



LEE'S SUMMIT MISSOURI

Special Event Permit Application Form

PERMIT NUMBER: _____ RECEIPT NUMBER: _____

SPECIAL EVENT: _____

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

EVENT DATE(S): ASAP start to 3-6 months EVENT TIME(S): 7 am to 9 pm

EVENT LOCATION/ADDRESS: 1103 SW Oldham Pkwy, Lee's Summit,
MO 64081 ZONING OF PROPERTY: CP-2

APPLICANT: 88Medicine, LLC & GS Labs, LLC PHONE: 402 902 4025

CONTACT PERSON: Christopher Erickson FAX: _____

ADDRESS: PO BOX 241468 CITY/STATE/ZIP: Omaha, NE 68124

PROPERTY OWNER: LSPH Investors, LLC PHONE: 816-898-5546

CONTACT PERSON: Adam Lyngar FAX: _____

ADDRESS: 3901 W. 83rd St. CITY/STATE/ZIP: Prairie Village,
KS 66208

PROPERTY OWNER

Print name: Adam Lyngar

APPLICANT

Christopher L. Erickson

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Applicant – Name, Address and Telephone Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Property Owner – Name, Address and Telephone Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Written approval from the property owner agreeing to the proposed event
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Description of the site on which the proposed event is to be held
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Date(s) of the proposed event
<input 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 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 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



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.**

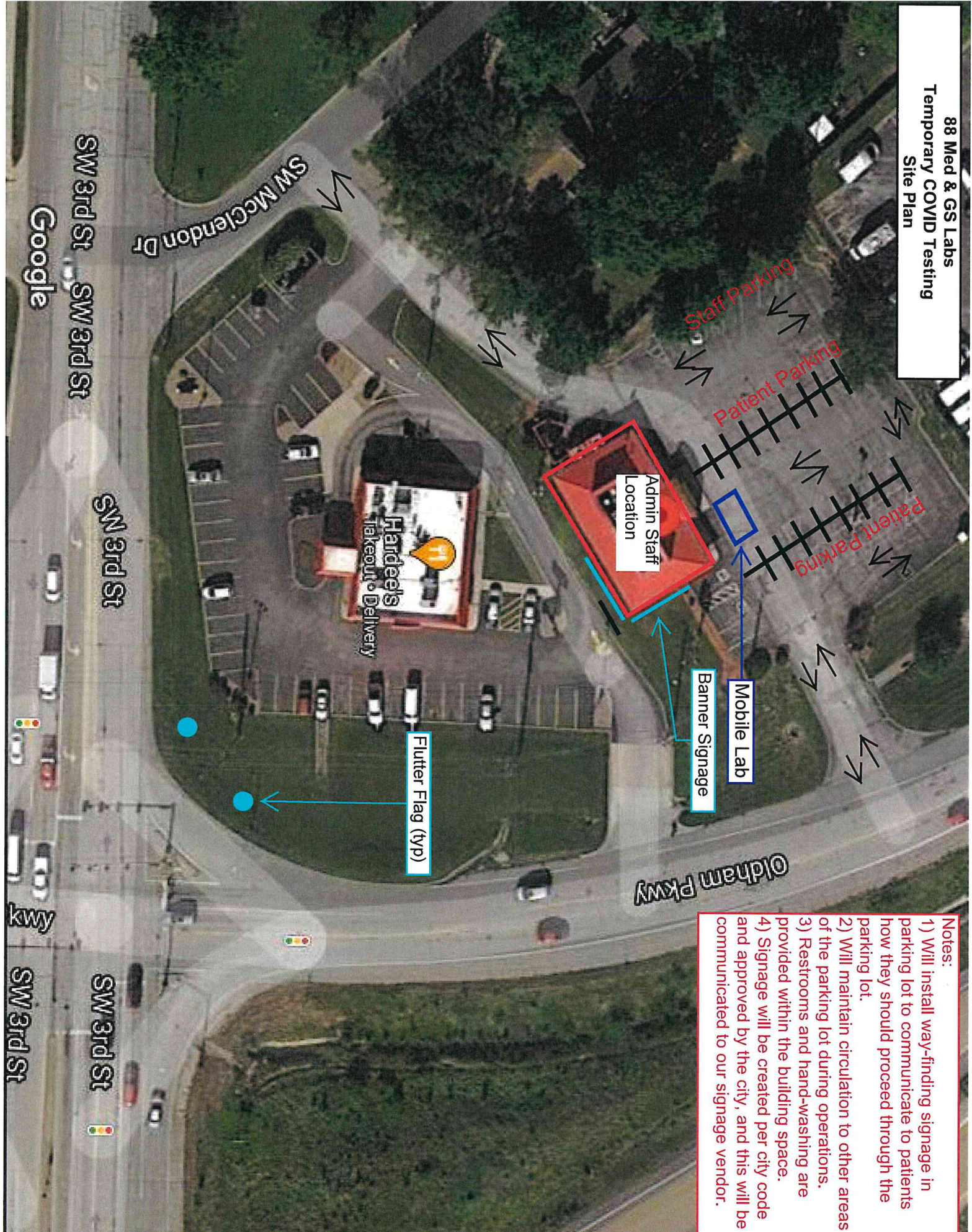
Table 1. General Application Requirements				
UDO Article 11., Sec. 11.060	Ordinance Requirement	Met	Not Met	N/A
A .Application Required.	A Special Event Application shall be submitted for any Special Event requiring a Special Event Permit, as outlined above under "Permit Required."			
B. Application 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: <ul style="list-style-type: none"> 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.			

