



City of Lawrence

785-832-3123 (Office)  
785-832-3398 (Fax)

**OFFICE USE ONLY**

License #: CL-28546  
Date Received: 7/18/19  
Date Approved: \_\_\_\_\_

**Street Event Permit Application**

**[Temporary Use of Public Right-of-Way for Street Events]**

**Please submit application at least 90 days prior to event**

**APPLICANT INFORMATION**

Contact Person: Patrick Donnelly		E-Mail Address: Bike150wi@gmail.com		Organization Name: Lawrence Bicycle Club		Preferred Phone: 317-442-9470	
Mailing Address	Street: 18372 Lamar Ave	City: Stilwell	State: KS	Zip: 66085	24-Hour Phone: 317-442-9470		

**LIST DATE(S) AND LOCATION OF EVENT BELOW**

Date(s) of Event: 10-13-2019		Date(s) of Street Closure (if different from event):	
Event Start Time: 6:30AM	Event End Time: 5:00PM	Street Closure Start Time: 7:30AM	Street Closure End Time: 9:00AM

Location of Use: *attach a map*  
South Park in Lawrence - see attached 13th & Mass Ave to 11th & Mass Ave

Is applicant the owner of the adjoining property? ☒ Yes ☒ No (If no, attach the owner's written permission)

**Type of Event:**

- ☐ Neighborhood Block Party (limited to a single block)  
☐ Public Block Party (such as a downtown street party/concert)  
☒ Sporting event  
    ☐ Timed Race (5k, 10k, half-marathon, bike race, etc.)  
    ☒ Non-competitive walk/run/ride (e.g. fun run/walk/ride)  
    ☐ Other – please describe:  
☐ Cultural (such as an art event, educational, etc.)  
☐ Other – Please describe:

**Name of Event:** 50th Annual Octoginta Invitation Bicycle Ride

Description of event and right-of-way use: (If additional space is needed, attach additional pages to application)

50th annual Octoginta Bicycle Event. All riders will start together on this ride at 8:30AM.

Expected Number of Participants: Local: 250 Out of Town: 250

Will alcohol be served, sold or possessed at the event? ☒ Yes ☒ No

If yes, time sold served: Start Time: End Time:

*[Possession and consumption of alcohol on the public right-of-way requires City Commission approval. Applicant will be assessed publication costs in the amount of \$70.00 for alcohol ordinances, in addition to any other temporary alcohol permit costs.]*

Will this event require the use of a city park or trail? ☒ Yes ☐ No

If yes, has the park or trail been reserved? ☒ Yes ☐ No

If no, contact Lawrence Parks and Recreation at (785) 832-7920 for reservations.

Do you need meter bags? ☐ Yes ☒ No If yes, how many bags?

Do you need no parking signs? ☐ Yes ☒ No If yes, how many (1 sign per 30 feet)?

Do you need event signs? (1 sign per meter pole – Downtown only) ☐ Yes ☒ No If yes, how many?



Will any portion of this event take place on the campus of Haskell Indian Nations University? ☐ Yes ☒ No

If yes, written permission must be obtained from Haskell Indian Nations University. Contact

Stephen.prue@bie.edu. (attach permission)

Will any portion of this event take place on the campus of the University of Kansas? ☐ Yes ☒ No

If yes, written permission must be obtained from the University of Kansas. (attach permission)

Individual name and/or company name of event director, if applicable: Lawrence Bicycle Club

**PLEASE INCLUDE (Permits will not be accepted without all necessary attachments):**

- ☒ Certificate of insurance in the amount of \$500,000 with City of Lawrence listed as additional insured
- ☐ Signatures of approval from adjacent property owners/occupants if closing a street
- ☒ Maps of any race/parade routes with MUTCD compliant traffic control
- ☒ Diagram of any street to be closed & location of event items on street (tents/stages, barricades, etc.)

**FEES: Include all that are applicable. Fees are non-refundable.**

- ☒ \$50.00 application fee
- ☐ \$50.00 for preparation of documents for City Commission agenda, if applicable
- ☒ ~~\$70.00 for publication of ordinance allowing possession & consumption of alcohol on the right-of-way, if applicable~~

- Meter bags and temporary no parking signs are \$1.00 each.
- Event signs (coroplast no parking signs) are \$2.00 each with an additional \$5.00 fee for each sign not returned.

\* Other fees for city services may also apply. You will be advised of estimated costs before permit is granted.

