

SPECIAL EVENT APPLICATION - STACY PARK

Use of outside vendors for activities such as, but not limited to: entertainment, amusement or festival equipment, inflatables, pony rides, tents, game/dunking booths, bands, catering company, trailer grill, ice machines etc. require a Special Event Permit, permit fee, event layout and Certificates of Insurance from each outside vendor. Permits are only issued for Stacy Park.

EVENT INFORMATION	
Event Name: (if applicable)	Type of Event:
Date/s of Event:	Reservation Number:

CONTACT INFORMATION		
Organization: (if applicable)	Non-Profit Tax ID #:	
Contact Name:	Email Address:	
Day Phone:	Cell or Evening Phone:	
Address:		
City:	State:	Zip:
2 nd Contact Name:	Day Phone:	

OUTSIDE VENDORS			
Vendor Name	Function:	Phone:	Insurance Certificate Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Vendor Name	Function:	Phone:	Insurance Certificate Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Vendor Name	Function:	Phone:	Insurance Certificate Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Vendor Name	Function:	Phone:	Insurance Certificate Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Vendor Name	Function:	Phone:	Insurance Certificate Received: <input type="checkbox"/> Yes <input type="checkbox"/> No

Each vendor must provide a Certificate of Insurance naming the City of Olivette as Additional Insured in the amount of \$2 Million. Mail Certificates to the City of Olivette 9723 Grandview Dr, Olivette MO, 63132 or via email to opr@olivettemo.com

CONTINUED ON REVERSE

SPECIAL EVENT PERMIT APPLICATION - STACY PARK

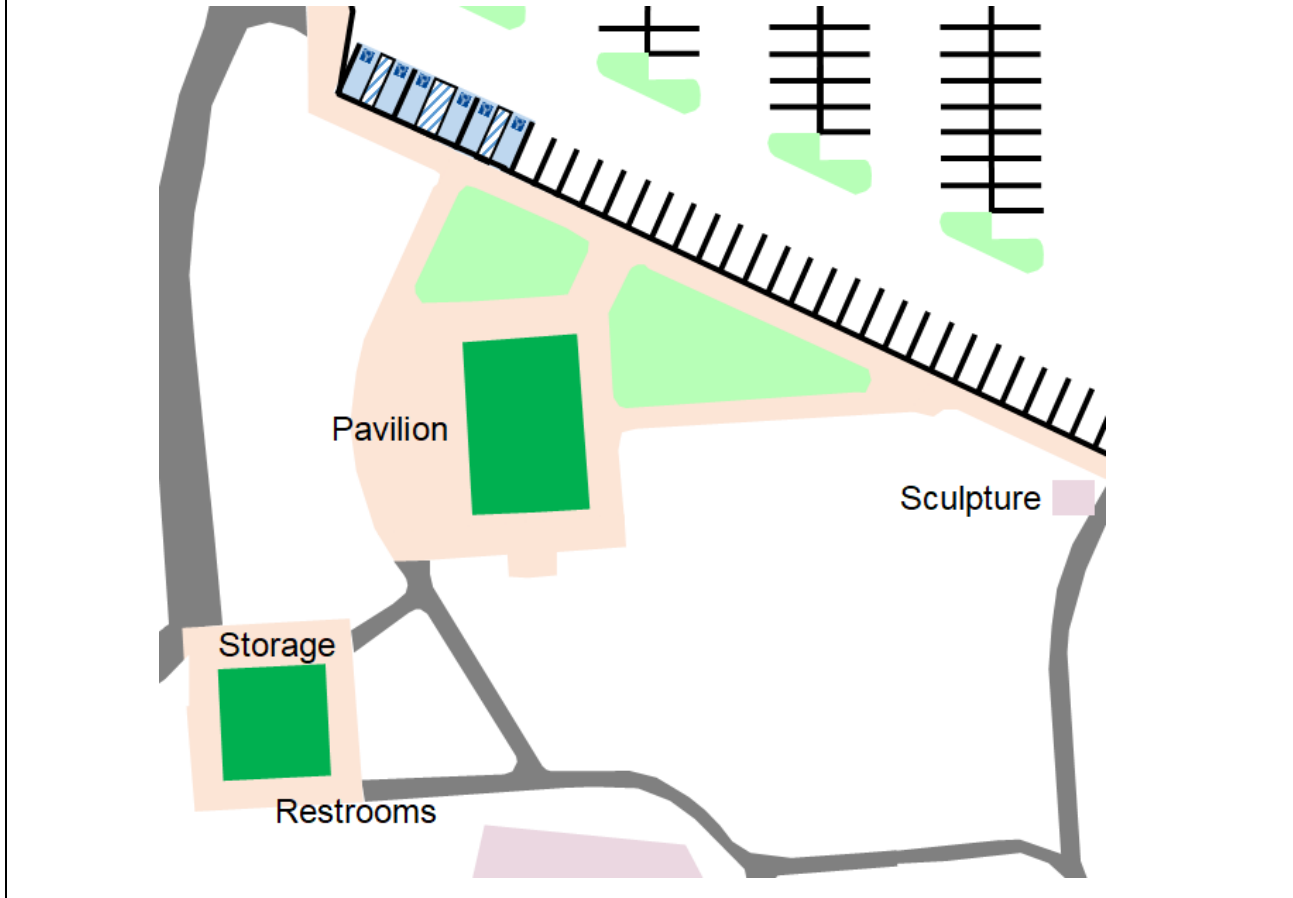
EVENT INFORMATION

Event Name: <small>(if applicable)</small>	Type of Event:
Date of Event:	Reservation Number:

Pavilion Rental Fee: _____

Special Event Fee: \$100 flat rate

EVENT LAYOUT – all activities must be shown on layout. If you need assistance, please call the office: 314.991.1249. *Larger Event Area on next page if needed.*



EVENT AUTHORIZATION

I authorize a Special Event Permit for the above named group on the date/time detailed following receipt of all fees and Certificates of Insurance. Any vendor substitutions or additions, and/or any variations from the layout submitted, and/or vendors arriving prior to or staying past the specified event times may void this permit.

Parks & Recreation Director

Date

Office Use Only:

Date Paid: _____ Household # _____ Processed by: _____
 Paid by: Check CC Cash

LARGER AREA LAYOUT *(if needed)*

