



**CITY OF WILLARD  
SPECIAL EVENT PERMIT  
WITH ALCOHOL/BUSINESS LICENSE**

\*\*\*\*THIS SECTION TO BE COMPLETED BY THE SPECIAL EVENT PROMOTER\*\*\*\*

SPONSOR NAME: Mile 6 Taproom

ADDRESS OF BUSINESS: 115 E Jackson St

PHONE NUMBER OF BUSINESS: 417-665-2337

MISSOURI RETAIL SALES TAX ID NUMBER: 21371075

PURPOSE AND/OR DESCRIPTION OF EVENT: Freedom Fest 2025

TYPE OF EVENT: CITY SPONSORED - JK

LOCATION OF THE EVENT: JACKSON ST PARK

DATE(S) OF THE EVENT: // to //  
TIME: JUNE 28 2025

ESTIMATED ATTENDANCE PER DAY: 7500-10K

PLEASE ATTACH PROOF OF MINIMUM OF \$1,000,000 IN INSURANCE COVERAGE (IF REQUIRED), INCLUDING ALCOHOL EVENT COVERAGE.

PLAN OR DESCRIPTION FOR THE USE OF ANY ON OR OFF-PREMISES  
ADVERTISING (WHICH REQUIRES APPROPRIATE PERMITS):

\_\_\_\_\_

\_\_\_\_\_

WILL ADMISSION BE CHARGED?	YES _____	NO <u>X</u>
WILL DONATIONS BE TAKEN?	YES _____	NO <u>X</u>
STREET CLOSURES?	YES _____	NO <u>✓</u>

IF YES, NAMES OF STREETS AND AREA NEEDED TO BE CLOSED:

\_\_\_\_\_

\_\_\_\_\_

TYPE OF SECURITY BEING PROVIDED AND BY WHOM:

CONTROLLED ACCESS -  
SINGLE POINT OF ENTRY - SECURITY PROVIDED BY MILITARY STAFF

NUMBER OF SECURITY OFFICERS:

**PLEASE BE AWARE THAT OFFICERS MUST BE POSTED AT THE ENTRANCE AND EXIT WHERE ALCOHOLIC BEVERAGES ARE SERVED TO ENSURE RULES ARE FOLLOWED.**

**APPLICANT MUST INITIAL AND ABIDE BY THE FOLLOWING CONDITIONS:**

☒ **RESERVATION / SET-UP FEE**

- A. Fifty dollars (\$50.00) for events of two hundred (200) or less in expected attendance. This does NOT include set-up services.
- B. Five hundred dollars (\$500.00) for events with two hundred (200) or more in expected attendance. This DOES include set-up services.

☒ **SITE MAP** (This application will not be processed unless a site map is included and indicates the following).

- A. The location of the Special event, including a drawing or plan showing the entire location to be utilized by the event in relation to existing building locations within the tract, or lot, drive areas, layout of parking areas, and the amount of space available for off-street parking.
- B. A plan or location of tents, stages, fencing, food booths, alcoholic and non-alcoholic beverage booths, etc. Also, indicate where streets will be blocked and how (fencing, barricades, stages, tents, etc.)
- C. A plan or description for fire protection for the special event, including a map specifying the location of fire lanes, water supply and fire control and use of tents.
- D. A plan or description for emergency medical services for the special events.
- E. A plan or description for the use or allowance for animals during or as a part of the special event.
- F. A plan for the disposal of sanitary waste and sewage of the special event, including toilet facilities, and the disposal of garbage, trash and refuse.

☒ **CLEAN UP** – Applicant agrees to promptly clean up all paper or debris caused by the applicant's use of the area along with the removal of all equipment relating to the event and understands that if such clean-up is not promptly undertaken within twenty-four (24) hours after the scheduled event, the City reserves the right to do the cleaning itself and to charge the applicant for the actual time an expense occurred. A cash security deposit of Five Hundred Dollars (\$500.00) shall be required if attendance is expected to exceed Five Hundred (500) people.

☒ **INSURANCE** – Applicant of the event shall be required to provide insurance coverage for the event to be located upon or require the closing or blocking of any street, alley, or road, or the use of any city-owned property or right-of-way areas, submission of a liability insurance policy in the amount of one million dollars (\$1,000,000) for any injury to any person, including death, arising out of one incident, one million dollars (\$1,000,000) for any damage to property, and one million dollars (\$1,000,000) automobile liability insurance for any injury to any person, including death, arising out of one incident. The City of Willard shall be an additional named insured for each of the above-referenced policies, and the special event sponsor(s) shall execute a hold harmless agreement indemnifying the City of Willard.

