



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

Special Event Application

Thank you for choosing the City of Parkville for your event. We look forward to working with you in ensuring a quality event and protecting the public health, safety and welfare of event participants and the public at large. In order to do so we require that all events must obtain a special event permit prior to the event. Please complete and return the following form to the City Clerk at the address above. Thank you again for choosing Parkville.

1. Event Information

Event Name: _____

Event Location: _____

Detailed event description (may be attached): _____

Estimated attendance: _____

Event Date(s) and Times: _____

Set up date/time: _____ Cleanup finished date/time: _____

Check all of the following that apply for your event. Attached a detailed description for each checked.

- | | | | | | | | | | |
|--|---|---|---|--|--|---|---|---|--|
| alcohol
<input type="checkbox"/> | food
vendor(s)
<input type="checkbox"/> | retail/service
vendor(s)
<input type="checkbox"/> | park/shelter
reservation
<input type="checkbox"/> | other City
facility res
<input type="checkbox"/> | activities
outdoors
<input type="checkbox"/> | police/
security
<input type="checkbox"/> | street
closure
<input type="checkbox"/> | sidewalk
closure
<input type="checkbox"/> | parking
closure
<input type="checkbox"/> |
| trash
removal
<input type="checkbox"/> | portable
restrooms
<input type="checkbox"/> | recycling
containers
<input type="checkbox"/> | amplified
sound
<input type="checkbox"/> | use of
generator
<input type="checkbox"/> | signs
<input type="checkbox"/> | off-site
parking
<input type="checkbox"/> | transit to
parking
<input type="checkbox"/> | electrical
hookups
<input type="checkbox"/> | other
<input type="checkbox"/> |

2. Applicant / Contact Information

Applicant(s)

Name: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Emergency #: _____

E-mail: _____

Alternative Contact

Name: _____

Phone: _____

Property Owner(s), if not applicant

Name: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Emergency #: _____

E-mail: _____

Alternative Contact

Name: _____

Phone: _____

We, the undersigned, do hereby authorize the submittal of this application and associated documents and certify that all information contained therein is true and correct. We do hereby agree to abide by and comply with all applicable Municipal Codes and conditions approval. We understand that any violations of the provisions of such or from the conditions as stated herein shall constitute cause for the immediate retraction of this permit.

Applicant's Signature (Required) _____ **Date:** _____

Property Owner's Signature (Required) _____ **Date:** _____



3. Checklist of submittals required at time of application

- Completed application.
- Nonrefundable permit fee.
- Authorization signature of the applicant and owner of record for the property.
- If subject to covenants or deed restrictions, signed approval of the entity enforcing such.
- Detailed narrative describing proposed event, activities and facilities.
- Site plan showing the location of all proposed activities, facilities, services and closings.
- Proof of liability insurance for event at the time of application

4. Additional requirements prior to event, if applicable

- Tax ID numbers for all vendors making taxable sales.
- Approval of City liquor license and proof of State liquor licenses prior to alcohol sales (if applicable).
- Proof of City, fire marshal and health department inspections.
- Proof of occupational licenses for all vendors and service providers.
- All other conditions of approval met.

For City Use Only

Permit Fee \$ _____ Date paid: _____ By: Check # _____ M.O. # _____ Cash
 Payment made by: _____ Credit Card Order # _____
 Conditions: _____
 Verified by: _____ Date: _____
 Application accepted as complete by: _____ Date: _____



Special Event Application Checklist

For City Use Only

Event Name: _____

Required approvals, if applicable:

Board of Aldermen Approved Date: _____ Conditions: _____

CLARB (*parks/shelters*): Approved Date: _____ Conditions: _____

Police Chief (*closures/public safety*): Approved Date: _____ Conditions: _____

Public Works (*closures/trash/restrooms/utilities*): Approved Date: _____ Conditions: _____

Community Development (*zoning*): Approved Date: _____ Conditions: _____

Building Official (*electrical/codes*): Approved Date: _____ Conditions: _____

Fire Marshal (*fire code/public safety*): Approved Date: _____ Conditions: _____

Health Department (*food/beverage service*): Approved Date: _____ Conditions: _____

City Clerk (*alcohol license*): Approved Date: _____ Conditions: _____

State of Missouri (*alcohol license*): Approved Date: _____ Conditions: _____

Accounts Receivable (*licenses/taxes*): Approved Date: _____ Conditions: _____

Other (_____): Approved Date: _____ Conditions: _____

Notes: _____
