



Board of Aldermen Request for Action

MEETING DATE: 7/18/2023

DEPARTMENT: Parks and Recreation

AGENDA ITEM: Resolution 1242, Special Request for Smithville Lions Club

REQUESTED BOARD ACTION:

If the Board concurs with sponsoring the event, a motion approving Resolution 1242, approving a sponsorship request from Smithville Lions Club for Hot Summer Nights Events that will take place at the Courtyard on August 5, 12 and 26, 2023 would be appropriate.

SUMMARY:

The public facility use policy allows the City to sponsor events if a written agreement is executed that describes the obligations between the parties, and if executed, removes the obligation for the group to reserve the facility or pay fees.

Smithville Lions Club has reserved the Courtyard for their Hot Summer Nights concerts series for Saturday evenings in August for several years. The club is again planning Hot Summer Nights for August 2023. As part of their reservation application, the Club is asking the Board to sponsor the Hot Summer Nights Events that will take place at the Courtyard on August 5, 12 and 26, 2023. The City sponsored Hot Summer Nights in 2022 for the first time. Sponsoring the event would waive their total cost of renting Courtyard Park. The total cost is \$450 (\$150 per night) + \$200 Damage Deposit (one time cost).

PREVIOUS ACTION:

[Click or tap here to enter text.](#)

POLICY ISSUE:

The City sponsored Hot Summer Nights in 2022.

FINANCIAL CONSIDERATIONS:

[Click or tap here to enter text.](#)

ATTACHMENTS:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Ordinance | <input type="checkbox"/> Contract |
| <input checked="" type="checkbox"/> Resolution | <input type="checkbox"/> Plans |
| <input type="checkbox"/> Staff Report | <input type="checkbox"/> Minutes |
| <input checked="" type="checkbox"/> Other: Letter and Special Event Application | |

RESOLUTION 1242

A RESOLUTION APPROVING A SPONSORSHIP REQUEST FOR THE SMITHVILLE LIONS CLUB

WHEREAS, the Smithville Lions Club has submitted an Event Application and has requested the City sponsor their event; and,

WHEREAS, Hot Summer Nights Events that will take place at the Courtyard on August 5, 12, and 26, 2023; and,

WHEREAS, sponsoring the event would allow a waiver of the Courtyard Event Fee of \$450 + \$200 Damage Deposit.

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

THAT the City of Smithville agrees to sponsor Hot Summer Nights Events that will take place at the Courtyard on August 5, 12, and 26, 2023. City sponsorship of this event would allow a waiver of event rental fees and deposits.

PASSED AND ADOPTED by the Board of Aldermen and **APPROVED** by the Mayor of the City of Smithville, Missouri, on the 18th day of July 2023.

Damien Boley, Mayor

ATTEST:

Linda Drummond, City Clerk

SMITHVILLE LIONS CLUB

RE: Hot Summer Nights

July 6, 2023

Smithville Board of Aldermen:

The Smithville Lions Club is again requesting a waiver of fees for free use of the Courtyard Park for the purpose of presenting free music concerts to the public.

The Lions have provided these concerts for several years every August Saturday night. This year, Hot Summer Nights will be August 5, 12 and 26.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff Becker", with a long, sweeping horizontal line extending from the end of the signature.

Jeff Becker, President



CITY OF SMITHVILLE
107 West Main Street
Smithville, MO 64089

Date Submitted _____
Application # _____
Date Approved _____

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 Application Information and corresponding sections in the Event Rules and Conditions to answer most questions.**

1. EVENT INFORMATION:

Event Name: HOT Summer Nights
Event Location: Courtyard Park Event Tier: 1
Detailed event description (additional room on next page or sheet may be attached): Live Concert

Estimated attendance: 100-300
Event Date(s) and Times: 8/5 - 8/12 - 8/26 2023
Set up date/time: 5 PM Cleanup finished date/time: 10:30 PM each night

2. APPLICANT / CONTACT INFORMATION:

Applicant(s)

Name: Jeff Becker
Organization: Lions Club
Address: 115 E Main St
City, State, Zip: Smithville MO 64089

Phone: 816-716-9170 Fax: _____
Emergency #: _____
E-mail: jbecker115@gmail.com

Property Owner(s), if not applicant or City

Name: _____
Organization: _____
Address: _____
City, State, Zip: _____

Phone: _____ Fax: _____
Emergency #: _____
E-mail: _____

Alternative Contact

Name: _____
Phone: _____

Alternative Contact

Name: _____
Phone: _____

Detailed event description continued (Attach additional sheet if necessary): _____

3. EVENT TYPE:

Run ☐ Walk ☐ Parade/
March ☐ Bike
Race/Tour ☐ Street Fair ☐ Concert ☐ Film ☐ Festival ☐ Other: ☐ _____

5. SITE PLAN

Where do you plan to have your event? Courtyard Park: ☒ Other Public Property: _____

The site plan should be a detailed narrative and/or map including a description of the event set up, such as event entry and exit, temporary restrooms, first aid, start/finish lines, inflatables, and a timeline of your event. Please write this description in the space provided below or attach the description as a Word document. Explain Your Site Plan (Attach additional sheet if necessary): _____

Free Concert

6. PARKING PLAN

Do you have sufficient on street/lot parking at your eventspace? Yes: ☒ No: ☐

If No: Additional Parking and Shuttle Routes need to be approved by the City. Explain Your Parking Plan (Attach additional sheet if necessary): _____

7. PUBLIC INFORMATION:

If applicable, surrounding businesses that will be impacted by the event must be notified no later than 14 days prior to the event. How will you notify neighbors/businesses of your event? Explain (Attach additional sheet if necessary): _____

8. CANCELLATION NOTICE:

How will you notify participants if your event is cancelled with 48 hours of event day? Explain (Attach additional sheet if necessary): _____

Social Media

9. SECURITY PLAN:

Describe your security plan, including crowd control, internal security, and venue safety. Specify if you would like to hire off-duty police support. (Attach additional sheet if necessary): _____

Crumpy Adults Pointing Fingers at Rabble Rousing Kids.

