

SE014 2158



RECEIVED

AUG 04 2014

Planning & Codes Administration
Application Form

Planning & Development

SPECIAL EVENT: Pumpkin Tent

☐ Athletic Event ☐ Mobile Food Vendor ☒ Event Signage ☒ Other Tent

EVENT DATE: Sept. 22 to Nov. 1, 2014 EVENT TIME: _____ to _____

EVENT LOCATION/ADDRESS: 1201 3rd St., Lee's Summit

_____ ZONING OF PROPERTY: _____

APPLICANT Hy-Vee Food Stores PHONE 816-554-2200
CONTACT PERSON Mike Luttenegger FAX 816-554-2207
ADDRESS 1201 3rd St. CITY/STATE/ZIP 64081

PROPERTY OWNER Hy-Vee Food Stores PHONE 816-554-2200
CONTACT PERSON Steve Culbertson FAX 816-554-2207
ADDRESS 310 SW Ward Rd. CITY/STATE/ZIP 64081
1381mgrper1@hy-vee.com

Steve Culbertson
PROPERTY OWNER

Mike Luttenegger
APPLICANT

Print name: Steve Culbertson

Mike Luttenegger

Administrative Notes (do not write below this line)

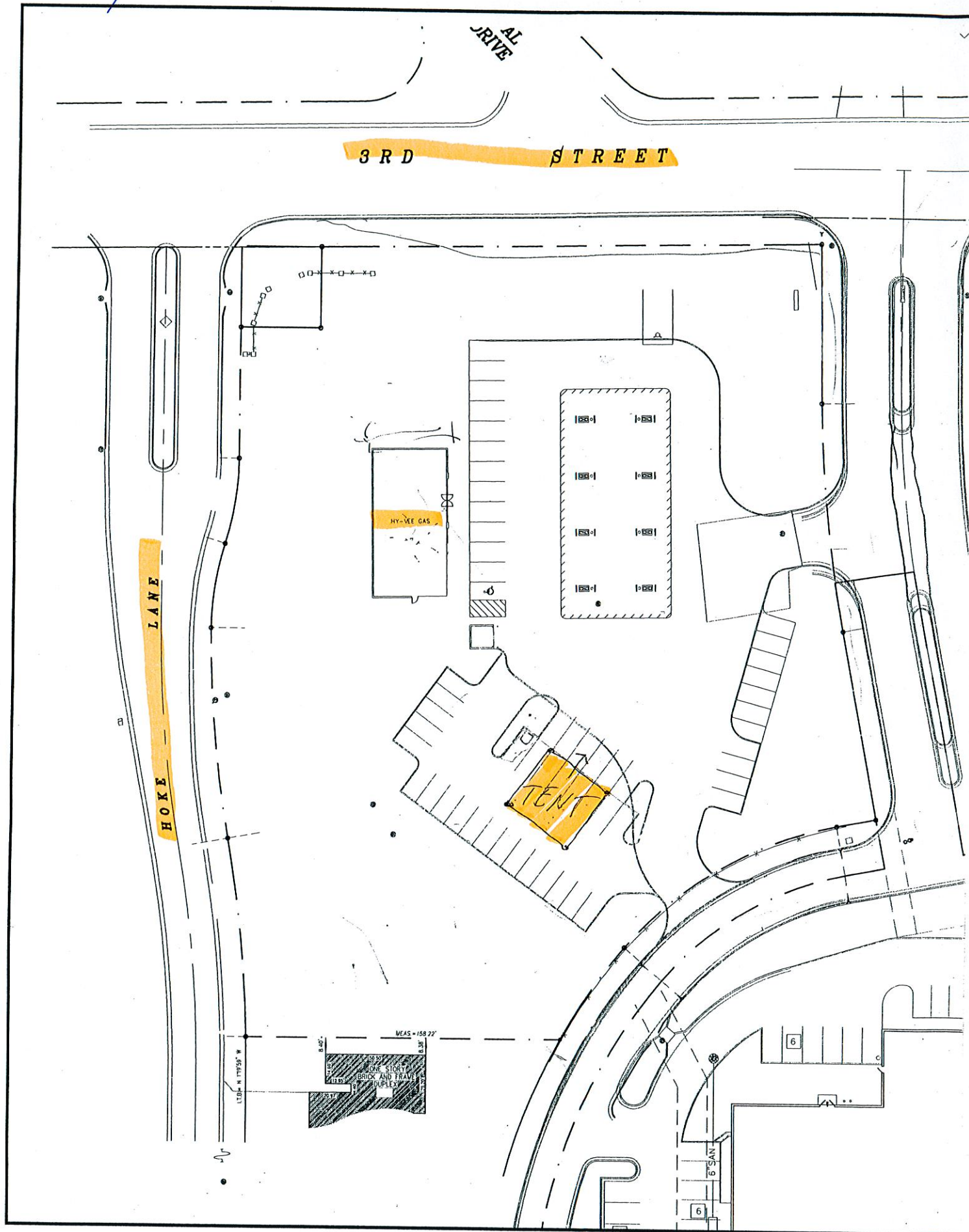
Jennifer Thompson
Approved Planning & Codes Administration 08/27/14

