



Today's Date: 8-26-2016  
 License # \_\_\_\_\_

City of Topeka

*Special Event Permit Application*

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.

**Event Information**

Name of Event: 2017 HCCI Great Topeka Bed Race

Event Date: 3-11-17 (needs city approval) Times: Start 8:45a.m. Finish no later than 12:00 Noon

Staging Time: 7:00 a.m. (teams at 8:45)

Provide full description of event Beds on wheels racing in two lanes. Best timed score wins.

Location(s) on 10<sup>th</sup> Street between Harrison & Jackson (in front of the Kansas State House)

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

See 2016 map showing location of the 2016 Great Topeka Bed Race

Estimated attendance 1,000

Rain Date requested? None Date(s) \_\_\_\_\_

RECEIVED  
 CITY CLERK  
 2016  
 AUG 26 P 2:12  
 TOPEKA, KANSAS

**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/Music Hours of: <u>8:30 to 11:30 a.m.</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 type="checkbox"/> Portable Restrooms _____
<input type="checkbox"/> Sporting Event or Competition	<input type="checkbox"/> Number of Merchant Vendors _____	<input type="checkbox"/> Stage/Props/Production _____
Other: <u>Bed Race</u>	<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>7:00 a.m.</u> to <u>11:30 a.m.</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:** \_\_\_\_\_

**Primary Contact Person: Lynne Crabtree**

Name for: Housing and Credit Counseling, Inc. (HCCI) Driver's License No. [REDACTED]

Address [REDACTED] Zip [REDACTED]

Home Phone N/A Work Phone 234-0217 x 330 Cell Phone 785-330-3836

Email lcrabtree@hcci-ks.org

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

Organization/Sponsor Housing and Credit Counseling, Inc.

Address 1195 SW Buchanan, Topeka, KS Zip 66604

Business Phone 234-0217 Fax 234-4289 Email N/A

Is the Event a Fundraiser?  Yes No Beneficiary Housing and Credit Counseling, Inc.

Registration/Entry Fee?  Yes No Amount: fee of \$100 is waived for youth groups and nonprofits

**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*)

10<sup>th</sup> street between Harrison and Jackson

**\*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 of street closure and what date:

Staging Area: Parking Lot Judicial Building Parking Lot City Street(s) \_\_\_\_\_

HCCI contacts State of Kansas for permission to use lot Staging Area beginning time 7:00 a.m.

Disbandment area same: on 10<sup>th</sup> Street between Jackson & Harrison

**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 American Medical EMT Volunteers

**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? \_\_\_\_\_

HCCI staff and volunteers pick up trash. Keep America Beautiful (Pepsi) recycle bins will be available.

Clean up Personnel provided: throughout the event \_\_\_\_\_ Finish time 11:45 AM \_\_\_\_\_

**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 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,

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

Lynne Crabtree

PRINT Name of applicant

*Lynne Crabtree*

Signature of event applicant

8/26/2016

(Rev. 08/05/2013)

**FOR OFFICIAL USE ONLY:**

**City Clerk's Office: Date Permit Received in Clerk's Office** \_\_\_\_\_

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



HOUSING AND CREDIT COUNSELING, INC.  
Tenant/Landlord • Homebuyer • Consumer Credit  
1195 SW Buchanan, Suite 101 • Topeka, KS 66604-1183

*Serving Kansas with offices in  
Topeka, Lawrence and Manhattan*

**Lynne Crabtree**  
**Director of Grants and Communications**  
Lcrabtree@hcci-ks.org

www.hcci-ks.org  
(ph) 785-234-0217 x 330 800-383-0217 (fax) 785-234-0237

## *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.

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***OFFICIAL USE ONLY:***

APPROVAL TO ISSUE EVENT PERMIT:

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



## HOUSING AND CREDIT COUNSELING, INC.

Tenant/Landlord • Homebuyer • Consumer Credit  
1195 SW Buchanan, Suite 101, Topeka KS 66604-1183  
Phone: 785-234-0217 or 800-383-0217 • Fax: 785-234-4289  
E-mail: [hcci@hcci-ks.org](mailto:hcci@hcci-ks.org) • Web: [www.hcci-ks.org](http://www.hcci-ks.org)

*Serving Kansas with offices in Topeka,  
Lawrence, and Manhattan*

### Bed Race Security Plan Outline for March 11, 2017

**City Police to determine Race Route which may be on 10<sup>th</sup> Street between Jackson & Van Buren**

#### **Type of Security:**

HCCI does not anticipate a high need for security at this family oriented event.

