



Building Development Division
 1100 Fredrick Avenue, Room 106
 St. Joseph Missouri 64501
 816-271-5341

| | |
|----------------------------|-------|
| For office use only | |
| Date received: | _____ |
| Issued date: | _____ |

Special Events Permit Application

The City of St. Joseph has enacted an ordinance governing assemblies, demonstrations, special events, and parades. The information required on this form is consistent with the enacted City ordinance and will be used to determine your eligibility to receive a special event permit. Please type or print clearly. **The event will not be considered for approval until the entire application has been completed and received by the City of St. Joseph Special Events Coordinator. You may not advertise your event prior to obtaining the required permit(s).**

Applications must be submitted no later than 30 days prior to the proposed date of the event.

Event Name: _____

Event Location: _____

Date(s) of Event: _____

Sponsored By: _____

Sponsor Contact: _____

Sponsor Phone: _____

ORGANIZER CONTACT INFORMATION

| Primary Contact | Secondary Contact |
|-------------------|-------------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| Cell Phone: _____ | Cell Phone: _____ |
| Work Phone: _____ | Work Phone: _____ |
| Email: _____ | Email: _____ |

EVENT INFORMATION

1-3 days event: Yes No 4-14 days event: Yes No

Event Hours: Exact Event Time: From: _____ To: _____

Move In Time: From: _____ To: _____

Tear Down Time: From: _____ To: _____

Anticipated Attendance: _____ Event staff, volunteers, etc.: _____ Participants: _____

Event Description/Location: (Describe in detail, attach a map) _____

Required: Must attach a list of all vender's and primary contact person information for each vendor.

Required Maps: Please include the following details in your event map:

- Boundaries of the activity with entryway and route for a mobile event.
- Electrical – locations of generators and electrical connections.
- Emergency access (20 feet clear for fire truck and public safety access).
- Parking provisions.
- Recycle and trash receptacles.
- Equipment (stages, booths, tents, fencing, bike racks, risers, by type and size).
- Food vendor locations.
- Alcoholic beverage service locations.
- Sanitation facilities.
- Portable toilets.



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|-----|---|---|--|
| 1. | Name of insurance company providing Certificate of Insurance and Endorsement Page for the event (Mus t provide Certificate of Insurance): List City of St. Joseph as Certificate Holder and Additional Insured. | | |
| 2. | Is this Event Public or Private? <input type="checkbox"/> Public <input type="checkbox"/> Private | Is this Event Free? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | Is this event a fundraiser for your organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of recipient organization: | |
| 4. | Will drones be used during this event? <i>All state and local ordinances must be followed</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | Attach a copy of Operator license and provide Operator telephone number. | |
| 5. | Will you be requesting assistance from the Police Department? **If yes, the organizer needs to coordinate this directly with the St. Joseph Police Department (816-271-4701).** <input type="checkbox"/> Yes <input type="checkbox"/> No | What kind of assistance? | |
| 6. | Will you have private security on site? <input type="checkbox"/> Yes <input type="checkbox"/> No | Who? | |
| 7. | Will items be left overnight? <i>IF YES, any propane or other hazardous chemicals must be constantly attended.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | What and where? | |
| 8. | Will food be served? *(Health permit must be reviewed and issued 2 weeks prior to event.) (List of all food and/or vendors must be provided-attach separate sheet if necessary) <input type="checkbox"/> Yes <input type="checkbox"/> No | Who will be serving food: Health Permit: | |
| 9. | Will merchandise or services be sold? <i>All vendors must have a current business license. The collection and filing of any applicable taxes will be the responsibility of the individual vendor.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | If applicable, the Event Organizer must attach a Vendor List to this application, with a copy of City Show & Exhibit License. Number of Vendors: | |
| 10. | Will Alcohol be served? *(State License, City licenses are required, Letter from owner of property authorizing.) (State will need at least 30 days advance notice for approval) <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of Licensee: State License #: | |
| 11. | Your organization will be responsible for obtaining Portable Restroom (<i>regular and accessible</i>) and Handwashing stations for the duration of the event. | Name of Company: Proposed location / placement: | # of Non-Accessible: # of Accessible: # of Handwashing Stations: |



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12. ELECTRICITY - Please indicate any special needs

****Please make sure you indicate what is needed as services will not be provided if left blank.****

Number of 110 plugs needed: _____ Spider Box: _____
 Date to be turned on: _____ Trash Cans: _____
 Date to be turned off: _____

NOTE: Security is required if your event has any city property that needs to be left over night.

| | | | | | | | |
|-----|---|----------------|--|------------------|---------------------|--------------------|---|
| 13. | Emergency Contact Information: <i>(Name and cell phone number)</i> | | | | | | |
| 14. | Will the activity require the blocking of any surrounding streets? <i>Provide information below</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No SIMR needs to be notified upon application completion – they will review application before any closure permits authorized. | | | | |
| | Blocked Street: | From (Street): | To (Street): | Day/Time Closed: | Day/Time Re-opened: | # of Barricades | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 15. | Please describe your event’s plan for trash removal/recycling? *Event holder is responsible for trash removal. | | | | | | |
| 16. | EQUIPMENT REQUEST: | | | | | | |
| | Type | Quantity | Equipment Fee | Date Needed | Sponsor Pickup Date | City Delivery Date | Sponsor Return Date City Pickup Date |
| | Barricades | | | | | | |
| | Traffic Cones | | | | | | |
| | Traffic Signs | | | | | | |
| | Other | | | | | | |

**** Please call Streets Dispatch at 816-271-4861 to inform them when the street is being closed and when it is open again.****



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HOLD HARMLESS AGREEMENT

If your event application is approved, a signed copy of the below Hold Harmless Agreement must be submitted prior to the start of the event.

All permits and/or applications are conditional upon all City and State agency requirements. Approved permits will be revoked prior to the event if conditions are not met.

I have read the above statements and below agreement and understand my responsibilities and rights.

_____ (Initial)

_____ (Legal name of business/organizer, exactly as it appears on Certificate of Insurance, if applicable), shall indemnify, defend and hold harmless the City of St. Joseph, MO, its officers, employees, agents, and representatives thereof, from all suits, actions, and/or claims of any kind, including attorney's fees, brought on account of any personal injuries, damages, or violation of rights sustained by any person or property in consequence of any neglect on behalf of _____ (Legal name of business/organizer). Said business/organizer shall further hold the City of St. Joseph, MO harmless from any claims or amounts arising from violation of any law, bylaw, ordinance, regulation or decree.

Legal name of business/organizer (as it appears above): _____

By (Signature): _____

Name (Printed): _____

Title: _____

Address: _____

Signature _____

Date: _____

Comments/Special Considerations: _____

Copy To:

- | | |
|--|--|
| <input type="checkbox"/> Mayor | <input type="checkbox"/> City Attorney |
| <input type="checkbox"/> Chief of Police | <input type="checkbox"/> Director of Communication |
| <input type="checkbox"/> Fire Chief | <input type="checkbox"/> Health Director |
| <input type="checkbox"/> Parks & Rec | <input type="checkbox"/> Risk Manager |
| <input type="checkbox"/> Street Department | <input type="checkbox"/> Other: |