



ABILENE, KS EVENT ASSISTANCE GUIDE

Revised January 2025

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Thank you for investing in Abilene. We are excited you have chosen to host your event here. We want your event to be successful. Please read this packet carefully. We want to process your requests as quickly and efficiently as possible. Please do not hesitate to reach out if you have any questions.

Please note, any item that needs City Commission approval will take time. Approval will need to go to City Commission Study Session, then to City Commission Regular Meeting two weeks later. Please plan accordingly.

Each needed form should be filled out completely and correctly. The City cannot process incomplete or incorrect applications. It is the responsibility of the event organizer to ensure applications are passed onto the City in a timely manner. Please return this packet to the Abilene Community Center, 1020 NW 8th St or kellee@abilenecityhall.com, unless otherwise indicated.

CITY EVENT SPACE AVAILABLE

Below is a list of rental spaces available within the City of Abilene. For any questions on event spaces, please contact Abilene Parks & Recreation at 785-263-7266.

EVENT SPACE	LOCATION	ELECTRICITY AVAILABLE	BATHROOMS AVAILABLE	RENTAL PRICE
Bandshell	Eisenhower Park	Yes	Yes	\$25 per day
Little Ike Park	3 rd St & Spruce	Yes	No	\$0
Little Ike Park Parking Lot	4 th St & Spruce	Yes	No	\$0
Civic Center Parking Lot East	2 nd St & Spruce	No	No	\$0
Civic Center Parking Lot West	2 nd St & Spruce	No	No	\$0
Abilene Community Center	1020 NW 8 th St	Yes	Yes	\$40 for 2 hours \$10 addl. hours
Abilene Senior Center	100 N. Elm	Yes	Yes	\$40 for 2 hours \$10 addl. hours
Rose Garden	Eisenhower Park	Yes	No	\$100 per day

CITY EQUIPMENT REQUESTS

Below is a list of Equipment available with the City of Abilene. For any questions regarding equipment, please contact Abilene Parks & Recreation at 785-263-7266.

EQUIPMENT	DEPARTMENT	LOCATION	FORM REQUIRED
Barricades	Public Works	601 NW 2 nd	Yes
Electrical Columns	Parks & Recreation	3 rd St. & Spruce	Yes
Picnic Tables	Parks & Recreation	4 th St. Park Shop	Yes
Trash Cans	Parks & Recreation	4 th St. Park Shop	Yes
Visibility Vests	Parks & Recreation	1020 NW 8 th St.	Yes

EVENT OVERVIEW

Organizer (contact person): _____

Address: _____ Phone: _____

Email: _____

Representing business or organization name: _____

Business or Organization Phone: _____

Name of event: _____

Event Date(s): _____

Start time: _____ End time: _____

Purpose: _____

Event Location: _____

Projected attendance: _____ Admission fees: _____

Proposed parking plan: _____

Proposed restroom plan: _____

*Food Trucks cannot be parked in ADA parking stalls and must provide enough room for those needing to use those stalls.

If Your Event is on Public Property:

Event liability insurance:

The City of Abilene requires all events on public property to carry a \$1 million event liability policy with the City of Abilene named as an additional insurer.

Please attach proof of insurance to your application.

LIABILITY WAIVER AND INSURANCE AGREEMENT

I agree to comply with all laws, and ensure my guests and invitees comply with all laws, related to our use and occupancy of the City property or facility (“facility”), including but not limited to City ordinances, rules and regulations (collectively, “laws”). If my guests, invitees or I fail to comply with such laws, I agree that the City can immediately terminate the reservation without notice or refund of the reservation fees or other expenses. I further agree to release, indemnify, defend and hold harmless the City of Abilene, Kansas, its elected officials, employees, officers and agents, from and against all claims, damages, losses and expenses (including but not limited to attorney fees and court costs), attributable to bodily injury, sickness, disease, death, or injury to, myself or my guests or invitees, or impairment or destruction of property, including loss of facility use, to the extent that such claims, damages, losses, and expenses related to, arise out of or during, or are alleged to have resulted from my use or occupancy of the City facility, or the use or occupancy of the City facility by my invitees or guests. If I am making this reservation on behalf of an organization, I agree that I have the authority to represent the organization in this capacity, including the authority to execute the foregoing agreement, release and indemnification to bind the organization.

I agree to obtain and maintain commercial general liability insurance with limits not less than \$500,000.00 each occurrence, and \$500,000.00 general aggregate. The City of Abilene, Kansas shall be named as an additional insured on the general liability policy. Prior to the event or any use of the facility, I will furnish the City with a copy of said insurance policy or a certification that such insurance has been issued. Failure to provide such proof of insurance, or failure to maintain such coverage throughout the period of time covered by this Agreement/Permit voids the reservation and permission to use any City facilities.

