



# LEE'S SUMMIT MISSOURI

## Planning & Codes Administration Application Form

PERMIT NUMBER: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

SPECIAL EVENT: LONGVIEW FARM ELEMENTARY BACK TO SCHOOL STAMPEDE

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

EVENT DATE(S): SATURDAY, SEPTEMBER 10<sup>th</sup> EVENT TIME(S): 4:00pm to 8:00pm

EVENT LOCATION/ADDRESS: 3300 BLOCK OF FASCINATION DR

\_\_\_\_\_ ZONING OF PROPERTY: P-MIX

APPLICANT: GALE COMMUNITIES, INC. PHONE: 816-761-9292

CONTACT PERSON: TUCKER MARSHALL FAX: 816-761-4343

ADDRESS: 400 SW LONGVIEW BLVD. STE #109 CITY/STATE/ZIP: LEE'S SUMMIT, MO 64081

PROPERTY OWNER: GALE COMMUNITIES INC PHONE: 816-761-9292

CONTACT PERSON: TUCKER MARSHALL FAX: 816-761-4343

ADDRESS: 400 SW LONGVIEW BLVD. STE #109 CITY/STATE/ZIP: LEE'S SUMMIT, MO 64081

GALE COMMUNITIES, INC  
PROPERTY OWNER

Print name: GALE COMMUNITIES, INC

Tucker C Marshall  
APPLICANT

TUCKER MARSHALL (ADMIN)

**Administrative Notes** (do not write below this line)

RECEIVED

AUG 24 2016

Approved Planning & Codes Administration



To: Planning & Codes Administration

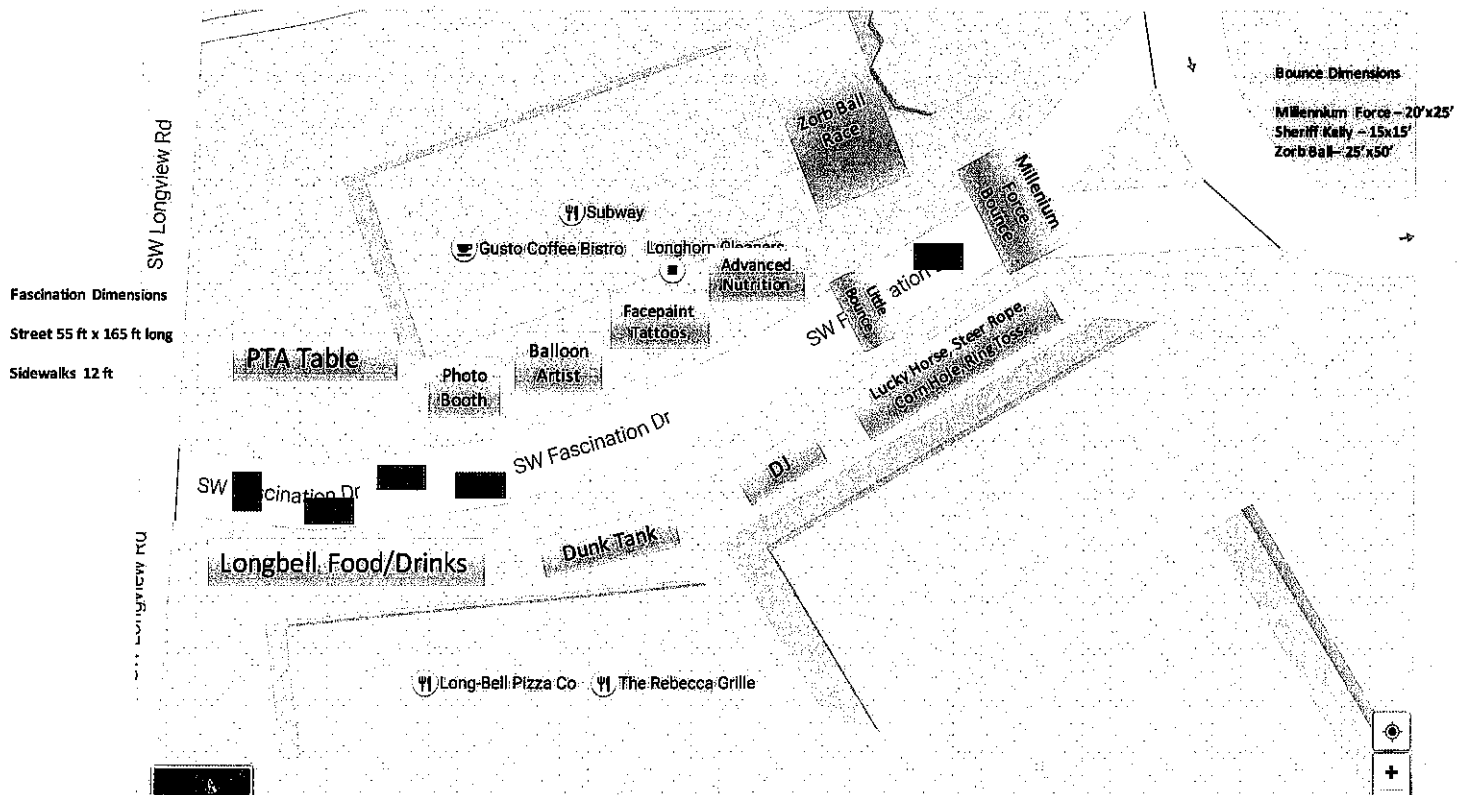
Below is a description of the proposed event "LFE Stampede" for which a special event permit is being applied for:

