



Special Event Permit  
Application Form

PERMIT NUMBER: 2020 2160 RECEIPT NUMBER: 2020052142

SPECIAL EVENT: Hy-vee Tent Sale

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

EVENT DATE(S): 08/31/20 thru 11/02/20 EVENT TIME(S): 8am to 8pm

EVENT LOCATION/ADDRESS: Hy-vee West

310 S.W. Ward Road ZONING OF PROPERTY: \_\_\_\_\_

Lee's Summit MO 64081

APPLICANT: Hy-vee West PHONE: 816-554-2200

CONTACT PERSON: Matt Fast FAX: \_\_\_\_\_

ADDRESS: 310 S.W. Ward Road CITY/STATE/ZIP: Lees Summit MO 64081

Lee's Summit MO 64081

PROPERTY OWNER: Hy-vee Inc. PHONE: 816-554-2200

CONTACT PERSON: Matt Fast FAX: \_\_\_\_\_

ADDRESS: 310 S.W. Ward Road CITY/STATE/ZIP: LS, MO, 64081

Hy-vee Inc.  
PROPERTY OWNER

Print name: Matt Fast

Matt Fast  
APPLICANT

[Signature]

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**

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.	✓		





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/02/2019

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 Holmes Murphy & Assoc - WDM PO Box 9207 Des Moines, IA 50306-9207	1-800-247-7756	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):
INSURED Hy-Vee, Inc., including All Subsidiaries and Affiliates 5820 Westown Parkway West Des Moines, IA 50266		INSURER(S) AFFORDING COVERAGE INSURER A: EMCASCO INS CO INSURER B: EMPLOYERS MUT CAS CO INSURER C: INSURER D: INSURER E: INSURER F:
		NAIC # 21407 21415

## COVERAGES

CERTIFICATE NUMBER: 57483677

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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		5D91810	09/27/19	09/27/20	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ EXCLUDED
						PERSONAL & ADV INJURY \$ 3,000,000
						GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COMP/OP AGG \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					\$
	<input type="checkbox"/> NON-OWNED AUTOS					
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED					\$
	RETENTION \$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		5Z91810	09/27/19	09/27/20	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	5N91810	09/27/19	09/27/20	E.L. EACH ACCIDENT \$ 2,000,000
A	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	5891810	09/27/19	09/27/20	E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
B			5T91810	09/27/19	09/27/20	E.L. DISEASE - POLICY LIMIT \$ 2,000,000

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

## CERTIFICATE HOLDER

To Whom It May Concern

## CANCELLATION

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

Hy-Vee inc,  
Store #1381  
310 S.W. Ward Road  
Lees Summit Mo 64081  
816-554-2200  
Attention: Matt Fast

City of Lee's Summit  
Development services

#### Special Permit Application

To whom it may concern,

Hy-Vee located at 310 S.W. Ward Road, is asking for permission from City of Lee's Summit to temporary erect a tent, the size of the tent be vary depending on what the city will allow. The tent shall be used for "*Parking Tent Sale*" throughout the following dates: August 31<sup>st</sup> thru November 2<sup>nd</sup>. The tent sale shall be used for selling goods (i.e. Snack sale, parking lot sale, etc) The tent shall be temporary placed on the Northeast end of the parking lot owned and operated by Hy-Vee Inc. The hours of operation shall be between 8am to 8pm, Monday thru Sunday. The anticipated attendance of this event shall be between 0-250 people per day. No City services will be required for this event.

Sincerely

Matt Fast

Hy-Vee Inc,  
816-554-2200



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



### RECEIPT OF PAYMENT

Receipt Number:	2020052142
Receipt Date:	08/03/2020
Date Paid:	08/03/2020
Payment Method:	Check,
Check Number:	19-124972752,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HY-VEE INC, Address:5820 WESTOWN PKWY

### Fees:

9110077-Special Event Permit (application fee)	PRSE20202160	\$50.00