



# CITY OF INDEPENDENCE SPECIAL EVENT APPLICATION

In order to determine if an event requires special planning by the City of Independence, this application must be completed and submitted to the City Clerk/Treasurer thirty (30) days prior to the event in its entirety before any City property can be utilized.

**INITIAL INFORMATION** (Please Print)

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

Date of Event: \_\_\_\_\_ Location: \_\_\_\_\_

Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_ Setup Time: \_\_\_\_\_

**If event is more than one day, please list additional dates and times below. If more room is needed, please attach a separate piece of paper listing additional dates and times.**

Day 2: \_\_\_\_\_

Day 3: \_\_\_\_\_

Day 4: \_\_\_\_\_

Day 5: \_\_\_\_\_

Contact Person #1: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person #2: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Event:

- Ceremony
- Race Event
- Other \_\_\_\_\_
- Company Activity
- Fundraiser
- Bike Event
- Cultural Event

Event Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Map of Proposed Special Event Area is **required** and must be attached to this application. The map should show where all features associated with the Special Event will be located.

Map attached:  YES  NO

If required for the special event, a listing of requested street or alley closures must be listed.

Street or Alley to be closed	Beginning Point	Ending Point	Date(s)	Hours of Closure

Applicant acknowledges that approval of this request is subject to any requirements imposed by the Police Chief to ensure the effective closure of the streets and maintain necessary safety measures will be followed.

**INSURANCE**

Applicants are required to furnish a Certificate of Insurance on fully paid comprehensive public liability and property damage insurance from a licensed broker, protecting the City of Independence, its officials, and employees from any and all claims which may result from or in connection to the special event. **The City of Independence must be named as “Additional Insureds” on the certificate.** The Certificate of Insurance must be received by the City Clerk/Treasurer at least ten (10) days prior to the special event. The Certificate of Insurance may also be attached to the application.

The liability insurance limits shall not be less than the following:

- General Aggregate \$2,000,000
- Products-Completed Operations Aggregate \$2,000,000
- Personal & Advertising Injury \$1,000,000
- Each Occurrence \$2,000,000
- Fire Damage (any one fire) \$2,000,000
- Medical Expenses (any one person) \$5,000

**USE OF CERTAIN MOTORIZED VEHICLES**

The City of Independence prohibits the use of certain motorized vehicles on city streets/property except by special permission of the Mayor. Please indicate if any of the vehicles from the list below may be used during the special event. Please also indicate quantity and model of vehicles. If approved, these vehicles that may be used may be subject to the liability insurance coverage of the event sponsor.

- ATV (All Terrain Vehicles)

\_\_\_\_\_  
\_\_\_\_\_

- Golf Carts

\_\_\_\_\_  
\_\_\_\_\_

- Off-Road Utility Vehicles

\_\_\_\_\_  
\_\_\_\_\_

- Snowmobiles

\_\_\_\_\_  
\_\_\_\_\_

**EXCLUSIONS FROM REGULAR LICENSING REQUIREMENTS**

An applicant may request the City Council to consider a temporary limitation by the City for the issuance of Peddlers, Solicitors, and Transient Merchants Permits. This request may ask the Council to consider limiting the area in which such licenses are issued during the time period approved for the Special Event. In considering this, the City Council must recognize in a separate Resolution, the City-wide interest in promoting the Special Event and in limiting the issuance of Peddlers, Solicitors, and Transient Merchants Permits. If the applicant so desires, such a request should also be attached to this application for the City Council’s consideration.

I have completed the Special Event Application. I understand the conditions under which it is issued and agree to comply with these conditions for this event.

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

Applicant Signature: \_\_\_\_\_

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

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**INTERNAL OFFICE USE ONLY**

**DEPARTMENT REVIEW**

All affected departments are to review the application and provide written comments for the City Clerk/Treasurer to compile and submit to the City Council and applicant prior to the City Council meeting where the event will be up for consideration.

Department	Comments attached (Yes/No/NA)
Police	
Fire	
Streets	
Parks & Recreation	

**REQUIREMENT CHECKLIST**

REQUIREMENT	DATE RECEIVED/ACTION TAKEN
Application Submittal Date	
Map Submitted	
Certificate of Insurance Submitted	
Department(s) Reviewed	
Council Reviewed	
Council Approval	
Permit Issued	