



\$500.00 DEPOSIT REQUIRED

Deposit will be refunded if the facility is left in a clean, orderly and undamaged condition comparable to the condition prior to rental: but if not, the deposit will be retained and applied to the cost of cleanup or repairs.

Date Paid _____

APPLICATION FOR SPECIAL USE OF PUBLIC FACILITIES FOR A SPECIAL EVENT

1. Name and address of the sponsor: _____

2. Name, address, and residence and business telephone numbers of the chief managing official of the sponsor, if different:

Name _____	
Residence Address _____	Business Address _____
City, State, Zip _____	City, State, Zip _____
Residence Phone # _____	Business Phone # _____

3. Date and duration of the intended special event: _____

4. Name of event / Nature of activities to be conducted during such special event: _____

If driving tent stakes, fence post, or for digging of any kind - YOU MUST call 1-800-dig-rite (1-800-344-7483), to be in compliance with State Statute 319.010 and for your personal safety.

5. Location of each such activity: _____

6. Description of each item or tract of public property or facilities desired to be designated in the license for special use and safety precautions to be taken for such event: _____

7. Description of any special services, equipment, personnel or police protection requested to be provided at each location during the special event: _____

8. Estimate number of people expected to visit each such location on each day of the special event: _____

9. Statement of the type and number to temporary restroom facilities to be provided by the sponsor at each such location, if required by this Ordinance: _____

10. Date and time when normal use of such property or facilities may be resumed after completion of the special event: _____

Signature

Date

(City Office Use Only)

Date application received: _____	Date to Public Works Director: _____
Date BOA approved: _____	Date to Street Foreman: _____
	Date to Chief of Police: _____
For Street Closures:	Date to Tourism Director _____
Fax to EMS & Fire Dept. 573-486-9034 (EMS)	Date to EMS _____
573-486-5618 (Fire)	Date to Fire Department _____
	Date given to Park Board (Kathy): _____
	Date to Park Foreman: _____
	Date Park Board Approved: _____

City Clerk

Date

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

The _____ (individual/organization name) hereby agrees to indemnify and hold harmless the City of Hermann, and its officials, officers, agents and employees, from any liability for claims, losses, injuries, damages, actions, or causes of actions, including the cost of legal defense, except to the extent of the negligence of the City of Hermann, arising out of the use by

_____ (individual/organization name), or its agents, employees, or licensees, during _____ (activity/event) on _____ (date) at _____ (location) or arising out of any act or omission by the

_____ (individual/organization name), or its agents, employees, or licensees, during _____ (activity/event) on _____ (date).

By

Signature

Typed/Printed Name and Title

Date

- INSURANCE -

Submit this page to your insurance provider

If the request to use City Owned Property is approved

INSURANCE MUST BE PROVIDED

Our insurance carrier requires each user or renter of City Property to provide a Certificate of General Liability Insurance naming the City of Hermann as an insured party. The General Liability Insurance **MUST** have a combined single limit of not less than \$1,000,000 per occurrence. When a General Liability policy has an annual aggregate limit, the aggregate limit should not be less than 2 times the per occurrence limit, or \$2,000,000.

1. The Certificate **MUST** list the City of Hermann as an additional insured party.
2. The user/renter **MUST** also furnish an endorsement that names the City of Hermann as an additional insured party.

City of Hermann
1902 Jefferson Street
Hermann, MO 65041
Telephone: 573-486-5400
Fax: 573-486-5432
Email: hermanncityclerk@centurytel.net



CITY OF HERMANN

1902 Jefferson Street
Hermann, MO 65041
573-486-5400

Application for Special Event Business License

Please Print Clearly

1. Name Of Business: _____
Address: _____

Name of Applicant: _____
(IF PARTNERSHIP, NAME OF ALL PARTNERS; IF A CORPORATION, NAME OF PRESIDENT AND CHIEF
MANAGING OFFICER; IF OTHER ENTITY, NAME OF MANAGING OR RESPONSIBLE PARTY.)