**BY APPLYING FOR THIS PERMIT, I CERTIFY THAT I WILL:**

- Comply with the rules and regulations of the City of Lawrence concerning this permit. I have read a copy of Chapter 16, Articles 8 & 9, of the City Code of Lawrence, Kansas, and understand the regulations therein.
- Coordinators of events who manage or solicit retail vendors to sell at the venue must contact the Kansas Department of Revenue Events Agent (kdor\_special.events@ks.gov or (913) 631-0296 ext. 202) 30 days prior to the event. The coordinator will be supplied with sales tax packets to distribute to their vendors.
- Provide and maintain MUTCD compliant traffic control devices, and any other traffic control devices required by the city, throughout the event.
- Pay all additional fees associated with this event within 30 days of receiving invoice from city. Fee estimate to be transmitted via e-mail to applicant. Applicant must indicate their agreement to pay such fees if the permit is approved in writing (e-mail is acceptable).
- Notify all adjacent property owners and tenants of the granting of this permit.
- Abide by all conditions imposed by the city regarding the event.
- Abide by all applicable event requirements as outlined by the Lawrence-Douglas County Fire Medical Department (see attached requirements).
- Obtain any other necessary permits for the event, including but not limited to temporary liquor permits, Parks and Recreation special use permit, etc.
- Abide by the City's standard conditions for alcohol on the Right of Way, if alcohol will be served, sold or possessed as part of the event.
- The applicant understands that the permit holder is responsible for covering meters with meter bags or posting no parking signs associated with this permit at least 24 hours in advance. The city will not tow vehicles parked in violation of either the meter bags or no parking signs. Towing vehicles in association with this permit is the sole responsibility of the permit holder. The permit holder is liable for any and all claims that involve vehicle removal. The city will refer any and all concerns/complaints by citizens to the permit holder. The permit holder is responsible for taking reasonable steps to appropriately handle the concerns/complaints.

Patrick M. Donnelly LBC  
\_\_\_\_\_  
APPLICANT'S NAME (Printed)

  
\_\_\_\_\_  
APPLICANT'S SIGNATURE\*

7/18/19  
\_\_\_\_\_  
TODAY'S DATE

*\*Application cannot be accepted without signature*

## OFFICE USE ONLY

Application Sent for Review Date:	Insurance Certificate Submitted or on File? <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Fee Received? <input type="checkbox"/> Yes <input type="checkbox"/> No
Permit reviewed by:	Planning Police Department Municipal Services City Clerk Fire Medical Parks & Recreation Transit	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A
City services needed:	Bus Re-routes Meter Bags No Parking Signs Other – please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

### Special Conditions:

1. Applicant will notify the City when any use of the right-of-way is complete.
2. Applicant will restore the right-of-way to City specifications.
3. Applicant will maintain all necessary MUTCD compliant traffic control devices throughout the project.

Special conditions, continued:

\_\_\_\_\_  
City Manager or Designee

\_\_\_\_\_  
Date

**THIS PERMIT SHOULD BE PROMINENTLY DISPLAYED WHERE THE PUBLIC RIGHT-OF-WAY IS BEING USED OR BE AVAILABLE FOR REVIEW BY ANY OFFICER OR EMPLOYEE OF THE CITY OF LAWRENCE UPON DEMAND.**

**THIS PERMIT MAY BE REVOKED OR SUSPENDED AS PROVIDED BY LAW.**

## **Fire/Medical Department Special Event Requirements**

1. All blocked streets must have and maintain a 20' lane for apparatus access in the event of an emergency (performance stages and equipment may not block the road);
2. All tents, membrane structures, sidewalls, curtains, etc. must be flame retardant to NFPA 701 (this includes a permanently affixed label that identifies size and material type);
3. Tents, including tie down ropes, must be separated by a minimum of 12';
4. Tents must have fire extinguishers (small vendor tents 1A:10BC - larger tents 2A:10BC);
5. Cooking with an open flame device may not occur within 20' of a tent. Cooking tents must be separated from other tents by 20';
6. Occupancy limits will be required for tents used for assembly (i.e. food/drink/hospitality);
7. Tents that are enclosed with curtains/side walls/doors will need to have adequate exits for the number of occupants. Exits will need to be clearly marked. Minimum exit width is 36";
8. Where generators are used they must be separated from tents by 20';
9. Combustible materials such as hay, straw, shavings may not be used for footing in tents;
10. No Smoking signs must be posted.
11. Recommend the use of trained crowd managers to assist with notification and evacuation of patrons in the event of an emergency (ratio of 1:1000).
12. Events that encompass sidewalks must provide unobstructed ingress and egress to structures.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/16/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> McKay Insurance Agency, Inc. 106 East Main Street P O Box 151 Knoxville IA 50138		<b>CONTACT NAME:</b> Terri Van Ryswyk <b>PHONE (A/C, No, Ext):</b> (641) 842-2135 <b>E-MAIL ADDRESS:</b> tvanryswyk@mckayinsagency.com <b>FAX (A/C, No):</b> (641) 828-2013
		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: AMCO Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
		<b>NAIC #</b> 19100

