



City Of Coffeyville, Kansas
P.O. Box 1629
Coffeyville, Kansas 67337

City Clerk's Office
620-252-6108 phone
620-252-6175 fax

www.coffeyville.com
information@coffeyville.com

SPECIAL EVENTS APPLICATION

A Special Events application is required to be approved by the City of Coffeyville if the event:

- Is held on public rights of way, i.e. street, sidewalk, park, public parking lot
- Requires road closures, traffic control or other safety and logistical support

A Special Events application is not required for:

- Parades; use a parade permit application
- Block Parties; use a block party application

REQUIREMENTS AND CONDITIONS

1. Traffic cones may be borrowed from the Public Service Department; call 620-252-6153 for information.
2. Access must be granted to authorized emergency vehicles and residents within the special event area.
3. Applicant is responsible for clean-up and removal of all trash and litter from the streets, sidewalks and public areas.
4. Trash dumpsters must be provided if existing public receptacles are not able to handle the large volume of waste created at the event.
5. Applicant and participants must comply with City ordinances governing noise, alcohol and fireworks.
6. Required permits must be obtained and displayed for food preparation, handling and distribution.
7. A certificate of liability insurance in the minimum amount of \$500,000 with the City of Coffeyville listed as an additional insured is required.
8. Expenses related to barricades, traffic control devices, portable toilets and trash dumpsters are the responsibility of the event organizer.
9. Depending on the event, a site plan, copy of traffic control or parking plan or a route map may be required.

There is no fee for a special event permit. Once approved, a copy of the signed application will serve as the permit.

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Return the application to the City Clerk's Office
P. O. Box 1629
11 E. 2nd
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SPECIAL EVENTS APPLICATION

Applicant Information

Applicant Name:		Date:	
Company/Organization:			
Mailing Address:			
City:	State:	Zip:	
Phone	Day:	Evening:	Cell:
Email:			

Event Information

Name of Event:	
Date of Event:	Event location:
Event set-up time:	Event take-down time:
Actual event start/end times:	Estimated total attendance:
Describe nature of event:	
Facilities you plan to use; (check all that apply): <input type="checkbox"/> Street <input type="checkbox"/> Sidewalk <input type="checkbox"/> Park <input type="checkbox"/> Other (describe)	
List any proposed street closures requested; use separate page if necessary:	

Applicant signature

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To be completed by Police Department:

This application is approved disapproved.

If disapproved, reason _____

Signature of Police Chief or designee

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To be completed by City Clerk:

Insurance received Site map or other documentation required: Yes No

Copy to Applicant PD FD PS