

Planning & Codes Administration Application Form

PERMIT NUMBER: PRSE 2017-2295 RE	ECEIPT NUMBER: <u>2017028606</u>
SPECIAL EVENT: RumpKIN Patel	- with Tent
☐ Athletic Event ☐ Mobile Food Vendor EVENT DATE(S): ☐ 19 10 Nov.	• • • • • • • • • • • • • • • • • • • •
EVENT LOCATION/ADDRESS: 1201 Sw	3rd St
L.S. MO 64081	ZONING OF PROPERTY:
APPLICANT: Hy Vee CONTACT PERSON: Gus Voikne-	PHONE: 816 554-2200
_ ,	CITY/STATE/ZIP: L.S. MO 64081
PROPERTY OWNER: JEFF Seskin	PHONE: 816 554 2700
CONTACT PERSON: Gus Volkme	FAX: 86 554 7200
ADDRESS: 310 Sw Word Rd	CITY/STATE/ZIP: LS MO 6408
PROPERTY OWNER	APPLICANT
Print name: Jeff Sesker	Gus Volkner
Administrative Notes (do not write below this line)	
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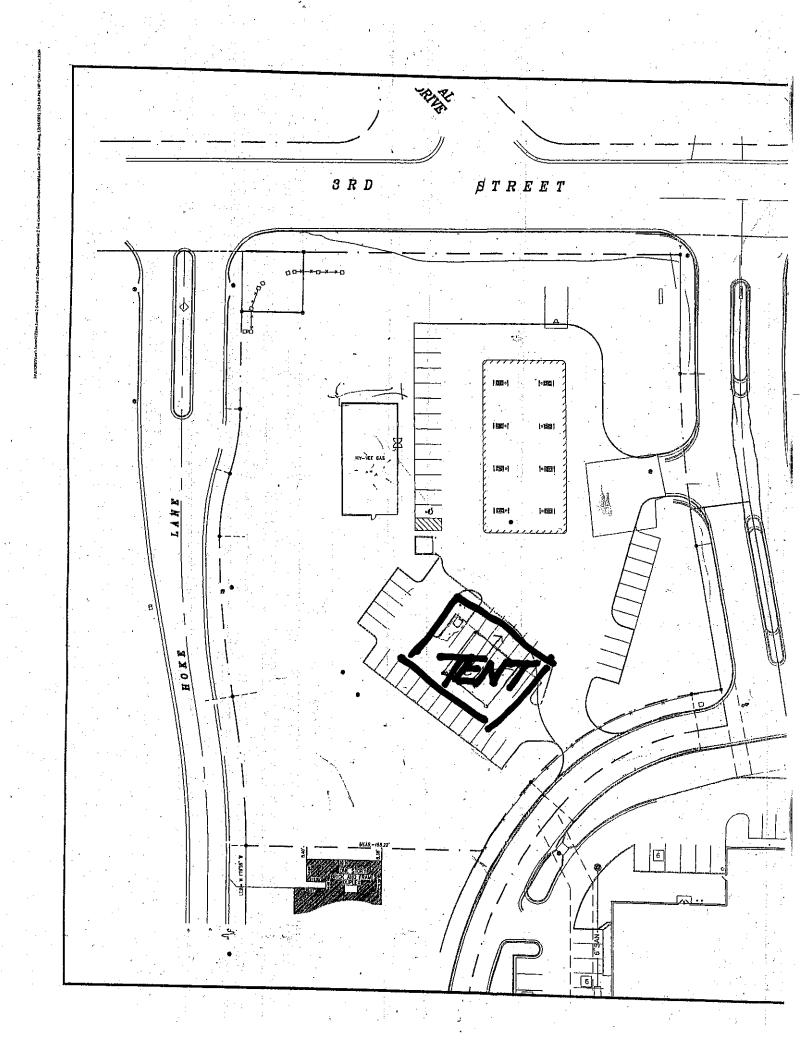
Pumpkin Patch Tent Event

Description for: Hy-Vee, Inc.

1201 3rd St.

Lee's Summit, Mo 64081

- Hours of Operation: Open for business from September 19th to November 1st.
- Anticipated Attendance: 4000 buyers during the above time period.
- Constructin a 30 x 30 pole tent in the parking lot. 1 2 banners advertising pumpkins and other products under the tent and around the tent, in the parking lot.



Certificate of Insurance / Proof of Insurance PLEASE FAX BACK TO 515-559-2571

We do not have a GENERIC Certificate of Insurance, so the following information needs provided.

1. (Organization or	company requesting	COI from Hy-Vee.
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a. Name: City of Lee's Summit (Manning and Codes)

b. Street Address: 220 55

c. City: Lee's Summit

d. State: MO

e. Zip: 64063

f. Contact Person:

Fax Number/Email Address:

2. Event Information

a. Name of specific event: Pumpken Patch Tent Event

b. Date Sept. 19 - Nov. 1

c. Start and Finish time:

d. Name and Address where event will take place

i. Name Hy-vee G-Store

ii. Address 1201 500 3 001 5+

iii. City Lee's Summy 1-

iv. State MO

v. Zip 6408)

3. What service will Hy-Vee provide to event? Catering

Pumpkin Sales

4. Does Hy-Vee have a signed contract with organization for the event? YES NO

If No, please ignore.

If Yes, please fax copy to 515-559-2571.

5. Will you be serving liquor/beer at the event? YES (NO

If NO, please ignore.

If YES, please fill out attached Supplemental Liquor Questionnaire and fax to 515-559-2571.

**If you are serving liquor/beer at the event and need dram shop insurance please contact the Accounting Licensing Department.

Please keep in mind the normal turnaround time for a COI is 24 to 48 hours or longer if you need a special Liquor Liability coverage.

Any questions, please contact Linda Vansice at 515-267-2890.



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

RECEIPT OF PAYMENT

Receipt Number:	2017028606
Receipt Date:	07/10/2017
Date Paid:	07/10/2017
Payment Method:	Cash,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HYVEE FOOD & DRUGSTORE #2, Address:5820 WESTOWN PKWY, Phone:(816) 542-2200

Fees:

Fee Description	Reference:/ Application	Amount Pald
9110077-Special Event	PRSE20172295	\$50.00
Permit (application fee)		