



# LEE'S SUMMIT MISSOURI

## Planning & Codes Administration Application Form

PERMIT NUMBER: PRSE20162175 RECEIPT NUMBER: 2016022181

SPECIAL EVENT: Chilifest

☐ Athletic Event

☐ Mobile Food Vendor

☐ Event Signage

☐ Other

EVENT DATE(S): Saturday Oct. 8 EVENT TIME(S): 6 Am to 5 pm

EVENT LOCATION/ADDRESS: 220 SE Green St.

ZONING OF PROPERTY: CBD

APPLICANT: LS Sunrise Rotary PHONE: 816-810-4263

CONTACT PERSON: Joe Snook FAX: \_\_\_\_\_

ADDRESS: 1525 SE CAPE CTR CITY/STATE/ZIP: LS MO 64081

PROPERTY OWNER: City of LS PHONE: \_\_\_\_\_

CONTACT PERSON: Steve Aldridge FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PROPERTY OWNER

APPLICANT

Print name: \_\_\_\_\_

Joseph D. Snook

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

RECEIVED

AUG 26 2016

Approved Planning & Codes Administration

Planning & Codes Admin



## 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"/>	1. Applicant – Name, Address and Telephone Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Property Owner – Name, Address and Telephone Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Written approval from the property owner agreeing to the proposed event
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Description of the site on which the proposed event is to be held
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Date(s) of the proposed event
<input 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 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"/>	8. Location and number of proposed temporary public toilets
<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"/>	10. Proof of liability insurance at time of application
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Electrical Plan shall be approved by the Code Official

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AUG 26 2016

Planning & Codes Admin



# CERTIFICATE OF LIABILITY INSURANCE

7/1/2017

DATE (MM/DD/YYYY)  
8/26/16

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> LOCKTON COMPANIES 500 West Monroe, Suite 3400 CHICAGO IL 60661 (312) 669-6900	<b>CONTACT NAME:</b> Lockton Companies	
	<b>PHONE (A/C No. Ext):</b> 1-800-921-3172	<b>FAX (A/C No.):</b> 1-312-681-6769
	<b>E-MAIL ADDRESS:</b> rotary@lockton.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> Lexington Insurance Company	19437
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**INSURED**  
1393456 All Active US Rotary Clubs & Districts  
Lee's Summit Sunrise Rotary  
Attn: Risk Management Department  
1560 Sherman Ave.  
Evanston, IL 60201-3698

**COVERAGES** ROTINO1**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Liquor Liability</b> <input type="checkbox"/> Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			015375594	7/1/2016	7/1/2017	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 \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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			015375594	7/1/2016	7/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	N/A	NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTH-ER <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 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**

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

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Chilifest  
Saturday, October 8, 2016

AUTHORIZED REPRESENTATIVE

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X - class 3 barricades  
O - Chil: Cookoff participants



## Chilifest Summary

Date: Saturday, October 8, 2016  
Time: 6:00 AM – 5:00 PM  
Location: Green Street from 3<sup>rd</sup> to the alleyway prior to the parking garage  
City Hall Plaza  
Strother Conference Room

Chilifest is an event hosted by the Lee's Summit Sunrise Rotary club in partnership with the Lee's Summit Afternoon Rotary club. The event is used as a fundraiser with proceeds donated to local non-profit organizations that serve Lee's Summit.

We anticipate 25-30 chili teams participating in four events: Cassi, home-style, wings, and salsa. The teams will be placed on either side of Green Street between the barricades. Chili, wings, and salsa will be available for sampling. People who wish to sample the entries can enter the event for \$5. Entry/exit points will be established at each end of the event. Electricity will not be required for the chili participants.

Rotary will also be selling hamburgers, hotdogs, soda, and water. Alcohol will be provided by a vendor. An authorization letter from the City is also requested for the sale of alcohol. We plan to have a bounce house in the City plaza area along with face painters (same as 2016 event). A DJ will be playing music and awards will be given at the conclusion of the event. Electricity will be needed for the bounce house and the DJ equipment.

We would like to request the use of Strother Conference Room for the judging as we have done in the past.

We anticipate 250-300 people for the event. Two to three comfort stations will be on site for the event.



# LEE'S SUMMIT MISSOURI

220 SE Green Street | Lee's Summit, MO 64063 | P: 816.969.1000 | [cityofls.net](http://cityofls.net)

## RECEIPT OF PAYMENT

Receipt Number:	2016022181
Receipt Date:	08/26/2016
Date Paid:	08/26/2016
Payment Method:	Check,
Check Number:	2884,
Full Amount:	\$300.00
Amount Tendered	\$300.00
Paid By:	LEE'S SUMMIT SUNRISE ROTARY, Phone:(816) 651-8419

### Fees:

Fee Description	Reference // Application Number	Amount Paid
9110077-Special Event Permit - City Services 1 day or less fee	PRSE20162175	\$250.00
9110077-Special Event Permit (application fee)	PRSE20162175	\$50.00