



City Park/Pavilion Special Use Permit Application

The mission of the City of Holts Summit is to provide a safe, livable, and sustainable community for our present and future citizens

213 S. Summit Drive
 P.O. Box 429
 Holts Summit, MO
 65043
 Phone: (573)896-5600
 Fax: (573)896-4115

Name of event:		
<u>Description of Event:</u>		<u>Facility to be used:</u> <input type="checkbox"/> Hibernia Station Park/Pavilion <input type="checkbox"/> Greenway Park/Pavilion
Date(s) of event:	Set-Up time: (start)	Clean-Up Time: (end)
Total Event Hours:		
Anticipated Attendance- <i>over 150 people, require City personnel to be at the event</i>		
Participants:		Spectators:
Information		
Organization's Name:		
Representative's Name:		
Street Address:		
City, State, Zip Code:		
Phone:		
Email:		
Questions		
Will alcohol be provided or sold?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will there be live music entertainment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you plan to sell food or beverages?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will fees be collected?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the event require the use of temporary structures?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you plan to be at the Civic Center past 10:00 PM?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FOR CITY HALL OFFICE USE		
Mark all that apply		
<input type="checkbox"/> \$24/ hour for City Personnel		
<input type="checkbox"/> \$150.00 non-refundable Special Use Fee		
<input type="checkbox"/> \$5/booth, tent, or food establishment		
<input type="checkbox"/> Parking Plans		
<input type="checkbox"/> Copy of written notification to HSFD and HSPD		
<input type="checkbox"/> Certificate of Insurance		
<input type="checkbox"/> Permit from the County Health Dept		
<input type="checkbox"/> Business License for the sale of food or merchandise for each vendor		

Payment Information

Receipt #:

Date Received:

___/___/___

Total Received:

\$_____.____

Credit Card:

Name on card: _____ Confirmation Number: _____

Signature: _____ Date: _____

Check:

Name on check: _____ Check #: _____

Signature: _____ Date: _____

Cash:

Signature: _____ Date: _____

