

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:		<u> </u>		
DATE(S) AND LOCATION OF E	VENT BELO\	N		
Date(s) of event:				
Time of event:	Start	am/pm	End	am/pm
Location or Park Name:				
APPLICANT INFORMATION Contact Person: Email Address: Contact Phone #:				
EVENT TYPE Atta	ich map sho	wing routes, setup, barr	icades, street clos	sures, etc.
Parade	(Note: par	ade start time)	
5K Walk/Run		Company P		
Charity Event			ering-over 200 pe	ople
Block Party	·	Street Clos	` '	and the Circle (In It
Fundraising Event (• •	•	
Common Consump	tion Area Ev	ent (CCA Application m	ust accompany th	is checklist)
City may require even 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: Gui	Yes No	How many? (<i>N</i> How many? how many? Du To be provided by ap Provide map or drawitist park and shelter in	flust be manned dumpster to be proplicant with approaching with locations nouse to be reserved.	uring the event) vided by applicant oval to be barricaded ved
Will any type of transportation Will there be vendors at your Will alcoholic beverages be se If yes, contact the Kansas De * * * * * * * * * * * * * * * * * * *	event? rved at you epartment c	Yes No revent? Yes of Alcoholic Beverage Co	No ntrol at (785) 368	-7051.
E	Email compl	eted form to: <mark>mreed</mark> @o	ttawaks.gov	
Approval needed:Police DePublic Wo	orks (Streets)	OFFICE USE ONLY Fire DepartmentPublic Works (ParksCity Attorney)Utilities	Resources VIS (notified)
Comments/Remarks:				