



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 EVENT BELOW

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

Attach map showing routes, setup, barricades, street closures, etc.

- | | |
|--------------------------|---------------------------------------|
| _____ Parade | (Note: parade start time _____) |
| _____ 5K Walk/Run | _____ Company Picnic |
| _____ Charity Event | _____ Large Gathering-over 200 people |
| _____ Block Party | _____ Street Closure(s) |
| _____ Fundraising Event* | |

*Commission approval and license application must be completed by City Clerk for fundraising events

City may require event insurance and name the City as insured on special events

ADDITIONAL AMENITIES:

	Yes	No	
Barricades	<input type="checkbox"/>	<input type="checkbox"/>	How many? _____ (Must be manned during the event)
Orange cones	<input type="checkbox"/>	<input type="checkbox"/>	How many? _____
Picnic tables	<input type="checkbox"/>	<input type="checkbox"/>	How many? _____
Additional trash cans	<input type="checkbox"/>	<input type="checkbox"/>	How many? _____ Dumpster to be provided by applicant
Overnight Security	<input type="checkbox"/>	<input type="checkbox"/>	To be provided by applicant with approval
Volunteers In Police Service	<input type="checkbox"/>	<input type="checkbox"/>	
Street closure(s)	<input type="checkbox"/>	<input type="checkbox"/>	Provide map or drawing with locations to be barricaded
Shelter house(s)	<input type="checkbox"/>	<input type="checkbox"/>	List park and shelter house to be reserved

Additional Resource Link: *Guide to Accessible Event* visit www.ottawaks.gov/city-ada-information

Will any type of transportation be provided? If so, please describe: _____

Will there be vendors at your event? ____ Yes ____ No

Will alcoholic beverages be served at your event? ____ Yes ____ No

If yes, contact the Kansas Department of Alcoholic Beverage Control at (785) 368-7051.

OFFICE USE ONLY

Approval needed:

____ Police Department	____ Fire Department	____ Public Works (Streets)	____ Public Works (Parks)
____ Utilities	____ City Manager	____ Commission	____ Human Resources
____ City Clerk	____ City Attorney	____ Fr Co EMS (notified)	

Comments/Remarks: _____

Event Approved: _____