HCCI will designate eight staff to serve as security personnel:

- three HCCI staff will be stationed at the staging area.
- five HCCI staff will be stationed on the race route. They will be responsible for assisting approximately eight volunteers who will set up cones and rope off the race area. HCCI staff will caution the crowd to stay behind the rope lines designating the race area from the spectator area.

Additional HCCI staff and volunteers will assist, as needed, on the actual race route as beds are moved from the race route to the parade route.

**Name of Private Security Firm:** None

#### **Location of Security Personnel:**

Bed Race Staging area – probably on 10<sup>th</sup> Street – at Van Buren  
(Note: in 2015, the staging area was at 6<sup>th</sup> and Harrison Street.)

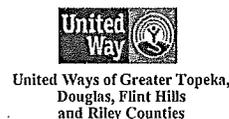
Bed Race Starting Line – possibly at 10<sup>th</sup> and Van Buren  
(Note: in 2015, the start line was at 6<sup>th</sup> & Van Buren)

Bed Race Turn-Around Point – possibly on 10<sup>th</sup> midway between Van Buren & Jackson Streets  
(Note: in 2015, the turn-around point was about 30 feet west of the intersection of 6<sup>th</sup> & Jackson)

Bed Race Finish Line – possibly on 10<sup>th</sup> Street - at Van Buren

#### **Communications System:**

HCCI agrees that individuals acting as monitors will wear some type of identification such as a badge, armband, jacket or cap.



# Great Topeka



# Bed Race

10th Street

Jackson Street

PLS Truck

Turn Around Point  
Hay Bales

EMTs

Bleachers

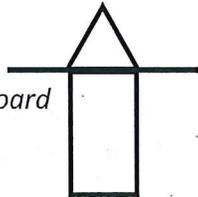
YMCA Food  
Truck

Judicial Building

Sensors 2" from Pavement

START / FINISH

SCCA  
Scoreboard



Register

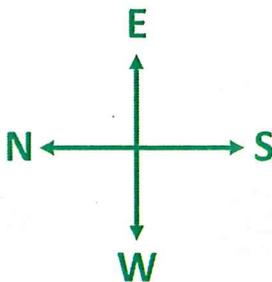
Bed Staging Area

Parking Lot  
(Volunteer and  
Bed Race Teams)

State House

10th Street

Harrison Street





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/26/2016

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 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 Shannon & Luchs Insurance Agency 400 Professional Drive Suite 360 Gaithersburg MD 20879	CONTACT NAME: Barbara Hunter	
	PHONE (A/C No. Ext): (301) 670-7370 FAX (A/C No.): (301) 670-7390 E-MAIL ADDRESS: barbara@slins.com	
INSURED Housing & Credit Counseling Inc. 1195 SW Buchanan Street Suite 203 Topeka KS 66604	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Hartford Casualty Insurance Co.	29424
	INSURER B: Sentinel Insurance Co.	11000
	INSURER C: Travelers	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: CL1672113866 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR C Directors & Officers C E&O/EPLI GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		X	42SBATY7310 105652223 D&O/EPLI/E&O \$1,000,000 Liability	8/1/2016 8/1/2016	8/1/2017 8/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits Liability \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			42SBATY7310 Hired Car Physical Damage \$50,000	8/1/2016	8/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			42SBATY7310	8/1/2016	8/1/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	42WECTK4091	8/1/2016	8/1/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Property, Special Form Replacement Cost			42SBATY7310	8/1/2016	8/1/2017	Personal Property Limit \$172,000 Computer Equipment \$75,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
City of Topeka is an additional insured with respect to the terms and conditions of the policy for the Great Topeka Bed Race being sponsored by the insured on 3/11/2017

## CERTIFICATE HOLDER

City of Topeka  
215 SE 7th Street  
Topeka, KS 66603

## CANCELLATION

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

J Hamerski, CPCU/USR3

