



Today's Date: 12-13-16
 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 Kansans for Life March for Life

Event Date(s) Jan. 23, 2017 Start Time: 12:30 am/pm pm End Time: 12:45 am/pm pm

Provide full description of event Participants will march on the sidewalks from The Topeka Performing Arts Center to the south steps of the capitol building to attend a pro-literally.

Location(s) TPAC, State capitol building

Date(s) and Time(s) of Street/Sidewalk Closures (or attach information): Date(s) N/A

Set Up: From _____ to _____ am/pm Tear Down: From _____ to _____ am/pm

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

Participants will exit TPAC on 8th Street side & cross over to South side of 8th St. They will walk west along 8th St. to Jackson St, then cross Jackson St. to the west sidewalk (on east side of capitol) and go south along Jackson St. to the north sidewalk along 10th St. On south side of capitol they turn north at the sidewalk midway between Jackson St & Harrison St. to the south steps of the capitol.

Estimated attendance 4,000

Rain Date requested? Yes No

Date(s) _____

PLEASE CHECK ALL THAT APPLY TO YOUR EVENT:

Type of Event	Event Details	Equipment at Event
<input type="checkbox"/> Festival	<input type="checkbox"/> Alcohol Served	<input type="checkbox"/> Amplified Speaking/Music
<input type="checkbox"/> Parade	<input type="checkbox"/> Alcohol Sales	Hours of: _____ to _____
<input type="checkbox"/> Block Party or Picnic	<input type="checkbox"/> Number of Food Vendors	<input type="checkbox"/> Noise Exception Requested
<input type="checkbox"/> Sporting Event or Competition	<input type="checkbox"/> Number of Merchant Vendors	Council District No. _____
<input checked="" type="checkbox"/> Other: <u>March on Sidewalks</u>	<input type="checkbox"/> Open to Public	<input type="checkbox"/> Portable Restrooms
	<input type="checkbox"/> Animals	<input type="checkbox"/> Stage/Props/Production
	<input type="checkbox"/> Street or Sidewalk Closure	<input type="checkbox"/> Dumpsters/Receptacles
	Hours of: _____ to _____	Other: _____

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 Jeanne Gaudin Driver's License No. [REDACTED]
Address [REDACTED] Zip [REDACTED]
Home Phone N/A Work Phone 785-234-2998 Cell Phone 785-383-8636
Email jeanneofks@gmail.com

Organization and authorized Head of Organization/Sponsor

Organization/Sponsor Kansans for Life / Jeanne Gaudin
Address 735 SW Jackson St. Topeka, KS Zip 66603
Business Phone 785-234-2998 Fax N/A Email kfltopeka@gmail.com
Is the Event a Fundraiser? Yes No Beneficiary _____
Registration/Entry Fee? Yes No Amount \$ _____

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*)
N/A

****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:

N/A

Staging Area: Parking Lot N/A City Street(s) _____

N/A Staging Area beginning time _____

Disbandment area N/A

Fire Access

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 _____
NO

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? Volunteers will walk the march route after the event to clean up any trash left behind.

