



## Special Event Application

Event Name: \_\_\_\_\_

Event Sponsor(s): \_\_\_\_\_

Please provide a brief description of the event: \_\_\_\_\_

\_\_\_\_\_

Proposed Location: \_\_\_\_\_

*Please ensure the location as been reserved for event prior to the submission of this application.*

### Primary Contact

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Alternative Contact

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Proposed Dates & Times\*

Date: _____	Date: _____	Date: _____
Times Beg. End	Times Beg. End	Times Beg. End
Setup _____	Setup _____	Setup _____
Runtime _____	Runtime _____	Runtime _____
Cleanup _____	Cleanup _____	Cleanup _____

Cleanup is **required** at the organizer's expense and is to occur immediately following the event.

\*The City of Kirksville reserves the right to modify or cancel the proposed special event should special conditions or an emergency exist or if the guidelines of this policy are not followed.

**Please answer the following questions about your Special event:**

If the event is a fishing tournament, have you obtained a Marine/Regatta Permit from the Missouri State Highway Patrol? (If so, attach copy)

☐ Yes    ☐ No

Have you reserved a City Park?

☐ Yes    ☐ No    ☐ N/A

Will the event be attended by over 150 people? If so, how many are you expecting?

☐ Yes    ☐ No    If Yes, how Many: \_\_\_\_\_

Would you like the City to provide trash cans, at no cost? (Indicate locations on attached map)

☐ Yes    ☐ No    If Yes, how Many: \_\_\_\_\_

Will you be placing portable toilet facilities? (Indicate locations on attached map)

☐ Yes    ☐ No    If Yes, how Many: \_\_\_\_\_

Will there be alcohol? (Requires approval and license from City Council, contact Finance Department at 660-627-1251 to begin the process)

☐ Yes    ☐ No

Will the event have food concessions? (May require a permit from Adair Co. Health Dept.)

☐ Yes    ☐ No

Will the event have cooking areas? (Requires permits from Adair Co. Health Dept. & Kirksville Fire Department)

☐ Yes    ☐ No

Will the event require an organizer's command center, stage, tents, displays, or enclosures? (Indicate location on attached map)

☐ Yes    ☐ No

Will the event require first aid stations or medical care?

☐ Yes – I **have not** contacted the Adair County Ambulance regarding this.

☐ Yes – I **have** contacted the Adair County Ambulance regarding this.

☐ No

Will the event require a street closure? (Indicate streets below and attach map)

☐ Yes    ☐ No

Will the event have excessive noise? (Describe type of music/sound & a tentative time-frame)

☐ Yes    ☐ No

Will the event have pyrotechnics, ceremonial fire(s), or special effects of any kind? (If so, explain; requires a permit from Kirksville Fire Dept.)

☐ Yes    ☐ No

Will the event require off-street parking? (Describe your off-street parking plan)

☐ Yes    ☐ No

Will the event require banners or signs? (Describe & attach map with location)

☐ Yes    ☐ No

Will the event require the City to provide water and/or electricity? (If so, elaborate)

☐ Yes   ☐ No

Will you have animals at the event? (If so, list what kind and their purpose at the event. *All animals must be restrained, and not allowed to run at large, per City Ordinance 10811.*)

☐ Yes   ☐ No

Will there be vendors at the event? (If so, include a list of vendors and indicate their placement on map. You **must** meet the State of Missouri Requirements for Vendors, as well.)

☐ Yes   ☐ No

What is your security/safety plan? (Kirksville Police Dept. does not provide security)

What is your Emergency Plan?

Additional Information:

**The following items must be submitted prior to the event. You can attach these items to the e-mail when you click submit from Adobe Reader or Internet Explorer.**

- ☐ **Event Sponsor must furnish a Certificate of General Liability insurance** for one million dollars (\$1,000,000) listing the City as an additional insured for events to be held on public property. If you have no insurance coverage, an application is available through the City's TULIP program.
- ☐ **Map**  
If your event is a run, walk, or parade, a **map must be attached** clearly indicating the route, and any requested street closures.
- ☐ **A complete event plan is required at least 30 days prior to the event.**  
This plan must include a list of vendors (business, owner, address, and phone number), vendor location plan, off-street parking plan, lighting & sound system setup, and temporary banners or signs.
- ☐ **Proof of approval of permits/licenses/reservations required to hold the event.**  
As indicated above, permits/licenses/reservations may be required by Adair County Health Department, City Council, Kirksville Finance Department, Kirksville Parks and Recreation Division, and/or the Kirksville Fire Department. Documentation must be attached; except for City Council, which will be handled with the approval of this application.
- ☐ **Marine/Regatta Permit for fishing tournament**
- ☐ **Vendors**  
Include a list of vendors and indicate their placement on map. You **must** meet the State of Missouri Requirements for Vendors.

# CITY OF KIRKSVILLE

## WAIVER, RELEASE & INDEMNIFICATION AGREEMENT

To the fullest extent permitted by law, the Sponsor agrees to indemnify, defend and hold harmless the City of Kirksville, its officers, agents, volunteers, and employees from and against all suits, claims, damages, losses, and expenses, including but not limited to attorneys fees, court costs, or alternative dispute resolution costs arising out of, or related to, Sponsor's use of City streets, roads, parks, sidewalk or other facilities under this agreement involving an injury to a person or persons, whether bodily injury or other personal injury (including death), or involving an injury or damage to property (including loss of use or diminution in value), but only to the extent that such suits, claims, damages, losses or expenses are caused by the negligence or other wrongdoing of Sponsor, its officers, agents and volunteers, or anyone directly or indirectly employed or hired Sponsor or anyone for whose acts Sponsor may be liable, regardless of whether caused in part by the negligence or wrongdoing of City and any of its agents or employees.

The Sponsor shall purchase and maintain, at Sponsor's expense, Commercial General Liability Insurance with a minimum limit of \$1,000,000 each occurrence / \$2,000,000 general aggregate written on an occurrence bases.

Prior to using the City's facilities or infrastructure under this agreement, Sponsor shall furnish the City with certificates of insurance evidencing the required coverage, conditions, and limits required by the agreement, have the City named as an additional insured and provide the appropriate additional insured endorsements.

No provision of this agreement shall constitute a waiver of the City's right to assert a defense based on the doctrines of sovereign immunity, official immunity, or any other immunity available under law.

The undersigned does hereby waive, release and forever discharge the City of Kirksville, Missouri, its agents and employees, and shall hold harmless and indemnify said City of Kirksville, Missouri, its agents and employees, from any and all claims, counts, causes of action and demands of every kind and nature, including reasonable attorney's fees and cost of litigation, which may arise out of, result from or in any manner pertain to any and all loss, costs, damage or expense whatsoever from the special event that is being held on City property.

☐ By checking this box, I certify that I represent the "Sponsor" organization/individual above. By typing my name below, I agree my electronic signature is the legal equivalent of my manual signature on this application.

\_\_\_\_\_  
Typed Name of Event Sponsor (Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Event Sponsor (Representative)

\_\_\_\_\_  
Title and Organization

### - FOR OFFICE USE ONLY -

Fire \_\_\_\_\_ Police \_\_\_\_\_ Parks \_\_\_\_\_ Public Works \_\_\_\_\_ Finance \_\_\_\_\_ Insurance \_\_\_\_\_  
City Council: ☐ Approved ☐ Not Approved **or** City Manager: ☐ Approved ☐ Not Approved

City Manager Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_  
Date Sponsor Notified \_\_\_\_\_ By: \_\_\_\_\_