

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 4:30 p.m. the Wednesday 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:T	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:	
 all of the above information is true and accurate; 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; 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 Warrenton County Health Department ordinances and permits; 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:	