

# *City of Hannibal*

## **OFFICIAL COUNCIL AGENDA**

Meetings are open to the public, however, if you would like to view the meeting, you may do so using the following instructions:

*City Council meetings will be videotaped to be shown live on the City of Hannibal YouTube page.*

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*The instructions to watch the meetings online follow:*

- 1. Type in [www.youtube.com](http://www.youtube.com) in the web browser*
- 2. Type in City of Hannibal in the "Search" bar and hit Enter and hit the magnifying glass on the right side of the search bar*
- 3. Click on "City of Hannibal" or the city of Hannibal crest*
- 4. During the City Council meeting, there will be a red Thumbnail with the word "Live" on it.*
- 5. Click on the Thumbnail to watch the meeting*
- 6. The meeting may be viewed on the website in its entirety after the meeting*

**Tuesday, November 17, 2020  
Council Chambers  
7:00 p.m.**

### **ROLL CALL**

### **CALL TO ORDER**

### **INVOCATION**

### **PLEDGE OF ALLEGIANCE**

### **APPROVAL OF AGENDA**

### **APPROVAL OF MINUTES**

**Regularly Scheduled Council Meeting – November 3, 2020**

### **APPROVAL OF PAYROLL AND CLAIMS**

**First Half – November 2020**

### **BOBI MATHEWS – HANNIBAL JAYCEES**

**Re: Request, Street Closures – Annual Toys for Tots Christmas Parade**

*Saturday, December 5, 2020 –5:00 p.m. –9:00 p.m.*

**JAMES LEMON – CITY ATTORNEY**

**Re: Request, Set Public Hearing - Zoning Code Amendment - Chapter 32,  
Article I, Sections 32-35 Non-Conforming Uses**

*Tuesday, December 1, 2020 – 6:30 p.m.*

**Re: Code Amendment, Chapter 3 Alcoholic Beverages, Section 3-112  
*Qualifications of Applicant*  
(Bill No. 20-030, to follow)**

**BILL NO. 20-030**

**AN ORDINANCE REVISING CHAPTER 3 ALCOHOLIC  
BEVERAGES, SECTION 3-112 *QUALIFICATIONS OF*  
*APPLICANT* OF THE REVISED ORDINANCES OF  
THE CITY OF HANNIBAL**

*First Reading*

**ADJOURNMENT**

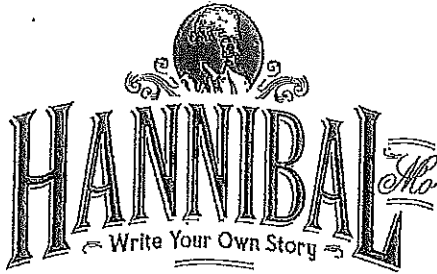
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Return to:  
Office of the City Clerk  
Attention: Debbie White  
320 Broadway  
Hannibal, Mo 63401  
Phone (573) 221-0111 ext.221  
Fax (573) 221-8191

**SPECIAL EVENT APPLICATION**

Today's Date: Nov 9, 2020 Date you wish to be placed on Agenda: Nov 17, 2020

Your Organization: Hannibal Jaycees Special Event: Christmas Parade

Date(s) of Event: Dec 5, 2020 Requested Times (from -- to) 5pm-7pm

Description of Activity: The parade will line up from Save A Lot parking lot and go down Broadway then turn left on Main Street to North Street

Primary Contact Person(s): Bobbi Mathews Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: 573.796.5299 E-mail: bobbi.mathews13401@gmail.com

Assistance Needed (location, etc.) Have all side streets blocked off as well as the parade route for safety - street closures for parade route

**DEPARTMENTAL COMMENTS:**

Police: 7 officers @ \$35 X 2 hrs Dept. Cost \$490.00

Fire: No issues with this event Dept. Cost 0

Clerk  
Public Works: Approval upon harmless certificate of insurance Dept. Cost 0  
*R Neisen*

Building Inspector: No comment, as long as Santa wears a mask Dept. Cost 0  
*J Burnham*

Parks: No objections Dept. Cost 0  
*A Dorian*

Street: No objections Dept. Cost 0  
*A Dorian*

Tourism: No comments

Dept. Cost 0

G Bryant

Administration:

Must clean up trash following parade  
on parade route.

