



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 <i>See Siteplan</i>
<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"> the hours of operation, anticipated attendance, any building/structures, signs or attention-attracting devices proposed to be used in conjunction with the event,
<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 checked="" 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



Special Event Permit
Application Form

PERMIT NUMBER: _____ RECEIPT NUMBER: _____

SPECIAL EVENT: LS Chamber Before Hours

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

EVENT DATE(S): October 29th EVENT TIME(S): 7am to 9am

EVENT LOCATION/ADDRESS: 902 SE Douglas, Lee's Summit, MO 64063

ZONING OF PROPERTY: CP2

APPLICANT: Pro Deo Youth Center PHONE: 816 226-6806

CONTACT PERSON: Vanessa Hickman FAX: _____

ADDRESS: 214 NE Chipman Rd CITY/STATE/ZIP: Lee's Summit MO
64063

EMAIL: Vanessa@prodeoyouthcenter.org

PROPERTY OWNER: Pro Deo Youth Center PHONE: 816 226-6806

CONTACT PERSON: Elaine Metcalf FAX: _____

ADDRESS: 214 NE Chipman Rd CITY/STATE/ZIP: Lees MO
Summit, MO
64063

Elaine Metcalf
PROPERTY OWNER

Print name: Elaine Metcalf

Vanessa Hickman
APPLICANT

Vanessa Hickman

Administrative Notes (do not write below this line)

Approved Development Services Department



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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 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."			
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.			
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 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: <ul style="list-style-type: none"> 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.			

Exploration Plan

Site Plan
for
Pro Deo Q4.29 Event

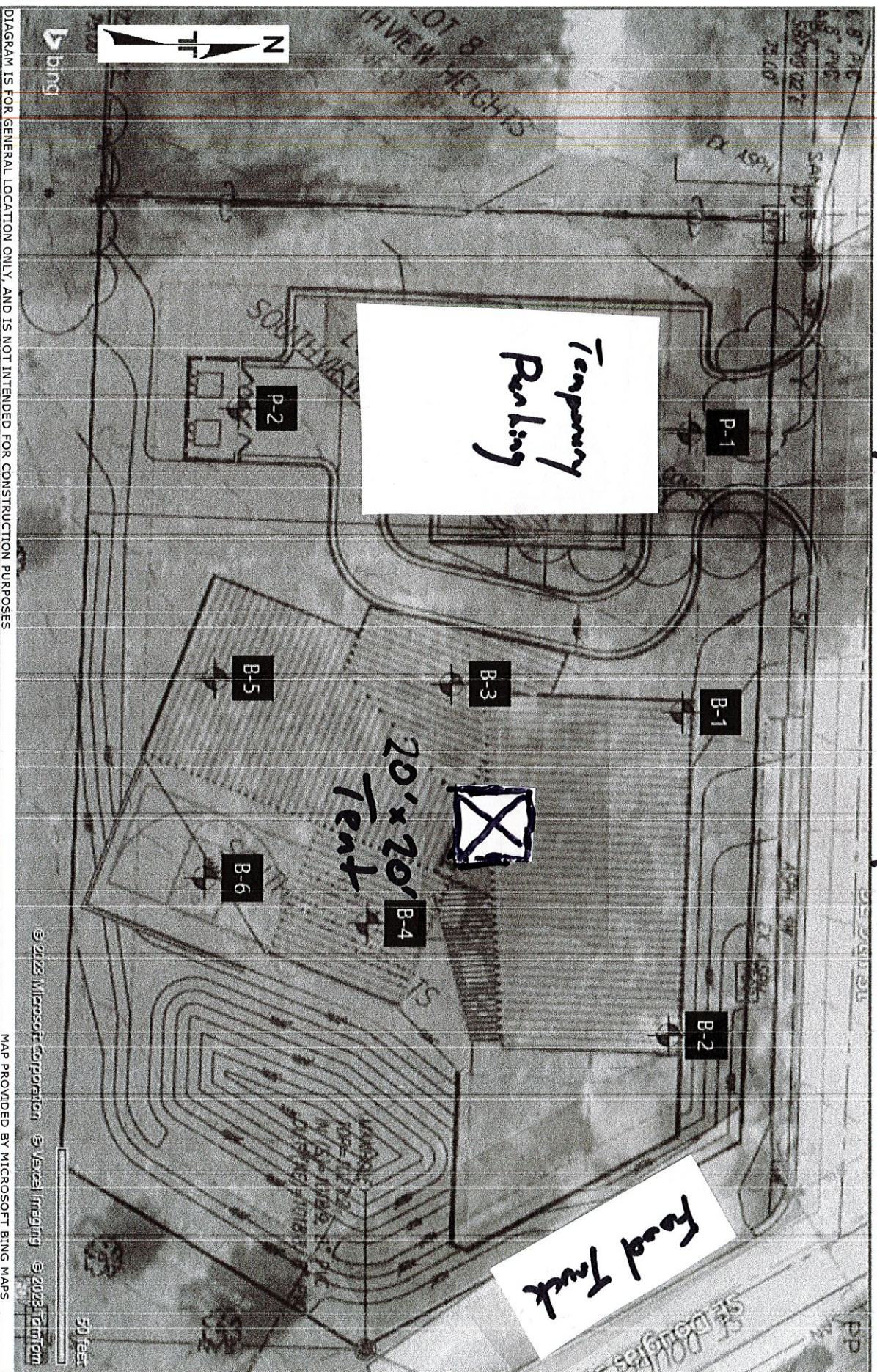
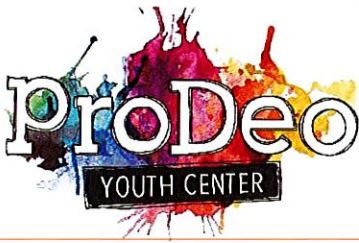