Lee's Summit, MO – Special Event Application

Supplementary Special Event Permit Checklist

1. **Applicant:** Christopher L. Erickson on behalf of 88 Medicine, LLC and GS Labs, LLC. **Address:** PO Box 241468 Omaha, NE 68124. **Telephone Number:** 402-902-4025
2. **Property Owner:** Adam Lyngar on behalf of LSPH Investors, LLC. **Address:** 3901 W 83rd St. Prairie Village, KS 66208. **Telephone Number:** 816-898-5546
3. **Permission from Property Owner:** Will provide prior to occupancy.
4. **Site Description:** Address is 1103 W Oldham Pkwy, Lee's Summit, KS 64081 and is an old Pizza Hut location/building.
5. **Dates of Proposed Event:** As soon as possible start date through 3-6 months (depending upon COVID situation).
6. **Narrative of Proposed Event:**
 - a. Hours of operation: most commonly 8AM-8PM, may be 7AM-9PM depending upon need/demand.
 - b. Anticipated attendance: 300-600 cars per day.
 - c. Signage: We will have signage directing patients to where they need to park. We will have some banner and "flutter flag" signage as well (see site plan).
 - d. Note: COVID tests are by appointment ONLY – there will be no "drive-ins" accepted. Patients must first make an appointment online and then show up for their appointment time slot. 10-20 appointments will take place at one time. We have software we use that allows us to control the number of appointments at one time and daily.
7. **Site Plan:** Please see attached.
8. **Location:** 1103 W Oldham Pkwy, Lee's Summit, KS 64081, inside the building (indoor toilets will be used), so no temporary toilets are needed.
9. **Proposed Temporary Potable Water Supplies:** N/A
10. **Proof of Liability Insurance:** Please see attached
11. **Electrical Plan:** Noted: Any changes or connection to existing systems shall be done by a licensed electrician and inspected by a code official prior to operation.

88 Med & GS Labs
Temporary COVID Testing
Site Plan



Notes:

- 1) Will install way-finding signage in parking lot to communicate to patients how they should proceed through the parking lot.
- 2) Will maintain circulation to other areas of the parking lot during operations.
- 3) Restrooms and hand-washing are provided within the building space.
- 4) Signage will be created per city code and approved by the city, and this will be communicated to our signage vendor.