

City of Atchison
Application for Permit
Return with Payment to:



515 Kansas Ave.
Atchison, KS 66002
Phone: 913-367-5500 Fax: 913-367-3654

Please check area that you are applying for:

- | | |
|--|--|
| <input type="checkbox"/> Occupancy of Farmer's Market – no charge
<input type="checkbox"/> 400 Block Main Farmers Market
<input type="checkbox"/> 500 Block Main Farmers Market
<input type="checkbox"/> *Carnival - \$60 (section 27-75) Acct. 1.4760
<input type="checkbox"/> License to conduct Parade – \$10 (section 29-3) 1.4760
<input type="checkbox"/> Fun run – (section 29-3) \$10 1.4760 | <input type="checkbox"/> Occupancy of Mall – no charge
<input type="checkbox"/> Block Party - \$15 (section 29-4) Acct. 1.4760
(Residential 6 Hour time limit, No later than sunset)
<input type="checkbox"/> *Flea Market - \$25 + \$25 each add. parking lot
(section 131/2-1) Acct. 1.4760
<input type="checkbox"/> *Circus \$100 day/\$600 weekly (27-94) |
|--|--|

- Occupancy of Parking Lots -
 (**for profit groups \$50.00, non-profit \$25.00) Acct. 1.4760City
Requires written authorization from business owners
 300 Main (North)
 500 Main (North)
 600 Main (North)
 400 Kansas (South)
 600 Kansas (South)

- Occupancy of Park – no charge (section 22-13)
 (Use of Shelters additional fee)
Closing park to public requires a 45 day approval period with Commission Authorization
 Jackson Park- \$60 day **Acct. 1.4440**
 Warnock - \$60 day **Acct. 1.4440**
 Bromley - \$20 day **Acct. 1.4440**
 Reisner Park - \$20 day **Acct. 1.4440**
 LFM Park - \$20 day **Acct. 1.4440**
 Independence Park
 Veterans Memorial Park
 Riverfront Walk

Other please specify: _____

*Flea markets, Carnivals, and for profit use of parking lots have insurance requirements of \$100,000/\$300,000 personal injury, \$10,000 property damage.

Today's Date _____ Event Name: _____

Organization Name (if applicable): _____

Name of Individual applying: _____

Address: _____
 (Street) (City)

Telephone: _____

E-mail address _____ (for notification upon approval/denial)

Nature of Event/Occupancy: _____

Date of Event: _____

Hours of Event: _____

Location/Length: _____

Number of Attendees: _____

Do you want this event added to our event calendar on our website? ____yes ____no
(If yes, please provide flyer for web publication)

Flea Market Info:

of parking lots (\$25.00 fee for each parking lot): _____

Note: Vendors are required to have a sales tax number

Carnival Info: Sales Tax Number: _____ # of Amusements: _____

Circus Info: Nature of facilities for exhibiting circus acts: _____

Capacity and construction of seating facilities for spectators: _____

List equipment for handling emergencies (fire, accident or patron injury): _____

Parking Lot (for profit use only):

Sales Tax Number: _____ # of Booths: _____ # of Tents: _____

Rules for Permits

- No stakes, spikes or damage to surface parking lot
- Persons signing contract responsible for general clean up and/or damage/destruction including the removal of any animal excrement in conjunction with a parade
- All glass containers prohibited
- All City parks to be vacated by 11:00 p.m.
- No alcoholic beverages over 3.2% (alcoholic beverage sales require temporary liquor license-forms available in the finance department)

Upon reasonable request and approval, the city may provide the following amenities (please check all that apply)

- Trash Cans
- Barricades Locations: _____
- Electricity _____

Additional requests: _____

Signature of Applicant: _____ Date: _____

Amount Paid: _____

INTERNAL USE ONLY
Approved: _____
Public Works Department _____
Police Chief: _____
Permit issued this _____ day of _____, 20__.
Notification to Applicant: email / mail
Signed by: _____ Date: _____