DIAGRAM IS FOR GENERAL LOCATION ONLY, AND IS NOT INTENDED FOR CONSTRUCTION PURPOSES

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MAP PROVIDED BY MICROSOFT BING MAPS



***Building Relationships to Empower Teens
in a Safe and Inclusive Environment***

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Assistant Program Director

Bethany Kosovich
Site Coordinator

The special event we are requesting a permit for is the Lee's Summit Chamber Before Hours event. It is designed to showcase Pro Deo Center impact on the community and highlight opportunities for local businesses to engage and support Pro Deo. The event will be held at the property located at 902 SE Douglas St Lee's Summit, MO 64063 from 7am to 9am. We are expecting 30 business community members.

The Lee's Summit Chamber will bring a total of 3 24x18 inches yard signs, a 24x36 inch A Frame, Pro Deo will have a 20x20 frame tent, Rediscover mobile RV and 2 tables along with 6 chairs.

Thank you,

Vanessa Hickman

Community Relations Manager

vanessa.hickman@rediscovermh.org

816-588-5218



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/10/2024

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).

PRODUCER Brown & Brown Insurance Services, Inc. 1200 Main Street, Suite 2310 Kansas City MO 64105		CONTACT NAME: Trenton DuRall PHONE (A/C, No, Ext): (816) 474-3535 E-MAIL ADDRESS: trenton.durall@bbrown.com FAX (A/C, No):	
INSURED ReDiscover 1555 NE Rice Rd Lee's Summit MO 64086		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 18058	

COVERAGES **CERTIFICATE NUMBER:** GL 24/25 **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 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:			PHPK2587011	08/01/2024	08/01/2025	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						GENERAL AGGREGATE \$ 3,000,000
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						PRODUCTS - COMP/OP AGG \$ 3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						
							COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							EACH OCCURRENCE \$
							AGGREGATE \$
							PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Vacant Land at the below location:
902 SE Douglas St, Lees Summit, MO 64063

CERTIFICATE HOLDER Evidence of Insurance	CANCELLATION 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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