



REQUEST FOR COMMISSION ACTION
CITY OF INDEPENDENCE
February 27, 2020

Department Park & Zoo **Director Approval** Barb Beurskens

AGENDA ITEM Drive Thru Flu Shots at the Park Oval

SUMMARY RECOMMENDATION Approve Request

BACKGROUND On Saturday, October 10th the First Presbyterian Church would like to sponsor free flu shots to drivers and passengers at the oval while sitting in their car. They usually have 300 doses to distribute. They start at 7:00 a.m. and end at noon. In the past years this has been well attended. This is a great community service to Independence residence.

BUDGET IMPACT None

SUGGESTED MOTION I move we approve the request from Susan Kleinbeck from the First Presbyterian Church to use the park oval on Saturday, October 10th, for the free drive thru flu shot distributions.

SUPPORTING DOCUMENTS Park Activity Application

City of Independence
Park Activity Application
& Open Area's Event Application

Event Date: Oct 10, 2020 Time: Start 7:00 A Ending Noon Size of Group 250

Type of Event: Concert: Display: Exhibit: Other: Free Flw shot event

Individual/Business/ Organization: First Presbyterian Church

Individual/Business Address: P.O. Box 612

Non Profit Organization Yes No If so provide documentation.

Contact Person: Susie Kleinbeck Phone Number: 620 332 4011

Are you renting a building: No

Please describe your event: Public drive in auto around the oval and receive a free flw shot while sitting in car

Area of the park you are planning on using: oval and "schoolhouse" shelter

Service's Needed:

Barricades Yes No If yes, provide a map for placement.

Street Closing Needed: Yes No If yes, provide a map for location.

Time of street closing: From: _____ To: _____

Any closing will need Commission Approval.

Electricity Yes No If so provide the location. at the "schoolhouse" shelter

Portable Electrical Boxes needed: Yes No If yes, how many? _____

Trash Container's: Trash Barrels Yes No If yes, How many? 3

Dumpster Yes No If yes, How many? _____

Extra charges may apply for dumpsters.

Special Arrangements: _____

Police, EMS or Fire Department Needed: _____ Yes No If yes, please provide details:

Other City Equipment Requested: None

Attachments:

- 1. A site plan of the event indicating the area being requested and how it will be secured.

Signature of Renter: SKlenbeck

Date: 23 Jan 2020

Approved by: Barb Beusters Date: 2/3/2020

Date Paid: no charge Receipt #: _____