



LEE'S SUMMIT MISSOURI

Planning & Codes Administration Application Form

PERMIT NUMBER: PRSE20171734 RECEIPT NUMBER: _____

SPECIAL EVENT: Downtown Movie Nights

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

July 27 at 9 pm, Aug 24 at 8:30 pm, Sept 28 at 8 pm

EVENT DATE(S): Each movie night would last around 2 hours EVENT TIME(S): _____ to _____

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

_____ ZONING OF PROPERTY: _____

APPLICANT: Downtown Lee's Summit Main Street PHONE: 816-246-6598

CONTACT PERSON: Ashley Nowell FAX: 816-246-7433

ADDRESS: 13 SE Third St. CITY/STATE/ZIP: Lee's Summit, MO 64063

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: _____

Ashley Nowell
APPLICANT
Ashley Nowell

Administrative Notes (do not write below this line)

RECEIVED

MAY 26 2017

Approved Planning & Codes Administration

Development Services



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 type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Electrical Plan shall be approved by the Code Official

**Special Event Checklist
Downtown Movie Nights**

1. Ashley Nowell, Assistant Director
Downtown Lee's Summit Main Street
13 SE Third St, Lee's Summit, MO 64063
(816) 246-6598
2. City of Lee's Summit
3. NA
4. City Hall Plaza
5. Thursday, July 27 at 9 pm
Thursday, August 24 at 8:30 pm
Thursday, September 28 at 8 pm
6. Downtown Movie Nights is a new event put on by Downtown Lee's Summit Main Street. On the Fourth Thursday of July, August, and September, movies will be played on City Hall Plaza. Each movie will last for approximately 2 hours. We expect between 150-300 in attendance.
DLSMS will set up an inflatable movie screen, projector and speakers, so we will need access to electricity.
DLSMS would like to have 1-2 mobile food vendors, as well as alcohol sales from Embrace the Grape.
7. Attached
8. 2 temporary toilets located on the SE end of the City Hall Parking lot. Shown on Map.
9. NA
10. Attached
11. Electricity will be needed for movie screen, projector, sound system and mobile food vendors.



DOWNT01

OP ID: AA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/10/2016

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).

PRODUCER Summit Insurance Group PO Box 1029 Lee's Summit, MO 64063 Scott J. Sidwell		CONTACT NAME: Scott J. Sidwell PHONE (A/C, No, Ext): 816-524-0031 FAX (A/C, No): 816-524-4911 E-MAIL ADDRESS: ssidwell@summitinsurancegroup.com		
INSURED Downtown Lee's Summit Main Str 13 SE Third Street Lee's Summit, MO 64063		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Savers Property & Casualty		
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
INSURER F:				

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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	CP000551	09/01/2016	09/01/2017	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <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		CA000551	09/01/2016	09/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

CITYLEE City of Lee's Summit 220 SE Green Street 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.
	AUTHORIZED REPRESENTATIVE

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