



## 2023 Special Event Packet

Dear Event Coordinator,

Thank you for your interest in holding a special event in the City of Leavenworth. In this packet you will find most of the applications that you will need for your event along with the timeline of when each item is due back to our office. It is imperative that you ensure that your items are received by our office timely in order to ensure that you are able to move forward with your event.

Information and Applications found in this packet:

- **Special Event Application** - \$25 fee/event. Events that span multiple non-consecutive days will require a separate special event application and fee for each date. Please ensure your contact information is written legibly as we may need to communicate with you throughout the process.
- **Certificate of Insurance Sample** – Your event will require for you to provide a certificate of insurance (COI) to our office. Attached is a sample COI that includes the highlighted limits and verbiages that are required. This tends to be the biggest struggle for most event coordinators. We highly suggest that you start working on this portion immediately so that if there is a need for you to go back and forth with your insurance agent in order to meet the requirements that you have ample time as to not impact your event.
- **KDOR Event Registration Certificate** – This form is from the State and should be given to your vendors. If you have any questions on this form, please contact the State at the contact information provided on the form.
- **Special Event Notification Form** – This will need to be completed and turned into our office. It is the responsibility of our office to provide this form to the Kansas Department of Revenue to advise of events happening within our city. They may contact you prior to your event.
- **Park Reservation** – If your event will take place at Haymarket Square, you will need to obtain your reservation through our office. If your event will take place at any other City park, you will need to contact the Parks and Recreation Department at 913-651-2203.
- **Loud Noise Application** - \$5 fee/event. If your event will have amplified sound, you will need to complete this application and provide it to our office along with the associated fee.
- **Street Closure Request Form** – If you are requesting a street closure with your event, please complete this form. This request will be reviewed by City staff to determine if the request is viable or if other alternatives may better suit the needs of your event. We will be in contact with you regarding this request and finalizing the proposal. Once we finalize a proposal that you approve of, we will add your request to a future City Commission Meeting. You will want to attend the City Commission Meeting to answer any questions that the Commissioners may have regarding your event. You will want to have a backup plan, in the event that your street closure request is denied.

- **Temporary Liquor Permit** - \$25/day. If you will be having alcohol at your event, you will need to bring the completed State form to our office for the City Clerk to sign and stamp. Once you have a fully executed application, including the portion filled out by the City Clerk, you will need to send it to the State between 14 and 60 days prior to your event. A temporary liquor permit will be provided to you prior to your event start. Please note that you will be required to have a roped off area for your alcohol sales and consumption.
- **Temporary Food Service Application** – Fees range from \$0 to \$35 for each vendor depending on vendor’s licensing. You will need to have each food vendor complete this application and return to you. You will then bring all completed applications to our office and submit for payment. Due to these needing review, possible inspection, and approval from our Health/Safety Officer, you will want to ensure that these are submitted at a minimum of 1 week prior to your event to ensure that there is adequate time to complete the necessary requirements. Please attach copies of the vendor’s licenses to ensure that appropriate fees are applied. Once approved, temporary food permits will be provided to you prior to your event start.
- **Bounce House Regulations** – Attached are the Kansas State Regulations in regards to bounce houses and amusement rides. If you are planning to have bounce houses and/or rides at your event, you will be required to provide the KS Dept of Labor permits for each item, along with the operator’s certificate of training.

If your event will have vendors (food or merchandise), please ensure that they are aware that you are to be the point of contact in all aspects of this event. They should contact you with any questions, permits, or licensing and should not contact the City directly in regards to your event.

**Form Return Timelines:**

**Due at time of event application:**

- \* KDOR Packet
- \* Loud Noise Permit: \$5/event
- \* Park Reservation:
- \* Street Closure Request

**Due a minimum of 2 weeks prior to event:**

- \* Certificate of Insurance
- \* Temporary Liquor Permit: \$25/day

**Due 1 week prior to event:**

- \* Bounce House(s): Permit required from KS Dept of Labor:
- \* Temporary Food Vendors: \$0-\$35/vendor (based on licensing provided)

If at any time you have any questions, you may reach out to the City Clerk’s Office at 913-684-9201 option 9 or email at [clerk@firstcity.org](mailto:clerk@firstcity.org) .



