

Special Event Permit Application

Code of Ordinance Section 31-141 through 31-145 and 31-156 through 31-162

Note: This application must be submitted at least 14 calendar days before the date of the event. For a special event permit that includes alcoholic beverages, this application must be submitted at least 45 calendar days before the date of the event.

****Important – If your event is a parade, your staging plan must be pre-approved by either Mall Administration or Parks and Recreation and submitted with this application. ****

Name of Event _____

Purpose/Description of Event _____

Applicant's Name _____

Applicant's Address _____

Applicant's Phone # _____

Applicant's E-Mail _____

Business/Sponsor/Organization _____

Business/Sponsor/Org Address _____

Business/Sponsor/Org Phone # _____

On Site Contact Person _____

On Site Contact Person Phone # _____

Special Event Location/Route _____

A site plan for your event must be attached to this application. If the event is a parade, an approved staging plan/permission slip must be attached in addition to your site plan.

Event Date _____ Start Time _____ End Time _____

Alternate/Inclement Weather Date _____

Number of Participants _____

Number of Vehicles _____

Number of Animals _____

Is form, Supplemental Questions for Special Events completed and attached? Yes No

The applicant(s) named above shall be responsible for cleaning up the street or other public way within 2 hours following the conclusion of the activity. Should the permit holder(s) fail to do so within 2 hours following the conclusion of the activity, or within the period specified by the city clerk, the city shall clean the area and collect the costs thereof from the permit holder(s).

Additional Clean-up Time Requested _____

Reason for Additional Clean-up Time _____

Will alcohol be served at your event? Yes No

If yes, please fill out the [Special Event with Alcohol attachment](#).

Required Attachments

- **Site Plan**
- **If your event is a parade, approved staging plan/permission slip**
- **Completed [Supplemental Questions for Special Events](#)**
- **If serving alcohol, completed [Special Event with Alcohol attachment](#)**
- **Proof of insurance meeting the [requirements](#) specified for your event submitted no less than two business days prior to the event.**
- **If serving alcohol, copies of applicable State and City licenses.**

Please Note: In the event your special event permit request is for a Kansas State University sponsored and approved activity, the approving University official must sign the request and must obtain and provide the appropriate liability coverage letter from the Office of General Counsel.

Applicant's Signature _____ Date _____

Riley County Police Dept Approval _____ Date _____

Comments _____

Public Works Approval _____ Date _____

Comments _____

Barricade Deposit Required? _____

Fire Dept Approval _____ Date _____

Comments _____

Human Resources Approval _____ Date _____

Comments _____

Parks and Recreation Approval _____ Date _____

Comments _____

Park and Recreation Approval is only required only if the special event is adjacent to a park or facility operated by Parks and Recreation.

FOR OFFICE USE ONLY

Date of application _____

Permit Number _____

Site Plan Attached Yes No reason _____

Staging Plan/Permission Slip Attached Yes No reason _____

Supplemental Questions Completed and Attached Yes No reason _____

Alcohol Attachment Completed and Attached Yes No reason _____

State and/or City Alcohol Licenses Attached Yes No reason _____

Receipt Number _____ Date to Commission _____

Fee (Section 13-158) Approved Yes No

\$50.00 Special Event _____
\$250.00 Special Event with Alcohol _____

Check # _____ Cash Credit Card

Required Insurance Amounts based on planned activities (see attached City of Manhattan Insurance Requirements):

Commercial General Liability _____

Auto Liability _____

Liquor Liability _____

Date Proof of Insurance was Submitted _____

Insurance Carrier _____

*** (Written by an insurance carrier licensed to do business in Kansas) ***

Barricade Deposit
\$50.00 _____

Check # _____

Barricade deposits will be held 5 business days after the event.



It is our policy to provide individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of our services, programs, and activities. In order for us to provide a suitable accommodation, we ask that you request what assistance is desired by contacting the Customer Service Office, 1101 Poyntz Avenue, or call 587-2480 or the TDD Kansas Relay Center at 1-800-766-3777. We are here to assist you in the registration/application process as well.

Revised 2013