exclusively to the serving of food.**

**Neighborhood parades require an original Certificate of Liability Insurance if requesting police escort and use of street right-of-ways. You are required to provide an original Certificate of Liability Insurance in the minimum amount of \$500,000 listing the City of Topeka as an Additional Insured relative to the event with the same coverage as the Insured without restrictions.**

**Please mail or deliver completed application to:** City Clerk’s Office, 215 SE 7<sup>th</sup> Street, Room 166, Topeka, KS 66603.

**Applicant’s Statement of Agreement:**

Everything that I have stated on this application is correct to the best of my knowledge. I have read, understood, and agree to abide by the rules and regulations included in this application including my obligations under the “Process and Instructions” section of this application. The permit, if 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 correct in describing the intent of this application. I understand that the issuance of the Special Event Permit is contingent upon compliance of all conditions and requirements. I, \_\_\_\_\_, the undersigned, agree to abide by the provisions in this application and the instructions attached hereto.

\_\_\_\_\_  
PRINT Name of applicant

\_\_\_\_\_  
Signature of event applicant

\_\_\_\_\_  
Date

(Rev. 08/30/10)

***FOR OFFICIAL USE ONLY:***

**City Clerk’s Office:**

Date the Permit Application is received at Clerk’s office \_\_\_\_\_ by \_\_\_\_\_

YES  NO Special Event Application Fee Paid: Amount \$ \_\_\_\_\_

Date \_\_\_\_\_ Receipt # \_\_\_\_\_  Check# \_\_\_\_\_  Cash  Credit Card

# City of Topeka Internal Routing and Authorization

*Signatures/Date*

1. **City Clerk's Office** \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. **Bill White, Topeka Police Department** \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Zone \_\_\_\_\_ Shift \_\_\_\_\_ Shift commander notified of event \_\_\_\_\_

3. **Vicki Zielinski, Topeka Fire Department** \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. **Linda Voss, Engineering Division** \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

5. **Ron Raines, Street Maintenance Division** \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

6. **Legal Department** \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

7. Return to City Clerk's Office for issuance of Special Event Permit.

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**OFFICIAL USE ONLY:**

APPROVAL TO ISSUE EVENT PERMIT:

YES  NO      DATE \_\_\_\_\_ BY \_\_\_\_\_