

Board of Alderman Request for Action

| MEETING DATE: 5/17/2022 | DEPARTMENT: | Parks and Recreation, Police |
|--------------------------------|-------------|------------------------------|
|--------------------------------|-------------|------------------------------|

AGENDA ITEM: Resolution 1066 – Temporary Liquor License – Barbara Lamb

RECOMMENDED ACTION:

A motion to approve Resolution 1066, issuing a Temporary Liquor License to Barbara Lamb, doing business as Smithville Lake Festival Committee for Smithville Lake Festival on June 17 and 18, 2022 at Courtyard Park.

SUMMARY:

Approval of this item would issue a Temporary Liquor License to Barbara Lamb, doing business as Smithville Festival Committee, to be part of the Smithville Lake Festival Beer Garden located at Courtyard Park on June 17 and 18, 2022.

Chief Lockridge has completed a background check on Ms. Lamb. There were no findings to prevent issuing a liquor license.

Requested Licenses: Temporary Permit.

This license will be effective June 17 and 18, 2022 (pending all State license requirements).

PREVIOUS ACTION:

☐ Other:

POLICY ISSUE:

Ms. Lamb has been issued a permit for this event in the past (August 6, 2019 and July 7, 2020 and June 26, 2021).

| ATTACHMENTS: | | | | | | |
|-------------------|--|--|--|--|--|--|
| □ Contract | | | | | | |
| ☐ Plans | | | | | | |
| \square Minutes | | | | | | |
| | | | | | | |

RESOLUTION 1066

A RESOLUTION ISSUING A TEMPORARY LIQUOR LICENSE TO BARBARA LAMB FOR OPERATION OF THE SMITHVILLE LAKE FESTIVAL 2022 BEER GARDEN ON JUNE 17 AND 18, 2022

WHEREAS, Barbara Lamb has completed the required application, and;

WHEREAS, Chief Lockridge has completed a background check, and;

WHEREAS, the background check did not reveal anything to prevent approval of a City liquor license.

NOW THEREFORE BE IT RESOLVED BY THE BOARD OF ALDERMEN OF THE CITY OF SMITHVILLE, MISSOURI, AS FOLLOWS:

THAT A TEMPORARY LIQUOR LICENSE WILL BE ISSUED TO BARBARA LAMB, FOR OPERATION OF THE BEER GARDEN AT COURTYARD PARK UNDER THE SPECIAL EVENT PERMIT APPROVED FOR SMITHVILLE LAKE FESTIVAL 2022 ON JUNE 17 AND 18, 2022.

PASSED AND ADOPTED by the Board of Aldermen and **APPROVED** by the Mayor of the City of Smithville, Missouri, the 17th day of May 2022.

| Damien Boley, Mayor |
|----------------------------|
| ATTEST: |
| |
| |
| Linda Drummond, City Clerk |

Insert Logo

CITY OF SMITHVILLE

107 West Main Street

Smithville, MO 64089

| Date Submitted 7-14 -202 | 1 |
|--------------------------|---|
| Application#_ | |
| Date Approved | |
| - Dormit # | |

SPECIAL EVENT APPLICATION

Thank you for choosing the City of Smithville for your event. Staff looks 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, the City requires that all events must be approved prior to the event. Please complete and return the following special event application to City Hall at the address above. Thank you again for choosing Smithville. Please refer to the <u>Application Information</u> and corresponding sections in the <u>Event Rules and Conditions</u> to answer most questions.

| 1. EVENT INFO | ORMATION: |
|--|---|
| Event Name: Smithville Love Fest, | / Porade |
| Event Location: Courty and Eve | ent Tier: Z |
| Detailed event description (additional room on next pa | |
| | |
| Estimated attendance: 6 - 1, 000 | |
| Event Date(s) and Times: June 16,7 & 18, 202 | 22 |
| Set up date/time: 5pm (Fn) Cleanu | |
| , , | , |
| 2. APPLICANT / CONT | 'ACT INFORMATION: |
| Applicant(s) | Property Owner(s), if not applicant or City |
| Name: Barbara Lemb | Name: |
| Organization: Smithville Festiville Committee | Name:Organization: |
| Address: Po Box 15 | Address: |
| City, State, Zip: Smithville, MU 64089 | City, State, Zip: |
| | |
| Phone: 805-2290 Fax: | Phone: Fax: |
| Emergency #: | Emergency #:\ |
| E-mail: blamb 4 @ att. nek | E-mail: |
| | |
| Alternative Contact | Alternative Contact |
| Name: | Name: |
| | |
| Phone: 816 -805 - 2230 | Phone: |