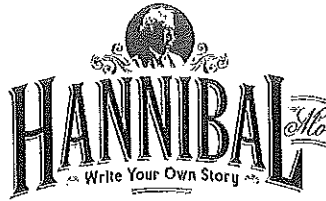
Dept. Cost 0

Ally

STAFF RECOMMENDS:

Approval - all documents are in file

Jeff A. Fisher, Mace, CAO  
City Clerk



# CITY OF HANNIBAL

## Special Event Safety Plan

Questions or Inquiries: Contact Hannibal Fire Department @ 573-221-0657

### I. GENERAL

Event Name Christmas Parade Date of Event 12-5-2020  
Location/Address/Facility Name Hannibal Saycees  
320 S. 3rd  
Expected Number of Attendees: \_\_\_\_\_

### II. PURPOSE

- A. This emergency action plan predetermines actions to take before and during the event in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
- B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include, but are not limited to, Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.

### III. ASSUMPTIONS

The possibility of an occurrence of an emergency is present at this event. The types of emergencies possible are various and could require the response of Fire & Rescue, Emergency Medical Services, and Police.

### IV. BASIC PLAN

#### A. EAP Event Representative

The EAP event representative will be identified as the point of contact for all communications regarding the event. This person is identified as:

Primary Contact: Bobi Matthews

Cell Phone: 573-795-5299

**B. Emergency Notification**

1. In the event of an emergency, notification of the emergency will be through 911. The caller should have the following information available to give to the 911 dispatcher: nature of the emergency, location and contact person with callback number.

2. Will on-sight EMS be provided?

Yes  No

If yes, contact name and phone \_\_\_\_\_

3. Will on-site security be provided?

Yes  No

If yes, contact name and phone \_\_\_\_\_

**C. Severe Weather**

1. Weather forecasts and current conditions will be monitored throughout the entirety of the event.

2. Before the event – If severe weather is predicted prior to the event, the EAP event representative will evaluate the conditions and determine if the event will remain scheduled. The EAP event representative or his/her designee will be identified as such and will be responsible to monitor the weather conditions before and during the event.

3. During the event – If severe weather occurs during the event, the EAP event representative or his/her designee will make the notification to those attending the event that a hazardous weather condition exists and direct them to shelter.

4. There are limited provisions for sheltering participants in the event of severe weather.

**D. Fire**

1. Has a specific hazard been identified as an increased risk of fire at this event?

Yes  No

If yes, what has been identified? \_\_\_\_\_

2. Selected event staff will be instructed on the safe use of Portable Fire Extinguishers.

3. Any food vendors will be inspected when appropriate by the fire code and must meet permitting requirements.

4. Should an incident occur that requires the Fire Department, **CALL 911**. The caller should have the following information available to give the 911 dispatcher: Nature of the emergency, location, and contact person with a callback number.

**E. Medical Emergencies**

1. As with any event, there is a potential for injury to the participants. The types of injuries are various and include those that are heat-related as well as traumatic injuries
2. Are there limited provisions for on-site Emergency Medical Services at this event?  
 Yes  No
3. Should an incident occur that requires Emergency Medical Services, contact as indicated to this this resource. The caller will have the following information ready: Nature of emergency, precise location and contact person with callback number  
 On-site EMS officer or  911 Dispatch

**F. Law Enforcement**

1. Has a need for constant Law Enforcement presence been identified at this event?  
 Yes  No
2. Should an incident occur that requires Law Enforcement, contact as indicated below to request this resource. Have the following information ready: Nature of emergency, precise location and contact person with callback number.  
 On-site Security or  911 Dispatch for Law Enforcement

**G. Emergency Vehicle Access**

1. Access to emergency vehicles will be maintained at all times.
2. Fire lanes and fire hydrants will not be obstructed.
3. Participants and spectators will be directed to park in approved areas and not to obstruct protective features, sidewalks, or public thoroughways.
4. Crowd control will be managed by:  
 Staff or  On-site Security

**V. CONTACT INFORMATION**

Primary Contact: Bobi Mathews Cell Phone: 573-795-5299  
Secondary Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Dial 911 in case of emergency*

**VI. EVENT AREA MAP (attach next page)**