

PLEASE PRINT OR TYPE

DEPARTMENT OF POLICE
PARADE PERMIT

EMAIL: ADiJim.Oliver@lsr7.net
MONTE. SEABAUGH@LSR7.NET

TO: Chief of Police
City of Lee's Summit

DATE: 6.15.23

Application is hereby made, as provided in Section 29.451 of the Lee's Summit Traffic Code to hold a parade as follows:

1. Route of parade (include starting and terminating points and assembly area(s). INCLUDE MAP MAP INCLUDED, START ON LS WEST CAMPUS

2. Date of Parade: 9/29/23 3. Assembly Time: _____

4. Starting Time: 3:15 (am/pm) 5. Ending Time: 4:00 (am/pm)

6. Name(s), addresses and telephone numbers of sponsoring organizations or persons:

BOBBY CONARD - LSPD & SRO (816) 509-9027

7. Number of person(s) and/or units (state which) expected to participate in parade. (If units are used, give full description.) 20-25 UNITS

8. Purpose or object of parade: HOMECOMING

9. Will parade occupy all, or a portion, of streets used? YES

10. Special provisions: PLEASE ASSIST IN BLOCKING ONE LANE OF
WARD ROAD

Signature of Parade Chairman: _____

Address (#, street, city): 2600 SW WARD ROAD Telephone # 816-986-4011

Authorization for the above parade is hereby: APPROVED DISAPPROVED

Date: _____ Signed _____

Chief of Police



LEE'S SUMMIT MISSOURI

Special Event Permit Application Form

PERMIT NUMBER: _____ RECEIPT NUMBER: _____

SPECIAL EVENT: LEES SUMMIT WEST - Homecoming Parade

☐ Athletic Event

☐ Mobile Food Vendor

☐ Event Signage

☐ Other

EVENT DATE(S): 9/29/23 EVENT TIME(S): _____ to _____

EVENT LOCATION/ADDRESS: LSWHS - 2600 SW WARD ROAD

_____ ZONING OF PROPERTY: _____

APPLICANT: LEES SUMMIT R-7/LSWHS PHONE: 816.986.4000

CONTACT PERSON: MONTESSEASAWA/Jim Oliver FAX: 816.986.4113

ADDRESS: 2600 SW WARD ROAD CITY/STATE/ZIP: LS, MO 64082

PROPERTY OWNER: _____ PHONE: _____

CONTACT PERSON: _____ FAX: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PROPERTY OWNER

APPLICANT

Print name: _____

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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">• the hours of operation,• anticipated attendance,• any building/structures, signs or attention-attracting devices proposed to be used in conjunction with the event,
<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



