



## SPECIAL EVENT PERMIT APPLICATION

Chapter 670 Municipal Code of the City of Oak Grove

**FEE \$50**

**CITY SERVICES FEE \$250**

### APPLICANT INFORMATION

Application Date (45 Days prior to Event): \_\_\_\_\_ Non-Profit 501(c)(3): \_\_\_\_\_

Name of Organization Sponsoring Event	Address	City	State	Zip
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Contact Name	Address	City	State	Zip
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Position	Phone Number	Phone during event	Email Address
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Second Contact Name	Address	City	State	Zip
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Position	Phone Number	Phone during event	Email Address
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### EVENT INFORMATION

**\*\*Please DO NOT publicize this event until you have received an approved copy of your Special Use Permit\*\***

<input type="checkbox"/> Athletic Event	<input type="checkbox"/> Entertainment/Amusement Event	<input type="checkbox"/> Political Event
<input type="checkbox"/> Auto Sales Tent	<input type="checkbox"/> Film Production	<input type="checkbox"/> Seasonal Sales
<input type="checkbox"/> Block Party	<input type="checkbox"/> Non-Commercial Event	<input type="checkbox"/> Private Event
<input type="checkbox"/> Commercial Event	<input type="checkbox"/> Parade	<input type="checkbox"/> Carnivals/Circuses/Rodeos/Side Shows

Event Name	Requested Date(s)	Event Hours	Set up Date/Time	Tear Down Date/Time
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Event location/address	Anticipated attendance	Zoning of Property
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Have you held similar event(s) before? Y / N \_\_\_\_\_

Name of Event

Date of Previous Event

Does your event require additional parking options? Y / N \_\_\_\_\_

Does your event include:

<input type="checkbox"/> Concessions/Catering/Vending/Food Trucks	<input type="checkbox"/> Temporary public toilets
<input type="checkbox"/> Amplified Sounds (including DJ, microphone, speakers)	<input type="checkbox"/> Alcohol /Beer Garden (Caterer's permit may be required)
<input type="checkbox"/> Carnival Rides / Dunk tank / Inflatables	<input type="checkbox"/> Other _____
<input type="checkbox"/> Pony Rides or Petting Zoo	

## REQUESTED CITY SERVICES

**City Services Fee \$250 per day minimum as determined by the City:**

<input type="checkbox"/> <b>Law Enforcement</b>	<input type="checkbox"/> <b>Public Works</b>
<input type="checkbox"/> <b>Emergency Vehicles/First Aid Station</b>	<input type="checkbox"/> <b>Other</b> _____
<input type="checkbox"/> <b>Road Closures</b>	

  

**Attach Site Plan:** Including location of all existing or proposed uses, structures, parking areas, outdoor display areas, signs, public streets and property lines, location and number of proposed temporary public toilets, proposed temporary potable water supplies, proposed waste disposal plan, proposed electrical plan, and alcohol management plan as necessary.

## LIABILITY INSURANCE REQUIRED

Proof of additional liability insurance is required. If the special event will take place on public property, said certificate of insurance shall name the City as an additional insured party in an amount determined by the City Administrator based on the nature of the special event minimum \$1,000,000. A statement that ensures indemnification of the City and that public property will be protected and/or restored to its condition prior to the Special Event.

## PROPERTY OWNER INFORMATION

Name of Property Owner	Event Location Address	City	State	Zip
Owner's Phone Number	Phone during event	Email Address		
Mailing Address	City	State	Zip	

By signing below, the property owner certifies that they have given permission to the applicant set forth herein for use of the premises as described for the proposed event.

X Signature of Property Owner	Printed Name	Title	Date
State of Missouri ) County of )			

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, \_\_\_\_\_  
personally appeared before me, to be the signer of this document above.

My Commission Expires:

\_\_\_\_\_  
Notary Public

## ACKNOWLEDGEMENT

By signing below, you certify that the information given in this application is true to the best of your knowledge and belief and that the permit is non-transferable. All provisions of the laws, rules and regulations, and city ordinances shall extend to such premises and shall be enforced. I acknowledge an additional City Services Fee of \$250 minimum per day can be charged for services as determined by the City.

**X** \_\_\_\_\_  
Signature of Applicant      Printed Name      Title      Date

Return this application and all required documents including payment to: City of Oak Grove  
City Clerk  
2110 S Broadway  
PO BOX 805  
Oak Grove, MO 64075

### FOR CITY USE ONLY

#### Submittal Requirements

- Site Plan
- State Liquor License
- County Liquor License
- BOA Request letter
- Application Fee \$50
- City Services Fee \$250 per day
- Fee Waived by BOA

- Approved
- Denied
- Exempt (fee)

#### Payment Received

- Cash
- Check # \_\_\_\_\_
- Card Conf # \_\_\_\_\_

City Administrator

Date

City Clerk

Date

For questions about this application, please contact the City Clerk at 816-690-3773 x 1004.