The event is a back-to-school themed fund-raiser for the Longview Farm Elementary PTA which will have several child-oriented activities to include two bounce houses, a dunk tank, zorb ball race, games (ring toss, corn hole, etc.) as well as a DJ. The event will take place on the 3300 block of SW Fascination Drive in New Longview's Commercial District on Saturday, September 10<sup>th</sup> between 4:00 pm and 8:00 pm. The anticipated attendance is between 200-400 people. All of the affected surrounding businesses have been contacted and are supportive of the event taking place. The public street that we are requesting closure of is the 3300 block of SW Fascination Drive. No signs or attention attracting devices are planned..

Sincerely,

Tucker Marshall  
Administrator  
Gale Communities, Inc.

# LFE FARM STAMPEDE EVENT MAP





# 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: 7. Location 8. Hours of operation 9. Anticipated attendance 10. Buildings or structures to be used in conjunction with the event 11. Proposed signs or attention attracting devices 12. 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.	✓		



## 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"/>	1. Applicant – Name, Address and Telephone Number
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Property Owner – Name, Address and Telephone Number
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Written approval from the property owner agreeing to the proposed event
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Description of the site on which the proposed event is to be held
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Date(s) of the proposed event
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. a narrative written description of the proposed event, to include: <ul style="list-style-type: none"><li>• the hours of operation,</li><li>• anticipated attendance,</li><li>• any building/structures, signs or attention-attracting devices proposed to be used in conjunction with the event,</li></ul>
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	8. Location and number of proposed temporary public toilets
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

LFE Farm Stampede Business Consent Form – Block Party Permit – Saturday, September 10, 2016

As businesses owners on Fascination Drive, Lee's Summit we give our consent for the Longview Farms Elementary PTA to host the LFE Farm Stampede on Fascination Drive on Saturday, September 10, 2016. As owners we understand that Fascination Drive will be closed throughout the duration of the above mentioned date.

Longbell Pizza, Co.

Signature

Printed Name/Title

Date

Gusto's Coffee

Signature

Printed Name/Title

Date

Rebecca Grill

Signature

Printed Name/Title

Date

Progressive Insurance

Signature

Printed Name/Title

Date

Advanced Nutrition

Signature

Printed Name/Title

Date

Subway

Signature

Printed Name/Title

Date

Longhorn Cleaners

Signature

Printed Name/Title

Date

Contra Software

Signature

Printed Name/Title

Date

Gale Communities

Signature

Printed Name/Title

Date

Better Bodies Pilates

Signature

Printed Name/Title

Date

Hawthorne Bank

Signature

Printed Name/Title

Date

State Farm

Rejuvenate



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/23/2016

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).

<b>PRODUCER</b> Creative Planning Property & Casualty LLC 11350 Tomahawk Creek Parkway Ste 200 Leawood KS 66211		<b>CONTACT NAME:</b> Keri Reinhardt <b>PHONE (A/C, No, Ext):</b> (913) 341-0900 <b>FAX (A/C, No):</b> (913) 341-0901 <b>E-MAIL ADDRESS:</b> kreinhardt@cpfirms.com	
<b>INSURED</b> Gale Communities, Inc. 400 SW Longview Blvd., Ste. 109 Lees Summit MO 64081		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Cincinnati Insurance Companies <b>INSURER B:</b> Cincinnati Insurance Company <b>INSURER C:</b> Missouri Employers Mutual Ins. Co. <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 10677 10191	

**COVERAGES**

CERTIFICATE NUMBER: 16-17 Master

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 INSD 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		EPP0322534	5/1/2016	5/1/2017	EACH OCCURRENCE \$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000				
		MED EXP (Any one person) \$ 10,000				
		PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
B	<input checked="" type="checkbox"/> 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		EBA0322534	5/1/2016	5/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		BODILY INJURY (Per person) \$				
		BODILY INJURY (Per accident) \$				
		PROPERTY DAMAGE (Per accident) \$				
						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		EPP0322534	5/1/2016	5/1/2017	EACH OCCURRENCE \$ 2,000,000
		AGGREGATE \$ 2,000,000				
		DED RETENTION \$				
						\$
C	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	MEM 1032001-06	5/1/2016	5/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
		E.L. EACH ACCIDENT \$ 500,000				
		E.L. DISEASE - EA EMPLOYEE \$ 500,000				
		E.L. DISEASE - POLICY LIMIT \$ 500,000				

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

RE: Back to School Event September 10, 2016.

**CERTIFICATE HOLDER**

(816) 969-1221

The City of Lee's Summit  
Attn: Caroline  
220 SE Green  
Lee's Summit, MO 64063

**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

C Culbertson/KLR

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## Additional Named Insureds

### Other Named Insureds

Gale Homes II Inc	S Corporation, Additional Named Insured
Gale Homes, Inc.	S Corporation, Additional Named Insured