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| | | | | 3. EVEN | T TYPE: | | | | |
| Run | Walk □ | Parade/ March | Bike Race/Tour □ | Street Fair | Concert | Film | Festival | Other: | |
| | | | | 5. SITE | PLAN | | | | |
| nere de | o you plan | to have you | ır event? C | ourtyard Pa | ark: 🧚 O | ther Pub | ic Property: | | |
| event | entry and e ease write | exit, tempor this descrip Your Site P | rary restroor otion in the lan (Attach | ms, first aid space provi additional s | , start/finish ided below heet if nec | or lines, in or attach | flatables, ai the descrip | e event set up nd a timeline o otion as a Wo | of you rd |
| cumer | Mcp | | | | | | | | |
| cumer | Mcp | | | | | | | | |
| cumer | Mcp | | | | | | | | |
| cumer | Mcp | | | | | | | | |

| Do you have sufficient on street/lot parking at your event space? Yes: X_No: If No: Additional Parking and Shuttle Routes need to be approved by the City. Exp (Attach additional sheet if necessary): | olain Your Parking Plan |
|--|--|
| (Attach additional sheet ifnecessary): | |
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| 7. PUBLIC INFORMATION: | |
| f applicable, surrounding businesses that will be impacted by the event must be n days prior to the event. How will you notify neighbors/businesses of your event? E additional sheet if necessary): Let Aylssa Know | notified no later than 14 Explain (Attach |
| additional sheet intecessary). Let Agjora Now | |
| | |
| | |
| 8. CANCELLATION NOTICE: | |
| How will you notify participants if your event is cancelled with 48 hours of event dandditional sheet if necessary): | |
| Face bock | |
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| | |
| 9. SECURITY PLAN: | |
| Describe your security plan, including crowd control, internal security, and venue | safety. Specify if you |
| 9. SECURITY PLAN: Describe your security plan, including crowd control, internal security, and venue would like to hire off-duty police support. (Attach additional sheet if necessary): Have requested police presents | |

