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
_____ Charity Event
_____ Block Party
_____ Company Picnic
_____ Large Gathering-over 200 people
_____ Street Closure(s)
_____ Fundraising Event *(Commission approval and license application must be completed by City Clerk)*

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

ADDITIONAL AMENITIES:	**Yes**	**No**	
Barricades	☐	☐	How many? _____ (*Must* be manned during the event)
Orange cones	☐	☐	How many? _____
Picnic tables	☐	☐	How many? _____
Additional trash cans	☐	☐	How many? _____ Dumpster to be provided by applicant
Overnight Security	☐	☐	To be provided by applicant with approval
Volunteers In Police Service	☐	☐	
Street closure(s)	☐	☐	Provide map or drawing with locations to be barricaded
Shelter house(s)	☐	☐	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
Request for Suspension of Common Consumption Area per 4158-25 Section 7? _____ Yes _____ No
(City Manager or Chief of Police may suspend the CCA)

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

Email completed form to: events@ottawaks.gov

OFFICE USE ONLY

Approval needed:
____Police Department ____Fire Department ____Human Resources
____Public Works (Streets) ____Public Works (Parks) ____Utilities
____City Clerk ____City Attorney ____Fr Co EMS (notified)

Comments/Remarks:____
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