



CITY OF PARKVILLE • 8880 Clark Avenue • Parkville, MO 64152 • (816) 741-7676 • FAX (816) 741-0013

### Shelter Reservation Permit – English Landing Park

8701 McAfee, Parkville, MO 64152

Reservations are available each year from March 1 through October 31 \*Required fields

Applicant Name: \_\_\_\_\_ Group Name/Function: \_\_\_\_\_

Day of Week: SU M T W TH F SA Date Requested: \_\_\_\_\_ Group Size: \_\_\_\_\_  
75 OR LESS PER SHELTER

*(Weddings, events, amplified sound and stage/patio reservations are considered special events and require additional review. Please visit <http://parkvillemo.gov/guidelines-events-parkville/> for more information.)*

#### FEES (PER SHELTER, PER TIME SLOT)

Non-Peak Days: Resident: \$25 Non-Resident: \$35 Self-Contained BBQ: \$30

Peak Days: Resident: \$50 Non-Resident: \$60 (Holiday & Parkville event weekends Memorial Day thru Labor Day)

\*Residency is verified through the Platte County Collector's Office at the time of reservation. If your real estate tax payment does not show taxes paid to Parkville, the property is not located within city limits and you must pay the non-resident fee.

*Reservation Period	*Shelter Reserved	Water	Electricity	Fee
<input type="checkbox"/> 7:30 AM to 10:30 AM	<input type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> RIVER	No	No	\$ _____
<input type="checkbox"/> 11 AM to 2 PM	<input type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> RIVER	No	No	\$ _____
<input type="checkbox"/> 2:30 PM to 5:30 PM	<input type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> RIVER	No	No	\$ _____
<input type="checkbox"/> 6 PM to 9 PM	<input type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> RIVER	No	No	\$ _____
<input type="checkbox"/> Self-Contained BBQ cooker (East and West shelters only)		Yes	No	\$ _____

River Shelter: No BBQ Grills allowed and no vehicle access

Water & Electricity turned on unless noted not needed.

#### CONTACT INFORMATION:

\*Contact Person: \_\_\_\_\_ \*Signature: \_\_\_\_\_

\*Address/City/State/Zip: \_\_\_\_\_

\*Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### AFFIDAVIT OF LIQUOR CONSUMPTION IN PARK:

This portion is required only if you plan to consume liquor in the park.

The undersigned requests permission for the above group to consumer liquor in English Landing Park on the day and between the hours shown. (If the undersigned is not the contact person named above, please print name, address and phone number on the back of this sheet.) \_\_\_\_\_

#### TERMS & CONDITIONS:

**TO PARK PATRONS:** This is your permit to use the facility/facilities that you have reserved. **Keep this permit with you and present it on demand.** If someone is occupying the space you reserved, you should present this permit and request they vacate the area. If they refuse to leave the reserved area, contact the Parkville Police at 816-741-4454 or 816-858-3521 to have an officer dispatched. This is the only situation where a refund will be considered. If you do not follow these instructions, you cannot request a refund of payment. **NO REFUNDS** will be issued if you change your mind, inclement weather, flooding, other acts of nature, or any other reason. **NO PARKING** around shelters or on the BBQ Pad Sites. **NO PARKING** on the grass. Law Strictly Enforced – \$75.00 MINIMUM FINE. Public parking areas are provided before the entrance to English Landing Park.

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#### FOR CITY USE ONLY:

Amount Paid: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_

Filed Original  Copy to Requestor  Copy for Parks  Copy for Police  Copy with Receipt

**SUPPLEMENTAL ACTIVITIES ADDENDUM:**

*This portion is required only if you plan to have supplemental activities to a shelter reservation in the park. Examples of supplemental activities include but are not limited to, inflatables (bounce house, obstacle course, slide, etc.), carnival games, dunk tank or similar products. The City reserves the right to require additional insurance for any activity that is supplemental to a shelter reservation. The undersigned agrees that any inflatables used in the park will be rented from a commercial supplier with acceptable levels of liability coverage (outlined below). The undersigned agrees that the commercial inflatable supplier will provide the City acceptable proof of insurance seven days (7) prior to the reserved date. The undersigned agrees that the commercial inflatable supplier will set up inflatables only in specific locations predetermined by the city.*

**\*Inflatable Provider Name:** \_\_\_\_\_

**\*Inflatable Provider Phone:** \_\_\_\_\_

**Inflatable Provider E-mail:** \_\_\_\_\_

**\*Signature:** \_\_\_\_\_

Acceptable levels of liability coverage Insurance requirements: \$1,000,000 Combined Single Limit Bodily and Property Damage (CSL) each occurrence, \$1,000,000 General Aggregate. The City is required to be included as an Additional Insured, and shall require its insurer to provide the City with at least 30 days advance notice of cancellation or proof of premium payment. Service Provider shall deliver to the City a copy of an Additional Insured Endorsement, using ISO Additional Insured Endorsement (CG 20 10), edition date 11/85, or an equivalent (e.g., CG 20 10, edition date 10/93, plus CG 20 37, edition date 04/13 or other carrier form) and a Notice of Cancellation Endorsement, using CNA form G-140327-B (Ed. 07/11), Travelers Form IL T4 00 (12/09) or other equivalent carrier forms. A copy of the Additional Insured Endorsement and Notice of Cancellation Endorsement or proof of premium payment must be furnished to the City prior to commencement of supplemental activity use on city property.