

Special Event Permit Application Form

SPECIAL EVENT: Athletic Event Mobile Food Vendor Event Signage Other EVENT DATE(S): Aug 17 to EVENT TIME(S): Ilam to 2 pm EVENT LOCATION/ADDRESS: 222 SW MCIN St ZONING OF PROPERTY: APPLICANT: Rob Ellevman Team PHONE: 8166515618 CONTACT PERSON: Tevesa Barnard FAX: ADDRESS: 222 SW MCIN CITY/STATE/ZIP: LSMO U406: EMAIL: barnard & veacen ichols com PROPERTY OWNER: 105tin Lic PHONE: 8162363541 CONTACT PERSON: Tevesa Dahmer FAX:	PERMIT NUMBER: RECEIPT NUMBER:								
EVENT DATE(S): Aug 17th EVENT TIME(S): ILAM to 2 pm EVENT LOCATION/ADDRESS: 222 SW Main St ZONING OF PROPERTY: APPLICANT: Rob Ellevman Team PHONE: 8166515618 CONTACT PERSON: Tevesa Barnard FAX: ADDRESS: 222 SW Main CITY/STATE/ZIP: L5MO CHOB: EMAIL: Davnavdt @ veacenichols, com PROPERTY OWNER: TEVESA Dahmer FAX: ADDRESS: 3375 NIEMAN CITY/STATE/ZIP: L66214 PROPERTY OWNER PROPERTY OWNER APPLICANT Print name:									
EVENT LOCATION/ADDRESS: 222 SW MCIN ST ZONING OF PROPERTY:			-						
APPLICANT: ROBEllerman Team PHONE: 8166515618 CONTACT PERSON: Teresa Barrard FAX: ADDRESS: 222 SWMCLIN CITY/STATE/ZIP: LSMOG406: EMAIL: Darnard+@veacenichols, COM PROPERTY OWNER: TUSTIN LIC PHONE: 8162263541 CONTACT PERSON: Teresa Dahmer FAX: ADDRESS: 8375 Nieman CITY/STATE/ZIP: LGW14 PROPERTY OWNER PROPERTY OWNER APPLICANT Print name:	EVENT DATE(S):	Aug 11	EVENT	TIME(S):	11 AM to 2 PM				
APPLICANT: ROBEllerman Team PHONE: 8166515618 CONTACT PERSON: Tevesa Barrard FAX:	EVENT LOCATION/AD	DRESS: 222 SU	U Main						
CONTACT PERSON: Tevesa Barnard FAX:			ZONII	NG OF PRC	PERTY:				
ADDRESS: 222 SWMOLIN CITY/STATE/ZIP: LSMOUGOS EMAIL: barnard + @ reacenichols, com PROPERTY OWNER: TUSTIN LIC PHONE: 8162263541 CONTACT PERSON: Tevesa Dahmer FAX:									
PROPERTY OWNER: JUSTIN LIC PHONE: 862353541 CONTACT PERSON: TEVESA DAMMER FAX: ADDRESS: 8375 NIEMAN CITY/STATE/ZIP: 66214 PROPERTY OWNER APPLICANT Print name:			•						
PROPERTY OWNER: JUSTIN LLC PHONE: 86235354 CONTACT PERSON: Tevesa Dahmer FAX: ADDRESS: 8375 NIEMAN CITY/STATE/ZIP: 66214 PROPERTY OWNER APPLICANT Print name:	ADDRESS: 22	Swmain	CITY/STA	TE/ZIP:	15m04406				
CONTACT PERSON: Tevesa Dahmer FAX:	EMAIL: <u>barna</u>	vd+@veacen.	ichols,co	M					
ADDRESS: 8375 NICMAN CITY/STATE/ZIP: 66214 PROPERTY OWNER APPLICANT Print name:	PROPERTY OWNER:	Tustin Lic	PH	one: <u>814</u>	226 354				
PROPERTY OWNER APPLICANT Print name:	CONTACT PERSON:	Tevesa Dahma	<u> </u>	X:					
Print name:	ADDRESS: 837	15 Nieman	CITY/STA	ATE/ZIP:	66214				
Print name:									
	PROPERTY	Y OWNER		APPLICA	NT ·				
Administrative Notes (do not write below this line)	Print name:								
	Administrative Notes (d	o not write below this line)							

Dahmer Contracting Group LLC

April 4, 2024

Teresa Barnard ReeceNichols Realtors 222 SW Main St. Lee's Summit, MO 64063

Dear Teresa,

This letter is confirmation that ReeceNichols has permission to use the parking lot at 207 SW Market Street on August 17, 2024.

Please let me know if you need any further information.

Sincerely,

Teresa Dahmer



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).