I received, read, and reviewed the Liability Waiver and Insurance Agreement. I understand the conditions and regulations and hereby agree that I will be present at the facility during its use and agree to use due care to ensure that all laws and regulations are complied with the facility is in use. I further realize the ramifications of failure to abide by the requirements contained herein.

Signature: _____ Print: _____ Date: _____

STREET CLOSURE REQUEST

Address of Street Closure: _____

From Cross Street: _____ To Cross Street: _____

Street closure date: _____

Street closure time: Start: _____ End: _____

Event Name: _____

Contact Name: _____ Phone: _____

Contact Email: _____

Note: Street Closure barricades are the responsibility of the applicant and must conform to city detour requirements.

Required Additional Documents:

1. Site Plan showing the area to be closed. This can be drawn over an aerial image of the area.
An aerial image can be obtained from the Dickinson County Parcel Map at <https://www.dkcoks.gov/gis>.
2. Signatures are required for the Street/Block Closure
All properties within the requested area must be notified of the request for local street block closure. Upon receiving this request form, the City of Abilene will provide a list of properties identified as being affected by the request. It is the applicant's responsibility to collect signatures from **all** of the identified properties.
The request will be considered if at least 70% of the signatures of residences and/or businesses in the affected local street/block closure area approve. Signatures must be collected no sooner than 90 days before the closure.

Acknowledgement

The undersigned does hereby acknowledge the City of Abilene requires any Street/Block Closure granted will conform to all applicable local ordinances and state laws.

Signature: _____ Print: _____ Date: _____

FOR OFFICE USE ONLY

Date organizer notified of approval or declined: _____ Approved _____ Declined

Abilene Police Department: _____

Abilene Fire Department: _____

Abilene Public Works Department: _____

*In addition, staff will notify Dickinson County Dispatch at 911 fax@dkcoks.org or 785-263-1212. _____ initials

EQUIPMENT REQUEST FORM

Barricades (Barricades must conform to city detour requirements)
 Date(s) Barricades are needed _____
 Number of Barricades needed _____
 Pick up Date/Time _____ Return Date/Time _____
 *Barricades are located at 601 NW 2nd St for pick up & return
Barricades are available depending on Public Works usage

Electrical Columns at Little Ike Park Parking Lot (5 available)
 Date(s) Columns are needed _____
Columns will be unlocked only during the dates and times that are stated on this form
 Number of Columns needed _____
 Electrical Usage _____
 (Speakers, Food trucks, _____
 Lights, etc.) _____

Picnic Tables (20 available)
 Date(s) Picnic Tables are needed _____
 Number of Picnic Tables Needed _____
 Pick up Date/Time _____ Return Date/Time _____
 *Picnic Tables are located at 4th St Park Shop for pick up & return.
Picnic Tables are available depending on the Abilene Parks & Recreation event schedule
 \$150 fee per picnic table will be assessed for damaged picnic tables, \$400 fee will be assessed for not returning picnic tables.

Trash Cans (10 available)
 Date(s) Trash Cans are needed _____
 Number of Trash Cans needed _____
 Pick up Date/Time _____ Return Date/ Time _____
 *Trash Cans are located at 4th St Park Shop for pick up & return
Trash cans are available depending on Abilene Parks & Recreation event schedule
 \$25 fee per trash can will be assessed for damaged or non-returned trash cans.

Visibility Vests (available)
 Date(s) Visibility Vests are needed _____
 Number of Visibility Vests needed _____
 Pick up Date/Time _____ Return Date/Time _____
 *Visibility Vests are located at 1020 NW 8th St for pick up & return

FOR OFFICE USE ONLY

Date organizer notified of approval or declined: _____ Approved _____ Declined

Abilene Parks & Recreation Department: _____

Abilene Fire Department: _____

Abilene Public Works Department: _____

If you have any questions about this packet, please contact Abilene Parks & Recreation at 785-263-7266.



