



LEE'S SUMMIT MISSOURI

RECEIVED

AUG 20 2015

Planning & Codes Administration Application Form

Planning & Codes Admin

PERMIT NUMBER PR3E20151934 RECEIPT NUMBER _____

SPECIAL EVENT: Chilifest - Cookoff for Charity

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

EVENT DATE: October 10, 2015 EVENT TIME: 7:00 to 3:30

EVENT LOCATION/ADDRESS: Green Street in front of City Hall

ZONING OF PROPERTY: Commercial

APPLICANT Lee's Summit Sunrise Rotary PHONE 816-875-1420

CONTACT PERSON Melissa Zurowski FAX 816-525-2590

ADDRESS 3550 NE Ralph Powell Rd CITY/STATE/ZIP LSMO 64084

mzurowski@hsmcorizon.com
MZUROWSKI@HSMCORIZON.COM

PROPERTY OWNER _____ PHONE _____

CONTACT PERSON _____ FAX _____

ADDRESS _____ CITY/STATE/ZIP _____

X _____
PROPERTY OWNER

Print name: X _____

X Rosalie Newkirk
APPLICANT

X Rosalie Newkirk

Administrative Notes (do not write below this line)



LEE'S SUMMIT MISSOURI

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.			
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 	<div style="position: relative;"> <div style="position: absolute; top: -20px; left: 50%; transform: translate(-50%, -50%); font-size: small;"> event \$250 app fee 50 \$300 </div> X </div>		
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)

7/1/2016

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 500 West Monroe, Suite 3400 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 NAIC # 10030
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

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 007	7/1/2015	7/1/2016	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 type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PMI G23861355 007	7/1/2015	7/1/2016	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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	<input type="checkbox"/> 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	NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> 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)

The Certificate Holder is included as Additional Insured where required by written and signed contract or permit subject to the terms and conditions of the General Liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

