



Village of Innsbrook

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APPLICATION FOR NOISE PERMIT:

REQUEST FOR EXEMPTION FOR SPECIAL COMMUNITY EVENT NOISE

Requests to be placed on the Board of Trustees Meeting Agenda are to be submitted to the Village Administrator by 2:00 p.m. the two weeks prior to the Board of Trustee meeting.

Applicant Name: _____ Date of Request: _____

Applicant Address: _____

Applicant Phone _____ Applicant E-mail: _____

Organization Name (if applicable): _____

Organization Address: _____

Designated Contact for Organization/Responsible Party: _____

Designated Contact/Responsible Party Address: _____

Designated Contact/Responsible Party Phone Number: _____

Designated Contact/Responsible Party E-mail: _____

Name of Event: _____

Location of Event: _____

Narrative Description of Event: _____

Date(s) of Event: _____ Time(s) of Event: _____

Date(s) and Time(s) of noise exemption sought: _____

Reason for requested exemption: _____

Name(s), Address(es), Phone(s), and E-mail(s) of each sponsors and promoters of the event:

Board of Trustees meeting date exemption request is to be placed on agenda: _____

In submitting this Request for Exemption for Special Community Event Noise the applicant attests that:

- (1) all of the above information is true and accurate;
- (2) neither applicant nor the organization nor the designated contact/responsible party will use the name "Village of Innsbrook" in any advertisement or promotional material including but not limited to any notice, flyer, online post, or brochure in any way related to the Special Community Event identified in this application, except for the Village of Innsbrook may be included as part of a street address designating the city as the Village of Innsbrook;
- (3) the Special Community Event identified in this application will be conducted in compliance with all applicable municipal, county, state, and federal law including but not limited to the Warren County Health Department ordinances and permits;
- (4) the applicant has the authority to sign this document and bind the organization holding the Special Community Event identified in this application as well as said organization's designated contact/responsible party to the terms and conditions set forth above.

Signature: _____

Date: _____

PERSON MAKING REQUEST MUST BE PRESENT AT BOARD OF TRUSTEES MEETING.

TRUSTEES' RECOMMENDATION: Approval _____ Denial _____ Trustee Mtg. Date: _____
