



## 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). *Phone reservations are only tentative – they must be followed by a completed application.*
2. Reservations are on a first come, first serve basis.
3. Local civic organizations may qualify for a reduced or waived fee.
4. The completed request will be forwarded to the City of Ottawa for notification of relevant City departments.
5. Following the resolution of scheduling conflicts, an email confirming the reservation will be sent to the applicant.
6. The Chamber may require event insurance and name the Ottawa Area Chamber of Commerce and the City of Ottawa as additional insured (depending on size and/or nature of the event).

### Security deposit: (check will be held and not cashed)

**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

#### Pavilion & Bathroom

**4 hours:** \$250.00

**Over 4 hours:** Negotiable

#### Green Space Area & Bathroom

**4 hours:** \$100.00

**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. 2<sup>nd</sup> Street – P.O. Box 580; Ottawa, Kansas 66067. Or email to [chamber@ottawakansas.org](mailto: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

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**OFFICE USE ONLY**

Approval needed:

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

Approval received:

- \_\_\_\_ Police Department
- \_\_\_\_ Public Works (Streets)
- \_\_\_\_ Utilities
- \_\_\_\_ Commission
- \_\_\_\_ City Attorney
- \_\_\_\_ Fire Department
- \_\_\_\_ Public Works (Parks)
- \_\_\_\_ City Manager
- \_\_\_\_ Human Resources
- \_\_\_\_ 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**

