



Planning & Codes Administration  
Application Form

PERMIT NUMBER: PRSE20170633 RECEIPT NUMBER: 2017024621  
SPECIAL EVENT: Habanero's Cinco-de Mayo Tent Party  
☐ Athletic Event ☐ Mobile Food Vendor ☐ Event Signage ☒ Other  
EVENT DATE(S): May 5, 2017 EVENT TIME(S): 12pm to 11:59pm  
EVENT LOCATION/ADDRESS: 1008 SE Blue Pkwy  
ZONING OF PROPERTY: CP-2

APPLICANT: Vincent Totta PHONE: 816-554-1161  
CONTACT PERSON: \_\_\_\_\_ FAX: \_\_\_\_\_  
ADDRESS: 1008 SE Blue Pkwy CITY/STATE/ZIP: LS, MO

PROPERTY OWNER: Vincent Totta PHONE: \_\_\_\_\_  
CONTACT PERSON: SAME FAX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

Vincent Totta Vincent Totta  
PROPERTY OWNER APPLICANT  
Print name: See attached

Administrative Notes (do not write below this line)

Approved Planning & Codes Administration



1008 S.E. BLUE PARKWAY  
LEE'S SUMMIT, MO 64063  
816-554-1161 FAX 816-554-0643

February 2, 2016

City of Lee's Summit  
Department of Planning and Development

#### Habanero's 2016 CincoDe Mayo Tent Party

- Event will be held in the parking lot at 1008 SE Blue Parkway.
- Event will be held on May 5<sup>th</sup> 2016.
- The event will run from 12:00pm to 11:59pm.
  - Anticipated attendance will be approximately 100 guests in and out throughout the day at any one time.
- Two public toilets will be located just outside the rear of the tent.
- Bottled water will be available.
- 2-110 volt convenient outlets, which are permanently located on the parking lot pole to the rear of the tent, will be used for lighting and music.



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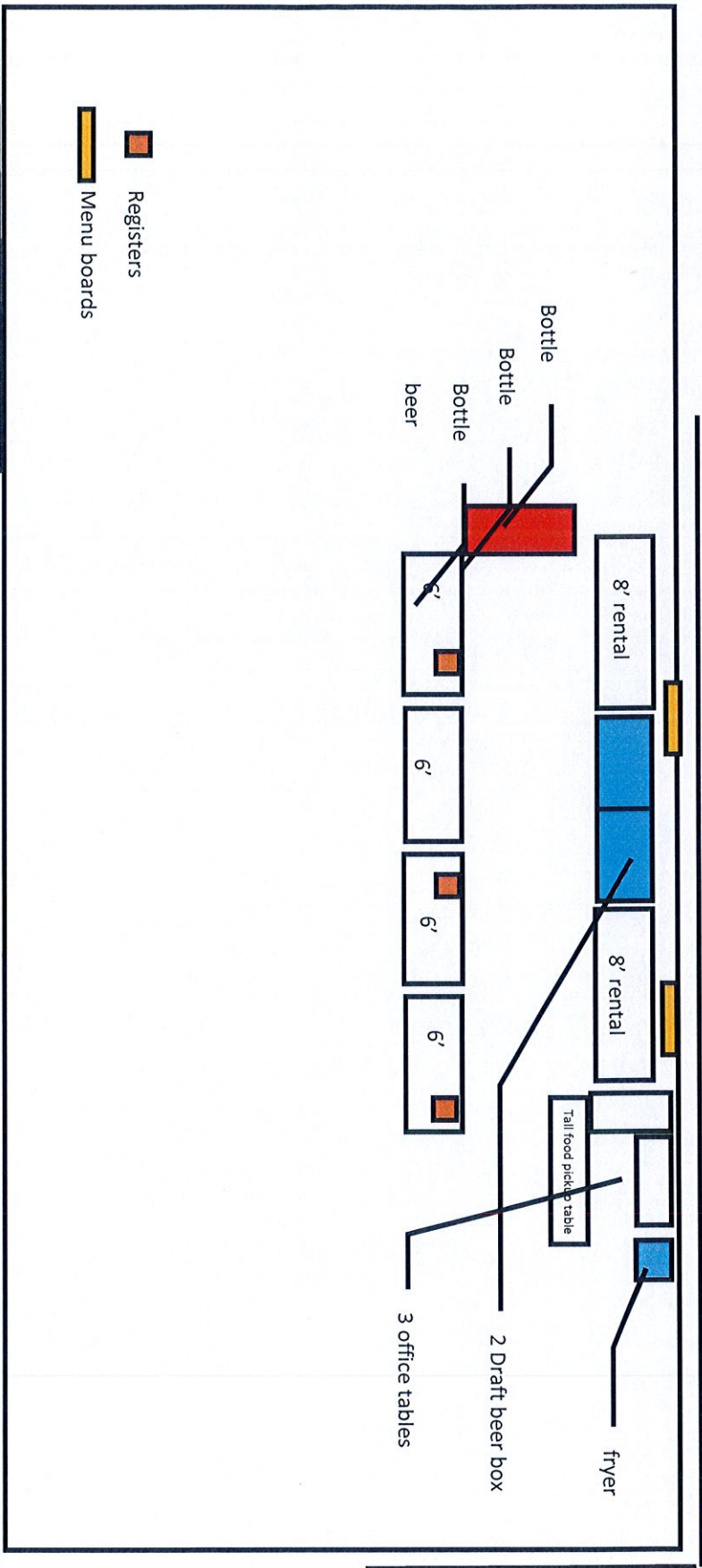
February 2, 2017