| 2. FIRST AID PLAN: 12. FIRST AID PLAN: 13. Volumbers 14. Cttan additional sheet if necessary): 15. First Aid Plan. (Attach additional sheet if necessary): 16. First Aid Plan. (Attach additional sheet if necessary): 17. First Aid Plan. (Attach additional sheet if necessary): 18. First Aid Plan. (Attach additional sheet if necessary): 19. First Aid Plan. (Attach additional sheet if necessary): 19. First Aid Plan. (Attach additional sheet if necessary): 19. First Aid Plan. (Attach additional sheet if necessary): 19. First Aid Plan. (Attach additional sheet if necessary): 19. First Aid Plan. (Attach additional sheet if necessary): 19. First Aid Plan. (Attach additional sheet if necessary): 19. First Aid Plan. (Attach additional sheet if necessary): 19. First Aid Plan. (Attach additional sheet if necessary): 19. First Aid Plan. (Attach additional sheet if necessary): 10. First Aid Plan. (Attach additional sheet if necessary): 11. First Aid Plan. (Attach additional sheet if necessary): 12. First Aid Plan. (Attach additional sheet if necessary): 13. UTILITY CONNECTIONS 14. ROADWAY AND PARKING LOT CLOSURES: Will you require a roadway closure? Yes: X. No: 16. First Aid Plan. (Attach additional sheet if necessary): | . 10. RESTROOM PLAN: |
|--|---|
| 11. CLEAN UP PLAN: Describe your clean-up plan, including trash removal and recycling containers. Specify if you would like to hire city staff support. (Attach additional sheet if necessary): 12. FIRST AID PLAN: Describe your First Aid Plan. (Attach additional sheet if necessary): 13. UTILITY CONNECTIONS Do you want to have a utility connection/s at your event? Yes: \(\) No: 14. ROADWAY AND PARKING LOT CLOSURES: Will you require a roadway closure? Yes: \(\) No: 15. Yes: Explain (Attach additional sheet if necessary): 16. Yes: Explain (Attach additional sheet if necessary): 17. CLEAN UP PLAN: 18. Describe your clean-up plan, including trash removal and recycling containers. Specify if you would like to him recessary): 16. And Plan (Attach additional sheet if necessary): 17. CLEAN UP PLAN: 18. Out of the containers. Specify if you would like to him recessary): 19. And Plan (Attach additional sheet if necessary): 19. CLEAN UP PLAN: 19. CLEAN UP PLAN: 10. CLEAN UP PLAN: 10. CLEAN UP PLAN: 10. CLEAN UP PLAN: 11. CLEAN UP PLAN: 12. FIRST AID PLAN: 13. UTILITY CONNECTIONS 14. UTILITY CONNECTIONS 15. CLEAN UP PLAN: 16. CLEAN UP PLAN: 17. CLEAN UP PLAN: 18. CLEAN UP PLAN: 19. CLEAN UP | Describe your restroom/restroom cleaning plan. At least three restrooms must be provided for each estimated 500 attendees. Specify if you would like to hire city staff support (Attach additional sheet if necessary): |
| Describe your clean-up plan, including trash removal and recycling containers. Specify if you would like to hire city staff support. (Attach additional sheet if necessary): 12. FIRST AID PLAN: Describe your First Aid Plan. (Attach additional sheet if necessary): 13. UTILITY CONNECTIONS Do you want to have a utility connection/s at your event? Yes: X_No: | |
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| Describe your First Aid Plan. (Attach additional sheet if necessary): Describe your First Aid Plan. (Attach additional sheet if necessary): | Volumberar |
| Describe your First Aid Plan. (Attach additional sheet if necessary): Describe your First Aid Plan. (Attach additional sheet if necessary): | |
| 13. UTILITY CONNECTIONS 2 School 2 | 12. FIRST AID PLAN: |
| 13. UTILITY CONNECTIONS Do you want to have a utility connection/s at your event? Yes: X_No: If Yes: How Many Electric Pedestals? If Yes: How Many Water Hookups? Additional Utility Requests (Attach additional sheet if necessary): 14. ROADWAY AND PARKING LOT CLOSURES: Will you require a roadway closure? Yes: No: If Yes: Explain (Attach additional sheet if necessary): | Describe your First Aid Plan. (Attach additional sheet if necessary): |
| 13. UTILITY CONNECTIONS Do you want to have a utility connection/s at your event? Yes: X_No: If Yes: How Many Electric Pedestals? If Yes: How Many Water Hookups? Additional Utility Requests (Attach additional sheet if necessary): 14. ROADWAY AND PARKING LOT CLOSURES: Will you require a roadway closure? Yes: No: If Yes: Explain (Attach additional sheet if necessary): | 4Friday -7 4) officer 5-12pm) update |
| To you want to have a utility connection/s at your event? Yes: _XNo: If Yes: How Many Electric Pedestals? If Yes: How Many Water Hookups? Additional Utility Requests (Attach additional sheet if necessary): 14. ROADWAY AND PARKING LOT CLOSURES: Will you require a roadway closure? Yes:XNo: If Yes: Explain (Attach additional sheet if necessary): | 2 School > 1 officer 5-12 pm |
| To you want to have a utility connection/s at your event? Yes: _XNo: If Yes: How Many Electric Pedestals? If Yes: How Many Water Hookups? Additional Utility Requests (Attach additional sheet if necessary): 14. ROADWAY AND PARKING LOT CLOSURES: Will you require a roadway closure? Yes:XNo: If Yes: Explain (Attach additional sheet if necessary): | |
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| Additional Utility Requests (Attach additional sheet if necessary): 14. ROADWAY AND PARKING LOT CLOSURES: Will you require a roadway closure? Yes: No: f Yes: Explain (Attach additional sheet if necessary): | Do you want to have a utility connection/s at your event? Yes:_X_No: |
| Additional Utility Requests (Attach additional sheet if necessary): 14. ROADWAY AND PARKING LOT CLOSURES: Will you require a roadway closure? Yes: f Yes: Explain (Attach additional sheet if necessary): | f Yes: How Many Electric Pedestals? |
| 14. ROADWAY AND PARKING LOT CLOSURES: Vill you require a roadway closure? Yes: f Yes: Explain (Attach additional sheet if necessary): | f Yes: How Many Water Hookups? <u> </u> |
| Vill you require a roadway closure? Yes: <u>X</u> No: f Yes: Explain (Attach additional sheet if necessary): | Additional Utility Requests (Attach additional sheet if necessary): |
| f Yes: Explain (Attach additional sheet if necessary): | 14. ROADWAY AND PARKING LOT CLOSURES: |
| | Nill you require a roadway closure? Yes: <u></u> No: |
| | f Yes: Explain (Attach additional sheet if necessary): |
| See Mail | See Map |
| | |

| 15. OTHER STAFF SUPPORT: | |
|--|----------------------|
| Do you desire to hire city staff for other duties? Yes: X No: | |
| If Yes: Please Explain (Attach additional sheet if necessary): | |
| Will need City City Staff I hour on Sat. Min | |
| | |
| | |
| 16. SIGNAGE: | |
| Do you want to also have advertising signage for your event on private property? Yes: X | _No: |
| If Yes: Attach a Sign Permit Application | |
| 17. SPECIAL ITEMS: | |
| Are you serving alcohol? | nes) |
| Are you having amplified music? | on <u>pg. 13</u>) |
| Will you have food/sales vendors?Yes:_X_No:(If Yes, complete question 20 o | n <u>pg. 15-16</u>) |
| 18. AMPLIFIED SOUND / PERFORMANCE LIST | |
| If you plan to have amplified sound, provide a tentative list of performers, performance type, performance times, and duration. Include non-live prerecorded sound/music. The complete list is due 7 days before the event (Attach additional sheet if necessary): | _ |
| 1. Yoş | |
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| ť | | VENDOR MAP | | - | |
|--------------------|--|-----------------------------|---------------------|---|--|
| Please map the pla | anned vendors at your e | event (Attach additional sl | heet if necessary): | | |
| (May be depicte | ed on site plan) | | | | |
| See Mex | R | | | | |
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 $I~have~read~and~understand~the~\underline{Event~Rules~and~Conditions}~and~\underline{Application~Information~Guide}.~I~will~$

_Date

abide by these terms and fees associated with my event.

