



**City of Aurora
Board and Commission Appointment
Application Form**

Name <u>Shannon Walker</u>	Date: <u>5-5-22</u>
Home Address: <u>1304 S Washington</u>	
E-Mail Address: <u>aurora cbc @ centurylink.net</u>	
Home Telephone: ^{cell} <u>417-229-3491</u>	Work Telephone: <u>678-4150</u>
Occupation: <u>Chamber Director</u>	Best Time to Call: _____ am/pm
Do you own commercial property and/or operate a business in Aurora? <u>NO</u>	
Work/Business Name: <u>Aurora Chamber of Commerce</u>	
Work/Business Address: <u>121 E Olive Aurora</u>	
Length of Residency in Aurora: <u>29 yrs</u>	
Are you now, or have you ever served on a board, commission or committee for the City of Aurora or any other community? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give name of board, commission, and/or committee and dates served: <u>Hospital - Board of Spring Adjustments</u>	
Have you ever resigned from a committee, if so what committee: <u>NO</u>	
Have you ever been convicted of a felony or misdemeanor? If so for what <u>NO</u>	

(Application continued on back page)

BOARD OR COMMISSION PREFERENCE(S): Refer to last page for list of Boards, Commissions and Committees (Please list no more than three boards, commissions or committees in order of preference)

1	Zoning Adjustments	2	Hospital	3	
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Applicants for all city boards and commissions **cannot** be in arrears for any city taxes? Are you current on your city taxes? Yes No

Narrative Statement. Please provide a brief statement indicating the basis for your desire to be appointed to this board or commission including the strengths you feel you could bring to the position for which you are applying. Information may include education, professional experience and community activities pertinent to the position for which you are applying.

re appointment

I understand that my attendance at all regularly scheduled meetings is critical even if I am an alternate member and that the City Council may appoint a replacement for members who are chronically absent from regular meetings. I also understand that this application is considered a public record and that my application may be subject to a background check.

Applicant's Signature:

Sharon Walker

All applications are kept on file for one year. During that time, your application will be considered when there is an opening for the Board or Commission for which you have applied. It is suggested that you regularly attend the Board or Commission meetings in which you are interested in applying for. The Board or Commission will have to interview each interested candidate before making their recommendation to the City Council.

- Mail or deliver your completed application to: City of Aurora, Attn: City Clerk, P.O. Box 30, Aurora, MO 65605

* Application must be completely filled out in order to be considered *

THANK YOU FOR YOUR INTEREST IN THE CITY OF AURORA

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:

5-5-22

I. Event Information

Name of Event:

6.03K

Physical Address of Event:

The Strike Zone Parking Lot

First Time Event?

Yes

No

Event Open to Public?

Yes

No

Dates of Event:

6-4-22

Operating Hours of Event:

5-10pm

Setup Date/Time:

6-4 3pm

Finished Date/Time:

6-4 10pm

Estimated Attendance:

100

Detailed Event Description:

Fundraiser for Light the Night

II. Applicant/Contact Information

Applicant(s) Name:

Shannon Walker

Organization:

Aurora Chamber of Commerce

Address:

121 E Olive

Phone:

678-4150

Fax:

Emergency Phone:

229-3491

Email:

auroracoc@centurylink.net

Property Owner (if not applicant or City):

Mark / Deb Dillman

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:

Shannon Walker

Emergency Contact Person Phone:

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

Organization/Group:

Aurora Chamber

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