



SPECIAL EVENT PERMIT APPLICATION
Chapter 670 Municipal Code of the City of Oak Grove

FEE \$50

APPLICANT INFORMATION

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

Name of Organization Sponsoring Event Address City State Zip

Contact Name Address City State Zip

Position Phone Number Phone during event Email Address

Second Contact Name Address City State Zip

Position Phone Number Phone during event Email Address

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

Event location/address Anticipated attendance Zoning of Property

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:

Requested City Services:

- | | |
|--|---|
| <input type="checkbox"/> Concessions/Catering/Vending/Food Trucks | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Amplified Sounds (including DJ, microphone, speakers) | <input type="checkbox"/> Emergency Vehicles/First Aid Station |
| <input type="checkbox"/> Carnival Rides / Dunk tank / Inflatables | <input type="checkbox"/> Road Closures |
| <input type="checkbox"/> Pony Rides or Petting Zoo | <input type="checkbox"/> Public Works |
| <input type="checkbox"/> Temporary public toilets | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Alcohol /Beer Garden (Caterer's permit may be required) | |
| <input type="checkbox"/> Other _____ | |

- 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
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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.

X _____

Signature of Applicant	Printed Name	Title	Date
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**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

- 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.