Event coordinator

LAKE FEST PARADE MAP



EVENT PARKING



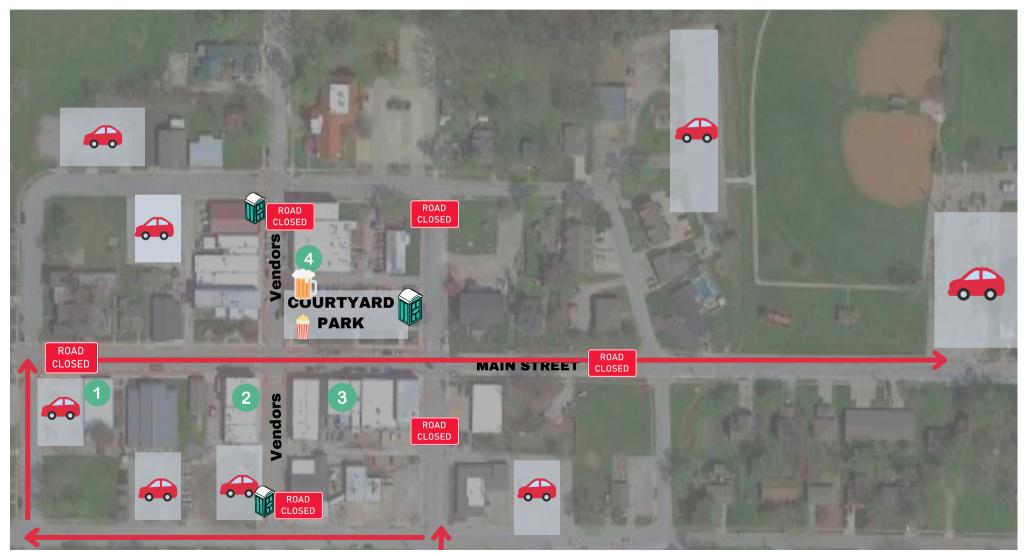
BEER SALES





POPCORN

- **SENIOR CENTER**
- 2 CORNERSTONE COFFEE
- 3 CHOPS BBQ
- 4 HUMPHREY'S BAR & GRILL



June 18 - Lake Fest Parade Route - 11 AM Start Start at High School - End at Heritage Park Meadow and Mill Roads will be closed 30 mins before, as Police Request

Smithville Police Department

Request for Off-Duty Officers Address of Event:__ Number Expected to Attend: (. OOD __(Depending on event, 1 officer for every 100 in attendance/commander discretion) Beginning Time: See below Ending Time: 12:00 midnight **Number of Officers Requested:** Will Alcohol Be Served? X YES 6/18 - noon - midnight Type of Event (i.e. Wedding Reception, Large Party, Community Event, Concert, Site Security, etc.) Job Description (i.e. Parking Lot Security, Building Security, Event Security, Traffic Control, etc.) Rate of Pay-\$45/hour (3 Hour Minimum) REQUESTOR: Personal **Business** Name of Requestor: Son **After-Hours Contact INSURANCE REQUIREMENT:** Business requestors hiring off-duty Smithville Officers for security work shall carry the statutory limits for Workers Compensation Insurance and a minimum of \$500,000 general liability insurance coverage. The requestor has provided a copy of the general liability insurance certificate. X YES NO obtained.

Description of Business Activity: Insurance will be provided when obtained. Are there any potential concerns or threats to your event or the attendees? YES (explain) X NO **Approving Commander** Radio # Date Time

