



# LEE'S SUMMIT MISSOURI

## Special Event Permit Application Form

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

SPECIAL EVENT: \_\_\_\_\_

☐ Athletic Event

☐ Mobile Food Vendor

☐ Event Signage

☐ Other

EVENT DATE(S): Aug 17<sup>th</sup> EVENT TIME(S): 11am to 2pm

EVENT LOCATION/ADDRESS: 222 SW main St

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

APPLICANT: Rob Ellerman Team PHONE: 816 651 5618

CONTACT PERSON: Teresa Barnard FAX: \_\_\_\_\_

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

EMAIL: barnardt@reecenichols.com

PROPERTY OWNER: Justin LLC PHONE: 816 225 3541

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

ADDRESS: 8375 Nieman CITY/STATE/ZIP: 66214

\_\_\_\_\_  
PROPERTY OWNER

\_\_\_\_\_  
APPLICANT

Print name: \_\_\_\_\_

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

\_\_\_\_\_  
Approved Development Services Department

MUSEUM

AGENT  
AREA/INFO  
BOOTH

SIDEWALK

KIDS KIDS  
ZONE

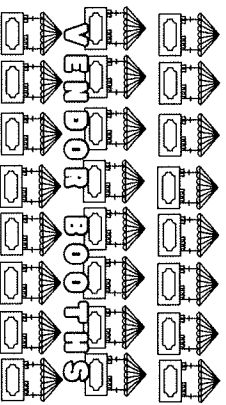
REECENICHOLS

REECENICHOLS



FOOD

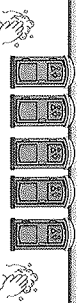
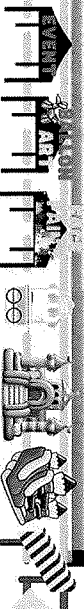
DINING



KIDS AND ADULT GAME AREA

CHAIRS  
CHAIRS

SIDEWALK



BLOCK THIS  
EXIT - WILL  
WORK WITH  
BRIDGESPACE  
FOR APPROVAL

BRIDGESPACE EVENT CENTER



CARNIVAL RIDES

SHUT DOWN THIS  
SECTION OF  
MARKET STREET



# 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,

A handwritten signature in cursive script that reads "Teresa Dahmer". The signature is written in dark ink and is positioned below the word "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).

<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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ACPBA7215088487	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	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <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 <input checked="" type="checkbox"/> 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

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.



# 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	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Lloyds of London</td><td>23787</td></tr><tr><td>INSURER B: Nationwide Mutual Ins Company</td><td></td></tr><tr><td>INSURER C: Novum Underwriting Partners</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Lloyds of London	23787	INSURER B: Nationwide Mutual Ins Company		INSURER C: Novum Underwriting Partners		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Lloyds of London	23787														
INSURER B: Nationwide Mutual Ins Company															
INSURER C: Novum Underwriting Partners															
INSURER D:															
INSURER E:															
INSURER F:															

**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 <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ACPBA7215088487	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)**

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

**CERTIFICATE HOLDER****CANCELLATION**Reece & Nichols  
Teresa Barnard  
1153 NE Rice Road  
Lees Summit

MO 64086

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.