As land owner of the property at 1008 S.E. Blue Parkway, known as Habanero's Restaurant, I hereby give permission to hold a tent party in the parking lot of the restaurant on 05-05-17.

L-Tres of Lee's Summit

Vincent C. Totta,  
Managing Partner

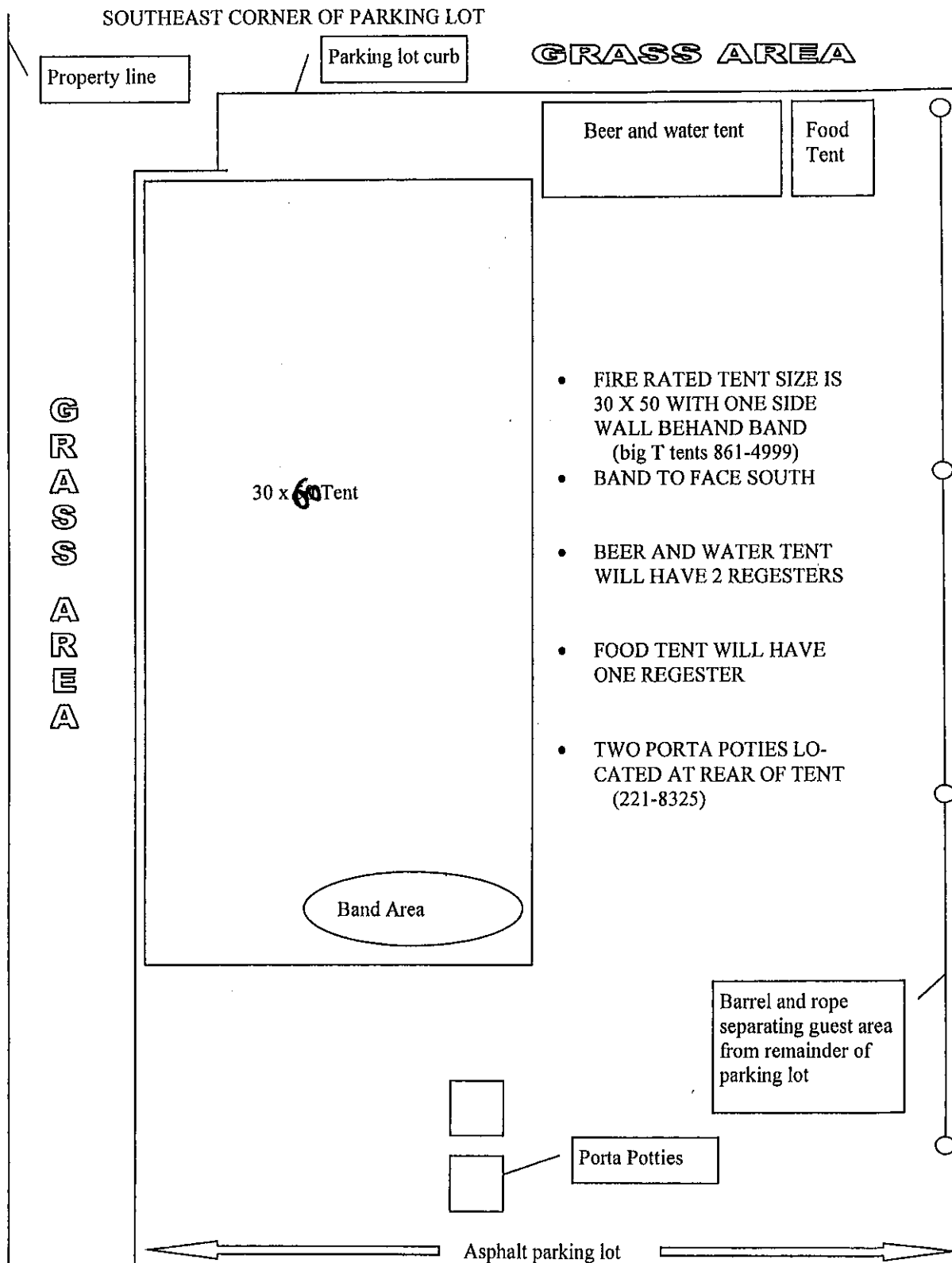




Main tent 30x60

Second Bottle beer box  
Cash only in lot

umbrella  
Attached to side for shade or cover



**HABANERO'S CINCO TENT PARTY PARKING LOT LAYOUT**



**APPLICATION FOR LIQUOR LICENSE**  
**TYPE "M" - CATERER'S PERMIT (\$15/DAY)**

Licensee's Name: HABANERO'S HOME OF THE FLYING PEPPER

Business Address: 1008 S.E. BLUE PARKWAY Phone: 816-554-1161

Type of Current Liquor License Held: BY THE DRINK / SUNDAYS License #: 91414 93688