# Special Event Application

The undersigned hereby makes application for a Special Event in the City of Leavenworth, Kansas under the provisions of the Code of Ordinances, Chapter 42 Streets, Sidewalks and Other Public Places, Article VII

**Fee: \$25.00 Per Event (non-refundable)**

**Application must be filed with the City Clerk eight (8) weeks prior to the event.**

### Event Information:

Name of Event: \_\_\_\_\_ Type of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Date of Event: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Time of Event: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Event Location: \_\_\_\_\_ (attach route map)

### Applicant Information:

Applicant/Event Coordinator Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Sponsoring Organization Information:

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Needs from the city: \_\_\_\_\_

**Will Event Have:** Food Vendors \_\_\_\_\_ Alcohol \_\_\_\_\_ Inflatables \_\_\_\_\_ Amplified Sound \_\_\_\_\_

### Event Fees and Forms Needed:

**Due at time of event application:**

- \* KDOR Packet
- \* Loud Noise Permit: \$5/event
- \* Park Reservation:
- \* Street Closure Request

**Due a minimum of 2 weeks prior to event:**

- \* Certificate of Insurance
- \* Temporary Liquor Permit: \$25/day

**Due 1 week prior to event:**

- \* Bounce House(s): Permit required from KS Dept of Labor:
- \* Temporary Food Vendors: \$0-\$35/vendor (based on licensing provided)

I understand that no candy, gum, or items may be thrown, tossed or otherwise distributed from vehicles or individuals in a parade, run, race or walk.  
\_\_\_\_\_ (initial)

**Event Coordinator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Office Use Only</b>					
_____ Date	_____ Received By				
Due at time of application:	_____ Route Map	_____ KDOR	_____ Park Reservation		
	_____ Noise Permit	_____ Street Closure Request			
Due after application:	_____ COI	_____ Temp Food	_____ Temp Liquor	_____ Inflatable Certifications	
<b>Approval:</b>					
	_____ Fire Chief	_____ Police Chief	_____ City Manager		



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/23/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Agent	<b>***HIGHLIGHTED*** WORDING &amp; LIMITS MUST BE INCLUDED BEFORE ACCEPTED</b>	CONTACT NAME:			
		PHONE (A/C, No, Ext):	FAX (A/C, No):		
INSURED Named Insured		E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Insurance Company			
		INSURER B:			
		INSURER C:			
		INSURER D:			
INSURER E:					
INSURER F:					

**COVERAGES**

CERTIFICATE NUMBER: Special Event

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			Policy #			EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b>
	AUTOMOBILE LIABILITY						MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

"Special Event name and date". City of Leavenworth, its assigned, officers and affiliates are additional insured on a primary and non-contributory basis.

Notice of change or cancellation shall be given to the city.

**CERTIFICATE HOLDER****CANCELLATION**

City of Leavenworth 100 N 5th Street Leavenworth, KS 66048	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
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**KANSAS DEPARTMENT OF REVENUE  
DIVISION OF TAXATION**

**EVENT REGISTRATION CERTIFICATE**



City of Leavenworth 2023

**Event Tax Rate: 9.5%**

Event Certificate Only.  
Not valid for tax-  
exempt purchases.

Registration Certificate valid for this Event only.  
Tax Account Number is assigned to the Event.  
Sales Tax Return must be filed within 30 days of Event.

State of Kansas  
[www.ksrevenue.gov](http://www.ksrevenue.gov)  
ST-51 (Rev.11-21)

..... **FOLD HERE AND DISPLAY CERTIFICATE AT EVENT** .....

**Instructions for displaying Event Registration Certificate:**

This Event Certificate is intended for vendors selling at Special Events in Kansas four or fewer times each year who are not registered with a Kansas tax account number starting with 004 or 005. Contact KDOR staff at [KDOR\\_special.events@ks.gov](mailto:KDOR_special.events@ks.gov) with any questions.

