**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: _____ To: _____

(start date) (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 ♦ | ♦ Friday – Saturday ♦ |
|---|---|
| 10:00 a.m. – 10:00 p.m. | 10:00 a.m. – 12 midnight |
| 10:00 p.m. – 1:30 a.m. | 12 midnight – 1:30 a.m. |
| 1:30 a.m. – 10:30 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 ☐ | Disapprove ☐ | Signature | Date |
| **Customer Service** | Approve ☐ | Disapprove ☐ | Signature | Date |
| **City Clerk** | Approve ☐ | Disapprove ☐ | Signature | Date |
| **Alcohol Sales** ☐ | **Temporary Signs** ☐ | | **Street Closure** ☐ | _____ ☐ |
| **Business License #** | | | **Permit #** | |