Applicant's Name: VINCENT C. TOTTA, MANAGING PARTNER

Applicant's Address: 100 STROTHER ROAD L.S. <sup>64064</sup> Phone: 816-835-8687

Location Where Off-Premises Services Are to be Furnished: BLDING PARKING LOT

Name of Client Requesting Services: HABANEROS RESTAURANT

Date(s) Services Are to be Furnished: 5-5-2017 to (ONE DAY)

Time(s) Services Are to be Furnished: 12:00 NOON to 11:59 PM

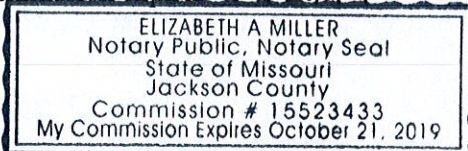
\*All provisions of the Liquor Control Code and State Liquor Control Law shall extend to such location and will be enforced. **THIS TEMPORARY PERMIT IS VALID FOR THE LISTED LOCATION ONLY AND IS VALID FOR NO MORE THAN 120 CONSECUTIVE HOURS. NO PACKAGE SALES PERMITTED.**

State of Missouri)  
County of Jackson) SS

I, (please print) VINCENT C. TOTTA being of lawful age and duly sworn upon my oath, do swear that the answers and information given in this application are true and complete to the best of my knowledge and belief.

Vincent C. Totta  
Applicant

Subscribed and sworn to before me on this 22 day of February, 2017.  
My commission expires 10/21/19.



Elizabeth A. Miller  
Notary Public

It is recommended this application be APPROVED / DISAPPROVED this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
Director of Liquor Control



**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

2/23/2017

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> <b>Marsh &amp; McLennan Agency, LLC</b> <b>7015 College Blvd., Suite 400</b> <b>Overland Park, KS 66211-1671</b> <b>913 491-1999</b>	<b>CONTACT NAME:</b> <b>Sandy Bell</b> <b>PHONE (A/C, No, Ext):</b> <b>913 491-1999</b> <b>FAX (A/C, No):</b> <b>913-906-0088</b> <b>E-MAIL ADDRESS:</b> <b>sandy.bell@haakeins.com</b>																					
<b>INSURED</b> <b>Habaneros Home of the Flying Pepper, LLC</b> <b>1008 SE Blue Parkway</b> <b>Lee's Summit, MO 64063</b>	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td>INSURER A:</td><td>AMCO Insurance Company</td><td>19100</td></tr> <tr> <td>INSURER B:</td><td>Hartford Casualty Insurance Com</td><td>29424</td></tr> <tr> <td>INSURER C:</td><td>Nationwide Mutual Insurance Com</td><td>23787</td></tr> <tr> <td>INSURER D:</td><td></td><td></td></tr> <tr> <td>INSURER E:</td><td></td><td></td></tr> <tr> <td>INSURER F:</td><td></td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	AMCO Insurance Company	19100	INSURER B:	Hartford Casualty Insurance Com	29424	INSURER C:	Nationwide Mutual Insurance Com	23787	INSURER D:			INSURER E:			INSURER F:		
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**COVERAGES****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 INSR	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> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			ACPLAO3026746813	08/07/2016	08/07/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$0 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ACPBA3026746813	08/07/2016	08/07/2017	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0			ACPCAA3026746813	08/07/2016	08/07/2017	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	37WBGBJ3287	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

This certificate does not amend, extend or alter the coverage afforded by the policy

**\*\* Supplemental Name \*\***

**Habaneros Home of the Flying Pepper, LLC**  
**Habaneros Home of the Flying Pepper, LLC of Leavenworth**  
**(See Attached Descriptions)**

**CERTIFICATE HOLDER****CANCELLATION**

<b>City of Lee's Summit</b> <b>220 SE Green Street</b> <b>Lees Summit, MO 64063</b>	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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## DESCRIPTIONS (Continued from Page 1)

L-Tres, LLC

L-Tres of Leavenworth, LLC

Campobello Foods, Inc.

Image Foods, LLC

Proof of Coverage for Cinco party permit in May





# LEE'S SUMMIT MISSOURI

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

## RECEIPT OF PAYMENT

Receipt Number:	2017024621
Receipt Date:	03/09/2017
Date Paid:	03/09/2017
Payment Method:	Check,
Check Number:	1100,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HABANERO'S, Address:1008 SE BLUE PKWY, Phone:(816) 554-1161

### Fees:

Fee Description	Reference / Application Number	Amount Paid
9110077-Special Event Permit (application fee)	PRSE20170633	\$50.00