



Planning & Codes Administration
Application Form

PERMIT NUMBER: PRSE 20161190 RECEIPT NUMBER: 2016019159

SPECIAL EVENT: LABOR DAY DASH 5K/10K

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

EVENT DATE: September 3rd, 2016 EVENT TIME: 8am to 10am

EVENT LOCATION/ADDRESS: 220 SE Green St., Lee's Summit, MO 64063

City Hall ZONING OF PROPERTY: _____

Down town Coura

APPLICANT Bodres Health & Fitness PHONE 816-616-9755

CONTACT PERSON STEVEN BLEW FAX _____

ADDRESS 1100 SE CENTURY DR. CITY/STATE/ZIP Lee's Summit, MO 64081

PROPERTY OWNER City of Lee's Summit PHONE _____

CONTACT PERSON _____ FAX _____

ADDRESS 220 SE GREEN ST. CITY/STATE/ZIP Lee's Summit, MO 64063

PROPERTY OWNER

Print name: _____



APPLICANT

STEVEN BLEW

Administrative Notes (do not write below this line)

Approved Planning & Codes Administration

RECEIVED

MAY 23 2016

Planning & Codes Admin

LABOR Day Dash

Sept. 3rd. 2016



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 checked="" 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: <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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Location and number of proposed temporary public toilets
<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Proof of liability insurance at time of application
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Electrical Plan shall be approved by the Code Official



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	✓	
Ownership signature/permission	✓	
Filing fee – See Schedule of Fees and Charges for applicable fee	✓	
Checklist for Special Event Application	✓	

*** 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."	✓		
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.	✓		
C. Submission Requirements.	The application shall set forth and contain the submission requirements as stated in the UDO Article 11.060.C.1-14	✓		
C.1. Name of Event	Name and/or brief description of the event.	✓		
C.2. Description of City Services	Description of City Services required for the event such as traffic control, street sweeping etc.			✓
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 	✓		
C.5. Statement	A statement that the standards set forth in Article 11, of the UDO, have been satisfied.			✓
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.			✓

Labor Day Dash 5k/10k

Event Contact: Steve Blew

Bodies Health & Fitness

1100 SE Century Dr.

Lee's Summit, MO

816.616.9755

Property Owner:

City of Lee's Summit

City Hall

220 SE Green St.

Lee's Summit, MO 64063

Event date and Times – September 3rd, 2016 from 8:00am – 10:00am

The Labor Day Dash 5k/10k run will be on Saturday September 3rd, 2016 at 8:00AM at Lee's Summit City Hall located at 220 SE Green St. , Lee's Summit, MO. The event will be over by 10:00AM. We anticipate 450 participants this year.

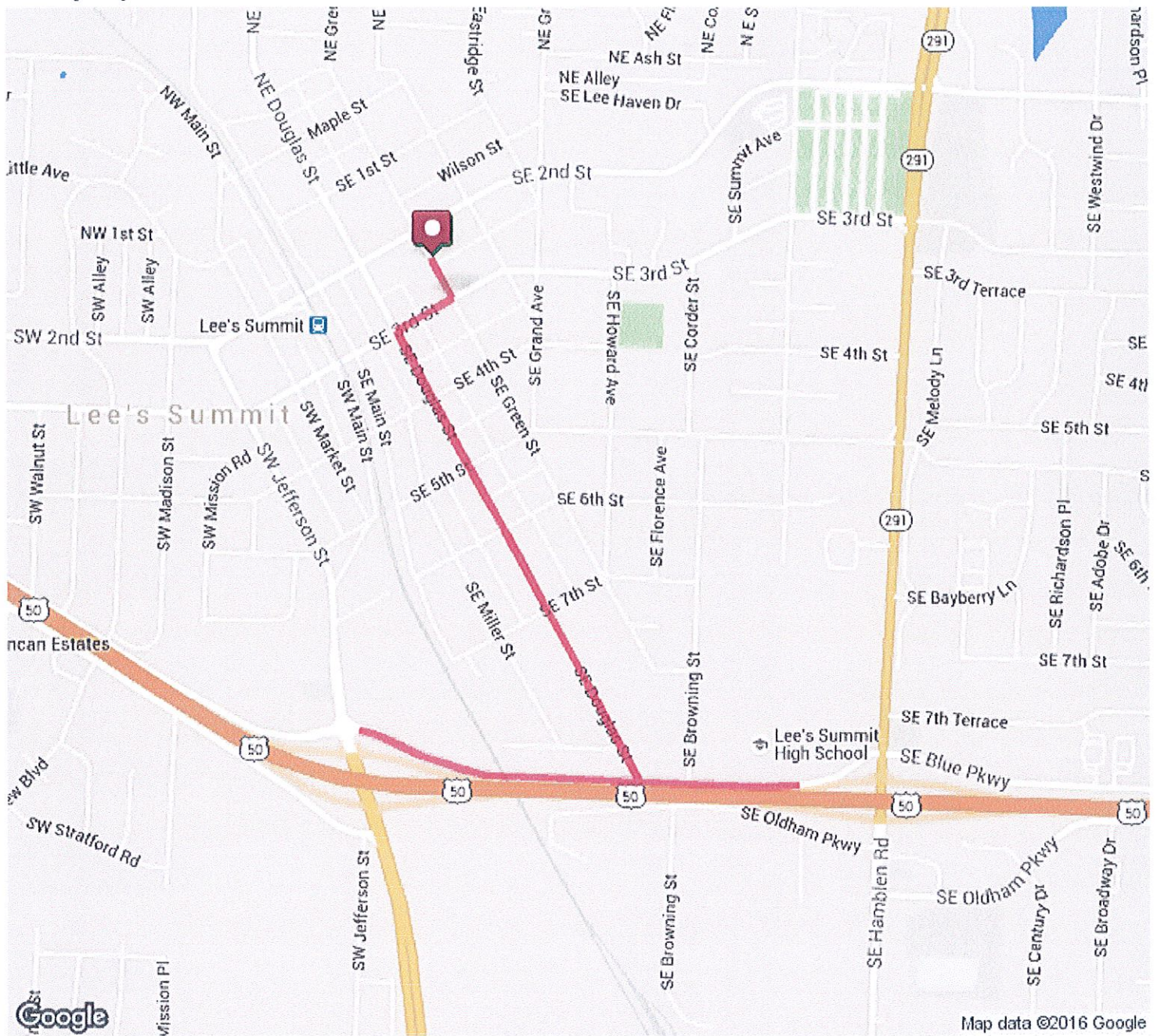
Portable Toilets will be placed next to the parking garage by City Hall. We will have 5 portable toilets plus one handicap unit.

