



Legacy Square Reservation Procedures:

Applicant Processing:

1. Applications must be completed and returned to the Ottawa Area Chamber of Commerce before a reservation will be finalized. Contact information below.
2. Reservations are on a first come, first serve basis. City residents will have preference for Legacy Square reservations.
3. Local civic organizations may qualify for a reduced or waived fee, this decision will be determined by the Chamber President/CEO.
4. Phone reservations are only tentative – they must be followed by turning in a completed application.
5. The completed request will be forwarded to the City of Ottawa for further processing. The City of Ottawa have the right to deny any application.
6. Following the resolution of any scheduling conflicts, an email confirming the reservation will be sent to the applicant.
7. The Chamber shall require event insurance and name the Ottawa Area Chamber of Commerce and the City of Ottawa as additional insured.

Security deposit

Large pavilion: \$500.00

Lawn & Stage: \$500.00

All Legacy Square: \$500.00

Deposit will be returned following inspection of premises; deposit covers up to \$500 worth of damages, responsibility for all damages that exceed this figure will be the responsibility of the applicant.

Pricing

All of Legacy Square

4 hours: \$500.00

Over 4 hours: Negotiable

Lawn, Stage & Bathroom

4 hours: \$250.00

Over 4 hours: Negotiable

Pavilion & Bathroom

4 hours: \$250.00

Over 4 hours: Negotiable

Additional Parking Areas (charge is per parking area – east, west & south)

Per Area: Additional parking can be negotiable

Turn all applications into the Ottawa Area Chamber of Commerce at 109 E. 2nd Street – P.O. Box 580; Ottawa, Kansas 66067. Or email to chamber@ottawakansas.org. Call 785.242.1000 for additional questions or information.



CITY OF OTTAWA, KANSAS
Special Event Checklist for Legacy Square

Please submit for approval as soon as possible and at least 21 days prior to event

Approved confirmations will be addressed to the person listed on this form

Event & Organization Name: _____

Expected Attendance: _____

DATE(S) OF EVENT _____

TIME OF EVENT Start _____ am/pm End _____ am/pm
 (include setup/cleanup times)

APPLICANT INFORMATION

Contact Person: _____

Email Address: _____

Contact Phone #: _____

EVENT TYPE Public or Private

_____ 5K Walk/Run

_____ Company Picnic

_____ Charity Event

_____ Fundraiser *

_____ Concert

_____ Other - Explain

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

ATTACHMENTS TO BE PROVIDED: Letter with details of event and map with layout including any additional amenities requested. Document with event insurance naming City & Chamber as additional insured.

ADDITIONAL AMENITIES:

	Yes	No	
Barricades	<input type="checkbox"/>	<input type="checkbox"/>	How many? (water _____) or (street _____) (Must be manned during the event for street closures)
Street closure(s)	<input type="checkbox"/>	<input type="checkbox"/>	On map, show closures and barricade locations
Trash Receptacle(s)	<input type="checkbox"/>	<input type="checkbox"/>	How many? _____
Overnight Security	<input type="checkbox"/>	<input type="checkbox"/>	To be provided by applicant with approval
Volunteers In Police (VIPS)	<input type="checkbox"/>	<input type="checkbox"/>	To be provided by applicant with approval
Orange cones	<input type="checkbox"/>	<input type="checkbox"/>	How many? _____
Parking signage	<input type="checkbox"/>	<input type="checkbox"/>	To be shown on map (Needed to reserve parking spaces)
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	How much is needed? _____

Will any type of rides or 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.

Can social distance requirements per Franklin County Health Department rules be followed? Yes No

OFFICE USE ONLY

Approval needed:

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

Approval received:

- ____ Police Department
- ____ Fire Department
- ____ Public Works (Streets)
- ____ Public Works (Parks)
- ____ Utilities
- ____ City Manager
- ____ Commission
- ____ Human Resources
- ____ City Attorney
- ____ City Clerk

Comments/Remarks: _____

Event Approved: _____

Legacy Square Event Description – Include a description as detailed as possible to help application processor understand what will be taking place as well as how the event will be set-up/configured.

Legacy Square Reservation Map