10. RESTROOM PLAN:

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): _____

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): _____

PICK UP TRASH after each event.

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: ☐

If Yes: How Many Electric Pedestals? 2 East of Stage

If Yes: How Many Water Hookups? 0

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): Main from Bridge to Commercial,
Bridge from Main to Church, Commercial from Main to
Church

15. OTHER STAFF SUPPORT:

Do you desire to hire city staff for other duties? Yes: _____ No: X

If Yes: Please Explain (Attach additional sheet if necessary): _____

16. SIGNAGE:

Do you want to also have advertising signage for your event on private property? Yes: _____ No: _____

If Yes: Attach a [Sign Permit Application](#)

17. SPECIAL ITEMS:

Are you serving alcohol?..... Yes: _____ No: X (If Yes, see [the Alcohol Guidelines](#))

Are you having amplified music?..... Yes: X No: _____ (If Yes, complete question 18 on [pg. 13](#))

Will you have food/sales vendors?..... Yes: _____ No: X (If Yes, complete question 20 on [pg. 15-16](#))

18. AMPLIFIED SOUND / PERFORMANCE LIST

If you plan to have amplified sound, provide a tentative list of performers, performance type, music genre, performance times, and duration. Include non-live prerecorded sound/music. The complete performance list is due 7 days before the event (Attach additional sheet if necessary):

1. Live Band from 6P - 10 P
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

INSURANCE

Must submit a copy of your special event insurance policy with this form.

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. 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. 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 AUTHORIZED REPRESENTATIVE

Date

7/6/23

PRINTED NAME OF LEGALLY AUTHORIZED REPRESENTATIVE

TITLE

William J Baker

President

19. VENDORS:

Please fill out the following vendor information. Refer to the [Event Rules and Conditions](#) for more information. Include amusement/carnival ride vendors.

VENDOR LIST:

Vendor Name	Contact Info	What the vendor will be selling? (one or two words)	Clay County Health Dept. Permit # (Food/Beverage vendors only)	Please attached insurance certificate for each vendor
				<input type="checkbox"/>
				<input type="checkbox"/>
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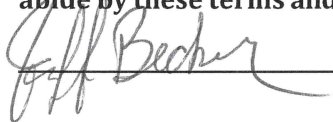
VENDOR MAP

Please map the planned vendors at your event (Attach additional sheet if necessary):

(May be depicted on site plan)

LEGAL

I have read and understand the [Event Rules and Conditions](#) and [Application Information Guide](#). I will abide by these terms and fees associated with my event.



Event coordinator



Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/06/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER DSP Insurance Services, Inc. 1900 E. Golf Road, Suite 650 Schaumburg, IL 60173	CONTACT NAME: John Adams			
	PHONE (A/C, No, Ext): 1-800-316-6705	FAX (A/C, No): 847-934-6186		
	E-MAIL ADDRESS: lionsclubs@dspins.com			
INSURED Smithville Smithville Missouri	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A: ACE American Insurance Company		22667	
	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			
		INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Agg. Per Named Insured is \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			HDO G47352241	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/>			ISA H10761220	09/01/2022	09/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Provisions of the policy apply to the named insured's participation in the following activity during the policy period shown above: Hot Summer nights
PROVISIONS OF THE POLICY DO NOT APPLY TO THE SALE OR SERVING OF ALCOHOLIC BEVERAGES.

CERTIFICATE HOLDER**CANCELLATION**

City of Smithville
107 west main
Smithville Missouri 64089

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CHECK LIST

Required Items

\$25 Special Event Application Fee.

[Correct Event Rental Fee Paid](#)

Completed Event Information, Application Contact Information, Event Type Sections

Completed Site Plan Section

Completed Parking Plan Section

Completed Public Information and Cancellation Notice Sections

Completed Security Plan

Completed Restroom and Clean-Up Plan

Completed First Aid Plan

Additional Items (If Needed)

Completed Roadway Closure Section.

City Staff Request \$30.00/hour per staff member.

[Temporary Sign Application](#) and Fee.

Temporary Caterer's Permit. Please read the requirements for having alcohol at an event.

Completed Performance Section

Completed Vendor Section.

[City Police Request](#) \$45.00/hour per officer (3 hours min.)

Due 7 Days before the Event

Additional Fees and other Requested Information

Reminder! Incomplete applications will not be accepted for processing. Please complete all sections legibly.

Helpful Phone Numbers

Smithville Parks and Recreation 816-532-8130;
parks@smithvillemo.org

Missouri Liquor Control 573-526-2769

Smithville Police Department and City
Hall 816-532-3897

Clay County Health Department 816-595-4200

****CITY USE ONLY****

REQUIRED APPROVALS, IF APPLICABLE:

☐ **Parks and Recreation Director**

ΔApproved Date: _____ Conditions: _____

☐ **Board of Aldermen** (alcohol/other)

Δ Approved Date: _____ Conditions: _____

☐ **Police Chief** (closures/public safety/alcohol): ΔApproved

Date: _____ Conditions: _____

☐ **Health Department** (food/beverage service): ΔApproved

Date: _____ Conditions: _____

☐ **State of Missouri** (alcohol license):

ΔApproved Date: _____ Conditions: _____

☐ **Finance Department** (licenses/ taxes/fees): ΔApproved

Date: _____ Conditions: _____

☐ **Development** (temporary sign permit):

ΔApproved Date: _____ Conditions: _____