



City of Rolla Drone Special Use Permit Application

Applicant Information			
Applicant Name:		Organization Name:	
Applicant Address:		City/State/Zip:	
Day Phone:	Evening Phone:	Cell Phone:	
E-mail Address:			
Name of Alternate Contact:		E-mail Address:	
Evening Phone:		Cell Phone:	
Drone Information			
Facility/Park Requested:		Date(s) Requested:	
Start Time (include setup if any):		End Time: (include cleanup if any):	
Describe what you are requesting and the purpose:			
Applicant Acknowledgment		Mo Tax ID #:	
I hereby attest that to the best of my knowledge the information contained in this application is true and correct. All forms, permits and insurance must be completed a minimum of 2 weeks prior to event start date. I also certify that I have registered my drone and will follow all FAA airspace restrictions. I also certify that the drone will not fly over city property where groups of people or public events are taking place, or any city facilities where people are present: ballfields, outdoor pool, playgrounds etc.			
Printed Name:		Signature:	

Additional Information Required:

- A copy of FAA certification and registration must accompany the permit. If you are a commercial operator, you must provide a copy of your certification exam.
- A copy of certificate of insurance coverage for your drone, with the City of Rolla listed as an additional insured.
- A plan and/or drawing may be required with this application showing the location of the proposed flight.

Applicable Fees: _____ Pavilion, if needed, Reservation Fee _____ Drone Special Use Permit \$25.00 _____ Other Fees \$ _____ Total Fees Due: \$ _____
By: _____ Date: _____

Approval			
	Approved	Denied	Approved w/Conditions
Administration			
Comm. Dev.			
Finance			
Fire			
Parks			
Police			
Public Works			