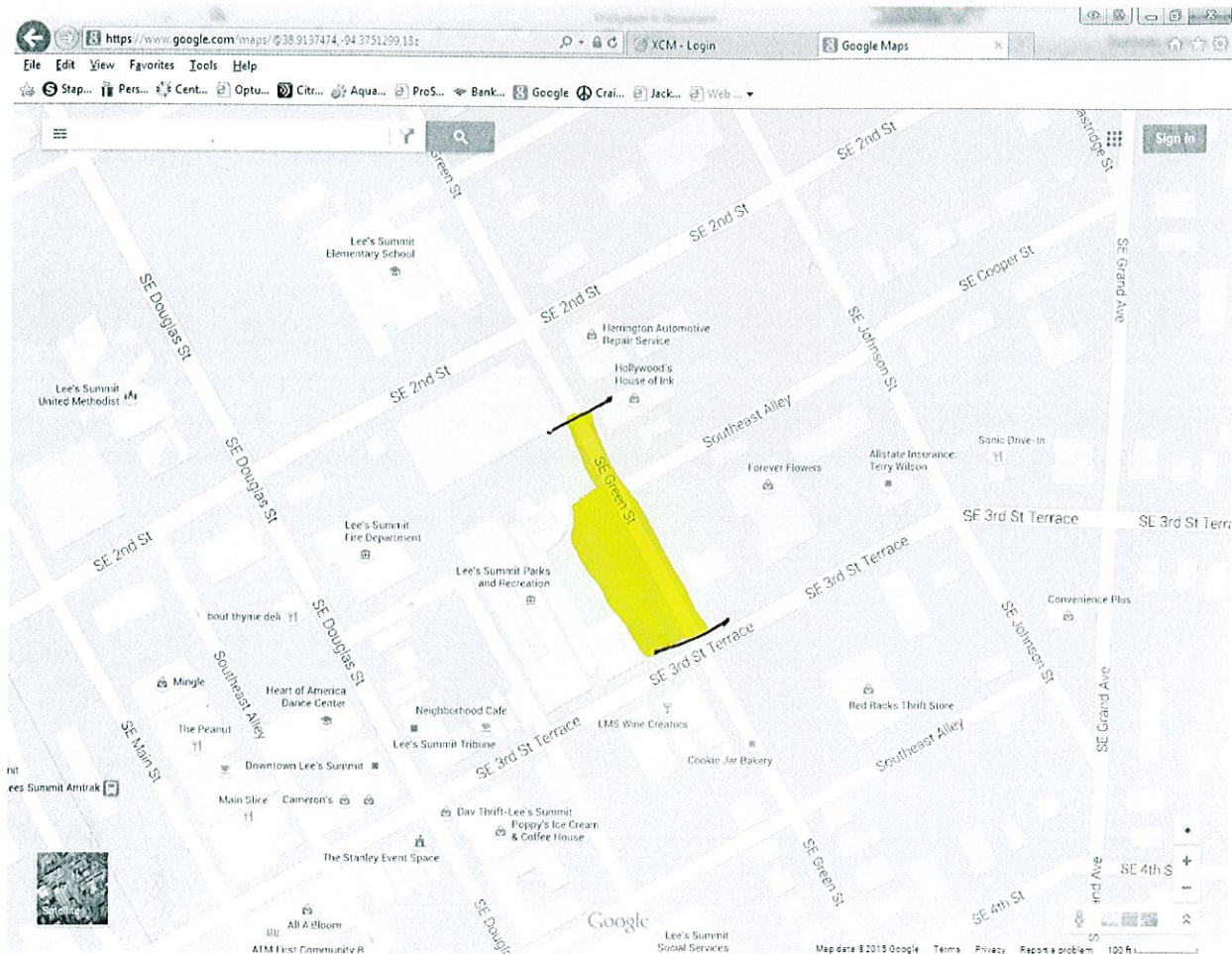
CERTIFICATE HOLDER

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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4 regular toilets
~~2 handicap toilets.~~

15 trash containers
roll off trash service

barri cades from police dept.



CITY OF LEE'S SUMMIT

City Hall
220 SE Green Street
LEE'S SUMMIT, MISSOURI 64063

Application for Permit to Reserve City Hall Space or Facility

PLEASE PRINT OR TYPE

DATE: 8/20/15

Organization: Lee's Summit Sunrise Rotary

Name of Applicant: Melissa Zurawski

Address: 3550 NE Ralph Powell Rd
Lee's Summit, MO 64064

Telephone Number: 816-875-1420

Emergency contact Telephone Number: 816-525-9699

Application is hereby made to reserve certain public spaces or facilities at the City Hall building as follows:

1. Purpose or Objective: Green Street in front of City Hall

2. Date(s): October 10, 2015

3. Time and Duration: 7:00 am - 3:30 pm

4. Number of persons expected to participate in this event: 3000

5. Specific Location Desired: Street and sidewalk area
in front of City Hall

6. Specific provisions required: ☒ Electrical Service* ☐ Water Service*

* indicated a fee will be charged for electricity and water use

☐ Construction: ☐ Stage or Platform ☒ Tent structures ☐ Other (please explain)

☒ Sale or ordering for sale of any goods or services (please explain):

beverage sales

☐ Unique Parking Needs (please explain):

☐ ADA Accommodations (please describe):

☒ Barricades: Provide plan indicating how many and where

☐ Other (Please explain):

from police dept. to block off street

* indicated a fee will be charged for electricity and water use

Mandatory Guidelines

1. Applicant agrees to not interfere with pedestrian traffic circulating throughout the facility.
2. Safe and unimpeded access to and from City Hall must be available at all times.
3. Interference with vehicular traffic, including parking, is not allowed.
4. Construction and installation for structures of any kind is limited to the Green Street and adjacent sidewalk. Exceptions may be allowed with approval of the City Architect.
5. All structures constructed on the premises must be self-supporting. Penetration of pavements, sidewalks and streets are strictly prohibited.
6. Applicant agrees to reimburse the City for any damages or costs incurred by the City as a result of this use.
7. Applicant agrees to remove all litter and debris resulting from this use.
8. Conditional Approval requires applicant to submit a Certificate of Insurance showing general liability insurance coverage meeting the City's minimum Liability coverage requirements, if: 1) the activity proposed by applicant involves the sale or ordering for sale of any goods or services or 2) Any construction activity.

9. Reservations are granted on a first come, first serve basis; provided, however, that traditional activities and activities organized and conducted by the City will be given preference in scheduling and reserving use of the space or facility. Simultaneous occurring events will not be allowed.
10. All applicable laws, rules and regulations, including the code of Ordinances of the City ordinances will be strictly enforced.
11. No sound amplification will be allowed during normal business hours at City Hall or while any Council, Board, Authority or Commission is meeting.
12. Vehicles of any kind are not allowed on the sidewalks or brick pavers.
13. An application may be denied for any of the following:
 - The application is not fully completed and executed.
 - The application contains a material falsehood or misrepresentation.
 - The applicant is legally incompetent to sue or be sued.
 - The applicant has on prior occasions damaged City property and has not paid in full for such damage or has other outstanding or unpaid debts to the City.
 - The proposed use or activity is inconsistent with the uses of the space or facility.
 - The use or activity intended by the applicant would present an unreasonable danger to the health or safety of the applicant or other users of the space or facility.
 - The proposed use or activity intended by the applicant would interfere with the ability of the City to conduct business at the City Hall Building.
 - The applicant has not or cannot comply with the applicable licensure requirements, ordinances or regulations concerning the sale or offering for sale of any goods or services.
 - The use or activity intended by the applicant is prohibited by law, rules or regulations, including the Code of Ordinances for the City.

X 
Applicant's signature (Indicates concurrence with Guidelines)

Authorization for the above facility reservation permit is hereby:

____APPROVED ____ APPROVED CONDITIONALLY ____ DISAPPROVED

Date: _____ Signed: _____

Stephen D. Aldridge, RA
City Architect



LEE'S SUMMIT MISSOURI

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		• Property Owner – Name, Address and Telephone Number
<input type="checkbox"/>	<input 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 checked="" 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 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