Public Facility Use Permit Application

| | TODAY'S DATE APP | LICANT NAME |
|----------------------|--|--|
| 7 | | mithville Festival Committee |
| | | VTACT NAME |
| (TYO) | | Barbara Lamb |
| KM/ | ADDRESS 16 | |
| INFC | Po Boyl 15 | TE ZIP |
| REQUIRED INFORMATION | | Mo 64089 |
| KQUI | PHONE | ALTERNATE PHONE |
| ≅ | 816-805-2290 | 816-805-2230 |
| | E-MAIL ADDRESS | |
| | blamb4@att.net | |
| 7 | PERMIT' TYPE | |
| TIOL | OINDOOR OUTDOOR OPARADE OS FACILITY | PECIAL EVENT OSPORTS FIELD OBLOCK PARTY EVENT DATE |
| KMA | | |
|).INI | EXPECTED ATTENDANCE START | Tune 1617 + 18, 2022 TIME END TIME |
| FACILITY INFORMATION | 1,000 Jun | e 16@5 pm June 18@ 12 midnig X ALCOHOL X CONCESSIONS |
| FACI | OTHER REQUIREMENTS X ADVERTISING | X ALCOHOL X CONCESSIONS |
| | χ insurance χ ste | EET CLOSINGS X SECURITY X VENDORS |
| | N H (SOLILI (SE X ST) | TEL CECOLIVOS VENDORS |
| | I, the undersigned, both individually and on behalf | of the above named applicant, certify that we have received |
| | I, the undersigned, both individually and on behalf and read the rules, regulations and requirements or | of the above named applicant, certify that we have received atlined in the Public Facilities Use Policy. I do hereby agree |
| JRE | I, the undersigned, both individually and on behalf and read the rules, regulations and requirements of that we will abide by the policies governing the use the facility, furniture, or equipment caused by our | of the above named applicant, certify that we have received atlined in the Public Facilities Use Policy. I do hereby agree of this facility and will be responsible for any damages to occupancy of the premises. I understand that falsification of |
| | I, the undersigned, both individually and on behalf and read the rules, regulations and requirements of that we will abide by the policies governing the use the facility, furniture, or equipment caused by our any information related to this application will resu | of the above named applicant, certify that we have received atlined in the Public Facilities Use Policy. I do hereby agree of this facility and will be responsible for any damages to occupancy of the premises. I understand that falsification of |
| SIGNATURE | I, the undersigned, both individually and on behalf and read the rules, regulations and requirements of that we will abide by the policies governing the use the facility, furniture, or equipment caused by our | of the above named applicant, certify that we have received arlined in the Public Facilities Use Policy. I do hereby agree of this facility and will be responsible for any damages to occupancy of the premises. I understand that falsification of all in immediate termination of our event. |
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| NEWATU | I, the undersigned, both individually and on behalf and read the rules, regulations and requirements of that we will abide by the policies governing the use the facility, furniture, or equipment caused by our any information related to this application will result of the policies governing the use the facility, furniture, or equipment caused by our any information related to this application will result of the policies governing the use that we will abide by the policies governing the use the facility, furniture, or equipment caused by our any information related to this application will result of the policies governing the use that we will abide by the polici | of the above named applicant, certify that we have received atlined in the Public Facilities Use Policy. I do hereby agree of this facility and will be responsible for any damages to occupancy of the premises. I understand that falsification of all in immediate termination of our event. DATE O7/14/2021 DEPOSE |
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| NEWATU | I, the undersigned, both individually and on behalf and read the rules, regulations and requirements of that we will abide by the policies governing the use the facility, furniture, or equipment caused by our any information related to this application will resuscite the same and the facility of the policies governing the use the facility furniture, or equipment caused by our any information related to this application will resuscite the facility of the policies governing the use that we will abide by the policies governing the use the facility of the policies governing the use that we will abide by the poli | of the above named applicant, certify that we have received attined in the Public Facilities Use Policy. I do hereby agree of this facility and will be responsible for any damages to occupancy of the premises. I understand that falsification of alt in immediate termination of our event. DATE O7/14/2021 DEPOSIT RENTAL FEE |
| NEWATU | I, the undersigned, both individually and on behalf and read the rules, regulations and requirements of that we will abide by the policies governing the use the facility, furniture, or equipment caused by our any information related to this application will result of the policies governing the use the facility, furniture, or equipment caused by our any information related to this application will result of the policies governing the use that we will abide by the policies governing the use the facility, furniture, or equipment caused by our any information related to this application will result of the policies governing the use that we will abide by the polici | of the above named applicant, certify that we have received atlined in the Public Facilities Use Policy. I do hereby agree of this facility and will be responsible for any damages to occupancy of the premises. I understand that falsification of all in immediate termination of our event. DATE O7/14/2021 DEPOSE |
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Public Facility Use Permit Application Attachment C – Special Event Application

| CHAIR | SPECIAL EVENT CHAIR RESPONSIBLE FOR CONDUCT OF EVENT Barbara Lawb PHONE ALTERNATE PHONE ALTERNATE P 816-805-2230 | HONE |
|------------------------------|---|-----------------------------------|
| SPECIAL EVENT INFORMATION | NAME OF EVENT Smithville Lake Festival DATE OF EVENT June 16,17 + 18, 2022 START TIME END TIME | . 1 |
| SPE | Tune 16@ 5pm # OF SPECTATORS # OF PARTICIPANTS # OF ANIMALS # OF | F VEHICLES |
| NVT6-5LTS | EVENTORGANIZATION (DESCRIBE IN DETAIL AND DRAW OR ATTACH A MAP) This is the Second annual bake Fastival, Community favorite. This festival will be to visitors + residents. The festival will pr variety of activities for all ages. We will craft veolors, a parade, a schildren's complice extentainment, pageants + a variety of live entertainment, pageants + a variety of events. We respectfully request an exception to noise ordinance from 11 pm to midnight both nights of the event. We also request the city's additional trash brought downtown from Smith's Fork be friday, Tune 17, 2022, for the event. | promoted a food a area, other she |
| SIGNATURE | | DATE 07/14/2021 |

