




# LEE'S SUMMIT MISSOURI

## Special Event Permit Application Form

PERMIT NUMBER: PRSE 20192098 RECEIPT NUMBER: 2019044653  
SPECIAL EVENT: Southside Chicago Dogs Mobile Food Vendor  
☐ Athletic Event ☒ Mobile Food Vendor ☐ Event Signage ☐ Other  
EVENT DATE(S): \_\_\_\_\_ EVENT TIME(S): \_\_\_\_\_ to \_\_\_\_\_  
EVENT LOCATION/ADDRESS: Various  
ZONING OF PROPERTY: \_\_\_\_\_

APPLICANT: Southside Chicago Dogs II PHONE: 816-868-6144  
CONTACT PERSON: David Jensen FAX: \_\_\_\_\_  
ADDRESS: 2 SW 2nd St CITY/STATE/ZIP: Lee's Summit, MO  
southsidechidogs@gmail.com 64063

PROPERTY OWNER: BLG LAND LLC PHONE: 816 896 4648  
CONTACT PERSON: Brian Greenwald FAX: \_\_\_\_\_  
ADDRESS: 9615 Sagamore Rd CITY/STATE/ZIP: Leawood KS 66206

  
PROPERTY OWNER  
Print name: Brian Greenwald

  
APPLICANT  
Brian Greenwald

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 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 <i>See Attached</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Date(s) of the proposed event <i>Various</i>
<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"><li>• the hours of operation,</li><li>• anticipated attendance,</li><li>• any building/structures, signs or attention-attracting devices proposed to be used in conjunction with the event,</li></ul>
<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. <i>google Aerial</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Electrical Plan shall be approved by the Code Official





August 5<sup>th</sup>, 2019

To: Whom it may concern

We are requesting a special event permit as a "mobile food vendor". We acquired the former Southside Chicago Dogs LLC and would like to start selling in the Lee's Summit area, specifically in the downtown core.

Attached are some google aerial photos showing in red some of the locations we would potentially like to set up. Since we're mobile we would like to be in different spots on different occasions. Cindy King, owner of The Stanley has already agreed to allow us to set up outside of the Stanley on 3<sup>rd</sup> street, on one of the bump out corners.

Our truck is non self-propelled and will be brought to the various locations by a small pick up or small SUV. The mobile foot cart is about 3'x5' and is a stand-alone unit. It has been approved by the Jackson County Health Department to meet food vendor code. At least one member of our team onsite will have a food handler permit, as required by the health dept.

We're excited to see this operation in downtown Lee's Summit and hope you'll agree.

