

## Public Facility Use Permit Application

<b>REQUIRED INFORMATION</b>	TODAY'S DATE			APPLICANT NAME		
	CATEGORY I      II      III      IV      V			CONTACT NAME		
	ADDRESS					
	CITY			STATE		ZIP
	PHONE			ALTERNATE PHONE		
	E-MAIL ADDRESS					
<b>FACILITY INFORMATION</b>	PERMIT TYPE INDOOR      OUTDOOR      PARADE      SPECIAL EVENT      SPORTS FIELD      BLOCK PARTY					
	FACILITY			EVENT DATE		
	EXPECTED ATTENDANCE		START TIME		END TIME	
	OTHER REQUIREMENTS INSURANCE		ADVERTISING STREET CLOSINGS		ALCOHOL SECURITY	
<b>SIGNATURE</b>	I, the undersigned, both individually and on behalf of the above named applicant, certify that we have received and read the rules, regulations and requirements outlined in the Public Facilities Use Policy. I do hereby agree that we will abide by the policies governing the use of this facility and will be responsible for any damages to the facility, furniture, or equipment caused by our occupancy of the premises. I understand that falsification of any information related to this application will result in immediate termination of our event.					
	SIGNATURE			DATE		
	PRINTED NAME AND TITLE (IF APPLICABLE)					
<b>OFFICE USE ONLY</b>	PERMIT #			DEPOSIT		
	APPROVAL			RENTAL FEE		
	RELEASE			OTHER FEES		
	REFUND			TOTAL		

**Public Facility Use Permit Application  
Attachment A – Category Application**

<b>CONTACT</b>	CATEGORY CONTACT		
	PHONE	ALTERNATE PHONE	ALTERNATE PHONE
<b>CATEGORY</b>	Category I	B – City co-sponsor  Attach fully executed Joint Use Agreement	
	Category II	Other governmental entities  Attach a Letter of Authorization on letterhead from the governmental entity responsible for the event.	
	Category III	Smithville-incorporated non-profit entities  Attach a copy of State of Missouri certification of good standing, a copy of tax-exempt IRS 501(c)(3) letter, and a Letter of Authorization on letterhead from the organization responsible for the event.	
	Category IV	Smithville-incorporated for-profit entities, residents  If a business, attach a Letter of Authorization on letterhead from the entity responsible for the event. If a resident, provide photo identification to provide proof of resident status.	
<b>SIGNATURE</b>	SIGNATURE		DATE
	PRINTED NAME AND TITLE (IF APPLICABLE)		

**Public Facility Use Permit Application  
Attachment B – Parade Application**

<b>CHAIR</b>	PARADE CHAIR RESPONSIBLE FOR CONDUCT OF PARADE		
	PHONE	ALTERNATE PHONE	ALTERNATE PHONE

<b>PARADE INFORMATION</b>	NAME OF EVENT			
	DATE OF EVENT			
	START TIME		END TIME	
	PARADE START POINT		PARADE TERMINATION POINT	
	# OF SPECTATORS	# OF PARTICIPANTS	# OF ANIMALS	# OF VEHICLES

<b>ROUTE</b>	ROUTE TO BE TRAVELED (DESCRIBE IN DETAIL AND DRAW OR ATTACH A MAP)
	PORTION OF THE WIDTH OF THE STREETS THE PARADE WILL OCCUPY (INCLUDE IF THE RIGHT-OF-WAY AND SIDEWALK WILL BE IN USE BY SPECATATORS)

<b>SIGNATURE</b>	SIGNATURE	DATE
	PRINTED NAME AND TITLE (IF APPLICABLE)	

**Public Facility Use Permit Application  
Attachment C – Special Event Application**

<b>CHAIR</b>	SPECIAL EVENT CHAIR RESPONSIBLE FOR CONDUCT OF EVENT		
	PHONE	ALTERNATE PHONE	ALTERNATE PHONE

<b>SPECIAL EVENT INFORMATION</b>	NAME OF EVENT			
	DATE OF EVENT			
	START TIME		END TIME	
	# OF SPECTATORS	# OF PARTICIPANTS	# OF ANIMALS	# OF VEHICLES

<b>SITE PLAN</b>	EVENT ORGANIZATION (DESCRIBE IN DETAIL AND DRAW OR ATTACH A MAP)
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<b>SIGNATURE</b>	SIGNATURE	DATE
	PRINTED NAME AND TITLE (IF APPLICABLE)	

**Public Facility Use Permit Application  
Attachment D – Sports Field Application**

<b>CONTACT</b>	CONTACT AVAILABLE DAY OF EVENT		
	PHONE	ALTERNATE PHONE	ALTERNATE PHONE
	E-MAIL		
<b>INFORMATION</b>	FIELD(S)		
	EVENT DATE(S)	DAY(S) OF THE WEEK	
		SUNDAY   MONDAY   TUESDAY   WEDNESDAY   THURSDAY   FRIDAY   SATURDAY	
	EXPECTED ATTENDANCE	START TIME	END TIME
<b>SIGNATURE</b>	SIGNATURE	DATE	
	PRINTED NAME AND TITLE (IF APPLICABLE)		