- Display the Event Registration Certificate in a visible place at your location during the event.
- You must collect and remit sales tax at the rate shown on the event tax return.
- This return and tax account number are specific to the event that appears on the Event Certificate.
- You must file a return even if there were no taxable sales.
- Sales tax is due within 30 days of the event.
- The name and event tax account number appears at the top of the return form.
- Write the event tax account number on your check or money order.
- Make a copy of the return for your records.
- Visit [www.ksrevenue.gov](http://www.ksrevenue.gov) for more information about Special Events, tax bracket cards, and forms.
- Most vendors in Kansas are required to collect and remit sales tax, including not-for-profit groups.
- If you sell goods or taxable services in Kansas more than four times per year and do not have a Kansas tax account number, contact us at the email above.

If you have received this packet and are registered with a Kansas tax account number starting with 004 or 005, check the appropriate box on the second page and write in your Kansas sales tax number. Return the page in the envelope provided. Report your sales from this event on your next regular tax return.

**Event Name:** City of Leavenworth 2023  
**Jurisdiction Code:** LEALV  
**Event Tax Account Number:** SENK09281401F01

**Begin Date:** 01/01/2023  
**End Date:** 12/31/2023  
**Due Date:** 01/30/2024

Dear Vendor,

You are reported as a vendor for the above event. Below are instructions for reporting and paying Kansas tax.

- Check this box **if you are registered with a tax account number starting with 004 or 005.**  
**Do not enter your event sales on this form.** You must report event sales on your next tax return using your registered account. Enter your Kansas tax account number below and return this letter in the envelope provided.

Kansas Tax Account Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

- Check this box **if you do not have a tax account number starting with 004 or 005.**  
Complete the Event Tax Return and payment information below.

**Event Tax Return** (Complete only if you do not have a tax account number starting with 004 or 005.)

Line 1	Total of all sales before tax (less amount paid for with government vouchers)	\$
Line 2	Tax Rate	0.095
Line 3	Tax Due (multiply line 1 by line 2)	\$

*I certify this tax return is correct.*

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email: \_\_\_\_\_

**Payment Information**

You have the following options: check, cashier's check, money order, or credit card. Check one and complete the information below. **DO NOT SEND CASH.**

- I have enclosed a check for the total tax due made out to Kansas Sales Tax. I authorize the Department of Revenue to process my check via Electronic Funds Transfer.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

- I authorize the Department of Revenue to process payment of total tax due shown above on my credit card. I understand a processing fee of 2.25% of the total or minimum of \$1.00 will be added, whichever is greater.

Circle the card type:      Visa                      MasterCard                      Discover                      American Express

Name as it appears on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ 3-Digit Code: \_\_\_\_\_

Billing Address \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email address for receipt: \_\_\_\_\_

- I have enclosed a cashier's check or money order made out to Kansas Sales Tax.

**Mail the completed form in the envelope provided to:**

**Kansas Department of Revenue  
Attn: Special Events**

7600 W 119th St Suite A, Overland Park KS 66213

Contact 913-942-3082      or email [KDOR\\_special.events@ks.gov](mailto:KDOR_special.events@ks.gov) for assistance.



FROM: City of Leavenworth, Kansas  
Office of the City Clerk  
100 N 5<sup>th</sup> St Leavenworth, KS  
Phone: 913-682-9201

TO: Kansas Department of Revenue  
Attn: Clint Razor  
Email to: kdor\_special.events@ks.gov

## Special Event Notification

### Event Information:

- Event Name: \_\_\_\_\_
- Event Date: \_\_\_\_\_
- Event Location: \_\_\_\_\_
- Will this event involve vendors making sales? Check one.  
Yes \_\_\_\_\_ No \_\_\_\_\_
- Will this event require an admissions fee from those wishing to attend?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- Will this event require entry fees for those wishing to participate?  
Yes \_\_\_\_\_ No \_\_\_\_\_

### Event Promoter/Coordinator Information:

- Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### Notice

The information regarding your event is being provided to the Kansas Department of Revenue. By providing your signature below, you acknowledge that you are responsible for complying with all state tax laws.

