



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:

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.

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

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

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):

☐ Street Closure Plan

☐ Picnic License

☐ Neighbor/Business notification letter

☐ Detour Routing Plan

☐ Amplified Noise Permit

☐ Parking Meter Rental Form (if applicable)



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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

Larry Hampton, Police Chief

☐ Approved ☐ Denied ☐ Approved with conditions **Date Rec'd.** _____

Department Event Contact: _____

Approval Conditions: _____

Mirela Celaj, Public Works Director

☐ Approved ☐ Denied ☐ Approved with conditions **Date Rec'd.** _____

Department Event Contact: _____

Approval Conditions: _____

Becky Ahlvin, Interim Planning and Zoning Director

☐ Approved ☐ Denied ☐ Approved with conditions **Date Rec'd.** _____

Department Event Contact: _____

Approval Conditions: _____

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

☐ Approved ☐ Denied ☐ Approved with conditions **Date Rec'd.** _____

Department Event Contact: _____

Approval Conditions: _____

William Hinson, Fire Chief

☐ Approved ☐ Denied ☐ Approved with conditions **Date Rec'd.** _____

Department Event Contact: _____

Approval Conditions: _____

Gregory Rose, City Manager

☐ Approved ☐ Denied ☐ Approved with conditions **Date Rec'd.** _____

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.