**Public Facility Use Permit Application  
Attachment E – Concession Stand Application**

<b>CONTACT</b>	LICENSED INDIVIDUAL OR COMPANY PROVIDING SERVICE		PHONE
	NAME OF ON-SITE CONTACT		PHONE
	ADDRESS		
	CITY	STATE	ZIP
<b>INFORMATION</b>	CONCESSION STAND		
	EVENT DATE(S)      -OR-	DAY(S) OF THE WEEK	
		SUNDAY   MONDAY   TUESDAY   WEDNESDAY   THURSDAY   FRIDAY   SATURDAY	
	EXPECTED ATTENDANCE	START TIME	END TIME
<b>SIGNATURE</b>	SIGNATURE		DATE
	PRINTED NAME AND TITLE (IF APPLICABLE)		

**Public Facility Use Permit Application  
Attachment F – Insurance**

<b>CONTACT</b>	NAME OF SPONSORING ORGANIZATION		PHONE
	ADDRESS		
	CITY	STATE	ZIP

<b>SIGNATURE</b>	<p>THE UNDERSIGNED is an authorized representative of the event sponsor (hereinafter Name of Event Sponsor referred to as “the Sponsor Organization”) IN CONSIDERATION of being given the opportunity to sponsor this event (hereinafter referred to as “the Event”), THE SPONSOR ORGANIZATION:</p> <p>1. HEREBY COVENANTS NOT TO SUE AND RELEASES, WAIVES, DISCHARGES AND INDEMNIFIES the Releasees (“Releasees” are defined as the City of Smithville and its respective officials, agents and employees) from all liability against any and all claims and causes of action for injury, death, disease, related in any manner to the Event;</p> <p>2. IN THE ABSENCE OF PROVIDING PROOF OF INSURANCE COVERAGE, the Sponsor Organization further acknowledges that the City of Smithville is not sponsoring nor otherwise involved in the administration of the Event, and the Sponsor assumes responsibility for claims associated with its operation or administration.</p> <p>THE SPONSOR ORGANIZATION expressly agrees that the foregoing Special Event Release and Hold Harmless Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Missouri and that if any portion of this Special Event Release and Hold Harmless Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.</p> <p>THE UNDERSIGNED, ON BEHALF OF THE SPONSOR ORGANIZATION, HAS CAREFULLY READ AND VOLUNTARILY SIGNS THE SPECIAL EVENT RELEASE AND HOLD HARMLESS AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.</p>
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<b>SIGNATURE</b>	SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE	DATE
	PRINTED NAME OF LEGALLY AUTHORIZED REPRESENTATIVE	TITLE

**Public Facility Use Permit Application  
Attachment G – Alcohol Application**

<b>CONTACT</b>	LICENSED INDIVIDUAL OR COMPANY PROVIDING SERVICE		PHONE
	NAME OF ON-SITE CONTACT		PHONE
	ADDRESS		
	CITY	STATE	ZIP
<b>EVENT INFORMATION</b>	EXPECTED ATTENDANCE	NUMBER OF SERVERS	
	AREA WHERE ALCOHOL WILL BE SERVED (DESCRIBE IN DETAIL AND DRAW OR ATTACH A MAP)		
<b>SIGNATURE</b>	SIGNATURE		DATE
	PRINTED NAME		TITLE



**Public Facility Use Permit Application  
Attachment H – Security Application**

<b>CONTACT</b>	LICENSED INDIVIDUAL OR COMPANY PROVIDING SERVICE		PHONE
	NAME OF ON-SITE CONTACT		PHONE
	ADDRESS		
	CITY	STATE	ZIP
<b>SIGNATURE</b>	EXPECTED ATTENDANCE	NUMBER OF SECURITY PERSONNEL	
	DESCRIPTION OF SECURITY PERSONNEL ATTIRE		
<b>SIGNATURE</b>	SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE		DATE
	PRINTED NAME OF LEGALLY AUTHORIZED REPRESENTATIVE		TITLE

**Public Facility Use Permit Application  
Attachment I – Street Closing Application**

<b>CONTACT</b>	PERSON/TRAFFIC CONTROL COMPANY RESPONSIBLE FOR STREET CLOSINGS		
	PHONE	ALTERNATE PHONE	ALTERNATE PHONE

<b>STREET INFORMATION (ATTACH ADDITIONAL SHEETS IF NECESSARY)</b>	DESCRIBE STREET CLOSINGS IN DETAIL AND DRAW OR ATTACH A MAP		
	STREET TO BE CLOSED BETWEEN	CROSS STREET 1	AND CROSS STREET 2
	REASON FOR CLOSING		
	# OF TRAFFIC LANES CLOSED	# OF SIDEWALKS CLOSED	# OF STREET BLOCKS CLOSED
	DATE/TIME STREET CLOSED		DATE/TIME STREET REOPENED
	STREET TO BE CLOSED BETWEEN	CROSS STREET 1	
	REASON FOR CLOSING		
	# OF TRAFFIC LANES CLOSED	# OF SIDEWALKS CLOSED	# OF STREET BLOCKS CLOSED
	DATE/TIME STREET CLOSED		DATE/TIME STREET REOPENED

<b>SIGNATURE</b>	SIGNATURE	DATE
	PRINTED NAME AND TITLE (IF APPLICABLE)	



