



1902 Jefferson Street, Hermann, MO 65041

\$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 FESTIVAL**

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 festival: \_\_\_\_\_  
\_\_\_\_\_

4. Name of event / Nature of activities to be conducted during such festival: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 festival: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Estimate number of people expected to visit each such location on each day of the festival: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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. Number of vendor spaces requested to be allotted at each location: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Date and time when normal use of such property or facilities may be resumed after completion of the festival: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**(City Office Use Only)**

Date application received: \_\_\_\_\_

Date to Public Works Director: \_\_\_\_\_

Date BOA approved: \_\_\_\_\_

Date to Street Foreman: \_\_\_\_\_

For Street Closures

Date to Chief of Police: \_\_\_\_\_

Fax to EMS & Fire Dept. 573-486-9034 (EMS)

Date to Tourism Director \_\_\_\_\_

573-486-5618 (Fire)

Date to EMS \_\_\_\_\_

Date to Fire Department \_\_\_\_\_

Date given to Park Board (Kathy): \_\_\_\_\_

Date to Park Foreman: \_\_\_\_\_

Date Park Board Approved: \_\_\_\_\_

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Date

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

City of Hermann Word-Festival Application  
Updated 08/25/2016

## 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](mailto: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



# Special Events Forms Guide

	If you <b>HAVE</b> a MO State Tax ID Number	If you <b>DON'T HAVE</b> a MO State Tax ID Number
<b>State of Missouri</b>	After event, fill out MO 53-1 (provided by City) and submit to State of MO (unless keeping outside sales separate)	<p>If over age 65, and it is a handicraft business, must fill out MO 2478 Exemption Certificate for Sales of Handicraft Items and submit to State of MO. *</p> <p>If over age 65, and it is NOT a handicraft business, must fill out MO 2643S and send in to State of MO.</p> <p>If under age 65, must fill out MO 2643S and send in to State of MO. At top left of form, where it says "Missouri Tax I.D. Number (Optional)", leave that blank. Once MO2643S is submitted to State of MO, they will issue you a number.</p> <p>If a vendor from outside State of Missouri, must fill out MO 2643S and submit to State of MO.</p>
<b>City of Hermann</b>	Application for Special Event Business License	<p>Application for Special Event Business License</p> <p>* If over age 65, and it is a handicraft business, submit a copy of MO 2478 Exemption Certificate for Sales of Handicraft Items to City of Hermann.</p> <p>If a non-profit, submit Application for Special Event Business License and a copy of MO Tax Exempt Letter to City of Hermann.</p> <p>If serving alcohol, submit a Caterer's Permit Application</p>

## For Help

Questions Regarding State of Missouri Forms: 573-751-5860, then Option 5, then Option 3.
Questions Regarding City of Hermann Forms: 573-486-5400



Missouri Department of Revenue
Missouri Special Events Application

Department Use Only (MM/DD/YY)

Three empty boxes for Department Use Only date

Missouri Tax I.D. Number (Optional)

Seven empty boxes for Missouri Tax I.D. Number

Federal Employer I.D. Number

Seven empty boxes 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 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 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 section containing a description of products/services 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	<b>No digital signatures allowed</b>	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](mailto:businesstaxregister@dor.mo.gov)

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





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.

