

## CITY OF OTTAWA, KANSAS

## **Special Event Checklist**

Please submit for approval as soon as possible and at least **60** days prior to event Approved confirmations will be addressed to the person listed on this form.

Event/Organization Name: Expected Attendance:		_		
DATE(S) AND LOCATION OF Date(s) of event:	EVENT BELOV	W		
Time of event: Location or Park Name:	Start	am/pm	End	am/pm
APPLICANT INFORMATION Contact Person: Email Address: Contact Phone #:				
EVENT TYPE	ttach map sho	wing routes, setup, ba	rricades, street clos	sures, etc.
Parade SK Walk/Run Charity Event Block Party Fundraising Ever	:	Street Clo	Picnic hering-over 200 pe sure(s)	
City may require ev	ent insurance	e and name the City	as insured on any	/ special event
ADDITIONAL AMENITIES: Barricades Orange cones Picnic tables Additional trash cans Overnight Security Volunteers In Police Service Street closure(s) Shelter house(s) Additional Resource Link: O Will any type of transportat Will there be vendors at you Will alcoholic beverages be Request for Suspension of O (City Manager or Chief of Policy	Guide to Access  ion be provide ur event? served at your Common Conso	How many? ( How many? ( How many? ( How many? ( To be provided by a  Provide map or draw ( List park and shelte ( Sible Event visit www.)  d? If so, please descriptes No ( event? Yes ( umption Area per 415)  and the CCA)	Dumpster to be propplicant with approving with locations rhouse to be reservent awaks.gov/city-abe:No	vided by applicant oval  to be barricaded oved da-information Yes No
If yes for alcoholic beverage				e Control at (785) 368-7051.
		eted form to: mreed@		
Approval needed:PolicePublicCity Cl	Works (Streets)	OFFICE USE ONLYFire DepartmentPublic Works (Par	·	
Comments/Remarks:				