



## Public Works Department

6801 Delmar Boulevard, University City, Missouri 63130, Phone: (314) 505-8560, Fax: (314) 862-0694

### APPLICATION FOR SPECIAL USE PERMIT

#### NOTICE TO PERMIT APPLICANT

- This application form is to be used for all events located in the City's public right-of-way or on public property (parking lot, etc.), except for block parties and events in a City park or facility.
- Completed application must be submitted to the Department of Public Works a minimum of 45 calendar days prior to the date of the event scheduled.
- Submit this application, required attachments and a \$50 application fee (check made to City of University City) to the Department of Public Works, 6801 Delmar Boulevard, University City, MO 63130

**Location of Event** \_\_\_\_\_

**Application Date** \_\_\_\_\_

**Name of Event:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

**Type of Event:**  Run  Walk  Festival  Other: \_\_\_\_\_

**Set-Up Time:** \_\_\_\_\_ A.M. or P.M. **Date:** \_\_\_\_\_

**Tear-down Time:** \_\_\_\_\_ A.M. or P.M. **Date:** \_\_\_\_\_

**Actual Start Time of the Event:** \_\_\_\_\_ A.M. or P.M.

**Actual End Time of the Event:** \_\_\_\_\_ A.M. or P.M.

*Note: Events longer than 12 hours may require City Council approval.*

**Starting Location of Event:** \_\_\_\_\_

**Ending Location of Event** \_\_\_\_\_

**Estimated Number of Attendees:** \_\_\_\_\_ **Estimated Number of Vendors:** \_\_\_\_\_

**Estimated Number of Performers:** \_\_\_\_\_ **Estimated Number of Vehicles:** \_\_\_\_\_

#### **Person/ Organization Making Application:**

Name \_\_\_\_\_

Phone: \_\_\_\_\_

Residential or Business Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

#### **Event Organizer (Must be an individual that is responsible for the event and who will be on-site during the event in case of an emergency):**

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

Title: \_\_\_\_\_

Phone Number: (during event) \_\_\_\_\_

Residential or Business Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_



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**Describe the proposed event and state its purpose:**

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**Will the event close any streets?** If streets are going to be closed, please attach a drawing or map of area and a detailed traffic control/detour plan. NOTE: Proposed closing of any state or county routes require appropriate approval.

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Proposed Route or Layout of event: (Please attach a drawing or map of area.)

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**Describe the Event Equipment included in Layout** (tents, tables, chairs, stages, portable restrooms, banners, cooking equip, trash and recycling containers etc.):

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**Do you plan to use amplified sound?**  Yes  No (If yes, applicant will need an Amplified Noise Permit)  
Please detail sound system \_\_\_\_\_

**Will alcohol be sold?**  Yes  No (If yes, applicant need to apply for a Picnic License)

**Will food be served?**  Yes  No (If yes, applicant need to apply for a County Temporary Food Establishment permit)

**Do you need to reserve parking metered spaces?**  Yes  No (If yes, applicant need to rent Parking Meters spaces through the University City Police Department office)

### Terms and Conditions

As a condition of approval of this Application, the applicant agrees to indemnify, defend and hold harmless the City of University City and all of its officers and employees against any and all suits, causes of action or claims for injuries, damages, costs and expenses to persons or property, whether public or private, that may arise out of, or be constituting a part of the event. The applicant agrees to discharge any and all judgments that may be rendered against the City of University City or its officers and employees in connection with any suit, cause of action, or claim after the judgment becomes final and un-appealable.

I have carefully read and will abide by the foregoing Application and Terms and Conditions and swear that statements I made therein are true and correct to the best of my knowledge and belief. **Signature is required before approval will be granted.**

**Applicant Signature:**

**Date:**

**Print Name:** \_\_\_\_\_

### Supplemental Material (as needed):

|  |  |
|--|--|
| <input type="checkbox"/> Street Closure Plan                   | <input type="checkbox"/> Amplified Noise Permit                    |
| <input type="checkbox"/> Picnic License                        |  |
| <input type="checkbox"/> Neighbor/Business notification letter | <input type="checkbox"/> Parking Meter Rental Form (if applicable) |
| <input type="checkbox"/> Detour Routing Plan                   |  |



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### FOR OFFICE USE ONLY

**APPLICATION SUBMITTAL DATE:** \_\_\_\_\_

**EVENT DATE:** \_\_\_\_\_

*Must be at least 45-days difference*

**INTAKE NAME:** \_\_\_\_\_

Complete Application:  Yes  No      Application fee (\$50)  Yes  No  
Attachments (Site plan, route plan, notification process, etc.)  Yes  No

***Note: All Signatures are required for approval***

Approved  Denied  Approved with conditions **Date Rec'd.** \_\_\_\_\_

Larry Hampton, Police Chief

Department Event Contact: \_\_\_\_\_

Approval Conditions: \_\_\_\_\_

Approved  Denied  Approved with conditions **Date Rec'd.** \_\_\_\_\_

Mirela Celaj, Public Works Director

Department Event Contact: \_\_\_\_\_

Approval Conditions: \_\_\_\_\_

Approved  Denied  Approved with conditions **Date Rec'd.** \_\_\_\_\_

Becky Ahlvin, Interim Planning and Zoning Director

Department Event Contact: \_\_\_\_\_

Approval Conditions: \_\_\_\_\_

Approved  Denied  Approved with conditions **Date Rec'd.** \_\_\_\_\_

James Krischke, Interim Parks, Recreation and Public Area Maintenance Director

Department Event Contact: \_\_\_\_\_

Approval Conditions: \_\_\_\_\_

Approved  Denied  Approved with conditions **Date Rec'd.** \_\_\_\_\_

William Hinson, Fire Chief

Department Event Contact: \_\_\_\_\_

Approval Conditions: \_\_\_\_\_

Approved  Denied  Approved with conditions **Date Rec'd.** \_\_\_\_\_

Gregory Rose, City Manager

Department Event Contact: \_\_\_\_\_

Approval Conditions: \_\_\_\_\_

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**APPLICATION FOR SPECIAL USE PERMIT - NOTIFICATION**

The City requires applicants to notify residents and/or business "districts" where the event will be taking place.

In effort to ensure interested parties are aware of the proposed event, please submit this form with the application.

Name of Applicant: \_\_\_\_\_

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

Date of Event: \_\_\_\_\_

I, \_\_\_\_\_ (applicant) have notified parties and organizations who may be interested or impacted by the above event in writing. The following organizations, residents, subdivisions, business associations, etc. were contacted:

(Add additional lines if necessary)

|          |   |
|----------|---|
| 1. _____ | Support: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. _____ | Support: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. _____ | Support: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. _____ | Support: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. _____ | Support: <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please attach a copy of the notification (letter, e-mail, flyer, postcard, etc.) and any response received.

**Supply Request**

| Type         | Number | Cost     |
|--------------|--------|----------|
| Barricades   | _____  | _____    |
| Benches      | _____  | _____    |
| Cones        | _____  | _____    |
| Channelizers | _____  | _____    |
| Tables       | _____  | _____    |
| Trash Cans   | _____  | _____    |
| Band Stand   | _____  | \$750.00 |

**Please provide a drawing of placement of requested Supplies.**