

PROPOSED EVENT/ACTIVITY

NAME OF EVENT: _____

DATE: _____ TIMES: _____ ESTIMATED ATTENDANCE: _____

LOCATION (address) : _____

Applicant Name: _____

Address: _____

Telephone: Day _____ Evening _____

Email: _____

IF ORGANIZATION – Name of Chairperson/Executive Officer: _____

***PLEASE NOTE: If your proposed event will take place in a residential area, you are required to get signatures of approval from adjacent property owners. The City of Owensboro may require approval from additional property owners that may be affected by the event at its sole discretion.**

NATURE OF EVENT/ACTIVITY- Please describe event and the type of amplified sound that will be played in detail (i.e. live band, DJ, emcee, style of music, etc.)

WILL ALCOHOLIC BEVERAGES BE SOLD OR SERVED? Please Explain: _____

Applicant solemnly swears and affirms that all information given on this application is true and correct to the best of his/her knowledge and belief. Applicant further acknowledges and agrees that approval of the Variance does not prohibit police officers from responding to and acting on any complaints, including violations of approved noise variances.

I have read and understand the Variance approved by the City Manager and agree to comply with all terms, conditions and restrictions imposed herein; I understand that this Variance will automatically terminate if I or those attending the approved event fail to abide by the conditions of the aforesaid variance and may subject any and all persons in attendance to the provisions of the Noise Control Ordinance.

Applicant

(This Page for Police Department Use)

APPLICATION REVIEWED/INVESTIGATED BY _____

RECOMMENDED TERMS, CONDITIONS, RESTRICTIONS, IF ANY, ON ACTIVITY & VARIANCE:

RECOMMENDATION TO CITY MANAGER

The Commander of the Patrol Division for the Owensboro Police Department hereby recommends that this application for variance from the Noise Control Ordinance by _____

_____ be:
(Name of Event)

APPROVED

DISAPPROVED

Subject to the terms, conditions and/or restrictions set forth above.

Commander, Patrol Division, OPD

ADDITIONAL TERMS, CONDITIONS AND/OR RESTRICTIONS IMPOSED BY CITY MANAGER:

FINAL ACTION BY CITY MANAGER: APPROVED DISAPPROVED

Date: _____ CITY MANAGER _____

