



# LEE'S SUMMIT MISSOURI

## Special Event Permit Application Form

PERMIT NUMBER: PRSE20204714 RECEIPT NUMBER: 2020055185

SPECIAL EVENT: Tented Patio at Third Street Social

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

EVENT DATE(S): 12/9/2020 - 4/01/2021 EVENT TIME(S): 10am to 10pm

EVENT LOCATION/ADDRESS: 123 SE 3rd Street, Lee's Summit, MO

ZONING OF PROPERTY: CBD

APPLICANT: Third Street Social PHONE: 816-384-2123

CONTACT PERSON: Jeni Rooney FAX: n/a

ADDRESS: 123 SE 3rd St. CITY/STATE/ZIP: Lee's Summit, MO  
64063

PROPERTY OWNER: ANDY LOCK PHONE: 816-298-3084

CONTACT PERSON: Andy Lock FAX: \_\_\_\_\_

ADDRESS: 123 SE 3rd St. CITY/STATE/ZIP: Lee's Summit, MO

alock@summitgrillandbar.com jrooney@thirdstreet-social.com  
64063

  
PROPERTY OWNER

  
APPLICANT

Print name: Andy Lock

Jeni Rooney

Administrative Notes (do not write below this line)

Approved Development Services Department



Third Street Social Patio Tent Proposal:

Tent size: 10ftx40ft

Description of tent site: Tent will be used to cover the outdoor patio seating at 123 SE Third Street, Lee's Summit, MO 64063.

Tent Occupancy: Tent will occupy no more than 30 persons at one time.

Tent Hours of Operation: Sunday; 10am-10pm Monday-Friday; 11am – 10pm; Saturday; 10am – 10pm

\*if mandates are lifted operating hours would be from 10am-12am



December 9<sup>th</sup>, 2020

I, Andy Lock, approve of the use of a tent to cover our outdoor seating area from 12/09/2020-04/01/2021.

Sincerely,

A handwritten signature in dark ink, appearing to read "Andy Lock". The signature is fluid and cursive, with a large initial "A" and a long, sweeping underline.

Andy Lock



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





## Special Event Permit Checklist

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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"> <li>7. Location</li> <li>8. Hours of operation</li> <li>9. Anticipated attendance</li> <li>10. Buildings or structures to be used in conjunction with the event</li> <li>11. Proposed signs or attention attracting devices</li> <li>12. Public streets to be used, if any</li> </ul>			
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)  
12/09/2020

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	CONTACT NAME: LeaAnn Hadggaga PHONE (A/C, No, Ext): (816)525-8866 E-MAIL ADDRESS: lhadggaga@midaminsurance.com	FAX (A/C, No):
Mid America Specialty Markets / Hoog 656 Bayberry Lane, Ste 105 Lees Summit, MO 64063	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A : Nationwide Insurance	23787
Third Street Social Resaurant Associates LLC 123 SE 3rd St Lee's Summit, MO 64063-2719	INSURER B : Nationwide Insurance	10127
	INSURER C : First Comp	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

CERTIFICATE NUMBER: 00022588-238951

REVISION NUMBER: 1


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 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 type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ACP3047772694	06/29/2020	06/29/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ACP3019238207	03/08/2020	03/08/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ACP3047772694	06/29/2020	06/29/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A		WC0180387-02	06/23/2020	06/23/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER \$ 1,000,000 E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$

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

## CERTIFICATE HOLDER

## CANCELLATION

City of Lee's Summit 220 SE Green Street Lees 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  (LAH)
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