



Special Event Permit
Application Form

PERMIT NUMBER: _____ RECEIPT NUMBER: _____

SPECIAL EVENT: _____

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

EVENT DATE(S): Recycling EVENT TIME(S): _____ to _____

EVENT LOCATION/ADDRESS: 110 SE 4th St, LS Mo

Fringe Beerworks Brewery Parking lot ZONING OF PROPERTY: _____

APPLICANT: You Wanna Pizza Me? PHONE: 816-645-0261

CONTACT PERSON: Connor Branson FAX: _____

ADDRESS: 602 NE Orchard St CITY/STATE/ZIP: Lee's Summit, Mo 64063

EMAIL: YouWannaPizameKC@gmail.com

PROPERTY OWNER: GUY!, LLC PHONE: 816-260-5350

CONTACT PERSON: Guy Gronberg FAX: NA

ADDRESS: 1516 NE Hardage Circle CITY/STATE/ZIP: Lee's Summit, MO 64086

Guy Gronberg

PROPERTY OWNER

Print name:

GUY!

Connor Branson

APPLICANT

Connor Branson

Administrative Notes (do not write below this line)

Approved Development Services Department

Development Services Department | 220 SE Green Street, Lee's Summit, MO 64063
P: 816.969.1200 | F: 816. 969.1201 | www.cityofls.net/Development



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
<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 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



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Submittal Requirements	Yes	No
Completed Special Events Application	X	
Ownership signature/permission	X	
Filing fee – See Schedule of Fees and Charges for applicable fee		
Checklist for Special Event Application	X	

*** Applications missing any required item above will be deemed incomplete.**

Table 1. General Application Requirements				
UDO Article 4., Sec. 6.1560	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 4, Division V. - SPECIAL EVENTS AND MOBILE FOOD VENDING			
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 4, 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.			

To: Lee's Summit Special Events Narrative

From: You Wanna Pizza Me?

Two and a half years ago, we opened our Food Truck/Trailer in the downtown Kansas City area in the West Bottoms located at 1060 Union Ave, KC MO. We are a pizza purveyor that specializes in a flame grilled pizza with a Pro Wrestling themed pizza menu. Some of our items include The Super Star, The High Flyer, and The Baby Face. Our truck has had the distinction of earning several awards including; Top 10 Pizzas Nationwide from PETA(vegan category), Best of KC Food truck Pitch Magazine 2024, Best of KC Food truck, Kansas City Star, 2024. We are also very proud of several awards from DoorDash and other food delivery companies.

Our plan is to collaborate with Fringe Beerworks and set up the trailer on their property located at 110 SE 4th Street. The demand for our pizza and the beer from our friends at Fringe just seemed like a match that would fill the need DTLS.

Our ideal hours of operation are lunch 11:00am -2:00pm on weekdays and Saturday and 5:00-10:00pm on evenings. Operating during these hours will provide for the local employees and the many businesses that do not offer food. Delivery in the DTLS area will be by foot, so the impact locally on the area should be minimal. We should not use much, if any, of the public streets. We will provide approximately 25-50 pizzas a day.

I appreciate the opportunity to get involved in the DTLS Chamber of Commerce and the LS Community.

Please let me know if you have any questions that I can answer.

Connor Branson

A handwritten signature in black ink, appearing to read "Connor Branson", with a long horizontal flourish extending to the right.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/26/2024

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 STATE FARM INSURANCE MATT DAVIDSON, AGENT 1012 W FOXWOOD DR RAYMORE, MO 64083	CONTACT NAME: JANNA JENSEN	FAX (A/C, No): 816-322-7273	
	PHONE (A/C, No, Ext): 816-322-7272	E-MAIL ADDRESS: JANNA@MATTDAVIDSON.BIZ	
INSURED YOU WANNA PIZZA ME? LLC C/O CONNOR BRANSON 602 NE ORCHARD ST LEES SUMMIT, MO 64063	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : State Farm Fire and Casualty Company		25143
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<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:	Y		95-NL-8426-2	06/20/2024	06/20/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input type="checkbox"/>	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$ 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)

FOOD TRUCK

CERTIFICATE HOLDER

CANCELLATION

GUY GRONBERG DBA GUYI, LLC 113 SE 3RD ST LEES 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 Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.

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4th Street