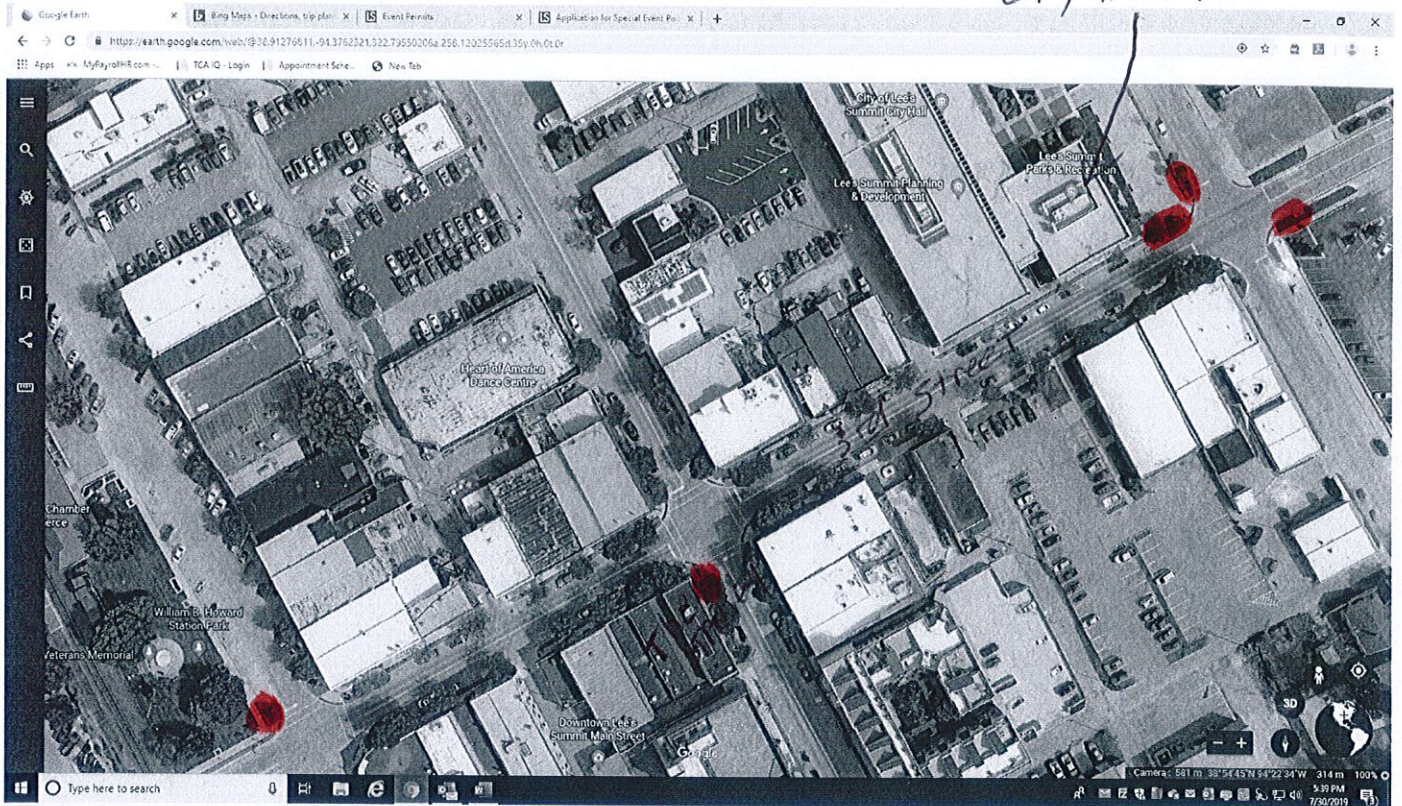
  
Brian Greenwald  
Co-Owner

  
Dave Jensen  
Co-Owner

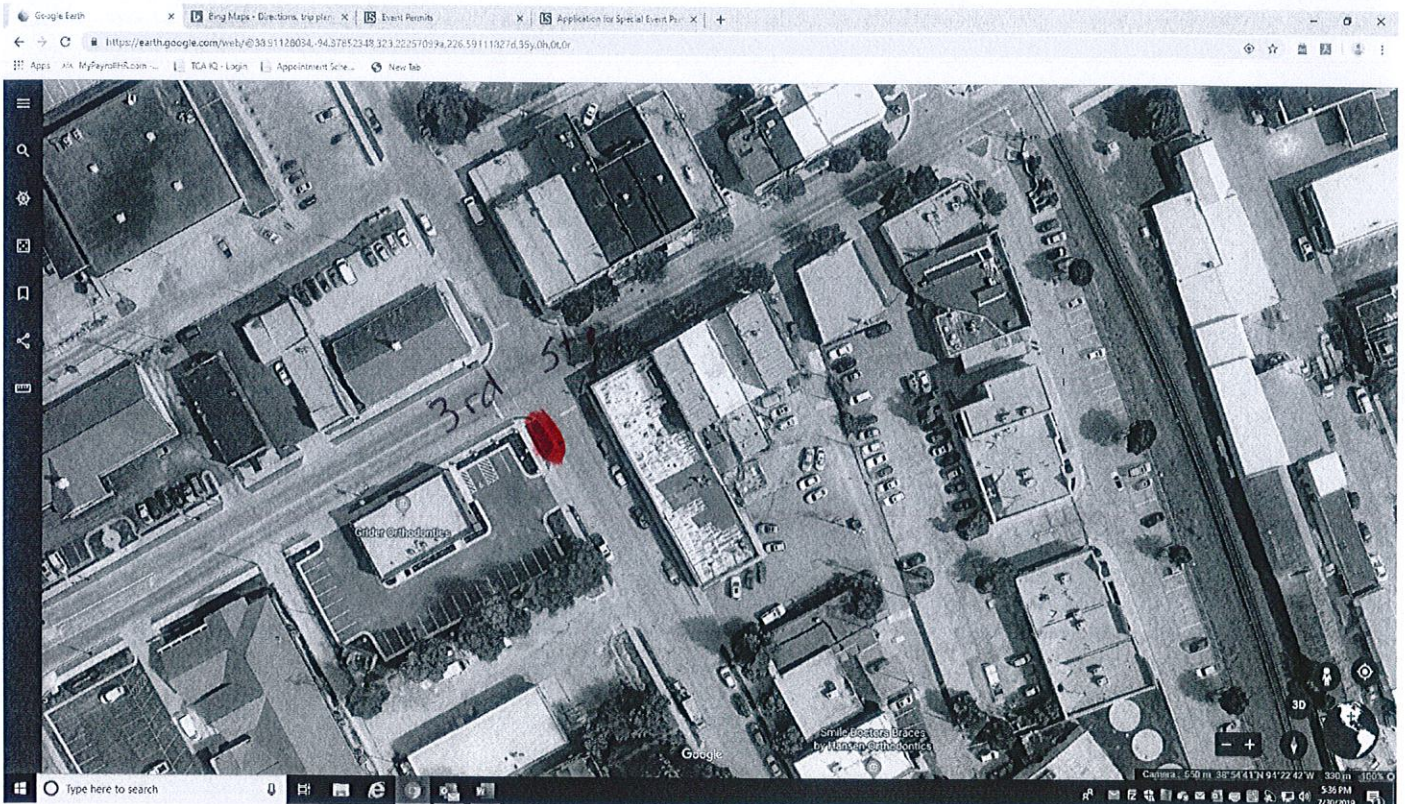




City Hall Front

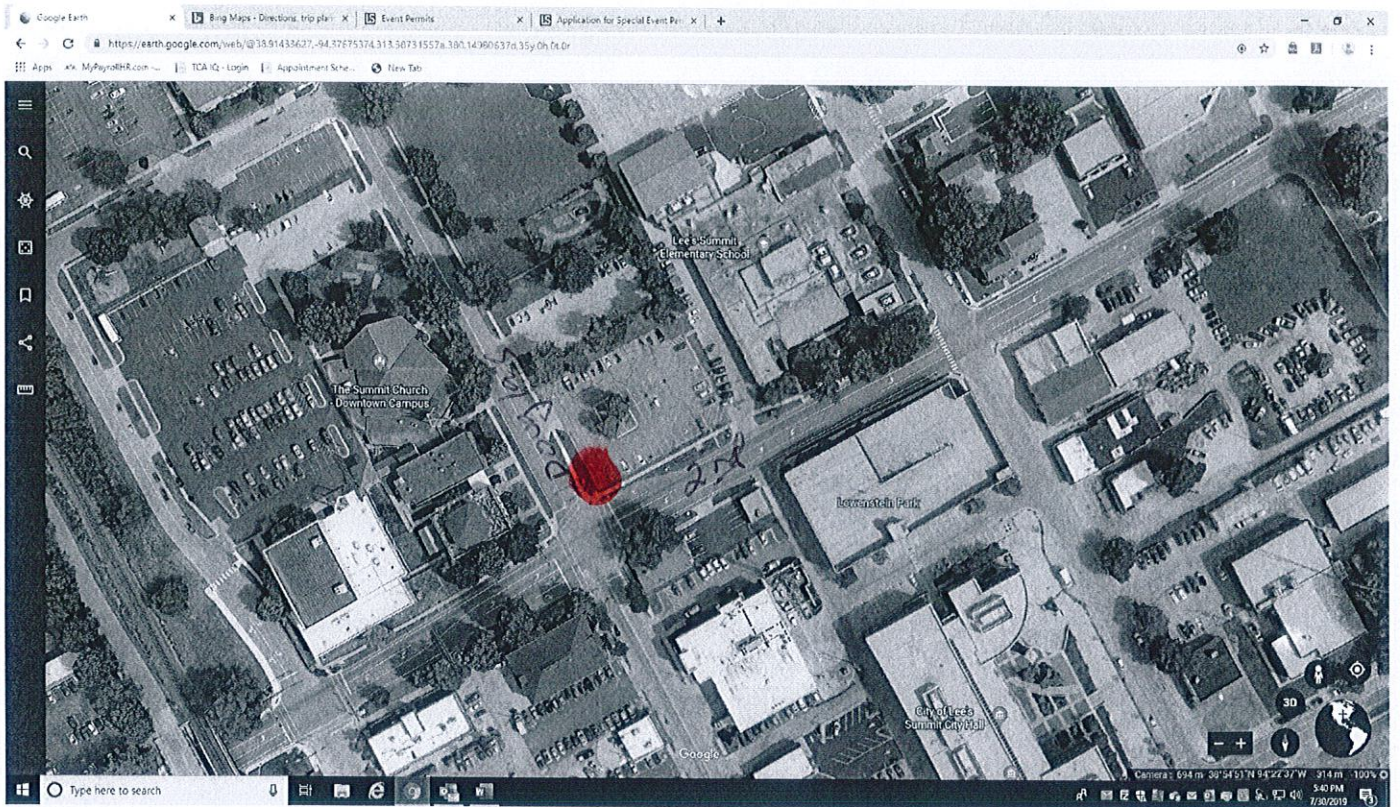


out in front of the Stanley-Cindy King "ok"



Grider Orthodontics -





farmers market parking lot



# **COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS**

**Policy No. CP 1705793**

Effective Date: 07/29/2019

12:01 AM STANDARD TIME

## **LIMITS OF INSURANCE**

Each Occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit (Any One Person/Organization)	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damages To Premises Rented To You (Any One Premises)	\$100,000
Products/Completed Operations Aggregate Limit	Included
General Aggregate Limit	\$2,000,000

## **LIABILITY DEDUCTIBLE**

\$0

