

# 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:

### I. Event Information

Name of Event:

Light The Night

Physical Address of Event:

Baldwin Park, Aurora mo 65605

First Time Event?

Yes

No

Event Open to Public?

Yes

No

Dates of Event:

6-18-2022

Operating Hours of Event:

2:00pm - 11:00pm

Setup Date/Time:

6-18-2022

Finished Date/Time:

6-18-2022 11pm

Estimated Attendance:

4,000

Detailed Event Description:

Annual Fireworks event for the  
Aurora Community - in partnership  
w/ the City of Aurora

### II. Applicant/Contact Information

Applicant(s) Name:

Shannon Walker

Organization:

Aurora Chamber

Address:

121 E Olive

Phone:

417-678-4150

Fax:

Emergency Phone:

417-229-3491

Email:

auroracoc@centurylink.net

Property Owner (if not applicant or City):

City of Aurora

Organization:

Address:

Phone:

417-678-5121

Fax:

Emergency Phone:

417-366-0144

Email:

Carrie Howlett

**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:**

*Shannon Walker*

**Emergency Contact Person Phone:**

*417-229-3491*

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:**

*Shannon Walker via Crystal Abbott (phone)*

**Organization/Group:**

*Aurora Chamber of Commerce*

For Office Use Only:

**Approved**     **Denied**

*Applied 4-20-22 ca*

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

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

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

**City of Aurora, MO**

**PO Box 30 Aurora, MO 65605**

**Phone: (417) 678-5121 Fax: (417) 678-6599**