



# LEE'S SUMMIT MISSOURI

## Special Event Permit Application Form

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

SPECIAL EVENT: Metropolitan Community College - Longview Flights of Fancy Kite Festival

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

EVENT DATE(S): Sunday, April 21, 2024 EVENT TIME(S): 12:00pm to 5:00 p.m.

EVENT LOCATION/ADDRESS: 500 SW Longview Road, Lee's Summit, MO 64081

\_\_\_\_\_ ZONING OF PROPERTY: \_\_\_\_\_

APPLICANT: Metropolitan Community College - Longview PHONE: (816) 604-2207

CONTACT PERSON: Kim Poindexter FAX: \_\_\_\_\_

ADDRESS: 500 SW Longview Road CITY/STATE/ZIP: Lee's Summit, MO 64081

EMAIL: Kim.Poindexter@mcckc.edu

PROPERTY OWNER: Junior College District of Metropolitan College Kansas City PHONE: (816) 604-2414

CONTACT PERSON: Kathrine Swanson FAX: \_\_\_\_\_

ADDRESS: 500 SW Longview Rd CITY/STATE/ZIP: Lee's Summit, MO 64081

PROPERTY OWNER

Print name: Kathrine Swanson

APPLICANT

Kim Poindexter

**Administrative Notes** (do not write below this line)

Approved Development Services Department

Development Services Department | 220 SE Green Street, Lee's Summit, MO 64063  
P: 816.969.1200 | F: 816. 969.1201 | [www.cityofls.net/Development](http://www.cityofls.net/Development)



## 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 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



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Submittal Requirements	Yes	No
Completed Special Events Application	X	
Ownership signature/permission	X	
Filing fee – <b>See Schedule of Fees and Charges for applicable fee</b>	X	
Checklist for Special Event Application	X	

**\* 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."	X		
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.	X		
C. Submission Requirements.	The application shall set forth and contain the submission requirements as stated in the UDO Article 11.060.C.1-14	X		
C.1. Name of Event	Name and/or brief description of the event.	X		
C.2. Description of City Services	Description of City Services required for the event such as traffic control, street sweeping etc.	X		
C.3. Fees	Fees as required. See the Schedule of Fees and Charges for applicable fee	X		
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	X		
C.5. Statement	A statement that the standards set forth in Article 11, of the UDO, have been satisfied.	X		
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.	X		

The Flights of Fancy Mega Kite Festival will be held at Metropolitan Community College – Longview campus at 500 SW Longview Rd., Lee’s Summit, MO 64081. The event includes food truck vendors, inflatables, face painting, a public kite field, DJ, and professional kite flyers from the Kansas City Kite Club. The estimated number of attendees is 12,000. We will fly kites on the MCC-Longview property. The signage will include yard signs and banners on MCC- Longview property. We will not need to close off any streets as we will use our own parking lots and an adjacent parking lot owned by Lee’s Summit Parks and Recreation. We will not require city services.



**METROPOLITAN**  
COMMUNITY COLLEGE  
LONGVIEW

**PROFESSIONAL**  
FLYING FIELD

**PUBLIC**  
FLYING FIELD

LONGVIEW ROAD

LONGVIEW ROAD

### SPONSORS

We would like to thank our generous sponsors and partners for supporting the 2023 Flights of Fancy Mega Kite Festival. Visit them along the sponsors' section or at their individual tents.

