

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.				
	VENT BELOV	N		
Date(s) of event:				
Time of event:	Start	am/pm	End	am/pm
Location or Park Name:				
APPLICANT INFORMATION				
Contact Person:	<u></u>			
Email Address:	<u></u>			
Contact Phone #:				
EVENT TYPE Atta	ach map sho	wing routes, setup, ba	rricades. street clo	sures. etc.
Parade	-	-		
5K Walk/Run	, , , , , , , , , , , , , , , , , , , ,		<u> </u>	
				eople
				•
	nt*			
		plication must be comp	leted by City Clerk	for fundraising events
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			,	
ADDITIONAL AMENITIES:	Yes No	_		
Barricades		How many? (<i>Must</i> be manned d	luring the event)
Orange cones		How many?		
Picnic tables		How many?		
Additional trash cans		How many? D	Dumpster to be pro	vided by applicant
Overnight Security		To be provided by a	pplicant with appro	oval
Volunteers In Police Service				
Street closure(s)		Provide map or drav	ving with locations	to be barricaded
Shelter house(s) List park and shelter house to be reserved				
Additional Resource Link: Gui	ide to Access	sible Event visit <u>www.c</u>	ottawaks.gov/city-a	ada-information
Can casial distance requireme	nts nor Fran	Idin County Hoolth Dor	aartmaant rulas had	followed? Ves N
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		-	be:	
			NI -	
_	•			7054
Approval needed:		OFFICE USE CINLY		
	Fire Departn	nent Public Works	(Streets) Pi	ublic Works (Parks)
	_		· ———	
Comments/Remarks:	TE(S) AND LOCATION OF EVENT BELOW te(s) of event: en of event: en of event: Startam/pm			
			-	
	Event Approved:			