✓( ) **INDEMNITY** – Applicant agrees to defend, indemnify and hold the City of Willard harmless from and against all claims, losses, and liability arising out of personal injuries, including death, and damage to property which are caused by the Applicant, or arising out of or in any way connected with the activities conducted pursuant to this application.

✓( ) **CITY CODES/PERMITS** – Applicant agrees to abide by all conditions as specified in the City of Willard Code of Ordinances. Applicant also agrees to obtain all City permits, and licenses that may be required and shall comply with all other City laws and other conditions that the City may determine necessary.

✓( ) **ALCOHOLIC BEVERAGES** – Applicant agrees and acknowledges that if Alcohol Beverages will be allowed, provided, or sold at this event, that the appropriate permits from the Missouri Department of Liquor Control are required prior to the City of Willard issuing a Liquor License for the event applied for. Applicant also agrees to create a sectioned (or fenced) off area with signage requiring all alcoholic beverages to be consumed only in that location.

**Additional City Permits/Licenses/Insurance Certificates may be required. Applicant is responsible for obtaining all additional permits/licenses/insurance certificates required upon the issuance of this Special Event permit.**

I hereby certify that the answers and other information on this application are true and correct and I have read and understand the above procedures and requirements as they pertain to the City of Willard Special Events Regulations and by signing this form, acknowledge compliance with these rules.

APPLICANT SIGNATURE

DATE SIGNED 3/28/25

APPLICATION REVIEWED BY POLICE CHIEF:

(Signature of Police Chief)

APPLICATION APPROVED BY CITY COUNCIL: YES

NO

DATE APPROVED BY CITY COUNCIL: \_\_\_\_\_

Please return the completed application along with a check for the required amount, made out to the City of Willard, to:

City of Willard / Parks Department  
224 W. Jackson  
PO Box 187  
Willard, MO 65781

If you have any questions, please call Jason Knight at (417) 742-5381.

\*\*\*\*\*THIS SECTION TO BE COMPLETED BY THE SPECIAL EVENT VENDOR\*\*\*\*\*

NAME OF VENDOR:

MILE 6 TAPROOM

ADDRESS OF VENDOR:

115 E. JACKSON ST.

TELEPHONE NUMBER OF VENDOR:

417-665-2337

MISSOURI RETAIL SALES TAX ID

NUMBER (if applicable):

21371075

PLEASE PROVIDE A STATEMENT AS TO THE SERVICES OR ITEMS WHICH SHALL BE OFFERED FOR SALE AND/OR SERVICES PROVIDED:

DRAFT BEER / RTO COCKTAILS

VENDOR SIGNATURE

DATE SIGNED 3/28/25

Vendor should return this form to the Special Event Promoter. Special Event Promoter will submit this form to the City of Willard, Missouri.

# Greene County, Missouri

## County Liquor License

Effective Date:

04-07-2025

LICENSE NON-TRANSFERABLE

Expiration Date:

12-31-2025

### Liquor Manufacturer Solicitor

Miles 6 Taproom, Front Row Property, LLC  
115 E Jackson St  
Willard MO, 65781

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE BUSINESS PREMISES.

Payment Date: 2025-04-07  
Receipt Number: 8566  
License Number: 39978  
State License Number: 307474

Licensing Fee: 337.50  
Filing Fee: 3.00  
Adjustments: 0.00  
Total: 340.50

*Cindy S. Stein*

CINDY S. STEIN, Auditor

*Shane Schoeller*

SHANE SCHOELLER, County Clerk

RENEWAL NOTICES are mailed in November. It is the Licensee's responsibility to pay the required fee by December 31st of each calendar year. Late fees will be assessed for late renewal after December 31st.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/23/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Missy Wallace
OLLIS/AKERS/ARNEY	PHONE (A/C, No, Ext): (417) 881-8333
2274 E SUNSHINE ST	FAX (A/C, No): (417) 823-7444
	E-MAIL ADDRESS: missy.wallace@ollisaa.com
SPRINGFIELD	MO 65804-1819
INSURED	INSURER(S) AFFORDING COVERAGE
Front Row Property, LLC, DBA: Springfield Brewing Company	INSURER A: Illinois Casualty Company
301-305 S Market Avenue	INSURER B: Auto-Owners Insurance Co.
Springfield	INSURER C:
65806	INSURER D:
	INSURER E:
	INSURER F:

## COVERAGES

CERTIFICATE NUMBER: CL24112522052

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			BP45098	11/28/2024	11/28/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			5490451300	11/28/2024	11/28/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UL17556	11/28/2024	11/28/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	Liquor Liability			LL108824	11/28/2024	11/28/2025	Each Occurrence \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

City of Willard 115 E Jackson St Willard MO 65781	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Missy Wallace</i>
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