Business Phone Number: _____
2. Location of area where you will be selling in Hermann: _____

3. The Residence or Registered Officers address: _____

4. A description of the business or type of activity to be conducted or transacted: _____

5. Missouri sales tax number or copy of exemption letter **(REQUIRED)** _____
IF YOU DO NOT HAVE A SALES TAX NUMBER PLEASE FILL OUT 2643S AND SUBMIT TO THE STATE OF
MISSOURI (ALLOW AT LEAST 2 TO 3 WEEKS) OR FILL OUT ONLINE AT [HTTPS://DOR.MO.GOV](https://dor.mo.gov) (ALLOW AT
LEAST 3 DAYS)
6. Name and date of Special Event: _____
7. Date you will be selling merchandise: _____

Signature of Applicant: _____ Date: _____

FEE: \$16.25 per year

Make check payable to: City of Hermann
Submit to: City of Hermann
1902 Jefferson St
Hermann MO 65041

Please allow a minimum of 3 weeks to submit for processing



Missouri Department of Revenue
Missouri Special Events Application

Department Use Only (MM/DD/YY)

Grid for Department Use Only date entry

Missouri Tax I.D. Number (Optional)

Grid for Missouri Tax I.D. Number

Federal Employer I.D. Number

Grid for Federal Employer I.D. Number

This application is for Individuals or general partnership Special Event vendors who do not make sales in Missouri on a continual basis.

Owner Information

Owner Information section containing fields for Owner Name, Street Address, E-mail Address, City, County, State, Zip Code, Mailing Address, Social Security Number, Date of Birth, and Telephone Number.

Event Name & Location

Event Name & Location section containing fields for Event Name, Date of Event, Street, Highway, City, County, State, Zip Code, and checkboxes for sales frequency and months.

Business Activity

Business Activity section containing field for product description and checkboxes for retail sales of Alcoholic Beverages, E-Cigarettes, Alternative Nicotine, Food Subject to Reduced State Food Tax Rate, and Cigarettes or Other Tobacco Products.



6. Partnerships, provide the partners of your business who are responsible for the collection and remittance of tax.
 Listing individuals here indicates they have direct supervision or control over tax matters. Attach list if needed.

Partners

Name (Last, First, Middle Initial)			
Social Security Number			Date of Birth (MM/DD/YYYY)
Home Address			Title Begin Date (MM/DD/YYYY)
City	State	Zip Code	County

Name (Last, First, Middle Initial)			
Social Security Number			Date of Birth (MM/DD/YYYY)
Home Address			Title Begin Date (MM/DD/YYYY)
City	State	Zip Code	County

Signature

Comments:

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. This application must be signed by the owner, if the business is a sole proprietorship, or by an individual listed in the Partners section of this application. The signing party is acknowledging that they have direct supervision or control over tax matters.

Signature	No digital signatures allowed	Title	Date MM/DD/YYYY
Typed or Printed Name		E-mail Address	

Confidentiality of Tax Records
Missouri Statute 32.057, RSMo, states that all tax records and information maintained by the Missouri Department of Revenue are confidential. The tax information can only be given to the owner or partner who is listed with us as such. If you wish to give an employee, attorney, or accountant access to your tax information, you must supply the Department with a power of attorney to grant the authority to release confidential information to them. Visit <http://dor.mo.gov/forms> to obtain a Power of Attorney (**Form 2827**).

Form 2643S (Revised 11-2015)

Mail to: Taxation Division
 P.O. Box 357
 Jefferson City, MO 65105-0357

Phone: (573) 751-5860
Fax: (573) 522-1722
E-mail: businesstaxregister@dor.mo.gov

Visit
<http://dor.mo.gov/business/register/>
 for additional information.



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1. **Owner Name:** Provide Individual name, address, telephone number, social security number and date of birth if a sole proprietor. Provide partnership name for a partnership if applicable). Individuals must supply.
Mailing Address: The Department mails reporting forms as well as confidential and non-confidential correspondence to the mailing address listed.
2. **Event Name:** Indicate the name of the event you are attending, along with the address where the event is held.
3. Check the first box if you plan to attend this event in the upcoming years.
Check the second box if you plan to attend other events in Missouri. Attach a list of the event name, location and dates for each one.
If you plan to attend more events in Missouri, check the applicable months. Your account will remain open and you will be responsible for reporting taxes during the months of operation based on your filing frequency requirements. If no sales are made during a tax period, a Sales Tax Return must still be remitted to indicate no sales.
4. List the products you plan to sell at the event and what services will you be providing.
5. If you plan to sell any of the items listed, check the applicable boxes.
6. If you are a sole owner and you completed the "Owner Information" #1, you do not have to complete this section.

Partnerships: Identify all partners of your business who are responsible for the collection and remittance of tax. Complete all information for each partner including social security number and date of birth. Your registration will not be complete unless we receive all requested information. Attach a list of partners if you cannot fit them all on this page.

Signature: The application must be signed by the owner, if the business is a sole proprietorship, or by an individual listed in the Partners section of this application. The signing party is acknowledging that they have direct supervision or control over tax matters.