Applicant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_



# Loud Speakers & Amplifiers Application

The undersigned hereby makes application for a Loud Speakers & Amplifiers Permit in the City of Leavenworth, Kansas under the provisions of the Code of Ordinances, Chapter 28 Nuisances, Sec. 28-59 and 60

**\$5.00 Application Fee  
(non-refundable)**

### APPLICANT INFORMATION:

Applicant Name: \_\_\_\_\_

Business/Organization Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (where you can be reached during the event): \_\_\_\_\_

### EVENT INFORMATION:

Type of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_  
( limit of 4 hours – no later than 11:00 p.m.)

Check all that apply:

- PA System/Announcements   
  Radio/Stereo   
  DJ   
  Live Band/Vocalist   
  Movie   
  Other

By signing, I agree to comply with the City of Leavenworth Ordinances, Rules, or Regulations that govern the license and that all information provided is true and correct.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The City of Leavenworth shall reserve the right to revoke any permit upon complaints.

#### CONDITIONS:

1. Level of music is acceptable
2. Lyrics of music non-offensive
3. Music can only be played for a maximum of 4 hours  
(no later than 11:00 p.m.)

**Initial for Acknowledgment**

### Office Use Only

\_\_\_\_\_ Date  
 \_\_\_\_\_ Received By  
 \_\_\_\_\_ Fee Received  
 \_\_\_\_\_ Approved  
 \_\_\_\_\_ Disapproved

\_\_\_\_\_  
City Manager or his/her designee

\_\_\_\_\_  
Date





# Street Closure Request Form

Receipt of this form does not guarantee approval of street closure. Street closure requests will be reviewed and may require approval from the city commission at a future city commission meeting. If your event requires city commission approval, the city clerk's office will contact you with the date of the city commission meeting in which your request will be presented to the city commission. You will want to attend that meeting in case questions arise in order to ensure the commissions understand the full aspect of what you are requesting.

## Applicant Details:

Applicant Name: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

## Event Details:

Name of Event: \_\_\_\_\_

Event Description: \_\_\_\_\_

\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Street to be closed: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason street closure is needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is event:                      Pubic Event \_\_\_\_\_                      Private Event \_\_\_\_\_

\_\_\_\_\_

Event Coordinator Signature

\_\_\_\_\_

Date

### Office Use Only

\_\_\_\_\_ Date Received  
\_\_\_\_\_ Received By  
\_\_\_\_\_ Date Sent to PD for approval  
\_\_\_\_\_ Date Sent to City Clerk to place on city commission agenda (if needed)  
\_\_\_\_\_ City Commission Meeting Date

**Approval:**  
Police Chief                      City Commission



# Temporary Food Service Application

The undersigned hereby makes application for a Temporary Food Service Permit in the City of Leavenworth, Kansas under the provisions of the Code of Ordinances, Chapter 22 Health and Sanitation, Article II, Division 3

## EVENT INFORMATION:

Event Name: \_\_\_\_\_ Event Coordinator: \_\_\_\_\_

Event Address: \_\_\_\_\_ Is event a 501(c)(3) event?: \_\_\_\_\_

\*proof of valid registration is required

Date(s) of Event: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

## OWNER/APPLICANT INFORMATION:

Owner/Applicant Name: \_\_\_\_\_

Owner/Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## BUSINESS INFORMATION:

Business Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My business has a valid Food Establishment License issued from a state (provide a valid copy of state license)

\*Note: Businesses that are not licensed by any state will have an additional \$25 inspection fee\*

Items to be served: \_\_\_\_\_

Procedure to hold hot foods: \_\_\_\_\_

Procedure to hold cold foods: \_\_\_\_\_

## NO FOOD IS TO BE PREPARED IN A HOME UNLESS YOU HAVE A SEPARATELY LICENSED KITCHEN

By signing, I agree to comply with the City of Leavenworth Ordinances, Rules, or Regulations that govern the license and that all information provided is true and correct. I understand each person engaged in handling or preparation of food or beverage shall obtain a food handler permit. Further, I additionally acknowledge that my application needs to be submitted to the event coordinator.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