Potable Water: We will have sealed unopened bottled water at the finish line as well as sealed unopened bottled gallon water at the aid station.

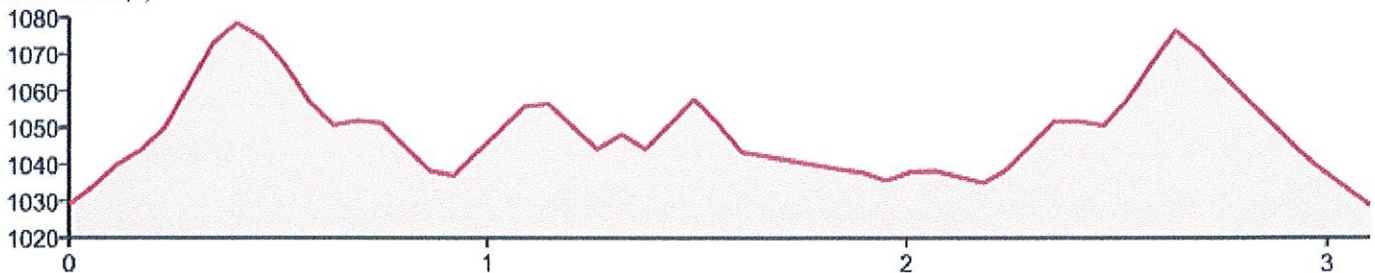


Downtown Lee's Summit
Distance: 3.1 mi
Elevation: 96.3 ft (Max: 1,080.22 ft)

mapmyrun



ELEVATION (ft)



Miles

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Philadelphia Indemnity Insurance Company

One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004

COMMON POLICY DECLARATIONS

Policy Number: PHPK894554-003

Named Insured and Mailing Address:

Bodies By Brad and Jen LLC
1100 SE Century Dr
Lees Summit, MO 64081-3284

Producer: 17562

All American Insurance
6128 Havelock Avenue Box 29319
Lincoln, NE 68529-

Policy Period From: 07/13/2015

To: 07/13/2016

at 12:01 AM. Standard Time at your mailing
address shown above

Business Description: Fitness Club

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Property Coverage Part	
Commercial General Liability Coverage Part	\$3,451.00
Commercial Crime Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	\$138.00
Commercial Stop Gap Part	
Businessowners	
Workers Compensation	
Taxes/Fees/Surcharges	\$500.00
Total	\$4,089.00

FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE
Refer To Forms Schedule

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

Countersignature Date

Authorized Representative



LEE'S SUMMIT MISSOURI

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

RECEIPT OF PAYMENT

Receipt Number:	2016019159
Receipt Date:	05/23/2016
Date Paid:	05/23/2016
Payment Method:	Check,
Check Number:	2771,
Full Amount:	\$100.00
Amount Tendered	\$100.00
Paid By:	BODIES HEALTH & FITNESS, Address:1100 SE CENTURY DR, Phone:(816) 524-7733

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110077-Special Event Permit (application fee)	PRSE20161190	\$50.00
9110077-Special Event Permit (application fee)	PRSE20161191	\$50.00