

COMMUNITY DEVELOPMENT
PLANNING & ZONING
 201 East Broadway
 Excelsior Springs, MO 64024
 Phone: (816) 630-9594
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Fee: \$25.00	Date Received: _____
This Temporary Special Use Permit approved this ____ day of _____, 20____ by _____	
_____ David Haugland - City Manager	

Temporary Special Use Permit Application

Today's Date: _____

Applicant Name (Please Print): _____ Phone: _____

Applicant Address: _____ Fax: _____

Contact Person: _____ Signature: _____

Contact person will also be in charge of clean up.

Event Name: _____

Date(s) & Hours of event: _____

Event Location: _____

Briefly describe event: _____

Is proof of insurance certificate attached? _____

Have Fire and Police Departments been notified? _____ It is the applicant's responsibility to do so.

Answer "yes" or "no" to indicate if any of the following activities will be a part of your event.

_____ Event to be held on public property or City streets

_____ Closing/barricading of public rights-of-way

_____ Speaker podiums, bandstands, loudspeakers, or amplifiers

_____ Tents/other temporary structures, trucks and/or trailers

_____ Merchandise vendors

_____ Special utility hook-ups

_____ Food will be prepared and/or served

_____ Alcohol is requested to be served

_____ A fireworks display

_____ Temporary banners/signs