**COVERAGES** **CERTIFICATE NUMBER:** CL188654803 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ACPLGLO3046777002	10/01/2018	10/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			ACPBAA3046777002	10/01/2018	10/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Add'l for policy minimum \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

For the 2019 Octoginta Bike Ride. Certificate holder is an additional insured but only with respect to liability arising out of the operations of the above named insured.

## CERTIFICATE HOLDER

## CANCELLATION

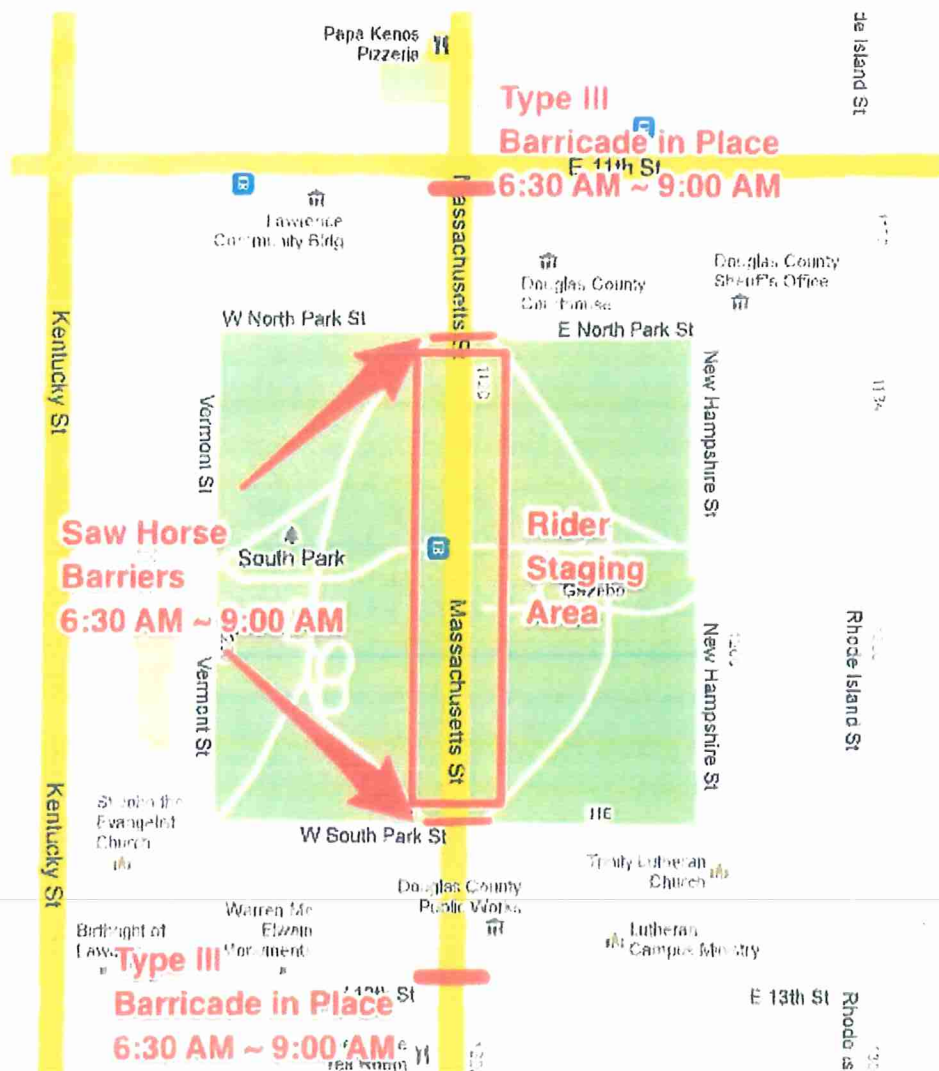
The City of Lawrence  
6 East 6th Street

Lawrence

KS 66044

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



A. SAG 1

B. SAG 2

C. Free State Brewing Co. bottling plan

D. end of course

