

CHILIFEST 2014

Special Event Application

and property use request

To: City of Lee's Summit
Department of Planning and Development

From: Lee's Summit Sunrise Rotary

Re: 13th Annual ChiliFest October 10th and 11th

October 10th 2pm - 11pm
October 11th 7am - 3pm

Enclosed please find materials to request a Special Event Permit for the 13th Annual ChiliFest. This event is organized and promoted by the Lee's Summit Sunrise Rotary Club.

As the owner of property within the proposed event site, this memo will also serve as formal request for written approval to use the event site property. Applicant is requesting use of the 200 block of SE Green Street in downtown Lee's Summit, including all event electrical hook-ups in the area. This event would include closure of SE Green Street from 3rd Street north to the south edge of the parking lot entry just south of 2nd Street from 2pm Friday, October 10th to 5pm Saturday, October 11th.

Applicant is also requesting permission to sell beer and wine at the event. All sales of alcohol will occur mid-block on SE Green St. See Site Map.

Event Description

ChiliFest is a two-day chili cook-off and music festival. Sanctioned by the Chili Appreciation Society International, ChiliFest is a qualifying event for the annual Terlingua Chili Championship in Terlingua, TX. Proceeds from ChiliFest will benefit Hope House.

ChiliFest will include a stage with amplified sound, a food and beverage vending tent, and a beer and wine vending tent. Cooks' tents will line the sides of SE Green Street. There will also be a kids' area with games and activities. Signage will be placed at the event site and at all event site access points.

It is expected that 3,500 people will attend this year's ChiliFest.

For more information contact: Chad Waldo @ 816-651-8419 or cwaldo@me.com



Planning & Codes Administration Special Event Checklist

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

Met	Not Met	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Applicant – Name, Address and Telephone Number
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Property Owner – Name, Address and Telephone Number
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	• Written approval from the property owner agreeing to the proposed event
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Description of the site on which the proposed event is to be held
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Date(s) of the proposed event
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• a narrative written description of the proposed event, to include:
			• 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	8. Location and number of proposed temporary public toilets
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Proof of liability insurance at time of application
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Electrical Plan shall be approved by the Code Official

LS LEE'S SUMMIT MISSOURI

Planning & Codes Administration Application Form

SPECIAL EVENT: CHILI FEST - (COOK OFF FOR CHARITY)

☐ Athletic Event

☐ Mobile Food Vendor

☐ Event Signage

☒ Other

EVENT DATE: Oct. 10th - 11th

EVENT TIME: 2pm FRI - 3pm SAT

EVENT LOCATION/ADDRESS: GREEN ST. IN FRONT OF CITY HALL

ZONING OF PROPERTY: COMMERCIAL

APPLICANT LS SUNRISA ROTARY

PHONE 816-651-8419

CONTACT PERSON CHAD WALDO

FAX 816-366-3953

ADDRESS 2505 SE KIMBROUGH LN CITY/STATE/ZIP

LEE'S SUMMIT MO 64063

PROPERTY OWNER

PHONE

CONTACT PERSON

FAX

ADDRESS

CITY/STATE/ZIP


PROPERTY OWNER


APPLICANT

Print name: CHAD WALDO

CHAD WALDO

Administrative Notes (do not write below this line)

Approved Planning & Codes Administration



Planning & Codes Administration Special Event Checklist

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

Submittal Requirements	Yes	No
Completed Special Events Application	X	
Ownership signature/permission	X	
Filing fee – See Schedule of Fees and Charges for applicable fee		
Checklist for Special Event Application	X	

*** Applications missing any required item above will be deemed incomplete.**

Table 1. General Application Requirements				
UDO Article 11., Sec. 11.060	Ordinance Requirement	Met	Not Met	N/A
A. Application Required.	A Special Event Application shall be submitted for any Special Event requiring a Special Event Permit, as outlined above under "Permit Required."	X		
B. Application Deadline	A complete application shall be submitted at least 20 calendar days prior to the requested start date of a Special Event. The Director shall have the authority to waive the application deadline.	X		
C. Submission Requirements.	The application shall set forth and contain the submission requirements as stated in the UDO Article 11.060.C.1-14	X		
C.1. Name of Event	Name and/or brief description of the event.	X		
C.2. Description of City Services	Description of City Services required for the event such as traffic control, street sweeping etc.	X		
C.3. Fees	Fees as required. See the Schedule of Fees and Charges for applicable fee		X	
C.4. Narrative	A written narrative, fully describing the proposed event, including: <ul style="list-style-type: none"> • Location • Hours of operation • Anticipated attendance • Buildings or structures to be used in conjunction with the event • Proposed signs or attention attracting devices • Public streets to be used, if any 	X		
C.5. Statement	A statement that the standards set forth in Article 11, of the UDO, have been satisfied.	X		
C.6. Site Plan	A site plan in the form and the level of detail as required by the Director, showing the location of all existing or proposed uses, structures, parking areas, outdoor display areas, signs, streets, and property lines.		X	

Table 1. General Application Requirements

[illegible]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 LOCKTON COMPANIES, LLC-K CHICAGO 525 W. Monroe, Suite 600 CHICAGO IL 60661 (312) 669-6900	CONTACT NAME: Lockton Companies
	PHONE (A/C, No, Ext): 1-800-921-3172 FAX (A/C, No): 1-312-681-6769
	E-MAIL ADDRESS: Rotary@lockton.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Westchester Fire Insurance Company
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

INSURED All Active US Rotary Clubs & Districts
Attn: Risk Management Department
1560 Sherman Ave.
Evanston, IL 60201-3698

NAIC #
10030

COVERAGES ROTIN01 **CERTIFICATE NUMBER:** **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PMI G23861355 006	7/1/2014	7/1/2015	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PMI G23861355 006	7/1/2014	7/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	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	NOT APPLICABLE			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

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

CERTIFICATE HOLDER**CANCELLATION**

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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