



LEE'S SUMMIT MISSOURI

Special Event Permit Application Form

PERMIT NUMBER: _____ RECEIPT NUMBER: _____

SPECIAL EVENT: Race for the Future 5k Run/Walk

☐ Athletic Event

☐ Mobile Food Vendor

☐ Event Signage

☐ Other

EVENT DATE(S): October 12, 2019 EVENT TIME(S): 8:00 am to 9:00 am

EVENT LOCATION/ADDRESS: Lee's Summit West High School
2600 SW Ward Rd, Lee's Summit, MO ZONING OF PROPERTY: _____

APPLICANT: Sheryl Franke PHONE: 816-986-1015

CONTACT PERSON: Sheryl Franke FAX: 816-986-1170

ADDRESS: 301 NE Tudor Rd CITY/STATE/ZIP: Lee's Summit, MO 64086

PROPERTY OWNER: Lee's Summit R-7 Schools PHONE: 816-986-1000

CONTACT PERSON: Dr. Dennis Carpenter FAX: 816-986-1170

ADDRESS: 301 NE Tudor Rd. CITY/STATE/ZIP: Lee's Summit, MO 64086


PROPERTY OWNER

Print name: Dr. Dennis Carpenter


APPLICANT
Sheryl Franke

Administrative Notes (do not write below this line)

Approved Development Services Department



Special Event Permit 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 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 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 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 Permit 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 applicable 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 applicable 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.	✓		

City of Lee's Summit
Department of Planning and Development
Special Event Checklist

1. Applicant – Name, Address, and Telephone Number

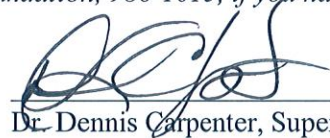
- a. Sheryl Franke, Lee's Summit R7 Schools/Educational Foundation
301 NE Tudor Rd, Lee's Summit, MO 64086
816-986-1015

2. Property Owner – Name Address and Telephone Number

- a. Dr. Dennis Carpenter, Superintendent, Lee's Summit R-7 Schools
301 NE Tudor Road, Lee's Summit, MO 64086
816-986-1008

3. Written approval from the property owner agreeing to proposed event.

"It is with full permission that the Lee's Summit R-7 Schools supports having the 23rd Annual Race for the Future at Lee's Summit West High School. We appreciate the City, Police and Fire Department's cooperation in patrolling Ward Road during the timeframe of approximately 8-8:45 a.m. on Saturday, October 12, 2019. Please do not hesitate to contact me or Sheryl Franke, Executive Director of the Lee's Summit Educational Foundation, 986-1015, if you have any questions. Thank you."



Dr. Dennis Carpenter, Superintendent

4. Description of the site on which the proposed event is to be held.

Race for the Future 5K Run/Walk is proposed to begin at Lee's Summit West High School near the Activity Complex behind the high school. Participants will run up the drive toward Ward Road, turn left (north) on Ward (remaining next to the curb in south-bound lane to minimize traffic disruption) to Scherer Road, turn left and circle back on adjacent walking trail/sidewalk, then turn right into Lee's Summit West parking lot. The race ends on the track.

5. Date(s) of proposed event : Saturday, October 12, 2019

6. A narrative written description of the proposed event.

The Race for the Future 5K Run/Walk and Kids Dash is in its 23rd year. This community-wide event is hosted by the Lee's Summit School District's Educational Foundation and is sponsored by many area businesses. The purpose of the event is to raise funds for scholarships and classroom grants for teachers, as well as promote community spirit. The Race is always scheduled on the second Saturday of October. The Race begins at 8 a.m. and participants are typically finished by approximately 8:45 or 9 a.m. at which time the Kids Dash begins on the track. The entire event is finished and cleaned up prior to noon. The only signs used are those promoting the race approx. 2 weeks leading up to the event. These yard signs and/or banners are posted at every

school site and at approved business sites throughout the community. The only public street used will be Ward Road (from the high school to Scherer) for approx. 30-45 minutes in one lane.

7. A site plan : Attached

8. Location and number of proposed temporary public toilets

None. We will utilize the public toilets located within the Stadium Activity Complex.

9. Proposed temporary potable water supplies : Not applicable

10. Proof of liability insurance : Attached

11. Any electrical needs will be supplied at the LSW Stadium Activity Complex.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/29/2018

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 Arthur J. Gallagher Risk Management Services, Inc. 12444 Powerscourt Drive, Suite 500 Saint Louis MO 63131	CONTACT NAME: MUSIC Staff	FAX (A/C, No): 866-372-7170	
	PHONE (A/C, No, Ext): 314-800-2235	E-MAIL ADDRESS: musicprogram@ajg.com	
INSURED Lee's Summit School District R-VII as a Member of M.U.S.I.C 702 SE 291 Highway Lee's Summit MO 64063	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Missouri United School Insurance (MUSIC), a self i		
	INSURER B: Safety National Casualty Corporation		15105
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:** 299111905**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.

INSTR	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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MUSIC-2019-00	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ SEE BELOW* MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ INCLUDED GENERAL AGGREGATE \$ UNLIMITED PRODUCTS - COMP/OP AGG \$ INCLUDED \$	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MUSIC-2019-00	12/31/2018	12/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
B	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	AGC4059558	12/31/2018	12/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
A	Auto Physical Damage			MUSIC-2019-00	12/31/2018	12/31/2019	ACV Less	1,000 Ded Comp/Col
B	Excess Workers Comp			AGC4059558	12/31/2018	12/31/2019	**	See Below

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

** Safety National provides Excess WC to MUSIC above a Specific and Aggregate Retention **

* Fire Legal Liability Limit \$1,000,000

EVIDENCE ONLY

CERTIFICATE HOLDER**CANCELLATION**City of Lee's Summit, MO
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.

AUTHORIZED REPRESENTATIVE

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