Date Issued (Office Use Only): _____   PERMIT NO.: _____

DEPARTMENT OF COMMUNITY DEVELOPMENT
200 North Second Street, Saint Charles, MO 63301
636-949-3227 FAX 636-949-3557

HISTORIC DOWNTOWN OUTDOOR MUSIC ADMIN. PERMIT

Property Address: _____
Business Name:_____
Date(s) of Event: _____

Property Owner _____   Local Contact/Applicant _____
Phone No. _____   Phone No. _____
Email Address _____   Email Address _____
Mailing Address _____   Mailing Address (no P.O. Box) _____
_____   _____

Describe the Event (attached additional sheet if more space required): _____
_____

OUTDOOR MUSIC Regulations (Check next to each box to acknowledge compliance):

☐   All permitted Outdoor Music shall cease no later than 11:00 P.M.

☐   Four (4) or fewer occurrences per property within a calendar year will be allowed via administrative permit. More than four (4) occurrences per property within a calendar year shall require a Conditional Use as regulated per the Zoning Ordinance. "Occurrence" shall mean music during a calendar day.

☐   Attendance of the event shall not exceed the maximum occupancy of the space.

☐   Any business which has had an Outdoor Music Permit revoked shall be both prohibited from reapplying for an Outdoor Music permit for one (1) calendar year as measured from the date of revocation, and any Outdoor Music permits that were previously approved shall automatically become null and void.

☐   The event shall <u>NOT</u> generate or broadcast loud noise, including music that would be offensive to a reasonable person.

I certify that I am the agent authorized to apply for this permit, and that if any of the information provided is determined to have been falsified that the permit shall be considered null and void. I further understand that <u>this permit is only valid for the date(s) of this event. Any subsequent event requires a new/separate permit.</u>

Failure to submit all necessary information may result in denial or deemed an incomplete submittal and returned to the applicant without processing.

LOCAL CONTACT/APPLICANT SIGNATURE _____ **DATE** _____

OFFICE USE ONLY

Submittal Status (and date): ☐ Complete ☐ Incomplete (if incomplete, provide missing info):	
Open Violations: ☐ Yes ☐ No	Community Development Approval ☐ Yes ☐ No, Conditions (circle if necessary and attach to document) _____
Number of past events within calendar year (shall not exceed 4)__	Confirm Zoning District (permit only applicable within HDD):