



## Application To Hire Osage Beach Personnel For Services

Name of Business/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Federal Tax ID Number (SSN if an individual): \_\_\_\_\_

### Services Requested

#### \_\_\_\_\_ Police/Security

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Describe the event, expectations of officers, number of officers needed, etc.: \_\_\_\_\_

Contact Person for the Event: \_\_\_\_\_ Phone: \_\_\_\_\_

#### \_\_\_\_\_ Ambulance Stand By

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Describe the event, why personnel are needed, etc.: \_\_\_\_\_

Contact Person for the Event: \_\_\_\_\_ Phone: \_\_\_\_\_

#### \_\_\_\_\_ CPR Classes

# of Participants: \_\_\_\_\_

Preferred Date 1st Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

Preferred Start Time: \_\_\_\_\_

\_\_\_\_\_ **Other Services Requested:** \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Describe the event, why personnel are needed, etc.: \_\_\_\_\_

Contact Person for the Event: \_\_\_\_\_ Phone: \_\_\_\_\_

**Agreement:**

1. The City reserves the right to cancel or revoke any permit at its discretion.
2. Applicant understands that the City may recall any City personnel without notice to deal with an emergency as determined in the discretion of the City
3. Applicant understands that all City personnel remains under the direct and complete control of the City Administrator and/or Police Chief.
4. Application to Hire Osage Beach personnel for services must be submitted to the Police Chief or City Administrator at least 14 calendar days in advance of the first day of service.
5. Payment for services by the applicant shall be due to the City upon receipt of invoice from the City. Invoice amount will be based on the requested times in the approved application. Additional time needed will require the application contact person to contact Osage Beach; an additional invoice may follow.  
Fees are as follows:
  - a. Police/Security - \$40 per hour per officer – minimum 3 hours
  - b. Ambulance Standby – \$75 per hour – minimum 3 hours
  - c. CPR Classes - \$340 (1-8 people)/\$680 (9-16 people)
  - d. Other Services – Contact City Hall
6. Applicant shall submit certificate of insurance maintaining, at a minimum and at its expense the following:
  - a. Workers' compensation insurance covering its employees, including the participating City employee(s) with a value meeting statutory limits with a minimum value of \$2,000,000.
  - b. Commercial general liability insurance with a minimum value of \$2,000,000.
  - c. Law enforcement liability coverage with a minimum value of \$2,000,000, when deemed applicable.
  - d. Auto liability insurance with a minimum value of \$2,000,000, when deemed applicable.
7. Applicant agrees to comply with all City codes, applicable laws, regulations and orders of the City Administrator.
8. Applicant agrees to indemnify, defend and hold the City of Osage Beach, its elected officials, and its employees, harmless against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, losses and expenses, arising from the Extra Duty assignment, including without limitation, fees and expenses for attorneys, expert witnesses and other consultants, that may be imposed upon, incurred by or asserted against the City of Osage Beach or its elected officials, employees, or agents based on any actual or alleged actions, omissions, negligence, or intentionally tortuous conduct of the employee, the applicant, or its officers, agents or employees, or both.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use	
Application Rec'd By _____	Date _____
Authorized Signature _____	Date _____
Print Authorized Name/Title _____	