



LEE'S SUMMIT MISSOURI

Special Event Permit Application Form

PERMIT NUMBER: _____ RECEIPT NUMBER: _____

SPECIAL EVENT: Fruit Stand

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

EVENT DATE(S): 8/16-8/17, 8/23-8/24, 8/30-8/31 ^{9/6-9/7} EVENT TIME(S): 8:30am to 12:30pm

EVENT LOCATION/ADDRESS: 840 NW Blue Parkway Lee's Summit

MO 64086 ZONING OF PROPERTY: _____

APPLICANT: Copeaches for Kansas City PHONE: 913-579-5658

CONTACT PERSON: Anna Fraley FAX: _____

ADDRESS: 16339 S. Locust St. CITY/STATE/ZIP: Olathe, KS 66062

EMAIL: copeaches4kc@gmail.com

PROPERTY OWNER: Red Summit Fair, LLC PHONE: 816-607-5420

CONTACT PERSON: Frank Escobar FAX: _____

ADDRESS: 840 NW Blue Parkway Suite B CITY/STATE/ZIP: Lee's Summit MO
64086

Red Summit Fair, LLC
PROPERTY OWNER

Anna Fraley
APPLICANT

Print name: Red Summit Fair LLC

Anna Fraley

Administrative Notes (do not write below this line)

Approved Development Services Department