

# Special Event Permit Application Form

| PERMIT NUMBER:          | RECEIPT NUMBER:               |                       |            |  |  |
|-------------------------|-------------------------------|-----------------------|------------|--|--|
| SPECIAL EVENT: _        | Tour de Lakes Bike            | Ride                  |            |  |  |
| Athletic Event          | ☐ Mobile Food Vendor          | ☐ Event Signage       | ☐ Other    |  |  |
| EVENT DATE(S):          | Saturday, June 22             | २०२५ EVENT TIME(S):   | 7am to 2pm |  |  |
| EVENT LOCATION/AI       | DDRESS: Longuier Con          | imunity Couter (start | Ifinish)   |  |  |
| PERMIT NUMBER:          |                               |                       |            |  |  |
| <b></b>                 |                               |                       |            |  |  |
| APPLICANT:CITY          | of LS - Parks                 | PHONE:                | 559        |  |  |
|                         |                               |                       |            |  |  |
|                         |                               |                       |            |  |  |
|                         |                               |                       |            |  |  |
|                         |                               |                       |            |  |  |
| CONTACT PERSON:         |                               | FAX:                  |            |  |  |
| ADDRESS:                |                               | CITY/STATE/ZIP: _     |            |  |  |
|                         |                               | 1an Mm                |            |  |  |
|                         |                               | APPLIC                | CANT       |  |  |
| Print name: <u>Grīn</u> | eeney.                        |                       |            |  |  |
| Administrative Notes (  | do not write below this line) |                       |            |  |  |
|                         |                               |                       |            |  |  |
| Approved Developr       | nent Services Department      |                       |            |  |  |



## Special Event Permit Checklist

\*A Completed Checklist Must Be Submitted With Each Special Event Permit Application

| Met | Not<br>Met | N/A |   |
|-----|------------|-----|---|
|     |            |     | Applicant – Name, Address and Telephone Number  |
|     |            |     | 2. Property Owner – Name, Address and Telephone Number  |
|     |            |     | Written approval from the property owner agreeing to the proposed event   |
|     |            |     | 4. Description of the site on which the proposed event is to be held  |
|     |            |     | 5. Date(s) of the proposed event  |
|     |            |     | 6. a narrative written description of the proposed event, to include:   |
|     |            |     | <ul> <li>the hours of operation,</li> </ul>   |
|     |            |     | anticipated attendance,   |
|     |            |     | <ul> <li>any building/structures, signs or attention-attracting devices<br/>proposed to be used in conjunction with the event,</li> </ul>   |
|     |            |     | <ol> <li>A site plan showing the location of all existing or proposed uses,<br/>structures, parking areas, outdoor display areas, signs, streets and<br/>property lines.</li> </ol> |
|     |            |     | 8. Location and number of proposed temporary public toilets   |
|     |            |     | <ol><li>Proposed temporary potable water supplies, which shall be approved<br/>by the Water Utilities Department, pursuant to applicable City codes.</li></ol>                      |
|     |            |     | 10. Proof of liability insurance at time of application   |
|     |            |     | 11. Electrical Plan shall be approved by the Code Official  |



# Special Event Permit Checklist

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| 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<br>Article 11.,<br>Sec. 11.060 | Ordinance Requirement  | Met | Not<br>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<br>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<br>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.  |     |            |     |  |

### LSPR Tour de Lakes Planning

**Description:** This is the 22nd Annual Tour de Lakes bike ride. The 4 routes will begin and end at the Longview Community Center. The ride was established as a fundraising event to honor the memory of Tom Logan, a long-time Lee's Summit resident and avid bike rider. It includes four courses that encompass five area lakes throughout Grandview, Kansas City, Lee's Summit, and Blue Springs. The ride begins at the Longview Community Center located at View High and Third Street in Lee's Summit — near New Longview. There is a short, 10-mile ride that encircles Longview Lake. A slightly longer 32-mile ride that includes Longview Lake and Raintree Lake. A 56-mile route that includes Longview, Raintree, and Lakewood. The longest course is 64 miles and tours Longview Lake, Raintree Lake, Lakewood, Blue Springs Lake, and Lake Jacomo.

The event will be run by Lee's Summit Parks and Recreation; Contact: Erin Keeney, Recreation Supervisor II

Date: Tour de Lakes will be held on Saturday, June 22, 2024

**Narrative:** The event starts and finishes at the Longview Community Center. The ride will use the roadways. The Longview Community Center parking lot will be used for registrations, pre and post-event activities, parking, and housing temporary restrooms for the duration of the event. Additionally, SAGs will be located throughout Lees Summit for the riders. Each SAG will have food, water, Gatorade, bike mechanics, and volunteers to assist the riders.

**Time:** The ride is scheduled to start at 7:00am. The event will conclude by 2:00pm. Attendance: Estimating 700-900 riders at the event

#### **LSFD**

Stay in communication with the event coordinator about any issues/assist calls they receive from riders or bike assist

#### LSPD

Assist with stationing officers at key intersections to assist riders and provide additional safety for riders

### **Routes Attached**