**VENDORS** X

rooms

**CULTURAL**  
**ARTS**  
**CENTER**



Bathrooms



Information Booth

**FREE**  
**KIDS' ACTIVITIES**



Disc Jockey



First Aid

6 Food Trucks  
6 Food Trucks

Parking  
Parking  
Parking

Inflatable [I]

AGREEMENT



**American Waste  
Systems Inc.**

GALE T. HOLSMAN, JR.-President \* PO Box 35344 \* Kansas City, MO 64134  
PHONE 816-966-1161 \* 1-800-878-1ASI \* FAX 816-966-0450

**SUBMITTED TO:** Longview Community College

**LOCATION:** 500 SW Longview Rd  
Lee's Summit, MO 64081

**CONTACT:** Kristy Edmondson

**PHONE:** (816)604-2144

**ADDRESS:** 500 SW Longview Rd

**EMAIL:** [kristy.edmondson@mcckc.edu](mailto:kristy.edmondson@mcckc.edu)

**CITY/STATE:** Lee's Summit, MO 64081

**EVENT:** Kite Festival 2024

**WE HEREBY SUBMIT SPECIFICATIONS & ESTIMATES FOR:** April 19-22, 2024

***SERVICES INCLUDE:***

***12 Regular Toilets @ \$80.00 each***

***2 ADA Toilets @ \$100.00 each***

***5 Hand Washing Stations @ \$100.00 each***

**PRICE INCLUDES:**

**EQUIPMENT, FUEL, AND LABOR TO PERFORM SERVICES  
UNDER NORMAL CONDITIONS.**

**We propose hereby to furnish material and labor in accordance with above specifications, for the  
Sum of: \$1,660.00**

Above price includes all delivery, pick up, and fuel. Kansas tax if not specifically stated are still applied. If exempt we must have certificate on file or taxes will be applied.

**If service/cleaning is not specified but, needed it will be priced additional \$20.00/unit per trip.**

***TERMS: PREPAID BY CREDIT CARD OR MAILED CHECK IN ADVANCE***

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control.

Authorized Signature: Shannon Lock Position: Special Event Coordinator Date: November 9, 2023

**Note :** This proposal may be withdrawn from us if not accepted within **THIRTY** days.

**Acceptance of Proposal** - The above prices, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work specified. Payment will be made as outlined above. I understand that I am responsible for any damages to equipment not returned in the same condition in which it was received. I agree to indemnify, defend and hold harmless AWS against all claims, damages, suites, penalties, fines and liabilities of injury or death to person, or loss or damage to property arising out of customer's use, operation or possession of the equipment.

Date of Acceptance: \_\_\_\_\_ Signature \_\_\_\_\_ Position \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/2/2024

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> Arthur J. Gallagher Risk Management Services, LLC 12444 Powerscourt Drive Suite 500 St. Louis MO 63131	<b>CONTACT NAME:</b> MUSIC Staff <b>PHONE (A/C, No, Ext):</b> 314-800-2235 <b>FAX (A/C, No):</b> 1-866-372-7170 <b>E-MAIL ADDRESS:</b> musicprogram@ajg.com
<b>INSURED</b> Metropolitan Community College of Kansas City as a member of M.U.S.I.C. 3200 Broadway Kansas City MO 64111	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Missouri United School Insurance (MUSIC), a self i <b>INSURER B:</b> Safety National Casualty Corporation <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
MUSIC00-01	<b>NAIC #</b> 15105

**COVERAGES****CERTIFICATE NUMBER:** 224713191**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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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	12/31/2023 12/31/2023	12/31/2024 12/31/2024	EACH OCCURRENCE \$ 3,500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 3,500,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 3,500,000 GENERAL AGGREGATE \$ UNLIMITED PRODUCTS - COMP/OP AGG \$ 3,500,000 \$
A B	<input checked="" type="checkbox"/> <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		MUSIC-2023-00 FCA4064210	12/31/2023 12/31/2023	12/31/2024 12/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 3,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<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 <input checked="" type="checkbox"/> N / A	AGC4067892	12/31/2023	12/31/2024	<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 B	Auto Physical Damage Excess Workers Comp		MUSIC-2023-00 AGC4067892	12/31/2023 12/31/2023	12/31/2024 12/31/2024	ACV Less ** \$1,000 DedComp/Col See Below

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 \$1.5MM

EVIDENCE ONLY

**CERTIFICATE HOLDER****CANCELLATION**Metropolitan Community College of Kansas City  
3200 Broadway  
Kansas City MO 64111

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

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