



OUTDOOR MUSIC VENUE PERMIT APPLICATION
CITY of CAPE GIRARDEAU

CITY HALL, 401 INDEPENDENCE ST, CAPE GIRARDEAU, MO 63703, 573-339-6320

Date Submitted: _____

Business/Organization Name		Business Owner Name	
Physical Address		Business Owner's Address	
Mailing Address		City, State, Zip	
City, State, Zip		Email Address	
Business Telephone	Fax	Home Telephone	Cell

Managing Officer Name		Employee in Control Name	
Email Address		Email Address	
Home Telephone	Cell	Home Telephone	Cell

Outdoor Music Season Dates:

From: _____ (start date) To: _____ (end date)

Operating Hours of Outdoor Music:

Will alcoholic beverages be allowed, provided or sold at this venue?	YES	NO
Are you requesting to erect or place any temporary signs for this venue?	YES	NO
If yes, list the type, size, location, and duration that each sign(s) will be in place:		

Security Company Retained (if any)	Contact Name	
Mailing Address	Email Address	
City, State, Zip	Business Telephone	Fax

Describe the duties of the security company for this venue, if one has been retained:

Describe the location and the planned use of stage, lighting, music, loudspeakers, live bands and/or sound systems, if any, and the type and location of speakers and other audio and lighting equipment:

Describe the proposed modifications or improvements to the premises to mitigate music/noise from penetrating surrounding properties:

Describe the plan for disposal of sanitary waste and sewage, including toilet facilities and the disposal of garbage, trash and refuse at the venue location and the surrounding public space:

Describe the plan for fire protection, including a map specifying the location of fire lanes and water supply for fire control:

Describe the plan to monitor and control the volume of the "noise" of the venue:

Describe the plan to reduce noise during the hours below:

◆ **Sunday – Thursday** ◆

10:00 a.m. – 10:00 p.m.
10:00 p.m. – 1:30 a.m.
1:30 a.m. – 10:30 a.m.

◆ **Friday – Saturday** ◆

10:00 a.m. – 12 midnight
12 midnight – 1:30 a.m.
1:30 a.m. – 10:30 a.m.

ACCOUNTABILITY

If at any time this Permit is suspended or revoked, the noise limitations will revert to the existing "reasonable standard" as stated in Section 17-157 of the City Code of Ordinances. Any complaint will be investigated and evaluated using that standard, and citations will be issued as necessary.

APPLICANT

I certify that the above information is correct to the best of my knowledge and belief. The Sponsor and/or Applicant agrees to follow the requirements of the City of Cape Girardeau Code of Ordinances Chapter 15, Article XVII.

Date:

By (Print Name):

Signature:

RETURN APPLICATION TO:

CITY OF CAPE GIRARDEAU

ATTN: CITY CLERK

P.O. BOX 617

CAPE GIRARDEAU MO 63702-0617

OFFICE USE ONLY				
Police Department	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
Customer Service	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
City Clerk	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
Alcohol Sales <input type="checkbox"/>	Temporary Signs <input type="checkbox"/>	Street Closure <input type="checkbox"/>	<input type="checkbox"/>	
Business License #			Permit #	