



Planning & Codes Administration
Application Form

PERMIT NUMBER: *PRSE20162416* RECEIPT NUMBER: *2016022557*

SPECIAL EVENT: *Pink Laundry SK*

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

EVENT DATE(S): *October 1st, 2016*

EVENT TIME(S): *8:00AM to 10:00AM*

EVENT LOCATION/ADDRESS: *220 SE Green Street, Lee's Summit, Mo 64063*

ZONING OF PROPERTY:

Bodies Health & Fitness
APPLICANT: *STEVEN BLEW*

PHONE: *816-616-9755*

CONTACT PERSON:

FAX:

ADDRESS: *1100 SE Century Dr.*

CITY/STATE/ZIP: *Lee's Summit, MO 64081*

PROPERTY OWNER: *City of Lee's Summit*

PHONE:

CONTACT PERSON: *Jennifer Thompson*

FAX:

ADDRESS: *220 SE. Green St.*

CITY/STATE/ZIP: *Lee's Summit, MO 64063*

gardner.allan@sbcglobal.net

PROPERTY OWNER



APPLICANT

Print name:

STEVEN BLEW

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*

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 checked="" type="checkbox"/>	<input 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"> 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



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 application 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 application 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.			✓

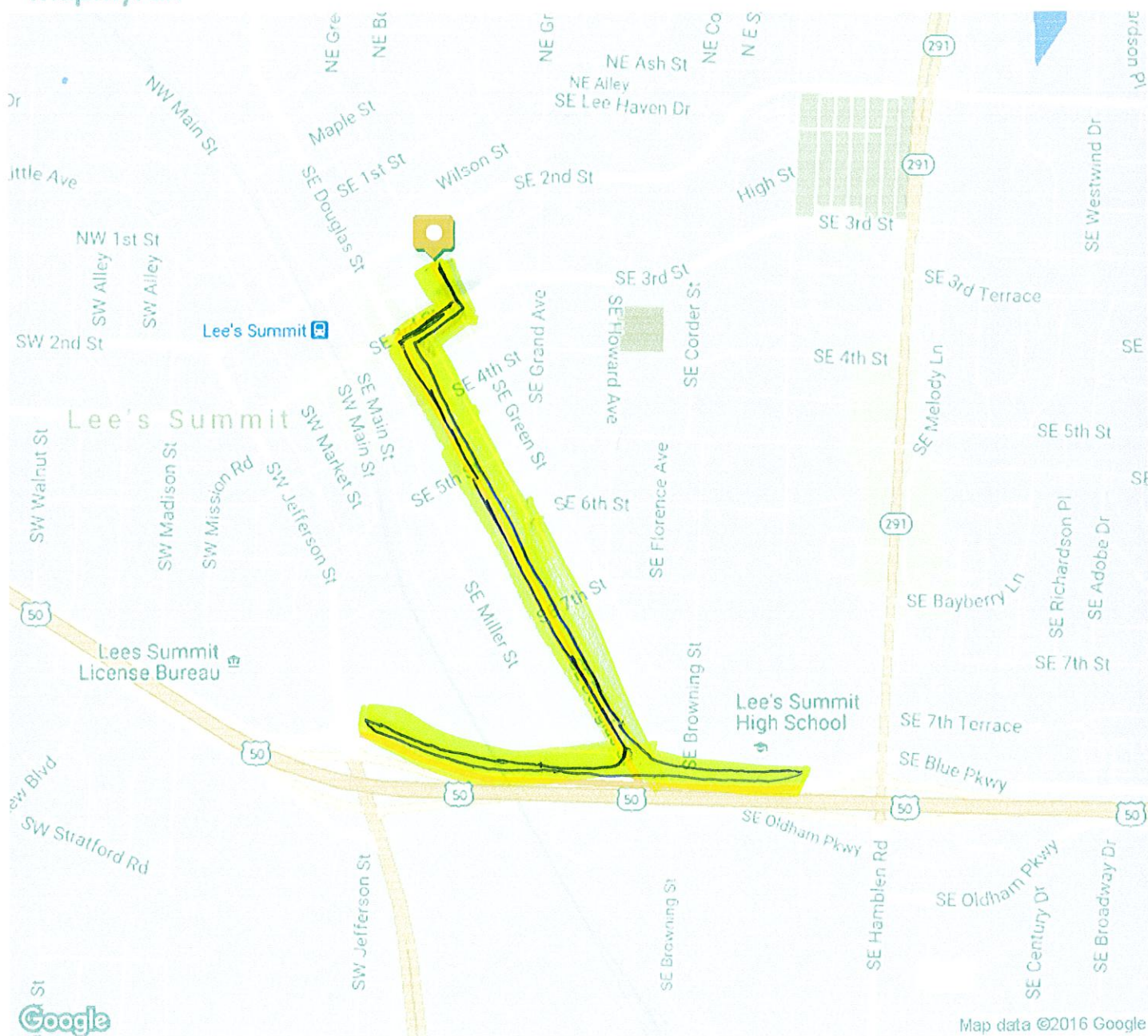


mapmyrun

Downtown Lee's Summit

Distance: 3.1 mi

Elevation: 96.3 ft (Max: 1,080.22 ft)



Google

Map data ©2016 Google

ELEVATION (ft)



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Pink Laundry SK

Bodies Health & Fitness

1100 SE Century Dr.

Lee's Summit, MO 64081

816-616-9755

The pink laundry SK will take place on Saturday October 1st at 8:00AM. using the downtown Lee's Summit course. The event will be concluded by 10:00AM. We anticipate 500 to 600 participants.

Parking will be at the city hall parking garage.

We will have one portable toilet placed by the parking garage for every 100 participants. A total of 5 toilets plus 1 ADA toilet.

Bottled water will be handed to participants at the finish line of the run. Bottled gallon water will be used at a water station 1.5 miles into the run.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/07/2016

