

## **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 of	ficers, 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	e 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	f Event:			
Date of	Event:	Start Time:	End Time:	
Location	of Event:			
Describe	e the event, why personnel are	e needed, etc.:		
Contact	Person for the Event:		Phone:	
Agreeme	ent:			
1. 2. 3. 4. 5. 6. 7. 8.	<ul> <li>b. Ambulance Standby –</li> <li>c. CPR Classes - \$340 (1-d.)</li> <li>d. Other Services – Conta</li> <li>Applicant shall submit certificate</li> <li>a. Workers' compensation meeting statutory limits</li> <li>b. Commercial general lia</li> <li>c. Law enforcement liabil</li> </ul>	ty may recall any City personny y personnel remains under the personnel for services must be rest day of service.  cant shall be due to the City up the approved application. Additional invoice may follow.  The per hour per officer — minimum 3 hours per hour — minimum 4 with a minimum value of \$2, ability insurance with a minimum 4 with a minimum value of \$2, all City codes, applicable laws affend and hold the City of Osaglities, obligations, damages, per including without limitation, for upon, incurred by or asserted a y actual or alleged actions, om	direct and complete control of the submitted to the Police Chief of the police Chief o	the City Administrator and/or or City Administrator at least 14 City. Invoice amount will be ne application contact person to e following: g City employee(s) with a value med applicable. City Administrator. In the interpolation of the expenses, arising expert witnesses and other aror its elected officials,
Signed:			Date:	

Print Authorized Name/Title