Public Facility Use Permit Application Attachment B – Parade Application

| | PARADE CHAIR RESPONSIBLE FOR CONDUCT OF PARADE | | | | | |
|---|--|-------------------|--------------------------|-----------------|---|--|
| MR | Charlene Bruce | | | | | |
| CHAIR | PHONE | ALTERNATE PHON | 1 | ALTERNATE PHONE | | |
| | 816-805-606 | 80 816-805 | -2290 | 816-805- | 2230 | |
| | NAME OF EVENT | | | | *************************************** | |
| | Smithville Lake Festival Parade | | | | | |
| Z | DATE OF EVENT | | | | | |
| IIVV | June 18 2022 | | | | | |
| ORA | START TIME | | END TIME | | | |
| Z | 11-00 am | | 12:00 pm | | | |
| PARADE INFORMATION | PARADE START POINT | | PARADE TERMINATION POINT | | | |
| bA | # OF SPECTATORS | # OF PARTICIPANTS | # OF ANIMALS | # OF VEHIC | 1 FC | |
| | 1200 | 75 | Approx. | | | |
| | (300 | | TIPNOT - | 10 10 | | |
| | Parade route is TBD. Once known, an update map will be provided. | | | | | |
| | farade rou | te is TBD. | Once Kr | rown, an up |)daled | |
| | map 44.21 6 | se provided. | | • | | |
| | V. ap | Q | | | | |
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| UTE | en. | | | | | |
| RO | | | | | | |
| | | | | | | |
| | | | | | | |
| PORTION OF THE WIDTH OF THE STREETS THE PARADE WILL OCCUPY (INCLUDE IF THE RIGHT-OF-WAS SIDEWALK WILL BE IN USE BY SPECATATORS) | | | | | or will live | |
| | Parale will use full width of city streets. Spectators will occupy sidewalks. | | | | | |
| Spectators Will occupy sidewalks. | | | | | | |
| | V. | ' (| | | | |
| 至 | SIGNATURE | D | | DATE | 1 | |
| TUR | Darbara (| and | | 07/14 | 12021 | |
| SIGNATURE | PRINTED NAME AND TITLE | ' 1 7' | 1 | | | |
| 3S | Darbara l | lamb, Secre | tary | | , | |

Public Facility Use Permit Application Attachment F – Insurance

| | NIAME OF CHONICOPINIC ODC ANTIZAT | TT/\NI | DITONIE | | | |
|---------|--|--|---|--|--|--|
| | NAME OF SPONSORING ORGANIZAT | Committee | PHONE Pla-8 | 65-0290 | | |
| ('ACT | ADDRESS OF THE POST OF THE POS | | | | | |
| CONTACI | to Box 15 | 'to Box 15 | | | | |
|) | Smithville | STATE (A) | | 64089 | | |
| | OM NOTIC | μω | | 09001 | | |
| | 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: 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; 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. | | | | | |
| SIGNAT | Harmless Agreement is intended | to be as broad at of this Special I | nd inclusive as is p Event Release and | oing Special Event Release and Hold permitted by the law of the State of Hold Harmless Agreement is held full legal force and effect. | | |
| | 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. | | | | | |
| | SIGNATURE OF LEGALLY AUTHORIZ | b | | DATE 07/14/2021 | | |
| | PRINTED NAME OF LEGALLY AUTHOR Barbara Lan | يا. | | Sceretary | | |
| 4 | Proof of insuran | ce will | be provide | ded once it is | | |
| | obtained. | | 7 | | | |

Public Facility Use Permit Application Attachment G – Alcohol Application

| | LICENSED INDIVIDUAL OR COMPANY PROVIDING SERVICE | PHONE |
|-------------------|--|-----------------------|
| | Smithville Festival Committee | 816-805-2290 |
| | NAME OF ON-SITE CONTACT | PHONE |
| CONTACT | Barbara Lamb | 816-805-0030 |
| Ž | ADDRESS | |
| Ö | 506 Liberty Koad | |
| | CITY STATE | ZIP |
| | Smithville lu | 64089 |
| | EXPECTED ATTENDANCE NUMBER OF SERV | /ERS |
| | 1,000 | |
| | AREA WHERE ALCOHOL WILL BE SERVED (DESCRIBE IN DETAIL AND DR | AW OR ATTACH A MAP) |
| | Alcohol will be served on the | Courtyard |
| | | |
| | within buy (cases of cleaned to | totarisme if |
| | prior to the sole of according | alaskal |
| | individuals can legally purchas | $e^{-\alpha(Gbhot.)}$ |
| Z | within barricaded areas. IDs of prior to the Sale of alcohol to a individuals can legally purchas Anyone purchasing alcohol will wear a wristband after the II | be required to |
| SVENT INFORMATION | wistband after the II | > Check. |
| ORM | wear a correspond | |
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| ZZ | | |
| EVI | | |
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| | | |
| | | |
| | SIGNATURE | DATE |
| SIGNATURE | Darbara Tomb | 07/14/2021 |
| VNS | PRINTED NAME | TITLE |
| SI | Barbara Lamb | Socretary |

