



LEE'S SUMMIT MISSOURI

Special Event Permit Application Form

PERMIT NUMBER: _____ RECEIPT NUMBER: _____

SPECIAL EVENT: Pro Deo 15th Birthday Gathering

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

EVENT DATE(S): August 14 2025 EVENT TIME(S): 4pm to 7pm

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

ZONING OF PROPERTY: CP2

APPLICANT: Pro Deo Youth Center PHONE: 816-588-5218
~~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: LS 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



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

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Melissa Ward

Administrative Director

Tashari Reed

Program Director

Kaylee Henry

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

214 NE Chipman Rd | Lee's Summit, MO 64063
816.226.6806 x101 | www.prodeoyouthcenter.org
elaine@prodeoyouthcenter.org



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		INSURED RedDiscover 1555 NE Rice Rd Lee's Summit, MO 64086	
CONTACT NAME: Trenton Durall PHONE (A/C, No. Ext): (816) 474-3535 E-MAIL Address: trenton.durall@bbrown.com		INSURER A: Philadelphia Indemnity Insurance Company NAIC # 18058	
INSURER(S) AFFORDING COVERAGE		INSURER B:	
INSURER C:		INSURER D:	
INSURER E:		INSURER F:	

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	ADDITIONAL INSURANCE	INSURANCE NUMBER	POLICY EFFECT DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
☒	☒	COMMERCIAL GENERAL LIABILITY	☒	PHPK2587011	08/01/2024	08/01/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (ea occurrence) \$5,000 MED EXP (any one person) \$1,000,000 PERSONAL & ADV INJURY \$3,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 COMBINED SINGLE LIMIT \$
		ANY AUTO OWNED AUTOS ONLY HIRE AUTOS ONLY NON-OWNED AUTOS ONLY					
		UMBRELLA LIAB	☐				
		EXCESS LIAB	☐				
		WORKERS COMPENSATION	☐				
		ANY PROPRIETOR, PARTNER, EXECUTIVE OFFICER, MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	☐				
		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	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CANCELLATION	AUTHORIZED REPRESENTATIVE

Special Event Permit Checklist

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

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

** 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
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: 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