Clean up Personnel provided by _____ Finish time _____

Security

Will you have private security at your event? Yes No

If yes, who is the provider? N/A

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,

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

Jeanne Gawdun
PRINT Name of applicant

Jeanne Gawdun
Signature of event applicant

12-13-16
Date

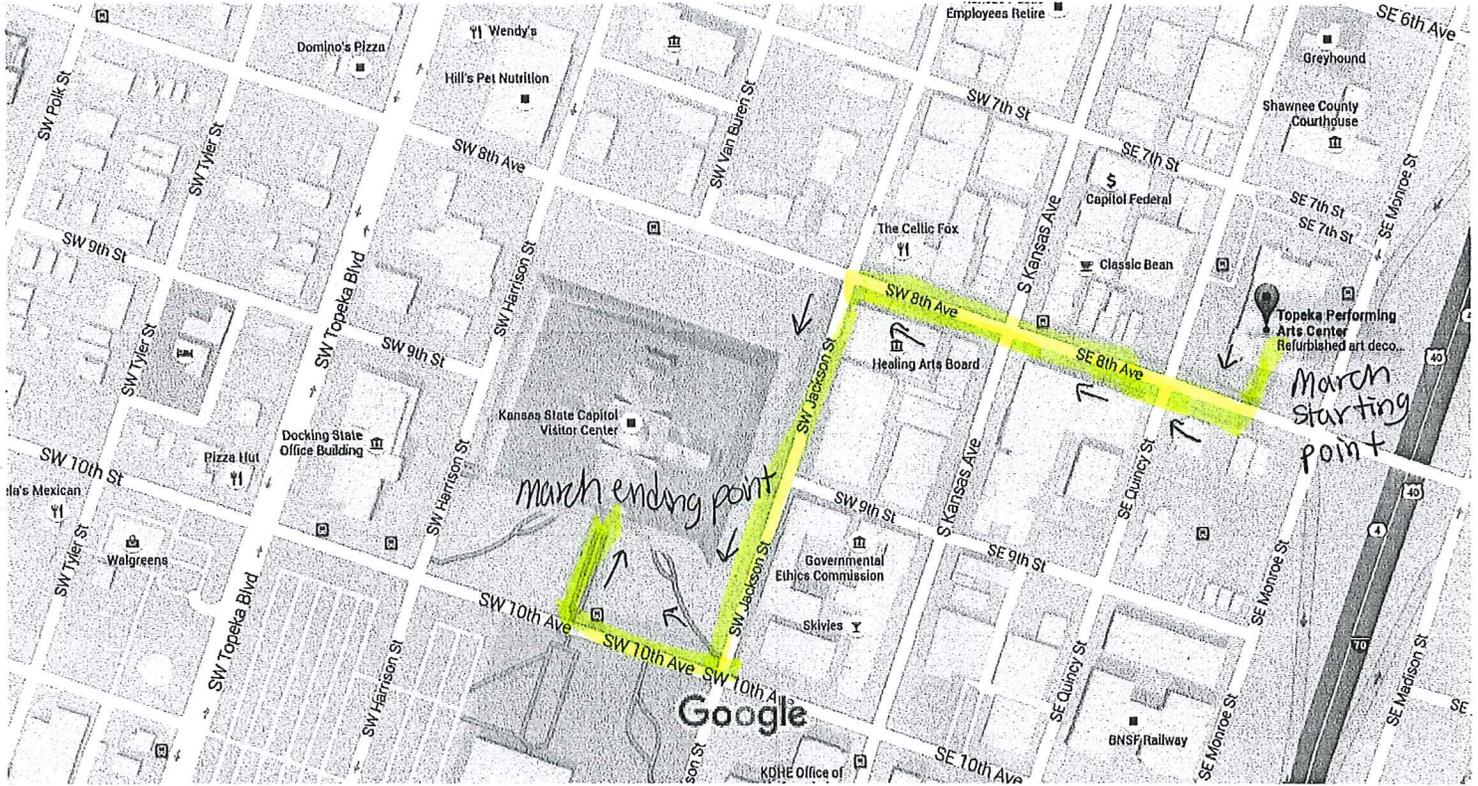
(Rev. 07/07/2016)

FOR OFFICIAL USE ONLY:

City Clerk's Office: Date Permit Received in Clerk's Office 12-13-16 By J. Goodkind

YES NO Special Event Application Fee Paid: Amount \$ 25-
Date 12-13-16 Receipt # _____ Check# 1656 Cash Credit Card

Google Maps Topeka Performing Arts Center



Map data ©2015 Google 200 ft



Topeka Performing Arts Center

4.3 ★★★★★ 7 reviews

Performing Arts Theater

Renovated art deco multivenue performing arts center hosting music, dance, theater & more. - Google

📍 214 SE 8th Ave, Topeka, KS 66603

🌐 tpactix.org