



# LEE'S SUMMIT MISSOURI

## Special Event Permit Application Form

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

SPECIAL EVENT: Client Appreciation Event

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

EVENT DATE(S): Aug 26      EVENT TIME(S): 11 to 2

EVENT LOCATION/ADDRESS: 222 SW main St

Around 800-1200 people      ZONING OF PROPERTY: \_\_\_\_\_  
3 toilets behind building

APPLICANT: Rob Ellerman Team      PHONE: 816 651 5618

CONTACT PERSON: Teresa Barward      FAX: \_\_\_\_\_

ADDRESS: 222 SW main St      CITY/STATE/ZIP: LS MO 64063

PROPERTY OWNER: Tustin LLC      PHONE: 816 225 3541

CONTACT PERSON: Teresa Dahmer      FAX: \_\_\_\_\_

ADDRESS: 8375 Nieman      CITY/STATE/ZIP: 64214

\_\_\_\_\_  
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 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 checked="" 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 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 type="checkbox"/>	11. Electrical Plan shall be approved by the Code Official

# Tustin LLC

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February 17, 2023

City of Lee's Summit, MO

The Rob Ellerman team has permission to use the parking lot on our property at 207 SW Market Street for the August 26, 2023 Customer Appreciate Day. If you should have any questions, please contact Dusty Dahmer at 816-718-4467 (Dusty@dahmerco.com) or Teresa Dahmer at 816-225-3541 (Teresa@dahmerco.com).

Sincerely,

A handwritten signature in cursive script, appearing to read "Teresa Dahmer".

Teresa Dahmer  
President



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/10/2023

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).

<b>PRODUCER</b> Commercial & Personal Insurance Agency 11503 West 75th Street Suite 201 Shawnee KS 66214	<b>CONTACT NAME:</b> Linda Reilly <b>PHONE (A/C, No, Ext):</b> (913) 906-9511 <b>FAX (A/C, No):</b> (913) 906-9610 <b>E-MAIL ADDRESS:</b> lreilly@cnpins.com
<b>INSURED</b> Wonderland Miracle Carnival, Inc., DBA: Fun Services of K.C., LLC. 7803 Meadow View Drive Lenexa KS 66227	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Lloyds of London <b>INSURER B:</b> Nationwide Mutual Ins Company <b>INSURER C:</b> Novum Underwriting Partners <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 23787

**COVERAGES****CERTIFICATE NUMBER:** CL2332704770**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 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 checked="" 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:			ZISMB0212079767	04/01/2023	04/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ACCPA7215088487	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$
A	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ZXS0234	10/13/2022	10/13/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	BNUWC0158477	11/24/2022	11/24/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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	Accident			ZAH74302	04/01/2023	04/01/2024	\$10,000 Medical Participants

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

Event 8 /26 /2023 11:00am to 2:00 pm

Certificate Holder is an Additional Insured as respects to General Liability per policy terms and conditions

**CERTIFICATE HOLDER****CANCELLATION**

Downtown Lee's Summit 222 SW Main St  Lee's Summit MO 64063	<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.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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Reece & Nichols Teresa Barnard 1153 NE Rice Road Lees Summit MO 64086	<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.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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