Pro Deo for Oct. 29 Event

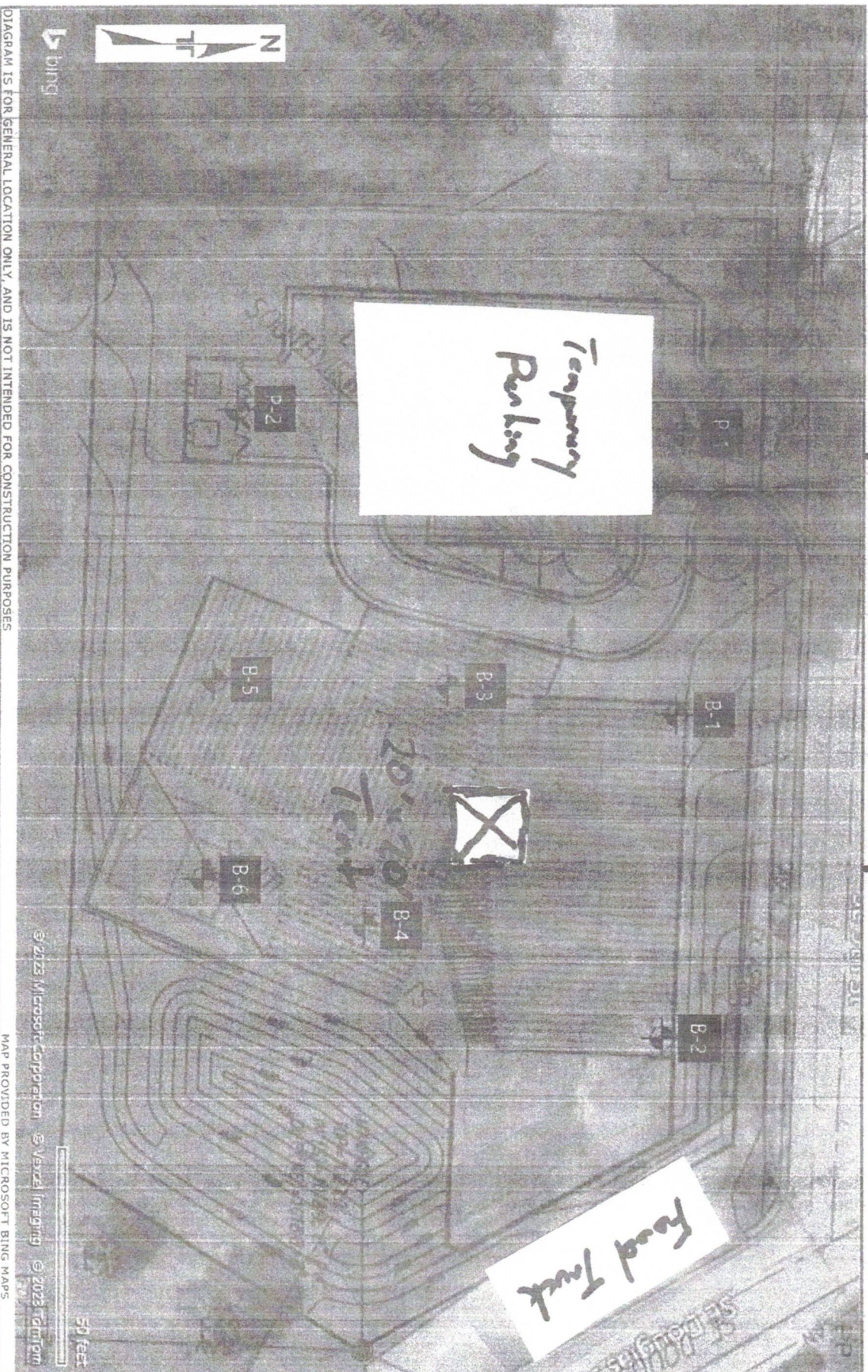


DIAGRAM IS FOR GENERAL LOCATION ONLY, AND IS NOT INTENDED FOR CONSTRUCTION PURPOSES

Special Event Permit Checklist

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

	Met	Not Met	N/A
1. Applicant – Name, Address and Telephone Number	☐	☐	☐
2. Property Owner – Name, Address and Telephone Number	☐	☐	☐
3. 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: - the hours of operation, - anticipated attendance, - any building/structures, signs or attention-attracting devices proposed to be used in conjunction with the event,	☐	☐	☐
7. A site plan showing the location of all existing or proposed uses, structures, parking areas, outdoor display areas, signs, streets and property lines.	☐	☐	☐
8. Location and number of proposed temporary public toilets	☐	☒	☐
9. Proposed temporary potable water supplies, which shall be approved by the Water Utilities Department, pursuant to applicable City codes.	☐	☐	☐
10. Proof of liability insurance at time of application	☐	☐	☒
11. Electrical Plan shall be approved by the Code Official	☐	☐	☐

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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.*

UDO Article 4, Sec. 6.1560				Ordinance Requirement			
A. Application Required.	A Special Event Permit, as outlined above under "Permit Required."			A Special Event Application shall be submitted for any Special Event requiring a			
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.			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. Submission Requirements.				Name and/or brief description of the event.			
C.1. Name of Event				Description of City Services required for the event such as traffic control, street sweeping etc.			
C.2. Description of City Services				Fees as required. See the Schedule of Fees and Charges for applicable fee			
C.3. Fees							
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				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.						

PERMIT NUMBER:

RECEIPT NUMBER:

SPECIAL EVENT:

LS Chamber Before Hours

EVENT DATE(S):

October 29th

EVENT TIME(S):

7am to 9am

☐ Athletic Event

☒ Mobile Food Vendor

☒ Event Signage

☒ Other Tent

EVENT LOCATION/ADDRESS:

902 SE Douglas, Lee's Summit, MO 64063

ZONING OF PROPERTY:

CP2

APPLICANT:

Pro Deo Youth Center

CONTACT PERSON:

Vanessa Hickman

ADDRESS:

214 NE Chipman Rd

CITY/STATE/ZIP:

Lee's Summit, MO 64063

EMAIL:

Vanessa@prodeoyouthcenter.org

PROPERTY OWNER:

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Elaine Metcalf

FAX:

-

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214 NE Chipman Rd

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PHONE:

816-226-6806

PROPERTY OWNER

Elaine Metcalf

APPLICANT

Vanessa Hickman

Print name:

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Administrative Notes (do not write below this line)

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