Public Facility Use Permit Application Attachment H – Security Application

| | LICENSED INDIVIDUAL OR COMPANY PROVIDING SERVICE | PHONE | | |
|-----------|---|------------------|--|--|
| | | | | |
| | | 816-532-3897 | | |
| | NAME OF ON-SITE CONTACT . V | PHONE | | |
| CI | Barbara Lamb | 816-805-2290 | | |
| CONTACI | ADDRESS | 110. 800 - 90-10 | | |
| NO. | | | | |
|) | 506 Liberty Koad | | | |
| | CITY STATE | ZIP | | |
| | Smithville Lo | 64089 | | |
| | SM morrie) = = | 6 (20) | | |
| | EXPECTED ATTENDANCE NUMER OF SECURIT | TY PERSONNEL | | |
| | 1,000 | | | |
| | DESCRIPTION OF SECURITY PERSONNEL ATTIRE | 0 1 1 : | | |
| | To officers being used are regul | red to be in | | |
| | of patrol within the LA | arricaled areas. | | |
| | unizorm + poorto | 000/11 | | |
| | DESCRIPTION OF SECURITY PERSONNEL ATTIRE The officers being used are required to be in uniform a patrol within the Lharricaled areas. Cenerally, an officer will only be needed when alcohol is served. | | | |
| | alcahal Jis served. | | | |
| | (CCC) (CCC) | | | |
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| .e | | | | |
| | | | | |
| 2 | | | | |
| | SIGNATURE OF LEGALLY AOTHORIZED REPRESENTATIVE | DATE | | |
| IRE | Con 1 | / / | | |
| SIGNATURE | Jackare Julis | 07/14/2021 | | |
| Z | PRINTED NAME OF LEGALLY AUTHORIZED REPRESENTATIVE | TITLE | | |
| _ | Barbara Lawb | 1 | | |

Public Facility Use Permit Application Attachment I – Street Closing Application

| _ | PERSON/TRAFFIC CONTROL COMPANY RESPONSIBLE FOR STREET CLOSINGS | | | | | |
|---|---|----------------|--|--|-------------------|--|
| ΛC.I | Barbara Lamb | | | | | |
| ONTACI | | | | ALTERNATE | TE PHONE | |
| 00 | 816-805-2290 | OIL PAS- | 22.34 | | | |
| | | | | | | |
| NFORMATION (ATTACH ADDITIONAL SHEETS IF NECESSARY) | DESCRIBE STREET CLOSINGS IN DETAIL AND DRAW OR ATTACH A MAP Barricales will be provided by Johnny Viebrock. Streets Will be closed at noon on Friday June 17, 2022. Barricales will be placed at Main & Mill intersection Barricales will be placed at Main & Mill intersection but monitored to allow vendors in a out on Friday. Please see map for barricaded areas. No ridewalks will Please see map for barricaded areas. No ridewalks will be closed in these areas. Streets will be closed in these areas a will reopen when they are properly cleaned. STREET TO BE CLOSED BETWEEN CROSS STREET 1 See description above a attached map REASON FOR CLOSING Smithville Lake Festival | | | | | |
| # OF TRAFFIC LANES CLOSED # OF SIDEWALKS CLOSED # OF STREET | | | | ET BLOCKS CLOSED | | |
| 'I'AC | | | The state of the s | | | |
| DATE/TIME STREET CLOSED DATE/TIME STREET REOPENED Tune 19, 2022 by 60 | | | | | | |
| | | | | by barr | | |
| MA'I | STREET TO BE CLOSED BETWEEN | | CROSS STREET 1 | | | |
| FOR | Officer 10 be obsole between | | | | | |
| . [| REASON FOR CLOSING | | | | | |
| STREET | THE TOOL I OIL OFFICIAL | | | | | |
| SШ | # OF TRAFFIC LANES CLOSED | # OF SIDEWALKS | CI OSED | # OF STREE | T BLOCKS CLOSED | |
| | # OF TRAFFIC EMILES CLOSED | # OF SIDEWILKS | CLOSED | # OF STREET | II DECCIAO CECCEE | |
| | DATE/TIME STREET CLOSED DATE/TIME STREET REOPENED | | | I D | | |
| | DATE/TIME STREET CLOSED | | DATE/TIME STREET REALENED | | | |
| | | | | and the same of th | | |
| - E-1 | SIGNATURE DATE | | | | DATE | |
| SIGNATURE | (Krubara Tamb | (Kribara Tamb | | | 07/14/2021 | |
| PRINTED NAME AND TITLE (IF APPLICABLE) | | | | | 11110001 | |
| SIG | Barbara Lamb, Secretary | | | | | |
| | | | | | | |

