



Civic Center 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"/> Civic Center
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

OFFICE USE ONLY

MARK ALL THAT APPLY TO APPLICATION

- \$24/ hour for City Personnel
 - \$200.00 non-refundable Special Use Fee
 - \$5/booth, tent, or food establishment
 - Parking Plans
 - Copy of written notification to HSFD and HSPD
 - Certificate of Insurance
 - Permit from the County Health Dept
 - Business License for the sale of food or merchandise for each vendor
-

Method of Payment:

- | | | |
|--------------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> Check | <input type="checkbox"/> Cash |
| Confirmation #: _____ | Check #: _____ | Receipt #: _____ |

Amount Received: \$ _____

Signature of Employee: _____

Date received: ___/___/___

Notes: _____