Pumpkin Tent Event

Description for Hy-Vee, 1201 3rd St., Lee's Summit, MO 64081

1. Hours of Operation: Open for business from September 22 through November 1st.
2. Anticipated attendance: 4000 buyers during the above time period.
3. Constructing a 30' x 30' pole tent in parking lot. 1-2 banners advertising pumpkins and other products under the tent and around the tent, in the parking lot.

HTSTORES\\Lee's Summit 2\\Lee Summit 2 Gas\\Lee Summit 2 Gas Dwg\\Letter Documents\\Lee Summit 2 - Plan.dwg, 12/3/2013 12:34:59 PM, HP Color LaserJet 5550





Planning & Codes Administration Special Event Checklist

****A Completed Checklist Must Be Submitted With Each Special Event Permit Application***

	Met	Not Met	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Applicant – Name, Address and Telephone Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Property Owner – Name, Address and Telephone Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Written approval from the property owner agreeing to the proposed event
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Description of the site on which the proposed event is to be held
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Date(s) of the proposed event
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• a narrative written description of the proposed event, to include: <ul style="list-style-type: none">• the hours of operation,• anticipated attendance,• any building/structures, signs or attention-attracting devices proposed to be used in conjunction with the event,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. A site plan showing the location of all existing or proposed uses, structures, parking areas, outdoor display areas, signs, streets and property lines.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Location and number of proposed temporary public toilets
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Proposed temporary potable water supplies, which shall be approved by the Water Utilities Department, pursuant to applicable City codes.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Proof of liability insurance at time of application
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Electrical Plan shall be approved by the Code Official

Fax

EBIX BPO

City of Lee's Summit
TO :

Fax: 1-816-969-1619

Attn:

FROM : Hy-Vee, Inc., including All Subsidiaries
and Affiliates

Phone:

Agency: Holmes Murphy & Assoc - WDM

Phone: 1-800-247-7756

Subject: Hy-Vee, Inc., including All Subsidiaries - City of Lee's Summit COI

We hope you find this document satisfactory. If you have any questions regarding the content of this certificate, please contact Holmes, Murphy & Associates or the Insured, both are listed on the certificate of insurance.

NOTICE: This communication is not encrypted and may contain privileged or other confidential information. If you are not the intended recipient or believe that you may have received this communication in error, please reply to the sender indicating that fact and delete the copy you received. In addition, you should not print, copy, retransmit, disseminate or otherwise use this information. Thank you.

cc:

The data included in this notice and in the attached document is confidential to Ebix BPO and the party responsible for bringing you this information.



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
08/04/2014

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 Holmes Murphy & Assoc - WDM PO Box 9207 Des Moines, IA 50306-9207	1-800-247-7756 CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):														
INSURED Hy-Vee, Inc., including All Subsidiaries and Affiliates 5820 Westown Parkway West Des Moines, IA 50266	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: BMCASCO INS CO</td> <td>21407</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: BMCASCO INS CO	21407	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES
CERTIFICATE NUMBER: 40942293
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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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 checked="" type="checkbox"/> LOC		2D96450	10/04/13	10/04/14	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 <input type="checkbox"/> N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Hy-Vee Lee's Summit #2 (1381) will erect a tent to cover pumpkins located in the parking lot from September 15 to November 1, 2014.

CERTIFICATE HOLDER
CANCELLATION

City of Lee's Summit
 220 SE Green St
 Lee's Summit, MO 64063

USA

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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LEE'S SUMMIT MISSOURI

220 SE Green Street | Lee's Summit, MO 64063 | P: 816.969.1000 | cityofls.net

RECEIPT OF PAYMENT

Receipt Number:	2014009037
Receipt Date:	08/04/2014
Date Paid:	08/04/2014
Payment Method:	Cash,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HYVEE FOOD & DRUGSTORE #2, Address:310 SW WARD RD, Phone:(816) 554-2200

Fees:

Fee Description	Reference / Application Number	Amount Paid
0026 - Special Event Permit (application fee)	PRSE20142158	\$50.00