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# City of Aurora, MO

## Special Event Application

Thank you for choosing the City of Aurora for your event. Staff looks forward to working with you in ensuring a quality event and protecting the public health, safety and welfare of event participants and the public at large. In order to do so, the City requires that all events must obtain a special event permit prior to the event. Please complete and return the following special event permit application to City Hall. The fee for a Special Event Permit is \$25. Payment is required at time of application. Thank you again for choosing Aurora. For answers to most questions please refer to City Ordinance No. 2016-3088 found in the City Code book and kept in the office of the City Clerk.

Date of Application: 2.15.22

### I. Event Information

Name of Event: 5th Annual Mercy Aurora Run To Care

Physical Address of Event: 550 Hodson Ave Aurora, MO 65605

First Time Event?  Yes  No Event Open to Public?  Yes  No

Dates of Event: 2-24<sup>th</sup> 9-24-22 Operating Hours of Event: 7am - 1pm

Setup Date/Time: 9-24-22 7am Finished Date/Time: 9-24-22 1pm

Estimated Attendance: 200

Detailed Event Description: 5K and a 1 mile Fun Run to benefit our Mercy Aurora & Cassville Mission Fund. Both runs will be timed.

### II. Applicant/Contact Information

Applicant(s) Name: Martha Youngblood

Organization: Mercy Hospital Aurora

Address: 550 S Porter Ave Aurora MO 65605

Phone: 417-613-7852

Fax:

Emergency Phone: 417-613-0602

Email: martha.youngblood@mercy.net

Property Owner (if not applicant or City):

Organization:

Address:

Phone:

Fax:

Emergency Phone:

Email:

**III. Vendors**

Will this event have food/sales vendors?  Yes  No

Vendors include all sellers of merchandise, service, or food/beverages, and carnival/amusement ride services. All vendors, if selling at retail to the public, are responsible for collecting and remitting Missouri sales tax in accordance with Missouri State Statutes.

**IV. Special Items**

Are you serving alcohol?  Yes  No (If Yes: See Alcohol Guidelines)

Are you having amplified music?  Yes  No

Do you plan to have fireworks?  Yes  No (If Yes: See Fireworks Plan)

Will this event require police protection?  Yes  No

**V. Fireworks Plan**

All aspects of fireworks featured during an event must be controlled at all times by a licensed and insured pyrotechnic operator. The City strictly controls viewing and launching locations. Explain your Fireworks Plan. (Attach additional sheet if necessary):

**Emergency Contact Person for Event:**

**Emergency Contact Person Phone:**

Any special event held within the City of Aurora shall require a special event permit and is subject to the terms and conditions of the approved plan. Obtaining a special event permit shall not relieve the applicant of the need to obtain all permits and authorizations necessary to comply with federal, state and local rules and regulations including applicable zoning requirements. Failure to obtain required authorizations and permits may result in the denial of or suspension of the permit.

As a condition of a Special Event Permit being issued, the permit holder agrees to indemnify, defend and hold harmless the City of Aurora 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 special event, or any activity constituting a part of the special event, or any act, omission or misconduct of the permit holder or his agents, representatives, contractors, or employees. The permit holder agrees to discharge any and all judgements that may be rendered against the City of Aurora or its officers and employees in connection with any suit, cause of action or claim after the judgement becomes final and unappealable.

**Signature of Event Representative:**

*Matt [Signature]*

**Organization/Group:**

*Mercy Hospital Aurora*

For Office Use Only:

Approved  Denied

City Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**City of Aurora, MO**  
**PO Box 30 Aurora, MO 65605**  
**Phone: (417) 678-5121 Fax: (417) 678-6599**

# 4th Annual Run to Care

- Start/Finish at 520 South Hudson Ave
- South down Hudson Ave with a right at Carol Court and return back to Hudson Ave
- Left on Prospect St until Wolf Road
- Left on Wolf Road until Highland Ave
- Left on Highland Ave and continue
- Then the end point will be on the right

