

# City of Holts Summit

## Application for Special Use Permit

(Use separate sheet if more room is needed)

Official Name of Event: \_\_\_\_\_

Name of the event last year: \_\_\_\_\_

Purpose/Description of event: \_\_\_\_\_  
\_\_\_\_\_

Park(s)/Facility (be specific): \_\_\_\_\_  
\_\_\_\_\_

Days/Date(s): \_\_\_\_\_

Set-up time: Start: \_\_\_\_\_ Clean up time: End: \_\_\_\_\_

Event Hours: From: \_\_\_\_\_ To: \_\_\_\_\_

Anticipated Attendance: Participants: \_\_\_\_\_ Spectators: \_\_\_\_\_

Toilet Provisions: \_\_\_\_\_

Parking Provisions: \_\_\_\_\_

Attach notification of event to Holts Summit Fire Protection District and Ambulance District:

Organization's Name: \_\_\_\_\_

Representative's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Pager/Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### METHOD OF PAYMENT

- Credit Card: \_\_\_\_\_  - Check # \_\_\_\_\_  - Cash  - Receipt \_\_\_\_\_

Name on Card: \_\_\_\_\_ Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Total Received:\$ \_\_\_\_\_ Date Received: \_\_\_\_\_

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Insurance Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Policy #: \_\_\_\_\_

Evidence of insurance must be provided no later than fifteen (15) days before the event. The City of Holts Summit at 245 S. Summit Drive, Holts Summit, MO 65043, must be the named "additional insured" to all coverage. Notation on certificate will **not** be accepted. **Minimum limits as applicable: \$100,000.00 per person, \$100,000.00 property damage, \$300,000.00 per occurrence insuring against the claims of other for property damage or personal injury occurring on the premises or arising out of the occupancy thereof.** Commercial General Liability. All limits and coverage may be adjusted to meet exposure as determined by the City of Holts Summit. A Special Use Permit will not be issued until the insurance has been approved.

Any property damage which occurs as a result of user activities is the responsibility of the user. Damages will be assessed by the City and repair costs will be billed to the user.

By ordinance, a Special Use Permit may be required if the event entails support from other City Departments such as Police, Maintenance Staff, etc. It is the responsibility of the user to obtain permits from other State or County agencies as may be required. As determined by the Board of Aldermen based on the information supplied by the user, the event may require staff services. The user will be required to reimburse the City for any necessary staff services.

The information supplied in this application is true and accurate to the best of my knowledge.

I am familiar with the requirements of a Special Use Permit and agree to abide by its terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_