LAKE FEST EVENT MAP

EVENT PARKING



BEER SALES



RESTROOMS (4 total)



POPCORN



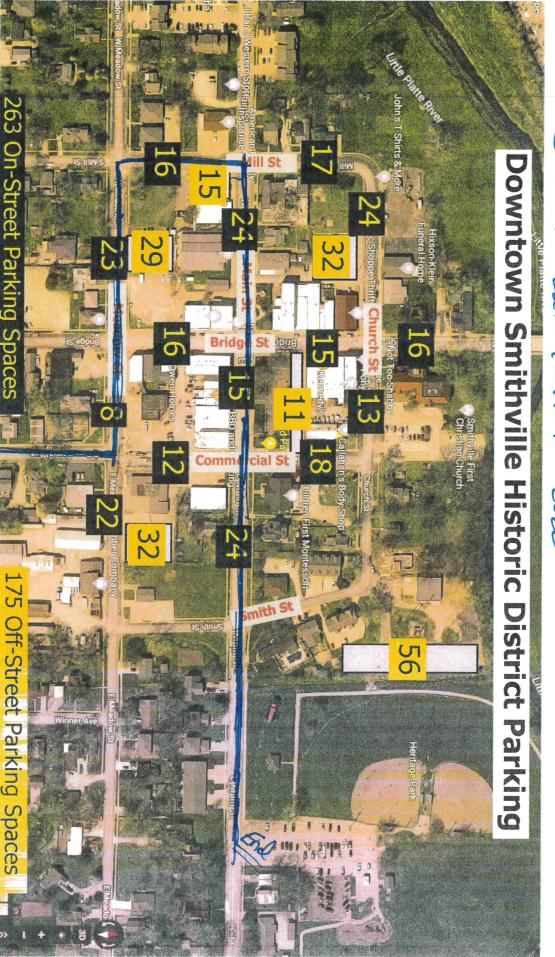
FOOD TRUCK

- SENIOR CENTER
- 2 CORNERSTONE COFFEE
- 3 CHOPS BBQ
- 4 HUMPHREY'S BAR & GRILL



- JUNE 16 PAGENT NIGHT STARTS AT 5:00 PM
- JUNE 17 LITTLE MR. & MRS. SMITHVILLE / BAND STARTS AT 5:00 PM / BEER SALES BEGIN
- JUNE 18 LAKE FEST PARADE, MUSIC, AND VENDORS

Smithville Lake Festival - 2022



Start from High school

Parade starts at 11 am June 18, 2022.

Meadow & Mill will be closed @ 8 am

600.070 (G & H)

G. Drinking In Public Places Prohibited.

- 1. For purposes of this Section, the term "public place" shall mean any public street, highway, alley, sidewalk, thoroughfare or other public way of the City, or any parking lot, except in those areas above granted a special event permit.
- 2. No person shall drink or ingest any intoxicating liquor or non-intoxicating beer in or on any public place.
- 3. No person shall possess or have under his/her control any unsealed glass, bottle, can or other open container of any type containing any intoxicating liquor or non-intoxicating beer while in or upon any public place.
- 4. No person shall possess or have under his/her control any unsealed glass, bottle, can or other open container of any type containing any intoxicating liquor or non-intoxicating beer while within or on any motor vehicle while the same is being operated upon, or parked or standing in or upon any public place. Any person operating a motor vehicle shall be deemed to be in possession of an open container contained within the motor vehicle he/she has control of whether or not he/she has actual physical possession of the open container.
- H. Special Event Permit. The Board of Aldermen may grant a special event permit for purposes as identified in Section 600.070(G)(1), above, and under the following conditions:
- 1. An application must be filed with the Chief of Police that describes the applicant's name and business or interest in the event; the name(s) and contact information of any or all liquor license holders who will be involved in such event; the public street, highway, alley, sidewalk, thoroughfare or other public way of the City, or any parking lot to be included in the event area; the beginning and ending time of such event, and the telephone contact of the person in charge of and present at the event.
- 2. The estimated number of participants in the event shall be provided to the Chief of Police, and the applicant shall pay all costs of security needed as a result of the event to ensure compliance.
- [1] Editor's Note: Former Section 600.070, which derived from RSMo. §§311.280, 311.340, 311.600, 311.330, 311.310, 312, 400; Ord. No. 2255-04 §1, 3-16-2004, was repealed 6-21-2011 by Ord. No. 2790-11 §1.