## **LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY**

Location	Address	Territory
1	2 Sw 2nd St, Lees Summit, MO 64063	003

## **PREMIUM COMPUTATION**

Loc	Classification	Code No.	Premium Basis	Pr/Co	Rate		Advance Premium	
					All Other	Pr/Co	All Other	
1	Concessionaire - outdoor - multiple operating locations	11164	1 Per Stand	Included	285.200	Included		\$285
1	Additional Insured - Blanket	49950	1 Flat	Included	50.000	Included		\$50

**MINIMUM PREMIUM FOR GENERAL LIABILITY COVERAGE PART: \$375**

**TOTAL PREMIUM FOR GENERAL LIABILITY COVERAGE PART: \$375 MP**

(This Premium may be subject to adjustment.) MP - minimum premium

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

**See Form EOD (01/95)**

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

## EXTENSION OF DECLARATIONS

Policy No. CP 1705793

Effective Date: 07/29/2019

12:01 AM STANDARD TIME

### FORMS AND ENDORSEMENTS

CI 106	03/06	Mold, Fungus, Bacteria, Virus Or Organic Pathogen Exclusion
CI 107	03/06	Earth Movement Exclusion
CI 108	03/06	Water Exclusion
CI 218	04/17	Equipment Breakdown Enhancement Endorsement
CM0001	09/04	Commercial Inland Marine Conditions
CM0118	11/13	Missouri Changes
IH0079	09/09	Miscellaneous Articles Coverage Form
IH7901	07/99	Miscellaneous Articles Blanket Coverage
P 241	02/06	Amendatory Endorsement Unscheduled Computer Exclusion
P 243	02/06	Amendatory Endorsement Theft From Vehicle Exclusion
P 244	02/06	Representation And Warranty Endorsement
P 245	03/06	Amendatory Endorsement Additional Property Not Covered
P 247	02/15	Exclusion of Certified Acts of Terrorism