MOBILE FOOD VENDOR LICENSE APPLICATION

Mobile Food Vendor License Fee: **\$100.00 PER YEAR** **\$25.00 SINGLE EVENT (UP TO 3 DAYS)**

Date of Application: _____ Date(s) of Event: _____

Location of Mobile Food Unit: _____ Mobile Unit License Plate #(s): _____

Name of Company: _____

Mailing Address of Company: _____

Business Telephone: _____ Cell Phone: _____ Email: _____

Applicant's Full Name: _____ Applicant's Social Security #: _____

Applicant's Date of Birth: _____ Applicant's Place of Birth: _____

Applicant's Permanent Address: _____

State of Kansas Sales Tax Number: _____ **Abilene Sales Tax Rate = 9.35%**

Brief description of nature of the business and the food and/or beverage offered for sale:

I, as a Mobile Food Vendor, within the city limits of Abilene, Kansas, do hereby agree to comply with all provisions of all ordinances and laws now in force. I hereby understand that prior to the issuance of said license, the application shall be reviewed as necessary by the Abilene Police Department. I, as a Mobile Food Vendor, have not had a Mobile Food Vendor's License, or any similar license, revoked in this jurisdiction within the preceding two (2) years. I will display my Mobile Food Vendor's License in a prominent place on my Mobile Food Unit at all times.

Signature of Mobile Food Vendor Applicant _____
Date

This license shall be approved/denied within five (5) working days of the application being received. The license will be valid for a period not to exceed one year and shall expire on December 31st of the year in which it was issued.

Approval of Police Department: _____ Date: _____

Approval of City Clerk: _____ Date: _____

- A copy of the applicant's government-issued photo identification is required.
- A photograph of each Mobile Food Unit shall be provided.
- A copy of a valid State of Kansas License for Food Service Establishments is required.
- Proof of General Liability Insurance in the amount of \$500,000.00 or more is required.



TEMPORARY ALCOHOLIC LIQUOR PERMIT APPLICATION

TEMPORARY ALCOHOLIC LIQUOR Permit Application Fee: \$25.00 PER DAY

STATE OF KANSAS ALCOHOLIC BEVERAGE CONTROL TEMPORARY PERMIT REQUIRED

Name of Applicant: _____ Date: _____

Name of Group for which the Event is planned: _____

Location of Event: _____

Date(s) of Event: _____

Time of Event: _____

(Alcoholic Beverages shall not be served or consumed between the hours of 2:00 a.m. and 6:00 a.m.)

Will the event be held on public streets, alleys, roads, sidewalks or highways? _____ YES _____ NO
(If yes, City Commission must approve by Ordinance or Resolution)

Is there any anticipated need for police, fire, or other municipal services? _____ YES _____ NO

If yes, please state what services will be needed.

Approval of Zoning Official

Date

Approval of City Clerk

Date

Acknowledgement of Police Chief

Date

- All applications for Temporary Alcoholic Liquor permits must be submitted to the City Clerk not less than thirty (30) days prior to the event.
• The Temporary Alcoholic Liquor permits must be placed in plain view on any premises within the City where the holder of the temporary permit is serving alcoholic beverages for consumption on the premises.
• No Temporary Alcoholic Liquor permit holder shall allow the serving of alcoholic beverages between the hours of 2:00 a.m. and 6:00 a.m. or consumed between the hours of 2:00 a.m. and 6:00 a.m. at any event for which a temporary Alcohol permit has been issued.
• No alcoholic beverages shall be given, sold or traded to any person under twenty-one (21) years of age.
• A copy of all Temporary Alcoholic Liquor permits will be given to the Police Chief.

If you have any questions about this packet, please contact Abilene Parks & Recreation at 785-263-7266.

CEREAL MALT BEVERAGE SPECIAL EVENT PERMITS

Cereal Malt Beverage Special Event Permits can be applied for by completing all three of the following applications:

1. The State of Kansas Cereal Malt Beverage application-please complete the one that applies to you:

Individual Application for Cereal Malt Beverage

Firm, Partnership, or Association Application for Cereal Malt

Beverage Corporate Application for Cereal Malt Beverage

2. The Cereal Malt Beverage Supplemental Information Application must also be completed.

3. Cereal Malt Beverage Special Event Application

Links to these applications are available at <http://www.abilenecityhall.com/403/Online-Forms>

CEREAL MALT BEVERAGE SPECIAL EVENTS ON PUBLIC PROPERTY

The above documents will also need to be filled out for events serving Cereal Malt Beverages on Public Property.

An Ordinance approving the sale, consumption and possession of Cereal Malt Beverages on Public Property will have to be approved by the City Commission. This can take time, so please consider this when planning your event.

State CMB Stamp: In addition to payment of the permit fees, each licensee or special event retailer's permit holder must purchase from the city clerk a \$25 state CMB stamp to be affixed to the license or permit.

