



Today's Date: 12-27-16
License # _____

City of Topeka *Special Event Permit Application*

Submit this application, including support documentation and applicable fee of \$25 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.

Event Information

Name of Event Bridge 2 Bridge 5K Run/Walk

Event Date(s) April 22, 2017 Start Time: 9:00am am/pm End Time: 12:00pm am/pm

Provide full description of event 5K run/walk through urban areas of downtown, crossing Topeka & Kansas bridges.

Location(s) See attached map

Date(s) and Time(s) of Street/Sidewalk Closures (or attach information): Date(s) April 22, 2017, 9:30am-11:00am

Set Up: From 8:00am to 9:00am am/pm Tear Down: From 11:00am to 12:00pm am/pm

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

See attached map

Estimated attendance 350

Rain Date requested? Yes No Date(s) _____

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 checked="" type="checkbox"/> Amplified Speaking /Music Hours of: <u>9am</u> to <u>12pm</u>
<input type="checkbox"/> Parade	<input type="checkbox"/> Alcohol Sales	<input type="checkbox"/> Noise Exception Requested Council District No. _____
<input type="checkbox"/> Block Party or Picnic	<input type="checkbox"/> Number of Food Vendors	<input checked="" type="checkbox"/> Portable Restrooms
<input checked="" type="checkbox"/> Sporting Event or Competition	<input type="checkbox"/> Number of Merchant Vendors	<input type="checkbox"/> Stage/Props/Production
Other: _____	<input checked="" type="checkbox"/> Open to Public	<input type="checkbox"/> Dumpsters/Receptacles
_____	<input type="checkbox"/> Animals	Other: _____
	<input checked="" type="checkbox"/> Street or Sidewalk Closure Hours of: <u>9:30am</u> to <u>11am</u>	_____

State Sales Tax Information: State of Kansas Sales Tax Identification Number(s) must be provided for **ALL** food and merchant vendors. (Event sponsors are required to provide the Kansas Department of Revenue with notification of an event and a list of participating vendors.)

Food Vendor Tax Information: n/a

Merchant Vendor Tax Information: n/a

Primary Contact Person

Name Hannah Burianek Driver's License No. [REDACTED]
Address [REDACTED] Zip [REDACTED]
Home Phone n/a Work Phone (785) 234-9336 Cell Phone (785) 383-2420
Email hannah@downtowntopekainc.com

Organization and authorized Head of Organization/Sponsor

Organization/Sponsor Downtown Topeka Inc.
Address 515 S Kansas Ave, Ste A Zip 66603
Business Phone (785) 234-9336 Fax (785) 234-4448 Email hannah@downtowntopekainc.com
Is the Event a Fundraiser? **Yes** No Beneficiary DTI; to fund free community activities.
Registration/Entry Fee? **Yes** No Amount \$ 25- Pre-registration
\$ 35- At event registration

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*)

See attached map; TPD to determine closures and traffic to provide barricade list.

****If there is a need to bag or cover parking meters, please contact the City of Topeka Parking Section at 368-3916 for further information.**

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 and/or businesses of the street closure and what date:

DTI will distribute flyers to businesses and residents affected by closure.

Staging Area: ~~Parking Lot~~ 515 S Kansas Ave, courtyard/ City Street(s) _____
sidewalk area

Staging Area beginning time 8:00am

Disbandment area 515 S Kansas Ave, courtyard/sidewalk area

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 Minor Location Registration Table
Will also be contacting AMR for bike teams.

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.

Clean up

What is the plan for cleaning and disposing of all refuse from this event? Trash cans maintained by DTI & BID will be placed throughout the course.

Clean up Personnel provided by DTI staff, volunteers & BID employee Finish time 12:00pm

Security

Will you have **private** security at your event? Yes **No**

If yes, who is the provider? _____

Insurance

The Event Organizer is 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 for the following events:

- Neighborhood parades requesting police escort and use of street right-of-ways
- Parades
- Festivals
- Sporting Events

A hold harmless agreement with the City may be substituted for the insurance requirement for neighborhood block parties which will be limited exclusively to the serving of food and non-alcoholic beverages.

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,

Hannah Burianek, the undersigned, agree to abide by the provisions in this application and the instructions attached hereto.

Hannah Burianek
PRINT Name of applicant

Hannah Burianek
Signature of event applicant

12/28/2016
Date

(Rev. 07/07/2016)

FOR OFFICIAL USE ONLY:

City Clerk's Office: Date Permit Received in Clerk's Office 12-28-16 By J. Godwin

YES NO
 Special Event Application Fee Paid: Amount \$ 25-
 Date 12-28-16 Receipt # _____ Check# 8305 Cash Credit Card

City of Topeka Internal Routing and Authorization

Signatures/Date

1. **City Clerk's Office** _____ Date _____
Comments: _____

2. **Topeka Police Department** _____ Date _____
Comments: _____

Zone _____ Shift _____ Shift commander notified of event _____
3. **Topeka Fire Department** _____ Date _____
Comments: _____

4. **Traffic Engineering Division** _____ Date _____
Comments: _____

5. **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 _____