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 have ADDITIONAL INSURED provisions or 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 K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804	CONTACT NAME: Mass Merchandising Underwriting PHONE (A/C, No, Ext): 800-426-2889 FAX (A/C, No): 260-459-5105 E-MAIL ADDRESS: info@sportsinsurance-kk.com PRODUCER CUSTOMER ID:														
INSURED The Stephanie Vest Foundation 5704 NE Coral Dr. Lees Summit, MO 64064 A Member of the Sports, Leisure & Entertainment RPG	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Nationwide Mutual Insurance Company</td><td>23787</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Nationwide Mutual Insurance Company	23787	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: W00910794

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	ADOL 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		6BRPG0000005878100	10/01/2016 12:01 AM EDT	10/03/2016 12:01 AM	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 PROFESSIONAL LIABILITY LEGAL LIAB TO PARTICIPANTS \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> NOT PROVIDED WHILE IN HAWAII						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	MEDICAL PAYMENTS FOR PARTICIPANTS			6BRPG0000005878100	10/01/2016 12:01 AM EDT	10/03/2016 12:01 AM	PRIMARY MEDICAL EXCESS MEDICAL \$25,000

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

The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

CERTIFICATE HOLDER

City of Lee's Summit
220 SE Green St.
Lee's Summit, MO 64063
(Owner/Lessor of Premises)

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

Scott Furbush

Coverage is only extended to U.S. events and activities.

** NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas



LEE'S SUMMIT MISSOURI

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

RECEIPT OF PAYMENT

Receipt Number:	2016022557
Receipt Date:	09/21/2016
Date Paid:	09/21/2016
Payment Method:	Check, Check,
Check Number:	2810, 1366,
Full Amount:	\$1,050.00
Amount Tendered	\$1,050.00
Paid By:	THE STEPHANIE VEST FOUNDATION INC, Address:5704 NE CORAL DR

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110077-Special Event Permit (application fee)	PRSE20162416	\$50.00
9110077-Special Event Permit-Route 1 (Downtown Area)	PRSE20162416	\$1,000.00