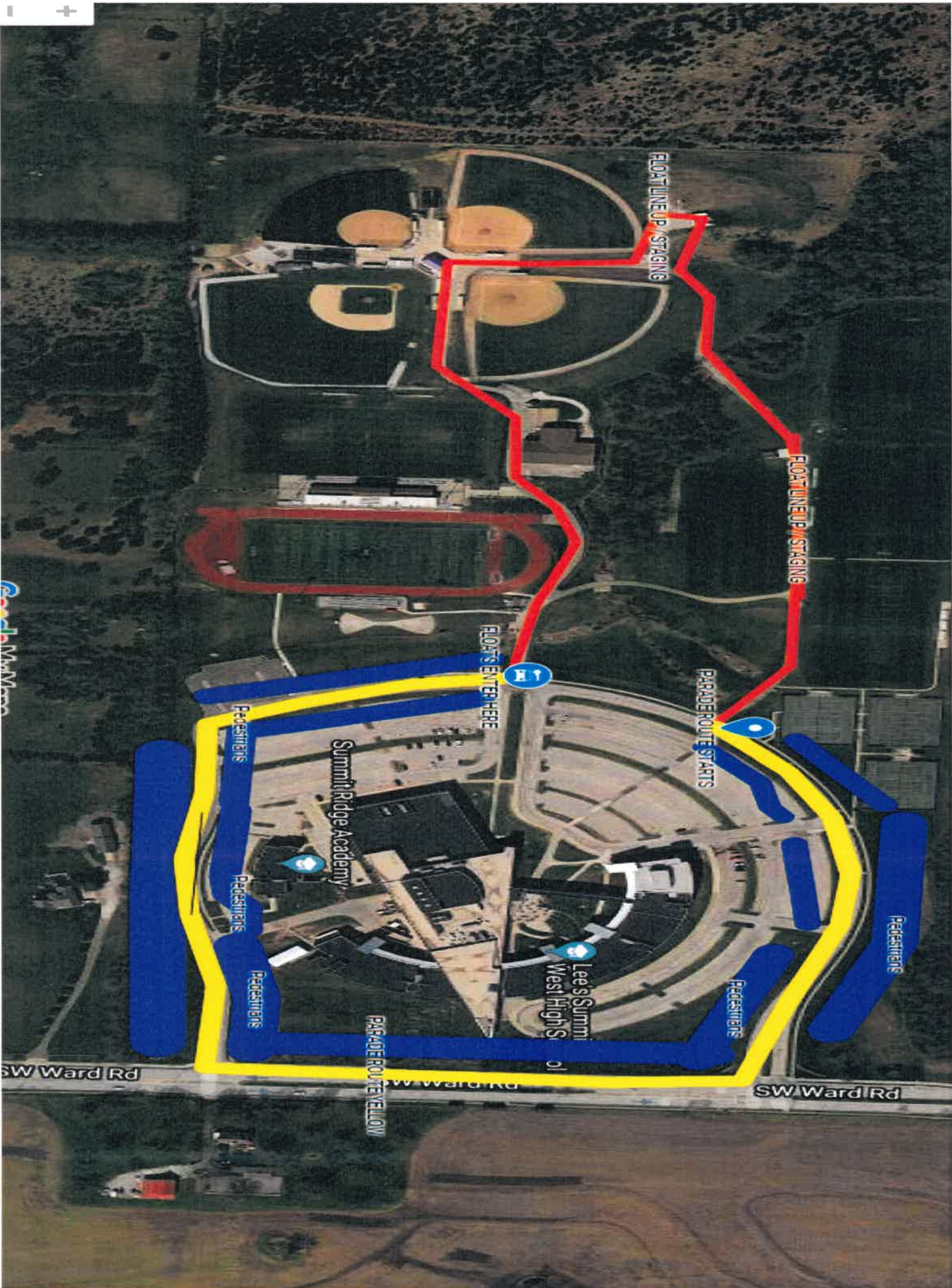
Special Event Permit Checklist

***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.	✓		



1
FLOAT LINEUP/STAGING

2
FLOAT LINEUP/STAGING

PARADE ROUTE STARTS

3
FLOATS ENTER HERE

Summit Ridge Academy

Lee's Summit
West High School

PARADE ROUTE YELLOW

Pedestrians

Pedestrians

Pedestrians

Pedestrians

Pedestrians

SW Ward Rd

SW Ward Rd

SW Ward Rd

CoolMap



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/31/2022

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 Arthur J. Gallagher Risk Management Services, Inc. 12444 Powercourt Drive Suite 500 St. Louis MO 63131	CONTACT NAME: MUSIC Staff PHONE (A/C, No, Ext): 314-800-2235 E-MAIL ADDRESS: musicprogram@ajg.com FAX (A/C, No): 1-866-372-7170
INSURED Lee's Summit R-VII School District as a Member of M.U.S.I.C 301 NE Tudor Road Lee's Summit MO 64063	MUSIC00-01 INSURER(S) AFFORDING COVERAGE INSURER A: Missouri United School Insurance (MUSIC), a self i INSURER B: Safety National Casualty Corporation INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 1289095128**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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A B	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		MUSIC-2023-00 FCA4064210	12/31/2022 12/31/2022	12/31/2023 12/31/2023	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 3,000,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ UNLIMITED PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		MUSIC-2023-00 FCA4064210	12/31/2022 12/31/2022	12/31/2023 12/31/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	AGC4067892	12/31/2022	12/31/2023	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Auto Physical Damage		MUSIC-2023-00	12/31/2022	12/31/2023	ACV Less 1,000 Ded Comp/Col

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

** Safety National provides Excess WC to MUSIC above a Specific and Aggregate Retention **

* Fire Legal Liability Limit \$1,000,000

Commercial General Liability Safety National Provides \$2MM xs \$1MM

RE: Homecoming Parades

CERTIFICATE HOLDER**CANCELLATION**City of Lee's Summit, Missouri
220 SE Green St.
Lee's 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

© 1988-2015 ACORD CORPORATION. All rights reserved.

Search Results for "Lees Summit West High School"



page 1 of 1

9/29/23 @ 3:15 pm

- 1. Lees Summit West High School
2600 SW Ward Rd,
Lees Summit, MO 64082

