



City of Topeka
**Public 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 7th Street Room 166, Topeka, Kansas 66603. For assistance call **785/368-3940** during business hours.

The following application is intended for all types of **Public Special Events**, if this is not a Public Special Event please complete application for Private Special Event. Attach a copy of your **Certificate of Liability Insurance**, listing the City of Topeka as an Additional Insured relative to the event with the same coverage as the Insured without restrictions and in the minimum amount of \$500,000.

Event Information

Name of Event _____

Event Date _____ Times: Start _____ a.m./p.m. Finish _____ a.m./p.m.

Staging Times: _____

Parade/March Festival/Fair Run/Walk/Bike Ride Concert Other

(Provide full description of event) _____

Location(s) _____

Estimated # of participants _____

Estimated attendance _____ Animals (*describe*) _____

Description of vehicles _____

Staging Area Parking Lot _____ City Street(s) _____

_____ Staging Area beginning time _____

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

Disbandment area _____

Rain Date requested? Yes No Date(s) _____

Primary Contact Person

Name _____ Driver's License No. _____

Address _____ Zip _____

Home Phone _____ Work Phone _____

Cellular Phone _____ Email _____

(TPD Use- contacted date _____ OIC _____)

Organization and authorized Head of Organization/Sponsor

Organization/sponsor _____

Address _____ Zip _____

Business Phone _____ Fax _____ Email _____

Other Operators/Promoters/Secondary contacts

Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell phone _____

Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell phone _____

Is the Event a Fundraiser? Yes No Beneficiary _____

Registration/Entrance Fee? Yes No Amount \$ _____

Are you collecting any entry fee from participants? Yes No Amount \$ _____

Are you charging any admission fee? Yes No Amount \$ _____

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)

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

Yes No Are covered/bagged parking meters requested?

If yes, please contact the City of Topeka Parking Division at (785)368-3761 to schedule and pay fees.

Does your event require any other parking related requests or considerations? If so, please list them below:

Yes No Is Traffic control necessary for your event? Yes No Crowd control?

If so, please describe your needs _____

Section B: Security

Will you have security at your event? Yes No

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

Do you have Liability Insurance Yes No **(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 with the same coverage as the Insured relative to the event and without restrictions.)**

Section C: 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.

For larger events requiring additional traffic lanes being barricaded, a fire lane will need to be identified. This means that the lane identified cannot have any thing set up in it and will be available for emergency personnel to travel on in case of an emergency.

Section D: General

Yes No Will electricity be utilized? Provided by _____, paid by _____

Yes No Will a stage be utilized for your event?

Yes No Will alcoholic beverages be served? Hours _____ How many vendors?_____

Yes No Will alcoholic beverages be sold? Locations_____

If yes, all vendors must have the applicable licenses.

Yes No Is food being served? If yes, how many vendors? _____

If yes, all vendors must obtain a Mobile Food Service Units (Push Carts) Permit.

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

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 E. Vendors (Non Food) Use additional sheets if necessary.

Yes No Are you selling retail merchandise at your Event? If yes, how many vendors? _____

If yes, all vendors must have a Transient Merchant License for each person selling merchandise.

Name _____

Address _____ City/State/Zip _____

Name _____

Address _____ City/State/Zip _____

Section F. 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? _____

Yes No Will you provide Drinking Water? On-site fountain On-site sink Bottled water

Other _____

Other requested City personnel/equipment _____

Please mail or deliver completed application to: City Clerk’s Office, 215 SE 7th 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 applicant

Date

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: _____

Estimated duration of Right of Way disruption _____ hrs _____ Event-OIC initials

Number of officers _____ Event – OIC initials

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.

OFFICIAL USE ONLY:

APPROVAL TO ISSUE EVENT PERMIT:

YES NO DATE _____ BY _____