Any Further Questions? Please see [Chapter 3 of City Code](#) for all rules and regulations regarding the selling of alcohol at special events. Or visit <https://www.ksrevenue.org/abcliqorlicensing.html> for more information.



SPECIAL EVENT/TEMPORARY CMB PERMIT APPLICATION

Special Event/Temporary CMB Permit Application Fee: \$50.00

(\$25.00 CITY OF ABILENE FEE PLUS \$25.00 STATE OF KANSAS CMB REVENUE STAMP FEE)

Name of Applicant: _____ Date: _____

Name of Group for which the Event is planned: _____

Location of Event: _____

Date(s) of Event: _____

Time of Event: _____

(Cereal Malt Beverages shall not be served or consumed between the hours of 12:00 midnight and 6:00 a.m.)

Is there any anticipated need for police, fire, or other municipal services? _____ YES _____ NO If

yes, please state what services will be needed.

Approval of Zoning Official

Date

Approval of City Clerk

Date

Acknowledgement of Police Chief

Date

- All applications for Special Event/Temporary CMB permits must be submitted to the City Clerk not less than five (5) days prior to the event.
• The Special Event/Temporary CMB permit must be placed in plain view on any premises within the City where the holder of the temporary permit is serving cereal malt beverages for consumption on the premises.
• No Special Event/Temporary CMB permit holder shall allow the serving of cereal malt beverages between the hours of 12:00 midnight and 6:00 a.m. or consumed between the hours of 12:00 midnight and 6:00 a.m. at any event for which a temporary CMB permit has been issued.
• No cereal malt beverages shall be given, sold or traded to any person under twenty-one (21) years of age.
• A copy of all Special Event/Temporary CMB permits will be given to the Police Chief.

If you have any questions about this packet, please contact Abilene Parks & Recreation at 785-263-7266.

EVENT MARKETING ASSISTANCE FORM

Event Name: _____

Event Date(s): _____

Anticipated Number of Overnight Stays: _____

Anticipated Number of Attendees: _____

Event Location: *Please provide a specific address, as well as a general address (Ex 201 NW Second, Abilene – Union Pacific Depot in downtown Abilene)*

Time(s): _____

Admission Cost: _____

Description (*Make this fun! What would make someone want to attend?*):

Event Link/Website/Social Media:

Event Marketing Coordinator Name/Email/Phone Number:

PLEASE SEND EVENT LOGO/POSTER/PHOTOS TO:
JULIE@ABILENECITYHALL.COM

3RD STREET BANNER APPLICATION

City of Abilene Street Banner Policy Abilene City Commission approved May 28, 2002

A Street Banner may be placed across NW Third Street at Spruce Street from North to South. This banner will be used to promote community-based programs/events or provide educational information and recognitions within the Area. Abilene events will take precedence, with Dickinson County events 2nd. All banners will be considered with availability of space. The following application must be completed and turned into the CVB office at 201 NW Second, (Union Pacific Depot, Civic Center), 2 weeks before the event. There will be no charge for placing the banner. If more than one request is received at the same time, priority will be the decision of the CVB Director and the Public Works Director.

The Banner must be of interest to the General Public. The Banner must be in good taste and not be of a controversial nature or subject. Banners, which have a political or religious based message, will not be given permission to be displayed. Under federal law the City of Abilene is prohibited from discrimination on the basis of race, color, sex, religion, or national origin. The CVB Director and the Public Works Director will approve all banners.

Banner construction must meet the following criteria:

1. Height: 30 inches – Length: 35 feet
2. 140 feet of ¼” nylon rope
3. Air holes required: 1 every 4 feet
4. Number of hooks: Top 2 feet apart – Bottom: 2 feet apart

The Banners will be constructed, maintained, and stored by the organization requesting the placement of the Banner. The City of Abilene assumes no responsibility for damage or expenses of a banner and cannot be held responsible for such.

The Banner may be flown up to 2 weeks prior to an event, depending on availability. The Banner will be hung and taken down by the City of Abilene Public Works Department only.

All questions concerning a banner across 3rd Street should be directed to Abilene Convention & Visitors Bureau.

PLEASE SUBMIT THIS APPLICATION AT LEAST 2 WEEKS PRIOR TO EVENT.

THIRD STREET BANNER APPLICATION FORM

1. Message on Banner:

2. Dates Requested for Flying the Banner

Beginning: _____

Ending: _____

ACKNOWLEDGEMENT

I have read the rules and regulations required for requesting a banner across 3rd Street and will honor those requirements.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date organizer notified of approval or declined: _____ Approved _____ Declined

Abilene CVB Department: _____

Abilene Public Works Department: _____