## EXTENSION OF DECLARATIONS

Policy No. CP 1705793

Effective Date: 07/29/2019

12:01 AM STANDARD TIME

### FORMS AND ENDORSEMENTS

#### The following forms apply to multiple coverage parts

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
CG2173	01/15	Exclusion Of Certified Acts Of Terrorism
CG2650	12/98	Missouri Changes - Medical Payments
CI 116	01/07	Amendment Of Coverage Territory
IL0017	11/98	Common Policy Conditions
IL0021	09/08	Nuclear Energy Liability Exclusion Endorsement
IL0274	02/13	Missouri Changes - Cancellation And Nonrenewal
IL0935	07/02	Exclusion Of Certain Computer-Related Losses
L-610	11/04	Expanded Definition Of Bodily Injury
LLQ100	07/06	Amendatory Endorsement
LLQ368	08/10	Separation Of Insureds Clarification Endorsement
TRIADN	02/15	Policyholder Disclosure Notice of Terrorism Insurance Coverage
Jacket	09/10	Commercial Insurance Policy Jacket

#### The following forms apply to the Commercial Liability coverage part

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
CG0001	12/07	Commercial General Liability Coverage Form
CG0068	05/09	Recording And Distribution Of Material Or Information In Violation Of Law Exclusion
CG2107	05/14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included
CG2136	03/05	Exclusion - New Entities
CG2147	12/07	Employment-Related Practices Exclusion
L-232s	09/05	Classification Limitation Endorsement
L-428	01/12	Absolute Firearms Exclusion
L-549	12/07	Absolute Professional Liability Exclusion
L-599	10/12	Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
L-618C	09/09	Amendment Of Premium Audit Conditions
L-686	10/12	Absolute Exclusion for Liquor and Other Related Liability
L-714	09/08	Miscellaneous Services Exclusion
L-723	02/09	Blanket Additional Insured Endorsement
L-787	05/18	Infringement of Copyright, Patent, Trademark, Trade Secret or Trade Dress Exclusion Endorsement

#### The following forms apply to the Commercial Inland Marine coverage part

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
CI 103	03/06	Lead Contamination Exclusion
CI 104	03/06	Asbestos Material Exclusion
CI 105	03/06	Absolute Pollution Exclusion - Property

NEW

Renewal of Number

# United States Liability Insurance Company

1190 Devon Park Drive, Wayne, Pennsylvania 19087

A Member Company of United States Liability Insurance Group

Direct Bill Policy

POLICY DECLARATIONS

No. CP 1705793

NAMED INSURED AND ADDRESS:

**SOUTHSIDE CHICAGO DOGS II LLC**

**114 SW MAIN ST,**

**LEE'S SUMMIT, MO 64063**

POLICY PERIOD: (MO. DAY YR.) From: 07/29/2019 To: 07/29/2020

12:01 A.M. STANDARD TIME AT YOUR  
MAILING ADDRESS SHOWN ABOVE

FORM OF BUSINESS: Limited Liability Company

BUSINESS DESCRIPTION: Concessionaire

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE  
WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.  
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Liability Coverage Part	\$375.00
Commercial Inland Marine Coverage Part	\$562.00
Broker Fee	\$100.00
<b>TOTAL:</b>	<b>\$1,037.00</b>

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue

**See Endorsement EOD (1/95)**

Agent: **WHORTON INSURANCE SERVICES (2590)**  
11200 Jollyville Road  
Austin, TX 78759

Issued: 07/29/2019 11:22 AM

By:

  
Authorized Representative

UPD (08-07)

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS,  
COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF,  
COMPLETE THE ABOVE NUMBERED POLICY.