



Special Event Permit  
Application Form

PERMIT NUMBER: 20215130 RECEIPT NUMBER: \_\_\_\_\_

SPECIAL EVENT: Holiday Cabaret

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

EVENT DATE(S): December 17, 18, 19 EVENT TIME(S): 2:00 pm 4:00 pm  
7:00 pm to 9:00 pm

EVENT LOCATION/ADDRESS: STG STUDIO 180 NW Oldham Pkwy

Lee's Summit, MO 64063 ZONING OF PROPERTY: Assembly B

APPLICANT: Summit Theatre Group PHONE: 816-272-5451

CONTACT PERSON: Ginger Birch FAX: \_\_\_\_\_

ADDRESS: 180 NW Oldham Pkwy CITY/STATE/ZIP: Lee's Summit, MO  
64081

PROPERTY OWNER: Curry Investment Company PHONE: 816-414-5200

d/b/a Curry Real Estate Services  
CONTACT PERSON: Mike Sweeney FAX: 816-452-4757

ADDRESS: 2700 Kendallwood Parkway, Ste 208 CITY/STATE/ZIP: Gladstone, MO 64119

Ellen M. Todd, Pres.  
PROPERTY OWNER

Print name: Ellen M Todd

Ginger C Birch  
APPLICANT

Ginger C Birch

Administrative Notes (do not write below this line)

Approved Development Services Department



September 22, 2021

Ginger Burch  
Summit Theatre Group  
180 NW Oldham Parkway  
Lee's Summit, MO 64081

RE: Special Event Permit

Dear Ginger,

Curry Investment Company d/b/a Curry Real Estate Services grants you permission to increase your occupancy from 47 to 75 on December 17-19<sup>th</sup> during your special event only.

Attached you will find the Special Event Permit executed by the Owner for you to forward to the City of Lee's Summit.

Please call me if you have any questions.

Sincerely,

A handwritten signature in black ink that reads 'Mike Sweeney'.

Mike Sweeney  
Senior Vice President



## *Cool Yule: A Jazzy Holiday Celebration*

### Holiday Cabaret

#### Performance Dates:

December 17 & 18 from 7:00-9:00 pm

December 18 & 19 from 2:00-4:00 pm

#### Location:

STG Studio

180 NW Oldham Pkwy Lee's Summit, MO 64063

816.272.5451 [info@summittheatre.org](mailto:info@summittheatre.org)

Summit Theatre Group is requesting an increase in occupancy capacity for the dates listed above for our Holiday season presentation. The maximum capacity we are requesting is 75 persons (including audience, cast, and crew) on site at one time during the hours listed above.

This presentation is our annual holiday season offering to our patrons and the community. We would like to increase our audience size for this one production in our season at this time.

Extra exit signage in addition to what is already present in the building will be posted and easily seen for both exits at the front and back of the building. We will have crew/staff members on site to assist patrons in entering and exiting the building.

No other additions including temporary public toilets or portable water supplies are needed at this time.

The standards set forth in Article 11, of the UDO, have been satisfied.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/15/2021

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).

<b>PRODUCER</b> <b>HOLLIDA INSURANCE AGENCY LLC</b> 1018 S Westwood Blvd Ste 3 Poplar Bluff, MO 63901		<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): (573) 727-9700 FAX (A/C, No): (573) 727-9701 E-MAIL: johnnyrhowe@gmail.com ADDRESS:		
<b>INSURED</b> <b>Summit Theatre Group, Inc</b> 180 NW Oldham Parkway Lee's Summit, MO 64081		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC#</b>
		<b>INSURER A: Alliance of Nonprofits</b>		<b>10023</b>
		<b>INSURER B:</b>		
		<b>INSURER C:</b>		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
<b>INSURER F:</b>				

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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"/> <b>COMMERCIAL GENERAL LIABILITY</b>			2021-35205	01/18/2021	01/18/2022	<b>EACH OCCURRENCE</b> \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		<b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> \$ 500,000				
			<b>MED EXP (Any one person)</b> \$ 20,000				
			<b>PERSONAL &amp; ADV INJURY</b> \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						<b>GENERAL AGGREGATE</b> \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						<b>PRODUCTS - COMP OP AGG</b> \$ 1,000,000
	OTHER:						\$
	<b>AUTOMOBILE LIABILITY</b>						<b>COMBINED SINGLE LIMIT (Ea accident)</b> \$
	<input type="checkbox"/> ANY/AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						<b>BODILY INJURY (Per person)</b> \$
	<input type="checkbox"/> HIRED AUTOS						<b>BODILY INJURY (Per accident)</b> \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						<b>PROPERTY DAMAGE (Per accident)</b> \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in MO)	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A					<b>E.L. EACH ACCIDENT</b> \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						<b>E.L. DISEASE - EA EMPLOYEE</b> \$
							<b>E.L. DISEASE - POLICY LIMIT</b> \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Lee's Summit is an additional insured for General Liability to the extent of their involvement.
Event: December 17-19, 2021

<b>CERTIFICATE HOLDER</b>  City of Lee's Summit 220 SE Green Street Lee's Summit, MO 64063	<b>CANCELLATION</b>  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  Johnny R. Howe
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## 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.	✓		



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***\*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 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 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