th	is certificate does not confer rights to	the c	ertifi	cate holder in lieu of such						
PRO	DUCER				CONTACT Linda Reilly					
Commercial & Personal Insurance Agency						PHONE (913) 906-9511 FAX (A/C, No, Ext): (913) 906-9610				
11503 West 75th Street						s: Ireilly@cn	pins.com	L. A		
Suite 201					ADDITE		SURER(S) AFFOR	DING COVERAGE	NAIC#	
	wnee			KS 66214	INSURER(S) AFFORDING COVERAGE INSURER A. Lloyds of London					
					Matinavida Mutual Inc Company				23787	
INSURED						NSURER B:				
	Wonderland Miracle Carnival, In				INSURER C: Novum Order writing Partners					
	DBA: Fun Services of K.C., LLC.				INSURER D :					
	7803 Meadow View Drive				INSURE	RE:				
	Lenexa			KS 66227	INSURER F:					
				NUMBER: CL2332704770				REVISION NUMBER:		
IN CI	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	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY		*****			,	,	EACH OCCURRENCE \$ 1,00	0,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,	000	
	CEAINS-MADE COOK								uded	
Α				ZISMB0212079767		04/01/2023	04/01/2024	med and their persons	0,000	
, ,								1 2 1 0 0 1 1 1 2 0 1 1 1 1 1 1 1 1 1 1	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE 2 00	0,000	
	POLICY JÉČT LOC							PRODUCTS - COMP/OP AGG \$ 2,000		
	OTHER:						*****	COMBINED SINGLE LIMIT \$ 1.00	0.000	
	AUTOMOBILE LIABILITY							(Ea accident)	0,000	
В	ANY AUTO OWNED SCHEDULED					0010410000	00/04/0000			
	AUTOS ONLY AUTOS			ACPBA7215088487		06/01/2022	06/01/2023	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE ©		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		
								PIP-Basic \$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE # .	0,000	
Α	EXCESS LIAB CLAIMS-MADE			ZXS0234		10/13/2022	10/13/2023	AGGREGATE \$ 1,00	0,000	
	DED RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		A BNUWCO					X PER STATUTE OTH-		
С	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		BNUWC0158477		11/24/2022	11/24/2023	E.L. EACH ACCIDENT \$ 1,00	0,000	
	OFFICER/MEMBER EXCLUDED?	N / A	BIVOVVCOTOGATT			11/2-1/2022	,22525	E.L. DISEASE - EA EMPLOYEE \$ 1,00	0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 1,00	0,000	
Α	Accident			ZAH74302		04/01/2023	04/01/2024	\$10,000		
								Medical Particpants		
Eve	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									
CE	RTIFICATE HOLDER				CANC	ELLATION				
Downtown Lee's Summit 222 SW Main St						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					
Lee's Summit			MO 64063			Marthe				



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DATE (MM/DD/YYYY) 04/10/2023

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this certificate does not come rights to the definition miles of deep					CONTACT Linda Reilly					
PRODUCER					NAME:					
Commercial & Personal Insurance Agency					PHONE					
1150	3 West 75th Street				E-MAIL ADDRES	1				
Suite	e 201					NAIC#				
Shawnee KS 66214					INSURE					
INSU	RED				INSURE	RB: Nationwid	de Mutual Ins (Company	23787	
	Wonderland Miracle Carnival, Inc	э.,			INSURE	RC: Novum U	nderwriting Pa	artners		
	DBA: Fun Services of K.C., LLC.				INSURE	RD:				
	7803 Meadow View Drive				INSURE	RE:				
	Lenexa			KS 66227	INSURE					
COV	ZERAGES CERT	TIFIC.	ATE I	NUMBER: CL233270477	0			REVISION NUMBER:		
T⊦	IIS IS TO CERTIFY THAT THE POLICIES OF I	NSUR	ANCE	LISTED BELOW HAVE BEEN	ISSUED	TO THE INSUF	RED NAMED A	BOVE 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.										
		ADDL	SUBR	****		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
INSR LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	1.0	00,000	
								DAMAGE TO RENTED 300	0,000	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	cluded	
٨				7 CMD0212070767		04/01/2023	04/01/2024	MED EXP (Any one person)	00,000	
Α				ZISMB0212079767		U410112023	UTIU 112UZ4	PERSONAL & ADVINSORTI	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	00,000	
	POLICY PRO-							PRODUCTS - COMP/OP AGG \$ 2,0		
	OTHER:								00,000	
	AUTOMOBILE LIABILITY							(Ea accident)	00,000	
	ANY AUTO			1.0mm 1.70 / FC 00 / 0.77		00/04/0000	00/04/0000	BODILY INJURY (Per person) \$		
В	OWNED SCHEDULED AUTOS AUTOS			ACPBA7215088487		06/01/2022	06/01/2023	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE &		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		
╚								PIP-Basic \$	00.000	
A >	UMBRELLA LIAB OCCUR							EACH OCCURRENCE 3	00,000	
	EXCESS LIAB CLAIMS-MADE]		ZXS0234		10/13/2022	10/13/2023	AGGREGATE \$ 1,0	00,000	
	DED RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A			11/24/2022			➤ PER STATUTE OTH- ER	00.005	
С	ANY PROPRIETOR/PARTNER/EXECUTIVE			BNUWC0158477		11/24/2022	11/24/2023	E.E. EACH ACCIDENT	00,000	
	(Mandatory in NH)						4 // 4/1/10 1000011	E.L. DISEASE - EA EMPLOTEE D	00,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 1,0	00,000	
	Accident									
Α	, (coldon)			ZAH74302		04/01/2023	04/01/2024	\$10,000		
			<u> </u>					Medical Particpants		
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE						ace is required)			
Cer	ificate Holder is an Additional Insured as res	pects	to Ge	eneral Liability per policy term	ns and co	onditions				
CERTIFICATE HOLDER CANCEL						ELLATION				
								SCRIBED POLICIES BE CANCELL	ED BEFORE	
					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Reece & Nichols						ACCONDANCE WITH THE POLICY PROVIDIONS.				
Teresa Barnard					AUTHORIZED REPRESENTATIVE					
1153 NE Rice Road					On. 1111					
Lees Summit MO 64086				Must Schuye						