_____ Processed by	_____ Permit Paid Date	_____ Health Inspector Approval
Fees: Registered 501c3 with proof:	_____ Yes, no fee	_____ No, go to next
State Food Establishment License:	_____ Yes, go to next	_____ No, charge in Miscellaneous HP2 - \$25 Plus HP4 - \$10 for a total of \$35
City of Leavenworth Health Permit Holder:	_____ Yes, no fee	_____ No, charge in Miscellaneous HP4 - \$10

**FOOD VENDORS SUBMIT APPLICATION AND PAYMENT TO EVENT COORDINATOR**

**Fees paid are not prorated, refundable or transferable**

Office of the City Clerk • City of Leavenworth • 913-682-9201 • 100 N. 5<sup>th</sup> Street • leavenworthks.org

## 2020 Kansas Statutes

**44-1602. Inspections; issuance of certificates; compliance audits.** (a) No amusement ride shall be operated in this state unless such ride has a valid certificate of inspection. An amusement ride erected in this state shall be inspected by a qualified inspector at least every 12 months.

The certificate of an inspection required by this subsection shall be signed and dated by the inspector and shall be available to any person contracting with the owner for the operation of such amusement ride, antique amusement ride, limited-use amusement ride or registered agritourism activity. In addition, a visible inspection decal provided by the department or other evidence of inspection shall be posted in plain view on or near the amusement ride, antique amusement ride, limited-use amusement ride or registered agritourism activity in a location where it can easily be seen.

(b) Inspections performed pursuant to this section shall be paid for by the owner of the amusement ride, antique amusement ride, limited-use amusement ride or registered agritourism activity, or in the case of a state agency or political subdivision of the state, such governmental entity shall pay for the inspection.

(c) In addition to the annual inspection required by subsection (a), the operator of an amusement ride, antique amusement ride, limited-use amusement ride or registered agritourism activity shall perform and record daily inspections of the ride. The daily inspection shall include an inspection of equipment identified for daily inspection in accordance with the applicable codes and the manufacturer's recommendations.

(d) The secretary shall conduct random compliance audits of amusement rides erected both at permanent locations and at temporary locations. A warning citation for violation of this act shall be issued against any owner or operator for a first violation.

(e) The secretary shall develop an inspection checklist, which shall be posted on the department's website.

**History:** L. 2008, ch. 142, § 2; L. 2017, ch. 103, § 7; L. 2018, ch. 84, § 5; May 17.

Section was also amended by L. 2017, ch. 61, § 7, but that version was repealed by L. 2017, ch. 103, § 15.

Section was also amended by L. 2018 ch. 73, § 5, but that version was repealed by L. 2018, ch. 84, § 22.

## 2020 Kansas Statutes

**44-1605. Required training for operators, certification.** (a) No amusement ride shall be operated in this state unless the operator has satisfactorily completed training that includes, at a minimum:

- (1) Instruction on operating procedures for the ride, the specific duties of the operator, general safety procedures and emergency procedures;
- (2) demonstration of physical operation of the ride; and
- (3) supervised observation of the operator's physical operation of the ride.

(b) No amusement ride shall be operated in this state unless the name of each operator trained to operate the ride and the certificate of each such operator's satisfactory completion of such training, signed and dated by the trainer, is available to any person contracting with the owner for the amusement ride's operation on the premises where the amusement ride is operated, during the hours of operation of the ride.

(c) No inflatable device that is rented on a regular basis and erected at a temporary location shall be operated in this state unless the operator has been trained by a person who has attained a basic inflatable safety operations certification from the safe inflatable operators training organization or other nationally recognized organization.

(d) No slide that uses water to propel the patron through the ride and that is at least 15 feet in height shall be operated in this state unless there is an attendant stationed at such slide to ensure patrons are properly adhering to the safety standards in place.

**History:** L. 2008, ch. 142, § 5; L. 2018, ch. 84, § 7; May 17.

Section was also amended by L. 2018 ch. 73, § 7, but that version was repealed by L. 2018, ch. 84, § 22.