



SPECIAL EVENT APPLICATION

Name of Event: _____

Name of Business/Sponsor/Organization: _____

Type of Event: _____

Address/Vicinity of Proposed Event/Route: _____

Start Date: _____ End Date: _____ Hours of Event: _____

Applicant/Authorized Agent:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Event Supervisor (if other than the applicant):

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Items to be submitted with application:

- List of services requested to be provided by the City of Spring Hill
- Site Plan (showing the location of proposed activities and structures in relation to existing buildings, parking areas, streets, and property lines)
- Routes/Staging/Dispersal/Parking Plans
- Flyer/Brochure/Advertisement of the Event
- Classification of dangerous and/or exotic animals (if applicable)
- Sponsoring Agency's Certificate of Insurance and/or Operator's Certificate of Insurance
- Completed Indemnification Statement

The undersigned hereby understands that the facilities for this event must be inspected prior to the commencement of operation and must conform to all regulations of the City of Spring Hill as described in the Spring Hill Municipal Code to include but not limited to the National Electrical Code. The undersigned hereby understands that failure to comply with these may result in permission to operate being withheld until all codes are met.

Signature

Date

Certificate of Insurance Regulations:

1. Coverage.
 - a) General liability including products/completed operations, broad form contractual, independent contractors, and personal injury.
 - b) Automobile liability including all owned, non-owned, and hired vehicles.

2. Limits. Minimum:
 - a) each occurrence if amusement rides or other similar devices are used on the premises;
 - b) for each occurrence if amusement rides or other similar devices are not in use on the premises.

Liability insurance requirements may be modified or waived at the City's discretion upon approval by the Governing Body. A written application requesting deviation from the specific insurance requirements set forth in this article, in the form of a certificate of insurance evidencing the applicant's insurance coverage, must first be filed with the City Clerk who shall forward to the City's Risk Manager, who shall forward to the Governing Body his or her reasoning for any recommended modification or waiver, or denial thereof, prior to Governing Body action on the permit application.

If an excess liability policy is used to supplement the primary limits of protection, it must be issued on a "following forms" basis.

The City of Spring Hill, the sponsoring organization, and the owner of the premises being used to accommodate the amusement enterprise shall be named as "additional insureds" on all liability insuring agreements offered in compliance with this article.

The permittee, upon receipt of notice of any claim in connection with this permit, shall promptly notify the City with full details thereof including an estimate of the amount of loss or liability. The permittee shall promptly notify the City of any impairment or reduction of primary or excess coverage in excess of \$10,000 whether or not such impairment of liability came about in connection with this permit.

In the event, after notice of loss, the City shall determine that the permittee's aggregate coverage shall have been impaired or reduced to such an extent that the City shall determine such limits inadequate, the permittee shall upon notice from the City, promptly reinstate the original limits of liability required hereunder and shall furnish evidence thereof to the City in a form satisfactory to the City.

The City will only accept coverage from an insurance carrier who offers proof that it:

- 1) is licensed to do business in the State of Kansas;
- 2) carries a Best's policyholder rating of A or better; and
- 3) carries at least a Class X financial rating; or is a company mutually agreed upon by the City and the permittee.

INDEMNIFICATION STATEMENT

[Waiver of Liability]

INTERMEDIATE FORM:

COMPARATIVE FORM INDEMNITY OBLIGATION WITH DEFENSE OBLIGATION

To the fullest extent permitted by law, _____, hereafter referred to as "OPERATOR" and/or "SPONSOR" shall indemnify, hold harmless and defend the City of Spring Hill, hereafter referred to as the "CITY", and all of its appointed and elected officials, agents, officials and employees from and against all claims, damages, losses and expenses, including but not limited to reasonable attorneys' fees arising out of or resulting from the conduct or management of the Special Event, known as _____ and any condition created in or about the Special Event or any accident, injury or damage whatsoever occurring in or at the Special Event, provided that any such claim, damage, loss or expense: (a) is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property, including loss of use resulting there from, and (b) is caused in whole or in part by any alleged act or omission of the OPERATOR/SPONSOR or anyone directly or indirectly employed by them or anyone for whose acts they may be liable, regardless of whether it is caused in part by the negligent act or omission of the CITY or any of its appointed and elected officials, agents, officials and employees. Notwithstanding the foregoing, the special event OPERATOR'S/SPONSOR'S obligation to indemnify the CITY or any of its appointed and elected officials, agents, officials and employees for any judgment, decree or arbitration award shall extend only to the percentage of negligence of the CITY in contributing to such claim, damage, loss and expense. In any and all claims against the CITY or any of its appointed and elected officials, agents, officials and employees, by any employee of the OPERATOR and/or SPONSOR, the indemnification obligation under this paragraph shall not be limited by any limitation on the amount or type of damages, compensation or benefits payable by or for OPERATOR and/or SPONSOR under workers compensation acts, disability benefit acts or other employee benefit acts. Such workers compensation policies or plans maintained on behalf of OPERATOR and/or SPONSOR shall waive subrogation against the CITY.

Date: _____

Title

STATE OF _____)
) ss:
 COUNTY OF _____)

BE IT REMEMBERED that on this _____ day of _____, 20____, before me, the undersigned, a notary public in and for the County and State aforesaid, came _____, _____ (officer and group name), who is personally known to be me to be the person who executed, as such officer, the within instrument on behalf of said entity and such person duly acknowledged the execution of the same to be the voluntary act and deed of said entity.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal and the day and year last above written.

Notary Public

My Commission Expires:

_____ (SEAL)

CITY OF SPRING HILL RISK MANAGEMENT
JOHNSON COUNTY FIRE DIST. NO 1
PUBLIC SAFETY CHECKLIST – PUBLIC ASSEMBLAGES AND EVENTS

Event Name: _____

Event Location: _____

Event Date(s): _____

Contact Person: _____

Phone Number: _____

The following items are the responsibility of the event organizer(s) to help ensure a safer event:

- Yes No A procedure is in place for reporting a fire or other emergency.
- Yes No A procedure is in place for notifying, relocating, or evacuating occupants.
- Yes No Site plan is submitted showing the following:
- Assembly areas.
 - Fire hydrant locations.
 - Normal routes of fire department vehicle access (20 ft. wide minimum).
 - Main entrances and exits.
- Yes No All drive aisles are designated as NO PARKING and maintained at a 20 foot minimum for emergency vehicle access.
- Yes No Food vendors will be present.
If present, each food vendor must:
- Have a fire extinguisher with a minimum rating of 2A10BC.
 - Ensure that any extension cord (2) used to power food production or other portable equipment is of a minimum 12-gauge size.
 - Have HOA Mobile Food Vendor inspection completed within the last 12 months, and have current HOA Mobile Food Vendor sticker.
- Yes No N/A Food vendor locations are shown on the site plan.
- Yes No Will liquor and/or cereal malt beverages be served at your event?
If yes, please contact the City Clerk's office at (913) 592-3664 or cityclerk@springhillks.gov.
- Yes No Special Event Permit Application prepared.

Signed: _____ Date: _____